Filing at a Glance

Company:	Humana Insurance Company
Product Name:	TN-71130 BENCHMARK
State:	Tennessee
TOI:	H16I Individual Health - Major Medical
Sub-TOI:	H16I.005A Individual - Preferred Provider (PPO)
Filing Type:	Form/Rate
Date Submitted:	04/29/2013
SERFF Tr Num:	HUMA-128995628
SERFF Status:	Pending Industry Response
State Tr Num:	H-130552
State Status:	Suspense - Objection Sent
Co Tr Num:	TN-71130 BENCHMARK
Implementation Date Requested:	On Approval
Author(s):	Linda Evans, Laura Kocken, Susan Ortiz, Berthena Reed, Nicholas Mueller, Glenda Howell, Ann Collins, Casie Ropson, Cindy Schulz, Mary Rogers, Tina Jaworski
Reviewer(s):	Vicky Stotzer (primary), Brian Hoffmeister, Melissa Merritt
Disposition Date:	
Disposition Status:	
Implementation Date:	

State Filing Description:
I HIX P
TN-71130
individual health insurance exchange plans

State: *Tennessee* **Filing Company:** *Humana Insurance Company*
TOI/Sub-TOI: *H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)*
Product Name: *TN-71130 BENCHMARK*
Project Name/Number: */*

General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date:
Submitted By: Ann Collins

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type: Individual
Filing Status Changed: 06/27/2013
State Status Changed: 05/13/2013
Created By: Casie Ropson
Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Exchange Intentions:

The forms in this filing will be used for both on and off exchange with the exception of form # GN-71088 SPD 4/13. Form # GN-71088 SPD 4/13 will be used for off exchange only.

Filing Description:

This form filing supports the current 2014 Affordable Care Act (ACA) Federal requirements and benchmark plans and/or business initiatives. Rates, if required, will be submitted under separate cover in the near future. Additional changes, as a result of future Federal guidance, including Essential Health Benefits (EHB), will be refiled after enactment. Lead Form # : TN-71130, NAIC # 732-88, FEIN #: 39-1263473.

Company and Contact

Filing Contact Information

Casie Ropson, Compliance Analyst
1100 Employer's Blvd
Green Bay, WI 54344

cropson@humana.com
920-337-7313 [Phone]

Filing Company Information

Humana Insurance Company
1100 Employers Boulevard
Green Bay, WI 54344
(800) 558-4444 ext. [Phone]

CoCode: 73288
Group Code: 119
Group Name:
FEIN Number: 39-1263473

State of Domicile: Wisconsin
Company Type: Life & Health
State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State: *Tennessee* **Filing Company:** *Humana Insurance Company*
TOI/Sub-TOI: *H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)*
Product Name: *TN-71130 BENCHMARK*
Project Name/Number: */*

Correspondence Summary

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Company Response	Vicky Stotzer	06/27/2013	06/27/2013
Pending Company Response	Melissa Merritt	05/13/2013	05/13/2013

Response Letters

Responded By	Created On	Date Submitted
Casie Ropson	05/22/2013	05/22/2013

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Accident & Health - Individual New Rates	Nicholas Mueller	06/21/2013	06/21/2013
Supporting Document	Actuarial Memorandum and Certifications	Nicholas Mueller	06/21/2013	06/21/2013
Supporting Document	Unified Rate Review Template	Nicholas Mueller	06/21/2013	06/21/2013
Supporting Document	Requested PDFs	Nicholas Mueller	06/21/2013	06/21/2013
Form	IMM-C-Bronze Schedule	Tina Jaworski	05/28/2013	05/29/2013
Form	IMM-C Gold Schedule	Tina Jaworski	05/28/2013	05/29/2013
Form	IMM-C Platinum Schedule	Tina Jaworski	05/28/2013	05/29/2013
Form	IMM-C-S1 Silver Schedule	Tina Jaworski	05/28/2013	05/29/2013
Supporting Document	Redline copies of schedules amended on 5/29/13	Tina Jaworski	05/28/2013	05/29/2013
Form	IMM-C-Bronze Schedule	Casie Ropson	05/21/2013	05/21/2013

State: *Tennessee* **Filing Company:** *Humana Insurance Company*
TOI/Sub-TOI: *H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)*
Product Name: *TN-71130 BENCHMARK*
Project Name/Number: */*

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	IMM-C Catastrophic Schedule	Casie Ropson	05/21/2013	05/21/2013
Form	IMM-CC Catastrophic Schedule	Casie Ropson	05/21/2013	05/21/2013
Supporting Document	Redline for MOOP Update	Casie Ropson	05/21/2013	05/21/2013
Form	IMM-C-Bronze Schedule	Casie Ropson	05/07/2013	05/07/2013
Form	IMM-C Gold Schedule	Casie Ropson	05/07/2013	05/07/2013
Form	IMM-C Platinum Schedule	Casie Ropson	05/07/2013	05/07/2013
Form	IMM-C-S1 Silver Schedule	Casie Ropson	05/07/2013	05/07/2013
Supporting Document	Redline Copies of Schedules Amended on 5/7/2013	Casie Ropson	05/07/2013	05/07/2013
Form	IMM-B Platinum Schedule	Casie Ropson	04/29/2013	04/29/2013
Form	Pediatric Dental Care Benefit Amendment	Casie Ropson	04/29/2013	04/29/2013

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Service areas	Note To Filer	Vicky Stotzer	05/15/2013	05/15/2013

State: *Tennessee* **Filing Company:** *Humana Insurance Company*
TOI/Sub-TOI: *H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)*
Product Name: *TN-71130 BENCHMARK*
Project Name/Number: */*

Objection Letter

Objection Letter Status	Pending Company Response
Objection Letter Date	06/27/2013
Submitted Date	06/27/2013
Respond By Date	

Dear Casie Ropson,

Introduction:

I have reviewed your filing and conclude the above referenced submission cannot be approved for use in the State of Tennessee for the following reasons:

Objection 1

- Policy Cover, TN-71130 (Form)

Comments: Please remove the brackets from the company name. This is not variable.

Objection 2

- HDHP-B Bronze Schedule, TN-71130 HSCH-B 1/2014 (Form)

Comments: Please remove the lifetime maximum benefit references.

Objection 3

- HDHP-B Bronze Schedule, TN-71130 HSCH-B 1/2014 (Form)

Comments: [If coverage was purchased through an exchange [and an Advance Premium Tax Credit was received] any [deductible,] [copayment,] [coinsurance] [and/or] [out-of-pocket coinsurance maximum] shown below may change without notice. The exchange will determine if a change is to be made. We will make the change as directed by the exchange.]

Why is this variable like this?

Objection 4

- Utilization Management, TN-71130 UM (Form)

Comments: Please remove the brackets from the penalty for DME.

Objection 5

- Your Policy Benefits, TN-71130 BEN (Form)

Comments: Why is [or] in brackets?

Objection 6

- Your Policy Benefits, TN-71130 BEN (Form)

Comments: 4. [If you have not yet incurred enough coinsurance expenses, if applicable, to equal the amount of the out-of-pocket [coinsurance] maximum we will subtract any coinsurance amounts you must pay from the maximum allowable fee for eligible covered expenses incurred.]

Why is this in brackets?

Objection 7

- Your Policy Benefits, TN-71130 BEN (Form)

Comments: Why are you phrasing this "out-of-pocket [coinsurance] maximum" in this manner? Copayments count towards the out of pocket too.

Objection 8

- Your Policy Benefits, TN-71130 BEN (Form)

Comments: [Therapy services rendered during a home healthcare visit are covered under the Outpatient therapies provision.]

Why is this variable?

Objection 9

- Your Policy Benefits, TN-71130 BEN (Form)

Comments: The expectation must exist that the therapy will result in a practical improvement in the level of functioning within a reasonable period of time and the therapy is not considered maintenance care, as determined by us.

In order to meet the habilitative equity requirement in the December 2011 letter from CMS, you may not use this qualifier. It eliminates coverage for habilitative services.

Objection 10

- General Exclusions, TN-71130 GE (Form)

Comments: 8. [Services exceeding the amount of benefits available for a particular service;] What services?

Objection 11

- General Exclusions, TN-71130 GE (Form)

Comments: 9.Services for any condition excluded by rider or amendment under this policy;

You can't do this anymore. Please remove.

Objection 12

- General Exclusions, TN-71130 GE (Form)

Comments: b.For which no charge is made, or for which the covered person would not be required to pay if he/she did not have this insurance, unless charges are received from and reimbursable to the United States government or any of its agencies as required by law;

You did not make an exception for non-profit research hospitals as required by TCA 56-7-2302(c) (1).

Objection 13

- General Exclusions, TN-71130 GE (Form)

Comments: Since you are required to cover the pediatric vision, why is it not in this contract?

Objection 14

- General Exclusions, TN-71130 GE (Form)

Comments: 41. Charges for which there is automobile or any other insurance providing medical payments; - "any other insurance" is too broad.

You can declare yourself a secondary payor if you pay at 100% without regard to deductibles/coinsurance but if the other policy does the same you must pay your share.

Objection 15

- General Exclusions, TN-71130 GE (Form)

Comments: 53. Services in a convenient care clinic; Why are you excluding this coverage?

Objection 16

- Prescription Drug Exclusions, GN-71130 RX-EXC (Form)

Comments: 13. Any amount exceeding the default rate; - when would this occur in network situation? This should be specified

as non-network benefits.

Objection 17

- Prescription Drug Exclusions, GN-71130 RX-EXC (Form)

Comments: Any drug or biological that has received designation as an orphan drug unless approved by us;

As requested numerous times, please remove this exclusion.

Objection 18

- Changes to the Policy, TN-71130 CHG (Form)

Comments: How would this work?

1. Changes in benefits

You may call or write us to request additional, increased or decreased benefits.

If the change in benefits you request is available, as determined and approved by us, the benefit will become effective on the date we assign.

You can't change the plan.

Objection 19

- Changes to the Policy, TN-71130 CHG (Form)

Comments: You may not require the receipt of premium for a newborn only that it be furnished.

Objection 20

- Changes to the Policy, TN-71130 CHG (Form)

Comments: Since health status is not an option for rating, please explain:

If we determine that you or a covered person have misrepresented any information concerning a condition, we shall have the right to:

Objection 21

- General Provisions, TN-71130 GP (Form)

Comments: The time period to submit an appeal is 180 days, not 60 days.

Objection 22

- General Provisions, TN-71130 GP (Form)

Comments: During the first two years from the effective date of this policy, we have the right to rescind or reform coverage or modify benefits under this policy and/or deny a claim, if there is an omission or misrepresentation in the application, whether intended or not, which we determine to be material.

This should be an intentional ommision or misrepresentation of a material fact.

Objection 23

- General Provisions, TN-71130 GP (Form)

Comments: However, your claims will not be reduced or denied nor will this policy be terminated if it was not reasonably possible to give such proof. In any event, written or electronic notice must be given within [15 months] after the date proof of loss is otherwise required, except if you were legally incapacitated

Please remove the brackets.

Objection 24

- General Provisions, TN-71130 GP (Form)

State: Tennessee **Filing Company:** Humana Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: TN-71130 BENCHMARK
Project Name/Number: /

Comments: The covered person shall notify us, in writing or by electronic mail, within [31 days] of any settlement, compromise or judgment. Any covered person who waives, abrogates, or impairs our right of reimbursement or fails to comply with these obligations, relieves us from any obligation to pay past or future benefits or expenses until all outstanding lien(s) are resolved.

Please remove the brackets.

Objection 25

- General Provisions, TN-71130 GP (Form)

Comments: You cannot have the made whole exception and include this:

The obligation to reimburse us in full also exists regardless of whether the amounts received or payable to you or the covered person are sufficient to fully compensate you or the covered person for the sickness or bodily injury.

Please remove.

Objection 26

- General Provisions, TN-71130 GP (Form)

Comments: Unless you are recovering from the provider, 1. Made in error. Any recovery process from a healthcare practitioner must begin 18 months after the claim has been paid;

The same applies if you try to recover from the insured.

Objection 27

- Definitions, TN-71130 DEF (Form)

Comments: Benefit maximum means the limit set on the amount of covered expenses that we will pay on behalf of a covered person for some services. We will not make benefit payments in excess of the benefit maximum for the covered expenses and time periods shown on the Schedule of Benefits.

This should reference that these are visit limits not dollar limits.

Objection 28

- Definitions, TN-71130 DEF (Form)

Comments: Why do you have two defintions for coinsurance.

Objection 29

- Definitions, TN-71130 DEF (Form)

Comments: Why do you have two definitions for copayment? You will need to provide better details of how this works and provide more than one defintion without the brackets.

Objection 30

- Definitions, TN-71130 DEF (Form)

Comments: Bullet 2 in the open enrollment doesn't make sense. Why would it depend on the ability to enroll in another health plan?

Objection 31

- Pediatric Embedded Vision Amendment, GN-71088 SPVC (Form)

Comments: You must allow for an annual exam.

Objection 32

- Pediatric Embedded Vision Amendment, GN-71088 SPVC (Form)

State: Tennessee **Filing Company:** Humana Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: TN-71130 BENCHMARK
Project Name/Number: /

Comments: You must be more specific in the coverage you are offering. You can submit all the schedules or provide a spreadsheet.

Objection 33

- Pediatric Dental Care Benefit Amendment, GN-71088 SPD 4/13 (Form)

Comments: Again, you need to be more specific in the actual benefits provided through this rider. There are supposed to be two options, a high and a low. The visit limits must match those in the FEDVIP plan. You have these all bracketed.

Conclusion:

It is unlawful, in accordance with Section 56-26-102, T.C.A. for you to utilize these forms and/or rates in Tennessee until you receive approval. This is a notice of disapproval. Your filing will be held in suspense for one hundred and twenty (120) days. If no response is received from you within this time period, your filing will be considered "disapproved" for the above stated reasons. If you have any questions, please phone Victoria Stotzer, primary reviewer, at (615) 741-6259 or through e-mail at victoria.stotzer@tn.gov.

Sincerely,

Vicky Stotzer

State: *Tennessee* **Filing Company:** *Humana Insurance Company*
TOI/Sub-TOI: *H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)*
Product Name: *TN-71130 BENCHMARK*
Project Name/Number: */*

Objection Letter

Objection Letter Status	Pending Company Response
Objection Letter Date	05/13/2013
Submitted Date	05/13/2013
Respond By Date	

Dear Casie Ropson,

Introduction:

I have reviewed your filing and conclude the above referenced submission cannot be approved for use in the State of Tennessee for the following reasons:

Objection 1

- Accident & Health - Individual New Rates (Supporting Document)

Comments: The service area listing of counties in the rating area 2 Knoxville does not have the four counties listed in the geographic rating areas template in the binder. Please correct the memo to include Grainger, Hamblen, Jefferson, and Roane.

Objection 2

Comments: Please attach a pdf version of the rate data template to this filing. Please be sure it is readable. I also need a pdf of the benefit templates. The system produces xlms files which I must save to the computer to read and do not have the capability to put in the public filing.

Objection 3

Comments: Please attach a pdf version of the rate rules template to this filing.

Objection 4

- IMM-C-Bronze Schedule, TN-71130 ISCHC-B 1/2014 (Form)

Comments: Your copay for a specialist in this schedule is $805. I don't think this is correct.

Objection 5

- HDHP-C Bronze Schedule, TN-71130 HSCHC-B 1/2014 (Form)

Comments: This schedule is missing sections, it starts with Other medical services. There are no physician or hospital services.

Objection 6

Comments: You can modify the out of pocket maximum without agreement but notice must be provided. This applies to all schedules that use this language.

Objection 7

Comments: Hospital benefits? Outpatient? These seem to missing from the schedules. Some are missing the practitioner benefits and start at other medical services. Please go back and check each schedule to be sure they are complete.

I have not begun to review the forms due to these errors.

Conclusion:

It is unlawful, in accordance with Section 56-26-102, T.C.A. for you to utilize these forms and/or rates in Tennessee until you receive approval. This is a notice of disapproval. Your filing will be held in suspense for one hundred and twenty (120) days. If no response is received from you within this time period, your filing will be considered "disapproved" for the above stated reasons. If you have any questions, please phone Victoria Stotzer, primary reviewer, at (615) 741-6259 or through e-mail at victoria.stotzer@tn.gov.

Sincerely,

State: *Tennessee* **Filing Company:** *Humana Insurance Company*
TOI/Sub-TOI: *H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)*
Product Name: *TN-71130 BENCHMARK*
Project Name/Number: */*

Melissa Merritt

State: Tennessee **Filing Company:** Humana Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: TN-71130 BENCHMARK
Project Name/Number: /

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/22/2013
Submitted Date	05/22/2013

Dear Vicky Stotzer,

Introduction:

This letter is a response to your objection dated 5/13/2013. The objections are answered below.

Response 1

Comments:

We've modified the service area listing in the binder to match the filing. Additionally, I've added a product availability grid.

Related Objection 1

Applies To:

- Accident & Health - Individual New Rates (Supporting Document)

Comments: The service area listing of counties in the rating area 2 Knoxville does not have the four counties listed in the geographic rating areas template in the binder. Please correct the memo to include Grainger, Hamblen, Jefferson, and Roane.

Changed Items:

State: Tennessee **Filing Company:** Humana Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: TN-71130 BENCHMARK
Project Name/Number: /

Supporting Document Schedule Item Changes	
Satisfied - Item:	Accident & Health - Individual New Rates
Comments:	Please see attachment.
Attachment(s):	2 - Actuarial Memo 2014_01_01.pdf 3 - TN Rate Sheets 2014_01 v1.3.pdf TN Product Availability.pdf
Previous Version	
Satisfied - Item:	*Accident & Health - Individual New Rates*
Comments:	*Please see attachment.*
Attachment(s):	*2 - Actuarial Memo 2014_01_01.pdf* *3 - TN Rate Sheets 2014_01 v1.3.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see attachment.

Related Objection 2

Comments: Please attach a pdf version of the rate data template to this filing. Please be sure it is readable. I also need a pdf of the benefit templates. The system produces xlms files which I must save to the computer to read and do not have the capability to put in the public filing.

Changed Items:

State: Tennessee **Filing Company:** Humana Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: TN-71130 BENCHMARK
Project Name/Number: /

Supporting Document Schedule Item Changes	
Satisfied - Item:	Requested PDFs
Comments:	
Attachment(s):	H1_FFE_TN_SERFF_PlansBenefits_Revised 2.pdf RatingBusinessRules_82120_TN.pdf TN On_OffExchange Rate Table V2.1 TN.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see attachment.

Related Objection 3

Comments: Please attach a pdf version of the rate rules template to this filing.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Requested PDFs
Comments:	
Attachment(s):	H1_FFE_TN_SERFF_PlansBenefits_Revised 2.pdf RatingBusinessRules_82120_TN.pdf TN On_OffExchange Rate Table V2.1 TN.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

Schedule TN-71130 ISCH-B 1/2014 has been corrected to read $ 80 for a specialist copay.

State: Tennessee **Filing Company:** Humana Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: TN-71130 BENCHMARK
Project Name/Number: /

Related Objection 4

Applies To:

- IMM-C-Bronze Schedule, TN-71130 ISCHC-B 1/2014 (Form)

Comments: Your copay for a specialist in this schedule is $805. I don't think this is correct.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	IMM-C-Bronze Schedule	TN-71130 ISCHC-B 1/2014	SCH	Initial			TN IMM-C Bronze Schedule.pdf	Date Submitted: 05/22/2013 By: Casie Ropson
Previous Version								
1	*IMM-C-Bronze Schedule*	*TN-71130 ISCHC-B 1/2014*	*SCH*	*Initial*			*TN IMM-C Bronze Schedule.pdf*	*Date Submitted: 05/21/2013 By:*
Previous Version								
1	*IMM-C-Bronze Schedule*	*TN-71130 ISCHC-B 1/2014*	*SCH*	*Initial*			*TN IMM-C Bronze Schedule.pdf*	*Date Submitted: 05/07/2013 By:*
Previous Version								
1	*IMM-C-Bronze Schedule*	*TN-71130 ISCHC-B 1/2014*	*SCH*	*Initial*			*TN IMM-C Bronze Schedule.pdf*	*Date Submitted: 04/29/2013 By: Ann Collins*

No Rate/Rule Schedule items changed.

Response 5

Comments:

State: Tennessee **Filing Company:** Humana Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: TN-71130 BENCHMARK
Project Name/Number: /

Please see under the "Coinsurance levels and benefit maximums for covered expenses" provision of the schedule. This area explains how all services are covered unless noted in the schedule grid. Physician and hospital services are not specifically listed in the schedule grid because they are covered as stated under the "Coinsurance levels and benefit maximums for covered expenses" provision. Please reconsider this objection.

Related Objection 5

Applies To:

- HDHP-C Bronze Schedule, TN-71130 HSCHC-B 1/2014 (Form)

Comments: This schedule is missing sections, it starts with Other medical services. There are no physician or hospital services.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	HDHP-C Bronze Schedule	TN-71130 HSCHC-B 1/2014	SCH	Initial			TN HDHP-C Bronze Schedule.pdf	Date Submitted: 05/22/2013 By: Casie Ropson
Previous Version								
1	*HDHP-C Bronze Schedule*	*TN-71130 HSCHC-B 1/2014*	*SCH*	*Initial*			*TN HDHP-C Bronze Schedule.pdf*	*Date Submitted: 04/29/2013 By: Ann Collins*

No Rate/Rule Schedule items changed.

Response 6

Comments:

All schedules have been revised to remove the phrase "without notice" under the "Out-of-Pocket coinsurance maximum" provision.

Related Objection 6

Comments: You can modify the out of pocket maximum without agreement but notice must be provided. This applies to all schedules that use this language.

Changed Items:

State: *Tennessee* **Filing Company:** *Humana Insurance Company*
TOI/Sub-TOI: *H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)*
Product Name: *TN-71130 BENCHMARK*
Project Name/Number: */*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Redline for Objection dated 5/13/13
Comments:	Please see the attached schedules which are redline copies showing the updates made to the schedules based on the objection dated 5/13/2013.
Attachment(s):	TN HDHP-B Bronze Schedule.pdf TN HDHP-C Bronze Schedule.pdf TN HDHP-C Silver S Schedule.pdf TN IMM-B Platinum Schedule.pdf TN IMM-C Bronze Schedule.pdf TN IMM-C Catastrophic Schedule.pdf TN IMM-C Gold Schedule.pdf TN IMM-C Platinum Schedule.pdf TN IMM-CC Catastrophic Schedule.pdf TN IMM-C-S1 Silver Schedule.pdf TN IMM-S3 Silver Schedule.pdf TN IMM-G Gold Schedule.pdf TN IMM-S1 Silver Schedule.pdf TN IMM-S2 Silver Schedule.pdf TN IMM-S4 Silver Schedule.pdf

State: *Tennessee* **Filing Company:** *Humana Insurance Company*
TOI/Sub-TOI: *H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)*
Product Name: *TN-71130 BENCHMARK*
Project Name/Number: */*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	HDHP-B Bronze Schedule	TN-71130 HSCH-B 1/2014	SCH	Initial			TN HDHP-B Bronze Schedule.pdf	Date Submitted: 05/22/2013 By: Casie Ropson
Previous Version								
1	*HDHP-B Bronze Schedule*	*TN-71130 HSCH-B 1/2014*	*SCH*	*Initial*			*TN HDHP-B Bronze Schedule.pdf*	*Date Submitted: 04/29/2013 By: Ann Collins*
2	HDHP-C Bronze Schedule	TN-71130 HSCHC-B 1/2014	SCH	Initial			TN HDHP-C Bronze Schedule.pdf	Date Submitted: 05/22/2013 By: Casie Ropson
Previous Version								
2	*HDHP-C Bronze Schedule*	*TN-71130 HSCHC-B 1/2014*	*SCH*	*Initial*			*TN HDHP-C Bronze Schedule.pdf*	*Date Submitted: 04/29/2013 By: Ann Collins*
3	IMM-C-Bronze Schedule	TN-71130 ISCHC-B 1/2014	SCH	Initial			TN IMM-C Bronze Schedule.pdf	Date Submitted: 05/22/2013 By: Casie Ropson
Previous Version								
3	*IMM-C-Bronze Schedule*	*TN-71130 ISCHC-B 1/2014*	*SCH*	*Initial*			*TN IMM-C Bronze Schedule.pdf*	*Date Submitted: 05/21/2013 By:*
Previous Version								
3	*IMM-C-Bronze Schedule*	*TN-71130 ISCHC-B 1/2014*	*SCH*	*Initial*			*TN IMM-C Bronze Schedule.pdf*	*Date Submitted: 05/07/2013 By:*

State: *Tennessee* **Filing Company:** *Humana Insurance Company*
TOI/Sub-TOI: *H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)*
Product Name: *TN-71130 BENCHMARK*
Project Name/Number: */*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	HDHP-B Bronze Schedule	TN-71130 HSCH-B 1/2014	SCH	Initial			TN HDHP-B Bronze Schedule.pdf	Date Submitted: 05/22/2013 By: Casie Ropson
Previous Version								
3	*IMM-C-Bronze Schedule*	*TN-71130 ISCHC-B 1/2014*	*SCH*	*Initial*			*TN IMM-C Bronze Schedule.pdf*	*Date Submitted: 04/29/2013 By: Ann Collins*
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TOI/Sub-TOI: *H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)*
Product Name: *TN-71130 BENCHMARK*
Project Name/Number: */*

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TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
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No Rate/Rule Schedule items changed.

Response 7

Comments:

Please see under the "Coinsurance levels and benefit maximums for covered expenses" provision of the schedules. This area explains how coinsurance works for all covered services unless noted in the schedule grid. Please reconsider this objection.

Related Objection 7

Comments: Hospital benefits? Outpatient? These seem to missing from the schedules. Some are missing the practitioner benefits and start at other medical services. Please go back and check each schedule to be sure they are complete.

I have not begun to review the forms due to these errors.

Changed Items:

No Supporting Documents changed.

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No Rate/Rule Schedule items changed.

Conclusion:

If you have any questions regarding this filing, please contact me by phone at 1-800-289-0260, extension 3377313, by fax at 920-632-9972, or by e-mail at cropson@humana.com.

Sincerely,

Casie Ropson

State: *Tennessee* **Filing Company:** *Humana Insurance Company*
TOI/Sub-TOI: *H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)*
Product Name: *TN-71130 BENCHMARK*
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Amendment Letter

Submitted Date: 06/21/2013

Comments:

We have revised our rate filing to what we believe is in agreement with the department. Specifically, we have expanded our on-exchange PPOx areas to encompass the entire rating regions, removed Suite B from Chattanooga, and revised our benefit slope.

Don't hesitate to ask any questions about this revised submission. Thank you.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

State: *Tennessee* **Filing Company:** *Humana Insurance Company*
TOI/Sub-TOI: *H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)*
Product Name: *TN-71130 BENCHMARK*
Project Name/Number: */*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Accident & Health - Individual New Rates
Comments:	Please see attachment.
Attachment(s):	2 - Actuarial Memo 2014_01_01.pdf Rate Manual v2.pdf
Previous Version	
Satisfied - Item:	*Accident & Health - Individual New Rates*
Comments:	*Please see attachment.*
Attachment(s):	*2 - Actuarial Memo 2014_01_01.pdf* *3 - TN Rate Sheets 2014_01 v1.3.pdf* *TN Product Availability.pdf*
Previous Version	
Satisfied - Item:	*Accident & Health - Individual New Rates*
Comments:	*Please see attachment.*
Attachment(s):	*2 - Actuarial Memo 2014_01_01.pdf* *3 - TN Rate Sheets 2014_01 v1.3.pdf*

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	7 - AV Justifications.pdf TN Actuarial Memorandum - URR.pdf
Previous Version	
Satisfied - Item:	*Actuarial Memorandum and Certifications*
Comments:	
Attachment(s):	*6 - URR Actuarial Memorandum.pdf* *7 - AV Justifications.pdf*

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Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	H1_FFE_TN_unified_rate_review_fix 3 redo.xls
Previous Version	
Satisfied - Item:	*Unified Rate Review Template*
Comments:	
Attachment(s):	*8 - H1_FFE_TN_unified_rate_review.xlsm*

Satisfied - Item:	Requested PDFs
Comments:	
Attachment(s):	H1_FFE_TN_SERFF_PlansBenefits_Revised 2.pdf RatingBusinessRules_82120_TN.pdf plan_management_data_templates_rates v2.1 TN HIC OFFx NEW Suite B update.pdf plan_management_data_templates_rates v2.1 TN HIC ONx New Suite B area 4 Update.pdf
Previous Version	
Satisfied - Item:	*Requested PDFs*
Comments:	
Attachment(s):	*H1_FFE_TN_SERFF_PlansBenefits_Revised 2.pdf* *RatingBusinessRules_82120_TN.pdf* *TN On_OffExchange Rate Table V2.1 TN.pdf*

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Amendment Letter

Submitted Date: 05/29/2013
Comments:
To Reviewer:

The level 2 Rx benefit has been revised on the following schedules. Redline copies are also attached.

TN-71130 ISCHC-B 1/2014
TN-71130 ISCHC-G 1/2014
TN-71130 ISCHC-P 1/2014
TN-71130 ISCHC-S1 1/2014

Thank You,
Casie Ropson
Changed Items:

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1	*IMM-C-Bronze Schedule*	*TN-71130 ISCHC-B 1/2014*	*SCH*	*Initial*			*TN IMM-C Bronze Schedule.pdf*	*Date Submitted: 04/29/2013 By: Ann Collins*
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Previous Version								

State: Tennessee **Filing Company:** Humana Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: TN-71130 BENCHMARK
Project Name/Number: /

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
2	*IMM-C Gold Schedule*	*TN-71130 ISCHC-G 1/2014*	*SCH*	*Initial*			*TN IMM-C Gold Schedule.pdf*	*Date Submitted: 05/22/2013 By: Casie Ropson*
Previous Version								
2	*IMM-C Gold Schedule*	*TN-71130 ISCHC-G 1/2014*	*SCH*	*Initial*			*TN IMM-C Gold Schedule.pdf*	*Date Submitted: 05/07/2013 By:*
Previous Version								
2	*IMM-C Gold Schedule*	*TN-71130 ISCHC-G 1/2014*	*SCH*	*Initial*			*TN IMM-C Gold Schedule.pdf*	*Date Submitted: 04/29/2013 By: Ann Collins*
3	IMM-C Platinum Schedule	TN-71130 ISCHC-P 1/2014	SCH	Initial			TN IMM-C Platinum Schedule.pdf	Date Submitted: 05/29/2013 By:
Previous Version								
3	*IMM-C Platinum Schedule*	*TN-71130 ISCHC-P 1/2014*	*SCH*	*Initial*			*TN IMM-C Platinum Schedule.pdf*	*Date Submitted: 05/22/2013 By: Casie Ropson*
Previous Version								
3	*IMM-C Platinum Schedule*	*TN-71130 ISCHC-P 1/2014*	*SCH*	*Initial*			*TN IMM-C Platinum Schedule.pdf*	*Date Submitted: 05/07/2013 By:*
Previous Version								

State: Tennessee **Filing Company:** Humana Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: TN-71130 BENCHMARK
Project Name/Number: /

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
3	*IMM-C Platinum Schedule*	*TN-71130 ISCHC-P 1/2014*	*SCH*	*Initial*			*TN IMM-C Platinum Schedule.pdf*	*Date Submitted: 04/29/2013 By: Ann Collins*
4	IMM-C-S1 Silver Schedule	TN-71130 ISCHC-S1 1/2014	SCH	Initial			TN IMM-C-S1 Silver Schedule.pdf	Date Submitted: 05/29/2013 By:
Previous Version								
4	*IMM-C-S1 Silver Schedule*	*TN-71130 ISCHC-S1 1/2014*	*SCH*	*Initial*			*TN IMM-C-S1 Silver Schedule.pdf*	*Date Submitted: 05/22/2013 By: Casie Ropson*
Previous Version								
4	*IMM-C-S1 Silver Schedule*	*TN-71130 ISCHC-S1 1/2014*	*SCH*	*Initial*			*TN IMM-C-S1 Silver Schedule.pdf*	*Date Submitted: 05/07/2013 By:*
Previous Version								
4	*IMM-C-S1 Silver Schedule*	*TN-71130 ISCHC-S1 1/2014*	*SCH*	*Initial*			*TN IMM-C-S1 Silver Schedule.pdf*	*Date Submitted: 04/29/2013 By: Ann Collins*

No Rate Schedule Items Changed.

State: Tennessee **Filing Company:** Humana Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: TN-71130 BENCHMARK
Project Name/Number: /

Supporting Document Schedule Item Changes	
Satisfied - Item:	Redline copies of schedules amended on 5/29/13
Comments:	Please see attached.
Attachment(s):	TN IMM-C Bronze Schedule.pdf TN IMM-C Gold Schedule.pdf TN IMM-C Platinum Schedule.pdf TN IMM-C-S1 Silver Schedule.pdf

State: *Tennessee* **Filing Company:** *Humana Insurance Company*
TOI/Sub-TOI: *H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)*
Product Name: *TN-71130 BENCHMARK*
Project Name/Number: */*

Amendment Letter

Submitted Date: 05/21/2013
Comments:
To Reviewer:

Please see the attached revised copies of the schedules which were affected by the recent federal max-out-of-pocket mandate. Redline copies are also attached under supporting documentation.

Thank You,

Casie Ropson
Changed Items:

State: Tennessee **Filing Company:** Humana Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: TN-71130 BENCHMARK
Project Name/Number: /

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	IMM-C-Bronze Schedule	TN-71130 ISCHC-B 1/2014	SCH	Initial			TN IMM-C Bronze Schedule.pdf	Date Submitted: 05/21/2013 By:
Previous Version								
1	*IMM-C-Bronze Schedule*	*TN-71130 ISCHC-B 1/2014*	*SCH*	*Initial*			*TN IMM-C Bronze Schedule.pdf*	*Date Submitted: 05/07/2013 By:*
Previous Version								
1	*IMM-C-Bronze Schedule*	*TN-71130 ISCHC-B 1/2014*	*SCH*	*Initial*			*TN IMM-C Bronze Schedule.pdf*	*Date Submitted: 04/29/2013 By: Ann Collins*
2	IMM-C Catastrophic Schedule	TN-71130 ISCH-C 1/2014	SCH	Initial			TN IMM-C Catastrophic Schedule.pdf	Date Submitted: 05/21/2013 By:
Previous Version								
2	*IMM-C Catastrophic Schedule*	*TN-71130 ISCH-C 1/2014*	*SCH*	*Initial*			*TN IMM-C Catastrophic Schedule.pdf*	*Date Submitted: 04/29/2013 By: Ann Collins*
3	IMM-CC Catastrophic Schedule	TN-71130 ISCHC- C 1/2014	SCH	Initial			TN IMM-CC Catastrophic Schedule.pdf	Date Submitted: 05/21/2013 By:
Previous Version								
3	*IMM-CC Catastrophic Schedule*	*TN-71130 ISCHC- C 1/2014*	*SCH*	*Initial*			*TN IMM-CC Catastrophic Schedule.pdf*	*Date Submitted: 04/29/2013 By: Ann Collins*

State: Tennessee **Filing Company:** Humana Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: TN-71130 BENCHMARK
Project Name/Number: /

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Redline for MOOP Update
Comments:	Please see the attached redline copies of the schedules which were revised due to the recent federal mandate which updated max out of pocket.
Attachment(s):	TN IMM-C Bronze Schedule.pdf TN IMM-C Catastrophic Schedule.pdf TN IMM-CC Catastrophic Schedule.pdf

State: *Tennessee* **Filing Company:** *Humana Insurance Company*
TOI/Sub-TOI: *H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)*
Product Name: *TN-71130 BENCHMARK*
Project Name/Number: */*

Amendment Letter

Submitted Date: 05/07/2013

Comments:

Four of the IMM schedules have been revised to remove the Rx family deductible. The revised schedules have been added under the Form Schedule tab. Redline copies have also been aded under the supporting documentation tab to show the changes.

Changed Items:

State: *Tennessee* **Filing Company:** *Humana Insurance Company*
TOI/Sub-TOI: *H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)*
Product Name: *TN-71130 BENCHMARK*
Project Name/Number: */*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	IMM-C-Bronze Schedule	TN-71130 ISCHC-B 1/2014	SCH	Initial			TN IMM-C Bronze Schedule.pdf	Date Submitted: 05/07/2013 By:
Previous Version								
1	*IMM-C-Bronze Schedule*	*TN-71130 ISCHC-B 1/2014*	*SCH*	*Initial*			*TN IMM-C Bronze Schedule.pdf*	*Date Submitted: 04/29/2013 By: Ann Collins*
2	IMM-C Gold Schedule	TN-71130 ISCHC-G 1/2014	SCH	Initial			TN IMM-C Gold Schedule.pdf	Date Submitted: 05/07/2013 By:
Previous Version								
2	*IMM-C Gold Schedule*	*TN-71130 ISCHC-G 1/2014*	*SCH*	*Initial*			*TN IMM-C Gold Schedule.pdf*	*Date Submitted: 04/29/2013 By: Ann Collins*
3	IMM-C Platinum Schedule	TN-71130 ISCHC-P 1/2014	SCH	Initial			TN IMM-C Platinum Schedule.pdf	Date Submitted: 05/07/2013 By:
Previous Version								
3	*IMM-C Platinum Schedule*	*TN-71130 ISCHC-P 1/2014*	*SCH*	*Initial*			*TN IMM-C Platinum Schedule.pdf*	*Date Submitted: 04/29/2013 By: Ann Collins*
4	IMM-C-S1 Silver Schedule	TN-71130 ISCHC-S1 1/2014	SCH	Initial			TN IMM-C-S1 Silver Schedule.pdf	Date Submitted: 05/07/2013 By:
Previous Version								

State: Tennessee **Filing Company:** Humana Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: TN-71130 BENCHMARK
Project Name/Number: /

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
4	IMM-C-S1 Silver Schedule	TN-71130 ISCHC-S1 1/2014	SCH	Initial			TN IMM-C-S1 Silver Schedule.pdf	Date Submitted: 04/29/2013 By: Ann Collins

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes

Satisfied - Item:	Redline Copies of Schedules Amended on 5/7/2013
Comments:	Please see the attached redline copies of the schedules that were revised on 5/7/2013.
Attachment(s):	TN IMM-C Bronze Schedule.pdf TN IMM-C Gold Schedule.pdf TN IMM-C Platinum Schedule.pdf TN IMM-C-S1 Silver Schedule.pdf

State: *Tennessee* **Filing Company:** *Humana Insurance Company*
TOI/Sub-TOI: *H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)*
Product Name: *TN-71130 BENCHMARK*
Project Name/Number: */*

Amendment Letter

Submitted Date: 04/29/2013
Comments:
To Reviewer-

The following updates have been made to items under the Form Schedule tab.

1.) The Form Type for Form Number TN-71130 ISCH-P 1/2014 has been correct to show SCH instead of POLA. There were no changes to the form itself.

2.) The incorrect form was orignally attached under Form Number GN-71088 SPD 4/13. The correct form is now attached.

Thank You
Changed Items:

State: *Tennessee* **Filing Company:** *Humana Insurance Company*
TOI/Sub-TOI: *H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)*
Product Name: *TN-71130 BENCHMARK*
Project Name/Number: */*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	IMM-B Platinum Schedule	TN-71130 ISCH-P 1/2014	SCH	Initial			TN IMM-B Platinum Schedule.pdf	Date Submitted: 04/29/2013 By:
Previous Version								
1	*IMM-B Platinum Schedule*	*TN-71130 ISCH-P 1/2014*	*POLA*	*Initial*			*TN IMM-B Platinum Schedule.pdf*	*Date Submitted: 04/29/2013 By: Ann Collins*
2	Pediatric Dental Care Benefit Amendment	GN-71088 SPD 4/13	POLA	Initial			Pediatric Embedded Dental Amendment 4-13.pdf	Date Submitted: 04/29/2013 By:
Previous Version								
2	*Pediatric Dental Care Benefit Amendment*	*GN-71088 SPD 4/13*	*POLA*	*Initial*			*Pediatric Embedded Vision Amendment.pdf*	*Date Submitted: 04/29/2013 By: Ann Collins*

No Rate Schedule Items Changed.

No Supporting Documents Changed.

State: *Tennessee* **Filing Company:** *Humana Insurance Company*
TOI/Sub-TOI: *H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)*
Product Name: *TN-71130 BENCHMARK*
Project Name/Number: */*

Note To Filer

Created By:

Vicky Stotzer on 05/15/2013 10:26 AM

Last Edited By:

Vicky Stotzer

Submitted On:

05/15/2013 10:26 AM

Subject:

Service areas

Comments:

The Commissioner is requiring that the entire service area be covered in the individual and small group markets. You have the Nashville service area divided into 3 networks. You also have 3 rating factors for one service area which is prohibited. These networks must cover the entire service area. You can then have rate factors for each network.

Please revise or withdraw those plans. This was the assumption when her letter designated the service areas align with the geographic rating area and was clarified in yesterdays industry meeting.

Vicky

State: *Tennessee* **Filing Company:** *Humana Insurance Company*
TOI/Sub-TOI: *H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)*
Product Name: *TN-71130 BENCHMARK*
Project Name/Number: */*

Form Schedule

Lead Form Number: TN-71130

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Policy Cover	TN-71130	POL	Initial			A-TN Policy Cover.pdf
2		Guide to Your Policy	TN-71130 TOC	POL	Initial			B-TN Guide to Your Policy.pdf
3		Introduction	GN-71130 INTRO	POL	Initial			C-GN Introduction.pdf
4		HDHP-B Bronze Schedule	TN-71130 HSCH-B 1/2014	SCH	Initial			TN HDHP-B Bronze Schedule.pdf
5		HDHP-C Bronze Schedule	TN-71130 HSCHC-B 1/2014	SCH	Initial			TN HDHP-C Bronze Schedule.pdf
6		IMM-C-Bronze Schedule	TN-71130 ISCHC-B 1/2014	SCH	Initial			TN IMM-C Bronze Schedule.pdf
7		HDHP-C Silver S Schedule	TN-71130 HSCHC-S5 1/2014	SCH	Initial			TN HDHP-C Silver S Schedule.pdf
8		IMM-S1 Silver Schedule	TN-71130 ISCH-S1 1/2014	SCH	Initial			TN IMM-S1 Silver Schedule.pdf
9		IMM-S2 Silver Schedule	TN-71130 ISCH-S2 1/2014	SCH	Initial			TN IMM-S2 Silver Schedule.pdf

State: *Tennessee* **Filing Company:** *Humana Insurance Company*
TOI/Sub-TOI: *H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)*
Product Name: *TN-71130 BENCHMARK*
Project Name/Number: */*

Lead Form Number: TN-71130

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
10		IMM-S3 Silver Schedule	TN-71130 ISCH-S3 1/2014	SCH	Initial			TN IMM-S3 Silver Schedule.pdf
11		IMM-S4 Silver Schedule	TN-71130 ISCH-S4 1/2014	SCH	Initial			TN IMM-S4 Silver Schedule.pdf
12		IMM-C Gold Schedule	TN-71130 ISCHC-G 1/2014	SCH	Initial			TN IMM-C Gold Schedule.pdf
13		IMM-G Gold Schedule	TN-71130 ISCH-G 1/2014	SCH	Initial			TN IMM-G Gold Schedule.pdf
14		IMM-B Platinum Schedule	TN-71130 ISCH-P 1/2014	SCH	Initial			TN IMM-B Platinum Schedule.pdf
15		IMM-C Platinum Schedule	TN-71130 ISCHC-P 1/2014	SCH	Initial			TN IMM-C Platinum Schedule.pdf
16		IMM-C Catastrophic Schedule	TN-71130 ISCH-C 1/2014	SCH	Initial			TN IMM-C Catastrophic Schedule.pdf
17		IMM-CC Catastrophic Schedule	TN-71130 ISCHC- C 1/2014	SCH	Initial			TN IMM-CC Catastrophic Schedule.pdf

State: Tennessee **Filing Company:** Humana Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: TN-71130 BENCHMARK
Project Name/Number: /

Lead Form Number: TN-71130

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
18		IMM-C-S1 Silver Schedule	TN-71130 ISCHC-S1 1/2014	SCH	Initial			TN IMM-C-S1 Silver Schedule.pdf
19		Utilization Management	TN-71130 UM	POL	Initial			G-TN Utilization Management.pdf
20		Your Policy Benefits	TN-71130 BEN	POL	Initial			H-TN Your Policy Benefits.pdf
21		General Exclusions	TN-71130 GE	POL	Initial			L-TN General Exclusions.pdf
22		Prescription Drug Exclusions	GN-71130 RX-EXC	POL	Initial			M-GN Prescription Drug Exclusions.pdf
23		Premium Payment	TN-71130 PREM	POL	Initial			N-TN Premium Payment.pdf
24		Changes to the Policy	TN-71130 CHG	POL	Initial			O-GN Changes to the Policy.pdf
25		Renewability and Termination	TN-71130 TER	POL	Initial			P-TN Renewability and Termination.pdf
26		General Provisions	TN-71130 GP	POL	Initial			Q-TN General Provisions.pdf
27		Definitions	TN-71130 DEF	POL	Initial			R-TN Definitions.pdf

State: *Tennessee* **Filing Company:** *Humana Insurance Company*
TOI/Sub-TOI: *H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)*
Product Name: *TN-71130 BENCHMARK*
Project Name/Number: */*

Lead Form Number: TN-71130

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
28		Policy Rider.RWD	GN-71088 RWD 1/2011	POLA	Initial			RR- GN Policy Rider.RWD.pdf
29		Pediatric Embedded Vision Amendment	GN-71088 SPVC	POLA	Initial			Pediatric Embedded Vision Amendment.pdf
30		Pediatric Dental Care Benefit Amendment	GN-71088 SPD 4/13	POLA	Initial			Pediatric Embedded Dental Amendment 4-13.pdf

Form Type Legend:

ADV	Advertising	**AEF**	Application/Enrollment Form
CER	Certificate	**CERA**	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	**FND**	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	**NOC**	Notice of Coverage
OTH	Other	**OUT**	Outline of Coverage
PJK	Policy Jacket	**POL**	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	**SCH**	Schedule Pages

INDIVIDUAL MEDICAL POLICY
[HUMANA INSURANCE COMPANY]

[For Claims Information]
[PO Box 14635]
[Lexington, KY 40512-4635]
[Toll-Free [1-800-833-6917]]

[For All Other Inquiries]
[PO Box [30111]]
[Tampa, FL 33630-3111]
[Toll-Free [1-800-458-1354]]

[*Policyholder:* [John Doe]]

[*Policy* number*:* [12345]]

[*Effective date:* [January 1, 2014 as of 12:01 a.m.]]

[Initial] premium amount: [$ Monthly/Quarterly/Semi-annually/Annually]]

PLEASE READ THIS POLICY CAREFULLY

[Humana Insurance Company] agrees to pay benefits for services rendered to *covered persons* who are named in the "Schedule of Benefits", subject to all the terms of this *policy*. *We* reserve the right to interpret the terms of this *policy* to determine the benefits payable hereunder.

This *policy* is issued in consideration of the *policyholder's* application, a copy of which is attached and made a part of this *policy*, and the *policyholder's* payment of premium as provided under this *policy*. **Omissions or misstatements in the application may cause *your* policy to be voided and claims to be reduced or denied.** Please check *your* application for errors and write to *us* if any information is not correct or is incomplete.

This *policy* and the insurance it provides become effective 12:01a.m. (*your* time) on the *effective date* stated above. This *policy* and the insurance it provides terminates at 12:00 midnight (*your* time) on the date of termination. The provisions stated above and on the following pages are part of this *policy*.

Renewability

This *policy* remains in effect at the option of the *policyholder* except as provided in the "Renewability of Insurance and Termination" section of this *policy*.

Right to Return Policy

You have the right to return this *policy* within 10 calendar days of its initial delivery. If *you* choose to return this *policy* within the 10 day period, *we* will refund any premium that *you* have paid. If *you* return this *policy* within the 10 day period, it will be void and *we* will have no liability under any of the terms or provisions of this *policy*. There will be no coverage for any claims incurred.

[Signature of Officer]
[Typed Name of Officer]
[Title of Officer]

GUIDE TO YOUR POLICY

Section number

Contents

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- p. Maternity services
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- y. Skilled nursing facility and rehabilitation services
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  - 2. Transplant provider selection
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GUIDE TO YOUR POLICY

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  - 5. Adding dependents
  - 6. Effective date of dependent changes
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  - 2. Changes where we will notify you

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  - 2. Filing a complaint
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1. INTRODUCTION

As *you* read through this *policy*, *you* will notice that certain words and phrases are printed in *italics*. An *italicized* word may have a different meaning in the context of this *policy* than it does in general usage. Please check the “Definitions” section for the definitions of *italicized* words, so *you* can understand their meaning as it relates to *your* insurance coverage.

This *policy* provides *you* with detailed information regarding *your* coverage. It explains what is covered and what is not covered. It also identifies *your* duties and how much *you* must pay when obtaining *services*. Although *your* coverage is broad in scope it is important to remember that *your* coverage has limitations and exclusions. Be sure to read *your policy* carefully before using *your* benefits.

This *policy* should be read in its entirety. Since many of the provisions of this *policy* are related, *you* should read the entire *policy* to get a full understanding of *your* coverage.

Please note that provisions and conditions of this *policy* apply to *you* and to each of *your covered dependents*.

If *you* have any questions about this *policy*, please call the telephone number on *your ID card*.

2. Schedule of Benefits

Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include preventive *services*, *prescription* drug *services* or any office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. See the “Definitions” section for the complete definition.

Medical deductible:	**Services from network providers:**	**Services from non-network providers:**
[Per calendar year)	$6,300	$12,600]
[Per calendar year (for all covered family members combined)	$12,600	$25,200]
[*Copayments* do not apply to the *deductible*.]		

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the “Definitions” section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation.

	Services from network providers:	**Services from non-network providers:**
[Individual limit (per calendar year)	$6,300	$25,200]
[Family limit (per calendar year)	$12.600	$50,400]

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the “Definitions” section for the complete definitions.

After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
All covered expenses except as noted below	100% after deductible	75% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	100% after deductible	100% after deductible	not applicable
Emergency services	100% after deductible	100% after deductible	not applicable
Home healthcare	100% after deductible	75% after deductible	60 visits per person per calendar year
Outpatient therapy services - Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	100% after deductible	75% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	100% after deductible	75% after deductible	36 visits per therapy per person per calendar year
- All other therapies	100% after deductible	75% after deductible	not applicable
Preventive services	100%	75% after deductible	not applicable
Skilled nursing and rehabilitation facility	100% after deductible	75% after deductible	60 days per person per calendar year

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	100% after deductible	75% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
[Retail pharmacy/specialty pharmacy for up to a 30-day supply]			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	75% after deductible	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	75% after deductible	
- All other prescription drugs from a retail pharmacy/specialty pharmacy	100% after deductible	75% after deductible	
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	75% after deductible	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	75% after deductible	
- All other prescription drugs from a mail order pharmacy excludes specialty drugs and self-administered injectables)	100% after deductible	75% after deductible	

2. Schedule of Benefits

Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include preventive *services*, *prescription* drug *services* or any office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. See the “Definitions” section for the complete definition.

	Services from network providers:	Services from non-network providers:
Medical deductible:		
[Per calendar year)	$ 6,300	$12,600]
[Per calendar year (for all covered family members combined)	$12,600	$25,200]
[*Copayments* do not apply to the *deductible*.]		

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the “Definitions” section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation.

	Services from network providers:	Services from non-network providers:
[Individual limit (per calendar year)	$6,300	$25,200]
[Family limit (per calendar year)	$12.600	$50,400]

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the “Definitions” section for the complete definitions.

After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.

	Plan pays for services from network providers:	Plan pays for services from non-network providers:	Combined network and non-network benefit maximum:
All covered expenses except as noted below	100% after deductible	75% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	100% after deductible	100% after deductible	not applicable
Emergency services	100% after deductible	100% after deductible	not applicable
Home healthcare	100% after deductible	75% after deductible	60 visits per person per calendar year
Outpatient therapy services - Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	100% after deductible	75% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	100% after deductible	75% after deductible	36 visits per therapy per person per calendar year
- All other therapies	100% after deductible	75% after deductible	not applicable
Preventive services	100%	75% after deductible	not applicable
Skilled nursing and rehabilitation facility	100% after deductible	75% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	100% after deductible	75% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	100% after deductible	75% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
[Retail pharmacy/specialty pharmacy for up to a 30-day supply]			
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid - All other prescription drugs from a retail pharmacy/specialty pharmacy	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication 100% after deductible	75% after deductible	not applicable
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid - All other prescription drugs from a mail order pharmacy excludes specialty drugs and self-administered injectables)	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication 100% after deductible	75% after deductible	not applicable

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from network providers**	**Services from non-network providers**
Individual deductible (per covered person per calendar year)	$4,850	$ 9,700
Family deductible (per family per calendar year)	$9,700	$19,400

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$1,500	$ 4,500

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$6,350	$25,400
Family maximum (per family per calendar year)	$12,700	$50,800

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health o Concentra o All other providers - Office visits for bodily injury and all other sickness o PCP o Specialist o Concentra o Convenient care clinic o Urgent care - Concentra - All other providers	100% after $40 copay per visit 100% after $50 copay per visit 100% after $ 55 copay per visit 100% after $ 80 copay per visit 100% after $ 45 copay per visit 100% after $55 copay per visit 100% after $ 75 copay per visit 100% after $100 copay per visit	60% after deductible	3 combined visit limit for all mental health, PCP, specialist, Concentra, convenient care clinic, and urgent care per person per calendar year; thereafter subject to the medical deductible and coinsurance per person per calendar year
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $10 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $300 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	50% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $20 copay	70% after Rx deductible and $20 copay	not applicable
Level two drugs	100% after Rx deductible and $75 copay	70% after Rx deductible and $75 copay	not applicable
Level three drugs	100% after Rx deductible and 50% copay	70% after Rx deductible and 50% copay	not applicable
Level four drugs - For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider - For specialty drugs obtained from a network specialty drug pharmacy	 100% after Rx deductible and 40% copay 100% after Rx deductible and 50% copay	 70% after Rx deductible and 40% copay 70% after Rx deductible and 50% copay	not applicable
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid	 100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication	 70% after Rx deductible and the applicable copay outlined above 70% after Rx deductible and the applicable copay outlined above	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include preventive *services*, *prescription* drug *services* or any office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. See the “Definitions” section for the complete definition.

	Services from network providers:	Services from non-network providers:
Medical deductible:		
[Per calendar year)	$3,650	$ 7,300]
[Per calendar year (for all covered family members combined)	$7,300	$14,600]
[*Copayments* do not apply to the *deductible*.]		

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the “Definitions” section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation.

	Services from network providers:	Services from non-network providers:
[Individual limit (per calendar year)	$3,650	$14,600]
[Family limit (per calendar year)	$7,300	$29,200]

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the “Definitions” section for the complete definitions.

After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.

	Plan pays for services from network providers:	Plan pays for services from non-network providers:	Combined network and non-network benefit maximum:
All covered expenses except as noted below	100% after deductible	75% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	100% after deductible	100% after deductible	not applicable
Emergency services	100% after deductible	100% after deductible	not applicable
Home healthcare	100% after deductible	75% after deductible	60 visits per person per calendar year
Outpatient therapy services - Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	100% after deductible	75% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	100% after deductible	75% after deductible	36 visits per therapy per person per calendar year
- All other therapies	100% after deductible	75% after deductible	not applicable
Preventive services	100%	75% after deductible	not applicable
Skilled nursing and rehabilitation facility	100% after deductible	75% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	100% after deductible	75% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	100% after deductible	75% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
[Retail pharmacy/specialty pharmacy for up to a 30-day supply]			
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid - All other prescription drugs from a retail pharmacy/specialty pharmacy	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication 100% after deductible	75% after deductible	not applicable
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid - All other prescription drugs from a mail order pharmacy excludes specialty drugs and self-administered injectables)	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication 100% after deductible	75% after deductible	not applicable

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from network providers**	**Services from non-network providers**
Individual deductible (per covered person per calendar year)	$4,600	$ 9,200
Family deductible (per family per calendar year)	$9,200	$18,400

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$1,500	$4,500
Family deductible (per family per calendar year)	$3,000	$9,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$ 6,300	$25,200
Family maximum (per family per calendar year)	$12,600	$50,400

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health - Office visits for bodily injury and all other sickness o PCP o Specialist o Convenient care clinic o Urgent care - Concentra - All other providers	100% after $25 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $50 copay per visit	60% after deductible	not applicable
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $5 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $500 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	50% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $10 copay	70% after Rx deductible and $10 copay	not applicable
Level two drugs	100% after $20 copay	70% after Rx deductible and $20 copay	not applicable
Level three drugs	100% after Rx deductible and $50 copay	70% after Rx deductible and $50 copay	not applicable
Level four drugs	100% after Rx deductible and 50% copay	70% after Rx deductible and 50% copay	not applicable
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above 70% after Rx deductible and the applicable copay outlined above	not applicable
Specialty pharmacy for up to a 30-day supply			
Level five drugs - For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider - For specialty drugs obtained from a network specialty drug pharmacy	100% after Rx deductible and 40% copay 100% after Rx deductible and 50% copay	70% after Rx deductible and 40% copay 70% after Rx deductible and 50% copay	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from network providers**	**Services from non-network providers**
Individual deductible (per covered person per calendar year)	$3,250	$ 9,200
Family deductible (per family per calendar year)	$6,500	$18,400

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$1,000	$3,000
Family deductible (per family per calendar year)	$2,000	$6,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$4,750	$25,200
Family maximum (per family per calendar year)	$9,500	$50,400

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health - Office visits for bodily injury and all other sickness o PCP o Specialist o Convenient care clinic o Urgent care - Concentra - All other providers	100% after $25 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $50 copay per visit	60% after deductible	not applicable
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $5 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $500 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	50% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $10 copay	70% after Rx deductible and $10 copay	not applicable
Level two drugs	100% after $20 copay	70% after Rx deductible and $20 copay	not applicable
Level three drugs	100% after Rx deductible and $50 copay	70% after Rx deductible and $50 copay	not applicable
Level four drugs	100% after Rx deductible and 50% copay	70% after Rx deductible and 50% copay	not applicable
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	not applicable
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
Specialty pharmacy for up to a 30-day supply			
Level five drugs			not applicable
- For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider	100% after Rx deductible and 40% copay	70% after Rx deductible and 40% copay	
- For specialty drugs obtained from a network specialty drug pharmacy	100% after Rx deductible and 50% copay	70% after Rx deductible and 50% copay	

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from network providers**	**Services from non-network providers**
Individual deductible (per covered person per calendar year)	$ 900	$ 9,200
Family deductible (per family per calendar year)	$1,800	$18,400

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$ 500	$1,500
Family deductible (per family per calendar year)	$1,000	$3,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$1,450	$25,200
Family maximum (per family per calendar year)	$2,900	$50,400

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health - Office visits for bodily injury and all other sickness o PCP o Specialist o Convenient care clinic o Urgent care - Concentra - All other providers	100% after $25 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $50 copay per visit	60% after deductible	not applicable
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $5 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $500 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	50% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $10 copay	70% after Rx deductible and $10 copay	not applicable
Level two drugs	100% after $20 copay	70% after Rx deductible and $20 copay	not applicable
Level three drugs	100% after Rx deductible and $50 copay	70% after Rx deductible and $50 copay	not applicable
Level four drugs	100% after Rx deductible and 50% copay	70% after Rx deductible and 50% copay	not applicable
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above 70% after Rx deductible and the applicable copay outlined above	not applicable
Specialty pharmacy for up to a 30-day supply			
Level five drugs - For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider - For specialty drugs obtained from a network specialty drug pharmacy	100% after Rx deductible and 40% copay 100% after Rx deductible and 50% copay	70% after Rx deductible and 40% copay 70% after Rx deductible and 50% copay	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from network providers**	**Services from non-network providers**
Individual deductible (per covered person per calendar year)	$ 500	$ 9,200
Family deductible (per family per calendar year)	$1,000	$18,400

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$250	$ 750
Family deductible (per family per calendar year)	$500	$1,500

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$ 750	$25,200
Family maximum (per family per calendar year)	$1,500	$50,400

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health - Office visits for bodily injury and all other sickness o PCP o Specialist o Convenient care clinic o Urgent care - Concentra - All other providers	100% after $25 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $50 copay per visit	60% after deductible	not applicable
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $5 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $500 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	50% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $10 copay	70% after Rx deductible and $10 copay	not applicable
Level two drugs	100% after $20 copay	70% after Rx deductible and $20 copay	not applicable
Level three drugs	100% after Rx deductible and $50 copay	70% after Rx deductible and $50 copay	not applicable
Level four drugs	100% after Rx deductible and 50% copay	70% after Rx deductible and 50% copay	not applicable
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above 70% after Rx deductible and the applicable copay outlined above	not applicable
Specialty pharmacy for up to a 30-day supply			
Level five drugs - For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider - For specialty drugs obtained from a network specialty drug pharmacy	100% after Rx deductible and 40% copay 100% after Rx deductible and 50% copay	70% after Rx deductible and 40% copay 70% after Rx deductible and 50% copay	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from** **network providers**	**Services from** **non-network providers**
Individual deductible (per covered person per calendar year)	$2,500	$ 5,000
Family deductible (per family per calendar year)	$5,000	$10,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$ 500	$1,500

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$3,500	$14,000
Family maximum (per family per calendar year)	$7,000	$28,000

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health o Concentra o All other providers - Office visits for bodily injury and all other sickness o PCP o Specialist o Concentra o Convenient care clinic o Urgent care - Concentra - All other providers	 100% after $15 copay per visit 100% after $25 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $15 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $50 copay per visit	60% after deductible	not applicable
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $5 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $500 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	65% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $5 copay	70% after Rx deductible and $5 copay	not applicable
Level two drugs	100% after Rx deductible and $10 copay	70% after Rx deductible and $10 copay	not applicable
Level three drugs	100% after Rx deductible and $15 copay	70% after Rx deductible and $15 copay	not applicable
Level four drugs - For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider - For specialty drugs obtained from a network specialty drug pharmacy	100% after Rx deductible and 25% copay 100% after Rx deductible and 35% copay	70% after Rx deductible and 25% copay 70% after Rx deductible and 35% copay	not applicable
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above 70% after Rx deductible and the applicable copay outlined above	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from network providers**	**Services from non-network providers**
Individual deductible (per covered person per calendar year)	$2,500	$ 5,000
Family deductible (per family per calendar year)	$5,000	$10,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$ 500	$1,500
Family deductible (per family per calendar year)	$1,000	$3,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$3,500	$14,000
Family maximum (per family per calendar year)	$7,000	$28,000

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health - Office visits for bodily injury and all other sickness o PCP o Specialist o Convenient care clinic o Urgent care - Concentra - All other providers	100% after $25 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $50 copay per visit	60% after deductible	not applicable
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $5 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $500 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	65% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $5 copay	70% after Rx deductible and $5 copay	not applicable
Level two drugs	100% after $10 copay	70% after Rx deductible and $10 copay	not applicable
Level three drugs	100% after Rx deductible and $20 copay	70% after Rx deductible and $20 copay	not applicable
Level four drugs	100% after Rx deductible and 35% copay	70% after Rx deductible and 35% copay	not applicable
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above 70% after Rx deductible and the applicable copay outlined above	not applicable
Specialty pharmacy for up to a 30-day supply			
Level five drugs - For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider - For specialty drugs obtained from a network specialty drug pharmacy	100% after Rx deductible and 25% copay 100% after Rx deductible and 35% copay	70% after Rx deductible and 25% copay 70% after Rx deductible and 35% copay	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from network providers**	**Services from non-network providers**
Individual deductible (per covered person per calendar year)	$1,000	$2,000
Family deductible (per family per calendar year)	$2,000	$4,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$ 500	$1,500
Family deductible (per family per calendar year)	$1,000	$3,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$1,500	$ 6,000
Family maximum (per family per calendar year)	$3,000	$12,000

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health - Office visits for bodily injury and all other sickness o PCP o Specialist o Convenient care clinic o Urgent care - Concentra - All other providers	100% after $25 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $50 copay per visit	60% after deductible	not applicable
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $5 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $500 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and Spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	Not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	65% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $5 copay	70% after Rx deductible and $5 copay	not applicable
Level two drugs	100% after $10 copay	70% after Rx deductible and $10 copay	not applicable
Level three drugs	100% after Rx deductible and $20 copay	70% after Rx deductible and $20 copay	not applicable
Level four drugs	100% after Rx deductible and 35% copay	70% after Rx deductible and 35% copay	not applicable
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid	 100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication	 70% after Rx deductible and the applicable copay outlined above 70% after Rx deductible and the applicable copay outlined above	not applicable
Specialty pharmacy for up to a 30-day supply			
Level five drugs - For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider - For specialty drugs obtained from a network specialty drug pharmacy	 100% after Rx deductible and 25% copay 100% after Rx deductible and 35% copay	 70% after Rx deductible and 25% copay 70% after Rx deductible and 35% copay	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from network providers**	**Services from non-network providers**
Individual deductible (per covered person per calendar year)	$1,000	$2,000
Family deductible (per family per calendar year)	$2,000	$4,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$ 500	$1,500

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$1,500	$ 6,000
Family maximum (per family per calendar year)	$3,000	$12,000

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health o Concentra o All other providers - Office visits for bodily injury and all other sickness o PCP o Specialist o Concentra o Convenient care clinic o Urgent care - Concentra - All other providers	 100% after $15 copay per visit 100% after $25 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $15 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $50 copay per visit	60% after deductible	not applicable
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $5 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $500 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	65% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $5 copay	70% after Rx deductible and $5 copay	not applicable
Level two drugs	100% after Rx deductible and $10 copay	70% after Rx deductible and $10 copay	not applicable
Level three drugs	100% after Rx deductible and $15 copay	70% after Rx deductible and $15 copay	not applicable
Level four drugs - For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider - For specialty drugs obtained from a network specialty drug pharmacy	100% after Rx deductible and 25% copay 100% after Rx deductible and 35% copay	70% after Rx deductible and 25% copay 70% after Rx deductible and 35% copay	not applicable
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above 70% after Rx deductible and the applicable copay outlined above	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. See the “Definitions” section for the complete definition.

Medical deductible:	**Services from** **network providers**	**Services from** **non-network providers**
Individual deductible (per covered person per calendar year)	$ 6,350	$12,700
Family deductible (per family per calendar year)	$12,700	$25,400
Copayments do not apply to the *deductible*.		

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$ 6,350	$25,400
Family maximum (per family per calendar year)	$12,700	$50,800

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	100**%** after deductible	75% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health - Office visits for bodily injury and all other sickness o PCP o Convenient care clinic	100% after $35 copay per visit 100% after $35 copay per visit 100% after $35 copay per visit	75% after deductible	3 combined visit limit for all mental health, PCP, and convenient care clinic per person per calendar year; thereafter subject to the medical deductible and coinsurance per person per calendar year
Emergency room	100% after deductible	100% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	100% after deductible	100% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $300 and thereafter subject to the medical deductible and coinsurance per person per calendar year	75% after deductible	not applicable
Emergency room	100% after deductible	100% after deductible	not applicable
Home healthcare	100% after deductible	75% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	75% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	100% after deductible	75% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	100% after deductible	75% after deductible	36 visits per therapy per person per calendar year
- All other therapies	100% after deductible	75% after deductible	not applicable
Skilled nursing and rehabilitation facility	100% after deductible	75% after deductible	60 days per person per calendar year

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	100% after deductible	75% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	75% after deductible	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	75% after deductible	
- All other prescription drugs from a retail pharmacy/specialty pharmacy	100% after deductible	75% after deductible	

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	75% after deductible	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	75% after deductible	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	100% after deductible	75% after deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]

Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. See the “Definitions” section for the complete definition.

Medical deductible:	**Services from** **network providers**	**Services from** **non-network providers**
Individual deductible (per covered person per calendar year)	$ 6,350	$12,700
Family deductible (per family per calendar year)	$12,700	$25,400
Copayments do not apply to the *deductible*.		

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$ 6,350	$25,400
Family maximum (per family per calendar year)	$12,700	$50,800

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	100**%** after deductible	75% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health o Concentra o All other providers - Office visits for bodily injury and all other sickness o PCP o Concentra o Convenient care clinic	 100% after $25 copay per visit 100% after $35 copay per visit 100% after $35 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit	75% after deductible	3 combined visit limit for all mental health, PCP, Concentra, and convenient care clinic per person per calendar year; thereafter subject to the medical deductible and coinsurance per person per calendar year
Emergency room	100% after deductible	100% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	100% after deductible	100% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $300 and thereafter subject to the medical deductible and coinsurance per person per calendar year	75% after deductible	not applicable
Emergency room	100% after deductible	100% after deductible	not applicable
Home healthcare	100% after deductible	75% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	75% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	100% after deductible	75% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and occupational therapy	100% after deductible	75% after deductible	36 visits per therapy per person per calendar year
- All other therapies	100% after deductible	75% after deductible	not applicable
Skilled nursing and rehabilitation facility	100% after deductible	75% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	100% after deductible	75% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	100% after deductible	75% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	75% after deductible	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	75% after deductible	
- All other prescription drugs from a retail pharmacy/specialty pharmacy	100% after deductible	75% after deductible	

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	75% after deductible	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	75% after deductible	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	100% after deductible	75% after deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from network providers**	**Services from non-network providers**
Individual deductible (per covered person per calendar year)	$4,250	$ 8,500
Family deductible (per family per calendar year)	$8,500	$17,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$1,500	$4,500

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$ 6,250	$25,000
Family maximum (per family per calendar year)	$12,500	$50,000

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health o Concentra o All other providers - Office visits for bodily injury and all other sickness o PCP o Specialist o Concentra o Convenient care clinic o Urgent care - Concentra - All other providers	 100% after $25 copay per visit 100% after $35 copay per visit 100% after $35 copay per visit 100% after $60 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $60 copay per visit 100% after $100 copay per visit	60% after deductible	not applicable
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $10 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $500 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	50% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $15 copay	70% after Rx deductible and $15 copay	not applicable
Level two drugs	100% after Rx deductible and $35 copay	70% after Rx deductible and $35 copay	not applicable
Level three drugs	100% after Rx deductible and 50% copay	70% after Rx deductible and 50% copay	not applicable
Level four drugs - For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider - For specialty drugs obtained from a network specialty drug pharmacy	 100% after Rx deductible and 40% copay 100% after Rx deductible and 50% copay	 70% after Rx deductible and 40% copay 70% after Rx deductible and 50% copay	not applicable
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid	 100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication	 70% after Rx deductible and the applicable copay outlined above 70% after Rx deductible and the applicable copay outlined above	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

3. UTILIZATION MANAGEMENT

a. Preauthorization and notification (also referred to as prior authorization)

***Preauthorization and notification* does NOT guarantee coverage for or the payment of the *service,* or procedure or *prescription* drug reviewed. For prescription drugs, it is a confirmation of the dosage, quantity, and duration as appropriate for the *covered person's* age, diagnosis and gender. For all other *services* or procedures, it is a confirmation of *medical necessity* only.**

All benefits payable under this *policy* must be for *services* or *prescription* drugs that are *medically necessary* or for *preventive services* as stated in this *policy*. *Preauthorization* by *us* is required for certain *services* and *prescription* drugs. Visit our Website at www.humana.com or call the telephone number on *your ID card* to obtain a list of *services* or *prescription* drugs that require *preauthorization and notification*. The list of *services* and *prescription* drugs that require *preauthorization and notification* is subject to change. Coverage provided in the past for *services* or *prescription* drugs that did not receive or require *preauthorization and notification* is not a guarantee of future coverage of the same *service* or *prescription* drug.

You are responsible for informing *your healthcare practitioner* of the *preauthorization and notification* requirements. *You* or *your healthcare practitioner* must contact *us* by telephone, electronically or in writing to request the appropriate authorization. *Your ID card* will show the *healthcare practitioner* the telephone number to call to request authorization. No benefits are payable for *services* or *prescription* drugs that are not *covered expenses*.

b. Reduction of payment

If *we* are not contacted for *preauthorization and notification* the following penalties will apply:

1. Benefits will be reduced by 40% to a maximum of $2,500 for:
   a. Any transplant *services* that are not authorized by *us* prior to the transplant evaluation, testing, preparative treatment or donor search; or
   b. Certain *prescription* drugs.

2. Benefits will be reduced for otherwise *covered expenses* by [$500.00] if authorization is not obtained for:
   a. *Durable medical equipment*;
   b. *Services* from:
      i. A *home healthcare provider*;
      ii. *Skilled nursing facility*;
      iii. *Hospice facility;* and
      iv. Certain other *services* listed in *our* Website at Humana.com.

The reduced amount, or any portion thereof, will not count toward satisfying any applicable *access fee*, *copayment*, *deductible*, coinsurance or *out-of-pocket* [*coinsurance*] *maximum*.

4. YOUR POLICY BENEFITS

Benefits are payable only if the *services* are *covered expenses*, and subject to specific conditions, exclusions and limitations, and applicable maximums of this *policy*. A *covered expense* is deemed to be incurred on the date a *covered service* is performed or furnished.

If *you* incur non-*covered expenses*, whether from a *network provider* or *non-network provider*, *you* are responsible for making the full payment to the healthcare provider. The fact that a *healthcare practitioner* has performed or prescribed a medically appropriate *service*, or the fact that it may be the only available treatment for a *bodily injury* or *sickness*, does not mean that the *service* is covered under this *policy*.

We will pay benefits for *covered expenses* as stated in the "Schedule of Benefits" and this *policy* section, and according to the "General Exclusions" and "Prescription Drug Exclusions" sections and any amendments or riders that may modify *your* benefits which are part of *your policy*. All benefits *we* pay will be subject to the *maximum allowable fee* and all conditions, exclusions and limitations, and applicable maximums of this *policy*.

Upon a *covered person* receiving a *service*, *we* will determine if such *service* qualifies as a *covered expense*. Any *service* that qualifies as a *covered expense* must not be excluded by the terms of this *policy*, [or] excluded by amendment or rider. After determining that the *service* is a *covered expense*, *we* will pay benefits as follows:

1. *We* will determine the total *maximum allowable fee* for eligible *covered expenses* incurred related to a particular *service*.
2. If *you* are required to pay a *copayment* or *access fee*, *we* will subtract that amount from the *maximum allowable fee* for eligible *covered expenses* incurred.
3. If *you* are required to meet a *deductible* and *you* have not met the *deductible requirement*, *we* will subtract any amounts *you* are required to pay as part of *your deductible* from the *maximum allowable fee* for the eligible *covered expenses* incurred.
4. [If *you* have not yet incurred enough *coinsurance* expenses, if applicable, to equal the amount of the *out-of-pocket* [*coinsurance] maximum we* will subtract any *coinsurance* amounts *you* must pay from the *maximum allowable fee* for eligible *covered expenses incurred*.]
5. *We* will make payment for the remaining eligible *covered expenses* incurred, not to exceed the *maximum allowable fee* which may apply to eligible *covered expenses* incurred, to *you* or *your* servicing provider.

4. YOUR POLICY BENEFITS

Refer to the "General Exclusions" and "Prescription Drug Exclusions" sections in this policy. All terms and provisions of this policy, including the preauthorization and notification requirement specified in this policy are applicable to covered expenses.

The bill *you* receive for *services* from *non-network providers* may be significantly higher than the *maximum allowable fee*. In addition to any applicable out-of-pocket *deductible*, *copayments*, *access fees*, *coinsurance* or *out-of-pocket* [*coinsurance*] *maximum*, *you* are responsible for the difference between the *maximum allowable fee* and the amount the *non-network provider* bills *you* for the *services*. Any amount *you* pay to the *non-network provider* in excess of the *maximum allowable fee* will not apply to *your out-of-pocket* [*coinsurance*] *maximum* or *deductible*.

a. Ambulance (professional air and ground)

Professional ambulance service from the scene of a medical emergency to the nearest appropriate medical facility equipped to provide treatment for *emergency care*.

b. Autism Spectrum disorder

Covered expenses are *expenses incurred* for *services* related to *Autism Spectrum disorder* for *covered persons* under age 12.

c. Chlamydia screening

Chlamydia screening *for* one annual *Chlamydia screening test* in conjunction with an annual Pap smear for covered females to age 29, if the test is determined to be *medically necessary* by a *healthcare practitioner*.

d. Clinical trial

Routine care for a *covered person* participating in an approved clinical trial.

Routine care includes *services* that are otherwise a *covered expense* if the *covered person* was not participating in a clinical trial.

Routine care does not include *services* that are:

1. *Experimental, investigational or for research purposes*;
2. Provided only for data collection and analysis that is not directly related to the clinical management of the *covered person*; or
3. Inconsistent with widely accepted and established standards of care for a diagnosis.

Refer to the "General Exclusions" and "Prescription Drug Exclusions" sections in this policy. All terms and provisions of this policy, including the preauthorization and notification requirement specified in this policy are applicable to covered expenses.

The *covered person* must be eligible to participate in a clinical trial, according to the trial protocol and:

1. Referred by a *healthcare practitioner*; or
2. Provide medical and scientific information supporting their participation in the clinical trial is appropriate.

An approved clinical trial includes phases I, II, III or IV clinical trial for the treatment of cancer or a life-threatening condition and is:

1. Federally funded and approved by the appropriate federal agency;
2. The study or investigation is conducted under an investigational new drug application reviewed by the Federal Food and Drug Administration; or
3. The study or investigation is a drug trial that is exempt from having such an investigational new drug application.

e. Complications of pregnancy services

Covered expenses are *expenses incurred* for *services* related to a covered *complication of pregnancy* at the point the complication occurs, for any female *covered person*. A caesarean section delivery is covered only when it is an accepted treatment for a *complication of pregnancy*.

f. Dental services

1. Treatment for a *dental injury* to a *sound natural tooth*. Treatment must begin within 90 days from the date of the *dental injury* and be completed within 12 months. *We* will limit *covered expenses* to the least expensive *service* that *we* determine will produce professionally adequate results; and
2. Anesthesia, *healthcare practitioner,* and *hospital* expenses associated with procedures performed on a *covered person* age eight years or younger which cannot be performed in an office setting.

g. Diabetes services

The following *services* for a *covered person* with diabetes:

1. Routine eye exams;
2. Routine foot care; and
3. Outpatient self-management training and education, including medical nutritional therapy prescribed by a *healthcare practitioner* for the treatment of:
   a. Insulin-dependent diabetes;
   b. Insulin-using diabetes;
   c. Gestational diabetes; and
   d. Non-insulin using diabetes.

Refer to the "General Exclusions" and "Prescription Drug Exclusions" sections in this policy. All terms and provisions of this policy, including the preauthorization and notification requirement specified in this policy are applicable to covered expenses.

Prescription drugs for the treatment of diabetes are covered under the Prescription drug provision.

h. Durable medical equipment and medical supplies

Equipment or devices specifically designed and intended for the care and treatment of a *bodily injury* or *sickness* for the following:

1. Non-motorized wheelchair;
2. Hospital bed;
3. Ventilator;
4. Hospital type equipment;
5. Oxygen and rental of equipment for its administration;
6. Initial prosthetic devices or supplies, including, but not limited to, limbs and eyes. The prosthetic devices for a lost limb must be necessary to restore their minimal basic function. Replacement of prosthetic devices is a *covered expense* when the replacement is due to pathological changes or growth;
7. Casts, splints (other than dental), trusses, braces (other than orthodontic), and crutches;
8. Wigs following cancer treatment (not to exceed one per lifetime);
9. The following special supplies up to a 30 day supply, when prescribed by the *healthcare practitioner*:
   a. Surgical Dressings;
   b. Catheters;
   c. Colostomy bags, rings, and belts;
   d. Flotation pads;
   e. Initial contact lenses or eyeglasses following cataract *surgery*; and
   f. Equipment prescribed by a *healthcare practitioner* for the treatment of diabetes; and
10. Other *durable medical equipment*. Visit our Website at www.humana.com or call the telephone number on *your ID card* to obtain a list of *durable medical equipment*.

11. Wigs following cancer treatment (not to exceed one per lifetime);
12. The following special supplies up to a 30 day supply, when prescribed by the *healthcare practitioner*:
    a. Surgical Dressings;
    b. Catheters;
    c. Colostomy bags, rings, and belts;
    d. Flotation pads;
    e. Initial contact lenses or eyeglasses following cataract *surgery*; and
    f. Equipment prescribed by a *healthcare practitioner* for the treatment of diabetes; and
13. Other *durable medical equipment*. Visit our Website at www.humana.com or call the telephone number on *your ID card* to obtain a list of *durable medical equipment*.

Refer to the "General Exclusions" and "Prescription Drug Exclusions" sections in this policy. All terms and provisions of this policy, including the preauthorization and notification requirement specified in this policy are applicable to covered expenses.

Coverage herein also includes the cost for repair, adjustment or replacement of components and accessories necessary for the effective functioning of covered durable medical equipment as determined by *us*.

If the equipment and device include comfort or convenience items or features that exceed what is *medically necessary* in the situation or needed to treat the condition, reimbursement will be based on the *maximum allowable fee* for a standard item that is a *covered expense*, serves the same purpose and is *medically necessary*. Any expense that exceeds the *maximum allowable fee* for the standard item that is a *covered service* is the *covered person's* responsibility. For example, the reimbursement for a motorized wheelchair will be limited to the reimbursement for a standard wheelchair, when a standard wheelchair adequately accommodates the condition.

If the *covered person* chooses to upgrade the equipment or device, they will be responsible for the price difference between the cost of the standard item and the cost of the upgraded item.

Costs for these items will be limited to the lesser of the rental cost or the purchase price, as decided by *us*. If *we* determine the lesser cost is the purchase option, any amount paid as rent for such *durable medical equipment* shall be credited toward the purchase price.

No benefits will be provided for, or on account of:

1. Unnecessary repair, adjustment or maintenance of the *durable medical equipment* or prosthetic as determined by *us*; or
2. Duplicate or similar rentals of *durable medical equipment*, as determined by *us*.

i. Emergency services

Covered expenses for *services* in a *hospital* for the emergency room and ancillary services and for an emergency room *healthcare practitioner* for *outpatient services*:

1. Without prior authorization;
2. With the same restrictions on coverage for *non-network providers* as those applied for *network providers*;
3. With the same cost-sharing requirements for *non-network providers* as those applied to *network providers*. In addition to the cost sharing requirements, *you* may be responsible for the difference between the allowed amount under *your* plan and what is billed by a *non-network provider*, as permitted by the Affordable Care Act; and
4. Without regard to any other terms or conditions of the *policy* other than exclusion; coordination of benefits, affiliation or *waiting periods*, or cost-sharing requirements. If *emergency care* is obtained through a *non-network provider*, *we* will pay benefits at the network level.

Refer to the "General Exclusions" and "Prescription Drug Exclusions" sections in this policy. All terms and provisions of this policy, including the preauthorization and notification requirement specified in this policy are applicable to covered expenses.

If *you* need *emergency care*:

1. Go to the nearest network *hospital* emergency room; or
2. Find the nearest *hospital* emergency room if *your* condition does not allow *you* to go to a network *hospital*.

You, or someone on *your* behalf, must call *us* within 48 hours after *your* admission to a non-network *hospital* for *emergency care*. If *your* condition does not allow *you* to call *us* within 48 hours after *your* admission, contact *us* as soon as *your* condition allows. *We* may transfer *you* to a network *hospital* in the service area when *your* condition is stable.

Follow up care must be obtained from a *network provider* in order to for those *services* to be paid at the *network provider* benefit level.

j. Healthcare treatment facility services

1. Daily room and board up to the semi-private room rate for each day of *confinement*;
2. *Confinement* in a critical care unit;
3. Operating room;
4. Ancillary *services*;
5. Blood and blood plasma which is not replaced by donation;
6. Administration of blood and blood products including blood extracts or derivatives;
7. Other *healthcare treatment facility* charges;
8. Drugs and medicines that are provided or administered to the *covered person* while *confined* in a *hospital* or *skilled nursing facility;*
9. Regularly scheduled treatment such as dialysis, chemotherapy, inhalation therapy or radiation therapy in a *healthcare treatment facility* as ordered by the *covered person's healthcare practitioner*; and
10. *Outpatient services* in a *hospital* or *free standing surgical facility.* The *covered expense* will be limited to the average semi-private room rate when the *covered person* is in *observation status.*

k. Healthcare practitioner services

1. *Healthcare practitioner* visits;
2. Diagnostic laboratory and radiology tests;
3. Second surgical opinions;

Refer to the "General Exclusions" and "Prescription Drug Exclusions" sections in this policy. All terms and provisions of this policy, including the preauthorization and notification requirement specified in this policy are applicable to covered expenses.

4. *Surgery*. If several *surgeries* are performed during one operation, *we* will pay the *maximum allowable fee* for the most complex procedure. For each additional procedure *we* will pay:
   a. 50% of *maximum allowable fee* for the secondary procedure; and
   b. 25% of *maximum allowable fee* for the third and subsequent procedures.
   If two surgeons work together as primary surgeons performing distinct parts of a single reportable procedure, *we* will pay each surgeon 62.5% of the *maximum allowable fee* for the procedure;
5. *Services* of a surgical assistant and/or assistant surgeon when *medically necessary*. Surgical assistants and/or assistant surgeon will be paid at 20% of the *covered expense* for *surgery*;
6. *Services* of a physician assistant (P.A.), registered nurse (R.N.), or a certified operating room technician when *medically necessary*. Physician assistants, registered nurses (R.N.), and certified operating room technicians will be paid at 10% of the *covered expense* for the *surgery*;
7. Anesthesia administered by a *healthcare practitioner* or certified registered anesthetist attendant to a *surgery*;
8. *Services* of a pathologist;
9. *Services* of a radiologist;
10. Allergy injections, therapy, testing, and serum. Therapy and testing for treatment of allergies must be approved by the America Academy of Allergy and Immunology or the Department of Health and Human Services or any of its offices or agencies; and
11. Injections other than allergy.

A *healthcare practitioner's* office visit includes only the following *services*:

1. Taking a history;
2. Performing an examination;
3. Making a diagnosis or medical decision;
4. Administering allergy shots; and
5. Diagnostic laboratory and radiology tests.

Covered expense during a *healthcare practitioner's* office visit does not include charges incurred for *advanced imaging*, pulmonary function studies, cardiac catheterization, elektrocardiogram (EKG), electrocardiogram (ECG), electroencephalogram (EEG).

Services for *mental health* are covered under the Mental health provision.

Refer to the "General Exclusions" and "Prescription Drug Exclusions" sections in this policy. All terms and provisions of this policy, including the preauthorization and notification requirement specified in this policy are applicable to covered expenses.

l. Hearing Aids

Coverage will be provided for *hearing aids* for a *covered dependent* child up to 18 years of age which are prescribed by a licensed audiologist or *healthcare practitioner* up to the benefit maximum shown in the "Schedule of Benefits". If hearing loss becomes significantly worse during the three-year period, coverage will be provided for a new *hearing aid*.

Coverage will not be provided for maintenance or repairs.

m. Home healthcare

Services provided by a *home healthcare agency* at the *covered person's* home. All home healthcare *services* must be provided on a part-time or intermittent basis in conjunction with a *home healthcare plan*.

No benefits will be provided for, or on account of:

1. Charges for mileage or travel time to and from the *covered person's* home;
2. Wage or shift differentials for any representative of a *home healthcare agency*;
3. Charges for supervision of *home healthcare agencies*;
4. *Custodial care*; and
5. Provision or administration of *self-administered injectable drugs*.

[Therapy *services* rendered during a *home healthcare visit* are covered under the Outpatient therapies provision.]

n. Hospice care

Covered expenses for *services* provided under a *hospice care program* furnished in a *hospice facility* or in the *covered person's* home by a *hospice care agency*. A *healthcare practitioner* must certify that the *covered person* is terminally ill with a life expectancy of six months or less. These *services* must be in lieu of a *confinement* in a *hospital* or *skilled nursing facility*.

1. Room and board in a *hospice facility*, when it is for management of acute pain or for an acute phase of chronic symptom;
2. Other *services*;
3. Part-time nursing care provided by or supervised by a *nurse* for up to eight hours per day;
4. Counseling for the *hospice patient* and his/her *immediate family members* by a licensed clinical social worker or pastoral counselor;

Refer to the "General Exclusions" and "Prescription Drug Exclusions" sections in this policy. All terms and provisions of this policy, including the preauthorization and notification requirement specified in this policy are applicable to covered expenses.

5. Medical social services for the terminally ill *covered person* or his/her *immediate family members* including:
   a. Assessment of social, emotional, and medical needs and the home and family situation; and
   b. Identification of the community resources available;
6. Psychological and dietary counseling;
7. Physical therapy;
8. Part-time home health aide services for up to eight hours in any one day; and
9. Medical supplies, drugs, and medicines prescribed by a *healthcare practitioner* for *palliative care*.

No benefits will be provided for, or on account of:

1. Private duty nursing when *confined* in a *hospice facility*;
2. *Services* relating to a *confinement* that is not for management of acute pain control or other treatment for an acute phase of chronic symptom management;
3. Funeral arrangements;
4. Financial or legal counseling, including estate planning or drafting of a will;
5. Homemaker or caretaker services, including:
   a. Sitter or companion services;
   b. Housecleaning;
   c. Household maintenance; and
6. *Services* of a social worker other than a licensed clinical social worker; and
7. Services by a licensed pastoral counselor to a member of his/her congregation. These are services in the course of the duties to which he/she is called as a pastor or minister.

For this benefit only, *immediate family member* is considered to be the *covered person's* parent, spouse, and children or step-children.]

[Therapy *services* rendered at the *covered person's* home are covered under the Outpatient therapies provision.]

o. Infertility evaluation

Covered expenses for *medically necessary* and appropriate *services* for the evaluation of infertility including genetic testing.

No benefits will be provided for or on account of *services* that are designed to create a pregnancy, enhance fertility or improve conception quality, including but not limited to:

1. *Infertility services;*
2. Fallopian tube reconstruction;
3. Uterine reconstruction;
4. Fertility injections;

Refer to the "General Exclusions" and "Prescription Drug Exclusions" sections in this policy. All terms and provisions of this policy, including the preauthorization and notification requirement specified in this policy are applicable to covered expenses.

5. Fertility drugs; or
6. *Services* for follow up care related to infertility treatments.

p. Maternity services

1. Prenatal care;
2. Delivery for a minimum of 48 hours following an uncomplicated vaginal delivery and a minimum of 96 hours following an uncomplicated caesarean section delivery. If an earlier discharge is consistent with the most current protocols and guidelines of the American College of Obstetricians and Gynecologists or the American Academy of Pediatrics and is consented to by the mother and the attending *healthcare practitioner*, a post-discharge office visit to the *healthcare practitioner* or a *home healthcare visit* within the first 48 hours after discharge is also covered, subject to the terms of this *policy*;
3. Postpartum care; and
4. Routine well newborn care is covered under the newborn services provision.

Services for a covered newborn who must remain in the *hospital* past the mother's *confinement* are covered under the Newborn services provision.

Charges that are covered under the Complications of pregnancy provision are not covered under this provision.

No benefits will be provided for, on account of, or related to an elective caesarean section delivery.

q. Mental health

Covered expenses are charges made by a:

1. *Healthcare practitioner*;
2. *Hospital*; or
3. *Healthcare treatment facility*. A *healthcare treatment facility* does not include a *residential treatment center* unless for inpatient treatment for *chemical dependency* or a halfway house.

1. Inpatient care for mental health

Covered expenses are *expenses incurred* for:

1. *Inpatient services* including room and board;
2. *Healthcare practitioner* visits; and
3. A *residential treatment center* for *chemical dependency*.

Refer to the "General Exclusions" and "Prescription Drug Exclusions" sections in this policy. All terms and provisions of this policy, including the preauthorization and notification requirement specified in this policy are applicable to covered expenses.

We may substitute other levels of care for inpatient days as follows:

1. Two residential treatment days for one inpatient day;
2. Two partial hospital days for one inpatient day; and
3. Three intensive outpatient program days for one inpatient day.

2. Outpatient care and office services for mental health

Covered expenses while not *confined* in a *hospital* or *healthcare treatment facility* are *expenses incurred* for:

1. Office exams or consultations including laboratory tests and X-rays; and
2. Therapy.

No benefits will be provided for, or on account of:

1. *Court-ordered mental health services*;
2. A *residential treatment center* unless for inpatient treatment of *chemical dependency*; or
3. A halfway house.

r. Newborn services

Covered expenses for a covered *dependent* newborn child include the following:

1. *Bodily injury* or *sickness*;
2. Care and treatment for premature birth;
3. Medically diagnosed birth defects and abnormalities.
4. *Routine nursery care* of a well newborn child including *hospital* charges for nursery room and board; and
5. *Healthcare practitioner's* charges for the following *services* provided prior to the well newborn's release from the *hospital*:
   a. Routine examination; Hearing screening in accordance with current hearing screening standards established by a nationally recognized organization such as the Joint Committee on Infant Hearing Screening of the American Academy of Pediatrics; and
   b. Testing for Phenylketonuria (PKU), hypothyroidism, galactosemia, and other metabolic/ genetic defects that would result in mental retardation or physical dysfunction.

Refer to the "General Exclusions" and "Prescription Drug Exclusions" sections in this policy. All terms and provisions of this policy, including the preauthorization and notification requirement specified in this policy are applicable to covered expenses.

s. [Occupational coverage]

[*Services* provided in connection with a *sickness* or *bodily injury* arising out of, or sustained in the course of any occupation, employment or activity for compensation, profit or gain.]

[A *covered person*, as specified below, who is not eligible to receive workers' compensation benefits is eligible for occupational coverage under this *policy*, if the *covered person* is recognized under state law as:

1. [A sole proprietor in a proprietorship;]
2. [A partner in a partnership;] [or]
3. [An executive officer in a corporation].]

[No benefits will be provided for, or on account of a *sickness* or *bodily injury* eligible for benefits under Workers' Compensation, Employers Liability or similar laws even when a claim for benefits is not filed.]

t. Outpatient therapies

Outpatient services ordered and performed by a *healthcare practitioner* for the following:

1. *Services* for:
   a. Documented loss of physical function;
   b. Pain; or
   c. Developmental defect;
2. Physical therapy *services*;
3. Occupational therapy *services*;
4. Spinal manipulations, adjustments, and modalities;
5. Speech therapy or speech pathology *services*;
6. Cognitive rehabilitation *services*;
7. Audiology therapy *services*;
8. Radiation therapy *services*;
9. Respiratory or pulmonary therapy *services*;
10. Chemotherapy; and
11. Cardiac rehabilitation *services*.

The expectation must exist that the therapy will result in a practical improvement in the level of functioning within a reasonable period of time and the therapy is not considered *maintenance care*, as determined by *us*.

[Therapy *services* rendered during a *home healthcare visit* are covered under the Home healthcare provision.]

Refer to the "General Exclusions" and "Prescription Drug Exclusions" sections in this policy. All terms and provisions of this policy, including the preauthorization and notification requirement specified in this policy are applicable to covered expenses.

u. Perinatal Group B Streptococcal testing

Covered expenses incurred for the testing of Perinatal Group B Streptococcal disease for a covered newborn or pregnant female in accordance with the American College of Obstetricians and Gynecologist and the Centers for Disease Control.

v. Prescription drugs [for diabetes and PKU]

[Any *expense incurred* under this provision applies toward meeting the *prescription drug deductible*, if any, and *out-of-pocket* [*coinsurance*] *maximum* but do not apply toward the *covered person's policy deductible*. Benefits may be subject to *dispensing limits*, *preauthorization and notification* or *step therapy* requirements, if any.]

[Any *expense incurred* under this provision applies toward meeting the *covered person's policy deductible* and *out-of-pocket* [*coinsurance*] *maximum*. Benefits may be subject to *dispensing limits*, *preauthorization and notification* or *step therapy* requirements, if any.]

If the dispensing *pharmacy's* charge is less than the *prescription* drug *copayment*, the *covered person* will be responsible for the lesser amount.

The amount paid by *us* to the dispensing *pharmacy* may not reflect the ultimate cost to *us* for the drug. *Prescription* drug c*opayments* are made on a per *prescription* or refill basis and will not be adjusted if *we* receive any retrospective volume discounts or *prescription* drug rebates.

Some retail *pharmacies* participate in *our* program which allows a *covered person* to receive a 90-day supply of a *prescription* or refill except for *specialty drugs* or *self-administered injectible drugs* which are limited to a maximum of a 30-day supply. The cost is [three] times the applicable *copayment* and/or *coinsurance* as shown on the "Schedule of Benefits", after the *prescription drug deductible*, if applicable, is met.

When a *non-network pharmacy* is used, the *covered person* will be responsible to pay for the *prescription* at the time it is dispensed and then file a claim for reimbursement with *us*. *We* will reimburse the *covered person* for 70% of the *default rate*, after any applicable *cost share*. The *covered person* is responsible for 100% of the difference between the *default rate* and the *non-network pharmacy's* charge. In most cases, the *covered person* will pay more if *prescriptions* are obtained from a *non-network pharmacy*.

4. YOUR POLICY BENEFITS

Refer to the "General Exclusions" and "Prescription Drug Exclusions" sections in this policy. All terms and provisions of this policy, including the preauthorization and notification requirement specified in this policy are applicable to covered expenses.

[If a *covered person* requests a *brand-name medication* when a *generic medication* is available, the *covered person's cost share* is greater. The *covered person* is responsible for the applicable *generic medication cost share* and [100%] of the difference between the amount *we* would have paid the dispensing *pharmacy* for the *brand-name medication* and the amount *we* would have paid the dispensing *pharmacy* for the *generic medication*. [This cost difference will not be applied to the [*prescription drug deductible*] [or] [the] *out-of-pocket* [*coinsurance*] *maximum*.] If the prescribing *healthcare practitioner* determines that the *brand-name medication* is *medically necessary*, then the *covered person* is only responsible for the applicable *cost share* of a *brand-name medication*.]

We must be notified of any *cost share* that is applicable to a *covered person's* claim that is waived by the *pharmacy*. Any amount thus waived and not paid by the *covered person* would not apply to any *out-of-pocket* [*coinsurance*] *maximum*.

Covered *prescription* drugs are:

1. Drugs, medicines or medications that under Federal or state law may be dispensed only by *prescription* from a *healthcare practitioner*;
2. Drugs, medicines or medications that are included on the *drug list*;
3. Insulin and *diabetic supplies* that are included on the *drug list*;
4. Hypodermic needles or syringes when prescribed by a *healthcare practitioner* for use with insulin or *self-administered injectable drugs* that are included on the *drug list*. (Hypodermic needles and syringes used in conjunction with covered drugs may be available at no cost to the *covered person*;
5. Hypodermic needles, syringes or other method of delivery necessary for administration of a *specialty drug* that are included on the *drug list*, if included with the charge for the *specialty drug*. (These may be available at no cost to the *covered person*);
6. *Specialty drugs* and *self administered injectable drugs* that are included on the *drug list* and approved by *us* limited to a 30-day supply, unless otherwise determined by *us*;
7. Drugs, medicines or medications on the Women's Healthcare Drug List with a *prescription* from a *healthcare practitioner*;
8. Enteral formulas and nutritional supplements that are included on the *drug list* and that are necessary for the treatment of phenylketonuria (PKU) or other inherited metabolic diseases, or as otherwise determined by *us*; and
9. Spacers and/or peak flow meters that are included on the *drug list* for the treatment of asthma.

Refer to the "General Exclusions" and "Prescription Drug Exclusions" sections in this policy. All terms and provisions of this policy, including the preauthorization and notification requirement specified in this policy are applicable to covered expenses.

w. Preventive services

Preventive care *services* to detect or prevent sickness that have an A or B rating in the current recommendations of the U.S. Preventive Services Task Force (USPSTF) are covered without cost sharing when provided by a *network provider*. The recommendations by the USPSTF for breast cancer screening, mammography, and prevention issued prior to any recommendations issued in or around November 2009 will be considered current when applying this benefit. HHS will specify the recommendations for *preventive services* that apply for *your* plan year. *You* may contact *us* at www.humana.com website or call the customer service telephone number on *your identification card* or visit www.Healthcare.gov website for the recommended *services* that apply to *your* plan. *You* may be responsible for any preventive care *services* received, that are not specifically required by the Affordable Care Act.

x. Reconstructive surgery

Reconstructive surgery is payable only if the *sickness* or *bodily injury* necessitating the reconstructive *surgery* procedure would have been a *covered expense* under this *policy*.

We will provide benefits for *covered expenses incurred* for the following:

1. To restore function for conditions resulting from a *bodily injury* ;
2. That is incidental to or follows a covered *surgery* resulting from *sickness* or a *bodily injury* of the involved part if trauma, infection or other disease occurred ;
3. Following a *medically necessary* mastectomy. *Reconstructive surgery* includes all stages and revisions of reconstruction of the breast on which the mastectomy has been performed, reconstruction of the other breast to establish symmetry, and physical complications in all stages of mastectomy, including lymphedemas; and
4. Because of a congenital *sickness* or anomaly of a *dependent* child that resulted in a functional defect.

No benefits are available for *surgery* or treatment to change the texture or appearance of the skin or to change the size, shape or appearance of facial or body features (including but not limited to a *covered person's* nose, eyes, ears, cheeks, chin, chest or breasts).

Cosmetic *services* and *services* for complications from cosmetic *services* are not covered regardless of whether the initial surgery occurred while the *covered person* was covered under this *policy* or under any prior coverage.

Refer to the "General Exclusions" and "Prescription Drug Exclusions" sections in this policy. All terms and provisions of this policy, including the preauthorization and notification requirement specified in this policy are applicable to covered expenses.

y. Skilled nursing facility and rehabilitation services

Covered expenses incurred for:

1. Daily room and board;
2. General nursing *services* for each day of *confinement*; and
3. *Rehabilitation services*,

rendered while *confined* in a *subacute rehabilitation facility* or *skilled nursing facility*, provided the *covered person* is under the regular care of a *healthcare practitioner* who has reviewed and approved the *confinement*.

Services in a *subacute rehabilitation facility* or *skilled nursing facility* must be:

1. Provided in lieu of care in a *hospital*; or
2. For the same condition that required *confinement* in a *hospital*. The *covered person* must enter the *subacute rehabilitation facility* or *skilled nursing facility* within 14 days after discharge from the *hospital*.

Coverage for *subacute rehabilitation facility* or *skilled nursing facility* will cease when measurable and significant progress toward expected and reasonable outcomes has been achieved or has plateaued as determined by *us*.

Rehabilitation services include but are not limited to:

1. Treatment of complications of the condition that required an inpatient *hospital* stay;
2. Physical therapy, occupational therapy and speech therapy;
3. Pulmonary rehabilitation programs; and
4. The evaluation of the need for the *services* listed above.

z. Temporomandibular joint disorder (TMJ) and Craniomandibular joint disorder (CMJ)

Covered expenses are *expenses incurred* for surgical and non-surgical *services* for treatment of TMJ and CMJ. Coverage for non-surgical treatment is limited to the following:

1. History and diagnostic examinations;
2. Diagnostic x-rays;
3. Injection of muscle relaxants;
4. Therapeutic drug injections;
5. Thermal agents; and
6. Splint therapy with necessary adjustments.

Refer to the "General Exclusions" and "Prescription Drug Exclusions" sections in this policy. All terms and provisions of this policy, including the preauthorization and notification requirement specified in this policy are applicable to covered expenses.

No benefits will be provided for, or on account of:

1. Cosmetic or elective orthodontic care;
2. Peridontic care;
3. General dental care; or
4. Removable appliances for orthodontic purposes.

aa. Transplant services

If a *covered person* requires an organ transplant, all related *services* including, but not limited to the following, must be preauthorized in advance by *us*;

1. *Hospital* and *healthcare practitioner services*; and
2. Organ acquisition and donor costs, including pre-transplant *services*, the acquisition procedure, and any complications resulting from the acquisition.

Donor costs will not exceed the *organ transplant treatment period* and are not payable under this *policy* if they are payable in whole or in part by another party other than the donor's family or estate.

For an organ transplant to be considered approved, *preauthorization and notification* from *us* is required in advance of the organ transplant. The *covered person* or the *covered person's healthcare practitioner* must notify *us* in advance of the need for an initial evaluation for the organ transplant in order for *us* to determine if the organ transplant will be covered. For approval of the organ transplant itself, *we* must be given a reasonable opportunity to review the clinical results of the evaluation before rendering a determination.

Once coverage for the organ transplant is approved, *we* will advise the *healthcare practitioner*. Benefits are payable only if the pre-transplant *services,* the organ transplant and post-discharge *services* are approved by *us*. Coverage for post-discharge *services* and treatment of complications after transplantation are limited to the *organ transplant treatment period*.

Covered expenses for a *covered organ transplant* includes pre-transplant *services,* transplant inclusive of any chemotherapy and associated *services*, post-discharge *services*, and treatment of complications after transplantation including, but are not limited to the following organs or procedures only:

1. Heart;
2. Lung(s);
3. Liver;
4. Kidney;
5. *Bone marrow*;
6. Pancreas;
7. Auto-islet cell;
8. Intestine;

Refer to the "General Exclusions" and "Prescription Drug Exclusions" sections in this policy. All terms and provisions of this policy, including the preauthorization and notification requirement specified in this policy are applicable to covered expenses.

9. Multivisceral;
10. Any combination of the above listed organs; and
11. Any organ not listed above, if required by state or federal law.

Corneal transplants and porcine heart valve implants, which are tissues rather than organs, are considered part of regular *policy* benefits and are subject to other applicable provisions of this *policy*.]

No benefits will be provided for, or on account of:

1. Transplants which are *experimental, investigational or for research purposes;*
2. A transplant that does not meet *our* pre-transplant criteria;
3. Expenses related to the donation or acquisition of an organ for a recipient who is not covered by *us*;
4. Expenses that are eligible to be paid under any private or public research fund, government program except Medicaid, or another funding program, whether or not such funding was applied for or received;
5. Expenses related to a transplant for which:
   a. *We* are not contacted for *preauthorization and notification*; or
   b. *We* do not approve coverage based on our established criteria;
6. Expense related to the transplantation of any non-human organ or tissue except as expressly provided in this *policy;*
7. A denied transplant. This includes the pre-transplant evaluation, pre-transplant *services*, the transplant procedure, post discharge *services*, immunosuppressive drugs, and expenses related to complications of such transplant;
8. Expenses related to the storage of cord blood and stem cells unless it is an integral part of an organ transplant approved by *us*; or
9. Expenses related to an organ transplant performed outside of the United States and any care resulting from that organ transplant.

1. Transplant transportation and lodging

Direct non-medical costs for:

i. The *covered person* receiving the organ transplant when the *hospital* performing the *covered organ transplant* is more than 100 miles away from the *covered person's* residence; and
ii. One designated caregiver or support person (two, if the *covered person* receiving the *covered organ transplant* is under 18 years of age), if they live more than 100 miles from the *hospital* performing the *covered organ transplant*.

Refer to the "General Exclusions" and "Prescription Drug Exclusions" sections in this policy. All terms and provisions of this policy, including the preauthorization and notification requirement specified in this policy are applicable to covered expenses.

Direct non-medical costs include:

i. Transportation *covered expenses* to and from the *hospital* where the *covered organ transplant* is performed limited to two round trips per *covered organ transplant*; and
ii. Temporary lodging at a prearranged location when requested by the *hospital* performing the *covered organ transplant* and approved by *us*.

All direct, non-medical costs for the *covered person* receiving the *covered organ transplant* and the designated caregiver(s) or support person(s) are limited to a combined maximum per *covered organ transplant* as shown on the "Schedule of Benefits".

2. Transplant provider selection

The *covered person* may select any provider he/she wishes to perform the transplant *services*. However, if the *covered person* selects a network provider, he/she will avoid having the benefit payment reduced for going outside the network.

bb. Urgent care services

Services in an *urgent care center* for a *sickness* or *bodily injury* that develops suddenly and unexpectedly outside of a *healthcare practitioner's* normal business hours and requires immediate treatment but that does not pose a threat to life or limb or permanent health of a *covered person*.

5. GENERAL EXCLUSIONS

Below is a list of limitations and exclusions on *policy* benefits. Please review the entire document, as there may be multiple limitations applying to a particular *service*. These limitations and exclusions apply even if a *healthcare practitioner* has performed or prescribed a medically appropriate *service*. This does not prevent *your healthcare practitioner* from providing or performing the *service*, however, the *service* will not be a *covered expense*.

Unless specifically stated otherwise, no benefits will be provided for, or on account of, the following items:

1. *Services* for care and treatment of non-covered procedures*;*
2. *Services* incurred before the *effective date* or after the termination date;
3. *Services* not *medically necessary* for diagnosis and treatment of *a bodily injury* or *sickness*, except for the specified routine *preventive services;*
4. Charges for prophylactic *services* including, but not limited to, prophylactic mastectomy or any other *services* performed to prevent a disease process from becoming evident in the organ tissue at a later date;
5. *Services* which *are experimental, investigational or for research purposes*, or related to such, whether incurred prior to, in connection with, or subsequent to the *service* which is *experimental, investigational or for research purposes* as determined by *us*. The fact that a *service* is the only available treatment for a condition may not make it eligible for coverage if *we* deem it to be *experimental, investigational or for research purposes*;
6. Complications directly related to a *service* that is not a *covered expense* under this *policy* because it was determined by *us* to be , *experimental, investigational or for research purposes* or not *medically necessary*. Directly related means that the *service* occurred as a direct result of the , *experimental, investigational or for research purposes* or not *medically necessary service* and would not have taken place in the absence of the , *experimental, investigational or for research purposes* or not *medically necessary* service;
7. Charges in excess of the *maximum allowable fee* for the *service*;
8. [*Services* exceeding the amount of benefits available for a particular *service*;]
9. *Services* for any condition excluded by rider or amendment under this *policy*;
10. *Services* provided when this *policy* is past premium due date, and payment is not received;
11. *Services* for treatment of complications of non-covered procedures or *services*;
12. *Services* relating to a *sickness* or *bodily injury* incurred as a result of the *covered person*:
    a. Being intoxicated, as defined by applicable state law in the state in which the loss occurred; or
    b. Being under the influence of illegal narcotics or controlled substance unless administered or prescribed by a *healthcare practitioner*;
13. *Services* relating to a *sickness* or *bodily injury* as a result of:
    a. Intentionally self-inflicted bodily harm or attempted suicide whether sane or insane;
    b. War or an act of war, whether declared or not;
    c. Taking part in a riot;
    d. Engaging in an illegal occupation; or
    e. Any act of armed conflict, or any conflict involving armed forces or any authority;

14. *Services*:
    a. For charges which are not authorized, furnished or prescribed by a *healthcare practitioner* or *healthcare treatment facility*;
    b. For which no charge is made, or for which the *covered person* would not be required to pay if he/she did not have this insurance, unless charges are received from and reimbursable to the United States government or any of its agencies as required by law;
    c. Furnished by or payable under any plan or law through a government or any political subdivision, unless prohibited by law;
    d. Furnished while a *covered person* is confined in a *hospital* or institution owned or operated by the United States government or any of its agencies for any service-connected *sickness* or *bodily injury*;
    e. For charges received from a *healthcare practitioner* over the rate *we* would pay for the least costly provider;
    f. Which are not rendered or not substantiated in the medical records;
    g. Provided by a *family member* or person who resides with the *covered person*;
    h. Rendered by a standby *health*care *practitioner*, surgical assistant, assistant surgeon, physician assistant, *nurse* or certified operating room technician unless *medically necessary*; or
    i. Performed in association with a non-covered *service*.
15. *Hospital inpatient services* when the *covered person* is in *observation status*;
16. Cosmetic *services*, or any complication therefrom;
17. *Custodial care* and *maintenance care*;
18. Ambulance *services* for routine transportation to, from or between medical facilities and/or a *healthcare practitioner's* office;
19. Elective medical or surgical procedures except elective tubal ligation and vasectomy;
20. Elective medical or surgical abortion unless:
    a. The pregnancy would endanger the life of the mother;
    b. The pregnancy is a result of rape or incest; or
    c. The fetus has been diagnosed with a lethal or otherwise significant abnormality;
21. Reversal of sterilization;
22. *Infertility services* except as expressly provided in this *policy*;
23. Sexual dysfunction;
24. Sex change *services*, regardless of any diagnosis of gender role or psychosexual orientation problems;
25. Vision examinations or testing for the purposes of prescribing corrective lenses; radial keratotomy; refractive keratoplasty; or any other surgery or procedure to correct myopia, hyperopia or stigmatic error; orthoptic treatment (eye exercises); or the purchase or fitting of eyeglasses or contact lenses, unless specified in this *policy*;

26. Dental *services*, appliances or supplies for treatment of the teeth, gums, jaws or alveolar processes including, but not limited to, excision of partially or completely unerupted impacted teeth, any oral or periodontal *surgery* and preoperative and post operative care, implants and related procedures, orthodontic procedures, and any dental *services* related to a *bodily injury* or *sickness* except as expressly provided in this *policy*;
27. *Pre-surgical/procedural testing* duplicated during a *hospital confinement*;
28. Any treatment for obesity, regardless of any potential benefits for co-morbid conditions, including but not limited to:
    a. Surgical procedures for *morbid obesity*;
    b. Services or procedures for the purpose of treating a *sickness* or *bodily injury* caused by, complicated by, or exacerbated by the obesity; or
    c. Complications related to any *services* rendered for weight reduction;
29. Surgical procedures for the removal of excess skin and/or fat in conjunction with or resulting from weight loss or a weight loss *surgery*;
30. Treatment of nicotine habit or addiction, including but not limited to, nicotine patches, hypnosis, smoking cessation classes, tapes, or *electronic* media;
31. Educational or vocational training or therapy, *services*, and schools including but not limited to videos and books;
32. Foot care *services* including but not limited to:
    a. Shock wave therapy of the feet;
    b. Treatment of weak, strained, flat, unstable or unbalanced feet;
    c. Hygienic care, and the treatment of superficial lesions of the feet, such as corns, calluses or hyperkeratosis;
    d. Tarsalgia, metatarsalgia or bunion treatment, except *surgery* which involves exposure of bones, tendons or ligaments;
    e. Cutting of toenails, except removal of nail matrix; and
    f. Arch supports, heel wedges, lifts, shoe inserts, the fitting or provision of foot orthotics or orthopedic shoes, unless *medically necessary* because of diabetes or hammertoe;
33. Hair prosthesis, hair transplants or implants;
34. Hearing care that is routine, including but not limited to exams and tests, any artificial hearing device, cochlear implant, auditory prostheses or other electrical, digital, mechanical or surgical means of enhancing, creating or restoring auditory comprehension except as expressly provided in this *policy*;
35. *Services* rendered in a premenstrual syndrome clinic or holistic medicine clinic;
36. Transplant *services* except as expressly provided in this *policy*;
37. Charges for growth hormones (drugs, medications or hormones to stimulate growth);
38. Over the counter medical items or supplies that can be provided or prescribed by a *healthcare practitioner* but are also available without a written order or *prescription* except for *preventive services*;
39. Immunizations including those required for foreign travel for *covered persons* of any age except as expressly provided in this *policy*;
40. Genetic testing, counseling or *services*;
41. Charges for which there is automobile or any other insurance providing medical payments;

42. *Sickness* or *bodily injury* for which medical payments/personal injury protection (PIP) coverage exists under any automobile, homeowner, marine, aviation, premise or any other similar coverage whether such coverage is in effect on a primary, secondary, or excess basis. This exclusion applies up to the available limit under the other coverage regardless of whether a claim is filed with the medical payments/PIP carrier. Whether medical payment or expense coverage is payable under another coverage is to be determined as if the coverage under this *policy* did not exist;
43. *Covered expense* to the extent of any amount received from others for the *bodily injuries* or losses which necessitated such benefits. Amounts received from others specifically includes, without limitation, liability insurance, Workers' Compensation, uninsured motorists, underinsured motorists, "no-fault" and automobile medical payments;
44. Expense for employment, school, sports or camp physical examinations or for the purpose of obtaining insurance, premarital tests/examinations;
45. *Services* received in an emergency room unless required because of *emergency care*;
46. Any expense incurred for *services* received outside of the United States except as required by law for *emergency care services*;
47. *Services* received during an inpatient stay when the stay is primarily related to behavioral, social maladjustment, lack of discipline or other antisocial actions which are not specifically the result of *mental health*;
48. *Services* and supplies which are:
    a. Rendered in connection with *mental illnesses* not classified in the International Classification of Diseases of the U.S. Department of Health and Human Services;
    b. Extended beyond the period necessary for evaluation and diagnosis of learning and behavioral disabilities or for mental retardation; and
    c. Specifically excluded is marriage counseling ;
49. No benefits will be provided for:
    a. Immunotherapy for recurrent abortion;
    b. Chemonucleolysis;
    c. Biliary lithotripsy;
    d. Home uterine activity monitoring;
    e. Sleep therapy;
    f. Light treatment for Seasonal Affective Disorder (S.A.D.);
    g. Immunotherapy for food allergy;
    h. Prolotherapy;
    i. Cranial banding, unless otherwise determined by *us*;
    j. Hyperhydrosis *surgery*; and
    k. Sensory integration therapy;
50. *Services* or supplies provided in connection with a *sickness* or *bodily injury* arising out of, or sustained in the course of, any occupation, employment or activity for compensation, profit or gain, whether or not benefits are available under Workers' Compensation except as expressly provided in this *policy*. Without limiting this exclusion, this applies whether or not a *covered person* has Workers' Compensation coverage;

51. *Court-ordered mental health services* unless *medically necessary* as determined by *us*. Charges for alternative medicine, including medical diagnosis, treatment and therapy. Alternative medicine *services* includes, but is not limited to:
    a. Acupressure;
    b. Acupuncture;
    c. Aromatherapy;
    d. Ayurveda;
    e. Biofeedback;
    f. Faith healing;
    g. Guided mental imagery;
    h. Herbal medicine;
    i. Holistic medicine;
    j. Homeopathy;
    k. Hypnosis macrobiotic;
    l. Massage therapy;
    m. Naturopathy;
    n. Ozone therapy;
    o. Reflexotherapy;
    p. Relaxation response;
    q. Rolfing;
    r. Shiatsue; and
    s. Yoga;
52. Private duty nursing;
53. *Services* in a *convenient care clinic*;
54. Living expenses; travel; transportation, except as expressly provided in the "Ambulance services" provision or "Transplants" provision in the "Your Policy Benefits" section of this *policy*; and
55. Charges for *services* that are primarily and customarily used for a non-medical purpose or used for environmental control or enhancement (whether or not prescribed by a *healthcare practitioner*) including but not limited to:
    a. Common household items such as air conditioners, air purifiers, water purifiers, vacuum cleaners, waterbeds, hypoallergenic mattresses or pillows, or exercise equipment;
    b. Scooters or motorized transportation equipment, escalators, elevators, ramps, modifications or additions to living/working quarters or transportation vehicles;
    c. Personal hygiene equipment including bath/shower chairs, transfer equipment or supplies or bed side commodes;
    d. Personal comfort items including cervical pillows, gravity lumbar reduction chairs, swimming pools, whirlpools or spas or saunas;
    e. Medical equipment including blood pressure monitoring devices, breast pumps, PUVA lights and stethoscopes;
    f. Charges for any membership fees or program fees paid by a *covered person*, including but not limited to, health clubs, health spas, aerobic and strength conditioning, work-hardening programs and weight loss or similar programs, and any related material or products related to these programs;
    g. Communication system, telephone, television or computer systems and related equipment or similar items or equipment; and
    h. Communication devices except after surgical removal of the larynx or a diagnosis of permanent lack of function of the larynx.

6. PRESCRIPTION DRUG EXCLUSIONS

Except as expressly stated otherwise, no benefit will be provided for, or on account of, the following items:

1. Contraceptives, including oral and transdermal, whether medication or device, when prescribed for purpose(s) other than to prevent pregnancy;
2. Growth hormones (medications, drugs or hormones to stimulate growth) for idiopathic short stature;
3. Drugs which are not included on the *drug lists*;
4. Growth hormones, (medications, drugs or hormones to stimulate growth), unless there is a laboratory confirmed diagnosis of growth hormone deficiency, or as otherwise determined by *us*;
5. Dietary supplements except enteral formulas and nutritional supplements for the treatment of phenylketonuria (PKU) or certain other inherited metabolic disease;
6. Nutritional products;
7. Fluoride supplements;
8. Minerals;
9. Herbs and vitamins;
10. *Legend drugs* which are not deemed *medically necessary* by *us*;
11. Any drug prescribed for a *sickness* or *bodily injury* not covered under this *policy*;
12. Any drug prescribed for intended use other than for:
    a. Indications approved by the FDA;
    b. Off-label indications recognized through peer-reviewed medical literature;
13. Any amount exceeding the *default rate*;
14. Any drug, medicine or medication that is either:
    a. Labeled “Caution-limited by Federal law to investigational use”; or
    b. *Experimental*, *investigational or for research purposes*, even though a charge is made to the *covered person*;
15. Allergen extracts;
16. The administration of covered medication(s);
17. Therapeutic devices or appliances, including but not limited to:
    a. Hypodermic needles and syringes except needles and syringes for use with insulin, and *self-administered injectable drugs* whose coverage is approved by *us*;
    b. Support garments;
    c. Test reagents;
    d. Mechanical pumps for delivery of medication; and
    e. Other non-medical substances;
18. Anabolic steroids;
19. Anorectic or any drug used for the purpose of weight control;
20. Abortifacients (drugs used to induce abortions);
21. Any drug used for cosmetic purposes, including but not limited to:
    a. Tretinoin, e.g. Retin A, except if the *covered person* is under the age of 45 or is diagnosed as having adult acne;
    b. Dermatologicals or hair growth stimulants; or
    c. Pigmenting or de-pigmenting agents, e.g. Solaquin;

22. Contrary to any other provisions of this *policy*, *we* may decline coverage or, if applicable, exclude from the *drug list* any and all *prescriptions*, including new indications for an existing *prescription*, until the conclusion of a review period not to exceed six months following FDA approval for the use and release of the *prescription*, including new indications for an existing *prescription* into the market;Any drug or medicine that is:
    a. Lawfully obtainable without a *prescription* (over the counter drugs), except insulin; or drugs, medicines or medications on the Women's Healthcare Drug List with a *prescription* from a *healthcare practitioner*;
    b. Available in prescription strength without a *prescription*;
23. Compounded drugs in any dosage form except when prescribed for pediatric use for children up to 19 years of age or as otherwise determined by *us*;
24. Progesterone crystals or powder in any compounded dosage form, unless otherwise determined by *us*;
25. *Infertility services* including medications;
26. Any drug prescribed for impotence and/or sexual dysfunction, e.g. Viagra;
27. Any drug, medicine or medication that is consumed or injected at the place where the *prescription* is given or dispensed by the *healthcare practitioner*;
28. Drug delivery implants;
29. Treatment for Onychomycosis (nail fungus);
30. *Prescriptions* that are to be taken by or administered to the *covered person*, in whole or in part, while he/she is a patient in a facility where drugs are ordinarily provided by the facility on an inpatient basis. Inpatient facilities include, but are not limited to:
    a. *Hospital*;
    b. *Skilled nursing facility*; or
    c. *Hospice facility*;
31. Injectable drugs, including but not limited to:
    a. Immunizing agents unless otherwise determined by *us*;
    b. Biological sera;
    c. Blood;
    d. Blood plasma;
    e. *Self-administered injectable drugs* or *specialty drugs* for which coverage is not approved by *us*; or
    f. Flu and pneumonia vaccines;
32. *Prescription* refills:
    a. In excess of the number specified by the *healthcare practitioner*; or
    b. Dispensed more than one year from the date of the original order;
33. Any portion of a *prescription* or refill that exceeds a 90-day supply when received from either a *mail-order pharmacy* or from a retail *pharmacy* that participates in *our* program which allows a *covered person* to receive a 90-day supply of a *prescription* or refill;
34. Any portion of a *prescription* or refill that exceeds a 30-day supply when received from a retail *pharmacy* that does not participate in *our* program which allows a *covered person* to receive a 90-day supply of a *prescription* or refill;
35. Any portion of a *specialty drug* or *self-administered injectable drug* that exceeds a 30-day supply, unless otherwise determined by *us*;
36. Any drug for which *preauthorization and notification* or *step therapy* is required, as determined by *us*, and not obtained;
37. Any drug for which a charge is customarily not made;

6. PRESCRIPTION DRUG EXCLUSIONS

38. Any portion of a *prescription* or refill that:
    a. Exceeds *our* drug specific *dispensing limit* (i.e. IMITREX);
    b. Is dispensed to a *covered person* whose age is outside the drug specific age limits defined by *us*;
    c. Is refilled early, as defined by *us*; or
    d. Exceeds the duration-specific *dispensing limit*;
39. Any drug, medicine or medication received by the *covered person*:
    a. Before becoming covered under this benefit; or
    b. After the date the *covered person's* coverage under this *policy* has ended;
40. Any costs related to the mailing, sending or delivery of *prescription* drugs;
41. Any intentional misuse of this benefit, including *prescriptions* purchased for consumption by someone other than the *covered person*;
42. Any *prescription* or refill for drugs, medicines or medications that are lost, stolen, spilled, spoiled or damaged;
43. Any drug, medication, or supply to eliminate or reduce a dependency on or addiction to tobacco and tobacco products;
44. Any drug or biological that has received designation as an *orphan drug* unless approved by *us*; and
45. Any amount the *covered person* paid for a *prescription* that has been filled, regardless of whether the *prescription* is revoked or changed due to adverse reaction or change in dosage or *prescription*.

7. PREMIUM PAYMENT

a. Your duty to pay premium

You must pay the required premium to *us* as it becomes due. If *you* don't pay *your* premium on time, *we* will terminate coverage.

The first premium is due on the date specified by *us*. Subsequent premiums are due on the date *we* assign. Premium period means [monthly,] [quarterly,] [semi-annually,] [or] [annually] [as selected by *you*]. All premiums are payable to *us* at *our* address.

b. Grace period

You have 31 days (90 days if coverage was purchased through an *exchange*, *you* have paid at least one month of premium and received advance payment of the premium tax credit) from the premium due date to remit the required funds. If premium is not paid *we* will terminate the insurance as of the last day of the premium period for which premium was paid (the last day of the first month of the grace period if you purchased coverage through an *exchange* and received advance payment of the premium tax credit).

c. Changes to your premium

Premium may change when:

1. Family members are added or deleted;
2. Coverage is increased or decreased;
3. Premium payment method is changed;
4. A new rate table applies;
5. Any *covered person's* age increases;
6. Any *covered person's* rating classification changes. Any rate changes after issue will not be based on health status;
7. The *covered person* moves to a different zip code or county; or
8. A misstatement on the application resulting in the proper amount due not being charged.

We will notify *you* of any premium change. *Your* continued payment of premium will stand as proof of *your* agreement to the change.

d. Return of premium

In no event, except for the following reasons will premium be returned:

1. The *policyholder* returns the *policy* as described in the "Right to Return Policy" provision on the cover of this *policy*;
2. Rescission of coverage as described in the "Incontestability" provision in the "General Provisions" section; or
3. The *policyholder* requests coverage to end and premium has been paid for any period of time after the end of the billing period in which *we* received the notice.

8. CHANGES TO THE POLICY

a. Your rights to make changes to the policy

You have several rights to make changes to *your policy*.

1. Changes in benefits

You may call or write *us* to request additional, increased or decreased benefits.

If the change in benefits *you* request is available, as determined and approved by *us*, the benefit will become effective on the date *we* assign.

2. Change in residence

We must be notified of any change in *your* resident address.

At least 14 days prior to *your* move, call or write *us* informing *us* of *your* new address and phone number. When *we* receive this information, *we* will inform *you* of any changes to *your* plan on such topics as new networks, benefits, and premium. If *you* move outside of this *policy's* service area *we* will terminate this *policy*. If a *covered person* moves outside of this *policy's* service area coverage for that *covered person* will terminate. See the "Renewability of Insurance and Termination" section for the events that will cause this *policy* and/or a *covered person's* coverage to end. Such change will be effective on the date *we* assign.

We have the right to change *your* resident address in *our* records upon our receipt of an address change from a third party.

3. Changes to covered persons

You may request a change to the persons covered under *your policy* due to certain changes in *your* family.

4. Removing dependents

If *you* wish to remove a *covered person* from *your policy*, simply call or write *us* at the address on your *ID card*.

5. Adding dependents

If coverage was purchased through an *exchange*, coverage for a child born to a *policyholder* or any *covered person*, a *policyholder* adopts a child or a child is placed with the *policyholder* for the purposes of adoption, *we* must be notified of the event in writing and receive any required premium within 60 days of the event.

If coverage was not purchased through an *exchange*, coverage for a child born to a *policyholder* or any *covered person*, a *policyholder* adopts a child or a child is placed with the *policyholder* for the purposes of adoption will be effective for 31 days from the moment of birth or placement. To continue coverage for the child beyond this 31-day period, *we* must be notified of the event in writing and receive any required premium within 31 days of the event.

If *we* do not receive notice and premium as outlined above and forward, the child must wait to enroll for coverage during the next *open enrollment period* unless such child becomes eligible for special enrollment as specified in the “Special Enrollment” provision.

For a dependent not falling under the previous paragraphs the *dependent* must wait to enroll for coverage during the next *open enrollment period*, unless the *dependent* becomes eligible for a *special enrollment* as specified in the “Special enrollment” provision.

Upon *our* receipt of the completed application and premium, an *effective date* will be assigned. A *dependent* child is eligible to apply if they are under age 26.

6. Effective date of dependent changes

a. Coverage for a newborn or adopted child will be effective on the date of birth, placement or adoption provided *you* complete an application and remit the premium as outlined above.
b. If *we* do not receive the application and any required premium as outlined above such child will be covered on the *effective date* assigned.
c. For changes for other dependents an *effective date* will be assigned upon *our* receipt of a completed application and any required premium.

b. Special enrollment

A *special enrollment period* is available if the following apply:

1. A *covered person* has a change in family status due to:
   a. Marriage;
   b. Divorce;
   c. Legal separation;
   d. The birth of a natural born child;
   e. The adoption of a child or placement of a child with the *policyholder* for the purpose of adoption;
   f. Death of the *policyholder*;
   g. For a *covered person* who purchased coverage through an *exchange*, any other event as determined by the *exchange*; and
   h. The *covered person* furnishes proof of the event that is satisfactory to *us* and enrolls within 60 days of the date of the special enrollment event.

2. Coverage under this *policy* terminates due to:
   a. A *dependent* child ceasing to be eligible due to attaining the limiting age; or
   b. For a *covered person* who purchased coverage through an *exchange*, any other event as determined by the *exchange*; and
   c. The *covered person* furnishes proof of the event that is satisfactory to *us* and enrolls within 60 days of the date of the special enrollment event.

3. A *dependent* did not enroll for coverage under this *policy* when first eligible due to:
   a. Being covered under an employer sponsored health insurance plan and coverage under that plan terminates;
   b. Not a citizen of the United States and subsequently gaining such lawful status;
   c. For a *covered person* who purchased coverage through an *exchange*, any other event as determined by the *exchange*; and
   d. The *dependent* furnishes proof of the event that is satisfactory to *us* and enrolls within 60 days of the date of the special enrollment event.

4. For a *covered person* who purchased coverage through an *exchange*, any other event as determined by the *exchange*. The *covered person* must enroll within 60 days of the special enrollment event date.

The *effective date* of coverage for a *covered person* who requests coverage due to a special enrollment event will be assigned.

A *special enrollment period* is not available if coverage terminated due to non-payment of premium or coverage is rescinded.

c. Open enrollment

An *open enrollment period* is the opportunity for a *dependent* who did not enroll under this *policy* when first eligible to enroll for coverage. The *open enrollment period* is also the opportunity for a *covered person* to change to a different health insurance plan.

The request to enroll must be received by *us* during the *open enrollment period*. If enrollment is requested after the *open enrollment period*, the *covered person* and/or *dependent* must wait to enroll for coverage during the next *open enrollment period*, unless they become eligible for special enrollment as specified in the ”Special enrollment” provision.

The *effective date* of coverage when enrolling during an *open enrollment period* will be assigned.

d. Our rights to make changes to the policy

We have the right to make certain changes to your *policy*.

1. Changes we will make without notice to you

Changes to this *policy* can be made by *us* at anytime without prior consent of, or notice to *you*, when the changes are:

a. Allowed by state or federal law;
b. Directed by the state agency that regulates insurance;
c. For an increase in benefits without any increase in premium; or
d. Corrections of clerical errors or clarifications that do not reduce benefits.

8. CHANGES TO THE POLICY

2. Changes where we will notify you

a. If *we* determine that *you* or a *covered person* have misrepresented any information concerning a condition, *we* shall have the right to:

   i. Reform *your policy* and reissue the correct form of coverage *you* would have received had the misrepresentation not been made; or

   ii. Continue *your* present coverage and collect the difference in premium which would have been assessed had the misrepresentation not been made.

   We will notify *you* of this change in coverage and/or premium and request *your* acceptance of the change(s). *We* will apply all premium paid to the new coverage and shall collect any difference in the premium due to the change(s). Failure to timely provide *us* with *your* acceptance of the change(s) will result in rescission of coverage Rescission means that coverage is void from the *effective date*.

b. *We* can also make changes to *your policy* on the premium due date or upon separate notice, provided *we* send *you* a written explanation of the change. All such changes will be made in accordance with state law. *Your* continued payment of premium will stand as proof of *your* agreement to the change.

9. RENEWABILITY OF INSURANCE AND TERMINATION

a. Reasons we will terminate your policy

This *policy* is renewable at the option of the *policyholder*, except for the conditions stated below. *We* will terminate *your policy* at the end of the billing period in which the following events occur unless stated otherwise:

1. The required premium was due to *us* and not received by *us*. Termination will be effective on the last day for which the premium was paid;
2. *You* or a *covered person* commit fraud or make an intentional misrepresentation of a material fact, as determined by *us*. Termination will be effective at 12:01 a.m. local time at the *policyholder's* state of residence on the date the misrepresentation occurred;
3. *You* or a *covered person* fail to comply with the *policy* provisions, as determined by *us*. Termination will be effective at 12:01 a.m. local time at the *policyholder's* state of residence on the date of the occurrence;
4. *You* move outside of the service area, as determined by *us*;
5. *You* enroll in another health insurance plan during an *open enrollment period*;
6. *You* request termination of the *policy* in writing. Termination will be effective on the last day of the billing period in which the requested termination date occurs;
7. *We* have a right or defense to take such action by law;
8. *We* cease to offer a type of policy or cease to do business in the individual medical insurance market. If *we* cease to offer a type of policy, *we* will notify *you* of this decision 90 days prior to the date of discontinuation, and provide *you* with the option to purchase another individual medical policy that is offered at that time in the state of Tennessee. If *we* cease to do business in the individual medical insurance market, *we* will notify *you* 180 days prior to the expiration of *your* coverage with *us;* or
9. If coverage was purchased through an *exchange*:
   a. *You* cease to be eligible for coverage through an *exchange*; or
   b. This *policy* ceases to be a *qualified health plan* and is decertified by an *exchange*.

   The *exchange* will initiate the termination and notify *us* of the event. The termination date will be assigned.

If coverage under this *policy* is terminated due to fraud or an intentional misrepresentation of a material fact, a 30-day advance written notice of the termination will be provided.

b. Reasons we will terminate a covered person

We will terminate coverage for a *covered person* at the end of the billing period in which the following events occur unless stated otherwise:

1. When the *covered person* no longer qualifies as a *dependent* or meets eligibility criteria;
2. The date the *covered person* is no longer a resident of the service area, as determined by *us*;
3. The *covered person* enrolls in another health insurance plan during an *open enrollment period*;

4. The *covered person* commits fraud or makes an intentional misrepresentation of a material fact, as determined by *us*. Termination will be effective at 12:01 a.m. local time at the *covered person's* state of residence on the date the misrepresentation occurred;
5. The date this *policy* terminates; or
6. A *dependent* child attains the limiting age. or
7. If coverage was purchased through an *exchange*, the covered person ceases to be eligible for coverage through an *exchange*. The *exchange* will initiate the termination and notify *us* of the event. The termination date will be assigned

If coverage under this *policy* is terminated due to fraud or an intentional misrepresentation of a material fact, a 30-day advance written notice of the termination will be provided.

c. Your duty to notify us

You are responsible to notify *us* of any of the events stated above which would result in termination of this *policy* or a *covered person*.

d. Fraud

You or a *covered person* commit fraud against *us,* or make an intentional misrepresentation of a material fact by not telling *us* the correct facts or withholding information which is necessary for *us* to administer this *policy*.

Health insurance fraud is a criminal offense that can be prosecuted. Any person(s) who willingly and knowingly engages in an activity intended to defraud *us* by filing a claim or form that contains a false or deceptive statement is committing insurance fraud.

If *you* or the *covered person* commits fraud against *us*, as determined by *us, we* reserve the right to rescind coverage under this *policy* as of the date fraud is committed or as of the date otherwise determined by *us*. *We* will provide a 30-day advance written notice that coverage will be rescinded. A rescission is a retroactive cancellation or discontinuance of coverage. *We* will also provide information to the proper authorities and support any criminal charges which may be brought. Further, *we* reserve the right to seek any civil remedies which may be available to *us*.

10. GENERAL PROVISIONS

a. Appeal and external review rights

If a *covered person* disagrees with *our* decision on payment of a particular claim, the *covered person* may request a second review of the claim, also known as an appeal. To request this review, the *covered person* must appeal in writing to the address given on the denial letter received from *us* within 60 days from the time he/she received notice of *our* claim payment decision. The *covered person* may also send any documents or information which is relevant to *our* decision of how to pay the claim.

Once *we* receive the request, *we* will make a review of the claim, and provide notice of *our* decision following any processes or timeframes required by state law.

A *covered person* also has the right to request an external review of an adverse claim determination.

For questions on appeal and external review rights, a *covered person* can call the telephone number on their *ID card*.

b. Assignment of benefits

Assignment of benefits may be made only with *our* consent. An assignment is not binding until *we* receive and acknowledge in writing the original or copy of the assignment before payment of the benefit. *We* do not guarantee the legal validity or effect of such assignment.

c. Choice of providers

If *you* receive *services* from a *non-network provider*, *we* will pay benefits at a lower percentage and *you* will pay a larger share of the costs. Since *non-network providers* have not agreed to accept discounted or negotiated fees, they may bill *you* for charges in excess of the *maximum allowable fee*. *You* are responsible for charges in excess of the *maximum allowable fee* in addition to any applicable *copayment*, *access fee*, *deductible*, and *coinsurance*. Any amount *you* pay to the provider in excess of any applicable *coinsurance*, *copayment*, or *access fee* will not apply to *your out-of-pocket coinsurance maximum* or *deductible*.

Not all *healthcare practitioners* who provide *services* at network *hospitals* are network *healthcare practitioners*. If *services* are provided to *you* by non-network pathologists, anesthesiologists, radiologists, and emergency room *healthcare practitioners* at a network *hospital, we* will pay for those services at the *network provider* benefit level. Non-network *healthcare practitioners* may require payment from *you* for any amount not paid by *us*. If possible*, you* may want to verify whether *services* are available from network *healthcare practitioners*.

It is *your* responsibility to verify the network participation status of all providers prior to receiving all non-emergency *services*. *You* should verify network participation status, only from *us b*y either calling the telephone number on *your ID card* or accessing *your* network detail on *our* website. *We* are not responsible for the accuracy or inaccuracy of network participation representations made by any provider, whether contracted with *us* or not. In other words, if *your healthcare practitioner* or other provider recommends that *you* receive *services* from another entity, it is *your* responsibility to verify the network participation status of that entity before receiving such *services*. If y*ou* do not, and the entity is not a *network provider* (regardless of what *your* referring provider may have told *you*), *your* benefits will be reduced.

Please refer to the "Schedule of Benefits" section in this *policy* for a description of *network provider* and *non-network provider* benefits available to *you*.

d. Completing the claim form

We do not use a standard claim form in processing benefits. Therefore, once *we* receive the letter informing *us* of the claim, *we* will notify the *covered person* of any additional information *we* need to process the claim.

e. Conformity with state statutes

Any provisions which are in conflict with the laws of the state in which this *policy* is issued are amended to conform to the minimum requirements of those laws.

f. Cost of legal representation

The costs of *our* legal representation in matters related to *our* recovery rights under this *policy* shall be borne solely by *us*. The costs of legal representation incurred by or on behalf of a *covered person* shall be borne solely by *you* or the *covered person*. *We* shall not be obligated to share any costs of legal representation with *you* or the *covered person* under a common fund or similar doctrine unless *we* were given notice of the claim and an opportunity to protect *our* own interests at least 60 days prior to the settlement of the claim and *we* either failed or declined to do so.

g. Discount program

From time to time, *we* may offer or provide access to discount programs to *you*. In addition, *we* may arrange for third party service providers such as pharmacies optometrists, dentists and alternative medicine providers to provide discounts on goods and services to *you*. Some of these third party service providers may make payments to *us* when *covered persons* take advantage of these discount programs. These payments offset the cost to *us* of making these programs available and may help reduce the cost of *your* plan administration. Although *we* have arranged for third parties to offer discounts on these goods and services, these discounts programs are not covered *services* under this *policy*. The third party service providers are solely responsible to *you* for the provision of any such goods and/or services. *We* are not responsible for any such goods and/or services, nor are *we* liable if vendors refuse to honor such discounts. Furthermore *we* are not liable to *covered persons* for the negligent provision of such goods and/or services, by third party service providers.

Discount programs may not be available to persons to “opt out” of marketing communications and where otherwise restricted by law.

h. Duplicating provisions

If any charge is described as covered under two or more benefit provisions, *we* will pay only under the provision allowing the greater benefit. This may require *us* to make a recalculation based upon both the amounts already paid and the amounts due to be paid. *We* have no obligation to pay for benefits other than those this *policy* provides.

i. Entire contract

The rules governing *our* agreement to provide *you* with health insurance in exchange for *your* premium payment are based upon several written documents: this *policy*, riders, amendments, endorsements, and the application. All statements made by *you* or a *covered person* are considered to be representations, not warranties. This means that the statements are made in good faith. No statement or omission will void this *policy*, reduce the benefits it provides or be used in defense to a claim unless it is contained in a written or *electronic* application and a copy is furnished to the person making such statement or his/her beneficiary. If coverage was purchased through an *exchange*, *your policy* may not include a copy of *your* application.

No modification or amendment to this *policy* will be valid unless approved by the President, Secretary or a Vice-President of *our* company. The approval must be endorsed on or attached to this *policy*. No agent has authority to modify this *policy*, waive any of the policy provisions, extend the time for premium payment, or bind *us* by making any promise or representation.

j. Grievance and appeals

1. Definitions

Adverse benefit determination means a denial, reduction, or termination of, or a failure to provide or make a payment (in whole or in part) for a benefit based on:

a. The information provided, the requested *service* is not *medically necessary* or does not meet the *policy’s* requirements for appropriateness, health care setting, level of care or effectiveness;
b. A determination of *your* eligibility under the *policy*;
c. A determination that the benefit is not covered.

Authorized representative means someone *you* have appropriately authorized to act on *your* behalf, including *your* healthcare provider.

Clinical peer means a healthcare provider who holds a non-restricted license in a state of the United States and in the same or similar specialty that would typically manage the medical condition, procedure or *service* under review.

Commissioner means the Commissioner of Commerce and Insurance.

Concurrent-care decision means a decision by the *policy* to reduce or terminate benefits otherwise payable for a course of treatment that has been approved by the *policy* (other than by *policy* amendment or termination) or a decision with respect to a request by *you* or *your authorized representative* to extend a course of treatment beyond the period of time or number of treatments that has been approved by *us.*

Final adverse benefit determination means an *adverse benefit determination* that has been upheld by *us* at the completion of the internal appeals process or when the internal appeals process has been exhausted.

Grievance means a written appeal of an *adverse benefit determination* or *final adverse benefit determination* submitted by *you* or *your authorized representative* regarding:

a. Availability, delivery or quality of healthcare *services*;
b. Claims payment, handling or reimbursement for healthcare *services*;
c. Matters pertaining to the contractual relationship between a *covered person* and *us*; or
d. Matters pertaining to the contractual relationship between a healthcare provider and *us*.

External Review Organization (ERO) means an entity that conducts independent *external reviews* of *adverse benefit determinations* and *final adverse benefit determinations*.

Post-service claim means any claim for a benefit under the *policy* that is not a *pre-service claim*.

Pre-service claim means a request for authorization of a benefit for which the *policy* conditions receipt of the benefit, in whole or in part, on advance approval.

Emergency care claim means a claim for covered *services* to which the application of the time periods for making non-emergency care determinations:

a. Could seriously jeopardize the life or health of the *covered person* or the ability of the *covered person* to regain maximum function; or
b. In the opinion of a *healthcare practitioner* with knowledge of the *covered person*'s medical condition, would subject the *covered person* to severe pain that cannot be adequately managed without the *service* that is the subject of the claim.

We will make a determination of whether a claim is an *emergency care claim*. However, any claim a *healthcare practitioner*, with knowledge of a *covered person*'s medical condition, determines is an "*emergency care claim*" will be treated as a "claim involving emergency care".

2. Filing a complaint

If *you* have a complaint about *us* or *our network providers*, please call *our* Customer Service Department as soon as possible. The toll-free number is identified on *your ID card*. Most problems may be resolved quickly in this manner.

You may also contact the Tennessee Department of Commerce and Insurance, the state agency that enforces Tennessee's insurance laws, for assistance at any time using the below contact information:

Department of Commerce and Insurance
500 James Robertson Parkway
Davey Crocket Tower
Nashville, TN 37243-0565
Phone number: [1-800-342-4029] or [1-615-741-2241]

3. Filing a grievance

You may file a *grievance* with *us* at any time. *Grievances* may be sent to *us* at the following:

Humana Insurance Company
ATTN: Grievance Department
[P.O. Box 14546]
[Lexington, KY 40512-4546]

4. Internal appeals

You or *your authorized representative* must appeal an *adverse benefit determination* within 180 days after receiving written notice of the denial (or partial denial). A request for a first level review of an *adverse benefit determination* may be made by *you* or *your authorized representative* by means of written application to *us* or by mail, postage prepaid.

If *you* are dissatisfied with *our* first level review decision, *you* or *your authorized representative* may request a second level review in writing to the address provided on the denial letter *you* received.

You or *your authorized representative* may request an expedited internal appeal of an adverse *emergency care claim* decision verbally, in writing or *electronically*. In such case, all necessary documents, including *our* benefit determination on review, will be transmitted between *us* and *you* or *your authorized representative* by telephone, FAX, or other available similarly expeditious method.

You or *your authorized representative* may request an expedited *external review* at the same time a request is made for an expedited internal appeal of an *adverse benefit determination* for an *emergency care claim* or when *you* are receiving an ongoing course of treatment.

Determination of appeals of denied claims will be conducted promptly, will not

defer to the initial determination and will not be made by the person who made the initial adverse claim determination or a subordinate of that person. The determination will take into account all comments, documents, records, and other information submitted by *you* or *your authorized representative* relating to the claim.

On appeal, *you* or *your authorized representative* may review relevant documents and may submit issues and comments in writing.

If new or additional evidence is relied upon or if new or additional rational is used during the internal appeal process, *we* will provide *you* or *your authorized representative*, free of charge, the evidence or rational as soon as possible and in advance of the appeals decision in order to provide *you* or *your authorized representative* a reasonable opportunity to respond.

5. Time periods for decisions on appeal

Appeals of claims denials will be decided and notice of the decision provided as follows:

a. ***Emergency care claims*** - As soon as possible but not later than 72 hours after *we* receive the appeal request;
b. ***Pre-service claims*** - Within a reasonable period but not later than 30 days after *we* received the appeal request;
c. ***Concurrent-care decisions*** - Within the time periods specified above depending on the type of claim involved;
d. ***Post-service claims*** - Within a reasonable period but not later than 60 days after *we* receive the appeal request.

6. Appeals denial notices

Notice of a claim denial (including a partial denial) will be provided to *you* or *your authorized representative* by mail, postage prepaid, or by FAX, as appropriate, within the time periods noted above.

A notice that a claim appeal has been denied will include:

a. The specific reason or reasons for the *adverse benefit determination*;
b. Reference to the specific *policy* provision upon which the determination is based;
c. If any internal rule, protocol or similar criterion was relied upon to deny the claim. A copy of the rule, protocol or similar criterion will be provided to *you*, free of charge, upon request;
d. A statement of *your* right to obtain a second level review of the first level review's *adverse benefit determination*. The statement will include a description of the process to obtain a second level review, the written procedures governing the second level review and the required timeframe for the review.

e. If applicable, a statement of *your* right to *external review*, a description of the *external review* process, and the forms for submitting an *external review* request, including release forms authorizing *us* to disclose protected health information pertinent to the *external review*;
f. If an *adverse benefit determination* is based on medical necessity, experimental, investigational or for research purposes or similar exclusion or limitation, the notice will provide an explanation of the scientific or clinical basis for the determination, free of charge. The explanation will apply the terms of the *policy* to the *covered person's* medical circumstances.

7. Exhaustion of remedies

Upon completion of the internal appeals process under this section, *you* or *your authorized representative* will have exhausted all administrative remedies under the *policy*. If *we* fail to strictly adhere to all requirement of the internal appeal process, the claim shall be deemed to have been denied and *you* or *your authorized representative* may request an *external review*. *You* or *your authorized representative* may request an *external review* before the internal appeals process remedies have been exhausted if *we* agree to waive the exhaustion requirement.

After exhaustion of remedies, *you* or *your authorized representative* may pursue any other legal remedies available.

8. External review

Within 6 months after *you* or *your authorized representative* receives notice of an *adverse benefit determination* or *final adverse benefit determination*, *you* or *your authorized representative* may request an *external review*. The request for *external review* must be made in writing to *us*. *You* or *your authorized representative* will be required to authorize release of any medical records that may be required to be reviewed for the purpose of reaching a decision on the external review. Please refer to the section titled 'Expedited external review' if the *adverse benefit determination* involves an *emergency care claim* or an ongoing course of treatment.

You or *your authorized representative* may contact the *commissioner* for assistance at any time at the address and telephone number below:

Department of Commerce and Insurance
500 James Robertson Parkway
Davey Crocket Tower
Nashville, TN 37243-0565
Phone number: [1-800-342-4029] or [1-615-741-2241

9. Expedited external review

You or *your authorized representative* may request an expedited *external review* from *us* in writing or verbally:

a. at the same time *you* request an expedited internal appeal of an *adverse benefit determination* for an *emergency care claim* or when *you* are receiving an ongoing course of treatment; or
b. when *you* receive an *adverse benefit determination* or *final adverse benefit determination* of:
    i. an *emergency care claim*;
    ii. an admission, availability of care, continued stay or healthcare *service* for which *you* received *emergency care*, but *you* have not been discharged from the facility; or
c. An experimental or investigational treatment if the treating *healthcare practitioner* certifies, in writing, that the recommended *service* would be significantly less effective if not promptly initiated.

If the request qualifies for an expedited *external review*, *we* will select an *ERO* and notify *you* or *your authorized representative* verbally or in writing of the resolution.

k. Incontestability

During the first two years from the *effective date* of this *policy*, *we* have the right to rescind or reform coverage or modify benefits under this *policy* and/or deny a claim, if there is an omission or misrepresentation in the application, whether intended or not, which *we* determine to be material.

After two years from the *effective date* of this *policy*, no misstatements made by the *policyholder*, except a fraudulent misstatement made in the application, or nonpayment of premium will void this *policy*.

No statement made by a *covered person* can be contested unless it is signed by *you* or the *covered person*. A copy of the form must be given to *you*, the *covered person* or the *covered person's* beneficiary.

Every time *you* change coverage, with an application, the two year review time frame starts over with regard to the new information and benefits.

At any time, *we* may assert defenses based upon provisions in this *policy* which relate to *your* eligibility for coverage under this *policy*.

l. Legal action

The *covered person* must have completed a second claim review, and utilized any external appeals procedure available under state law before bringing legal action against *us*. No lawsuit with respect to benefits under this *policy* may be brought prior to 60 days but not more than three years after date written proof of loss has been furnished.

m. Misstatement of age or gender

If *you* or the *covered person* has provided *us* with information in error, and after *we* investigate the matter *we* also determine it was an error, *we* will not end *policy* coverage. However, *we* will adjust premium or claim payment based on this new information.

n. Non-duplication of Medicare benefits

We will not duplicate benefits for expenses that are paid by Medicare as the primary payer.

If the *covered person* is enrolled in Medicare, the benefits available under this *policy* will be coordinated with Medicare, with Medicare as the primary payer. Before filing a claim with *us*, the *covered person* or the provider must first file a claim with Medicare. After filing the claim with Medicare, the *covered person* or the provider must send a copy of the itemized bill and a copy of the Explanation of Medicare Benefits to *us*.

If the *covered person* is eligible for Medicare benefits but not enrolled, benefits under this *policy* will be coordinated to the extent benefits otherwise would have been payable under Medicare.

In all cases, coordination of benefits with Medicare and the provisions of Title XVIII of the Social Security Act as amended will conform with Federal Statutes and Regulations.

Medicare means Title XVIII, Parts A, B, C, and D of the Social Security Act, as enacted or amended.

o. Notice of claim

Generally, any *services* the *covered person* receives will be billed to *us* by the provider.

If the *covered person* receives a *service* which will not be billed to *us* by the provider, the *covered person* must send *us* a letter with his/her name, the *service* received and the *policy* number. He/she should mail the letter to *our* address shown on the *ID card*. *Your* agent may notify *us* on *your* behalf.

We must receive a letter from the *covered person* or the provider informing *us* of the claim within 30 days from the date the *service* was received.

For *services* received from a foreign provider, the information to be submitted by a *covered person* along with their complete claim includes but is not limited to:

1. Proof of payment to the foreign provider for the *services* provided;
2. Complete medical information and/or records;
3. Proof of travel to the foreign country such as airline tickets or passport stamps; and
4. The foreign provider's fee schedule if the provider uses a billing agency.

p. Other insurance coverage

If the *covered person* has insurance coverage with another insurer and did not inform *us* of this coverage on the application or such coverage is acquired after the *effective date* of this *policy*, *we* will only pay benefits for *covered expenses* that exceed the benefits payable under the other coverage. In no event will *our* payment be larger than the amount that would have been payable without this provision.

When a *covered person* is covered by more than one plan which provides medical benefits or *services*, benefits under this *policy* may be reduced so that the benefits and *services you* receive from all the other plans does not exceed 100 percent of the *covered expense*.

If the other coverage has a coordination of benefits provision and the amount of benefits is not determined according to the preceding provision, *we* will pay *covered expenses* at the proportionate amount. The proportionate amount means the ratio that the total amount of *covered expense* compared to the total amount of benefits payable under all other coverage, regardless of any limits imposed in other plans.

q. Our relationship with providers

Network providers and *non-network providers* are not *our* agents, employees or partners. *Network providers* are independent contractors. *We* do not endorse or control the clinical judgment or treatment recommendation made by *network providers* or *non-network providers*.

Nothing contained in this *policy* or any agreement or reimbursement document shall, nor is it intended to, interfere with communication between *you* and health care providers regarding *your* medical condition or treatment options. When requesting authorizations and ordering *services*, *healthcare practitioners* and other providers are acting on *your* behalf. All decisions related to patient care are the responsibility of the patient and the treating *healthcare practitioner*, regardless of any coverage determination(s) *we* have made or will make. *We* are not responsible for any misstatements made by any provider with regard to the scope of *covered expenses* and/or non-covered expenses under *your policy*. If *you* have any questions concerning *your* coverage, please call the telephone number on *your ID card*.

r. Proof of loss

The *covered person* must complete and submit all claim information *we* need to pay the claim within 90 days after the date of loss. *We* may need to obtain additional information to determine if the *expense incurred* is a *covered expense*. The information *we* may need includes but is not limited to:

1. Authorizations for the release of medical information including the names of all providers from whom the *covered person* received *services*;
2. Medical information and/or records from any provider;
3. Information about other insurance coverage; and
4. Any information *we* need to administer the terms of this *policy*.

If *you* fail to cooperate or provide the necessary information, *we* may recover payments made by *us* and deny any pending or subsequent claims for which the information is requested. *We* also have the right to terminate this *policy*.

However, *your* claims will not be reduced or denied nor will this *policy* be terminated if it was not reasonably possible to give such proof. In any event, written or *electronic* notice must be given within [15 months] after the date proof of loss is otherwise required, except if *you* were legally incapacitated.

s. Recovery Rights

1. Your obligation to assist in the recovery process

The *covered person* is obligated to cooperate and assist *us* and *our* agents in order to protect *our* recovery rights by:

a. Promptly notifying *us* that *you* may have a claim;
b. Obtaining *our* consent before releasing any party from liability for payment of medical expenses;
c. Providing *us* with a copy of any legal notices arising from the *covered person's* injury and its treatment;
d. Taking all action to assist *our* enforcement of recovery rights and doing nothing after loss to prejudice *our* recovery rights; and
e. Refraining from designating all (or any disproportionate part) of any recovery as exclusively for "pain and suffering".

If the *covered person* fails to cooperate with *us*, *we* shall be entitled to recover from *you* any payments made by *us* from *you*.

2. Other insurance/non-duplication of benefits

We will not provide duplicate coverage for benefits under this *policy* when a person is covered by *us* and has, or is entitled to, receive benefits, recovery for damages, or settlement proceeds, as a result of their *bodily injuries* from any other coverage including, but not limited to first party uninsured or underinsured motorist coverage, any no-fault insurance, medical payment coverage (auto, homeowners or otherwise), Workers' Compensation settlement or awards, other group coverage (including student plans), direct recoveries from liable parties, premises medical pay or any other i insurer providing coverage that would apply to pay *your* medical expenses will be determined as described in the "Other insurance coverage" provision.

Where there is such coverage or other recovery sources, *we* will not duplicate other sources of recovery available to *you*, and shall be considered secondary, except where specifically prohibited. Where duplicate sources of recovery exist, *we* shall have the right to be repaid from whoever has received the overpayment from *us* to the extent of the duplication with other sources of recovery.
We will not duplicate coverage under this *policy* whether or not *you* have made a claim under the other applicable coverage or recovery sources.

When applicable, *you* are required to provide *us* with authorization to obtain information about the other coverage or recovery sources available, and to cooperate in the recovery of overpayments from the other coverage, including

executing any assignment of rights necessary to obtain payment directly from the other coverage available.

3. Right to request information

The *covered person* must cooperate with *us* and when asked, assist *us* by:

a. Authorizing the release of medical information including the names of all providers from whom medical attention was received;
b. Obtaining medical information/or records from any provider as requested by *us*;
c. Providing information regarding the circumstances of the *sickness*, *bodily injury* or accident;
d. Providing information about other insurance coverage benefits, including information related to any *bodily injury* or *sickness* for which another party may be liable to pay compensation or benefits; and
e. Providing information *we* request to administer the *policy*.

If the *covered person* fails to cooperate or provide the necessary information, *we* may recover payments made by *us* and deny any pending or subsequent claims for which the information is requested.

4. Our right of subrogation

As a condition to receiving benefits from *us*, the *covered person* agrees to transfer to *us* any rights they may have to make a claim, take legal action or recover any medical expenses paid for benefits covered under this *policy*. *We* will be subrogated to the *covered person's* rights to recover from any funds paid or payable as a result of a personal injury claim or any reimbursement of medical expenses by:

a. Any legally liable person or their carrier;
b. Any uninsured motorist or underinsured motorist coverage;
c. Medical payments/expense coverage under any automobile, homeowners, premises or similar coverages;
d. Workers' Compensation or other similar coverage; or
e. No-fault or other similar coverage.

We may enforce *our* subrogation rights by asserting a claim to any coverage to which *you* may be entitled, after the *covered person* has been made whole. *We* shall have first priority to recover benefits *we* have paid from any funds that are paid or payable as a result of any *sickness* or *bodily injury*, regardless of whether available funds are sufficient to fully compensate the *covered person* for their *sickness* or *bodily injury*.

If *we* are precluded from exercising our right of subrogation, *we* may exercise *our* right of reimbursement.

5. Right of reimbursement

If *we* pay benefits and later any *covered person* recovers from any legally responsible person, their insurer, or any uninsured motorist, underinsured

motorist, medical payment/expense, Workers' Compensation, no-fault, or other similar coverage, *we* have the right to recover from *you* or *the covered person* the amount *we* paid, after the *covered person* has been made whole.

The *covered person* shall notify *us*, in writing or by *electronic* mail, within [31 days] of any settlement, compromise or judgment. Any *covered person* who waives, abrogates, or impairs *our* right of reimbursement or fails to comply with these obligations, relieves *us* from any obligation to pay past or future benefits or expenses until all outstanding lien(s) are resolved.

If after the *effective date* of this *policy*, any *covered person* recovers payment from and releases any legally responsible person, their insurer, or an uninsured motorist, underinsured motorist, medical payment/expense, Workers' Compensation, no-fault, or other similar insurer from liability for future medical expenses relating to a *sickness* or *bodily injury*, *we* shall have a continuing right to reimbursement from *you* or that *covered person* to the extent of the benefits *we* provided with respect to that *sickness* or *bodily injury*. This right, however, shall apply only to the extent of such payment and only to the extent not limited or precluded by law in the state whose laws govern this *policy*, including any made whole or similar rule.

If *you* receive a settlement, the obligation to reimburse *us* in full exists, regardless of whether the settlement, compromise, or judgment designates the recovery as including or excluding medical expenses. The obligation to reimburse *us* in full also exists regardless of whether the amounts received or payable to *you* or the *covered person* are sufficient to fully compensate *you* or the *covered person* for the *sickness* or *bodily injury*.

6. Assignment of recovery rights

This *policy* contains an exclusion for *sickness* or *bodily injury* for which there is medical payments/personal injury protection (PIP) coverage provided under any automobile, homeowner, marine, aviation, premises or other similar coverage.

If the *covered person's* claim against the other insurer is denied or partially paid, *we* will process such claim according to the terms and conditions of this *policy*. If payment is made by *us* on the *covered person's* behalf, *you* and the *covered person* agree that any right the *covered person* has against the other insurer for medical expenses *we* pay will be assigned to *us.*

If benefits are paid under this *policy* and *you* or the *covered person* recovers under any automobile, homeowners, marine, aviation, premises, or similar coverage, *we* have the right to recover from *you*, the *covered person* or whomever *we* have paid an amount equal to the amount *we* paid.

7. Workers' compensation

If benefits are paid by *us* and *we* determine that the benefits were for treatment of a *bodily injury* or *sickness* that arose from, or was sustained in the course of, any occupation or employment for compensation, profit, or gain, *we* have the right to recover as described below. *We* will exercise *our r*ight to recover against *you* or the *covered person*.

As a condition to receiving benefits from *us*, *you* and the *covered person* hereby agree that, in consideration for the coverage provided by this *policy*, *we* will be notified of any Workers' Compensation claim the *covered person* makes, and that *you* or the *covered person* agree to reimburse *us* as described above.

t. Right to request overpayments

We reserve the right to recover any payments made by *us* that were:

1. Made in error. Any recovery process from a healthcare practitioner must begin 18 months after the claim has been paid;
2. Made to *you* and/or any party on *your* behalf, where *we* determine that such payment made is greater than the amount payable under this *policy*;
3. Made to *you* and/or any party on *your* behalf, based on fraudulent or misrepresented information; or
4. Made to *you* and/or any party on *your* behalf for charges that were discounted, waived or rebated.

We reserve the right to adjust any amount applied in error to any [*deductible*] [or] *out-of-pocket* [*coinsurance*] *maximum*.

u. Right to require medical examinations

We have the right to have the *covered person* examined or autopsied, unless prohibited by law. These procedures will be conducted as often as we deem reasonably necessary to determine *policy* benefits, at *our* expense.

v. [Shared savings program

As a member of a Preferred Provider Organization Plan, *you* are free to obtain *services* from providers participating in the Preferred Provider Organization network (*network providers*), or providers not participating in the Preferred Provider Organization network (*non-network providers*). If *you* choose a *network provider*, *your* out-of-pocket expenses are normally lower than if *you* choose a *non-network provider*.

We have a Shared Savings Program that may allow *you* to share in discounts *we* have obtained from *non-network providers*.

Although *our* goal is to obtain discounts whenever possible, *we* cannot guarantee that *services* rendered by *non-network providers* will be discounted. The *non-network provider* discounts in the Shared Savings Program may not be as favorable as *network provider* discounts.

In most cases, to maximize *your* benefit design and minimize *your* out-of-pocket expense, please access *network providers* associated with *your* plan.

If *you* choose to obtain *services* from a *non-network provider*, it is not necessary for *you* to inquire about a provider's status in advance. When processing *your* claim, *we* will automatically determine if that provider is participating in the Shared Savings

Program [and calculate any applicable [*deductible*] [and] [*coinsurance*] on the discounted amount]. *Your* Explanation of Benefits statement will reflect any savings with a remark code used to reference the Shared Savings Program.

However, if *you* would like to inquire in advance to determine if a *non-network provider* participates in the Shared Savings Program, please call the telephone number on your *ID card*. Please note provider arrangements in the Shared Savings Program are subject to change without notice. *We* cannot guarantee that the provider from whom *you* received treatment is still participating in the Shared Savings Program at the time treatment is received. Discounts are dependent upon availability and cannot be guaranteed.

We reserve the right to modify, amend or discontinue the Shared Savings Program at any time.]

w. Time of payment of claims

Payments due under this *policy* will be paid no more than 30 days after *our* receipt of complete written or *electronic* proof of loss.

x. To whom benefits are payable

If *you* receive services from a *network provider*, *we* will pay the *network provider* directly for all *covered expenses*. *You* will not have to submit a claim for payment.

All benefit payments for *services* rendered by a *non-network provider* are due and owing solely to the *covered person*. Assignment of benefits is prohibited; however, *you* may request that *we* direct a payment of selected medical benefits to the healthcare provider on whose charge the claim is based. If the *non-network provider* provides written notice to the *covered person* that informs the *covered person* that:

a. The *non-network provider* does not have a current contract provider agreement with *us*; and
b. The *covered person* received a bill for medical *services* from the *non-network provider* for the amount paid by *us*.

The notice must be provided to the *covered person*, or the *covered person's* personal representative, prior to receiving *services* from the *non-network provider*

If *we* consent to this request, *we* will pay the healthcare provider directly. Such payments will not constitute the assignment of any legal obligation to the *non-network provider*. If *we* decline this request, *we* will pay *you* directly, and *you* are then responsible for all payments to the *non-network provider(s)*.

If any *covered person* to whom benefits are payable is a minor or, in *our* opinion, not able to give a valid receipt for any payment due him/her, such payment will be made to his/her parent or legal guardian. However, if no request for payment has been made by the parent or legal guardian, *we* may, at *our* option, make payment to the person or institution appearing to have assumed his/her custody and support.

If the *covered person* is deceased, payment will be made, at *our* option, to any one of the following:

1. *You* in the case of a covered *dependent*;
2. *Your* spouse;
3. A provider; or
4. *Your* estate.

Any payment made by *us* in good faith will fully discharge *us* of any liability to the extent of such payment.

y. Workers' compensation

This *policy* is not in lieu of any Workers' Compensation or occupational disease insurance.

II. DEFINITIONS

The following are definitions of terms as they are used in this *policy*. Defined terms are printed in *italic* type wherever found in this *policy*.

[**Access fee** means a specified dollar amount shown on the "Schedule of Benefits" to be paid by a *covered person* to a provider toward *covered expenses* of *emergency care services* for each emergency room visit, regardless of any amounts that may be paid by *us*. The *access fee* does not apply toward the *deductible*.]

Advanced imaging for the purpose of this definition, includes Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Positron Emission Tomography (PET), Single Photon Emission Computed Tomography (SPECT), Computed Tomography (CT) imaging, and *nuclear medicine*.

Autism spectrum disorder's means neurological disorders, usually appearing in the first three years of a person's life, that affect normal brain functions and are typically manifested by impairments in communication and social interaction, as well as restrictive, repetitive, and stereotyped behaviors.

Benefit maximum means the limit set on the amount of *covered expenses* that *we* will pay on behalf of a *covered person* for some *services*. *We* will not make benefit payments in excess of the *benefit maximum* for the *covered expenses* and time periods shown on the "Schedule of Benefits".

Bodily injury means bodily damage other than *sickness,* including all related conditions and recurrent symptoms, resulting from sudden, violent, external physical trauma which could not be avoided or predicted in advance. The *bodily injury* must be the direct cause of the loss, independent of disease, bodily infirmity or any other cause. Bodily damage resulting from infection or muscle strain due to athletic or physical activity is considered a *sickness* and not a *bodily injury*.

Bone marrow transplant means the transplant of human blood precursor cells which are administered to a patient following high-dose, ablative or myelosuppresive chemotherapy. Such cells may be derived from *bone marrow*, circulating blood, or a combination of bone marrow and circulating blood obtained from the patient in an autologous transplant from a matched related or unrelated donor or cord blood. If chemotherapy is an integral part of the treatment involving a *covered organ transplant* of *bone marrow*, the term *bone marrow* includes the harvesting, the transplantation, and the chemotherapy components.

Brand-name medication means a drug, medicine or medication that is manufactured and distributed by only one pharmaceutical manufacturer, or any drug product that has been designed as brand-name by an industry recognized source used by *us*.

II. DEFINITIONS

Calendar year means the period of time beginning on any January 1st and ending on the following December 31st. The first *calendar year* begins for a *covered person* on the date benefits under this *policy* first become effective for that *covered person* and ends on the following December 31st.

Chemical dependency means the abuse of, or psychological or physical dependence on, or addiction to alcohol or a controlled substance.

Chlamydia screening test means any laboratory test of the urogential tract which specifically detects infection by one or more agents of Chlamydia trachomatis, and which test is appropriate for such purposes by the federal food and drug administration.

[Coinsurance means the amount of *covered expense*, expressed as a percentage, a *covered person* must pay toward the total *expenses incurred* for **[*non-network provider*]** *services*, in addition to any applicable *copayments*, *access fees*, and *deductibles*. The percentage the plan pays is shown in the "Schedule of Benefits". Charges paid as *coinsurance* do not apply to any responsibility for *copayments*, *access fees* or *deductibles*.]

[Coinsurance means the amount of *covered expense*, expressed as a percentage we will pay toward the total *expenses incurred* for **[*network provider*]** *services*. A *covered person* must pay any applicable *copayments*, *access fees*, and *deductibles*. The percentage the plan pays is shown in the "Schedule of Benefits".

Complications of pregnancy means:

a. Acute nephritis;
b. Nephrosis;
c. Cardiac decompensation;
d. Hyperemesis gravidarum;
e. Puerperal infection;
f. Pre-eclampsia (toxemia);
g. Eclampsia;
h. Abruptio placenta;
i. Placenta previa;
j. Missed or threatened abortion;
k. Ectopic pregnancy and resulting termination;
l. Endometritis;
m. Hydatidiform mole;
n. Chorionic carcinoma;
o. Pre-term labor;
p. Spontaneous termination of pregnancy which occurs during a period of gestation in which a viable birth is not possible;
q. Gestational diabetes; or
r. Non-elective Cesarean.

Complications of pregnancy does not mean:

a. False Labor;
b. Occasional spotting;
c. Rest prescribed during the period of pregnancy;
d. Morning sickness;
e. Conditions associated with the management of a difficult pregnancy, but which do not constitute a distinct *complication of pregnancy*;
f. Prolonged labor;
g. Cessation of labor;
h. Breech baby;
i. Fetal distress;
j. Edema;
k. Complicated delivery; or
l. Elective cesarean section.

Confined/confinement means the status of being a resident patient in a *hospital* or *healthcare treatment facility* receiving *inpatient services*. *Confinement* does not mean detainment in *observation status*.

Successive *confinements* are considered to be one *confinement* if they are:

1. Due to the same *bodily injury* or *sickness*; and
2. Separated by fewer than 30 consecutive days when the *covered person* is not *confined*.

Convenient care clinic means a licensed healthcare clinic which offers immediate but limited treatment for health conditions that are not severe enough for an urgent care or *hospital* care setting. These clinics are typically staffed by nurse practitioners and physician assistants.

[**Copayment/Copay** means a specified dollar amount shown on the “Schedule of Benefits”, to be paid by a *covered person* to a provider toward *covered expenses* of certain benefits specified in this *policy* each time a *covered service* is received, regardless of any amounts that may be paid by *us*. *Copayments*, if any, do not apply toward any applicable *access fee*, [*deductible* or]*out-of-pocket* [*coinsurance*] *maximum*]]Any applicable *copayments* do not apply toward the *deductible*.]

[**Copayment/Copay** means a specified dollar amount shown on the “Schedule of Benefits”, to be paid by a *covered person*, after the *deductible* has been met, to a provider toward *covered expenses* of certain benefits specified in this *policy* each time a *covered service* is received, regardless of any amounts that may be paid by *us*. Any applicable *copayments* do not apply toward the *deductible*.]

Cosmetic surgery means *surgery*, procedure, injection, medication, or treatment primarily designed to improve appearance, self-esteem or body image and/or to relieve or prevent social, emotional or psychological distress.

II. DEFINITIONS

Cost share means any applicable *copayment*, *deductible*, and/or *coinsurance* percentage that must be paid by the *covered person* for *prescription* drugs.] [Any expense that exceeds the *default rate* will not apply to any *cost share* requirement].

Court-ordered means involuntary placement in *mental health* treatment as a result of a judicial directive.

Covered expense means a *medically necessary* expense, based on the *maximum allowable fee* for *services* incurred by a *covered person* which were ordered by a *healthcare practitioner*. To be a *covered expense*, the *service* must not be *experimental, investigational or for research purposes* or otherwise excluded or limited by this *policy* or by any amendment or rider.

Covered organ transplant means only the *services*, care and treatment received for or in connection with the pre-approved transplant of the organs identified in the "Your Policy Benefits" section, which are determined by *us* to be *medically necessary services* and which are not *experimental, investigational or for research purposes*. Transplantation of multiple organs, when performed simultaneously, is considered one organ transplant.

Covered person means anyone eligible to receive *policy* benefits as a *covered person*. Refer to the "Schedule of Benefits" for a complete list.

Custodial care means *services* given to a *covered person* if:

1. The *covered person* needs *services* that include, but are not limited to, assistance with dressing, bathing, preparation and feeding of special diets, walking, supervision of medication which is ordinarily self-administered, getting in and out of bed and maintaining continence; or
2. The *services* are required to primarily maintain and not likely to improve the *covered person's* condition.

Services may still be considered *custodial care* by *us* even if:

1. The *covered person* is under the care of a *healthcare practitioner*;
2. The *services* are prescribed by a *healthcare practitioner* to support or maintain the *covered person's* condition;
3. *Services* are being provided by a *nurse*; or
4. The *services* involve the use of skills which can be taught to a layperson and do not require the technical skills of a *nurse*.

Deductible means the amount of *covered expense* that a *covered person* must incur in a *calendar year* and is responsible to pay in addition to any applicable *copayments*, *access fees*, or *coinsurance*. This amount will be applied on a *calendar year* basis and will vary for certain *services* and for *services* obtained by *network providers* and *non-network providers*. The *deductible* is shown on the "Schedule of Benefits".

II. DEFINITIONS

One or more of the following *deductibles* may apply to *covered expenses* as shown on the “Schedule of Benefits”:

1. **Family deductible.** Each *calendar year*, once the family *deductible* amount, is fulfilled, no further individual *deductibles* will have to be paid for the rest of that same *calendar year*.

2. [**Healthcare treatment facility inpatient deductible.** The amount of *covered expenses* that must be satisfied each *calendar year* for *healthcare treatment facility* inpatient *services* before any applicable *copayment access fee* and/or coinsu*rance* are applied. When *covered expense* equal to the *healthcare treatment facility* inpatient *deductible* have been incurred and processed by *us*, the *healthcare treatment facility inpatient deductible* will be satisfied for that *covered person* for the remainder of the *calendar year*. These expenses do not apply toward any other *deductible* stated in this *policy*.]

3. **Prescription drug deductible.** The amount of *prescription* drug *expenses* that each *covered person* must incur each *calendar year* in addition to any applicable *copayment* , *access fee*, and/or *coinsurance* are applied . These expenses do not apply toward any other *deductible* stated in this *policy*.

[Default rate means the rate or amount equal to the Medicare reimbursement rate for the *prescription* or refill.]

Dental injury means an injury to a *sound natural tooth* caused by a sudden and external force that could not be predicted in advance and could not be avoided. It does not include biting or chewing injuries.

Dependent means *your* legally recognized spouse, *your* natural born child, step-child, legally adopted child, or a child placed for adoption, whose age is less than the limiting age, a child whose age is less than the limiting age and for whom *you* have received a court or administrative order to provide coverage, or *your* adult child who meets the following conditions:

1. Is beyond the limiting age of a child;
2. Is unmarried;
3. Is permanently mentally or physically handicapped; and
4. Incapable of self-sustaining employment and chiefly dependent on *you* for support and maintenance.

Each child, other than the child who qualifies because of a court or administrative order, must meet all of the qualifications of a *dependent* as determined by *us*.

In order for the covered *dependent* child to remain eligible as specified above, *we* must receive notification within 31 days prior to the covered *dependent* child attaining the limiting age.

II. DEFINITIONS

You must furnish satisfactory proof to *us* upon *our* request that the condition, as defined in the items above, continuously exist on and after the date the limiting age is reached. After two years from the date the first proof was furnished, *we* may not request such proof more often than annually. If satisfactory proof is not submitted to *us*, the child's coverage will not continue beyond the last date of eligibility.

Dependent does not mean a:

1. Grandchild, unless such child is born to a *dependent* while covered under this *policy*;
2. Great grandchild;
3. Foster child; or
4. Child who has not yet attained full legal age but who has been declared by a court to be emancipated.

The limiting age for each child to be considered a dependent under this *policy* is the child's [26th] [31st] birthday. [*Your* child will continue to be covered from age 26 to 31 if unmarried.]

Diabetic supplies means:

1. Test strips for blood glucose monitors;
2. Visual reading and urine test strips;
3. Lancets and lancet devices;
4. Insulin and insulin analogs;
5. Injection aids;
6. Syringes;
7. Prescriptive and nonprescription oral agents for controlling blood sugar levels;
8. Glucagon emergency kits; and
9. Alcohol swabs.

Dispensing limit means the monthly drug dosage limit and/or the number of months the drug usage is usually needed to treat a particular condition, as determined by *us*.

Drug list means a list of *prescription* drugs, medicines, medications, and supplies specified by *us*. The *drug list* identifies drugs as *level one*, *level two*, *level three*, [or] *level four[*, or *level five*,] and indicates applicable *dispensing limits* and/or any *preauthorization and notification* or *step therapy* requirements. There is also a Women's Healthcare Drug List. Visit *our* Website at www.humana.com or call the telephone number on *your ID card* to obtain the *drug lists*. The *drug lists* are subject to change without notice.

Durable medical equipment means equipment, defined by Medicare Part B, which meets the following criteria:

1. It can withstand repeated use;
2. It is primarily and customarily used to serve a medical purpose rather than being primarily for comfort or convenience;
3. It is usually not useful to a person except to treat a *bodily injury* or *sickness*;
4. It is *medically necessary* and necessitated by the *covered person's bodily injury* or *sickness*;

5. It is not typically furnished by a *hospital* or *skilled nursing facility*; and
6. it is prescribed by a *healthcare practitioner* as appropriate for use in the home.

Effective date means the first date all the terms and provisions of this *policy* apply. It is the date that appears on the cover of this *policy* or on the date of any amendment, rider or endorsement.

Electronic/electronically means relating to technology having electrical, digital, magnetic, wireless, optical, electromagnetic or similar capabilities.

Emergency care means s*ervices* for a *bodily injury* or *sickness* manifesting itself by symptoms of sufficient severity, including severe pain, that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to potentially result in:

1. Placing the *covered person's* health in serious jeopardy;
2. Serious impairment to bodily functions; or
3. Serious dysfunction of any bodily organ or part.

Emergency care does not mean any *service* for the convenience of the *covered person* or the provider of treatment or *services*.

Exchange means a governmental agency or nonprofit entity that meets the applicable standards and makes *qualified health plans* available to qualified individuals. An *exchange* refers to State Exchanges, regional Exchanges, subsidiary Exchanges, and a Federally-facilitated Exchange.

Expense incurred means the *maximum allowable fee* charged for *services* which are *medically necessary* to treat the condition. The date a *service* is rendered is the *expense incurred* date.

Experimental, investigational or for research purposes means any procedure, treatment, supply, device, equipment, facility or drug (all services) determined by *our* Medical Director or his/her designee to:

1. Not be a benefit for diagnosis or treatment of a *sickness* or a *bodily injury*;
2. Not be as beneficial as any established alternative; or
3. Not show improvement outside the investigational setting.

A drug, biological product, device, treatment or procedure that meets any one of the following criteria, as determined by *us*, will be considered *experimental, investigational or for research purposes*:

1. Cannot be lawfully marketed without the final approval of the United States Food and Drug Administration (FDA) for the particular *sickness* or *bodily injury* and which lacks such final FDA approval for the use or proposed use, unless:
   i. Found to be accepted for that use in the most recently published edition of the United States Pharmacopoedia-Drug Information for Healthcare Professional (USP-DI) or in the most recently published edition of the American Hospital Formulary Service (AHFS) Drug Information;

   ii. Identified as safe, widely used and generally accepted as effective for that use as reported in nationally recognized peer reviewed medical literature published in the English language as of the date of *service*; or
   iii. Is mandated by state law;
2. Is a device required to receive Premarket Approval (PMA) or 510K approval by the FDA, but has not received a PMA or 510K approval;
3. Is not identified as safe, widely used, and generally accepted as effective for the proposed use as reported in nationally recognized peer reviewed medical literature published in the English language as of the date of service;
4. Is the subject of a National Cancer Institute (NCI) Phase I, II or III trial, or any trial not recognized by NCI regardless of the Phase except as expressly provided in this *policy*;
5. Is identified as not covered by the Centers for Medicare and Medicaid Services (CMS) Medicare Coverage Issues Manual, a CMS Operational Policy Letter or a CMS National Coverage Decision except as required by state or federal law;
6. The FDA has not determined the device to be contraindicated for the particular *sickness* or *bodily injury* for which the device has been prescribed; or
7. The treatment, *services* or supplies are:
   a. Not as effective in improving health outcomes and not as cost effective as established technology; or
   b. Not usable in appropriate clinical contexts in which established technology is not employable.

Family member means *you* or *your* spouse, or *you* or *your* spouse's child, brother, sister or parent.

Family out-of-pocket [coinsurance] maximum means each *calendar year* once a family has fulfilled the *family out-of-pocket* [*coinsurance*] *maximum* amount, as shown on the "Schedule of Benefits", no *covered person* in that family will have any additional out-of-pocket [*coinsurance*] responsibility for *covered expenses* for the rest of that same *calendar year*. [The maximum amount any one *covered person* in a family can contribute toward the *family out-of-pocket* [*coinsurance*] *maximum* in a *calendar year* is the amount applied toward the individual *out-of-pocket* [*coinsurance*] *maximum*].

Free-standing surgical facility means any licensed public or private establishment which has permanent facilities that are equipped and operated primarily for the purpose of performing outpatient *surgery*. It does not provide *services* or accommodations for patients to stay overnight.

Generic medication means a drug, medicine or medication that is manufactured, distributed, and available from a pharmaceutical manufacturer and identified by a chemical name, or any drug product that has been designated as generic by an industry-recognized source used by *us*.

Healthcare practitioner means a practitioner, professionally licensed by the appropriate state agency, to diagnose or treat a *bodily injury* or *sickness*, and who provides *services* within the scope of that license. A *healthcare practitioner's services* are not covered if the practitioner resides in the *covered person's* home or is a *family member*.

II. DEFINITIONS

Healthcare treatment facility means only a facility, institution or clinic duly licensed by the appropriate state agency, and is primarily established and operating within the scope of its license. *Healthcare treatment facility* does not include a *residential treatment center* or halfway house.

Hearing aid means any wearable, nonexperimental, nondisposable instrument or device designed for the ear and used to aid or compensate for impaired human hearing, including earmolds, and services necessary to select, fit, and adjust the *hearing aid*, but excluding batteries, cords, and other assistive listening devices such as FM systems.

Home healthcare agency means a *home healthcare agency* or *hospital* which meets all of the following requirements:

1. It must primarily provide skilled nursing *services* and other therapeutic *services* under the supervision of *healthcare practitioners* or *nurses*;
2. It must be operated according to established processes and procedures by a group of professional medical people, including *healthcare practitioners* and *nurses*;
3. It must maintain clinical records on all patients; and
4. It must be licensed by the jurisdiction where it is located, if licensure is required. It must be operated according to the laws of that jurisdiction which pertains to agencies providing home healthcare.

Home healthcare plan means a plan of healthcare established with a home healthcare provider. The *home healthcare plan* must consist of:

1. Care by or under the supervision of a *nurse* or another *healthcare practitioner* and not for *custodial care*;
2. Physical, speech, occupational and respiratory therapy;
3. Medical social work and nutrition services; or
4. Medical appliances, equipment and laboratory services, if *expenses incurred* for such supplies would have been *covered expenses* during a *confinement*.

A *healthcare practitioner* must:

1. Review and approve the *home healthcare plan*;
2. Certify and verify that the *home healthcare plan* is required in lieu of *confinement* or a continued *confinement*; and
3. Not be related to the *home healthcare agency* by ownership or contract.

Home healthcare visit means home healthcare *services* provided by any one *healthcare practitioner* for four consecutive hours or any portion thereof.

Hospice care agency means an agency which:

1. Has the primary purpose of providing hospice *services* to *hospice patients*;
2. Is licensed and operated according to the laws of the state in which it is located;
3. Meets the following requirements:
   a. Has obtained any required certificate of need;
   b. Provides 24-hour-a-day, seven-day-a-week service, supervised by a *healthcare practitioner*;

   c. Has a full-time administrator;
   d. Keeps written records of *services* provided to each patient; and
   e. Has a coordinator who:
      i. Is a *nurse*; and
      ii. Has [four] years of full-time clinical experience, of which at least two were involved in caring for terminally ill patients; and
4. Has a licensed social service coordinator.

Hospice care program means a coordinated, interdisciplinary program provided by a hospice designed to meet the special physical, psychological, spiritual, and social needs of a terminally ill *covered person* and his/her *immediate family members*, by providing *palliative care* and supportive medical, nursing, and other *services* through at-home or inpatient care. A hospice must:

1. Be licensed by the laws of the jurisdiction where it is located and run as a hospice as defined by those laws; and
2. Provide a program of treatment for a least two unrelated individuals who have been medically diagnosed as having no reasonable prospect for cure for their *sickness*; and as estimated by their *healthcare practitioners*, are expected to live less than six months as a result of that *sickness*.

For purposes of the Hospice Care benefit only, *immediate family member* is considered to be the *covered person's* parent, spouse, and children or step-children.

Hospice facility means a licensed facility or part of a facility which:

1. Principally provides hospice care;
2. Keeps medical records of each patient;
3. Has an ongoing quality assurance program;
4. Has a *healthcare practitioner* on call at all times;
5. Provides 24-hour-a-day skilled nursing *services* under the direction of a *nurse*; and
6. Has a full-time administrator.

Hospice patient means a terminally ill person who has six months or less to live, as certified by a *healthcare practitioner*.

Hospital means an institution that meets all of the following requirements:

1. It must provide, for a fee, medical care and treatment of sick or injured patients on an inpatient basis;
2. It must provide or operate, either on its premises or in facilities available to the *hospital* on a pre-arranged basis, medical, diagnostic, and surgical facilities;
3. Care and treatment must be given by and supervised by *healthcare practitioners*. Nursing *services* must be provided on a 24-hour basis and must be given by or supervised by *nurses*;
4. It must be licensed by the laws of the jurisdiction where it is located; and
5. It must be operated as a *hospital* as defined by those laws; and
   a. It must not be primarily a convalescent, rest or nursing home; or
   b. Facility providing custodial, educational or rehabilitative care.

II. DEFINITIONS

The *hospital* must be accredited by one of the following:

1. The Joint Commission on the Accreditation of Hospitals;
2. The American Osteopathic Hospital Association; or
3. The Commission on the Accreditation of Rehabilitative Facilities.

ID cards means cards each *covered person* receives which contain *our* address and telephone number.

Infertility services mean any diagnostic evaluation, treatment, supply, medication or *service* given to achieve pregnancy or to achieve or maintain ovulation. This includes, but is not limited to:

1. Artificial insemination;
2. In vitro fertilization;
3. GIFT;
4. ZIFT;
5. Tubal ovum transfer;
6. Embryo freezing or transfer;
7. Sperm storage or banking;
8. Ovum storage or banking;
9. Embryo or zygote banking;
10. Diagnostic and/or therapeutic laparoscopy;
11. Hysterosalpingography;
12. Ultrasonography;
13. Endometrial biopsy; and
14. Any other assisted reproductive techniques or cloning methods.

Inpatient services are *services* rendered to a *covered person* during their *confinement*.

Legend drug means any medicinal substance the label of which, under the Federal Food, Drug and Cosmetic Act, is required to bear the legend: “Caution: federal law prohibits dispensing without *prescription*”.

[Level one drug means a category of *prescription* drugs, medicines or medications within the *drug list* that are designated by *us* as level one.]

[Level two drug means a category of *prescription* drugs, medicines or medications within the *drug list* that are designed by *us* as level two.]

[Level three drug means a category of *prescription* drugs, medicines or medications within the *drug list* that are designated by *us* as level three.]

[Level four drug means a category of *prescription* drugs, medicines or medications within the *drug list* that are designated by *us* as level four.]

[Level five drug means a category of *prescription* drugs, medicines or medications within the *drug list* that are designated by *us* as level five.]

II. DEFINITIONS

Lifetime maximum benefit means the maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. This amount is shown on the "Schedule of Benefits".

Mail-order pharmacy means a *pharmacy* that provides covered *mail-order pharmacy services*, as defined by *us* and delivers covered *prescriptions* or refills through the mail to *covered persons*.

Maintenance care means *services* furnished mainly to:

1. Maintain, rather than improve, a level of physical or mental function; or
2. Provide a protected environment free from exposure that can worsen the *covered person's* physical or mental condition.

Maximum allowable fee for a *covered expense*, other than *emergency care services* provided by *non-network providers* in a *hospital's* emergency department, is the lesser of:

1. The fee charged by the provider for the *service*;
2. The fee that has been negotiated with the provider whether directly or through one or more intermediaries or shared savings contracts for the *services*;
3. The fee established by *us* by comparing rates from one or more regional or national databases or schedules for the same or similar *services* from a geographic area determined by *us*;
4. The fee based on rates negotiated by *us* or other payers with one or more *network providers* in a geographic area determined by *us* for the same or similar *services*;
5. The fee based upon the provider's costs for providing the same or similar *services* as reported by such provider in its most recent publicly available Medicare cost report submitted to the Centers for Medicare and Medicaid Services (CMS) annually; or
6. The fee based on a percentage determined by *us* of the fee Medicare allows for the same or similar *services* provided in the same geographic area.

Maximum allowable fee for a covered expense for emergency care *services* provided by *non-network providers* in a hospital's emergency department is an amount equal to the greatest of:

1. The fee negotiated with *network providers*;
2. The fee calculated using the same method to determine payments for *non-network provider services*; or
3. The fee paid by Medicare for the same *services*.

The bill *you* receive for *services* from *non-network providers* may be significantly higher than the *maximum allowable fee*. In addition to any applicable out-of-pocket *deductible*, *copayments*, *access fees*, *coinsurance* or *out-of-pocket* [*coinsurance*] *maximum*, *you* are responsible for the difference between the *maximum allowable fee* and the amount the *non-network provider* bills *you* for the *services*. Any amount *you* pay to the *non-network provider* in excess of the *maximum allowable fee* will not apply to *your out-of-pocket* [*coinsurance*] *maximum* or any applicable *deductible*.

II. DEFINITIONS

Medically necessary means the required extent of a healthcare *service*, treatment or procedure that a *healthcare practitioner* would provide to his/her patient for the purpose of diagnosing, palliating, or treating a *sickness* or *bodily injury* or its symptoms. The fact that a *healthcare practitioner* may prescribe, authorize or direct a *service* does not of itself make it *medically necessary* or covered under this *policy*. Such healthcare *service*, treatment or procedure must be:

1. In accordance with nationally recognized standards of medical practice and identified as safe, widely used, and generally accepted as effective for the proposed use;
2. Clinically appropriate in terms of type, frequency, intensity, toxicity, extent, setting, and duration;
3. Not primarily for the convenience of the patient or *healthcare practitioner*;
4. Clearly substantiated and supported by the medical records and documentation concerning the patient's condition;
5. Performed in the most cost effective setting required by the patient's condition;
6. Supported by the preponderance of nationally recognized peer reviewed medical literature, if any, published in the English language as of the date of *service*; and
7. Not *experimental, investigational or for research purposes*.

Mental health means *mental illness* and *chemical dependency*.

Mental illness means the diagnostic testing and treatment of mental, nervous or emotional conditions of any type as classified in the Diagnostic and Statistical Manual of Mental Disorders. This is true regardless of the original cause of the disorder.

Morbid obesity (clinically severe obesity) means a body mass index (BMI) as determined by a *healthcare practitioner* as of the date of *service* of:

1. 40 kilograms or greater per meter squared (kg/m2); or
2. 35 kilograms or greater per meter squared (kg/m2) with an associated comorbid condition such as hypertension, type II diabetes, life-threatening cardiopulmonary conditions or joint disease that is treatable, if not for the obesity.

Network pharmacy means a *pharmacy* that has signed a direct agreement with *us* or has been designated by *us* to provide covered *pharmacy services*, covered *specialty pharmacy services* or covered *mail-order pharmacy services* as defined by *us*, to *covered persons* including covered *prescription* or refills delivered through the mail.

Network provider means a *hospital*, *healthcare treatment facility*, *healthcare practitioner* or other provider who is designated as such and has signed a direct agreement with *us* as an independent contractor, or who has been designated by *us* to provide *services* to *covered persons*.

Non-network pharmacy means a *pharmacy* that has not signed a direct agreement with *us* or has not been designated by *us* to provide covered *pharmacy services*, covered *specialty pharmacy services* or covered *mail-order pharmacy services* as defined by *us*, to *covered persons* including covered *prescription* or refills delivered through the mail.

II. DEFINITIONS

Non-network provider means a *hospital*, *healthcare treatment facility*, *healthcare practitioner*, or other provider who has not been designated by *us* as a *network provider*.

Nuclear medicine means radiology in which radioisotopes (compounds containing radioactive forms of atoms) are introduced into the body for the purpose of imaging, evaluating organ function, or localizing disease or tumors.

Nurse means a registered nurse (R.N.), a licensed practical nurse (L.P.N.), or a licensed vocational nurse (L.V.N.).

Observation status means a stay in a *hospital* or *healthcare treatment facility* for less than 24 hours if the *covered person*:

1. Has not been admitted as a resident inpatient;
2. Is physically detained in an emergency room, treatment room, observation room or other such area; or
3. Is being observed to determine whether a *confinement* will be required.

Open enrollment period means the period during which:

1. A *dependent* who did not enroll for coverage under this *policy* when first eligible or during a special enrollment period can enroll for coverage; or
2. A *covered person* has an opportunity to enroll in another health insurance plan.

If coverage was purchased through an *exchange*, the *exchange* will send prior notice of the *open enrollment period*. If coverage was not purchased through an *exchange*, visit our Website at www.humana.com for information on the *open enrollment period*.

Organ transplant treatment period means 365 days from the date of discharge from the *hospital* following a *covered organ transplant* received while covered by *us*.

Orphan drug means a drug or biological used for the diagnosis, treatment or prevention of rare diseases or conditions which:

1. Affects less than 200,000 persons in the United States; or
2. Affects more than 200,000 persons in the United States, however, there is no reasonable expectation that the cost of developing the drug or biological and making it available in the United States will be recovered from the sale of that drug or biological in the United States.

Out-of-pocket [coinsurance] maximum means the maximum amount of *covered expense* a *covered person* [and/or family] pays each *calendar year* for *services* covered under this *policy*. This amount [includes [copayments] [and] [coinsurance] [and] [medical *deductible*] [but] does not include:

1. [C*opayments*;]
2. [A*ccess fee*;]
3. *[M*edical d*eductible*;]
4. [P*rescription drug deductible*;]
5. Amounts over the *maximum allowable fee*;

6. Transplant *services* from a *non-network provider*;
7. Amounts over the default rate;
8. Utilization management or *prescription* drug penalties;
9. Non-covered *services*; or
10. Other *policy* limits.

There are separate individual and family *network provider* and *non-network provider out-of-pocket* [*coinsurance*] *maximums*. **See the "Schedule of Benefits" for the specific amounts.**

Outpatient services means *services* that are rendered to a *covered person* while they are not *confined* as a registered inpatient. *Outpatient services* include, but are not limited to, *services* provided in:

1. A *healthcare practitioner's* office;
2. A *hospital* outpatient setting;
3. A *free-standing surgical facility*;
4. A licensed birthing center; or
5. An independent laboratory or clinic.

Palliative care means care given to a *covered person* to relieve, ease or alleviate, but not to cure, a *bodily injury* or *sickness*.

Partial hospitalization means *services* provided in an outpatient program by a *hospital* or *healthcare treatment facility* in which patients do not reside for a full 24-hour period.

1. For a comprehensive and intensive interdisciplinary psychiatric treatment for a minimum of five hours a day, [five days] per week;
2. That provides for social, psychological, and rehabilitative training programs with a focus on reintegration back into the community and admits children and adolescents who must have a treatment program designed to meet the special needs of that age range; and
3. That has *healthcare practitioners* readily available for the emergent and urgent needs of the patients.

The *partial hospitalization* program must be accredited by the Joint Commission of the Accreditation of Hospitals or in compliance with an equivalent standard.

Licensed drug abuse rehabilitation programs and alcohol rehabilitation programs accredited by the Joint Commission on the Accreditation of Health Care Organizations or approved by the appropriate state agency are also considered *partial hospitalization services*.

Partial hospitalization does not include *services* that are for:

1. *Custodial care*; or
2. Day care.

Pharmacist means a person who is licensed to prepare, compound, and dispense medication and who is practicing within the scope of his/her license.

II. DEFINITIONS

Pharmacy means a licensed establishment where *prescription* medications are dispensed by a *pharmacist*.

Policy means this document, together with any amendments, riders and endorsements which describe the agreement between *you* and *us*.

Policyholder means the person to whom this *policy* is issued and whose name is shown on the cover of this *policy* and the "Schedule of Benefits".

Preauthorization and notification means the prior approval by *us*, or *our* designee, of a *service* [or *prescription* drug] prior to it being provided. *Preauthorization and notification* does not guarantee that the proposed *service* or *prescription* drug is covered under this *policy*. *Preauthorization and notification* is also referred to as prior authorization.

Prescription means a direct order for the preparation and use of a drug, medicine, or medication. The drug, medicine, or medication must be obtainable only by *prescription* [or must be obtained by *prescription* for drugs, medicines or medications on the Women's Healthcare Drug List.

The *prescription* must be given by a *healthcare practitioner* to a *pharmacist* for the benefit of and use by a *covered person* for the treatment of a *bodily injury* or *sickness* which is covered under this *policy* [or for drugs, medicines or medications on the Women's Healthcare Drug List. The *prescription* may be given to the *pharmacist* verbally, *electronically*, or in writing by the *healthcare practitioner*.

The *prescription* must include at least:

1. The name of the *covered person* ;
2. The type and quantity of the drug, medicine, medication prescribed and the directions for its use;
3. The date the *prescription* was prescribed; and
4. The name and address of the prescribing *healthcare practitioner*.

Pre-surgical/procedural testing means:

1. Laboratory tests or radiological examinations done on an outpatient basis in a *hospital* or other facility accepted by the *hospital* before *hospital confinement* or outpatient *surgery* or procedures; and
2. The tests must be for the same *bodily injury* or *sickness* causing the *covered person* to be *hospital confined* or to have the outpatient *surgery* or procedure.

Preventive services means *services* in the following recommendations appropriate for a *covered person*:

1. *Services* with an A or B rating in the current recommendations of the U.S. Preventive Services Task Force (USPSTF). The recommendations by the USPSTF for breast cancer screenings, mammography and preventions issued prior to November 2009 will be considered current;

2. Immunizations recommended by the Advisory Committee on Immunizations Practices of the Centers for Disease Control and Prevention (CDC);
3. Preventive care for infants, children and adolescents provided in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA); and
4. Preventive care for women provided in the comprehensive guidelines supported by HRSA.

For the recommended *preventive services* that apply to *your policy*, refer to the U. S. Department of Health and Human Services (HHS) website at www.HHS.gov or call the telephone number on the back of *your ID card*.

Primary care physician means a network *healthcare practitioner* who provides initial and primary care *services* to *covered persons*, maintains the continuity of *covered persons* medical care and helps direct *covered persons* to *specialty care physicians* and other providers.

A *primary care physician* includes the following:

1. Family Practitioners;
2. Internists;
3. Pediatricians;
4. Gynecologists;
5. General Practitioners; and
6. Obstetricians.

Qualified health plan means a health plan that is certified and meets the standards issued or recognized by each *exchange* through which the plan is offered.

Reconstructive surgery means *surgery* performed on an abnormal body structure caused by congenital defects, developmental abnormalities, trauma, infection, tumor or disease in order to improve function.

Rehabilitation services means specialized treatment for *sickness* or a *bodily injury* which meets all of the following requirements:

1. Is a program of *services* provided by one or more members of a multi-disciplinary team;
2. Is designed to improve the patient's function and independence;
3. Is under the direction of a qualified *healthcare practitioner*;
4. Includes a formal written treatment plan with specific attainable and measurable goals and objections; and
5. May be provided in either an inpatient or outpatient setting.

Residential treatment center means an institution which:

1. Is licensed as a 24-hour residential, intensive, inpatient facility, although NOT licensed as a *hospital*;
2. Provides a multidisciplinary treatment plan in a controlled environment, with periodic supervision of a licensed *healthcare practitioner* or Ph.D. psychologist; and

3. Provides programs such as social, psychological, and rehabilitative training, age appropriate for the special needs of the age group of patients, with a focus on reintegration back into the community.

Residential treatment is utilized to provide structure, support, and reinforcement of the treatment required to reverse the course of behavioral deterioration.

Routine nursery care means the charges made by a *hospital* or licensed birthing center for the use of the nursery. It includes normal *services* and supplies given to well newborn children following birth. *Healthcare practitioner* visits are not considered *routine nursery care*. Treatment of *bodily injury*, *sickness*, birth abnormality or congenital defect following birth and care resulting from prematurity are not considered *routine nursery care*.

Self-administered injectable drug means an FDA approved medication which a person may administer to himself/herself by means of intramuscular, intravenous or subcutaneous injection excluding insulin prescribed for use by the *covered person*.

Services mean procedures, *surgeries*, consultations, advice, diagnosis, referrals, treatment, supplies, drugs, devices or technologies.

Sickness means disturbance in function or structure of the *covered person's* body which causes physical signs or symptoms which, if left untreated, will result in a deterioration of the health state of the structure or system(s) of the *covered person's* body.

Skilled nursing facility means a facility that provides continuous skilled nursing *services* on an inpatient basis for persons recovering from a *sickness* or a *bodily injury*. The facility must meet all of the following requirements:

1. Be licensed by the state to provide skilled nursing *services*;
2. Be staffed by an on call *healthcare practitioner* 24 hours per day;
3. Provide skilled nursing *services* supervised by an on duty *nurse* 24 hours per day;
4. Maintain full and complete daily medical records for each patient; and
5. Not primarily be a place for rest, for the aged or for *custodial care* or provide care for *mental health* although these *services* may be provided in a distinct section of the same physical facility. The facility may also provide extended care or *custodial care* which would not be covered under this *policy*.

Sound natural tooth means a tooth that:

1. Is organic and formed by the natural development of the body (not manufactured, capped, crowned or bonded);
2. Has not been extensively restored;
3. Has not become extensively decayed or involved in periodontal disease; and
4. Is not more susceptible to injury than a whole natural tooth (for example a tooth that has been previously broken, chipped, filled, cracked or fractured).

Special enrollment period means a 60-day period of time during which a *covered person* or *dependent* who has a qualifying event may enroll for coverage outside of an *open enrollment period*.

Specialty care physician means a network *healthcare practitioner* who has received training in a specific medical field other than the specialties listed for a *primary care physician*.

Specialty drug means a drug, medicine, [or] medication, or biological]used as a specialized therapy developed for chronic, complex *sicknesses* or *bodily injuries*. *Specialty drugs* may:

1. Require nursing *services* or special programs to support patient compliance;
2. Require disease-specific treatment programs;
3. Have limited distribution requirements; or
4. Have special handling, storage or shipping requirements.

Specialty pharmacy means a *pharmacy* that provides covered *specialty pharmacy services*, as defined by *us*, to *covered persons*.

Step therapy means a type of *preauthorization and notification*. *We* may require a *covered person* to follow certain steps prior to *our* coverage of some high-cost drugs, medicines, or medications, or biologicals. *We* may require a *covered person* to try a similar drug, medicine or medication that has been determined to be safe, effective, and less costly for most people that have the same condition as the *covered person*. Alternatives may include over-the-counter drugs, *generic medications*, and *brand-name medications*.

Subacute medical care means a short-term comprehensive inpatient program of care for a *covered person* who has a *sickness* or a *bodily injury* that:

1. Does not require the *covered person* to have a prior admission as an inpatient in a *healthcare treatment facility*;
2. Does not require intensive diagnostic and/or invasive procedures; and
3. Requires *healthcare practitioner* direction, intensive nursing care, significant use of ancillaries, and an outcome-focused, interdisciplinary approach using a professional medical team to deliver complex clinical interventions.

Subacute rehabilitation facility means a facility that provides *subacute medical care* for *rehabilitation services* for *sickness* or a *bodily injury* on an inpatient basis. This type of facility must meet all of the following requirements:

1. Be licensed by the state in which the *services* are rendered to provide *subacute medical care* for *rehabilitation services*;
2. Be staffed by an on call *healthcare practitioner* 24 hours per day;
3. Provide nursing *services* supervised by an on duty *nurse* 24 hours per day;

4. Maintain full and complete daily medical records for each patient; and
5. Not primarily provide care for *mental health* although these *services* may be provided in a distinct section of the same physical facility. The facility may also provide extended care or *custodial care* which would not be covered under this *policy*.

Surgery means categorized as *surgery* in the Current Procedural Terminology (CPT) Manuals published by the American Medical Association. The term *surgery* includes, but is not limited to:

1. Excision or incision of the skin or mucosal tissues or insertion for exploratory purposes into a natural body opening;
2. Insertion of instruments into any body opening, natural or otherwise, done for diagnostic or other therapeutic purposes; and
3. Treatment of fractures.

Urgent care center means any licensed public or private non-*hospital* free standing facility which has permanent facilities equipped to provide urgent care *services* on an outpatient basis.

We, us or **our** means or otherwise refers to the insurer as shown on the cover page of this *policy*.

You/your means the *policyholder*.

POLICY RIDER

[HUMANA INSURANCE COMPANY]

This rider is attached to and made part of the *policy* to which it is attached. Except as modified below, all *policy* terms, conditions, exclusions and limitations apply.

Rewards

From time to time *we* may enter into agreements with third parties who administer Rewards programs that may be available to a *covered person.* Through these programs, a *covered person* may earn rewards by:

1. Completing certain activities such as wellness, educational, or informational programs; or
2. Reaching certain goals such as lowering blood pressure or becoming smoke free.

The rewards may include non-insurance benefits such as merchandise, gift cards, debit cards, discounts or contributions to *your* health spending account. *We* are not responsible for any rewards that are non-insurance benefits or for a *covered person's* receipt of such reward.

The rewards may also include insurance benefits such as credits toward premium or a reduction in *copayments*, *deductibles* or *coinsurance*, as permitted under applicable state and federal laws.

The rewards may be taxable income. A *covered person* may consult a tax advisor for further guidance.

Our agreement with any third party does not eliminate any *covered person's* obligations under this *policy* or change any of the terms of this *policy*. *Our* agreement with the third parties and the program may be terminated at any time, although insurance benefits will be subject to applicable state and federal laws.

Please call the telephone number listed on the *ID card* or in the marketing literature issued by the Rewards program administrator for a possible alternative activity if:

1. It is unreasonably difficult for a *covered person* to reach certain goals due to their medical condition; or
2. The *covered person's health care practitioner* advises them not to take part in the activities needed to reach certain goals.

The Rewards program administrator or *we* may require proof in writing from the *covered person's health care practitioner* that their medical condition prevents them from taking part in the available activities.

The decision to participate in these programs or activities is voluntary and a *covered person* may decide to participate anytime during the *year*. Refer to the marketing literature issued by the Rewards program administrator for their program's eligibility, rules and limitations.

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[Title of Officer]

PEDIATRIC VISION CARE BENEFIT AMENDMENT

HUMANA INSURANCE COMPANY

This amendment is attached to and made part of this *policy/certificate* to which it is attached. Except as modified below, all *policy/certificate* terms, conditions, exclusions and limitations apply.

Notwithstanding any other provisions of this *policy/certificate*, *covered expenses* under this amendment section are not covered under any other provision of this *policy/certificate*. Any amount in excess of the maximum amount provided under this amendment, if any, is not covered under any other provision in this *policy/certificate*.

All terms used in this amendment have the same meaning given to them in this *policy/certificate*, unless otherwise specifically defined in this amendment. Refer to the "Pediatric Vision Care Limitations and Exclusions" provision in this amendment and the "General Exclusions/Limitations and Exclusions" section of this *policy/certificate* for *pediatric vision care* expenses not covered by this *policy/certificate*. All other terms and provisions of this *policy/certificate*, including *preauthorization and notification* requirements specified in this *policy/certificate* are applicable to expenses covered for *pediatric vision care*.

[Benefits available under this *policy/certificate* that have any applicable day, visit, *allowance* or specific dollar limit will be applied to the same amounts in the HMO *policy/certificate*. Any out-of-pocket expense for which a *covered person* is responsible under the HMO *policy/certificate* may not be used to satisfy the medical *out-of-pocket maximum*/*out-of-pocket limit/out-of-pocket coinsurance maximum* under this *policy*/*certificate*.]

If *your policy*/*certificate* is effective prior to January 1, 2014, these requirements will apply to *your* current *policy* as of *your policy's* renewal date on or after January 1, 2014. If *your policy* is effective January 1, 2014 or after, this amendment is applicable to your current *policy* as of *your policy's effective date.*

Schedule of Benefits

Covered expenses for *pediatric vision care* apply toward the medical *deductible* and medical *out-of-pocket maximum/out-of-pocket limit/out-of-pocket coinsurance maximum*.

Covered Expense	Plan Pays for Services From Network Providers	Plan Pays for Services From Non-Network Providers	Benefit Maximum
Comprehensive eye exam	[0-100%] [after medical deductible]	[0-100%] [after medical deductible]	One exam in any [12-24] month period
Prescription lenses - Single vision lenses - Biofocal lenses - Trifocal lenses - Lenticular lenses	[0-100%] [after medical deductible]	[0-100%] [after medical deductible]	One pair of covered prescription lenses in any [12-24] month period
[Lens options (must be selected at the same time covered prescription lenses are selected) - [Standard polycarbonate] - [Standard scratch coating]]	[0-100%] [after medical deductible]	[0-100%] [after medical deductible]	not applicable

PEDIATRIC VISION CARE BENEFIT AMENDMENT

Covered Expense	Plan Pays for Services From Network Providers	Plan Pays for Services From Non-Network Providers	Benefit Maximum
Frames	[0-100%] [after medical deductible]	[0-100%] [after medical deductible]	One covered new frame per person in any [12-36] month period
[Complete pair of eyeglasses purchased online (in lieu of all other benefits for frames, lenses and/or contact lenses)]	[0-100%] [after medical deductible]	[0-100%] [after medical deductible]	[One complete pair of eyeglasses (frames and lenses) in any [12-36] month period] [One complete pair of eyeglasses (frames, lenses, and lens options) in any [12-36] month period]
Elective contact lenses (in lieu of all other benefits for frames and/or lenses)	[0-100%] [after medical deductible]	[0-100%] [after medical deductible]	A [3-12] month supply per person in any [6-24] month period Replacement is limited to once in any [6-24] month period
Medically necessary contact lenses	[0-100%] [after medical deductible]	[0-100%] [after medical deductible]	Replacement is limited to once in any [6-24] month period
Contact lens fitting and follow up exam	[0-100%] [after medical deductible]	[0-100%] [after medical deductible]	not applicable
Low vision - Supplementary testing - Aids	[0-100%] [after medical deductible]	[0-100%] [after medical deductible]	One diagnostic evaluation beyond the comprehensive eye exam per person in any [6-24] month period One low vision aid per person in any [12-36] month period except for video magnification which is limited to one in any [3-5] calendar years

PEDIATRIC VISION CARE BENEFIT AMENDMENT

Pediatric Vision Care Covered Expenses

We will pay benefits for *covered expenses* incurred by a *covered person* under the age of 19 for *pediatric vision care*. *Covered expenses* for *pediatric vision care* are:

1. *Comprehensive eye exam*;

2. Prescription lenses [and lens options];

3. Frames available from a selection of covered frames. The *network provider* will show the *covered person* the selection of frames covered by this *policy/certificate*. If a *covered person* selects a frame that is not included in the frame selection this *policy/certificate* covers, the *covered person* is responsible for the difference in cost between the *network provider* reimbursement amount for covered frames and the retail price of the frame selected. If frames are provided by a *non-network provider*, benefits are limited to the amount shown above in the "Schedule of Benefits";

4. [Complete pair of eyeglasses (frames, and prescription lenses [and lens options]) from the selection of covered frames, and lenses [and lens options] [when purchased on-line through the designated *network provider's* website];]

5. Elective contact lenses available from a selection of covered contact lenses, *contact lens fitting and follow-up*. The *network provider* will inform the *covered person* of the contact lens selection covered by this *policy/certificate*. If a *covered person* selects a contact lens that is not part of the contact lens selection this *policy/certificate* covers, the *covered person* is responsible for the difference in cost between the lowest cost contact lens available from the contact lens selection covered by this *policy/certificate* and the cost of the contact lens selected. If contact lenses are provided by a *non-network provider*, benefits are limited to the amount shown above in the "Schedule of Benefits";

6. *Medically necessary* contact lenses under the following circumstances when *preauthorization and notification* is obtained:
   a. Visual acuity cannot be corrected to 20/70 in the better eye except by use of contact lenses;
   b. Anisometropia greater than 3.50 diopters and aesthenopia or diplopia, with glasses;
   c. Keratoconus;
   d. Monocular aphakia or binocular aphakia where the doctor certifies contact lenses are *medically necessary* for safety and rehabilitation to a productive life; and
   e. High ametropia of either +10D or -10D in any meridian; or

7. *Low vision services* includes the following when *preauthorization and notification* is obtained:
   a. Low vision supplementary testing; or
   b. Low vision aids include only the following:
      i. Spectacle-mounted magnifiers;
      ii. Hand-held and stand magnifiers;
      iii. Hand held or spectacle-mounted telescopes; or
      iv. Video magnification.

PEDIATRIC VISION CARE BENEFIT AMENDMENT

Pediatric Vision Care Limitations and Exclusions

In addition to the "General Exclusions/Limitations and Exclusions" section of this *policy/certificate* and any limitations specified in the "Schedule of Benefits" shown above, benefits for *pediatric vision care* are limited as follows:

1. In no event will benefits exceed the lesser of:
   a. The limits shown above in the "Schedule of Benefits" or in the "Schedule of Benefits" of this *policy/certificate*; or
   b. The *reimbursement limit*, as shown above in the "Schedule of Benefits" when *services* are rendered by a *non-network provider*.

2. *Materials* covered by the *policy/certificate* that are lost, or stolen. Broken or damaged *materials* will only be replaced at normal intervals as specified in the "Schedule of Benefits" shown above.

3. Basic cost for lenses and frames covered by the *policy/certificate*. [The *covered person* is responsible for lens options selected, including but not limited to:
   a. Blended lenses;
   b. Progressive multifocal lenses;
   c. Photochromatic lenses; tinted lenses, sunglasses, prescription and plano;
   d. Laminating of lens or lenses, or fashion or gradient tinting;
   e. Groove, Drill or Notch, and Roll and Polish; or
   f. Hi Index, aspheric and non-aspheric styles.]

Refer to the "General Exclusions/Limitations and Exclusions" section of this *policy/certificate* for additional exclusions. Unless specifically stated otherwise, no benefits for *pediatric vision care* will be provided for, or on account of, the following items:

1. Orthoptic or vision training and any associated supplemental testing;
2. Two or more multiple pair of glasses, in lieu of bifocals or trifocals;
3. Medical or surgical treatment of the eye, eyes or supporting structure;
4. Any *services* and/or *materials* required by an *employer* as a condition of employment;
5. Safety lenses and frames;
6. Contact lenses, when benefits for frames and lenses are received;
7. Oversized 61 and above lens or lenses;
8. Cosmetic items;
9. Any *services* or *materials* not listed in this amendment as a *covered expense* or in the "Schedule of Benefits" shown above;
10. Expenses for missed appointments;
11. Any charge from a providers' office to complete and submit claim forms;
12. Treatment relating to or caused by disease;
13. Non-prescription *materials* or vision devices;
14. Costs associated with securing *materials*;
15. Pre- and post-operative *services*;
16. Orthokeratology;
17. Routine maintenance of *materials*;

18. Refitting or change in lens design after initial fitting;
19. Artistically painted lenses;
20. Premium lens options; or
21. [Online purchase of complete pair of eyeglasses when not purchased through the *network provider* designated by *us*.]

Definitions

The following terms are specific to *pediatric vision care* benefits:

Comprehensive eye exam means an exam of the complete visual system which includes: case history; monocular and binocular visual acuity, with or without present corrective lenses; neurological integrity (pupil response); biomicroscopy (external exam); visual field testing (confrontation); ophthalmoscopy (internal exam); tonometry (intraocular pressure); refraction (with recorded visual acuity); extraocular muscle balance assessment; dilation as required; present prescription analysis; specific recommendation; assessment plan; and provider signature.

Contact lens fitting and follow-up means an exam which includes: keratometry; diagnostic lens testing; instruction for insertion and removal of contact lenses; additional biomicroscopy with and without lens.

Covered person under this amendment means a person under the age of 19 who is eligible and enrolled for benefits provided under this *policy/certificate*.

Low vision means *severe vision problems* as diagnosed by an Ophthalmologist or Optometrist that cannot be corrected with regular prescription lenses or contact lenses and reduces a person's ability to function at certain or all tasks.

Materials means frames, and lenses and lens options, and/or contact lenses.

Pediatric vision care means the *services* and *materials* specified in the "Pediatric Vision Care Covered Expense" provision in this amendment for a *covered person* under the age of 19.

Reimbursement limit is the maximum fee allowed for a *covered expense*. It is the lesser of:
1. The actual cost for covered *services* or *materials*;
2. The fee most often charged in the geographical area where the *service* was performed or *materials* provided;
3. The fee most often charged by the provider;
4. The fee determined by comparing charges for similar *services* or *materials* to a national database adjusted to the geographical area where the *services* or procedures were performed or *materials* provided;
5. At *our* choice the fee determined by using a national Relative Value Scale. Relative Value Scale means a methodology that values procedures and *services* relative to each other that includes, but is not limited to, a scale in terms of difficulty, work, risk, as well as the *material* and outside costs of providing the *service*, as adjusted to the geographic area where the *services* or procedures were performed or *materials* provided;

PEDIATRIC VISION CARE BENEFIT AMENDMENT

6. In the case of *services* rendered by or *materials* obtained from providers with whom *we* have agreements, the fee that *we* have negotiated with that provider;
7. The fee based on rates negotiated with one or more *network providers* in the geographic area for the same or similar *services* or *materials*;
8. The fee based on the provider's costs for providing the same or similar *services* or *materials* as reported by the provider in the most recent, publicly available *Medicare* cost report submitted annually to the Centers for Medicare and Medicaid Services; or
9. The fee based on a percentage of the fee Medicare allows for the same or similar *services* or *materials* provided in the same geographic area.

The bill a *covered person* receives for *services* provided by, or *materials* obtained from *non-network providers* may be significantly higher than the *reimbursement limit*. In addition to any applicable *deductibles* and *coinsurance*, the *covered person* is responsible for the difference between the *reimbursement limit* and the amount the provider bills *you* or the *covered person* for the *services* or *materials*. Any amount paid to the provider in excess of the *reimbursement limit* will not apply to any applicable *deductible*, *coinsurance*, or *out-of-pocket maximum*/*out-of-pocket limit*/*out-of-pocket coinsurance maximum.*

Severe vision problems mean the best-corrected acuity is:
1. 20/200 or less in the better eye with best conventional spectacle or contact lens prescription;
2. A demonstrated constriction of the peripheral fields in the better eye to 10 degrees or less from the fixation point; or
3. The widest diameter subtends an angle less than 20 degrees in the better eye.

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PEDIATRIC DENTAL CARE BENEFIT AMENDMENT

HUMANA INSURANCE COMPANY

This amendment is attached to and made part of this *policy/certificate* to which it is attached. Except as modified below, all *policy/certificate* terms, conditions, exclusions and limitations apply.

Notwithstanding any other provisions of this *policy/certificate*, *covered expenses* under this amendment section are not covered under any other provision of this *policy/certificate*. Any amount in excess of the maximum amount provided under this amendment, if any, is not covered under any other provision in this *policy/certificate*.

All terms used in this amendment have the same meaning given to them in this *policy/certificate*, unless otherwise specifically defined in this amendment. Refer to the "Pediatric Dental Care Limitations and Exclusions" provision in this amendment and the "General Exclusions/Limitations and Exclusions" section of this *policy/certificate* for *pediatric dental care* expenses not covered by this *policy/certificate*. All other terms and provisions of this *policy/certificate* are applicable to expenses covered for *pediatric dental care*.

[Benefits available under this *policy/certificate* that have any applicable day, visit, *allowance* or specific dollar limit will be applied to the same amounts in the HMO *policy/certificate*. Any out-of-pocket expense for which a *covered person* is responsible under the HMO *policy/certificate* may not be used to satisfy the medical *out-of-pocket maximum*/*out-of-pocket limit/out-of-pocket coinsurance maximum* under this *policy*/*certificate*.]

If *your policy*/*certificate* is effective prior to January 1, 2014, these requirements will apply to *your* current *policy* as of *your policy's* renewal date on or after January 1, 2014. If *your policy* is effective January 1, 2014 or after, this amendment is applicable to your current *policy* as of *your policy's effective date.*

Schedule of Benefits

Covered expenses for *pediatric dental care* apply toward the medical *deductible* and medical *out-of-pocket maximum/out-of-pocket limit/out-of-pocket coinsurance maximum*.

Covered Expense	Plan Pays for Services From Network Providers	Plan Pays for Services From Non-Network Providers
Class I services	[0-100%] [after medical deductible]	[0-100%] [after medical deductible]
Class II services	[0-100%] [after medical deductible]	[0-100%] [after medical deductible]
Class III services	[0-100%] [after medical deductible]	[0-100%] [after medical deductible]

PEDIATRIC DENTAL CARE BENEFIT AMENDMENT

Pediatric Dental Care Covered Expenses

We will pay benefits for *covered expenses* incurred by a *covered person* for *pediatric dental services*. *Pediatric dental services* include the following as categorized below. Coverage for a *dental emergency* is limited to *palliative dental care* only.

Class I services

1. Periodic evaluations. Limited to a maximum of [1 – 5] per year. Benefit is not available when a comprehensive oral evaluation is performed.

2. Comprehensive oral evaluation. Limited to a maximum of one per every [2 – 5] *year*[s]. Benefit is not available when a periodontal evaluation is performed.

3. Limited, problem focused, periodic, and comprehensive oral evaluations. Limited to a maximum of [1 – 5] per year.

4. Periodontal evaluations. Limited to a maximum of one every [2 – 5] year[s]. Benefit allowed only for a *covered person* showing signs or symptoms of periodontal disease and for patients with risk factors such as smoking, diabetes or related health issues. No benefit is payable when preformed with a cleaning (prophylaxis). Benefit is not available when a comprehensive oral evaluation is performed.

5. Cleaning (prophylaxis), including all scaling and polishing procedures. Limited to a maximum of [1 – 5] per year. Benefit is not available if periodontal maintenance has been previously provided.

6. Intra-oral complete series x-rays (at least 14 films, including bitewings) or panoramic x-ray for *covered persons* [8 to 19] years of age. Limited to a maximum of per every [1 – 5] [year[s]. If the total cost of periapical and bitewing x-rays exceeds the cost of a complete series of x-rays, *we* will consider these as a complete series.

7. Bitewing x-rays for *covered persons* [10-19] years of age or younger. Limited to a maximum of [1 – 5] set[s] per year

8. Other x-rays, including intra-oral periapical and occlusal and extra-oral x-rays. Limited to x-rays necessary to diagnose a specific treatment.

9. Topical fluoride treatment for *covered persons* [10-19] years of age or younger. Limited to a maximum of [1 – 5] per year.

10. Application of sealants to the occlusal surface of permanent molars that are free of decay and restorations for *covered persons* [10-19] years of age or younger. Limited to a maximum of [1 – 5] per tooth per lifetime.

11. Installation of initial space maintainers for retaining space when a primary tooth is prematurely lost for *covered persons* [10-19] years of age or younger. *Pediatric dental services* do not include separate adjustment expenses.

12. Recementation of space maintainers for *covered persons* [10-19] years of age or younger. Limited to [1 – 5] per year.

13. Removal of fixed space maintainers for *covered persons* [10-19] years of age or younger. Limited to *one* per lifetime.

Class II services

1. Restorative services as follows:

    a. Amalgam restorations (fillings). Limited to a maximum of [1 - 5] per tooth every [1 – 5] year[s]. Multiple restorations on one surface are considered one restoration.

    b. Composite restorations (fillings) on anterior teeth. Limited to a maximum of [1 -5] per tooth every [2 – 5] year[s]. Composite restorations on molar and bicuspid teeth are considered an alternate service and will be payable as a comparable amalgam filling. The *covered person* will be responsible for the remaining *expense incurred*. Multiple restorations on one surface are considered one restoration.

    c. Pin retention per tooth in addition to restoration that is not in conjunction with core build-up.

    d. Recementing of inlays, onlays, crowns, and bridges.

    e. Non-cast pre-fabricated stainless steel, esthetic stainless steel, and resin crowns on primary teeth that cannot be adequately restored with amalgam or composite restorations. Limited to a maximum of [1 – 5] every [1 – 5] year[s]. Esthetic stainless steel and resin crowns are considered an alternate service and will be payable as a comparable non-case pre-fabricated stainless steel crown. The *covered person* will be responsible for the remaining *expense incurred*.

2. Miscellaneous services as follows:

    a. *Dental emergency* care for the treatment for initial *palliative dental care* of pain or an *accidental dental injury* to the teeth and supporting structures. *We* will consider the *service* a separate benefit only if no other *service*, except for x-rays and/or problem focused oral evaluation is provided during the same visit.

    b. Diagnostic consultations provided by a *dentist* or *healthcare practitioner* not providing the treatment subject to clinical review.

PEDIATRIC DENTAL CARE BENEFIT AMENDMENT

Class III

1. Restorative services as follows:

   a. Initial placement of laboratory-fabricated restorations, for a permanent or primary tooth, when the tooth, as a result of extensive decay or a traumatic injury, cannot be restored with a direct placement filling material. *Pediatric dental services* include inlays, onlays, crowns, veneers, core build-ups and posts, and implant supported crowns and abutments. Limited to a maximum of [1 – 5] per tooth every [1 – 5] year[s].

   b. Replacement of inlays, onlays, crowns or other laboratory-fabricated restorations for primary and permanent teeth. *Pediatric dental services* include the replacement of the existing major restoration if:

      i. It has been [1 – 5] year[s] since the prior insertion and is not, and cannot be made serviceable;
      ii. It is damaged beyond repair as a result of an *accidental dental injury* while in the oral cavity; or
      iii. Extraction of functioning teeth, excluding third molars or teeth not fully in occlusion with an opposing tooth or prostheses requires the replacement of the prosthesis.

2. Periodontic services as follows:

   a. Periodontal scaling and root planning. Limited to a [1-5] per [1-5] year[s] limited to [1-4] quardrants per visit. Additional quadrants are considered *pediatric dental services* [1 – 14] days following the completion of the initial quadrant(s).

   b. Periodontal maintenance, (at least 30 days following periodontal therapy), unless a cleaning (prophylaxis) is performed on the same day visit. Limited to two per year

   c. Periodontal and osseous surgical procedures, including bone replacement, tissue regeneration and/or graft procedures. Limited to a maximum of [1 – 5] per quadrant every [1 – 5] year[*s*]. If more than one surgical procedure is performed on the same day, only the most inclusive procedure will be considered a *pediatric dental service*.

   d. Occlusal adjustments when performed in conjunction with a periodontal surgical procedure. Limited to a maximum of [1 – 5] per quadrant every [1 – 5] year[*s*].

   Separate fees for pre- and post-operative care and re-evaluation within three months are not considered *pediatric dental services*.

3. Endodontic procedures as follows:

   a. Root canal therapy, including root canal treatments and root canal fillings for permanent and primary teeth. Limited to a maximum of [1 – 5] per tooth per lifetime. Any test, intraoperative, x-rays, laboratory or any other follow-up care is considered integral to root canal therapy.

b. Root canal retreatment, including root canal treatments and root canal fillings for permanent and primary teeth. Limited to a maximum of] [1 – 5] times per tooth per lifetime . Any test, intraoperative, x-rays, exam, laboratory or any other follow-up care is considered integral to root canal therapy.

c. Periradicular surgical procedures for permanent teeth, including apicoectomy, root amputation, tooth reimplementation and/or surgical isolation. Limited to a maximum of [1 – 5] times per tooth per lifetime

d. Partial pulpotomy for apexogenesis for permanent and primary teeth. Limited to a maximum of [1 – 5] time[s] per tooth per lifetime

e. Vital pulpotomy for permanent and primary teeth. Limited to a maximum of [1 – 5] time[s] per tooth per lifetime.

f. Pulp debridement, pupal therapy (resorbable) for permanent and primary teeth. Limited to a maximum of [1 – 5] time[s] per tooth per lifetime.

g. Apexification/recalcification for permanent and primary teeth. Limited to a maximum of [1 – 5] time[s] per tooth per lifetime.

4. Prosthodontics services as follows:

a. Denture adjustments when done by a *dentist* other than the one providing the denture, or adjustments performed more than six months after initial installation. Limited to a maximum of [1 – 5] every [1 – 5] year[s] only after [3 months – 5 year[s]] after initial installation.

b. Initial placement of bridges, complete dentures, and partial dentures. Limited to [1-5] every [1-5] [s]. Immediate dentures are limited to one per lifetime. *Pediatric dental services* include pontics, inlays, onlays and crowns. Limited to one per tooth every [1-5] year[s].

c. Replacement of bridges, complete dentures, and partial dentures. *Pediatric dental services* include the replacement of the existing prosthesis if:

i. It has been [1 – 5] year[s] since the prior insertion and is not, and cannot be made serviceable;
ii. It is damaged beyond repair as a result of an *accidental dental injury* while in the oral cavity; or
iii. Extraction of functioning teeth, excluding third molars or teeth not fully in occlusion with an opposing tooth or prostheses requires the replacement of the prosthesis.

d. Tissue conditioning. Limited to a maximum of [1 – 5] every [1 – 5] year[s].

e. Denture relines or rebases. Limited to [a maximum of [1 – 5] every [1 – 5] year[s] after [3 months – 5 year[s] of installation.

f. Post and core build-up in addition to partial denture retainers with or without core build up. Limited to a maximum of [1 – 5] per tooth every [1 – 5] year[*s*].

5. The following simple oral surgical *services* as follows each is limited to once per tooth per lifetime:

   a. Extractions of coronal remnants of a deciduous tooth limited to once per tooth per lifetime; and

   b. Extraction of an erupted tooth or exposed root for permanent and primary teeth limited to once per tooth per lifetime.

6. Implant services, subject to *clinical review*. Dental implants and related *services* including implant supported crowns, abutments, bridges, complete dentures, and/or partial dentures. Implant supported complete or partial dentures are limited to one every five year[s]. All other services limited to a maximum of [1 – 5] per tooth every [1 – 5] year[*s*]. *Pediatric dental services* do not include an implant if it is determined a standard prosthesis or restoration will satisfy the dental need.

7. General anesthesia or conscious sedation subject to *clinical review* and administered by a *dentist* in conjunction with covered oral surgical procedures, and/or periodontal and osseous surgical procedures, and/or periradicular surgical procedures, and/or dental services. General anesthesia is not considered a *pediatric dental service* if administered for, including but not limited to, the following:

   a. Pain control, unless the *covered person* has a documented allergy to local anesthetic;
   b. Anxiety;
   c. Fear of pain;
   d. Pain management; or
   e. Emotional inability to undergo a surgical procedure.

Integral service

Integral services are additional charges related to materials or equipment used in the delivery of dental care. The following services are considered integral to the dental service and will not be paid separately:

1. Local anesthetics;
2. Bases;
3. Pulp testing;
4. Pulp caps;
5. Study models/diagnostic casts;
6. *Treatment plans*;
7. Occlusal (biting or grinding surfaces of molar and bicuspid teeth) adjustments.
8. Nitrous oxide;
9. Irrigation; and
10. Tissue preparation associated with impression or placement of a restoration.

PEDIATRIC DENTAL CARE BENEFIT AMENDMENT

Pretreatment plan

We suggest that if dental treatment is expected to exceed $300, a *covered person* or their *dentist* should submit a *treatment plan* to *us* for review before treatment begins. The *treatment plan* should include:

1. A list of *services* to be performed using the American Dental Association terminology and codes;
2. The *dentist's* written description of the proposed treatment for the *covered person*;
3. Pretreatment x-rays supporting the *services* to be performed;
4. Itemized cost of the proposed treatment; and
5. Any other appropriate diagnostic materials that *we* may request.

We will provide *you* and/or the *covered person* and the *dentist* with an estimate for benefits payable based on the submitted *treatment plan*. This estimate is not a guarantee of what *we* will pay. It tells *you* and/or the *covered person* and the *dentist* in advance about the benefits payable for the *pediatric dental services* in the *treatment plan*.

An estimate for *services* is not necessary for a *dental emergency*.

Pretreatment plan process and timing

An estimate for services is valid for 90 days after the date *we* notify *you* and/or the *covered person* and the *dentist* of the benefits payable for the proposed *treatment plan* (subject to the *covered person's* eligibility of coverage). If treatment will not begin for more than 90 days after the date *we* notify *you* and/or the *covered person* and the *dentist*, *we* recommend that a new *treatment plan* be submitted.

Alternate services

If two or more *services* are acceptable to correct a dental condition, *we* will base the benefits payable on the least expensive *pediatric dental service* that produces a professionally satisfactory result, as determined by *us. We* will pay up to the *reimbursement limit* for the least costly *pediatric dental service* and subject to any applicable *deductible,* and/or *coinsurance*. The *covered person* will be responsible for any amount exceeding the *reimbursement limit* for the *services* performed.

If *you* and/or the *covered person* and the *dentist* decide on a more costly *service*, payment will be limited to the *reimbursement limit* for the least costly *service* and will be subject to any applicable deductible, and/or *coinsurance*. The *covered person* will be responsible for any amount exceeding the *reimbursement limit* for the *services* performed.

PEDIATRIC DENTAL CARE BENEFIT AMENDMENT

Pediatric Dental Care Limitations and Exclusions

Refer to the "General Exclusions/Limitations and Exclusions" section of this *policy*/*certificate* for additional exclusions. Unless specifically stated otherwise, no benefit will be provided for, or on account of, the following items:

1. Any expense arising from the completion of forms;

2. Any expense due to a *covered person's* failure to keep an appointment;

3. Any expense for a *service we* consider *cosmetic*, unless it is due to an *accidental dental injury*;

4. Expenses incurred for:
   a. Precision or semi-precision attachments;
   b. Overdentures and any endodontic treatment associated with overdentures;
   c. Other customized attachments;
   d. Any *services* for 3D imaging (cone beam images);
   e. Temporary and interim dental *services*; or
   f. Additional charges related to materials or equipment used in the delivery of dental care;

5. Charges for services rendered by a *family member* or person who resides with the *covered person*;

6. Any *service* related to:
   a. Altering vertical dimension of teeth or changing the spacing and/or shape of the teeth;
   b. Restoration or maintenance of occlusion;
   c. Splinting teeth, including multiple abutments, or any *service* to stabilize periodontally weakened teeth;
   d. Replacing tooth structures lost as a result of abrasion, attrition, erosion, or abfraction; or
   e. Bite registration or bite analysis;

7. Infection control, including but not limited to, sterilization techniques;

8. Expenses incurred for *services* performed by someone other than a *dentist*, except for scaling and teeth cleaning and the topical application of fluoride, which can be performed by a licensed dental hygienist. The treatment must be rendered under the supervision and guidance of the *dentist* in accordance with generally accepted dental standards;

9. Any *hospital*, surgical or treatment facility, or for *services* of an anesthesiologist or anesthetist;

10. *Prescription drugs* or pre-medications, whether dispensed or prescribed;

11. Any *service* that:
    a. Is not eligible for benefits based on the *clinical review*;
    b. Does not offer a favorable prognosis;
    c. Does not have uniform professional acceptance; or
    d. Is deemed to be experimental or investigational in nature;

12. Orthodontic *services*, unless specified in this amendment;

13. Repair and replacement of orthodontic appliances;

14. Preventive control programs including, but not limited to, oral hygiene instructions, plaque control, take-home items, *prescriptions* and dietary planning;

15. Replacement of any lost, stolen, damaged, misplaced or duplicate major restoration, prosthesis or appliance; or

16. Any caries susceptibility testing, laboratory tests, saliva samples, anaerobic cultures, sensitivity testing or charges for oral pathology procedures.

Definitions

Accidental dental injury means damage to the mouth, teeth and supporting tissue due directly to an accident. It does not include damage to the teeth, appliances or prosthetic devices that results from chewing or biting food or other substances.

Clinical review means the review of required/submitted documentation by a *dentist* for the determination of *pediatric dental services*.

Cosmetic means services that are primarily for the purpose of improving appearance including but not limited to:
1. Facings on crowns or pontics (the portion of a fixed bridge between the abutments) posterior to the second bicuspid; and
2. Characterizations and personalization of prosthetic devices.

Covered person under this amendment means a person under the age of 19 who is eligible and enrolled for benefits provided under this *policy/certificate*.

Dental emergency means a sudden, serious dental condition caused by an accident or dental disease that, if not treated immediately, would result in serious harm to the dental health of the *covered person*.

Dentist means an individual, who is duly licensed to practice dentistry or perform oral surgery and is acting within the lawful scope of his/her license.

PEDIATRIC DENTAL CARE BENEFIT AMENDMENT

Expense incurred date means the date on which:
1. The teeth are prepared for fixed bridges, crowns, inlays or onlays;
2. The final impression is made for dentures or partials;
3. The pulp chamber of a tooth is opened for root canal therapy;
4. A periodontal surgical procedure is performed; or
5. The *service* is performed for *services* not listed above.

Palliative dental care means treatment used in a *dental emergency* to relieve, ease or alleviate the acute severity of dental pain, swelling or bleeding. *Palliative dental care* treatment usually is performed for, but is not limited to, the following acute conditions:
1. Toothache;
2. Localized infection;
3. Muscular pain; or
4. Sensitivity and irritations of the soft tissue.

Services are not considered *palliative dental care* when used in association with any other *pediatric dental services*, except x-rays and/or exams.

Pediatric dental services mean the following services:
1. Ordered by a *dentist*;
2. Described in the "Pediatric Dental Care Covered Expenses" provision in this amendment; and
3. Incurred when a *covered person* is insured for that benefit under this *policy*/*certificate* on the *expense incurred date*.

Reimbursement limit is the maximum fee allowed for *covered pediatric dental services.* It is the lesser of:
1. The actual cost for covered *services*;
2. The fee most often charged in the geographical area where the *service* was performed;
3. The fee most often charged by the provider;
4. The fee determined by comparing charges for similar *services* to a national database adjusted to the geographical area where the *services* or procedures were performed;
5. At *our* choice the fee determined by using a national Relative Value Scale. Relative Value Scale means a methodology that values procedures and *services* relative to each other that includes, but is not limited to, a scale in terms of difficulty, work, risk, as well as the material and outside costs of providing the *service*, as adjusted to the geographic area where the *services* or procedures were performed;
6. In the case of *services* rendered by providers with whom *we* have agreements, the fee that *we* have negotiated with that provider;
7. The fee based on rates negotiated with one or more *network providers* in the geographic area for the same or similar *services*;
8. The fee based on the provider's costs for providing the same or similar *services* as reported by the provider in the most recent, publicly available *Medicare* cost report submitted annually to the Centers for Medicare and Medicaid Services; or
9. The fee based on a percentage of the fee Medicare allows for the same or similar *services* provided in the same geographic area.

PEDIATRIC DENTAL CARE BENEFIT AMENDMENT

The bill a *covered person* receives for *services* provided by *non-network providers* may be significantly higher than the *reimbursement limit*. In addition to any applicable *medical deductible* and *coinsurance*, a *covered person* is responsible for the difference between the *reimbursement limit* and the amount the provider bills *you* or the *covered person* for the *services*. Any amount paid to the provider in excess of the *reimbursement limit* will not apply to any applicable medical *deductible*, or medical *out-of-pocket maximum*/*out-of-pocket limit*/*out-of-pocket coinsurance maximum.*

Treatment plan means a written report on a form satisfactory to *us* and completed by the *dentist* that includes:

1. A list of the *services* to be performed, using the American Dental Association terminology and codes;
2. The *dentist's* written description of the proposed treatment for the *covered person*;
3. Pretreatment x-rays supporting the *services* to be performed;
4. Itemized cost of the proposed treatment and
5. Any other appropriate diagnostic materials (may include x-rays, chart notes, treatment records, etc.) as requested by *us*.

[Signature of Officer]
[Typed Name of Officer]
[Title of Officer]

State: Tennessee **Filing Company:** Humana Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: TN-71130 BENCHMARK
Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method:
Rate Change Type: %
Overall Percentage of Last Rate Revision: %
Effective Date of Last Rate Revision:
Filing Method of Last Filing:

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Humana Insurance Company	New Product	0.000%	0.000%	$0	0	$0	0.000%	0.000%

Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:								
Policy Holders:								

State: *Tennessee* **Filing Company:** *Humana Insurance Company*
TOI/Sub-TOI: *H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)*
Product Name: *TN-71130 BENCHMARK*
Project Name/Number: */*

Rate Review Detail

COMPANY:

Company Name:	Humana Insurance Company
HHS Issuer Id:	82120
Product Names:	Suite B & C
Trend Factors:	

FORMS:

New Policy Forms:	TN-71130
Affected Forms:	
Other Affected Forms:	

REQUESTED RATE CHANGE INFORMATION:

Change Period:	Other
Member Months:	0
Benefit Change:	None
Percent Change Requested:	Min: Max: Avg:

PRIOR RATE:

Total Earned Premium:	
Total Incurred Claims:	
Annual $:	Min: Max: Avg:

REQUESTED RATE:

Projected Earned Premium:	0.00
Projected Incurred Claims:	0.00
Annual $:	Min: 0.00 Max: 0.00 Avg: 0.00

State: Tennessee **Filing Company:** Humana Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: TN-71130 BENCHMARK
Project Name/Number: /

Supporting Document Schedules

Satisfied - Item:	Accident & Health - Individual New Rates
Comments:	Please see attachment.
Attachment(s):	2 - Actuarial Memo 2014_01_01.pdf Rate Manual v2.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Memorandum A & H Certification - Individual
Bypass Reason:	See memorandum
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Cover Letter Accident & Health
Comments:	Please see attachment.
Attachment(s):	1 - Cover Letter 2014_01_01.pdf TN Benchmark Plan Cover Letter.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Description of Variables
Comments:	Please see attachment.
Attachment(s):	Statement of Variability.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Filing Fees
Bypass Reason:	No fee in domicile state.
Attachment(s):	

State: Tennessee **Filing Company:** Humana Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: TN-71130 BENCHMARK
Project Name/Number: /

Item Status:	
Status Date:	

Satisfied - Item:	PPACA Uniform Compliance Summary
Comments:	Please see attachment.
Attachment(s):	PPACA Form.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Third Party Authorization
Comments:	
Attachment(s):	PPO Authorization Letter Insurance Compliance.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Readability Certification
Comments:	Please see attachment.
Attachment(s):	_Flesch Cert.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	** Please note that you must bypass this Requirement at initial submission since the required documentation will not yet be available.** This is the initial submission.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	

State: *Tennessee* **Filing Company:** *Humana Insurance Company*
TOI/Sub-TOI: *H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)*
Product Name: *TN-71130 BENCHMARK*
Project Name/Number: */*

Attachment(s):	7 - AV Justifications.pdf TN Actuarial Memorandum - URR.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	H1_FFE_TN_unified_rate_review_fix 3 redo.xls
Item Status:	
Status Date:	

Satisfied - Item:	Redline Copies of Schedules Amended on 5/7/2013
Comments:	Please see the attached redline copies of the schedules that were revised on 5/7/2013.
Attachment(s):	TN IMM-C Bronze Schedule.pdf TN IMM-C Gold Schedule.pdf TN IMM-C Platinum Schedule.pdf TN IMM-C-S1 Silver Schedule.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Requested PDFs
Comments:	
Attachment(s):	H1_FFE_TN_SERFF_PlansBenefits_Revised 2.pdf RatingBusinessRules_82120_TN.pdf plan_management_data_templates_rates v2.1 TN HIC OFFx NEW Suite B update.pdf plan_management_data_templates_rates v2.1 TN HIC ONx New Suite B area 4 Update.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Redline for MOOP Update
Comments:	Please see the attached redline copies of the schedules which were revised due to the recent federal mandate which updated max out of pocket.

State: Tennessee **Filing Company:** Humana Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: TN-71130 BENCHMARK
Project Name/Number: /

Attachment(s):	TN IMM-C Bronze Schedule.pdf TN IMM-C Catastrophic Schedule.pdf TN IMM-CC Catastrophic Schedule.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Redline for Objection dated 5/13/13
Comments:	Please see the attached schedules which are redline copies showing the updates made to the schedules based on the objection dated 5/13/2013.
Attachment(s):	TN HDHP-B Bronze Schedule.pdf TN HDHP-C Bronze Schedule.pdf TN HDHP-C Silver S Schedule.pdf TN IMM-B Platinum Schedule.pdf TN IMM-C Bronze Schedule.pdf TN IMM-C Catastrophic Schedule.pdf TN IMM-C Gold Schedule.pdf TN IMM-C Platinum Schedule.pdf TN IMM-CC Catastrophic Schedule.pdf TN IMM-C-S1 Silver Schedule.pdf TN IMM-S3 Silver Schedule.pdf TN IMM-G Gold Schedule.pdf TN IMM-S1 Silver Schedule.pdf TN IMM-S2 Silver Schedule.pdf TN IMM-S4 Silver Schedule.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Redline copies of schedules amended on 5/29/13
Comments:	Please see attached.

State: Tennessee **Filing Company:** Humana Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: TN-71130 BENCHMARK
Project Name/Number: /

Attachment(s):	TN IMM-C Bronze Schedule.pdf TN IMM-C Gold Schedule.pdf TN IMM-C Platinum Schedule.pdf TN IMM-C-S1 Silver Schedule.pdf
Item Status:	
Status Date:	

State: Tennessee **Filing Company:** Humana Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: TN-71130 BENCHMARK
Project Name/Number: /

Attachment PPACA Form.pdf could not be reproduced here for the following reason: No message found for pdf.header.not.found

Attachment H1_FFE_TN_unified_rate_review_fix 3 redo.xls is not a PDF document and cannot be reproduced here.

State of Tennessee

HUMANA INSURANCE COMPANY
ACTUARIAL MEMORANDUM
POLICY FORM SERIES TN-71130, TN-71037-01 4/2010, TN-70129 8/2002, et al

A. Purpose of Filing

We respectfully submit for your approval rates to be used in the individual major medical market and is intended to be effective 1/1/2014. This filing does not include rates for business that is considered grandfathered.

This filing has been prepared for the purpose of certifying that the anticipated lifetime loss ratio of this product meets any minimum requirement of this state, assuring that rates are reasonable in relation to the benefits provided. This rate filing is not intended to be used for other purposes.

B. Summary of Benefit Provisions

This is an Individual Major Medical PPO plan sold and renewed to individuals and families.

A plan variation within this policy series is designed for use with a Health Savings Account. It meets the definition of a High Deductible Health Plan (HDHP) as defined by Internal Revenue Code S223 and is referenced throughout this filing as a HSAQ (HSA Qualified) plan.

A summary of key benefit provisions can be found on the plan rating factors page of the rate manual. The policy form should be consulted for specific benefit provisions.

C. Planned Method of Sale and Renewal

The policy will be marketed by general agents, brokers, wholesale arrangements, and by Humana employees through various campaigns geared directly to consumers. Additionally, certain plans included in this filing are intended to be made available on the Federally Facilitated Exchange.

D. Pricing Methodology

Premiums were developed by adjusting current, 10/1/2013 effective premiums for claims trend, the removal of underwriting in the individual market, adding essential health benefits, improvements in our network discounts, rating structure changes eliminated in 2014, the 10/1/2013 effective premiums rate adequacy, new taxes and fees, and the impact of risk adjustment and reinsurance.

Please see the Reason for Rate Increase & Projection Factors sections of the Unified Rate Review Actuarial Memorandum for more details.

E. Expected Loss Ratio by Year

The expected loss ratios for the TN-71037 & TN-70129 plan years by policy duration are as follows:

Policy Year	Loss Ratio	Annual Persistency
1	51.0%	66.2%
2	69.5%	68.7%
3	78.1%	72.6%
4+	85.2%	76.7%

This durational loss ratio curve achieves a 72.5% lifetime loss ratio, using the persistency assumptions above. Note that these two form series contain business that was issued prior to 2014 & was medically underwritten.

ACA requires that an 80% loss ratio (after adjustments) be met on a going forward basis, beginning with 2011 experience. It does not require that the lifetime loss ratio including historical experience, prior to 2011, be at least 80%. Since, prior to 2011, the total book of business was managed to a much lower lifetime loss ratio, the overall lifetime loss

ratio including historical experience will run below 80% asymptotically. The intent, however, is to run the business at an 80% loss ratio going forward, beginning with 2011 experience.

Active life reserves for this policy series will be held using a net level policy reserve calculation that is consistent with GAAP principles, with approximately 5% added to the incurred claims estimate as a provision for adverse deviation. Reserves will continue to be held on business issued prior to 2014. Due to the guarantee issue rules effective in 2014, we do not expect to hold policy reserves on the TN-71130 form series because we do not expect the loss ratio development to exhibit material variation by duration.

F. Premium Rates

Premium rates vary by combination of age (at issue or renewal), tobacco usage, geographic area, date of issue or effective date of renewal, benefits selected, and family composition. On average, the following rates are expected for these form series for an effective date of January 1, 2014:

Form Series	Average Monthly Premium
TN-71130	$209
TN-71037-01 4/2010	$242
TN-70129 8/2002	$246

G. Anticipated Loss Ratio

The anticipated loss ratio for all plan designs combined is intended to be 72.5% for 2014. This is 80% on the federal minimum loss ratio basis as demonstrated below. We reserve the right to modify this target as expectations of future adjustments under the minimum loss ratio requirements change.

Numerator Expense Assumptions (1.2%)
Quality Expenses: 1.2%

Denominator Expense Assumptions (7.8%)
Premium Tax: 2.0%
Health Insurer Annual Fee: 1.4%
Exchange Fee: 2.2%
Other Taxes: 0.1%
Income Tax: 2.2%

(72.5% + 1.2%)/(1 – 7.8%) = 80%

Note that the TN-71130 form series is for new issues in 2014.

H. Number of Insureds

Below are the members & policyholders in-force as of February 28, 2013 by form series.

Form	Members	Policies
TN-71130	0	0
TN-71037-01 4/2010	3,771	2,261
TN-70129 8/2002	6,798	3,962

I. Effective Date

The effective date of the filing is January 1, 2014 for new business.

J. Actuarial Certification

I, Nicholas Mueller, am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

I certify that to the best of my knowledge and judgment the rate filing is in compliance with the applicable laws and regulations of this state and that the benefits are reasonable in relation to premiums.

Nicholas Mueller, FSA, MAAA
Associate Actuary, Individual Product Segment
April 24, 2012

Humana Insurance Company
Suite B PPOx, Suite C PPO, Refresh, PHP non-gf
TN-71130, TN-71130, TN-71037-01 4/2010, TN-70129 8/2002

TN-HIC
January 1, 2014
Rate Filing

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Age Factors **4**
Tobacco Use Factors **5**
Geographic Network Factors **6**
Service Area Definitions **7**
Modal Billing Factors **8**
Algorithm Details **9**
Sample Rate Calculation **10**
Supplemental Accident Benefit Factors and Sample Rate Calculation..... **11**

Humana Insurance Company
Suite B PPOx, Suite C PPO, Refresh, PHP non-gf
TN-71130, TN-71130, TN-71037-01 4/2010, TN-70129 8/2002

Average Premium

$213.12

Humana Insurance Company
Suite B PPOx, Suite C PPO, Refresh, PHP non-gf
TN-71130, TN-71130, TN-71037-01 4/2010, TN-70129 8/2002

Plan Designs & Factors

Plan Name	Plan Suite	Plan Tier	Deductible	Coinsurance	Max OOP	Rx Deductible	On-Exchange (no Ped. Dental)	Off-Exchange (includes Ped. Dental)	Renewal-Only (includes Ped. Dental)
Humana Preferred Basic 6350/6350 Plan	Suite B	Catastrophic	$6,350	100%	$6,350	Integrated	0.6509	0.6535	
Humana Preferred Bronze 6300/6300 Plan	Suite B	Bronze	$6,300	100%	$6,300	Integrated	0.8880	0.8915	
Humana Preferred Silver 4600/6300 Plan	Suite B	Silver	$4,600	80%	$6,300	$1,500	1.0070	1.0110	
Humana Preferred Gold 2500/3500 Plan	Suite B	Gold	$2,500	80%	$3,500	$500	1.1485	1.1531	
Humana Preferred Platinum 1000/1500 Plan	Suite B	Platinum	$1,000	80%	$1,500	$500	1.5539	1.5601	
Humana Preferred Basic 6350/6350 Plan	Suite C - Rx4	Catastrophic	$6,350	100%	$6,350	Integrated		0.6827	
Humana Preferred Bronze 4850/6350 Plan	Suite C - Rx4	Bronze	$4,850	80%	$6,350	$1,500		0.9995	
Humana Preferred Silver 4250/6250 Plan	Suite C - Rx4	Silver	$4,250	80%	$6,250	$1,500		1.0453	
Humana Preferred Gold 2500/3500 Plan	Suite C - Rx4	Gold	$2,500	80%	$3,500	$500		1.2200	
Humana Preferred Platinum 1000/1500 Plan	Suite C - Rx4	Platinum	$1,000	80%	$1,500	$500		1.6463	
Humana Preferred Bronze 6300/6300 Plan	Suite C - Rx4	Bronze	$6,300	100%	$6,300	Integrated		0.8885	
Humana Preferred Silver 3650/3650 Plan	Suite C - Rx4	Silver	$3,650	100%	$3,650	Integrated		1.0273	
Enhanced Copay 80 500/500	Refresh	Gold	$500	80%	$3,000	$500			1.2919
Enhanced Copay 80 2500/500	Refresh	Silver	$2,500	80%	$5,000	$500			1.1293
Enhanced Copay 80 3500/500	Refresh	Silver	$3,500	80%	$6,000	$500			1.0857
Enhanced Copay 80 500/150	Refresh	Gold	$500	80%	$3,000	$150			1.3123
Enhanced Copay 80 2500/150	Refresh	Silver	$2,500	80%	$5,000	$150			1.1493
Copay 80 3500/700	Refresh	Silver	$3,500	80%	$6,350	$700			1.0725
Copay 70 1500/1000	Refresh	Silver	$1,500	70%	$6,350	$1,000			1.1140
Copay 70 2000/1000	Refresh	Silver	$2,000	70%	$6,350	$1,000			1.0878
Copay 70 2500/1000	Refresh	Silver	$2,500	70%	$6,350	$1,000			1.0678
Copay 70 1500/500	Refresh	Silver	$1,500	70%	$6,500	$500			1.1309
Copay 70 2000/500	Refresh	Silver	$2,000	70%	$6,350	$500			1.1046
Value 100 6000/350	Refresh	Bronze	$6,000	100%	$6,000	$350			0.9840
Value 100 1750/1000	Refresh	Silver	$1,750	100%	$1,750	$1,000			1.2024
Enhanced Combined Deductible 950/Int	Refresh	Platinum	$950	100%	$950	Integrated			1.3327
Enhanced HSA 2000/Int	Refresh	Gold	$2,000	100%	$2,000	Integrated			1.1762
Enhanced HSA 3000/Int	Refresh	Silver	$3,000	100%	$3,000	Integrated			1.0765
Enhanced HSA 3500/Int	Refresh	Silver	$3,500	100%	$3,500	Integrated			1.0379
Enhanced HSA 5950/Int	Refresh	Bronze	$5,950	100%	$5,950	Integrated			0.9035
Portrait Share 80 1000/0	PHP	Gold	$1,000	80%	$6,350	$0			1.2883
Portrait Share 80 1000/500	PHP	Gold	$1,000	80%	$6,350	$500			1.2550
Autograph Share 80 3500/500	PHP	Silver	$3,500	80%	$6,350	$500			1.0944
Autograph Share 80 3500/1000	PHP	Silver	$3,500	80%	$6,350	$1,000			1.0759
Autograph Share 80 5000/1000	PHP	Silver	$5,000	80%	$6,350	$1,000			1.0409
Monogram 6000/350	PHP	Bronze	$6,000	100%	$6,350	$350			0.9850
Autograph Plus Rx 100 950/Int	PHP	Platinum	$950	100%	$950	Integrated			1.3327
Autograph Plus Rx_HSA 100 3500/Int	PHP	Silver	$3,500	100%	$3,500	Integrated			1.0379
Autograph_HSA 100 2000/Int	PHP	Gold	$2,000	100%	$2,000	Integrated			1.1762
Autograph_HSA 100 3000/Int	PHP	Silver	$3,000	100%	$3,000	Integrated			1.0765
Autograph_HSA 80 2000/Int	PHP	Silver	$2,000	80%	$4,000	Integrated			1.0837

Average Factor	1.0000

Cost Sharing Subsidized Plan Designs

Plan Name	Plan Suite	FPL	Deductible	Coinsurance	Max OOP	Rx Deductible	On-Exchange (no Ped. Dental)
Humana Preferred Silver 4600/6300 Plan	Suite B	250+	$4,600	80%	$6,300	$1,500	1.0070
		200 - 250	$3,250	80%	$4,750	$1,000	1.0070
		150 - 200	$900	80%	$1,450	$500	1.0070
		100 - 150	$500	80%	$750	$250	1.0070

In addition to the Silver plan variations shown above, all on-exchange metal tier plans will also have a 100% Cost Sharing Plan Design for American Indians/Alaska Natives, and for pricing purposes, will use the plan factors shown in the top table.

Age Factors

Age of Member	Factor	Demonstration of Compliance Factor compared to age 21
Fourth+ Dependents	0.0000	0.000
0-20	0.5365	0.635
21	0.8449	1.000
22	0.8449	1.000
23	0.8449	1.000
24	0.8449	1.000
25	0.8482	1.004
26	0.8651	1.024
27	0.8854	1.048
28	0.9184	1.087
29	0.9454	1.119
30	0.9589	1.135
31	0.9792	1.159
32	0.9995	1.183
33	1.0122	1.198
34	1.0257	1.214
35	1.0324	1.222
36	1.0392	1.230
37	1.0459	1.238
38	1.0527	1.246
39	1.0662	1.262
40	1.0797	1.278
41	1.1000	1.302
42	1.1194	1.325
43	1.1465	1.357
44	1.1803	1.397
45	1.2200	1.444
46	1.2673	1.500
47	1.3205	1.563
48	1.3814	1.635
49	1.4413	1.706
50	1.5089	1.786
51	1.5757	1.865
52	1.6492	1.952
53	1.7235	2.040
54	1.8038	2.135
55	1.8841	2.230
56	1.9711	2.333
57	2.0589	2.437
58	2.1527	2.548
59	2.1992	2.603
60	2.2930	2.714
61	2.3741	2.810
62	2.4273	2.873
63	2.4940	2.952
64+	2.5346	3.000

Average Factor	1.0000

Humana Insurance Company
Suite B PPOx, Suite C PPO, Refresh, PHP non-gf
TN-71130, TN-71130, TN-71037-01 4/2010, TN-70129 8/2002

Tobacco Use Factors

The following factors will be applied based on the member's tobacco usage, as determined by the tobacco usage guidelines.

Age of Member	Non-Tobacco User	Tobacco User	Demonstration of Compliance Factor compared to Non-Tobacco User
0-20	0.9941	0.9941	1.000
21	0.9941	1.0935	1.100
22	0.9941	1.0935	1.100
23	0.9941	1.0935	1.100
24	0.9941	1.0935	1.100
25	0.9941	1.0935	1.100
26	0.9941	1.0935	1.100
27	0.9941	1.0935	1.100
28	0.9941	1.0935	1.100
29	0.9941	1.0935	1.100
30	0.9941	1.0935	1.100
31	0.9941	1.0935	1.100
32	0.9941	1.0935	1.100
33	0.9941	1.0935	1.100
34	0.9941	1.0935	1.100
35	0.9941	1.0935	1.100
36	0.9941	1.0935	1.100
37	0.9941	1.0935	1.100
38	0.9941	1.0935	1.100
39	0.9941	1.0935	1.100
40	0.9941	1.0935	1.100
41	0.9941	1.0935	1.100
42	0.9941	1.0935	1.100
43	0.9941	1.0935	1.100
44	0.9941	1.0935	1.100
45	0.9941	1.0935	1.100
46	0.9941	1.0935	1.100
47	0.9941	1.0935	1.100
48	0.9941	1.0935	1.100
49	0.9941	1.0935	1.100
50	0.9941	1.0935	1.100
51	0.9941	1.0935	1.100
52	0.9941	1.0935	1.100
53	0.9941	1.0935	1.100
54	0.9941	1.0935	1.100
55	0.9941	1.0935	1.100
56	0.9941	1.0935	1.100
57	0.9941	1.0935	1.100
58	0.9941	1.0935	1.100
59	0.9941	1.0935	1.100
60	0.9941	1.0935	1.100
61	0.9941	1.0935	1.100
62	0.9941	1.0935	1.100
63	0.9941	1.0935	1.100
64+	0.9941	1.0935	1.100

Average Factor	1.0000

Humana Insurance Company
Suite B PPOx, Suite C PPO, Refresh, PHP non-gf
TN-71130, TN-71130, TN-71037-01 4/2010, TN-70129 8/2002

Geographic Network Factors

The following factors will be applied according to the policyholder's place of residence.

		Network		
Rating Area	Reference Market Name	PPOx	POS	PPO
1	Kingsport-Bristol	-	-	1.0470
2	Knoxville	0.9011	0.9296	0.9868
3	Chattanooga	-	1.0299	1.0944
4	Nashville Inner	1.0749	1.1231	1.1519
5	Jackson	-	-	1.1704
6	Memphis	0.9288	0.9770	1.0317
7	Other TN	-	-	1.1261
8	Nashville Outer	-	-	1.1302

Average Factor	1.0000

Humana Insurance Company
Suite B PPOx, Suite C PPO, Refresh, PHP non-gf
TN-71130, TN-71130, TN-71037-01 4/2010, TN-70129 8/2002

Definition of Service Areas

New business selling areas are defined by groups of counties.

		Exchange	On Exchange	Off Exchange		
		Product Suite	Suite B	Suite B	Suite C	
		Network	PPOx	PPOx	CPOS	PPO
Rating Area	Marketing Name	County Name				
1	Kingsport-Bristol	Carter				X
1		Greene				X
1		Hancock				X
1		Hawkins				X
1		Johnson				X
1		Sullivan				X
1		Unicoi				X
1		Washington				X
2	Knoxville	Anderson	X	X	X	
2		Blount	X	X		X
2		Campbell	X	X		X
2		Claiborne	X	X		X
2		Cocke	X	X		X
2		Grainger	X	X	X	
2		Hamblen	X	X	X	
2		Jefferson	X	X	X	
2		Knox	X	X	X	
2		Loudon	X	X	X	
2		Monroe	X	X		X
2		Morgan	X	X		X
2		Roane	X	X	X	
2		Scott	X	X		X
2		Sevier	X	X	X	
2		Union	X	X	X	
3	Chattanooga	Bledsoe				X
3		Bradley			X	
3		Franklin				X
3		Grundy				X
3		Hamilton			X	
3		Marion				X
3		McMinn				X
3		Meigs				X
3		Polk				X
3		Rhea				X
3		Sequatchie				X
4	Nashville Inner	Cheatham	X			X
4		Davidson	X		X	
4		Montgomery	X			X
4		Robertson	X			X
4		Rutherford	X		X	
4		Sumner	X		X	
4		Trousdale	X			X
4		Williamson	X			X
4		Wilson	X		X	
5	Jackson	Benton				X
5		Carroll				X
5		Chester				X
5		Crockett				X
5		Decatur				X
5		Dyer				X
5		Gibson				X
5		Hardeman				X
5		Hardin				X
5		Henderson				X
5		Henry				X
5		Lake				X
5		Madison				X
5		McNairy				X
5		Obion				X
5		Weakley				X
6	Memphis	Fayette	X	X	X	
6		Haywood	X	X		X
6		Lauderdale	X	X		X
6		Shelby	X	X	X	
6		Tipton	X	X	X	
7	Other TN	Cannon				X
7		Clay				X
7		Cumberland				X
7		DeKalb				X
7		Fentress				X
7		Jackson				X
7		Macon				X
7		Overton				X
7		Pickett				X
7		Putnam				X
7		Smith				X
7		Van Buren				X
7		Warren				X
7		White				X
8	Nashville Outer	Bedford				X
8		Coffee				X
8		Dickson				X
8		Giles				X
8		Hickman				X
8		Houston				X
8		Humphreys				X
8		Lawrence				X
8		Lewis				X
8		Lincoln				X
8		Marshall				X
8		Maury				X
8		Moore				X
8		Perry				X
8		Stewart				X
8		Wayne				X

Modal Factors

The following factors will be applied according to the payment mode selected.
These factors will be applied at the end of the rate calculation.

Payment Frequency	Factor
Monthly	1.0000
Quarterly	3.0000
Semi-Annual	6.0000

An administrative fee of $10 will be charged for each paper bill generated and each recurring credit card transaction. The fee is waived for electronic funds transmission (EFT). A $25 fee is charged for checks returned with, or Electronic Fund Transactions resulting in, insufficient funds. A $25 fee is charged for late payment and a $25 fee is charged to reinstate a lapsed policy.

Algorithm Details

Step through this algorithm for each member.

	Average Premium
x	Plan Factor
x	Age Factor
x	Tobacco Use Factor
x	Geographic Network Factor
=	Subtotal *(rounded to nearest penny)*
x	Modal Factor
=	Rate

Humana Insurance Company
Suite B PPOx, Suite C PPO, Refresh, PHP non-gf
TN-71130, TN-71130, TN-71037-01 4/2010, TN-70129 8/2002

Sample Rate Calculation

Plan: Humana Preferred Basic 6350/6350 Plan
Availability: On-Exchange (no Ped. Dental)
Tobacco Use: Non-Tobacco User
Rating Area: 2
Reference Market: Knoxville
Network: PPOx
Payment Mode: Monthly

		Mbr #1	Mbr #2	Mbr #3	Mbr #4	Mbr #5	Mbr #6	
	Age:	33	32	7	5	3	1	
	Average Premium	$213.12	$213.12	$213.12	$213.12	$213.12	$213.12	
x	Plan Factor	0.6509	0.6509	0.6509	0.6509	0.6509	0.6509	
x	Age Factor	1.0122	0.9995	0.5365	0.5365	0.5365	0.0000	
x	Tobacco Use Factor	0.9941	0.9941	0.9941	0.9941	0.9941	0.9941	
x	Geographic Network Factor	0.9011	0.9011	0.9011	0.9011	0.9011	0.9011	
=	Subtotal *(rounded to nearest penny)*	$125.78	$124.20	$66.67	$66.67	$66.67	$0.00	
x	Modal Factor	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
=	Rate	$125.78	$124.20	$66.67	$66.67	$66.67	$0.00	$449.99

Humana Insurance Company
Suite B PPOx, Suite C PPO, Refresh, PHP non-gf
TN-71130, TN-71130, TN-71037-01 4/2010, TN-70129 8/2002

Supplemental Accident Benefit

This is an optional supplemental coverage available only with Renewal-Only Plans. ACA requirements do not apply to this coverage or its accompanying rates. Rates shown are on a per member basis. They vary by the categories shown below, but do not vary by tobacco usage, network, or rating area.

	$500 Limit			**$1,000 Limit**		
Medical Deductible	Dependent Child	Child Only (<18)	Adult (18+)	Dependent Child	Child Only (<18)	Adult (18+)
$500	$6.84	$6.84	$5.79	$10.18	$10.18	$8.63
$950	$8.26	$8.26	$6.99	$12.30	$12.30	$10.42
$1,000	$8.26	$8.26	$6.99	$12.30	$12.30	$10.42
$1,500	$8.70	$8.70	$7.37	$12.97	$12.97	$10.98
$1,750	$8.88	$8.88	$7.52	$13.23	$13.23	$11.21
$2,000	$9.06	$9.06	$7.67	$13.50	$13.50	$11.43
$2,500	$9.50	$9.50	$8.05	$14.16	$14.16	$11.99
$3,000	$9.50	$9.50	$8.05	$14.16	$14.16	$11.99
$3,500	$9.50	$9.50	$8.05	$14.16	$14.16	$11.99
$4,000+	$9.59	$9.59	$8.12	$14.29	$14.29	$12.10

	$2,500 Limit			**$5,000 Limit**			**$10,000 Limit**		
Medical Deductible	Dependent Child	Child Only (<18)	Adult (18+)	Dependent Child	Child Only (<18)	Adult (18+)	Dependent Child	Child Only (<18)	Adult (18+)
$500	$13.75	$13.75	$11.66	$17.82	$17.82	$15.10	$19.61	$19.61	$16.62
$950	$17.50	$17.50	$14.83	$22.69	$22.69	$19.22	$24.96	$24.96	$21.14
$1,000	$17.50	$17.50	$14.83	$22.69	$22.69	$19.22	$24.96	$24.96	$21.14
$1,500	$17.50	$17.50	$14.83	$22.69	$22.69	$19.22	$24.96	$24.96	$21.14
$1,750	$17.86	$17.86	$15.13	$23.15	$23.15	$19.61	$25.46	$25.46	$21.57
$2,000	$18.21	$18.21	$15.42	$23.60	$23.60	$19.99	$25.96	$25.96	$21.99
$2,500	$19.12	$19.12	$16.19	$24.78	$24.78	$20.98	$27.26	$27.26	$23.08
$3,000	$19.12	$19.12	$16.19	$24.78	$24.78	$20.98	$27.26	$27.26	$23.08
$3,500	$19.12	$19.12	$16.19	$24.78	$24.78	$20.98	$27.26	$27.26	$23.08
$4,000+	$19.29	$19.29	$16.34	$25.00	$25.00	$21.18	$27.50	$27.50	$23.30

Sample Rate Calculation

Plan: Portrait Share 80 1000/0
Plan's Deductible: $1,000
Benefit Limit: $500
Member Type: Dependent
Member Age: 21
Rate = $8.26

P.O. Box 1633
Waukesha, WI 53187-1633

State of Tennessee

Cover Letter
HUMANA INSURANCE COMPANY. #119-73288
Policy Form Series TN-71130, TN-71037-01 4/2010, TN-70129 8/2002, et al
April 24, 2013

Dear Sir or Madam,

We respectfully submit for your review the enclosed premium rates for use with the above captioned policy series. See the actuarial memorandum for more information about the filing.

If you have any questions regarding this filing, please contact me by phone at 262-408-4508 or by email at nmueller@humana.com.

Sincerely,

Nicholas Mueller
Associate Actuary
Individual Product Segment

HUMANA®

April 29, 2013

Tennessee Department of Commerce and Insurance
Insurance Division
500 James Robertson Parkway
Nashville, TN 37243

Re: INDIVIDUAL HMO INSURANCE FORMS AND RATES
HUMANA INSURANCE COMPANY
POLICY SERIES: TN-71130, et al.
NAIC # 73288
FEIN #39-1263473
SERFF Tracking #: HUMA-128995628

Dear Sir/Madam:

We respectfully submit for your approval the enclosed forms. This is a new filing. The enclosed forms do not replace or supersede any like forms previously filed. These forms are for use in the individual market and support the current 2014 Affordable Care Act (ACA) requirements, benchmark plans and/or business initiatives.

Additional changes, as a result of future federal guidance, including Essential Health Benefits (EHB) and benchmark plans, will be re-filed after enactment.

The policy forms contain a number of benefit options. Our goal is to deliver a policy that is customized to reflect any applicable state mandates and the benefit options that are selected by the proposed policyholder, thereby removing any ambiguity or confusion as to who is covered, what is covered and how it is covered. Consequently, the enclosed forms are being presented in a variable format. In an attempt to be as responsive as we possibly can to the needs of our policyholders, we are providing through this policy various benefit options.

Bracketed data within the enclosed forms is regarding member specific data only. This data will vary as it pertains to persons covered under the policy.

To the best of our knowledge, we believe the enclosed forms satisfy the minimum requirements of applicable Tennessee statutes and regulations.

These forms are submitted in final-print format and are subject only to minor modification in paper size and stock, ink, border, company logo, and adaptation to computer printing.

Also enclosed are the required:

- Accident & Health – Individual New Rates
- Statement of Variability;
- PPACA;
- Third Party Authorization;
- Readability Certification;
- Actuarial Memorandum and Certifications; and
- Unified Rate Review Template

If you have any questions regarding this filing, please contact me by phone at 1-815-316-6715, by fax at 815-986-2355 or by e-mail at anncollins@inscompliance.com. Thank you.

Sincerely,
Insurance Compliance Consultants, Inc.

Ann Collins
Ann Collins, FLMI, AIRC, ACS
Authorized Representative

Statement of Variability

- All numbers (excluding form numbers) are variable. Numbers within a provision determined by the laws of the governing jurisdiction will be varied only within the confines of the law.

- Paragraphs vary to the extent that such paragraphs may be included, omitted or transferred to another page to suit the needs of a particular policyholder subject to: (a) any statutory or regulatory requirements; and (b) the condition that the language and benefit be within the intent and framework of the particular provisions.

- Definitions may vary to the extent that such definition may be included, omitted or transferred to another page to suit the needs of a particular policyholder subject to: (a) any statutory or regulatory requirements; and (b) the condition that the language and benefit be within the intent and framework of the particular provisions.

- Items which customarily vary according to the policyholder's specific plan of insurance.

We also reserve the right to amend the attached to fix any minor typographical errors we may have neglected to find prior to submitting for approval and amend the language to clarify the intent within the confines of the law.

Humana

September 10, 2012

To: All State Insurance Departments

Humana Insurance Company hereby authorizes Insurance Compliance Consultants, Inc., to file the attached form(s) or a state specific variation of it, and to act on our behalf regarding such filings, in all jurisdictions where this form(s) or a state specific variation of it is being filed. Humana Insurance Company may withdraw this authorization at any time, by giving notice to Insurance Compliance Consultants.

Sincerely,

Steven DeRaleau
Vice President
Humana Insurance Company

HUMANA INSURANCE COMPANY
CERTIFICATION

I hereby certify, to the best of my knowledge and belief, that the enclosed form(s) comply(ies) with the requirements of Tennessee Insurance Code 56-7-1605.

Form Number(s)	**Flesch Test Reading Ease Score**
TN-71130, et al.	40

Signed by:

Steven DeRaleau
Vice President

Date: April 22, 2013

Tennessee Humana Insurance Company Unique Plan Design Supporting Documentation and Justification

HIOS Issuer ID: 82120

HIOS Product IDs: 82120TN011, 82120TN012, 82120TN044

Applicable HIOS Plan IDs (Standard Component):

82120TN0440001, 82120TN0440002, 82120TN0440006, 82120TN0440005, 82120TN0440007, 82120TN0440013, 82120TN0440016, 82120TN0440015, 82120TN0440063, 82120TN0440062, 82120TN0440061

Reasons the plan design is unique (benefits that are not compatible with the parameters of the AV calculator and materiality of those benefits): There are two benefit attributes for existing, non-grandfathered (non-GF) plans that the AV calculator does not accomodate and, for that reason, the justification and certification is included here: (1) Emergency room access fee and (2) Inside member maximum out-of-pocket on medical coinsurance and copays. For (1), the AV calculator accomodates various forms of member cost sharing for ER services including copays, coinsurance and deductible but it does not accomodate an ER access fee (whereby a member pays the access fee, if not admitted on an IP basis, in addition to paying the normal plan deductible/coinsurance). Existing non-GF IMM (non HSA-qualified) plans include an ER access fee of either $75 or $125. The estimated AV impact of this benefit attribute ranges from -0.2% to -0.4%. For (2), the AV calculator accomodates an overall member maximum out-of-pocket (inclusive of all member cost sharing) as required by ACA in 2014. However, it does not accomodate a second, inside limit defined based on a subset of member cost sharing such as coinsurance and copays. Existing non-GF plans include a limit on member coinsurance of either $2,000 or $3,000. Effective for these plans as they renew in 2014, these same limits will apply but will be redefined to also include medical copays and the ER access fee in addition to medical coinsurance. As this is a benefit attribute that raises the AV, the impact to the AV calculator values ranges from +0.8% to +3.4%.

Acceptable alternate method used per 156.135(b)(2) or 156.135(b)(3): The second option, as outlined here, is being utilized: In paragraph (b)(3), we propose a second option, that the plan may use the calculator for the plan design provisions that correspond to the parameters of the calculator and then have a member of the American Academy of Actuaries calculate appropriate adjustments to the AV as determined by the AV calculator for plan design features that deviate substantially, in accordance with generally accepted actuarial principles and methodologies.

Confirmation that only in-network cost sharing, including multitier networks, was considered: This is confirmation that only in-network cost sharing was considered.

Description of the standardized plan population data used: The data used to produce the adjustments to the AV calculator results was based on a standard population of commercially insured membership purchased from a third party consultant. In order to provide the level of detail necessary for the analysis, internal data was used to subdivide the claims experience but the overall utilization level was calibrated to a standard population derived from a multitude of commercial carriers.

If the method described in 156.135(b)(2) was used, a description of how the benefits were modified to fit the parameters of the AV calculator: This method was not used.

If the method described in 156.135(b)(3) was used, a description of the data and method used to develop the adjustments: The data, as outlined above, was subdivided into a fine level of detail to support the analysis needed to value the impacts of an ER access fee and an inside limit on member cost sharing. To produce these impacts, a seriatim (member-by-member) model was utilized on the standard population data projecting 2014 annual claims by benefit category and valuing the impact of these benefit attributes on that cohort of experience. Underyling this projected experience was a common set of utilization assumptions for all plans and geographic areas (i.e. standard population). The resulting valuation of these benefit attributes is summarized on page 1 of this justification.

Certification Language:

The development of the actuarial value is based on one of the acceptable alternative methods outlined in 156.135(b)(2) or 156.135(b)(3) for those benefits that deviate substantially from the parameters of the AV Calculator and have a material impact on the AV.

The analysis was
(i) conducted by a member of the American Academy of Actuaries.
(ii) performed in accordance with generally accepted actuarial principles and methodologies.

Actuary signature: Brandon L. Combs

Actuary Printed Name: Brandon L Combs, FSA, MAAA

Date: April 24, 2013

Tennessee Humana Insurance Company Unique Plan Design Supporting Documentation and Justification

HIOS Issuer ID: 82120

HIOS Product IDs: 82120TN045

Applicable HIOS Plan IDs (Standard Component):

82120TN0450014, 82120TN0450008, 82120TN0450010, 82120TN0450013, 82120TN0450007, 82120TN0450016, 82120TN0450019, 82120TN0450040, 82120TN0450021, 82120TN0450020, 82120TN0450029, 82120TN0450031, 82120TN0450041, 82120TN0450046, 82120TN0450045, 82120TN0450043, 82120TN0450042, 82120TN0450044

Reasons the plan design is unique (benefits that are not compatible with the parameters of the AV calculator and materiality of those benefits): There are two benefit attributes for existing, non-grandfathered (non-GF) plans that the AV calculator does not accomodate and, for that reason, the justification and certification is included here: (1) Emergency room access fee and (2) Inside member maximum out-of-pocket on medical coinsurance and copays. For (1), the AV calculator accomodates various forms of member cost sharing for ER services including copays, coinsurance and deductible but it does not accomodate an ER access fee (whereby a member pays the access fee, if not admitted on an IP basis, in addition to paying the normal plan deductible/coinsurance). Existing non-GF IMM (non HSA-qualified) plans include an ER access fee of either $100 or $125. The estimated AV impact of this benefit attribute ranges from -0.1% to -0.3%. For (2), the AV calculator accomodates an overall member maximum out-of-pocket (inclusive of all member cost sharing) as required by ACA in 2014. However, it does not accomodate a second, inside limit defined based on a subset of member cost sharing such as coinsurance and copays. Existing non-GF plans include a limit on member coinsurance ranging from $2,500 to $5,000. Effective for these plans as they renew in 2014, these same limits will apply but will be redefined to also include medical copays and the ER access fee in addition to medical coinsurance. As this is a benefit attribute that raises the AV, the impact to the AV calculator values ranges from +0.2% to +2.9%.

Acceptable alternate method used per 156.135(b)(2) or 156.135(b)(3): The second option, as outlined here, is being utilized: In paragraph (b)(3), we propose a second option, that the plan may use the calculator for the plan design provisions that correspond to the parameters of the calculator and then have a member of the American Academy of Actuaries calculate appropriate adjustments to the AV as determined by the AV calculator for plan design features that deviate substantially, in accordance with generally accepted actuarial principles and methodologies.

Confirmation that only in-network cost sharing, including multitier networks, was considered: This is confirmation that only in-network cost sharing was considered.

Description of the standardized plan population data used: The data used to produce the adjustments to the AV calculator results was based on a standard population of commercially insured membership purchased from a third party consultant. In order to provide the level of detail necessary for the analysis, internal data was used to subdivide the claims experience but the overall utilization level was calibrated to a standard population derived from a multitude of commercial carriers.

If the method described in 156.135(b)(2) was used, a description of how the benefits were modified to fit the parameters of the AV calculator: This method was not used.

If the method described in 156.135(b)(3) was used, a description of the data and method used to develop the adjustments: The data, as outlined above, was subdivided into a fine level of detail to support the analysis needed to value the impacts of an ER access fee and an inside limit on member cost sharing. To produce these impacts, a seriatim (member-by-member) model was utilized on the standard population data projecting 2014 annual claims by benefit category and valuing the impact of these benefit attributes on that cohort of experience. Underyling this projected experience was a common set of utilization assumptions for all plans and geographic areas (i.e. standard population). The resulting valuation of these benefit attributes is summarized on page 1 of this justification.

Certification Language:

The development of the actuarial value is based on one of the acceptable alternative methods outlined in 156.135(b)(2) or 156.135(b)(3) for those benefits that deviate substantially from the parameters of the AV Calculator and have a material impact on the AV.

The analysis was
(i) conducted by a member of the American Academy of Actuaries.
(ii) performed in accordance with generally accepted actuarial principles and methodologies.

Actuary signature: Brandon L. Combs

Actuary Printed Name: Brandon L Combs, FSA, MAAA

Date: April 24, 2013

Humana Insurance Company
Tennessee
HIOS Identification: 82120

This filing is for the individual market, with an effective date of 01/01/2014.

Contact Information:

Primary Contact:	Nick Mueller
Phone Number:	(262) 408-4508
Email:	nmueller@humana.com

Purpose:

The purpose of this actuarial memorandum is to provide supporting justification to the Unified Rate Review template with the goal of demonstrating compliance with the market rating rules, as well as reasonableness of any proposed rates.

In addition, this actuarial memorandum provides required actuarial certifications related to:

- the methodology used to calculate the AV Metal Value for each plan
- the appropriateness of the essential health benefit portion of premium upon which advanced payment of premium tax credits (APTCs) are based
- the index rate is developed in accordance with federal regulations and the index rate along with allowable modifiers are used in the development of plan specific premium rates

This filing should be used for no other purposes.

This memorandum was prepared by a qualified actuary, and is intended to be reviewed by a qualified actuary.

Reasons for Rate Increases

This actuarial memorandum accommodates both rate increases for our terminated products, which will be closed to new entrants The following paragraphs detail the components of the change in index rate for our current in force non-grandfathered terminated products and used in development for our new 2014 products.

Following a summary of the cumulative impacts at the beginning of this memo, we will walk through each item, how it impacts 2014 index rates, and the quantification. 2012 experience was used as the basis for the projected 2014 rates.

Rate Increases Driven by Changes in Allowed Claims

A. Morbidity……	51.7%	
B. Medical Inflation & Trend……	9.3%	(This is a 2 year figure, 4.5% annually)
C. Increased Utilization……	9.4%	(This is a 2 year figure, 4.6% annually)
D. Change in Benefits……	4.2%	
E. Change in Demographics……	-0.1%	
F. Network Impacts……	-5.7%	
Total……	78.1%	

Other Rate Increase Drivers

G. New Taxes & Fees……	3.6%
H. Reinsurance Program……	-9.1%
I. Risk Adjustment……	-6.4%
Total……	-11.9%
Grand Total……	57.0%

A. Single risk pool experience which is more adverse than that assumed in the current rates & morbidity:

This adjustment is intended to capture the change in underlying morbidity for the risk pool in 2014 compared to the current risk pool. Due to the removal of pre-existing condition limitations combined with 2014 rules disallowing underwriting rate adjustment or exclusionary riders, it is anticipated that the average morbidity for policies issued in 2014 will be much greater than the average morbidity in the individual market today. The new, expected “influx” of uninsured members, is a key driver to the change in the risk pool.

Morbidity levels are expected to be similar to those of small group given that the underwriting will be similar between the segments in 2014. It is reasonable to assume that individual morbidity will be higher since the individual market is likely to experience greater anti-selection where the sole purpose of purchasing individual coverage is based on need whereas, in the small group market, it is a by-product of being employed by the organization. Similarly, the mere requirement of being healthy enough to retain employment may lead to lower morbidity where this requirement does not exist in the individual market. For these reasons, the starting point for developing the 2014 guaranteed issue impact is gauging the relative morbidity between the individual and small group markets today. External consultants were also worked with to estimate the impact of the new single risk pool experience.

Increased utilization due to the impact of member behavioral changes when on a plan with richer benefits must be accounted for. This excludes the impact of health status. Further detail on the impact of increased utilization by plan and level of cost sharing subsidization is detailed later in the actuarial memorandum.

The impact of morbidity in Tennessee for Humana Insurance Company is 51.7%.

B. Medical inflation & medical cost claims trend:

Rate increases required to account for increases in medical claim costs were selected based on historical trend results, anticipated claim trend (excluding Affordable Care Act impacts) for 2014, and separated for new membership compared to existing membership to account for the changes in renewal cycle to accommodate implementation of the Affordable Care Act (ACA) compliant products.

The impact of medical inflation and medical cost claims trend from midpoint of 2012 to midpoint of 2014 in Tennessee for Humana Insurance Company is 9.3%, or 4.5% annualized.

C. Increased Utilization

Rate increases required to account for increases in utilization were selected based on historical trend results, anticipated claim trend (excluding Affordable Care Act impacts) for 2014, and separated for new membership compared to existing membership to account for the changes in renewal cycle to accommodate implementation of the Affordable Care Act (ACA) compliant products.

The impact of increased utilization from midpoint of 2012 to midpoint of 2014 in Tennessee for Humana Insurance Company is 9.4%, or 4.6% annualized.

D. Change in Benefits

All non-grandfathered plans must cover the essential health benefits package in 2014. The specifics of the essential health benefits are contained within the benchmark plan selected in each state.

There are three high level categories of benefits that are considered to require rate increases to account for in the individual market: maternity, behavioral services and other state-specific services.

The majority of HumanaOne policyholders do not currently have a maternity benefit but 2014 plans require maternity coverage.

Current plans do cover behavioral services but also impose visit limits as well as lower coinsurance rates and separate deductibles. The modification of cost sharing requires additional rate to cover the expected increase cost of services. State specific requirements embedded in the benchmark plan must also be provided and rates adjusted in accordance.

The impact of change in benefits in Tennessee for Humana Insurance Company is 4.2%.

E. Change in Demographics

The change in demographics is meant to represent the shift in area mix of business distribution between 2012 and the new 2014 environment.

With the anticipated growth for 2014 and strategic selection of where products will be sold both on and off-exchange, there is an expected impact to the distribution of business by area. Since claim costs are known to vary by area, it is important to reflect this change.

The impact of change in demographics in Tennessee for Humana Insurance Company is -0.1%.

F. Network Impacts

Existing non-grandfathered membership will remain on existing networks in 2014 unless those members electively choose to move to a new network and product.

New products in 2014 will be tied to new networks in many markets, particularly on exchange where network selection was made in order to achieve lower claim costs. There are four components to the network savings: improved network discounts, removal of out-of-network coverage, new pharmacy network and formulary, and care coordinator savings.

The impact of these network impacts in Tennessee for Humana Insurance Company is -5.7%.

G. New Taxes & Fees Imposed on the Insurer

There are two additional taxes and fees for 2014 that must be considered in the pricing:

1) 1.4% additional federal tax

2) Exchange user fee of 2.2% of premium

The additional federal tax is the $8 billion tax assessed on the insurance industry for 2014. Humana's estimated liability based on net premium share of the market is $505M. Price adjustments are required to reflect the liability compared to the estimated 2014 company premium revenue. This is not tax-deductible, the appropriate increased federal income tax liability is captured in the income tax line in the expense exhibit discussed later in the actuarial memorandum.

The exchange user fee applies only to on-exchange business but must be spread across all business.

The impact of new taxes and fees imposed on the insurer in Tennessee for Humana Insurance Company is 3.6%.

H. Changes in payments from and contributions to the Federal Transitional Reinsurance Program

Rate adjustment to account for projected reinsurance recoveries net of reinsurance premium were also included in the rate development. Details of how projections were established and the corresponding magnitude are discussed at greater length later in the memorandum.

The impact driven by the Federal Transitional Reinsurance Program in Tennessee for Humana Insurance Company is -9.1%.

I. Risk Adjustment

Expected Risk Adjustment Transfer payments must be incorporated in rate development. Transfer payments received or paid impact plan liabilities and therefore rates must be adjusted accordingly. Further detail on the development of this adjustment is discussed later in the memorandum.

The impact of risk adjustment in Tennessee for Humana Insurance Company is -6.4%.

Additional Commentary on Reasons for Rate Increases

It should be noted that given the timeline of release of regulations, template requirements, and submission deadlines, pricing methodologies different from those prescribed by the Unified Rate Review Template were employed to develop 2014 pricing.

Existing non-grandfathered business will be impacted by the elimination of rating factors utilized previously.

- Removal of underwriting rate-ups
- Removal of spouse discount
- Removal of preferred rating
- Removal of family structure factors on H.S.A. Qualified plans
- New rating rule capping the dependent premiums at 3 members

Experience Period Premium and Claims

Paid Through Date:	February 28, 2013	
Premiums net of MLR rebate:	$	16,232,699
MLR Rebates:	$	549,948
Estimated Rebates to be included:	$	-

Methodology for estimated Rebates: Rebates are the year-end accrual for 2012. The estimate was based on actual claims through the end of September 2012, with data projected through the end of the year. Since we have no state and legal entities that are fully credible in 2012 on their own, the 2012 rebates are based on two years worth of data. The 2011 data utilizes the submission used to generate rebates for the 2011 experience. Expense adjustments allowed under the rebate rules are estimated based on expense experience and future expectations.

	Allowed Claims	Incurred Claims
Claims that were processed through the issuer's claim system	$ 14,808,971	$ 9,232,919
Claims that were processed outside the issuer's claim system	$ 2,185,003	$ 706,779
Claims incurred but not paid as of paid through date	$ 448,656	$ 262,417

The processed claims are claims incurred in 2012 paid through February 2013. The allowed amount comes directly from the claims system after eligibility and network discounts are applied.
To estimate incurred claims, reserve cells are categorized at the product and type of service detail and development methods with various averaging techniques are utilized, most commonly a six-month average excluding the high and low factors. Smoothing techniques are employed, including workday and seasonality adjustments. Changes in claim volume are included in these estimates by adjusting for pended claims.
For each month of incurral, the incurred but not reported amount equals the incurred claims estimate minus claims paid to date. Follow-up studies, including monthly historical reserve restatement analyses, are regularly performed to test the accuracy of the reserving methodology and suggest possible improvements.

Allowed but not reported estimates are developed utilizing the combination of the incurred but not reported estimate and the incurred to allowed ratio of historical claims.

Benefit Categories

The Benefit Categories are defined as follows:
Inpatient Hospital: Includes non-capitated services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.

Outpatient Hospital: Includes non-capitated services for surgery, emergency room, lab, radiology, therapy, observation and other services provided in an outpatient facility setting and billed by the facility. The Outpatient Hospital benefit category uses a combination of both visits and services to determine the utilization per 1,000. For items such as Outpatient Surgery and Emergency Room, where multiple services are rendered and can be billed together, visits are used for the measurement units. For single items that can be billed separately, such as Outpatient Therapy or MRI, services are used for the measurement units.
Professional: Includes non-capitated primary care, specialist, therapy, laboratory, radiology, and other professional services not billed by the facility. The Professional benefit category uses a combination of both visits and services to determine the utilization per 1,000. For items such as Primary Care or Specialist Office visits, where multiple services are rendered and can be billed together, visits are used for the measurement units. For single items that can be billed separately, such as Therapy or MRI, services are used for the measurement units.

Other Medical: Includes non-capitated ambulance, home health care, DME, prosthetics, supplies, vision exams, dental services and other services. The Other Medical benefit category uses a combination of both visits and services to determine the utilization per 1,000. For items such as Home Health visits, where multiple services are rendered and can be billed together, visits are used for the measurement units. For single items that can be billed separately, such as DME, services are used for the measurement units.
Capitation: Includes all services provided under one or more capitated arrangements.

Prescription Drug: Includes drugs dispensed by a pharmacy. Costs are net of rebates received from drug manufacturers, as required.

Projection Factors

51.7% **Changes in the Morbidity of the Population Insured [A]**

This adjustment is intended to capture the change in underlying morbidity for the risk pool in 2014 compared to the current risk pool. To calculate the change in morbidity, both internal pricing analysis and consultant reviews were utilized. Internal modeling considered the relative morbidity of the current uninsured market, combined with the relative morbidity of the membership on employer plans and the migration between segments. It is additionally anticipated that the resulting morbidity for the new 2014 business that will be issued in the individual market will be slightly higher than the morbidity levels of the small group market in 2014. Intuitively, morbidity levels similar to those of small group are expected given that the underwriting will be similar between the segments in 2014. The fact that individual morbidity will be higher is also a reasonable assumption since the individual market is likely to experience greater anti-selection where the sole purpose of purchasing individual coverage is based on need whereas in the small group market, it is a by-product of being employed by the organization. Similarly the mere requirement of being healthy enough to retain employment may lead to lower morbidity where this requirement does not exist in the individual market.

This data was adjusted to account for relative morbidity differences between the two segments, geographic mix differences, anticipated difference between the coverage of benefits, level of large claims, and new presence of richer benefits inducing additional demand. Analysis included consideration for the amount of new membership for the issuer at a higher morbidity level compared to the amount of existing membership at a lower morbidity level and change in renewal patterns. Internal modeling utilized consultant feedback for both growth factor estimates and also as a reasonability check.

4.2% **Changes in Benefits [D]**

As outlined in the "Reasons for Rate Increases" portion of the memorandum, this reflects the changes in benefits available to membership including adding maternity benefits, modification for behavioral health services cost-sharing and state mandated benefits as function of the benchmark plan. The data used to derive the estimated impact of adding maternity coverage was based on Humana Small Group data since many Humana individual plans currently do not include maternity coverage in the state. The methodology employed was comparing the level of maternity claims compared to the total claims. This was adjusted to account for anticipated increase in maternity incident rates given the mix of business differences between small group and individual by federal poverty levels. The estimated impact of the contraceptive coverage under the Women's Preventive Care legislation was additionally taken into account as an offset to the higher incidence rates.

The data used to derive the estimated impact of changes in member cost-sharing levels for behavioral health services was based on small group data as well. This exercise started with an analysis of behavioral health claims compared to total and compared the marginal benefit ratio of the new and current plans that will result due to the Federal Mental Health Parity requirements. State specific mandated benefits based on the benchmark plans were determined individually using similar methodologies.

-0.1% **Changes in Demographics [E]**

This factor represents the impact to the allowed claims with respect to the change in demographics between the base 2012 experience period and the expected demographic mix in 2014.

The process used to derive the change in area began with the distribution of business in 2012 and expected in 2014 by state and legal entity. Each of these was weighted with average premium per member per month in each state and legal entity market. The change in the overall state and legal entity's weighted premium per member per month dictated the expected impact due to the shift to the new 2014 geographic distribution. Age and gender were held constant in this exercise.

-5.7% **Other Adjustments - Network Impact [F]**

This factor represents the impact to the allowed claims with the presence of new networks on new products in 2014 in many markets. Data used to evaluate this claim impact is based on Humana claims at a corporate level as well as the individual market. To generate the estimated impact, network savings were generated relative to the base network underlying the current products.

19.6% **Trend Factors: Cost & Utilization [B & C]**

The cost trend captures pure unit cost changes from midpoint 2012 to midpoint 2014, calculated using the same basket of services each period, due to price/contract negotiations and provider distribution changes. Inpatient Hospital, Outpatient Hospital, Professional, Capitation and Other Medical cost trends are developed based on historical area specific cost trends from Humana's Individual Commercial block of business data. Future cost trends are developed based on expected changes in Humana's Commercial contracts.
Pharmacy cost trends are developed based on historical brand, generic, and specialty drug trends from Humana's Commercial data. Future cost trends are developed based on expected changes in these pharmacy contracts.

These contractual impacts will be applicable to all members regardless of risk class.

Utilization trend:
Using Humana's Trend Quantification and Projection model, a baseline utilization trend is developed using Humana's Individual Commercial block of business historical medical claims data from 2008 - 2012. The historical baseline utilization trend is developed by removing all known impacts to utilization net trend such as demographics, geography, duration, customer changes, benefit changes, new health technologies, utilization management initiatives, and changes in pertinent days. An economic regression model, based on consumer sentiment, personal disposable income, hospital construction, and high-tech medical equipment spend, is then fit to this historical baseline utilization data to project the future block of business baseline utilization trend for 2013 and 2014.
A midpoint to midpoint methodology is applied to determine the applicable baseline utilization trend, which incorporates 2012q3 and 2012q4 actual results at the state and legal entity level with the block of business baseline utilization trend for 2013 and 2014. This results in baseline utilization trends that vary at the state and legal entity level.

Other components are added to the baseline utilization trend to develop the total utilization trend provided. These include the following:
• Pertinent days – Captures changes in the calendar, recognizing that health care utilization varies by day of the week and reporting periods contain varying weekday mix and count. This impact is developed through the use of an external consultant's model which is uploaded with Humana's Commercial claims data.
• New Health Technologies – Captures the impact of new health technologies and procedures. An external consulting firm researches new technologies and develops per member per month impacts. These impacts are customized to Humana's Commercial business based on membership and coverage policy.
• Management Initiatives – Captures savings for Humana initiatives designed to bend trend by managing utilization, such as case management, disease management, and nurse programs. These initiatives are evaluated by an internal actuarial organization tasked with evaluating the effectiveness of the initiatives. Evaluations are done through a collaborative effort involving clinical and other operational areas. Projected savings are calculated by determining prospective changes to impacted metric values, which are determined by analyzing historical metric values as well as through discussions with clinical and operational areas. Savings are reviewed with leadership to ensure appropriateness of assumptions.
This describes the development of the core utilization trend. All impacts from healthcare reform have been removed and are included in the "Population Risk/Morbidity" and "Other" adjustments from Worksheet 1 to prevent double counting of any impacts.

Credibility Manual Rate Development

Source and Appropriateness of Experience Data Used, Adjustments Made to the Data, Inclusion of Capitation Payments

Source data utilized for the credibility manual calculation includes nationwide utilization per 1000 for the same 2012 experience period to provide a stable benchmark to compare with the base experience.

Nationwide utilization has been adjusted to reflect the expected impact of morbidity for this particular market and projected utilization trend on a nationwide basis.

The average cost per service begins with the nationwide 2012 claim experience, adjusting for the level of provider payments expected in the market, impact of essential health benefits, demographics changes in the market, and assuming similar cost/service trends as nationwide.

The credibility manual includes an adjustment to reflect the credibility of the Tennessee Humana Insurance Company experience.

We do not expect to have services in the projection period provided under a capitation arrangement.

Credibility of Experience

A value of 356,000 member-months in an experience period is assumed to be fully credible. This value was derived based on analyzing historical experience and utilizing a 95% confidence interval that actual results will be within 5% of expected.

Our credibility weight methodology utilizes the following equation: square root(member months in experience period/356000).

To account for the presence of Tennessee Humana Insurance Company experience in the credibility manual, the credibility level assigned has been reduced by a factor of the expected 2014 membership relative to nationwide.

Paid to Allowed Ratio

The anticipated paid to allowed average factor over the projection period was developed by separately considering the anticipated paid to allowed factors by individual plan tier.

Once calculated, projected member month weights for each plan tier (consistent with those provided in Worksheet 2) were applied to these paid to allowed factors to produce an overall anticipated paid to allowed average factor of 60.3%.

The individual plan tier paid to allowed factors were developed based on an internal pricing model with underlying utilization and costs reflective of a standard population equal to that of the anticipated membership in the overall 2014 risk pool. These values were developed in accordance with generally accepted actuarial principles and methodologies.

Risk Adjustment and Reinsurance

Projected Risk Adjustment PMPM

The 2014 Risk Adjustment Transfer Payments are determined via a model that projects all large issuers in the state. This is necessary to estimate the state average premium and other normalization factors required by the HHS transfer formula. The model uses the formulas/factors prescribed by HHS to determine the transfer payments, state average premium, GCF (Geographic Cost Factor), IDF (Induced Demand Factor), ARF (Age Rating Factor), and AV (Actuarial Value). Furthermore, the model utilizes separate risk pools for Catastrophic and Metal Plans as described in the regulations. Since limited information is available for other issuers, most assumptions were set universally across issuers.

Membership mix by plan, as shown in column A of Exhibit 1, was determined by simulating member plan choices in 2014. The simulation uses Humana Small Group membership, because it should closely approximate the risk profile of new 2014 enrollees. A member's utility for each of the plans was estimated based on the post subsidy premium and the member cost sharing (after subsidies) given their health status. The member selects the plan with highest utility (subject to Catastrophic plan eligibility rules). This approach captures the impact of adverse selection by plan. In addition, the simulation produces a Plan Liability Risk Score (column C) for each member based on the HHS Commercial Risk Adjustment Model. This risk score is used in the calculation of risk transfer payments.

Members issued prior to 2014 also have risk scores calculated and are mapped to an ACA compliant plan that is similar to their current plan. All issuers are assumed to have the same plan mix. The primary driver of issuer specific risk scores is the projected mix of underwritten and non-underwritten membership. Previously underwritten members will be healthier than the cohort of business enrolled under guaranteed issue and will push risk scores lower.

Humana expects above average membership growth in 2014 due to below average anticipated unit costs resulting from significant unit cost improvements. This will translate into a smaller proportion of underwritten business and higher risk scores.

The percent of underwritten membership (column B) is determined based on a sales projection model. The model assumes initial membership for each issuer based on the 2011 SHCE. New enrollees are attributed to each issuer based on assumed price competitiveness in each market and an Individual Market growth assumption.

The Tennessee Individual market is assumed to grow 47.2% in 2014. For Humana Insurance Company, these sales assumptions result in below average portion of underwritten membership and therefore above average Plan Liability Risk Score.

In accordance with HHS regulations, state average premium is calculated as a membership-weighted average of issuer premiums. Premium (column H) for each issuer is calculated to be the projected Total Liability PMPM (column G) divided by the target loss ratio. Total Liability is paid claims including induced utilization (column D) less projected risk adjustment transfers (column F) and less projected reinsurance recoveries net of contributions (column E). It is necessary to include reinsurance recoveries in the calculation because this will result in substantially lower premiums in the Individual market. The approach described above is similar to the method used in the September 2011 CCIIO whitepaper on risk adjustment.

Based on the above assumptions, Risk Adjustment Transfer Payments are calculated for each risk pool using the HHS transfer formula. As a result, Humana Insurance Company expects a $0.11 PMPM average Risk Adjustment Transfer Payment to HHS on Catastrophic plans. On metal plans Humana Insurance Company expects a $14.81 PMPM average Risk Adjustment Transfer Payment from HHS.

These result in 0.1% and -6.8% adjustments to premiums for Catastrophic and Metal plans, respectively. In compliance with rating rules, all Metal plan premiums are adjusted uniformly by -6.8% as demonstrated in column J of Exhibit 1.

Projected Reinsurance Recoveries Net of Reinsurance Premium

Reinsurance recoveries were calculated using claims data from the simulated populations mentioned above. Humana Small Group membership was used to represent the risk of new enrollees in 2014. This is expected to be a reasonable approximation of this cohort's risk characteristics. Humana Individual membership was used to model the risk of members renewing in 2014. The recoveries in column E of Exhibit 1 are a blend of these two populations. Paid claims were calculated for each member based on their allowed claims and the plan selected in the simulation. As specified by HHS, recoveries were calculated for members with total calendar year claims exceeding the $60,000 attachment point. The recoveries apply an 80% coinsurance rate up to a cap of $250,000.

To ensure statistical credibility, the estimate was calculated using nationwide membership and experience. However, the Tennessee specific estimate was calculated by adjusting the nationwide allowed claims for the unit cost differences in Tennessee.

A portion of reinsurance recoveries are offset by the reinsurance assessment of $5.25 PMPM. We expect recoveries net of assessments to be $19.43 PMPM which results in a -9.1% adjustment to premium. In compliance with rating rules, all plan premiums are adjusted uniformly by -9.1% as demonstrated in column I of Exhibit 1.

Note that the Unified Rate Review template contains reinsurance recoveries net of assessments wherever reinsurance estimates are requested. This approach was selected because it allows the values in Worksheet 2a to tie back to values from Worksheet 1. The value of reinsurance recoveries can be obtained by adding $5.25 PMPM to each estimate.

Induced Utilization

In this context, Induced Utilization refers to the utilization impact of member behavioral changes when on a plan with richer benefits. This metric does not include the impact of health status.

The induced utilization assumption of 1.0% was developed by applying adjustments to the plan specific factors provided by HHS in the Notice of Benefit and Payment Parameters.

We anticipate the effect of induced utilization to be somewhat less than the original factors suggest, so we have adjusted the factors lower. It is important to note that the assumed impact only accounts for the incremental induced utilization in excess of the induced utilization observed on an average pre-reform plan. This approach is used to avoid double-counting the impact of induced utilization.

Catastrophic versus Non-Catastrophic Allowed Claims

Federal rating rules allow issuers to adjust the index rate for the level of gross claim costs anticipated for Catastrophic plan enrollees. Column B of Exhibit 2 shows allowed claims for the simulated members on Catastrophic and Metal plans. The simulation strictly adheres to the Catastrophic plan eligibility rules and uses member utility to determine plan selections. In the simulation, members eligible for subsidies tend to select Silver plans rather than Catastrophic plans. In addition, less healthy members tend to select plans with richer benefits than the Catastrophic plan. This results in a significantly lower allowed cost for members selecting the Catastrophic plan.

The ratio of Catastrophic allowed claims to total allowed claims across all plans (column C) is used to adjust the overall index rate for Catastrophic plans. This is a -28.9% adjustment to the index rate.

Similarly, the ratio of Metal Plan allowed claims to total allowed claims is applied to adjust index rate used for Metal Plans and results in a 2.4% adjustment. This small adjustment for Metal plans is necessary to ensure the overall index rate for the single risk pool remains unchanged.

Non-Benefit Expenses and Profit Risk

Expenses are based on our internal forecast for 2014. Expenses are estimated based off of current costs, projected volume changes and estimated changes in department workload. These expenses are simply loaded as a flat percentage of premium at this point in time and do not vary by product or plan.

17.1% Administrative Expense Load

- Broker & Sales Commissions: Compensation expenses associated with business issued through an agent or agency
- Quality Expenses: Expenses associated with quality that are allowed adjustments under the Medical Loss Ratio standards
- Clinical & Network Operations: non-quality clinical costs, provider contracting, and network maintenance & development
- IT Expenses: costs associated with maintenance and development of systems
- Customer Service & Account Installation: call center, customer service, and account management
- Corporate Administration: shared functions that are not exclusive to individual major medical, including corporate finance, legal, human resources, etc.
- Individual Administration: functional areas & personnel that solely work on individual major medical
- Direct Response, Marketing, & Agency Management: direct to consumer marketing expenses, other marketing expenses and agency management expenses

2.6% Profit (or Contribution to Surplus) & Risk Margin

- Profit margin is shown on a post-income tax basis and does not include investment income. The margin shown does not vary by product or plan.

7.8% Taxes and Fees

2.0% • State Premium Tax: state premium tax; charged on a percentage of premium

1.4% • Health Insurer Annual Fee: assessment created in 2014 by PPACA. Estimated at 1.4% of premium. Not income tax deductible.

2.2% • Exchange Fee: charged on a percentage of premium basis to fund the exchange

0.1% • Other Misc Taxes: includes state licensing fees & the Federal Comparative Effectiveness Tax

2.2% • Income Tax: Federal income tax. Estimated as 36% times the sum of pretax profit margin and the non-deductible Health Insurer Annual Fee

Projected Loss Ratio

The projected loss ratio using the Federally prescribed MLR methodology is at least 80%.

Demonstration:

(2014 Claims/2014 Premium) + (Quality Expenses as a % of Premium))/(1 - Taxes and Fees as a % of Premium)

((75,624,712 / 104,266,803) + 1.2%)/(1 - 7.8%) = 80.0%

Index Rate

The index rate for the experience period is simply the allowed claims per member per month in 2012 for all non-grandfathered plans. An adjustment is made to remove the impact of non-EHB state mandated benefits from the experience period allowed claims (see below for details); it is implicitly assumed that all other allowed claims for 2012 were for essential health benefits.
The index rate for the projection period is the credibility manual weighted allowed claims per member month multiplied by the proportion of allowed claims associated with essential health benefits, thereby excluding state mandated covered benefits and other covered benefits in excess of essential health benefits.

State mandated covered benefits that are included in allowed claims but excluded from the index rate include speech therapy occupational rehabilitation .

There are no covered benefits in excess of essential health benefits and state mandates that are included in allowed claims but excluded from the index rate.

The following market-wide adjustments are applied to the projected index rate as the first step in determining plan level "index" rates:

1) Adjustments for the net impacts of both risk adjustment and reinsurance. See "Risk Adjustment and Reinsurance" earlier section for more details of this market-wide adjustment.

The user fee cost of 3.5% of premiums has been applied to the estimated percentage of 2014 premiums from membership enrolled on the exchange.

It is included in the development of the overall index rate adjustment for this legal entity in this state.

2) Expense estimates (excluding exchange user fees) were based on our internal forecast for 2014. They were estimated based on current costs, modified to accommodate projected volume changes and changes in department workload. These are presented as a flat percentage of premium at this point in time and do not vary by product or plan, and thus are essentially another market-wide adjustment applied to the projected index rate.

3) An adjustment for the addition of non-EHB benefits (additional benefits we provide at our own discretion, as well as any state mandated benefits not reflected in the benchmark plan – typically individual market only mandates). It is assumed that the addition of such benefits increases costs to all plans uniformly, hence it is essentially handled as a market-wide adjustment.

4) An adjustment for the anticipated cost of exchange user fees.

Then the following plan-specific adjustments are applied to determine plan level "index" rates:

5) The individual plan tier pricing actuarial values (AVs) were developed based on an internal pricing model with

underlying utilization and costs reflective of a standard population equal to that of the anticipated membership in the overall 2014 risk pool. The data used to produce the HumanaOne pricing AVs was based on a standard population of commercially insured membership purchased from a third party vendor. In order to provide the level of detail necessary for the analysis, internal data was used to subdivide the claims experience but the overall utilization level was calibrated to a standard population derived from a multitude of commercial insurers across a broad geographic area. Using this data, a seriatim (member-by-member) model was developed with the standard population data and projected 2014 annual claims by benefit category. Then, the 2014 plan design parameters were applied to those allowed claims to produce paid claims and pricing AV's. These values were developed in accordance with generally accepted actuarial principles and methodologies.

The resulting plan-specific AV relativity to the overall AV across all plans is applied to the index rate to account for the plan-specific differences in AV and cost sharing.

6) The development of the index rate includes the anticipated average unit costs derived from the provider networks that

will be available on this legal entity in this state. These average unit costs are the result of charge levels, network discounts, delivery system characteristics and utilization management practices across the entire state, for this legal entity.

As permitted, an adjustment is made to each plan rate to account for the specific cost differences from each provider network, in each allowed rating area, compared to the overall average across all plans.

Finally, with respect to Catastrophic plans, the following adjustments are made:

7) The ratio of Catastrophic allowed claims to total allowed claims across all plans is used to adjust the overall index rate for Catastrophic plans (reference the previous section on Catastrophic plans for more detail).
8) Similarly, the ratio of Metal Plan allowed claims to total allowed claims is applied to adjust the index rate used for Metal Plans to ensure the overall index rate for the single risk pool remains unchanged (again, please reference the previous section on Catastrophic plans for more detail).

AV Metal Values

The AV Metal Values indicated in Worksheet 2 of the Part 1 Unified Rate Review Template were determined using the AV Calculator for all new plans.

For existing, non-grandfatherd plans an acceptable alternative methodology was used to generate the AV Metal value.
An actuarial certification has been provided and indicates that values were developed in accordance with generally accepted actuarial principles and methodologies.
There are two benefit attributes for existing, non-grandfathered (non-GF) plans that the AV calculator does not accomodate: the presence of an emergency room access fee and the inside member maximum out-of-pocket on medical coinsurance and medical copays.
Further explanation for the alternative methodology can be found in the attached actuarial certification.

AV Pricing Values

The fixed reference plan used as the basis for the AV Pricing Values in Worksheet 2 is: Humana Preferred Silver 4600/6300 Plan.

Membership Projections

In determining anticipated membership, two internally developed models are used. The first projects overall membership volume based on anticipated market growth, in-force persistency, and relative competitiveness. The second functions independently and produces specific plan tier mixes based on consumer selection behaviors. These two elements are combined to produce the projected membership volumes by plan tier found in Worksheet 2 of the Unified Rate Review Template. Each is described in further detail in Parts I & II, below.

Part I

In projecting overall membership volume across the state, we start with today's estimated total statewide market size and market shares by carrier (based on 2011 SHCE). Along with Humana, the model considers three other "carriers" in the state, two of which are based on the major carriers in the market today and a third which represents the balance of the market. Assumed competitive price relativities are then used to derive a percentage share of 2014 sales by carrier. We believe using these price relativities as the primary determinant of sales share in our modeling to be appropriate, due to increased sensitivity to price in the 2014 marketplace.

Due to the changes occurring in 2014 (guaranteed issue requirements, individual mandate, etc.), the model also makes assumptions for the growth and disruption that will transpire.

We assume the individual market in this state will grow by a factor of 1.89 relative to current market size and that 15.0% of in-force membership will lapse to seek coverage under the new market rules.
These assumptions were set globally across all modeled carriers in the state, given the limited carrier-specific information available at this time.
Together, these market size growth and lapse assumptions create an initial 2014 membership base on which the previously developed sales shares by carrier are applied to create membership sales volume estimates. All sales are assumed to occur on January 1, 2014, thus creating 12 months of exposure for each sold member.

The resulting total exposure created by these sales for Humana is projected to be 466,737 member months (a) on the Humana Insurance Company legal entity.

Remaining ("in-force") non-grandfathered membership for each carrier is assumed to renew throughout 2014.

This is an important dynamic to capture, since market rules apply only after a member renews in 2014.

For Humana, based on anticipated renewal patterns, we project a total in-force exposure of 22,549 member months (b) in 2014 on the Humana Insurance Company legal entity.

Our projected 2014 exposure, in total, on the Humana Insurance Company legal entity is then: (a) + (b) = 489,286 member months.

Part II

For the purposes of further projecting this membership by individual plan tier, a simulation was developed to model consumer behavior with regard to risk aversion, utility, and affordability. In particular, it considers eligibility for the various premium and cost sharing reduction subsidies by applying a single assumed nationwide income distribution (as a percent of FPL). Internal nationwide small business claims and membership data was used in developing the simulated population, since we believe this experience base provides the best available approximation of the anticipated 2014 risk pool. In general, the simulation assumes that members eligible for cost sharing reductions, based on their income relative to the federal poverty level, are expected to significantly tend toward choosing the applicable silver variant plan, due to its relative value proposition. This tendency becomes less pronounced as the percent of FPL increases.

Member month projections by plan tier (including the CSR silver plan variants) are produced by combining the results of Parts I & II with the developed information detailed above. The results are summarized below:

Plan Tier	Projected Member Months	Percent of Total
Catastrophic	54171	11%
Bronze	87981	18%
Silver	277224	57%
Gold	46802	10%
Platinum	23108	5%
Total	**489286**	**100%**

CSR Variant	Projected Member Months	Percent of Total
70%	151936	31%
73%	28347	6%
87%	57871	12%
94%	39071	8%
Silver Total	**277224**	**57%**

We expect the distribution of our business to shift within the state in direct response to the changes in provider and network deals, and therefore anticipated competitive position, by market. Sales in 2014 will concentrate in areas where there have been the most pronounced improvements; in the absence of such improvements, the geographic distribution across the state is expected to remain relatively constant from the current to the projection period. This is accounted for in the modeling methodology described above.

Effective Rate Review Information

URR Approach

This section describes how the URR template values were populated in instances where the instructions were unclear or the template's functionality was unable to accommodate the appropriate values.

- Rate change % over prior filing (row 25) was populated with the change between rates effective 1/1/2014 and rates effective 12/31/2013. The previous rate filing contained rates that were effective through the end of 2013. Therefore, the 2014 rate is compared to the last rate in effect on 12/31/2013.
- Cumulative Rate Change % over 12 months prior (row 26) was populated with the change between rates effective 1/1/2014 and rates effective 1/2/2013. This captures the change in the rates over precisely one year.
- Projection Period Rate Change % over Experience Period (row 27) is a calculated formulaically by the template. However, it is important to note that this measure can be subject to significant variability. In our 2014 projection we assume a constant distribution of membership by age and geography. The rates for each plan were developed using the same distribution and is reflected in the average premiums (row 80). However, in row 27 this is compared to earned premiums from the experience period. The experience period will have a significantly different distribution of membership by age and geography than in the projection. As a result, row 27 will reflect changes in mix as well as changes in rates. This results in significant volatility for plans with limited membership during the experience period.
- Section IV of Worksheet 2 contains several inconsistencies between the calculated rows and the warning checks. These inconsistencies are primarily due to the definition of Total Allowed Claims (row 86). The warning check and the template instructions both indicate that the impact of reinsurance and risk adjustment should be included in Total Allowed Claims. However, formulas that refer to row 86 use it as if the impact of reinsurance and risk adjustment were not included. This results in double counting and inappropriate application of these items in rows 93, 98 and 99. Our approach was to follow the template instructions when populating row 86 and then explain the warnings that get generated in the subsequent rows. Explanations for the warnings can be found later in the memorandum.
- The net impact of risk adjustment (row 96) does not accept negative values if entered manually. However, we have found that populating this row via copy/paste will validate successfully. Therefore we have populated the template using this technique when necessary.

Terminated Plans

Included in the terminated products column on Worksheet 2 are: HumanaOne PHP Evolutionary and HumanaOne PHP Refresh plans.

Plan Type

There are no perceived differences between the issuer's plan and the plan type selected.

Warning Alerts

Worksheet 1, Rows 24-29, Column K:

Warnings have been generated in rows 24-29, column K for the 'other' adjustment. We expect a net reduction in rates for the adjustments embedded in this column and therefore a value less than 1.0 is being applied. Details of the components of the 'other' adjustment have been described in a previous section.

Worksheet 1, Row 28:

Warnings have been generated in row 28. We do not expect capitation payments and therefore (Benefit Category 'Capitation' - Credibility Manual Utilization per 1000) and (Benefit Category 'Capitation' - Credibility Manual Average Cost/Service) equal 0.

Worksheet 2, Row 82:

A warning has been generated in row 82. The values in this row are based on the sum each plan's projected premium based on the plan's projected membership and average rate pmpm. The warning in row 80 allows for a 2% tolerance level when comparing to the value depicted on Worksheet 1, but the Worksheet 2 tolerance level requires equivalence. This slight variation makes a perfectly equivalent premium match highly unlikely. The worksheet 2 results are within a tolerable range of the worksheet 1 value.

Worksheet 2, Rows 93, 98, 99:

Warnings have been generated in rows 93, 98, and 99 for the same reason. The values in these rows are all based on the values in Total Allowed Claims (row 86) and per the template instructions this includes the impact of reinsurance and risk adjustment. This is inconsistent with how this value is used by template formulas and comparisons to values on Worksheet 1. Rows 93 and 98 are calculated based on row 90 which includes the impact of reinsurance and risk adjustment. Row 90 is subtracted from row 86 causing the impact of reinsurance and risk adjustment to be double counted. Warnings are generated when these numbers are compared to values from Worksheet 1 that include these impacts properly. In addition, Row 99 is calculated based on row 86 (which includes reinsurance and risk adjustment), but validated using a value from Worksheet 1 that does not include reinsurance and risk adjustment.

Reliance

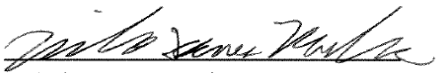
I, Nick Mueller, relied on information and underlying assumptions provided by internally developed pricing and modeling as well as third party consultant data in the establishment of these rates.

Actuarial Certification

I, Nick Mueller, am an Associate Actuary for Humana. I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

I certify, to the best of my knowledge, that the projected index rate is in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)), developed in compliance with the applicable Actuarial Standards of Practice, reasonable in relation to the benefits provided and the population anticipated to be covered, and neither excessive nor deficient.
I certify, to the best of my knowledge, that the index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.
I certify, to the best of my knowledge, that that the percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with Actuarial Standards of Practice.
I certify, to the best of my knowledge, that that the AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans.

This opinion is qualified, in that the Part I Unified Rate Review Template does not demonstrate the process used by the issuer to develop the rates. Rather, it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for Federally facilitated exchanges and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Actuary signature: 

Actuary Printed Name: **Nick Mueller, FSA, MAAA**

Date: **June 19, 2013**

Tennessee
Humana Insurance Company
Exhibit 1

Pricing Impacts of Risk Adjustment and Reinsurance

Values are projected based on current membership and simulated 2014 enrollees

	A	B	C	D	E	F	G = D - E - F	H = G / Tgt LR*	I = - E / H	J = - F / H
	% of Members	% Underwritten	Plan Liability Risk Score	Paid Claims PMPM	Net Reinsurance PMPM	Risk Adjustment Transfer Payment PMPM	Total Liability PMPM	Premium PMPM	Reinsurance % of Premium	Risk Adjustment % of Premium
Catastrophic	8%	14%	0.593	125.24	14.00	(0.11)	111.35	153.51	-9.1%	0.1%
Metal Plans	92%	18%	0.997	192.95	19.89	14.81	158.25	218.16	-9.1%	-6.8%
Bronze	42%	19%	0.707	175.96	18.14	13.50	144.31	198.95	-9.1%	-6.8%
Silver	40%	17%	1.120	199.54	20.57	15.31	163.66	225.62	-9.1%	-6.8%
Gold	7%	16%	1.563	227.59	23.46	17.47	186.67	257.34	-9.1%	-6.8%
Platinum	3%	15%	2.021	256.60	26.45	19.69	210.46	290.14	-9.1%	-6.8%
HIC Total	14%	18%	0.966	187.60	19.43	13.58	154.59	213.12	-9.1%	-6.4%
Other Issuers	86%	40%	0.884			(2.20)		232.41		
TN Total	100%	37%	0.895			0.00		229.72		

*Target Loss Ratio: 1 - administrative load - profit/risk load - taxes/fee load. Loads provided in Worksheet 1.

The above exhibit reflects membership weights (column A) that were used in the original pricing development on this legal entity. Due to time constraints, this exhibit has not been updated to reflect recent decisions to change our product offerings in 2014. Please see the "Membership Projection" section of the accompanying memorandum for the revised assumed membership distribution.

Tennessee
Humana Insurance Company
Exhibit 2
Catastrophic/Non-Catastrophic Index Rate Adjustment

	A	B	C	
	% of Members	Allowed Claims PMPM	Index Rate Adjustment	
Humana - HIC	14%	308.15	1.000	
Catastrophic	8%	218.95	0.711	= 218.95 / 308.15
Metal Plans	92%	315.45	1.024	= 315.45 / 308.15
Bronze	42%	315.45	1.024	= 315.45 / 308.15
Silver	40%	315.45	1.024	= 315.45 / 308.15
Gold	7%	315.45	1.024	= 315.45 / 308.15
Platinum	3%	315.45	1.024	= 315.45 / 308.15

The above exhibit reflects membership weights (column A) that were used in the original pricing development on this legal entity. Due to time constraints, this exhibit has not been updated to reflect recent decisions to change our product offerings in 2014. Please see the "Membership Projection" section of the accompanying memorandum for the revised assumed membership distribution.

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]

Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from network providers**	**Services from non-network providers**
Individual deductible (per covered person per calendar year)	$4,900	$ 9,800
Family deductible (per family per calendar year)	$9,800	$19,600

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$1,500	$ 4,500
~~Family deductible (per family per calendar year)~~	~~$3,000~~	~~$ 9,000~~

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation without notice.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$6,400	$25,600
Family maximum (per family per calendar year)	$12,800	$51,200

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health o Concentra o All other providers - Office visits for bodily injury and all other sickness o PCP o Specialist o Concentra o Convenient care clinic o Urgent care - Concentra - All other providers	100% after $40 copay per visit 100% after $50 copay per visit 100% after $ 50 copay per visit 100% after $ 80 copay per visit 100% after $ 40 copay per visit 100% after $50 copay per visit 100% after $ 75 copay per visit 100% after $100 copay per visit	60% after deductible	3 combined visit limit for all mental health, PCP, specialist, Concentra, convenient care clinic, and urgent care per person per calendar year; thereafter subject to the medical deductible and coinsurance per person per calendar year
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $10 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $300 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	50% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $20 copay	70% after Rx deductible and $20 copay	not applicable
Level two drugs	100% after $75 copay	70% after Rx deductible and $75 copay	not applicable
Level three drugs	100% after Rx deductible and 50% copay	70% after Rx deductible and 50% copay	not applicable
Level four drugs			not applicable
- For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider	100% after Rx deductible and 40% copay	70% after Rx deductible and 40% copay	
- For specialty drugs obtained from a network specialty drug pharmacy	100% after Rx deductible and 50% copay	70% after Rx deductible and 50% copay	
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from network providers**	**Services from non-network providers**
Individual deductible (per covered person per calendar year)	$2,500	$ 5,000
Family deductible (per family per calendar year)	$5,000	$10,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$ 500	$1,500
~~Family deductible (per family per calendar year)~~	~~$1,000~~	~~$3,000~~

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation without notice.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$3,500	$14,000
Family maximum (per family per calendar year)	$7,000	$28,000

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health o Concentra o All other providers - Office visits for bodily injury and all other sickness o PCP o Specialist o Concentra o Convenient care clinic o Urgent care - Concentra - All other providers	 100% after $15 copay per visit 100% after $25 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $15 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $50 copay per visit	60% after deductible	not applicable
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $5 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $500 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	65% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $5 copay	70% after Rx deductible and $5 copay	not applicable
Level two drugs	100% after $10 copay	70% after Rx deductible and $10 copay	not applicable
Level three drugs	100% after Rx deductible and $15 copay	70% after Rx deductible and $15 copay	not applicable
Level four drugs - For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider - For specialty drugs obtained from a network specialty drug pharmacy	100% after Rx deductible and 25% copay 100% after Rx deductible and 35% copay	70% after Rx deductible and 25% copay 70% after Rx deductible and 35% copay	not applicable
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above 70% after Rx deductible and the applicable copay outlined above	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from network providers**	**Services from non-network providers**
Individual deductible (per covered person per calendar year)	$1,000	$2,000
Family deductible (per family per calendar year)	$2,000	$4,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$ 500	$1,500
~~Family deductible (per family per calendar year)~~	~~$1,000~~	~~$3,000~~

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation without notice.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$1,500	$ 6,000
Family maximum (per family per calendar year)	$3,000	$12,000

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health o Concentra o All other providers - Office visits for bodily injury and all other sickness o PCP o Specialist o Concentra o Convenient care clinic o Urgent care - Concentra - All other providers	 100% after $15 copay per visit 100% after $25 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $15 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $50 copay per visit	60% after deductible	not applicable
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $5 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $500 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	65% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $5 copay	70% after Rx deductible and $5 copay	not applicable
Level two drugs	100% after $10 copay	70% after Rx deductible and $10 copay	not applicable
Level three drugs	100% after Rx deductible and $15 copay	70% after Rx deductible and $15 copay	not applicable
Level four drugs - For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider - For specialty drugs obtained from a network specialty drug pharmacy	100% after Rx deductible and 25% copay 100% after Rx deductible and 35% copay	70% after Rx deductible and 25% copay 70% after Rx deductible and 35% copay	not applicable
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above 70% after Rx deductible and the applicable copay outlined above	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from network providers**	**Services from non-network providers**
Individual deductible (per covered person per calendar year)	$4,250	$ 8,500
Family deductible (per family per calendar year)	$8,500	$17,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$1,500	$4,500
~~Family deductible (per family per calendar year)~~	~~$3,000~~	~~$9,000~~

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation without notice.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$ 6,250	$25,000
Family maximum (per family per calendar year)	$12,500	$50,000

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health o Concentra o All other providers - Office visits for bodily injury and all other sickness o PCP o Specialist o Concentra o Convenient care clinic o Urgent care - Concentra - All other providers	 100% after $25 copay per visit 100% after $35 copay per visit 100% after $35 copay per visit 100% after $60 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $60 copay per visit 100% after $100 copay per visit	60% after deductible	not applicable
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $10 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $500 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	50% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $15 copay	70% after Rx deductible and $15 copay	not applicable
Level two drugs	100% after $35 copay	70% after Rx deductible and $35 copay	not applicable
Level three drugs	100% after Rx deductible and 50% copay	70% after Rx deductible and 50% copay	not applicable
Level four drugs - For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider - For specialty drugs obtained from a network specialty drug pharmacy	100% after Rx deductible and 40% copay 100% after Rx deductible and 50% copay	70% after Rx deductible and 40% copay 70% after Rx deductible and 50% copay	not applicable
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above 70% after Rx deductible and the applicable copay outlined above	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

Plans & Benefits Template v1.31

HIOS Issuer ID* 82120
Issuer State* TN
Market Coverage* Individual
Dental Only Plan* No
TIN* 39-1263473

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							***Plan Attributes***								
HIOS Plan ID* (Standard Component)	**Plan Marketing Name***	**HIOS Product ID***	**HPID**	**Network ID***	**Service Area ID***	**Formulary ID***	**New/Existing Plan?***	**Plan Type***	**Level of Coverage***	**Unique Plan Design?***	**QHP/Non-QHP***	**Notice Required for Pregnancy***	**Is a Referral Required for Specialist?***	**Specialist(s) Requiring a Referral**	**Plan Level Exclusions**
82120TN0600003	Humana Preferred Silver 4600/6300 Plan	82120TN060		TNN001	TNS001	TNF002	New	PPO	Silver	Yes	On the Exchange	Yes	No		
82120TN0600004	Humana Preferred Gold 2500/3500 Plan	82120TN060		TNN001	TNS001	TNF003	New	PPO	Gold	Yes	On the Exchange	Yes	No		
82120TN0600005	Platinum 1000/1500	82120TN060		TNN001	TNS001	TNF003	New	PPO	Platinum	Yes	On the Exchange	Yes	No		
82120TN0600013	Humana Preferred Silver 4600/6300 Plan	82120TN060		TNN002	TNS002	TNF002	New	PPO	Silver	Yes	On the Exchange	Yes	No		
82120TN0600014	Humana Preferred Gold 2500/3500 Plan	82120TN060		TNN002	TNS002	TNF003	New	PPO	Gold	Yes	On the Exchange	Yes	No		
82120TN0600015	Humana Preferred Platinum 1000/1500 Plan	82120TN060		TNN002	TNS002	TNF003	New	PPO	Platinum	Yes	On the Exchange	Yes	No		
82120TN0600023	Humana Preferred Silver 4600/6300 Plan	82120TN060		TNN003	TNS003	TNF002	New	PPO	Silver	Yes	On the Exchange	Yes	No		
82120TN0600024	Humana Preferred Gold 2500/3500 Plan	82120TN060		TNN003	TNS003	TNF003	New	PPO	Gold	Yes	On the Exchange	Yes	No		
82120TN0600025	Platinum 1000/1500	82120TN060		TNN003	TNS003	TNF003	New	PPO	Platinum	Yes	On the Exchange	Yes	No		
82120TN0600033	Humana Preferred Silver 4600/6300 Plan	82120TN060		TNN004	TNS004	TNF002	New	PPO	Silver	Yes	On the Exchange	Yes	No		
82120TN0600034	Humana Preferred Gold 2500/3500 Plan	82120TN060		TNN004	TNS004	TNF003	New	PPO	Gold	Yes	On the Exchange	Yes	No		
82120TN0600035	Humana Preferred Platinum 1000/1500 Plan	82120TN060		TNN004	TNS004	TNF003	New	PPO	Platinum	Yes	On the Exchange	Yes	No		

								Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan
Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*	Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*
$0.00	No			Allows Adult and Child-Only		No								1/1/2014
$0.00	No			Allows Adult and Child-Only		No								1/1/2014
$0.00	No			Allows Adult and Child-Only		No								1/1/2014
$0.00	No			Allows Adult and Child-Only		No								1/1/2014
$0.00	No			Allows Adult and Child-Only		No								1/1/2014
$0.00	No			Allows Adult and Child-Only		No								1/1/2014
$0.00	No			Allows Adult and Child-Only		No								1/1/2014
$0.00	No			Allows Adult and Child-Only		No								1/1/2014
$0.00	No			Allows Adult and Child-Only		No								1/1/2014
$0.00	No			Allows Adult and Child-Only		No								1/1/2014
$0.00	No			Allows Adult and Child-Only		No								1/1/2014
$0.00	No			Allows Adult and Child-Only		No								1/1/2014

Dates	Geographic Coverage					URLs		
Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
	Yes	Out of Country Coverage is covered for any expense incurred for services received outside of the United States as required by law for emergency care services.	Yes	Any covered expense incurred for services received from an out of network provider will be covered at a lower coinsurance, based on the maximum allowable fee and providers can balance bill which will result in higher out of pocket costs, except for covered expense incurred for services received outside of the service area as required by law for emergency care services.	No			http://apps.humana.com/marketing/dc
	Yes	Out of Country Coverage is covered for any expense incurred for services received outside of the United States as required by law for emergency care services.	Yes	Any covered expense incurred for services received from an out of network provider will be covered at a lower coinsurance, based on the maximum allowable fee and providers can balance bill which will result in higher out of pocket costs, except for covered expense incurred for services received outside of the service area as required by law for emergency care services.	No			http://apps.humana.com/marketing/dc
	Yes	expense incurred for services received outside	Yes	network provider will be covered at a lower coinsurance, based on the	No			http://apps.humana.com/marketing/dc
	Yes	Out of Country Coverage is covered for any expense incurred for services received outside of the United States as required by law for emergency care services.	Yes	Any covered expense incurred for services received from an out of network provider will be covered at a lower coinsurance, based on the maximum allowable fee and providers can balance bill which will result in higher out of pocket costs, except for covered expense incurred for services received outside of the service area as required by law for emergency care services.	No			http://apps.humana.com/marketing/dc
	Yes	Out of Country Coverage is covered for any expense incurred for services received outside of the United States as required by law for emergency care services.	Yes	Any covered expense incurred for services received from an out of network provider will be covered at a lower coinsurance, based on the maximum allowable fee and providers can balance bill which will result in higher out of pocket costs, except for covered expense incurred for services received outside of the service area as required by law for emergency care services.	No			http://apps.humana.com/marketing/dc
	Yes	Out of Country Coverage is covered for any expense incurred for services received outside of the United States as required by law for emergency care services.	Yes	Any covered expense incurred for services received from an out of network provider will be covered at a lower coinsurance, based on the maximum allowable fee and providers can balance bill which will result in higher out of pocket costs, except for covered expense incurred for services received outside of the service area as required by law for emergency care services.	No			http://apps.humana.com/marketing/dc
	Yes	Out of Country Coverage is covered for any expense incurred for services received outside of the United States as required by law for emergency care services.	Yes	Any covered expense incurred for services received from an out of network provider will be covered at a lower coinsurance, based on the maximum allowable fee and providers can balance bill which will result in higher out of pocket costs, except for covered expense incurred for services received outside of the service area as required by law for emergency care services.	No			http://apps.humana.com/marketing/dc
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	Yes	expense incurred for services received outside	Yes	network provider will be covered at a lower coinsurance, based on the	No			http://apps.humana.com/marketing/dc
	Yes	Out of Country Coverage is covered for any expense incurred for services received outside of the United States as required by law for emergency care services.	Yes	Any covered expense incurred for services received from an out of network provider will be covered at a lower coinsurance, based on the maximum allowable fee and providers can balance bill which will result in higher out of pocket costs, except for covered expense incurred for services received outside of the service area as required by law for emergency care services.	No			http://apps.humana.com/marketing/dc
	Yes	Out of Country Coverage is covered for any expense incurred for services received outside of the United States as required by law for emergency care services.	Yes	Any covered expense incurred for services received from an out of network provider will be covered at a lower coinsurance, based on the maximum allowable fee and providers can balance bill which will result in higher out of pocket costs, except for covered expense incurred for services received outside of the service area as required by law for emergency care services.	No			http://apps.humana.com/marketing/dc
	Yes	Out of Country Coverage is covered for any expense incurred for services received outside of the United States as required by law for emergency care services.	Yes	Any covered expense incurred for services received from an out of network provider will be covered at a lower coinsurance, based on the maximum allowable fee and providers can balance bill which will result in higher out of pocket costs, except for covered expense incurred for services received outside of the service area as required by law for emergency care services.	No			http://apps.humana.com/marketing/dc
	Yes	Out of Country Coverage is covered for any expense incurred for services received outside of the United States as required by law for emergency care services.	Yes	Any covered expense incurred for services received from an out of network provider will be covered at a lower coinsurance, based on the maximum allowable fee and providers can balance bill which will result in higher out of pocket costs, except for covered expense incurred for services received outside of the service area as required by law for emergency care services.	No			http://apps.humana.com/marketing/dc

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No							No	No	No	No
Specialist Visit	Yes		Covered	No							No	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No							No	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No							Yes	Yes	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No							Yes	Yes	No	No
Hospice Services	Yes		Covered	No							Yes	Yes	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No							Yes	Yes	No	No
Routine Dental Services (Adult)			Not Covered											
Infertility Treatment	Yes		Covered	No				Does not include services or supplies	Coverage for services to diagnose and treat	Substantially Equa	Yes	Yes	No	No
Long-Term/Custodial Nursing Home Care			Not Covered											
Private-Duty Nursing			Not Covered											
Routine Eye Exam (Adult)			Not Covered											
Urgent Care Centers or Facilities	Yes		Covered	No							No	No	No	No
Home Health Care Services	Yes		Covered	Yes		60	Visit(s) per Year				Yes	Yes	No	No
Emergency Room Services	Yes	Yes	Covered	No							Yes	Yes	No	No
Emergency Transportation/Ambulance	Yes		Covered	No							Yes	Yes	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No							Yes	Yes	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No							Yes	Yes	No	No
Bariatric Surgery			Not Covered											
Cosmetic Surgery			Not Covered											
Skilled Nursing Facility	Yes		Covered	Yes		60	Days per Year				Yes	Yes	No	No
Prenatal and Postnatal Care	Yes		Covered	No							Yes	Yes	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No							Yes	Yes	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No						Other Law/Regulat	Yes	Yes	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No						Other Law/Regulat	Yes	Yes	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No						Other Law/Regulat	Yes	Yes	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No						Other Law/Regulat	Yes	Yes	No	No
Generic Drugs	Yes		Covered	No							No	No	No	No
Preferred Brand Drugs	Yes		Covered	No							Yes	Yes	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							Yes	Yes	No	No
Specialty Drugs	Yes		Covered	No							Yes	Yes	No	No
Outpatient Rehabilitation Services	Yes		Covered	No					Physical Therapy and Occupational: 20	Above EHB	Yes	Yes	No	No
Habilitation Services	Yes	Yes	Covered	No					Physical Therapy and Occupational: 20	Above EHB	Yes	Yes	No	No
Chiropractic Care	Yes		Covered	Yes		20	Visit(s) per Year				Yes	Yes	No	No
Durable Medical Equipment	Yes		Covered	No							Yes	Yes	No	No
Hearing Aids	Yes	Yes	Covered	No				Does not include repair or maintenance	Coverage to age 18. Required coverage	Substantially Equa	Yes	Yes	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No							Yes	Yes	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	No					Well Care visit limited to 1 per year except		No	No	No	No
Routine Foot Care	Yes		Covered	No							Yes	Yes	No	No
Acupuncture			Not Covered											
Weight Loss Programs			Not Covered											
Routine Eye Exam for Children	Yes		Covered	Yes		1	Visit(s) per Year				Yes	Yes	No	No
Eye Glasses for Children	Yes		Covered	Yes		1	Item(s) per Year		1 pair of lenses per year	Substantially Equa	Yes	Yes	No	No
Dental Check-Up for Children	Yes		Not Covered							Dental Only Plan Available				
Rehabilitative Speech Therapy	Yes		Covered	No						Above EHB	Yes	Yes	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes		20	Visit(s) per Year		20 visits each per calendar year	Substantially Equa	Yes	Yes	No	No
Well Baby Visits and Care			Covered	No						Other Law/Regulat	No	No	No	No

Laboratory Outpatient and Professional Services	Yes		Covered	No			Yes	Yes	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No			Yes	Yes	No	No
Basic Dental Care – Child	Yes		Not Covered		See Congenital Anomaly benefit	Dental Only Plan Available				
Orthodontia – Child	Yes		Not Covered			Dental Only Plan Available				
Major Dental Care – Child	Yes		Not Covered			Dental Only Plan Available				
Basic Dental Care – Adult			Not Covered							
Orthodontia – Adult			Not Covered							
Major Dental Care – Adult			Not Covered							
Abortion for Which Public Funding is Prohibited			Not Covered							
Transplant	Yes		Covered	No			Yes	Yes	No	No
Accidental Dental			Covered	No	Includes extractions/treatment	Above EHB	Yes	Yes	No	No
Dialysis			Covered	No		Substantially Equa	Yes	Yes	No	No
Allergy Testing			Covered	No		Substantially Equa	Yes	Yes	No	No
Chemotherapy			Covered	No		Substantially Equa	Yes	Yes	No	No
Radiation			Covered	No		Substantially Equa	Yes	Yes	No	No
Diabetes Education			Covered	No		Above EHB	Yes	Yes	No	No
Prosthetic Devices	Yes		Covered	No			Yes	Yes	No	No
Infusion Therapy			Covered	No		Above EHB	Yes	Yes	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No			Yes	Yes	No	No
Nutritional Counseling			Covered	No	Covered when in treatment for diabetes	Other Law/Regulat	Yes	Yes	No	No
Reconstructive Surgery	Yes	Yes	Covered	No			Yes	Yes	No	No
Clinical Trials		Yes	Covered	No			Yes	Yes	No	No
Diabetes Care Management		Yes	Covered	No			Yes	Yes	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No			Yes	Yes	No	No
Off Label Prescription Drugs		Yes	Covered	No			Yes	Yes	No	No
Dental Anesthesia		Yes	Covered	No			Yes	Yes	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No			Yes	Yes	No	No
Autism Spectrum Disorders			Covered	No		Above EHB	Yes	Yes	No	No
Osteoporosis			Covered	No		Above EHB	Yes	Yes	No	No
Chlamydia Screening			Covered	No		Above EHB	Yes	Yes	No	No

Cost Sharing Reduction Information									
HIOS Plan ID (Standard Component + Variant)	Plan Marketing Name	Level of Coverage (Metal Level)	CSR Variation Type	Issuer Actuarial Value	AV Calculator Output Number	Medical & Drug Deductibles Integrated?	Medical & Drug Maximum Out of Pocket Integrated?	Multiple In Network Tiers?	1st Tier Utilization
82120TN0600003-01	Humana P	Silver	Standard Silver On Exchange Plan	68.80%	68.80%	No	Yes	No	100%
82120TN0600003-0		Silver	Zero Cost Sharing Plan Variatio	100.00%	100.00%	No	Yes	No	100%
82120TN0600003-03		Silver	Limited Cost Sharing Plan Variation	68.80%	68.80%	No	Yes	No	100%
82120TN0600003-04		Silver	73% AV Level Silver Plan	72.52%	72.52%	No	Yes	No	100%
82120TN0600003-05		Silver	87% AV Level Silver Plan	86.35%	86.35%	No	Yes	No	100%
82120TN0600003-06		Silver	94% AV Level Silver Plan	93.96%	93.96%	No	Yes	No	100%
82120TN0600004-01	Humana P	Gold	Standard Gold On Exchange Plan	78.29%	78.29%	No	Yes	No	100%
82120TN0600004-0		Gold	Zero Cost Sharing Plan Variatio	100.00%	100.00%	No	Yes	No	100%
82120TN0600004-03		Gold	Limited Cost Sharing Plan Variation	78.29%	78.29%	No	Yes	No	100%
82120TN0600005-01	Humana P	Platinum	Standard Platinum On Exchange Plan	90.55%	90.55%	No	Yes	No	100%
82120TN0600005-0		Platinum	Zero Cost Sharing Plan Variatio	100.00%	100.00%	No	Yes	No	100%
82120TN0600005-03		Platinum	Limited Cost Sharing Plan Variation	90.55%	90.55%	No	Yes	No	100%
82120TN0600013-01	Humana P	Silver	Standard Silver On Exchange Plan	68.80%	68.80%	No	Yes	No	100%
82120TN0600013-0		Silver	Zero Cost Sharing Plan Variatio	100.00%	100.00%	No	Yes	No	100%
82120TN0600013-03		Silver	Limited Cost Sharing Plan Variation	68.80%	68.80%	No	Yes	No	100%
82120TN0600013-04		Silver	73% AV Level Silver Plan	72.52%	72.52%	No	Yes	No	100%
82120TN0600013-05		Silver	87% AV Level Silver Plan	86.35%	86.35%	No	Yes	No	100%
82120TN0600013-06		Silver	94% AV Level Silver Plan	93.96%	93.96%	No	Yes	No	100%
82120TN0600014-01	Humana P	Gold	Standard Gold On Exchange Plan	78.29%	78.29%	No	Yes	No	100%
82120TN0600014-0		Gold	Zero Cost Sharing Plan Variatio	100.00%	100.00%	No	Yes	No	100%
82120TN0600014-03		Gold	Limited Cost Sharing Plan Variation	78.29%	78.29%	No	Yes	No	100%
82120TN0600015-01	Humana P	Platinum	Standard Platinum On Exchange Plan	90.55%	90.55%	No	Yes	No	100%
82120TN0600015-0		Platinum	Zero Cost Sharing Plan Variatio	100.00%	100.00%	No	Yes	No	100%
82120TN0600015-03		Platinum	Limited Cost Sharing Plan Variation	90.55%	90.55%	No	Yes	No	100%
82120TN0600023-01	Humana P	Silver	Standard Silver On Exchange Plan	68.80%	68.80%	No	Yes	No	100%
82120TN0600023-0		Silver	Zero Cost Sharing Plan Variatio	100.00%	100.00%	No	Yes	No	100%
82120TN0600023-03		Silver	Limited Cost Sharing Plan Variation	68.80%	68.80%	No	Yes	No	100%
82120TN0600023-04		Silver	73% AV Level Silver Plan	72.52%	72.52%	No	Yes	No	100%
82120TN0600023-05		Silver	87% AV Level Silver Plan	86.35%	86.35%	No	Yes	No	100%
82120TN0600023-06		Silver	94% AV Level Silver Plan	93.96%	93.96%	No	Yes	No	100%
82120TN0600024-01	Humana P	Gold	Standard Gold On Exchange Plan	78.29%	78.29%	No	Yes	No	100%
82120TN0600024-0		Gold	Zero Cost Sharing Plan Variatio	100.00%	100.00%	No	Yes	No	100%
82120TN0600024-03		Gold	Limited Cost Sharing Plan Variation	78.29%	78.29%	No	Yes	No	100%
82120TN0600025-01	Humana P	Platinum	Standard Platinum On Exchange Plan	90.55%	90.55%	No	Yes	No	100%
82120TN0600025-0		Platinum	Zero Cost Sharing Plan Variatio	100.00%	100.00%	No	Yes	No	100%
82120TN0600025-03		Platinum	Limited Cost Sharing Plan Variation	90.55%	90.55%	No	Yes	No	100%
82120TN0600033-01	Humana P	Silver	Standard Silver On Exchange Plan	68.80%	68.80%	No	Yes	No	100%
82120TN0600033-0		Silver	Zero Cost Sharing Plan Variatio	100.00%	100.00%	No	Yes	No	100%
82120TN0600033-03		Silver	Limited Cost Sharing Plan Variation	68.80%	68.80%	No	Yes	No	100%
82120TN0600033-04		Silver	73% AV Level Silver Plan	72.52%	72.52%	No	Yes	No	100%
82120TN0600033-05		Silver	87% AV Level Silver Plan	86.35%	86.35%	No	Yes	No	100%
82120TN0600033-06		Silver	94% AV Level Silver Plan	93.96%	93.96%	No	Yes	No	100%
82120TN0600034-01	Humana P	Gold	Standard Gold On Exchange Plan	78.29%	78.29%	No	Yes	No	100%
82120TN0600034-0		Gold	Zero Cost Sharing Plan Variatio	100.00%	100.00%	No	Yes	No	100%
82120TN0600034-03		Gold	Limited Cost Sharing Plan Variation	78.29%	78.29%	No	Yes	No	100%
82120TN0600035-01	Humana P	Platinum	Standard Platinum On Exchange Plan	90.55%	90.55%	No	Yes	No	100%
82120TN0600035-0		Platinum	Zero Cost Sharing Plan Variatio	100.00%	100.00%	No	Yes	No	100%
82120TN0600035-03		Platinum	Limited Cost Sharing Plan Variation	90.55%	90.55%	No	Yes	No	100%

HIOS Plan ID	Maximum Out of Pocket for Medical and Drug EHB Benefits (Total) – In Network Individual	In Network Family	Out of Network Individual	Out of Network Family	Combined In/Out Network Individual	Combined In/Out Network Family	Medical EHB Deductible – In Network Individual	In Network Family	In Network Default Coinsurance	Out of Network Individual	Out of Network Family	Combined In/Out Network Individual	Combined In/Out Network Family	Drug EHB Deductible – In Network Individual	In Network Family	In Network Default Coinsurance	Out of Network Individual	Out of Network Family	Combined In/Out Network Individual	Combined In/Out Network Family
82120TN0600003-01	$6,300	$12,600	$25,200	$50,400	Not Applicable	Not Applicable	$4,600	$9,200	20%	$9,200	$18,400	Not Applicable	Not Applicable	$1,500	$3,000	50%	$4,500	$9,000	Not Applicable	Not Applicable
82120TN0600003-0	$0	$0	$0	$0	$0	$0	$0	$0	0%	$0	$0	$0	$0	$0	$0	0%	$0	$0	$0	$0
82120TN0600003-03	$6,300	$12,600	$25,200	$50,400	Not Applicable	Not Applicable	$4,600	$9,200	20%	$9,200	$18,400	Not Applicable	Not Applicable	$1,500	$3,000	50%	$4,500	$9,000	Not Applicable	Not Applicable
82120TN0600003-04	$4,750	$9,500	$25,200	$50,400	Not Applicable	Not Applicable	$3,250	$6,500	20%	$9,200	$18,400	Not Applicable	Not Applicable	$1,000	$2,000	50%	$3,000	$6,000	Not Applicable	Not Applicable
82120TN0600003-05	$1,450	$2,900	$25,200	$50,400	Not Applicable	Not Applicable	$900	$1,800	20%	$9,200	$18,400	Not Applicable	Not Applicable	$500	$1,000	50%	$1,500	$3,000	Not Applicable	Not Applicable
82120TN0600003-06	$750	$1,500	$25,200	$50,400	Not Applicable	Not Applicable	$500	$1,000	20%	$9,200	$18,400	Not Applicable	Not Applicable	$250	$500	50%	$750	$1,500	Not Applicable	Not Applicable
82120TN0600004-01	$3,500	$7,000	$14,000	$28,000	Not Applicable	Not Applicable	$2,500	$5,000	20%	$5,000	$10,000	Not Applicable	Not Applicable	$500	$1,000	35%	$1,500	$3,000	Not Applicable	Not Applicable
82120TN0600004-0	$0	$0	$0	$0	$0	$0	$0	$0	0%	$0	$0	$0	$0	$0	$0	0%	$0	$0	$0	$0
82120TN0600004-03	$3,500	$7,000	$14,000	$28,000	Not Applicable	Not Applicable	$2,500	$5,000	20%	$5,000	$10,000	Not Applicable	Not Applicable	$500	$1,000	35%	$1,500	$3,000	Not Applicable	Not Applicable
82120TN0600005-01	$1,500	$3,000	$6,000	$12,000	Not Applicable	Not Applicable	$1,000	$2,000	20%	$2,000	$4,000	Not Applicable	Not Applicable	$500	$1,000	35%	$1,500	$3,000	Not Applicable	Not Applicable
82120TN0600005-0	$0	$0	$0	$0	$0	$0	$0	$0	0%	$0	$0	$0	$0	$0	$0	0%	$0	$0	$0	$0
82120TN0600005-03	$1,500	$3,000	$6,000	$12,000	Not Applicable	Not Applicable	$1,000	$2,000	20%	$2,000	$4,000	Not Applicable	Not Applicable	$500	$1,000	35%	$1,500	$3,000	Not Applicable	Not Applicable
82120TN0600013-01	$6,300	$12,600	$25,200	$50,400	Not Applicable	Not Applicable	$4,600	$9,200	20%	$9,200	$18,400	Not Applicable	Not Applicable	$1,500	$3,000	50%	$4,500	$9,000	Not Applicable	Not Applicable
82120TN0600013-0	$0	$0	$0	$0	$0	$0	$0	$0	0%	$0	$0	$0	$0	$0	$0	0%	$0	$0	$0	$0
82120TN0600013-03	$6,300	$12,600	$25,200	$50,400	Not Applicable	Not Applicable	$4,600	$9,200	20%	$9,200	$18,400	Not Applicable	Not Applicable	$1,500	$3,000	50%	$4,500	$9,000	Not Applicable	Not Applicable
82120TN0600013-04	$4,750	$9,500	$25,200	$50,400	Not Applicable	Not Applicable	$3,250	$6,500	20%	$9,200	$18,400	Not Applicable	Not Applicable	$1,000	$2,000	50%	$3,000	$6,000	Not Applicable	Not Applicable
82120TN0600013-05	$1,450	$2,900	$25,200	$50,400	Not Applicable	Not Applicable	$900	$1,800	20%	$9,200	$18,400	Not Applicable	Not Applicable	$500	$1,000	50%	$1,500	$3,000	Not Applicable	Not Applicable
82120TN0600013-06	$750	$1,500	$25,200	$50,400	Not Applicable	Not Applicable	$500	$1,000	20%	$9,200	$18,400	Not Applicable	Not Applicable	$250	$500	50%	$750	$1,500	Not Applicable	Not Applicable
82120TN0600014-01	$3,500	$7,000	$14,000	$28,000	Not Applicable	Not Applicable	$2,500	$5,000	20%	$5,000	$10,000	Not Applicable	Not Applicable	$500	$1,000	35%	$1,500	$3,000	Not Applicable	Not Applicable
82120TN0600014-0	$0	$0	$0	$0	$0	$0	$0	$0	0%	$0	$0	$0	$0	$0	$0	0%	$0	$0	$0	$0
82120TN0600014-03	$3,500	$7,000	$14,000	$28,000	Not Applicable	Not Applicable	$2,500	$5,000	20%	$5,000	$10,000	Not Applicable	Not Applicable	$500	$1,000	35%	$1,500	$3,000	Not Applicable	Not Applicable
82120TN0600015-01	$1,500	$3,000	$6,000	$12,000	Not Applicable	Not Applicable	$1,000	$2,000	20%	$2,000	$4,000	Not Applicable	Not Applicable	$500	$1,000	35%	$1,500	$3,000	Not Applicable	Not Applicable
82120TN0600015-0	$0	$0	$0	$0	$0	$0	$0	$0	0%	$0	$0	$0	$0	$0	$0	0%	$0	$0	$0	$0
82120TN0600015-03	$1,500	$3,000	$6,000	$12,000	Not Applicable	Not Applicable	$1,000	$2,000	20%	$2,000	$4,000	Not Applicable	Not Applicable	$500	$1,000	35%	$1,500	$3,000	Not Applicable	Not Applicable
82120TN0600023-01	$6,300	$12,600	$25,200	$50,400	Not Applicable	Not Applicable	$4,600	$9,200	20%	$9,200	$18,400	Not Applicable	Not Applicable	$1,500	$3,000	50%	$4,500	$9,000	Not Applicable	Not Applicable
82120TN0600023-0	$0	$0	$0	$0	$0	$0	$0	$0	0%	$0	$0	$0	$0	$0	$0	0%	$0	$0	$0	$0
82120TN0600023-03	$6,300	$12,600	$25,200	$50,400	Not Applicable	Not Applicable	$4,600	$9,200	20%	$9,200	$18,400	Not Applicable	Not Applicable	$1,500	$3,000	50%	$4,500	$9,000	Not Applicable	Not Applicable
82120TN0600023-04	$4,750	$9,500	$25,200	$50,400	Not Applicable	Not Applicable	$3,250	$6,500	20%	$9,200	$18,400	Not Applicable	Not Applicable	$1,000	$2,000	50%	$3,000	$6,000	Not Applicable	Not Applicable
82120TN0600023-05	$1,450	$2,900	$25,200	$50,400	Not Applicable	Not Applicable	$900	$1,800	20%	$9,200	$18,400	Not Applicable	Not Applicable	$500	$1,000	50%	$1,500	$3,000	Not Applicable	Not Applicable
82120TN0600023-06	$750	$1,500	$25,200	$50,400	Not Applicable	Not Applicable	$500	$1,000	20%	$9,200	$18,400	Not Applicable	Not Applicable	$250	$500	50%	$750	$1,500	Not Applicable	Not Applicable
82120TN0600024-01	$3,500	$7,000	$14,000	$28,000	Not Applicable	Not Applicable	$2,500	$5,000	20%	$5,000	$10,000	Not Applicable	Not Applicable	$500	$1,000	35%	$1,500	$3,000	Not Applicable	Not Applicable
82120TN0600024-0	$0	$0	$0	$0	$0	$0	$0	$0	0%	$0	$0	$0	$0	$0	$0	0%	$0	$0	$0	$0
82120TN0600024-03	$3,500	$7,000	$14,000	$28,000	Not Applicable	Not Applicable	$2,500	$5,000	20%	$5,000	$10,000	Not Applicable	Not Applicable	$500	$1,000	35%	$1,500	$3,000	Not Applicable	Not Applicable
82120TN0600025-01	$1,500	$3,000	$6,000	$12,000	Not Applicable	Not Applicable	$1,000	$2,000	20%	$2,000	$4,000	Not Applicable	Not Applicable	$500	$1,000	35%	$1,500	$3,000	Not Applicable	Not Applicable
82120TN0600025-0	$0	$0	$0	$0	$0	$0	$0	$0	0%	$0	$0	$0	$0	$0	$0	0%	$0	$0	$0	$0
82120TN0600025-03	$1,500	$3,000	$6,000	$12,000	Not Applicable	Not Applicable	$1,000	$2,000	20%	$2,000	$4,000	Not Applicable	Not Applicable	$500	$1,000	35%	$1,500	$3,000	Not Applicable	Not Applicable
82120TN0600033-01	$6,300	$12,600	$25,200	$50,400	Not Applicable	Not Applicable	$4,600	$9,200	20%	$9,200	$18,400	Not Applicable	Not Applicable	$1,500	$3,000	50%	$4,500	$9,000	Not Applicable	Not Applicable
82120TN0600033-0	$0	$0	$0	$0	$0	$0	$0	$0	0%	$0	$0	$0	$0	$0	$0	0%	$0	$0	$0	$0
82120TN0600033-03	$6,300	$12,600	$25,200	$50,400	Not Applicable	Not Applicable	$4,600	$9,200	20%	$9,200	$18,400	Not Applicable	Not Applicable	$1,500	$3,000	50%	$4,500	$9,000	Not Applicable	Not Applicable
82120TN0600033-04	$4,750	$9,500	$25,200	$50,400	Not Applicable	Not Applicable	$3,250	$6,500	20%	$9,200	$18,400	Not Applicable	Not Applicable	$1,000	$2,000	50%	$3,000	$6,000	Not Applicable	Not Applicable
82120TN0600033-05	$1,450	$2,900	$25,200	$50,400	Not Applicable	Not Applicable	$900	$1,800	20%	$9,200	$18,400	Not Applicable	Not Applicable	$500	$1,000	50%	$1,500	$3,000	Not Applicable	Not Applicable
82120TN0600033-06	$750	$1,500	$25,200	$50,400	Not Applicable	Not Applicable	$500	$1,000	20%	$9,200	$18,400	Not Applicable	Not Applicable	$250	$500	50%	$750	$1,500	Not Applicable	Not Applicable
82120TN0600034-01	$3,500	$7,000	$14,000	$28,000	Not Applicable	Not Applicable	$2,500	$5,000	20%	$5,000	$10,000	Not Applicable	Not Applicable	$500	$1,000	35%	$1,500	$3,000	Not Applicable	Not Applicable
82120TN0600034-0	$0	$0	$0	$0	$0	$0	$0	$0	0%	$0	$0	$0	$0	$0	$0	0%	$0	$0	$0	$0
82120TN0600034-03	$3,500	$7,000	$14,000	$28,000	Not Applicable	Not Applicable	$2,500	$5,000	20%	$5,000	$10,000	Not Applicable	Not Applicable	$500	$1,000	35%	$1,500	$3,000	Not Applicable	Not Applicable
82120TN0600035-01	$1,500	$3,000	$6,000	$12,000	Not Applicable	Not Applicable	$1,000	$2,000	20%	$2,000	$4,000	Not Applicable	Not Applicable	$500	$1,000	35%	$1,500	$3,000	Not Applicable	Not Applicable
82120TN0600035-0	$0	$0	$0	$0	$0	$0	$0	$0	0%	$0	$0	$0	$0	$0	$0	0%	$0	$0	$0	$0
82120TN0600035-03	$1,500	$3,000	$6,000	$12,000	Not Applicable	Not Applicable	$1,000	$2,000	20%	$2,000	$4,000	Not Applicable	Not Applicable	$500	$1,000	35%	$1,500	$3,000	Not Applicable	Not Applicable

HIOS Plan ID	Primary Care Visit to Treat an Injury or Illness – Copay In Network (Tier 1)	Copay Out of Network	Coinsurance In Network (Tier 1)	Coinsurance Out of Network	Specialist Visit – Copay In Network (Tier 1)	Copay Out of Network	Coinsurance In Network (Tier 1)	Coinsurance Out of Network	Other Practitioner Office Visit (Nurse, Physician Assistant) – Copay In Network (Tier 1)	Copay Out of Network	Coinsurance In Network (Tier 1)	Coinsurance Out of Network	Outpatient Facility Fee (e.g., Ambulatory Surg – Copay In Network (Tier 1)	Copay Out of Network	Coinsurance In Network (Tier 1)
82120TN0600003-01	$25	$0	No Charge	40% Coinsurance after deductible	$35	$0	No Charge	40% Coinsurance after deductible	$25	$0	No Charge	40% Coinsurance after deductible	No Charge	$0	20% Coinsurance after deductible
82120TN0600003-0	$0	$0	0%	0%	$0	$0	0%	0%	$0	$0	0%	0%	0%	$0	0%
82120TN0600003-03	$25	$0	No Charge	40% Coinsurance after deductible	$35	$0	No Charge	40% Coinsurance after deductible	$25	$0	No Charge	40% Coinsurance after deductible	No Charge	$0	20% Coinsurance after deductible
82120TN0600003-04	$25	$0	No Charge	40% Coinsurance after deductible	$35	$0	No Charge	40% Coinsurance after deductible	$25	$0	No Charge	40% Coinsurance after deductible	No Charge	$0	20% Coinsurance after deductible
82120TN0600003-05	$25	$0	No Charge	40% Coinsurance after deductible	$35	$0	No Charge	40% Coinsurance after deductible	$25	$0	No Charge	40% Coinsurance after deductible	No Charge	$0	20% Coinsurance after deductible
82120TN0600003-06	$25	$0	No Charge	40% Coinsurance after deductible	$35	$0	No Charge	40% Coinsurance after deductible	$25	$0	No Charge	40% Coinsurance after deductible	No Charge	$0	20% Coinsurance after deductible
82120TN0600004-01	$25	$0	No Charge	40% Coinsurance after deductible	$35	$0	No Charge	40% Coinsurance after deductible	$25	$0	No Charge	40% Coinsurance after deductible	No Charge	$0	20% Coinsurance after deductible
82120TN0600004-0	$0	$0	0%	0%	$0	$0	0%	0%	$0	$0	0%	0%	0%	$0	0%
82120TN0600004-03	$25	$0	No Charge	40% Coinsurance after deductible	$35	$0	No Charge	40% Coinsurance after deductible	$25	$0	No Charge	40% Coinsurance after deductible	No Charge	$0	20% Coinsurance after deductible
82120TN0600005-01	$25	$0	No Charge	40% Coinsurance after deductible	$25	$0	No Charge	40% Coinsurance after deductible	$25	$0	No Charge	40% Coinsurance after deductible	No Charge	$0	20% Coinsurance after deductible
82120TN0600005-0	$0	$0	0%	0%	$0	$0	0%	0%	$0	$0	0%	0%	0%	$0	0%
82120TN0600005-03	$25	$0	No Charge	40% Coinsurance after deductible	$35	$0	No Charge	40% Coinsurance after deductible	$25	$0	No Charge	40% Coinsurance after deductible	No Charge	$0	20% Coinsurance after deductible
82120TN0600013-01	$25	$0	No Charge	40% Coinsurance after deductible	$35	$0	No Charge	40% Coinsurance after deductible	$25	$0	No Charge	40% Coinsurance after deductible	No Charge	$0	20% Coinsurance after deductible
82120TN0600013-0	$0	$0	0%	0%	$0	$0	0%	0%	$0	$0	0%	0%	0%	$0	0%
82120TN0600013-03	$25	$0	No Charge	40% Coinsurance after deductible	$35	$0	No Charge	40% Coinsurance after deductible	$25	$0	No Charge	40% Coinsurance after deductible	No Charge	$0	20% Coinsurance after deductible
82120TN0600013-04	$25	$0	No Charge	40% Coinsurance after deductible	$35	$0	No Charge	40% Coinsurance after deductible	$25	$0	No Charge	40% Coinsurance after deductible	No Charge	$0	20% Coinsurance after deductible
82120TN0600013-05	$25	$0	No Charge	40% Coinsurance after deductible	$35	$0	No Charge	40% Coinsurance after deductible	$25	$0	No Charge	40% Coinsurance after deductible	No Charge	$0	20% Coinsurance after deductible
82120TN0600013-06	$25	$0	No Charge	40% Coinsurance after deductible	$35	$0	No Charge	40% Coinsurance after deductible	$25	$0	No Charge	40% Coinsurance after deductible	No Charge	$0	20% Coinsurance after deductible
82120TN0600014-01	$25	$0	No Charge	40% Coinsurance after deductible	$35	$0	No Charge	40% Coinsurance after deductible	$25	$0	No Charge	40% Coinsurance after deductible	No Charge	$0	20% Coinsurance after deductible
82120TN0600014-0	$0	$0	0%	0%	$0	$0	0%	0%	$0	$0	0%	0%	0%	$0	0%
82120TN0600014-03	$25	$0	No Charge	40% Coinsurance after deductible	$35	$0	No Charge	40% Coinsurance after deductible	$25	$0	No Charge	40% Coinsurance after deductible	No Charge	$0	20% Coinsurance after deductible
82120TN0600015-01	$25	$0	No Charge	40% Coinsurance after deductible	$35	$0	No Charge	40% Coinsurance after deductible	$25	$0	No Charge	40% Coinsurance after deductible	No Charge	$0	20% Coinsurance after deductible
82120TN0600015-0	$0	$0	0%	0%	$0	$0	0%	0%	$0	$0	0%	0%	0%	$0	0%
82120TN0600015-03	$25	$0	No Charge	40% Coinsurance after deductible	$35	$0	No Charge	40% Coinsurance after deductible	$25	$0	No Charge	40% Coinsurance after deductible	No Charge	$0	20% Coinsurance after deductible
82120TN0600023-01	$25	$0	No Charge	40% Coinsurance after deductible	$35	$0	No Charge	40% Coinsurance after deductible	$25	$0	No Charge	40% Coinsurance after deductible	No Charge	$0	20% Coinsurance after deductible
82120TN0600023-0	$0	$0	0%	0%	$0	$0	0%	0%	$0	$0	0%	0%	0%	$0	0%
82120TN0600023-03	$25	$0	No Charge	40% Coinsurance after deductible	$35	$0	No Charge	40% Coinsurance after deductible	$25	$0	No Charge	40% Coinsurance after deductible	No Charge	$0	20% Coinsurance after deductible
82120TN0600023-04	$25	$0	No Charge	40% Coinsurance after deductible	$35	$0	No Charge	40% Coinsurance after deductible	$25	$0	No Charge	40% Coinsurance after deductible	No Charge	$0	20% Coinsurance after deductible
82120TN0600023-05	$25	$0	No Charge	40% Coinsurance after deductible	$35	$0	No Charge	40% Coinsurance after deductible	$25	$0	No Charge	40% Coinsurance after deductible	No Charge	$0	20% Coinsurance after deductible
82120TN0600023-06	$25	$0	No Charge	40% Coinsurance after deductible	$35	$0	No Charge	40% Coinsurance after deductible	$25	$0	No Charge	40% Coinsurance after deductible	No Charge	$0	20% Coinsurance after deductible
82120TN0600024-01	$25	$0	No Charge	40% Coinsurance after deductible	$35	$0	No Charge	40% Coinsurance after deductible	$25	$0	No Charge	40% Coinsurance after deductible	No Charge	$0	20% Coinsurance after deductible
82120TN0600024-0	$0	$0	0%	0%	$0	$0	0%	0%	$0	$0	0%	0%	0%	$0	0%
82120TN0600024-03	$25	$0	No Charge	40% Coinsurance after deductible	$35	$0	No Charge	40% Coinsurance after deductible	$25	$0	No Charge	40% Coinsurance after deductible	No Charge	$0	20% Coinsurance after deductible
82120TN0600025-01	$25	$0	No Charge	40% Coinsurance after deductible	$35	$0	No Charge	40% Coinsurance after deductible	$25	$0	No Charge	40% Coinsurance after deductible	No Charge	$0	20% Coinsurance after deductible
82120TN0600025-0	$0	$0	0%	0%	$0	$0	0%	0%	$0	$0	0%	0%	0%	$0	0%
82120TN0600025-03	$25	$0	No Charge	40% Coinsurance after deductible	$35	$0	No Charge	40% Coinsurance after deductible	$25	$0	No Charge	40% Coinsurance after deductible	No Charge	$0	20% Coinsurance after deductible
82120TN0600033-01	$25	$0	No Charge	40% Coinsurance after deductible	$35	$0	No Charge	40% Coinsurance after deductible	$25	$0	No Charge	40% Coinsurance after deductible	No Charge	$0	20% Coinsurance after deductible
82120TN0600033-0	$0	$0	0%	0%	$0	$0	0%	0%	$0	$0	0%	0%	0%	$0	0%
82120TN0600033-03	$25	$0	No Charge	40% Coinsurance after deductible	$35	$0	No Charge	40% Coinsurance after deductible	$25	$0	No Charge	40% Coinsurance after deductible	No Charge	$0	20% Coinsurance after deductible
82120TN0600033-04	$25	$0	No Charge	40% Coinsurance after deductible	$35	$0	No Charge	40% Coinsurance after deductible	$25	$0	No Charge	40% Coinsurance after deductible	No Charge	$0	20% Coinsurance after deductible
82120TN0600033-05	$25	$0	No Charge	40% Coinsurance after deductible	$35	$0	No Charge	40% Coinsurance after deductible	$25	$0	No Charge	40% Coinsurance after deductible	No Charge	$0	20% Coinsurance after deductible
82120TN0600033-06	$25	$0	No Charge	40% Coinsurance after deductible	$35	$0	No Charge	40% Coinsurance after deductible	$25	$0	No Charge	40% Coinsurance after deductible	No Charge	$0	20% Coinsurance after deductible
82120TN0600034-01	$25	$0	No Charge	40% Coinsurance after deductible	$35	$0	No Charge	40% Coinsurance after deductible	$25	$0	No Charge	40% Coinsurance after deductible	No Charge	$0	20% Coinsurance after deductible
82120TN0600034-0	$0	$0	0%	0%	$0	$0	0%	0%	$0	$0	0%	0%	0%	$0	0%
82120TN0600034-03	$25	$0	No Charge	40% Coinsurance after deductible	$35	$0	No Charge	40% Coinsurance after deductible	$25	$0	No Charge	40% Coinsurance after deductible	No Charge	$0	20% Coinsurance after deductible
82120TN0600035-01	$25	$0	No Charge	40% Coinsurance after deductible	$35	$0	No Charge	40% Coinsurance after deductible	$25	$0	No Charge	40% Coinsurance after deductible	No Charge	$0	20% Coinsurance after deductible
82120TN0600035-0	$0	$0	0%	0%	$0	$0	0%	0%	$0	$0	0%	0%	0%	$0	0%
82120TN0600035-03	$25	$0	No Charge	40% Coinsurance after deductible	$35	$0	No Charge	40% Coinsurance after deductible	$25	$0	No Charge	40% Coinsurance after deductible	No Charge	$0	20% Coinsurance after deductible

gery Center)		Outpatient Surgery Physician/Surgical Services						Hospice Services					
Coinsurance		Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
	40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%
	40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%
	40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%
	40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%
	40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
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	40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
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	40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
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	40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
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	40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible

Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	$50 $0		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$50		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
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No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$50		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
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No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$50		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
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No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$50		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
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No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$50		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	$50 $0		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$50		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
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No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$50		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
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No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$50		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
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No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	$50 $0		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$50		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	$50 $0		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$50		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
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No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$50		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$50		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$50		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
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No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	$50 $0		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$50		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
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No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$50		$0	20% Coinsurance after deductible		40% Coinsurance after deductible

Home Health Care Services						Emergency Room Services						Emergency Transportation/Ambulance					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		20% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		20% Coinsurance after deductible 0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible
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No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible
No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		20% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		20% Coinsurance after deductible 0%
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No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		20% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		20% Coinsurance after deductible 0%
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No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		20% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		20% Coinsurance after deductible 0%
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No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		20% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		20% Coinsurance after deductible 0%
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No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		20% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		20% Coinsurance after deductible 0%
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No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible
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No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		20% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		20% Coinsurance after deductible 0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible
No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		20% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		20% Coinsurance after deductible 0%
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No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		20% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		20% Coinsurance after deductible 0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible
No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		20% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		20% Coinsurance after deductible 0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible
No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		20% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		20% Coinsurance after deductible 0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible

Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
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$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		40% Coinsurance after deductible
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$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		40% Coinsurance after deductible
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Prenatal and Postnatal Care						Delivery and All Inpatient Services for Maternity Care						Mental/Behavioral Health Outpatient Services						Mental/Behavioral Heal		
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0
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No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0
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No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0
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No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0
No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0

th Inpatient Services			Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services					
Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%
20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%
20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%
20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%
20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%
20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%
20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%
20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%
20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%
20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%
20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%
20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%
20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%
20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%
20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%
20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible

Generic Drugs						Preferred Brand Drugs						Non-Preferred Brand Drugs					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
$17 $0		$0 $0	No Charge 0%		50% 0%	$50 Copay after deductible $0		$0 $0	No Charge 0%		50% Coinsurance after deductible 0%	No Charge 0%		$0 $0	50% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%
$17		$0	No Charge		50%	$50 Copay after deductible		$0	No Charge		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
$17		$0	No Charge		50%	$50 Copay after deductible		$0	No Charge		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
$17		$0	No Charge		50%	$50 Copay after deductible		$0	No Charge		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
$17		$0	No Charge		50%	$50 Copay after deductible		$0	No Charge		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
$8 $0		$0 $0	No Charge 0%		50% 0%	$20 Copay after deductible $0		$0 $0	No Charge 0%		50% Coinsurance after deductible 0%	No Charge 0%		$0 $0	35% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%
$8		$0	No Charge		50%	$20 Copay after deductible		$0	No Charge		50% Coinsurance after deductible	No Charge		$0	35% Coinsurance after deductible		50% Coinsurance after deductible
$8 $0		$0 $0	No Charge 0%		50% 0%	$20 Copay after deductible $0		$0 $0	No Charge 0%		50% Coinsurance after deductible 0%	No Charge 0%		$0 $0	35% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%
$8		$0	No Charge		50%	$20 Copay after deductible		$0	No Charge		50% Coinsurance after deductible	No Charge		$0	35% Coinsurance after deductible		50% Coinsurance after deductible
$17 $0		$0 $0	No Charge 0%		50% 0%	$50 Copay after deductible $0		$0 $0	No Charge 0%		50% Coinsurance after deductible 0%	No Charge 0%		$0 $0	50% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%
$17		$0	No Charge		50%	$50 Copay after deductible		$0	No Charge		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
$17		$0	No Charge		50%	$50 Copay after deductible		$0	No Charge		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
$17		$0	No Charge		50%	$50 Copay after deductible		$0	No Charge		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
$17		$0	No Charge		50%	$50 Copay after deductible		$0	No Charge		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
$8 $0		$0 $0	No Charge 0%		50% 0%	$20 Copay after deductible $0		$0 $0	No Charge 0%		50% Coinsurance after deductible 0%	No Charge 0%		$0 $0	35% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%
$8		$0	No Charge		50%	$20 Copay after deductible		$0	No Charge		50% Coinsurance after deductible	No Charge		$0	35% Coinsurance after deductible		50% Coinsurance after deductible
$8 $0		$0 $0	No Charge 0%		50% 0%	$20 Copay after deductible $0		$0 $0	No Charge 0%		50% Coinsurance after deductible 0%	No Charge 0%		$0 $0	35% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%
$8		$0	No Charge		50%	$20 Copay after deductible		$0	No Charge		50% Coinsurance after deductible	No Charge		$0	35% Coinsurance after deductible		50% Coinsurance after deductible
$17 $0		$0 $0	No Charge 0%		50% 0%	$50 Copay after deductible $0		$0 $0	No Charge 0%		50% Coinsurance after deductible 0%	No Charge 0%		$0 $0	50% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%
$17		$0	No Charge		50%	$50 Copay after deductible		$0	No Charge		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
$17		$0	No Charge		50%	$50 Copay after deductible		$0	No Charge		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
$17		$0	No Charge		50%	$50 Copay after deductible		$0	No Charge		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
$17		$0	No Charge		50%	$50 Copay after deductible		$0	No Charge		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
$8 $0		$0 $0	No Charge 0%		50% 0%	$20 Copay after deductible $0		$0 $0	No Charge 0%		50% Coinsurance after deductible 0%	No Charge 0%		$0 $0	35% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%
$8		$0	No Charge		50%	$20 Copay after deductible		$0	No Charge		50% Coinsurance after deductible	No Charge		$0	35% Coinsurance after deductible		50% Coinsurance after deductible
$8 $0		$0 $0	No Charge 0%		50% 0%	$20 Copay after deductible $0		$0 $0	No Charge 0%		50% Coinsurance after deductible 0%	No Charge 0%		$0 $0	35% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%
$8		$0	No Charge		50%	$20 Copay after deductible		$0	No Charge		50% Coinsurance after deductible	No Charge		$0	35% Coinsurance after deductible		50% Coinsurance after deductible
$17 $0		$0 $0	No Charge 0%		50% 0%	$50 Copay after deductible $0		$0 $0	No Charge 0%		50% Coinsurance after deductible 0%	No Charge 0%		$0 $0	50% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%
$17		$0	No Charge		50%	$50 Copay after deductible		$0	No Charge		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
$17		$0	No Charge		50%	$50 Copay after deductible		$0	No Charge		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
$17		$0	No Charge		50%	$50 Copay after deductible		$0	No Charge		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
$17		$0	No Charge		50%	$50 Copay after deductible		$0	No Charge		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
$8 $0		$0 $0	No Charge 0%		50% 0%	$20 Copay after deductible $0		$0 $0	No Charge 0%		50% Coinsurance after deductible 0%	No Charge 0%		$0 $0	35% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%
$8		$0	No Charge		50%	$20 Copay after deductible		$0	No Charge		50% Coinsurance after deductible	No Charge		$0	35% Coinsurance after deductible		50% Coinsurance after deductible
$8 $0		$0 $0	No Charge 0%		50% 0%	$20 Copay after deductible $0		$0 $0	No Charge 0%		50% Coinsurance after deductible 0%	No Charge 0%		$0 $0	35% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%
$8		$0	No Charge		50%	$20 Copay after deductible		$0	No Charge		50% Coinsurance after deductible	No Charge		$0	35% Coinsurance after deductible		50% Coinsurance after deductible
$17 $0		$0 $0	No Charge 0%		50% 0%	$50 Copay after deductible $0		$0 $0	No Charge 0%		50% Coinsurance after deductible 0%	No Charge 0%		$0 $0	50% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%
$17		$0	No Charge		50%	$50 Copay after deductible		$0	No Charge		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
$17		$0	No Charge		50%	$50 Copay after deductible		$0	No Charge		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
$17		$0	No Charge		50%	$50 Copay after deductible		$0	No Charge		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
$17		$0	No Charge		50%	$50 Copay after deductible		$0	No Charge		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
$8 $0		$0 $0	No Charge 0%		50% 0%	$20 Copay after deductible $0		$0 $0	No Charge 0%		50% Coinsurance after deductible 0%	No Charge 0%		$0 $0	35% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%
$8		$0	No Charge		50%	$20 Copay after deductible		$0	No Charge		50% Coinsurance after deductible	No Charge		$0	35% Coinsurance after deductible		50% Coinsurance after deductible
$8 $0		$0 $0	No Charge 0%		50% 0%	$20 Copay after deductible $0		$0 $0	No Charge 0%		50% Coinsurance after deductible 0%	No Charge 0%		$0 $0	35% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%
$8		$0	No Charge		50%	$20 Copay after deductible		$0	No Charge		50% Coinsurance after deductible	No Charge		$0	35% Coinsurance after deductible		50% Coinsurance after deductible

Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge 0%		$0 $0	50% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%
No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
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Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
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Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						R	
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)
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outine Eye Exam for Children				Eye Glasses for Children						Rehabilitative Speech Therapy					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
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Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
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X-rays and Diagnostic Imaging						Transplant						Accidental Dental					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
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Dialysis						Allergy Testing						Chemotherapy					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
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No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible

Radiation						Diabetes Education						Prosthetic Devices						
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)
No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge
No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge
No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge
No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge
No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge
No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge
No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge
No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge
No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge
No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge
No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge
No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%		$0 $0	20% Coinsurance after deductible 0%		40% Coinsurance after deductible 0%	No Charge 0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge

Infusion Therapy				
Copay		Coinsurance		
In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	0%		0%
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	0%		0%
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	0%		0%
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	0%		0%
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	0%		0%
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	0%		0%
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	0%		0%
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	0%		0%
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	0%		0%
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	0%		0%
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	0%		0%
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	0%		0%
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	0%		0%
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	0%		0%
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible
	$0	0%		0%
	$0	20% Coinsurance after deductible		40% Coinsurance after deductible

Treatment for Temporomandibular Joint Disorders					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible

Nutritional Counseling					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge		$0	No Charge		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	No Charge		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	No Charge		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	No Charge		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	No Charge		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	No Charge		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	No Charge		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	No Charge		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	No Charge		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	No Charge		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	No Charge		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	No Charge		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	No Charge		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	No Charge		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	No Charge		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	No Charge		40% Coinsurance after deductible

Reconstructive Surgery					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible

Clinical Trials					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
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No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
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No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
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No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
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No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
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No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible

Diabetes Care Management					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
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No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
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No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
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No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible

Inherited Metabolic Disorder - PKU					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible

Off Label Prescription Drugs					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	35% Coinsurance after deductible		50% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	35% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	35% Coinsurance after deductible		50% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	35% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	35% Coinsurance after deductible		50% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	35% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	35% Coinsurance after deductible		50% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	35% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	35% Coinsurance after deductible		50% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	35% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	35% Coinsurance after deductible		50% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	35% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
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No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	35% Coinsurance after deductible		50% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	35% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	35% Coinsurance after deductible		50% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	35% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	35% Coinsurance after deductible		50% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	35% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	35% Coinsurance after deductible		50% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	35% Coinsurance after deductible		50% Coinsurance after deductible

Dental Anesthesia					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
0%		$0	0%		0%
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No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible

Congenital Anomaly, including Cleft Lip/Palate					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
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Autism Spectrum Disorders					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
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No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible

Osteoporosis					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
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No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible

Chlamydia Screening					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
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No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	82120
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	39-1263473

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes									
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment
82120TN0600001	Humana Preferred Basic 6350/6350 Plan	82120TN060		TNN001	TNS001	TNF001	New	PPO	Catastrophic	Yes	On the Exchange	Yes	No			$0.00
82120TN0600002	Humana Preferred Bronze 6300/6300 Plan	82120TN060		TNN001	TNS001	TNF001	New	PPO	Bronze	Yes	On the Exchange	Yes	No			$0.00
82120TN0600011	Basic 6350/6350 Plan	82120TN060		TNN002	TNS002	TNF001	New	PPO	Catastrophic	Yes	On the Exchange	Yes	No			$0.00
82120TN0600012	Humana Preferred Basic 6300/6300 Plan	82120TN060		TNN002	TNS002	TNF001	New	PPO	Bronze	Yes	On the Exchange	Yes	No			$0.00
82120TN0600021	Humana Preferred Basic 6350/6350 Plan	82120TN060		TNN003	TNS003	TNF001	New	PPO	Catastrophic	Yes	On the Exchange	Yes	No			$0.00
82120TN0600022	Humana Preferred Bronze 6300/6300 Plan	82120TN060		TNN003	TNS003	TNF001	New	PPO	Bronze	Yes	On the Exchange	Yes	No			$0.00
82120TN0600031	Basic 6350/6350 Plan	82120TN060		TNN004	TNS004	TNF001	New	PPO	Catastrophic	Yes	On the Exchange	Yes	No			$0.00
82120TN0600032	Humana Preferred Bronze 6300/6300 Plan	82120TN060		TNN004	TNS004	TNF001	New	PPO	Bronze	Yes	On the Exchange	Yes	No			$0.00

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No							Yes	Yes	No	No
Specialist Visit	Yes		Covered	No							Yes	Yes	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No							Yes	Yes	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No							Yes	Yes	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No							Yes	Yes	No	No
Hospice Services	Yes		Covered	No							Yes	Yes	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No							Yes	Yes	No	No
Routine Dental Services (Adult)			Not Covered											
Infertility Treatment	Yes		Covered	No				Does not include services or supplies	Coverage for services to diagnose and treat	Above EHB	Yes	Yes	No	No
Long-Term/Custodial Nursing Home Care			Not Covered											
Private-Duty Nursing			Not Covered											
Routine Eye Exam (Adult)			Not Covered											
Urgent Care Centers or Facilities	Yes		Covered	No							Yes	Yes	No	No
Home Health Care Services	Yes		Covered	Yes		60	Visit(s) per Year				Yes	Yes	No	No
Emergency Room Services	Yes	Yes	Covered	No							Yes	Yes	No	No
Emergency Transportation/Ambulance	Yes		Covered	No							Yes	Yes	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No							Yes	Yes	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No							Yes	Yes	No	No
Bariatric Surgery			Not Covered											

							Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates	
HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*	Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date
No			Allows Adult and Child-Only		No							3	1/1/2014	
Yes			Allows Adult and Child-Only		No								1/1/2014	
No			Allows Adult and Child-Only		No							3	1/1/2014	
Yes			Allows Adult and Child-Only		No								1/1/2014	
No			Allows Adult and Child-Only		No							3	1/1/2014	
Yes			Allows Adult and Child-Only		No								1/1/2014	
No			Allows Adult and Child-Only		No							3	1/1/2014	
Yes			Allows Adult and Child-Only		No								1/1/2014	

Geographic Coverage					URLs		
Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Yes	Out of Country Coverage is covered for any expense incurred for services received outside of the United States as required by law for emergency care services.	Yes	Any covered expense incurred for services received from an out of network provider will be covered at a lower coinsurance, based on the maximum allowable fee and providers can balance bill which will result in higher out of pocket costs, except for covered expense incurred for services received outside of the service area as required by law for emergency care services.	No			http://apps.humana.com/marketing/dc
Yes	Out of Country Coverage is covered for any expense incurred for services received outside of the United States as required by law for emergency care services.	Yes	Any covered expense incurred for services received from an out of network provider will be covered at a lower coinsurance, based on the maximum allowable fee and providers can balance bill which will result in higher out of pocket costs, except for covered expense incurred for services received outside of the service area as required by law for emergency care services.	No			http://apps.humana.com/marketing/dc
Yes	expense incurred for services received	Yes	be covered at a lower coinsurance, based on the maximum allowable fee and providers	No			http://apps.humana.com/marketing/dc
Yes	Out of Country Coverage is covered for any expense incurred for services received outside of the United States as required by law for emergency care services.	Yes	Any covered expense incurred for services received from an out of network provider will be covered at a lower coinsurance, based on the maximum allowable fee and providers can balance bill which will result in higher out of pocket costs, except for covered expense incurred for services received outside of the service area as required by law for emergency care services.	No			http://apps.humana.com/marketing/dc
Yes	Out of Country Coverage is covered for any expense incurred for services received outside of the United States as required by law for emergency care services.	Yes	Any covered expense incurred for services received from an out of network provider will be covered at a lower coinsurance, based on the maximum allowable fee and providers can balance bill which will result in higher out of pocket costs, except for covered expense incurred for services received outside of the service area as required by law for emergency care services.	No			http://apps.humana.com/marketing/dc
Yes	Out of Country Coverage is covered for any expense incurred for services received outside of the United States as required by law for emergency care services.	Yes	Any covered expense incurred for services received from an out of network provider will be covered at a lower coinsurance, based on the maximum allowable fee and providers can balance bill which will result in higher out of pocket costs, except for covered expense incurred for services received outside of the service area as required by law for emergency care services.	No			http://apps.humana.com/marketing/dc
Yes	expense incurred for services received	Yes	be covered at a lower coinsurance, based on the maximum allowable fee and providers	No			http://apps.humana.com/marketing/dc
Yes	Out of Country Coverage is covered for any expense incurred for services received outside of the United States as required by law for emergency care services.	Yes	Any covered expense incurred for services received from an out of network provider will be covered at a lower coinsurance, based on the maximum allowable fee and providers can balance bill which will result in higher out of pocket costs, except for covered expense incurred for services received outside of the service area as required by law for emergency care services.	No			http://apps.humana.com/marketing/dc

Cosmetic Surgery			Not Covered									
Skilled Nursing Facility	Yes		Covered	Yes	60 Days per Year				Yes	Yes	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Yes	Yes	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No			Includes newborn hearing screening and	Other Law/Regulat	Yes	Yes	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No			Includes coverage for Residential Treatment	Other Law/Regulat	Yes	Yes	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No			Includes coverage for Residential Treatment	Other Law/Regulat	Yes	Yes	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No			Includes coverage for Residential Treatment	Other Law/Regulat	Yes	Yes	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No			Includes coverage for Residential Treatment	Other Law/Regulat	Yes	Yes	No	No
Generic Drugs	Yes		Covered	No					Yes	Yes	No	No
Preferred Brand Drugs	Yes		Covered	No					Yes	Yes	No	No
Non-Preferred Brand Drugs	Yes		Covered	No					Yes	Yes	No	No
Specialty Drugs	Yes		Covered	No					Yes	Yes	No	No
Outpatient Rehabilitation Services	Yes		Covered	No			Physical Therapy and Occupational: 20	Above EHB	Yes	Yes	No	No
Habilitation Services	Yes	Yes	Covered	No			Physical Therapy and Occupational: 20	Above EHB	Yes	Yes	No	No
Chiropractic Care	Yes		Covered	Yes	20 Visit(s) per Year				Yes	Yes	No	No
Durable Medical Equipment	Yes		Covered	No					Yes	Yes	No	No
Hearing Aids	Yes	Yes	Covered	No		Does not include repair or maintenance	Coverage to age 18. Required coverage	Above EHB	Yes	Yes	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No					Yes	Yes	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	No			Well Care visit limited to 1 per year except		No	No	No	No
Routine Foot Care	Yes		Covered	No			Covered when in treatment for diabetes	Other Law/Regulat	Yes	Yes	No	No
Acupuncture			Not Covered									
Weight Loss Programs			Not Covered									
Routine Eye Exam for Children	Yes		Covered	Yes	1 Visit(s) per Year				Yes	Yes	No	No
Eye Glasses for Children	Yes		Covered	Yes	1 Item(s) per Year		1 pair of lenses per year	Substantially Equa	Yes	Yes	No	No
Dental Check-Up for Children	Yes		Not Covered					Dental Only Plan Available				
Rehabilitative Speech Therapy	Yes		Covered	No				Above EHB	Yes	Yes	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	20 Visit(s) per Year		20 visits each per calendar year.	Above EHB	Yes	Yes	No	No
Well Baby Visits and Care			Covered	No				Other Law/Regulat	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No					Yes	Yes	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No					Yes	Yes	No	No
Basic Dental Care – Child	Yes		Not Covered					Dental Only Plan Available				
Orthodontia – Child	Yes		Not Covered				See Congenital Anomaly benefit	Dental Only Plan Available				
Major Dental Care – Child	Yes		Not Covered					Dental Only Plan Available				
Basic Dental Care – Adult			Not Covered									
Orthodontia – Adult			Not Covered									
Major Dental Care – Adult			Not Covered									
Abortion for Which Public Funding is Prohibited			Not Covered									
Transplant	Yes		Covered	No			Bone Marrow Transplant: requires	Above EHB	Yes	Yes	No	No
Accidental Dental			Covered	No			Includes extractions/treatment	Above EHB	Yes	Yes	No	No
Dialysis			Covered	No				Substantially Equa	Yes	Yes	No	No
Allergy Testing			Covered	No				Substantially Equa	Yes	Yes	No	No
Chemotherapy			Covered	No				Substantially Equa	Yes	Yes	No	No
Radiation			Covered	No				Substantially Equa	Yes	Yes	No	No
Diabetes Education			Covered	No				Above EHB	Yes	Yes	No	No
Prosthetic Devices	Yes		Covered	No					Yes	Yes	No	No
Infusion Therapy			Covered	No				Above EHB	Yes	Yes	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No					Yes	Yes	No	No
Nutritional Counseling			Covered	No			Covered when in treatment for diabetes	Other Law/Regulat	Yes	Yes	No	No
Reconstructive Surgery	Yes	Yes	Covered	No			Breast reconstruction after Mastectomy	Above EHB	Yes	Yes	No	No

Cost Sharing Reduction Information

HIOS Plan ID (Standard Component + Variant)	Plan Marketing Name	Level of Coverage (Metal Level)	CSR Variation Type	Issuer Actuarial Value	AV Calculator Output Number	Medical & Drug Deductibles Integrated?	Medical & Drug Maximum Out of Pocket Integrated?	Multiple In Network Tiers?	1st Tier Utilization	2nd Tier Utilization
82120TN0600001-01	Humana Preferred Basic 6350/6350 Plan	Catastrophic	Standard Catastrophic On Exchange Plan			Yes	Yes	No	100%	
82120TN0600002-01	Humana Preferred Bronze 6300/6300 Plan	Bronze	Standard Bronze On Exchange Plan	58.16%	58.16%	Yes	Yes	No	100%	
82120TN0600002-0		Bronze	Zero Cost Sharing Plan Variatio	100.00%	100.00%	Yes	Yes	No	100%	
82120TN0600002-03		Bronze	Limited Cost Sharing Plan Variation	58.16%	58.16%	Yes	Yes	No	100%	
82120TN0600011-01	Humana Preferred Basic 6350/6350 Plan	Catastrophic	Standard Catastrophic On Exchange Plan			Yes	Yes	No	100%	
82120TN0600012-01	Humana Preferred Basic 6300/6300 Plan	Bronze	Standard Bronze On Exchange Plan	58.16%	58.16%	Yes	Yes	No	100%	
82120TN0600012-0		Bronze	Zero Cost Sharing Plan Variatio	100.00%	100.00%	Yes	Yes	No	100%	
82120TN0600012-03		Bronze	Limited Cost Sharing Plan Variation	58.16%	58.16%	Yes	Yes	No	100%	
82120TN0600021-01	Humana Preferred Basic 6350/6350 Plan	Catastrophic	Standard Catastrophic On Exchange Plan			Yes	Yes	No	100%	
82120TN0600022-01	Humana Preferred Bronze 6300/6300 Plan	Bronze	Standard Bronze On Exchange Plan	58.16%	58.16%	Yes	Yes	No	100%	
82120TN0600022-0		Bronze	Zero Cost Sharing Plan Variatio	100.00%	100.00%	Yes	Yes	No	100%	
82120TN0600022-03		Bronze	Limited Cost Sharing Plan Variation	58.16%	58.16%	Yes	Yes	No	100%	
82120TN0600031-01	Humana Preferred Basic 6350/6350 Plan	Catastrophic	Standard Catastrophic On Exchange Plan			Yes	Yes	No	100%	
82120TN0600032-01	Humana Preferred Bronze 6300/6300 Plan	Bronze	Standard Bronze On Exchange Plan	58.16%	58.16%	Yes	Yes	No	100%	
82120TN0600032-0		Bronze	Zero Cost Sharing Plan Variatio	100.00%	100.00%	Yes	Yes	No	100%	
82120TN0600032-03		Bronze	Limited Cost Sharing Plan Variation	58.16%	58.16%	Yes	Yes	No	100%	

HIOS Plan ID	SBC Scenario – Having a Baby: Deductible	Having a Baby: Copayment	Having a Baby: Coinsurance	Having a Baby: Limit	Having Diabetes: Deductible	Having Diabetes: Copayment	Having Diabetes: Coinsurance	Having Diabetes: Limit	Maximum Out of Pocket for Medical EHB Benefits – In Network: Individual	In Network: Family	In Network (Tier 2): Individual	In Network (Tier 2): Family	Out of Network: Individual	Out of Network: Family	Combined In/Out Network: Individual	Combined In/Out Network: Family	Maximum Out of Pocket for Drug EHB Benefits – In Network: Individual	In Network: Family	In Network (Tier 2): Individual	In Network (Tier 2): Family	Out of Network: Individual	Out of Network: Family	Combined In/Out Network: Individual	Combined In/Out Network: Family
82120TN0600001-01																								
82120TN0600002-01																								
82120TN0600002-0																								
82120TN0600002-03																								
82120TN0600011-01																								
82120TN0600012-01																								
82120TN0600012-0																								
82120TN0600012-03																								
82120TN0600021-01																								
82120TN0600022-01																								
82120TN0600022-0																								
82120TN0600022-03																								
82120TN0600031-01																								
82120TN0600032-01																								
82120TN0600032-0																								
82120TN0600032-03																								

HIOS Plan ID	Maximum Out of Pocket for Medical and Drug EHB Benefits (Total) – In Network: Individual	In Network: Family	In Network (Tier 2): Individual	In Network (Tier 2): Family	Out of Network: Individual	Out of Network: Family	Combined In/Out Network: Individual	Combined In/Out Network: Family
82120TN0600001-01	$6,350	$12,700			$25,400	$50,800	Not Applicable	Not Applicable
82120TN0600002-01	$6,300	$12,600			$25,200	$50,400	Not Applicable	Not Applicable
82120TN0600002-0	$0	$0			$0	$0	$0	$0
82120TN0600002-03	$6,300	$12,600			$25,200	$50,400	Not Applicable	Not Applicable
82120TN0600011-01	$6,350	$12,700			$25,400	$50,800	Not Applicable	Not Applicable
82120TN0600012-01	$6,300	$12,600			$25,200	$50,400	Not Applicable	Not Applicable
82120TN0600012-0	$0	$0			$0	$0	$0	$0
82120TN0600012-03	$6,300	$12,600			$25,200	$50,400	Not Applicable	Not Applicable
82120TN0600021-01	$6,350	$12,700			$25,400	$50,800	Not Applicable	Not Applicable
82120TN0600022-01	$6,300	$12,600			$25,200	$50,400	Not Applicable	Not Applicable
82120TN0600022-0	$0	$0			$0	$0	$0	$0
82120TN0600022-03	$6,300	$12,600			$25,200	$50,400	Not Applicable	Not Applicable
82120TN0600031-01	$6,350	$12,700			$25,400	$50,800	Not Applicable	Not Applicable
82120TN0600032-01	$6,300	$12,600			$25,200	$50,400	Not Applicable	Not Applicable
82120TN0600032-0	$0	$0			$0	$0	$0	$0
82120TN0600032-03	$6,300	$12,600			$25,200	$50,400	Not Applicable	Not Applicable

HIOS Plan ID	Medical EHB Deductible – In Network: Individual	In Network: Family	In Network: Default Coinsurance	In Network (Tier 2): Individual	In Network (Tier 2): Family	In Network (Tier 2): Default Coinsurance	Out of Network: Individual	Out of Network: Family	Combined In/Out Network: Individual	Combined In/Out Network: Family	Drug EHB Deductible – In Network: Individual	In Network: Family	In Network: Default Coinsurance	In Network (Tier 2): Individual	In Network (Tier 2): Family	In Network (Tier 2): Default Coinsurance	Out of Network: Individual	Out of Network: Family	Combined In/Out Network: Individual	Combined In/Out Network: Family
82120TN0600001-01																				
82120TN0600002-01																				
82120TN0600002-0																				
82120TN0600002-03																				
82120TN0600011-01																				
82120TN0600012-01																				
82120TN0600012-0																				
82120TN0600012-03																				
82120TN0600021-01																				
82120TN0600022-01																				
82120TN0600022-0																				
82120TN0600022-03																				
82120TN0600031-01																				
82120TN0600032-01																				
82120TN0600032-0																				
82120TN0600032-03																				

HIOS Plan ID	Combined Medical and Drug EHB Deductible – In Network: Individual	In Network: Family	In Network: Default Coinsurance	In Network (Tier 2): Individual	In Network (Tier 2): Family	In Network (Tier 2): Default Coinsurance	Out of Network: Individual	Out of Network: Family	Combined In/Out Network: Individual	Combined In/Out Network: Family
82120TN0600001-01	$6,350	$12,700	0%				$12,700	$25,400	Not Applicable	Not Applicable
82120TN0600002-01	$6,300	$12,600	0%				$12,600	$25,200	Not Applicable	Not Applicable
82120TN0600002-0	$0	$0	0%				$0	$0	$0	$0
82120TN0600002-03	$6,300	$12,600	0%				$12,600	$25,200	Not Applicable	Not Applicable
82120TN0600011-01	$6,350	$12,700	0%				$12,700	$25,400	Not Applicable	Not Applicable
82120TN0600012-01	$6,300	$12,600	0%				$12,600	$25,200	Not Applicable	Not Applicable
82120TN0600012-0	$0	$0	0%				$0	$0	$0	$0
82120TN0600012-03	$6,300	$12,600	0%				$12,600	$25,200	Not Applicable	Not Applicable
82120TN0600021-01	$6,350	$12,700	0%				$12,700	$25,400	Not Applicable	Not Applicable
82120TN0600022-01	$6,300	$12,600	0%				$12,600	$25,200	Not Applicable	Not Applicable
82120TN0600022-0	$0	$0	0%				$0	$0	$0	$0
82120TN0600022-03	$6,300	$12,600	0%				$12,600	$25,200	Not Applicable	Not Applicable
82120TN0600031-01	$6,350	$12,700	0%				$12,700	$25,400	Not Applicable	Not Applicable
82120TN0600032-01	$6,300	$12,600	0%				$12,600	$25,200	Not Applicable	Not Applicable
82120TN0600032-0	$0	$0	0%				$0	$0	$0	$0
82120TN0600032-03	$6,300	$12,600	0%				$12,600	$25,200	Not Applicable	Not Applicable

HIOS Plan ID	Primary Care Visit to Treat an Injury or Illness – Copay: In Network (Tier 1)	Copay: In Network (Tier 2)	Copay: Out of Network	Coinsurance: In Network (Tier 1)	Coinsurance: In Network (Tier 2)	Coinsurance: Out of Network	Specialist Visit – Copay: In Network (Tier 1)	Copay: In Network (Tier 2)	Copay: Out of Network	Coinsurance: In Network (Tier 1)	Coinsurance: In Network (Tier 2)	Coinsurance: Out of Network
82120TN0600001-01	$35 Copay before deductible			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
82120TN0600002-01	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
82120TN0600002-0	$0		$0	0%		0%	$0		$0	0%		0%
82120TN0600002-03	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
82120TN0600011-01	$35 Copay before deductible			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
82120TN0600012-01	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
82120TN0600012-0	$0		$0	0%		0%	$0		$0	0%		0%
82120TN0600012-03	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
82120TN0600021-01	$35 Copay before deductible			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
82120TN0600022-01	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
82120TN0600022-0	$0		$0	0%		0%	$0		$0	0%		0%
82120TN0600022-03	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
82120TN0600031-01	$35 Copay before deductible			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
82120TN0600032-01	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
82120TN0600032-0	$0		$0	0%		0%	$0		$0	0%		0%
82120TN0600032-03	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

HIOS Plan ID	Other Practitioner Office Visit (Nurse, Physician Assistant) – Copay: In Network (Tier 1)	Copay: In Network (Tier 2)	Copay: Out of Network	Coinsurance: In Network (Tier 1)	Coinsurance: In Network (Tier 2)	Coinsurance: Out of Network	In Network (Tier 1)
82120TN0600001-01	$35 Copay before deductible			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge
82120TN0600002-01	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge
82120TN0600002-0	$0		$0	0%		0%	$0
82120TN0600002-03	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge
82120TN0600011-01	$35 Copay before deductible			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge
82120TN0600012-01	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge
82120TN0600012-0	$0		$0	0%		0%	$0
82120TN0600012-03	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge
82120TN0600021-01	$35 Copay before deductible			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge
82120TN0600022-01	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge
82120TN0600022-0	$0		$0	0%		0%	$0
82120TN0600022-03	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge
82120TN0600031-01	$35 Copay before deductible			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge
82120TN0600032-01	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge
82120TN0600032-0	$0		$0	0%		0%	$0
82120TN0600032-03	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge

Kundenkonto/Fall Nr. Kunden	Abrechnungs-Datum	Abrechnungs-Zeitraum	Kundenkonto	Abrechnungs-Zeitraum	Kundenkonto	Abrechnungs-Zeitraum	Kundenkonto	Abrechnungs-Zeitraum	Kundenkonto	Abrechnungs-Zeitraum	Kundenkonto	Abrechnungs-Zeitraum	Kundenkonto	Abrechnungs-Zeitraum	Kundenkonto	Abrechnungs-Zeitraum	Kundenkonto	Abrechnungs-Zeitraum	Kundenkonto	Abrechnungs-Zeitraum	Kundenkonto	Abrechnungs-Zeitraum	Kundenkonto	Abrechnungs-Zeitraum	Kundenkonto	Abrechnungs-Zeitraum	Kundenkonto	Abrechnungs-Zeitraum	Kundenkonto	Abrechnungs-Zeitraum	Kundenkonto	Abrechnungs-Zeitraum	Kundenkonto	Abrechnungs-Zeitraum	Kundenkonto	Abrechnungs-Zeitraum	Kundenkonto	Abrechnungs-Zeitraum	Kundenkonto	Abrechnungs-Zeitraum	Kundenkonto	Abrechnungs-Zeitraum	Kundenkonto	Abrechnungs-Zeitraum	Kundenkonto	Abrechnungs-Zeitraum	Kundenkonto	Abrechnungs-Zeitraum	Kundenkonto	Abrechnungs-Zeitraum	Kundenkonto	Abrechnungs-Zeitraum	Kundenkonto
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
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[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
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[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
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Mental/Behavioral Health Inpatient Services					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Substance Abuse Disorder Outpatient Services					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Substance Abuse Disorder Inpatient Services					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Generic Drugs					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Preferred Brand Drugs					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Non-Preferred Brand Drugs					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Specialty Drugs					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Outpatient Rehabilitation Services					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Habilitation Services					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Chiropractic Care					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Durable Medical Equipment					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Hearing Aids					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Preventive Care/Screening/Immunization					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			$0 No Charge		25% Coinsurance after deductible
No Charge $0		$0	$0 No Charge $0		25% Coinsurance after deductible 0%
No Charge			$0 No Charge		25% Coinsurance after deductible
No Charge			$0 No Charge		25% Coinsurance after deductible
No Charge $0		$0	$0 No Charge $0		25% Coinsurance after deductible 0%
No Charge			$0 No Charge		25% Coinsurance after deductible
No Charge			$0 No Charge		25% Coinsurance after deductible
No Charge $0		$0	$0 No Charge $0		25% Coinsurance after deductible 0%
No Charge			$0 No Charge		25% Coinsurance after deductible
No Charge			$0 No Charge		25% Coinsurance after deductible
No Charge $0		$0	$0 No Charge $0		25% Coinsurance after deductible 0%
No Charge			$0 No Charge		25% Coinsurance after deductible

Routine Foot Care				
Copay			Coinsurance	
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)
No Charge			No Charge after $0 deductible	
No Charge $0		$0	No Charge after $0 deductible 0%	
No Charge			No Charge after $0 deductible	
No Charge			No Charge after $0 deductible	
No Charge $0		$0	No Charge after $0 deductible 0%	
No Charge			No Charge after $0 deductible	
No Charge			No Charge after $0 deductible	
No Charge $0		$0	No Charge after $0 deductible 0%	
No Charge			No Charge after $0 deductible	
No Charge			No Charge after $0 deductible	
No Charge $0		$0	No Charge after $0 deductible 0%	
No Charge			No Charge after $0 deductible	

	Routine Eye Exam for Children						Eye Glasses for Children					
	Copay			Coinsurance			Copay			Coinsurance		
Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		50% Coinsurance after deductible	No Charge			No Charge after $0 deductible		50% Coinsurance after deductible
25% Coinsurance after deductible 0%	No Charge $0		$0	No Charge after $0 deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		$0	No Charge after $0 deductible 0%		50% Coinsurance after deductible 0%
25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		50% Coinsurance after deductible	No Charge			No Charge after $0 deductible		50% Coinsurance after deductible
25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		50% Coinsurance after deductible	No Charge			No Charge after $0 deductible		50% Coinsurance after deductible
25% Coinsurance after deductible 0%	No Charge $0		$0	No Charge after $0 deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		$0	No Charge after $0 deductible 0%		50% Coinsurance after deductible 0%
25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		50% Coinsurance after deductible	No Charge			No Charge after $0 deductible		50% Coinsurance after deductible
25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		50% Coinsurance after deductible	No Charge			No Charge after $0 deductible		50% Coinsurance after deductible
25% Coinsurance after deductible 0%	No Charge $0		$0	No Charge after $0 deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		$0	No Charge after $0 deductible 0%		50% Coinsurance after deductible 0%
25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		50% Coinsurance after deductible	No Charge			No Charge after $0 deductible		50% Coinsurance after deductible
25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		50% Coinsurance after deductible	No Charge			No Charge after $0 deductible		50% Coinsurance after deductible
25% Coinsurance after deductible 0%	No Charge $0		$0	No Charge after $0 deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		$0	No Charge after $0 deductible 0%		50% Coinsurance after deductible 0%
25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		50% Coinsurance after deductible	No Charge			No Charge after $0 deductible		50% Coinsurance after deductible

Rehabilitative Speech Therapy						Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			$0 No Charge		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%	No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%	No Charge $0		$0	$0 No Charge $0		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			$0 No Charge		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			$0 No Charge		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%	No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%	No Charge $0		$0	$0 No Charge $0		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			$0 No Charge		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			$0 No Charge		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%	No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%	No Charge $0		$0	$0 No Charge $0		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			$0 No Charge		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			$0 No Charge		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%	No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%	No Charge $0		$0	$0 No Charge $0		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			$0 No Charge		25% Coinsurance after deductible

Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Transplant					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%	No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%	No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%	No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%	No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%	No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%	No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%	No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%	No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Accidental Dental						Dialysis						Allergy Testing					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%	No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%	No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%	No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%	No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%	No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%	No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%	No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%	No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Chemotherapy						Radiation						Diabetes Education						Prosthetic Devices			
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%	No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%	No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%	No Charge $0		$0	No Charge after $0 deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%	No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%	No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%	No Charge $0		$0	No Charge after $0 deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%	No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%	No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%	No Charge $0		$0	No Charge after $0 deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible
No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%	No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%	No Charge $0		$0	No Charge after $0 deductible 0%		25% Coinsurance after deductible 0%	No Charge $0		$0	No Charge after $0 deductible 0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible

		Infusion Therapy						Treatment for Temporomandibular Joint Disorders					
Coinsurance		Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
	25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
	25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
	0%	$0		$0	0%		0%	$0		$0	0%		0%
	25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
	25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
	25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
	0%	$0		$0	0%		0%	$0		$0	0%		0%
	25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
	25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
	25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
	0%	$0		$0	0%		0%	$0		$0	0%		0%
	25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
	25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
	25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
	0%	$0		$0	0%		0%	$0		$0	0%		0%
	25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Nutritional Counseling						Reconstructive Surgery						Clinical Trials					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge		$0	No Charge		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge		$0	No Charge		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
$0		$0	$0		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge		$0	No Charge		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge		$0	No Charge		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge		$0	No Charge		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
$0		$0	$0		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge		$0	No Charge		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge		$0	No Charge		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge		$0	No Charge		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
$0		$0	$0		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge		$0	No Charge		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge		$0	No Charge		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge		$0	No Charge		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
$0		$0	$0		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge		$0	No Charge		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Diabetes Care Management						Inherited Metabolic Disorder - PKU						Off Label Prescription Drugs					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
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No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
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No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate						Autism Spectrum Disorders					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
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No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
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No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Osteoporosis						Chlamydia Screening					
Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
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Plans & Benefits Template v1.31

HIOS Issuer ID* 82120
Issuer State* TN
Market Coverage* Individual
Dental Only Plan* No
TIN* 39-1263473

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							*Pla*							
HIOS Plan ID* (Standard Component)	**Plan Marketing Name***	**HIOS Product ID***	**HPID**	**Network ID***	**Service Area ID***	**Formulary ID***	**New/Existing Plan?***	**Plan Type***	**Level of Coverage***	**Unique Plan Design?***	**QHP/Non-QHP***	**Notice Required for Pregnancy***	**Is a Referral Required for Specialist?***	**Specialist(s) Requiring a Referral**
82120TN0600018	Humana Preferred Silver 4600/6300 Plan	82120TN060		TNN002	TNS002	TNF002	New	PPO	Silver	Yes	Off the Exchange	Yes	No	
82120TN0600019	Humana Preferred Gold 2500/3500 Plan	82120TN060		TNN002	TNS002	TNF003	New	PPO	Gold	Yes	Off the Exchange	Yes	No	
82120TN0600020	Humana Preferred Platinum 1000/1500 Plan	82120TN060		TNN002	TNS002	TNF003	New	PPO	Platinum	Yes	Off the Exchange	Yes	No	
82120TN0600028	Humana Preferred Silver 4600/6300 Plan	82120TN060		TNN003	TNS003	TNF002	New	PPO	Silver	Yes	Off the Exchange	Yes	No	
82120TN0600029	Humana Preferred Gold 2500/3500 Plan	82120TN060		TNN003	TNS003	TNF003	New	PPO	Gold	Yes	Off the Exchange	Yes	No	
82120TN0600030	1000/1500 Plan	82120TN060		TNN003	TNS003	TNF003	New	PPO	Platinum	Yes	Off the Exchange	Yes	No	

Benefit Information			*General Information*								*Deductible and Out of Pocket E*		
Benefits	**EHB**	**State Mandate**	**Is this Benefit Covered?**	**Quantitative Limit on Service**	**Limit Quantity**	**Limit Unit**	**Minimum Stay**	**Exclusions**	**Explanation (text field)**	**EHB Variance Reason**	**Subject to Deductible (Tier 1)**	**Subject to Deductible (Tier 2)**	**Excluded from In Network MOOP**
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No							No	No	No
Specialist Visit	Yes		Covered	No							No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No							No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No							Yes	Yes	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No							Yes	Yes	No
Hospice Services	Yes		Covered	No							Yes	Yes	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No							Yes	Yes	No
Routine Dental Services (Adult)			Not Covered										
Infertility Treatment	Yes		Covered	No				Does not include services or supplies	Coverage for services to diagnose and treat	Substantially Equal	Yes	Yes	No
Long-Term/Custodial Nursing Home Care			Not Covered										
Private-Duty Nursing			Not Covered										
Routine Eye Exam (Adult)			Not Covered										
Urgent Care Centers or Facilities	Yes		Covered	No							No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year					Yes	Yes	No
Emergency Room Services	Yes	Yes	Covered	No							Yes	Yes	No

n Attributes									Stand Alone Dental Only		AV Calculator Additional Benefit Design			
Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*	Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?
	$0.00	No			Allows Adult and Child-Only		Yes							
	$0.00	No			Allows Adult and Child-Only		Yes							
	$0.00	No			Allows Adult and Child-Only		Yes							
	$0.00	No			Allows Adult and Child-Only		Yes							
	$0.00	No			Allows Adult and Child-Only		Yes							
	$0.00	No			Allows Adult and Child-Only		Yes							

xceptions
Excluded from Out of Network MOOP
No
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Plan Dates		Geographic Coverage					URLs		
Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
1/1/2014		Yes	Out of Country Coverage is covered for any expense incurred for services received outside of the United States as required by law for emergency care services.	Yes	Any covered expense incurred for services received from an out of network provider will be covered at a lower coinsurance, based on the maximum allowable fee and providers can balance bill which will result in higher out of pocket costs, except for covered expense incurred for services received outside of the service area as required by law for emergency care services.	No			http://apps.humana.com/marketing/doc
1/1/2014		Yes	Out of Country Coverage is covered for any expense incurred for services received outside of the United States as required by law for emergency care services.	Yes	Any covered expense incurred for services received from an out of network provider will be covered at a lower coinsurance, based on the maximum allowable fee and providers can balance bill which will result in higher out of pocket costs, except for covered expense incurred for services received outside of the service area as required by law for emergency care services.	No			http://apps.humana.com/marketing/doc
1/1/2014		Yes	Out of Country Coverage is covered for any expense incurred for services received outside of the United States as required by law for emergency care services.	Yes	Any covered expense incurred for services received from an out of network provider will be covered at a lower coinsurance, based on the maximum allowable fee and providers can balance bill which will result in higher out of pocket costs, except for covered expense incurred for services received outside of the service area as required by law for emergency care services.	No			http://apps.humana.com/marketing/doc
1/1/2014		Yes	Out of Country Coverage is covered for any expense incurred for services received outside of the United States as required by law for emergency care services.	Yes	Any covered expense incurred for services received from an out of network provider will be covered at a lower coinsurance, based on the maximum allowable fee and providers can balance bill which will result in higher out of pocket costs, except for covered expense incurred for services received outside of the service area as required by law for emergency care services.	No			http://apps.humana.com/marketing/doc
1/1/2014		Yes	Out of Country Coverage is covered for any expense incurred for services received outside of the United States as required by law for emergency care services.	Yes	Any covered expense incurred for services received from an out of network provider will be covered at a lower coinsurance, based on the maximum allowable fee and providers can balance bill which will result in higher out of pocket costs, except for covered expense incurred for services received outside of the service area as required by law for emergency care services.	No			http://apps.humana.com/marketing/doc
1/1/2014		Yes	Out of Country Coverage is covered for any expense incurred for	Yes	network provider will be covered at a lower coinsurance, based on	No			http://apps.humana.com/marketing/doc

Emergency Transportation/Ambulance	Yes		Covered	No						Yes	Yes	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No						Yes	Yes	No
Inpatient Physician and Surgical Services	Yes		Covered	No						Yes	Yes	No
Bariatric Surgery			Not Covered									
Cosmetic Surgery			Not Covered									
Skilled Nursing Facility	Yes		Covered	Yes	60	Days per Year				Yes	Yes	No
Prenatal and Postnatal Care	Yes		Covered	No						Yes	Yes	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No						Yes	Yes	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No					Other Law/Regulati	Yes	Yes	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No					Other Law/Regulati	Yes	Yes	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No					Other Law/Regulati	Yes	Yes	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No					Other Law/Regulati	Yes	Yes	No
Generic Drugs	Yes		Covered	No						No	No	No
Preferred Brand Drugs	Yes		Covered	No						Yes	Yes	No
Non-Preferred Brand Drugs	Yes		Covered	No						Yes	Yes	No
Specialty Drugs	Yes		Covered	No						Yes	Yes	No
Outpatient Rehabilitation Services	Yes		Covered	No				Physical Therapy and Occupational: 20 visits	Above EHB	Yes	Yes	No
Habilitation Services	Yes	Yes	Covered	No				Physical Therapy and Occupational: 20 visits	Above EHB	Yes	Yes	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year				Yes	Yes	No
Durable Medical Equipment	Yes		Covered	No						Yes	Yes	No
Hearing Aids	Yes	Yes	Covered	No			Does not include repair or maintenance	Coverage to age 18. Required coverage	Substantially Equal	Yes	Yes	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No						Yes	Yes	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	No				Well Care visit limited to 1 per year except		No	No	No
Routine Foot Care	Yes		Covered	No						Yes	Yes	No
Acupuncture			Not Covered									
Weight Loss Programs			Not Covered									
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year				Yes	Yes	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year		1 pair of lenses per year	Substantially Equal	Yes	Yes	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months				Yes	Yes	No
Rehabilitative Speech Therapy	Yes		Covered	No					Above EHB	Yes	Yes	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	20	Visit(s) per Year		20 visits each per calendar year	Substantially Equal	Yes	Yes	No
Well Baby Visits and Care			Covered	No					Other Law/Regulati	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No						Yes	Yes	No
X-rays and Diagnostic Imaging	Yes		Covered	No						Yes	Yes	No
Basic Dental Care – Child	Yes		Covered							Yes	Yes	No
Orthodontia – Child	Yes		Covered					When medically necessary and for	Substantially Equal	Yes	Yes	No
Major Dental Care – Child	Yes		Covered							Yes	Yes	No
Basic Dental Care – Adult			Not Covered									
Orthodontia – Adult			Not Covered									
Major Dental Care – Adult			Not Covered									
Abortion for Which Public Funding is Prohibited			Not Covered									
Transplant	Yes		Covered	No						Yes	Yes	No
Accidental Dental			Covered	No				Includes extractions/treatment	Above EHB	Yes	Yes	No
Dialysis			Covered	No					Substantially Equal	Yes	Yes	No
Allergy Testing			Covered	No					Substantially Equal	Yes	Yes	No
Chemotherapy			Covered	No					Substantially Equal	Yes	Yes	No
Radiation			Covered	No					Substantially Equal	Yes	Yes	No
Diabetes Education			Covered	No					Above EHB	Yes	Yes	No

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Prosthetic Devices	Yes		Covered	No				Yes	Yes	No
Infusion Therapy			Covered	No			Above EHB	Yes	Yes	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No				Yes	Yes	No
Nutritional Counseling			Covered	No		Covered when in treatment for diabetes	Other Law/Regulati	Yes	Yes	No
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	Yes	No
Clinical Trials		Yes	Covered	No				Yes	Yes	No
Diabetes Care Management		Yes	Covered	No				Yes	Yes	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	Yes	No
Off Label Prescription Drugs		Yes	Covered	No				Yes	Yes	No
Dental Anesthesia		Yes	Covered	No				Yes	Yes	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	Yes	No
Autism Spectrum Disorders			Covered	No			Above EHB	Yes	Yes	No
Osteoporosis			Covered	No			Above EHB	Yes	Yes	No
Chlamydia Screening			Covered	No			Above EHB	Yes	Yes	No

Cost Sharing Reduction Information											SBC Scenario							
											Having a Baby				Having Diabetes			
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit
82120TN0600018-00	Humana Preferred Silv	Silver	Standard Silver Off Ex	68.80%	68.80%	No	Yes	No	100%									
82120TN0600019-00	Humana Preferred Go	Gold	Standard Gold Off Exc	78.29%	78.29%	No	Yes	No	100%									
82120TN0600020-00	Humana Preferred Pla	Platinum	Standard Platinum Off	90.55%	90.55%	No	Yes	No	100%									
82120TN0600028-00	Humana Preferred Silv	Silver	Standard Silver Off Ex	68.80%	68.80%	No	Yes	No	100%									
82120TN0600029-00	Humana Preferred Go	Gold	Standard Gold Off Exc	78.29%	78.29%	No	Yes	No	100%									
82120TN0600030-00	Humana Preferred Pla	Platinum	Standard Platinum Off	90.55%	90.55%	No	Yes	No	100%									

HIOS Plan ID	Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits							
	In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
82120TN0600018-00																
82120TN0600019-00																
82120TN0600020-00																
82120TN0600028-00																
82120TN0600029-00																
82120TN0600030-00																

HIOS Plan ID	Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)								Medical EHB Deductible									
	In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network	
	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Default Coinsurance	Individual	Family	Default Coinsurance	Individual	Family	Individual	Family
82120TN0600018-00	$6,300	$12,600			$25,200	$50,400	Not Applicable	Not Applicable	$4,600	$9,200	20%				$9,200	$18,400	Not Applicable	Not Applicable
82120TN0600019-00	$3,500	$7,000			$14,000	$28,000	Not Applicable	Not Applicable	$2,500	$5,000	20%				$5,000	$10,000	Not Applicable	Not Applicable
82120TN0600020-00	$1,500	$3,000			$6,000	$12,000	Not Applicable	Not Applicable	$1,000	$2,000	20%				$2,000	$4,000	Not Applicable	Not Applicable
82120TN0600028-00	$6,300	$12,600			$25,200	$50,400	Not Applicable	Not Applicable	$4,600	$9,200	20%				$9,200	$18,400	Not Applicable	Not Applicable
82120TN0600029-00	$3,500	$7,000			$14,000	$28,000	Not Applicable	Not Applicable	$2,500	$5,000	20%				$5,000	$10,000	Not Applicable	Not Applicable
82120TN0600030-00	$1,500	$3,000			$6,000	$12,000	Not Applicable	Not Applicable	$1,000	$2,000	20%				$2,000	$4,000	Not Applicable	Not Applicable

HIOS Plan ID	Drug EHB Deductible										Combined Medical and Drug EHB Deductible									
	In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network	
	Individual	Family	Default Coinsurance	Individual	Family	Default Coinsurance	Individual	Family	Individual	Family	Individual	Family	Default Coinsurance	Individual	Family	Default Coinsurance	Individual	Family	Individual	Family
82120TN0600018-00	$1,500	$3,000	50%				$4,500	$9,000	Not Applicable	Not Applicable										
82120TN0600019-00	$500	$1,000	35%				$1,500	$3,000	Not Applicable	Not Applicable										
82120TN0600020-00	$500	$1,000	35%				$1,500	$3,000	Not Applicable	Not Applicable										
82120TN0600028-00	$1,500	$3,000	50%				$4,500	$9,000	Not Applicable	Not Applicable										
82120TN0600029-00	$500	$1,000	35%				$1,500	$3,000	Not Applicable	Not Applicable										
82120TN0600030-00	$500	$1,000	35%				$1,500	$3,000	Not Applicable	Not Applicable										

HIOS Plan ID	Primary Care Visit to Treat an Injury or Illness						Specialist Visit					
	Copay			Coinsurance			Copay			Coinsurance		
	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
82120TN0600018-00	$25		$0	No Charge		40% Coinsurance after deductible	$35		$0	No Charge		40% Coinsurance after deductible
82120TN0600019-00	$25		$0	No Charge		40% Coinsurance after deductible	$35		$0	No Charge		40% Coinsurance after deductible
82120TN0600020-00	$25		$0	No Charge		40% Coinsurance after deductible	$35		$0	No Charge		40% Coinsurance after deductible
82120TN0600028-00	$25		$0	No Charge		40% Coinsurance after deductible	$35		$0	No Charge		40% Coinsurance after deductible
82120TN0600029-00	$25		$0	No Charge		40% Coinsurance after deductible	$35		$0	No Charge		40% Coinsurance after deductible
82120TN0600030-00	$25		$0	No Charge		40% Coinsurance after deductible	$35		$0	No Charge		40% Coinsurance after deductible

HIOS Plan ID	Other Practitioner Office Visit (Nurse, Physician Assistant)						Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				
	Copay			Coinsurance			Copay			Coinsurance	
	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)
82120TN0600018-00	$25		$0	No Charge		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible	
82120TN0600019-00	$25		$0	No Charge		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible	
82120TN0600020-00	$25		$0	No Charge		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible	
82120TN0600028-00	$25		$0	No Charge		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible	
82120TN0600029-00	$25		$0	No Charge		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible	
82120TN0600030-00	$25		$0	No Charge		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible	

	Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.					
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible

Infertility Treatment						Urgent Care Centers or Facilities						Home Health Care Services					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$50		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$50		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$50		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$50		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$50		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$50		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible

Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		40% Coinsurance after deductible

Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible

Delivery and All Inpatient Services for Maternity Care						Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Ser			
Copay			Coinsurance			Copay			Coinsurance			Copay			
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible

Code	Substance Abuse Mental Health Services				Substance Abuse Mental Health Services				Opioid Drugs				Prescribed Medications				Non-Prescribed Drugs				Opioid Drugs				Amphetamine-Type Stimulants				Methamphetamine				Cocaine				Hallucinogens				Inhalants				Marijuana				Hashish				Synthetic Cannabinoids				Prescribed Drugs				Prescribed Drugs				Prescribed Drugs				Prescribed Drugs			
Indicators	Display				Dataset				Display				Dataset				Display				Dataset				Display				Dataset				Display				Dataset				Display				Dataset				Display				Dataset				Display				Dataset				Display			
Estimate CVI					Estimate CVI				Estimate CVI				Estimate CVI				Estimate CVI				Estimate CVI				Estimate CVI				Estimate CVI				Estimate CVI				Estimate CVI				Estimate CVI				Estimate CVI				Estimate CVI				Estimate CVI				Estimate CVI				Estimate CVI				Estimate CVI			
01					01				01				01				01				01				01				01				01				01				01				01				01				01				01				01				01			
[redacted]	49% (Indicator)	50.0 (Change)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change
[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change
[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change
[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change
[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change
[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change	[redacted]	49% (Indicator)	50.0% (Indicator)	No Change

m for Children			Eye Glasses for Children						Dental Check-Up for Children					
Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible

Rehabilitative Speech Therapy						Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	No Charge		40% Coinsurance after deductible

Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible

Orthodontia – Child						Major Dental Care – Child						Transplant					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible

Accidental Dental						Dialysis						Allergy Testing							
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge	
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge	
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge	
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge	
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge	
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge	

Arbeitsbereitschaft			Bereitschaft			Akademische Weiterbildung			Arbeitsbereitschaft			Arbeitsbereitschaft			Arbeitsbereitschaft			Transplantationsmedizin (nicht Arbeitsbereitschaft)			Medizinische Versorgung			Medizinische Versorgung			Arbeitsbereitschaft			Arbeitsbereitschaft Sozialmedizinisch			Sozialmedizinische Nachsorge / Reha			Sozialmedizinische Nachsorge / Reha			Öffentlich Recht			Öffentlich Recht			Arbeitsbereitschaft			Arbeitsbereitschaft		
Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert	Ist-Ist Wert
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch
50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change
0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch
50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change
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50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change
0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch	0% Verbrauch
50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change	50 offen Verbrauch	100 offen Verbrauch	No Change

Aktualizacja						Utworzenie konta					
Płatny			Stałomiesięczny			Płatny			Próbnomiesięczny		
27 Sierpień 2021	28 Luty 2022		27 Sierpień 2021	28 Sierpień 2021	28 Luty 2022	27 Sierpień 2021	28 Luty 2022		27 Sierpień 2021	28 Sierpień 2021	28 Luty 2022
[redacted]	[redacted]		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		[redacted]	[redacted]	[redacted]
	2021-10-01 00:00:00	2021-10-01 00:00:00		2021-10-01 00:00:00	2021-10-01 00:00:00		2021-10-01 00:00:00	2021-10-01 00:00:00		2021-10-01 00:00:00	2021-10-01 00:00:00
	2021-11-01 00:00:00	2021-11-01 00:00:00		2021-11-01 00:00:00	2021-11-01 00:00:00		2021-11-01 00:00:00	2021-11-01 00:00:00		2021-11-01 00:00:00	2021-11-01 00:00:00
	2021-12-01 00:00:00	2021-12-01 00:00:00		2021-12-01 00:00:00	2021-12-01 00:00:00		2021-12-01 00:00:00	2021-12-01 00:00:00		2021-12-01 00:00:00	2021-12-01 00:00:00
	2022-01-01 00:00:00	2022-01-01 00:00:00		2022-01-01 00:00:00	2022-01-01 00:00:00		2022-01-01 00:00:00	2022-01-01 00:00:00		2022-01-01 00:00:00	2022-01-01 00:00:00
	2022-02-01 00:00:00	2022-02-01 00:00:00		2022-02-01 00:00:00	2022-02-01 00:00:00		2022-02-01 00:00:00	2022-02-01 00:00:00		2022-02-01 00:00:00	2022-02-01 00:00:00

Plans & Benefits Template v1.31

HIOS Issuer ID*	82120
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	39-1263473

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Pla							
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral
82120TN0620003	4850/6350 Plan with Children's Dental	82120TN062		TNN006	TNS007	TNF005	New	PPO	Bronze	Yes	Off the Exchange	Yes	No	
	Humana Preferred Silver													
82120TN0620004	4250/6250 Plan with Children's Dental	82120TN062		TNN006	TNS007	TNF006	New	PPO	Silver	Yes	Off the Exchange	Yes	No	
82120TN0620006	2500/3500 Plan with Children's Dental	82120TN062		TNN006	TNS007	TNF007	New	PPO	Gold	Yes	Off the Exchange	Yes	No	
	Humana Preferred Platinum													
82120TN0620007	1000/1500 Plan with Children's Dental	82120TN062		TNN006	TNS007	TNF007	New	PPO	Platinum	Yes	Off the Exchange	Yes	No	
	Humana Preferred Bronze													
82120TN0610003	4850/6350 Plan with Children's Dental	82120TN061		TNN007	TNS006	TNF005	New	PPO	Bronze	Yes	Off the Exchange	Yes	No	
	Humana Preferred Silver													
82120TN0610004	4250/6250 Plan with Children's Dental	82120TN061		TNN007	TNS006	TNF006	New	PPO	Silver	Yes	Off the Exchange	Yes	No	
82120TN0610006	2500/3500 Plan with Children's Dental	82120TN061		TNN007	TNS006	TNF007	New	PPO	Gold	Yes	Off the Exchange	Yes	No	
	Humana Preferred Platinum													
82120TN0610007	1000/1500 Plan with Children's Dental	82120TN061		TNN007	TNS006	TNF007	New	PPO	Platinum	Yes	Off the Exchange	Yes	No	

Benefit Information			General Information								Deductible and Out of Pocket Ex		
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No							No	No	No
Specialist Visit	Yes		Covered	No							No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No							No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No							Yes	Yes	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No							Yes	Yes	No
Hospice Services	Yes		Covered	No							Yes	Yes	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No							Yes	Yes	No
Routine Dental Services (Adult)			Not Covered										
Infertility Treatment	Yes		Covered	No				Does not include services or supplies	Coverage for services to diagnose and treat	Substantially Equal	Yes	Yes	No
Long-Term/Custodial Nursing Home Care			Not Covered										
Private-Duty Nursing			Not Covered										
Routine Eye Exam (Adult)			Not Covered										
Urgent Care Centers or Facilities	Yes		Covered	No							No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year					Yes	Yes	No
Emergency Room Services	Yes	Yes	Covered	No							Yes	Yes	No
Emergency Transportation/Ambulance	Yes		Covered	No							Yes	Yes	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No							Yes	Yes	No

n Attributes									Stand Alone Dental Only		AV Calculator Additional Benefit Design			
Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*	Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?
	$0.00	No			Allows Adult and Child-Only		Yes							3
	$0.00	No			Allows Adult and Child-Only		Yes							
	$0.00	No			Allows Adult and Child-Only		Yes							
	$0.00	No			Allows Adult and Child-Only		Yes							
	$0.00	No			Allows Adult and Child-Only		Yes							3
	$0.00	No			Allows Adult and Child-Only		Yes							
	$0.00	No			Allows Adult and Child-Only		Yes							
	$0.00	No			Allows Adult and Child-Only		Yes							
	$0.00	No			Allows Adult and Child-Only		Yes							

ceptions
Excluded from Out of Network MOOP
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Plan Dates		Geographic Coverage					URLs		
Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
1/1/2014		Yes	covered for any expense incurred	Yes	provider will be covered at a lower coinsurance, based on the maximum allowable	Yes			http://apps.humana.com/marketing/doc
1/1/2014		Yes	Out of Country Coverage is covered for any expense incurred for services received outside of the United States as required by law for emergency care services.	Yes	Any covered expense incurred for services received from an out of network provider will be covered at a lower coinsurance, based on the maximum allowable fee and providers can balance bill which will result in higher out of pocket costs, except for covered expense incurred for services received outside of the service area as required by law for emergency care services.	Yes			http://apps.humana.com/marketing/doc
1/1/2014		Yes	covered for any expense incurred	Yes	provider will be covered at a lower coinsurance, based on the maximum allowable	Yes			http://apps.humana.com/marketing/doc
1/1/2014		Yes	Out of Country Coverage is covered for any expense incurred for services received outside of the United States as required by law for emergency care services.	Yes	Any covered expense incurred for services received from an out of network provider will be covered at a lower coinsurance, based on the maximum allowable fee and providers can balance bill which will result in higher out of pocket costs, except for covered expense incurred for services received outside of the service area as required by law for emergency care services.	Yes			http://apps.humana.com/marketing/doc
1/1/2014		Yes	Out of Country Coverage is covered for any expense incurred for services received outside of the United States as required by law for emergency care services.	Yes	Any covered expense incurred for services received from an out of network provider will be covered at a lower coinsurance, based on the maximum allowable fee and providers can balance bill which will result in higher out of pocket costs, except for covered expense incurred for services received outside of the service area as required by law for emergency care services.	Yes			http://apps.humana.com/marketing/doc
1/1/2014		Yes	Out of Country Coverage is covered for any expense incurred for services received outside of the United States as required by law for emergency care services.	Yes	Any covered expense incurred for services received from an out of network provider will be covered at a lower coinsurance, based on the maximum allowable fee and providers can balance bill which will result in higher out of pocket costs, except for covered expense incurred for services received outside of the service area as required by law for emergency care services.	Yes			http://apps.humana.com/marketing/doc
1/1/2014		Yes	covered for any expense incurred	Yes	provider will be covered at a lower coinsurance, based on the maximum allowable	Yes			http://apps.humana.com/marketing/doc
1/1/2014		Yes	Out of Country Coverage is covered for any expense incurred for services received outside of the United States as required by law for emergency care services.	Yes	Any covered expense incurred for services received from an out of network provider will be covered at a lower coinsurance, based on the maximum allowable fee and providers can balance bill which will result in higher out of pocket costs, except for covered expense incurred for services received outside of the service area as required by law for emergency care services.	Yes			http://apps.humana.com/marketing/doc

Inpatient Physician and Surgical Services	Yes		Covered	No						Yes	Yes	No
Bariatric Surgery			Not Covered									
Cosmetic Surgery			Not Covered									
Skilled Nursing Facility	Yes		Covered	Yes	60	Days per Year				Yes	Yes	No
Prenatal and Postnatal Care	Yes		Covered	No						Yes	Yes	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No						Yes	Yes	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No					Other Law/Regulati	Yes	Yes	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No					Other Law/Regulati	Yes	Yes	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No					Other Law/Regulati	Yes	Yes	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No					Other Law/Regulati	Yes	Yes	No
Generic Drugs	Yes		Covered	No						No	No	No
Preferred Brand Drugs	Yes		Covered	No						Yes	Yes	No
Non-Preferred Brand Drugs	Yes		Covered	No						Yes	Yes	No
Specialty Drugs	Yes		Covered	No						Yes	Yes	No
Outpatient Rehabilitation Services	Yes		Covered	No				Physical Therapy and Occupational: 20 visits	Above EHB	Yes	Yes	No
Habilitation Services	Yes	Yes	Covered	No				Physical Therapy and Occupational: 20 visits	Above EHB	Yes	Yes	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year				Yes	Yes	No
Durable Medical Equipment	Yes		Covered	No						Yes	Yes	No
Hearing Aids	Yes	Yes	Covered	No			Does not include repair or maintenance	Coverage to age 18. Required coverage	Substantially Equal	Yes	Yes	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No						Yes	Yes	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	No				Well Care visit limited to 1 per year except		No	No	No
Routine Foot Care	Yes		Covered	No						Yes	Yes	No
Acupuncture			Not Covered									
Weight Loss Programs			Not Covered									
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year				Yes	Yes	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year		1 pair of lenses per year	Substantially Equal	Yes	Yes	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months				Yes	Yes	No
Rehabilitative Speech Therapy	Yes		Covered	No					Above EHB	Yes	Yes	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	20	Visit(s) per Year		20 visits each per calendar year	Substantially Equal	Yes	Yes	No
Well Baby Visits and Care			Covered	No					Other Law/Regulati	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No						Yes	Yes	No
X-rays and Diagnostic Imaging	Yes		Covered	No						Yes	Yes	No
Basic Dental Care – Child	Yes		Covered							Yes	Yes	No
Orthodontia – Child	Yes		Covered					When medically necessary and for	Substantially Equal	Yes	Yes	No
Major Dental Care – Child	Yes		Covered							Yes	Yes	No
Basic Dental Care – Adult			Not Covered									
Orthodontia – Adult			Not Covered									
Major Dental Care – Adult			Not Covered									
Abortion for Which Public Funding is Prohibited			Not Covered									
Transplant	Yes		Covered	No						Yes	Yes	No
Accidental Dental			Covered	No				Includes extractions/treatment	Above EHB	Yes	Yes	No
Dialysis			Covered	No					Substantially Equal	Yes	Yes	No
Allergy Testing			Covered	No					Substantially Equal	Yes	Yes	No
Chemotherapy			Covered	No					Substantially Equal	Yes	Yes	No
Radiation			Covered	No					Substantially Equal	Yes	Yes	No
Diabetes Education			Covered	No					Above EHB	Yes	Yes	No
Prosthetic Devices	Yes		Covered	No						Yes	Yes	No
Infusion Therapy			Covered	No					Above EHB	Yes	Yes	No

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Treatment for Temporomandibular Joint Disorders	Yes		Covered	No			Yes	Yes	No
Nutritional Counseling			Covered	No	Covered when in treatment for diabetes	Other Law/Regulati	Yes	Yes	No
Reconstructive Surgery	Yes	Yes	Covered	No			Yes	Yes	No
Clinical Trials		Yes	Covered	No			Yes	Yes	No
Diabetes Care Management		Yes	Covered	No			Yes	Yes	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No			Yes	Yes	No
Off Label Prescription Drugs		Yes	Covered	No			Yes	Yes	No
Dental Anesthesia		Yes	Covered	No			Yes	Yes	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No			Yes	Yes	No
Autism Spectrum Disorders			Covered	No		Above EHB	Yes	Yes	No
Osteoporosis			Covered	No		Above EHB	Yes	Yes	No
Chlamydia Screening			Covered	No		Above EHB	Yes	Yes	No

HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization
82120TN0620003-00	Humana Preferred Bronze 4850/6350 Plan with Children's Dental	Bronze	Standard Bronze Off Ex	61.97%	61.97%	No	Yes	No	100%	
82120TN0620004-00	Humana Preferred Silver 4250/6250 Plan with Children's Dental	Silver	Standard Silver Off Excl	69.53%	69.53%	No	Yes	No	100%	
82120TN0620006-00	Humana Preferred Gold 2500/3500 Plan with Children's Dental	Gold	Standard Gold Off Exch	78.07%	78.07%	No	Yes	No	100%	
82120TN0620007-00	Humana Preferred Platinum 1000/1500 Plan with Children's Dental	Platinum	Standard Platinum Off E	90.88%	90.88%	No	Yes	No	100%	
82120TN0610003-00	Humana Preferred Bronze 4850/6350 Plan with Children's Dental	Bronze	Standard Bronze Off Ex	61.97%	61.97%	No	Yes	No	100%	
82120TN0610004-00	Humana Preferred Silver 4250/6250 Plan with Children's Dental	Silver	Standard Silver Off Excl	69.53%	69.53%	No	Yes	No	100%	
82120TN0610006-00	Humana Preferred Gold 2500/3500 Plan with Children's Dental	Gold	Standard Gold Off Exch	78.07%	78.07%	No	Yes	No	100%	
82120TN0610007-00	Humana Preferred Platinum 1000/1500 Plan with Children's Dental	Platinum	Standard Platinum Off E	90.88%	90.88%	No	Yes	No	100%	

HIOS Plan ID	SBC Scenario: Having a Baby – Deductible	Having a Baby – Copayment	Having a Baby – Coinsurance	Having a Baby – Limit	Having Diabetes – Deductible	Having Diabetes – Copayment	Having Diabetes – Coinsurance	Having Diabetes – Limit
82120TN0620003-00								
82120TN0620004-00								
82120TN0620006-00								
82120TN0620007-00								
82120TN0610003-00								
82120TN0610004-00								
82120TN0610006-00								
82120TN0610007-00								

HIOS Plan ID	Maximum Out of Pocket for Medical EHB Benefits: In Network – Individual	In Network – Family	In Network (Tier 2) – Individual	In Network (Tier 2) – Family	Out of Network – Individual	Out of Network – Family	Combined In/Out Network – Individual	Combined In/Out Network – Family
82120TN0620003-00								
82120TN0620004-00								
82120TN0620006-00								
82120TN0620007-00								
82120TN0610003-00								
82120TN0610004-00								
82120TN0610006-00								
82120TN0610007-00								

HIOS Plan ID	Maximum Out of Pocket for Drug EHB Benefits: In Network – Individual	In Network – Family	In Network (Tier 2) – Individual	In Network (Tier 2) – Family	Out of Network – Individual	Out of Network – Family	Combined In/Out Network – Individual	Combined In/Out Network – Family
82120TN0620003-00								
82120TN0620004-00								
82120TN0620006-00								
82120TN0620007-00								
82120TN0610003-00								
82120TN0610004-00								
82120TN0610006-00								
82120TN0610007-00								

HIOS Plan ID	Maximum Out of Pocket for Medical and Drug EHB Benefits (Total): In Network – Individual	In Network – Family	In Network (Tier 2) – Individual	In Network (Tier 2) – Family	Out of Network – Individual	Out of Network – Family	Combined In/Out Network – Individual	Combined In/Out Network – Family
82120TN0620003-00	$6,350	$12,700			$25,400	$50,800	Not Applicable	Not Applicable
82120TN0620004-00	$6,250	$12,500			$25,000	$50,000	Not Applicable	Not Applicable
82120TN0620006-00	$3,500	$7,000			$14,000	$28,000	Not Applicable	Not Applicable
82120TN0620007-00	$1,500	$3,000			$6,000	$12,000	Not Applicable	Not Applicable
82120TN0610003-00	$6,350	$12,700			$25,400	$50,800	Not Applicable	Not Applicable
82120TN0610004-00	$6,250	$12,500			$25,000	$50,000	Not Applicable	Not Applicable
82120TN0610006-00	$3,500	$7,000			$14,000	$28,000	Not Applicable	Not Applicable
82120TN0610007-00	$1,500	$3,000			$6,000	$12,000	Not Applicable	Not Applicable

HIOS Plan ID	Medical EHB Deductible: In Network – Individual	In Network – Family	In Network – Default Coinsurance	In Network (Tier 2) – Individual	In Network (Tier 2) – Family	In Network (Tier 2) – Default Coinsurance	Out of Network – Individual	Out of Network – Family	Combined In/Out Network – Individual	Combined In/Out Network – Family
82120TN0620003-00	$4,850	$9,700	20%				$9,700	$19,400	Not Applicable	Not Applicable
82120TN0620004-00	$4,250	$8,500	20%				$8,500	$17,000	Not Applicable	Not Applicable
82120TN0620006-00	$2,500	$5,000	20%				$5,000	$10,000	Not Applicable	Not Applicable
82120TN0620007-00	$1,000	$2,000	20%				$2,000	$4,000	Not Applicable	Not Applicable
82120TN0610003-00	$4,850	$9,700	20%				$9,700	$19,400	Not Applicable	Not Applicable
82120TN0610004-00	$4,250	$8,500	20%				$8,500	$17,000	Not Applicable	Not Applicable
82120TN0610006-00	$2,500	$5,000	20%				$5,000	$10,000	Not Applicable	Not Applicable
82120TN0610007-00	$1,000	$2,000	20%				$2,000	$4,000	Not Applicable	Not Applicable

HIOS Plan ID	Drug EHB Deductible: In Network – Individual	In Network – Family	In Network – Default Coinsurance	In Network (Tier 2) – Individual	In Network (Tier 2) – Family	In Network (Tier 2) – Default Coinsurance	Out of Network – Individual	Out of Network – Family	Combined In/Out Network – Individual	Combined In/Out Network – Family
82120TN0620003-00	$1,500	$3,000	50%				$4,500	$9,000	Not Applicable	Not Applicable
82120TN0620004-00	$1,500	$3,000	50%				$4,500	$9,000	Not Applicable	Not Applicable
82120TN0620006-00	$500	$1,000	25%				$1,500	$3,000	Not Applicable	Not Applicable
82120TN0620007-00	$500	$1,000	25%				$1,500	$3,000	Not Applicable	Not Applicable
82120TN0610003-00	$1,500	$3,000	50%				$4,500	$9,000	Not Applicable	Not Applicable
82120TN0610004-00	$1,500	$3,000	50%				$4,500	$9,000	Not Applicable	Not Applicable
82120TN0610006-00	$500	$1,000	25%				$1,500	$3,000	Not Applicable	Not Applicable
82120TN0610007-00	$500	$1,000	25%				$1,500	$3,000	Not Applicable	Not Applicable

HIOS Plan ID	Combined Medical and Drug EHB Deductible: In Network – Individual	In Network – Family	In Network – Default Coinsurance	In Network (Tier 2) – Individual	In Network (Tier 2) – Family	In Network (Tier 2) – Default Coinsurance	Out of Network – Individual	Out of Network – Family	Combined In/Out Network – Individual	Combined In/Out Network – Family
82120TN0620003-00										
82120TN0620004-00										
82120TN0620006-00										
82120TN0620007-00										
82120TN0610003-00										
82120TN0610004-00										
82120TN0610006-00										
82120TN0610007-00										

HIOS Plan ID	Primary Care Visit to Treat an Injury or Illness: Copay – In Network (Tier 1)	Copay – In Network (Tier 2)	Copay – Out of Network	Coinsurance – In Network (Tier 1)	Coinsurance – In Network (Tier 2)	Coinsurance – Out of Network
82120TN0620003-00	$55 Copay before deductible		$0	No Charge after deductible		40% Coinsurance after deductible
82120TN0620004-00	$35		$0	No Charge		40% Coinsurance after deductible
82120TN0620006-00	$25		$0	No Charge		40% Coinsurance after deductible
82120TN0620007-00	$25		$0	No Charge		40% Coinsurance after deductible
82120TN0610003-00	$55 Copay before deductible		$0	No Charge after deductible		40% Coinsurance after deductible
82120TN0610004-00	$35		$0	No Charge		40% Coinsurance after deductible
82120TN0610006-00	$25		$0	No Charge		40% Coinsurance after deductible
82120TN0610007-00	$25		$0	No Charge		40% Coinsurance after deductible

HIOS Plan ID	Specialist Visit: Copay – In Network (Tier 1)	Copay – In Network (Tier 2)	Copay – Out of Network	Coinsurance – In Network (Tier 1)	Coinsurance – In Network (Tier 2)	Coinsurance – Out of Network
82120TN0620003-00	$80		$0	No Charge		40% Coinsurance after deductible
82120TN0620004-00	$60		$0	No Charge		40% Coinsurance after deductible
82120TN0620006-00	$35		$0	No Charge		40% Coinsurance after deductible
82120TN0620007-00	$35		$0	No Charge		40% Coinsurance after deductible
82120TN0610003-00	$80		$0	No Charge		40% Coinsurance after deductible
82120TN0610004-00	$60		$0	No Charge		40% Coinsurance after deductible
82120TN0610006-00	$35		$0	No Charge		40% Coinsurance after deductible
82120TN0610007-00	$35		$0	No Charge		40% Coinsurance after deductible

HIOS Plan ID	Other Practitioner Office Visit (Nurse, Physician Assistant): Copay – In Network (Tier 1)	Copay – In Network (Tier 2)	Copay – Out of Network	Coinsurance – In Network (Tier 1)	Coinsurance – In Network (Tier 2)	Coinsurance – Out of Network
82120TN0620003-00	$55 Copay before deductible		$0	No Charge after deductible		40% Coinsurance after deductible
82120TN0620004-00	$25		$0	No Charge		40% Coinsurance after deductible
82120TN0620006-00	$25		$0	No Charge		40% Coinsurance after deductible
82120TN0620007-00	$25		$0	No Charge		40% Coinsurance after deductible
82120TN0610003-00	$55 Copay before deductible		$0	No Charge after deductible		40% Coinsurance after deductible
82120TN0610004-00	$25		$0	No Charge		40% Coinsurance after deductible
82120TN0610006-00	$25		$0	No Charge		40% Coinsurance after deductible
82120TN0610007-00	$25		$0	No Charge		40% Coinsurance after deductible

HIOS Plan ID	Outpatient Facility Fee (e.g., A: Copay – In Network (Tier 1)	Copay – In Network (Tier 2)	Copay – Out of Network
82120TN0620003-00	No Charge		$0
82120TN0620004-00	No Charge		$0
82120TN0620006-00	No Charge		$0
82120TN0620007-00	No Charge		$0
82120TN0610003-00	No Charge		$0
82120TN0610004-00	No Charge		$0
82120TN0610006-00	No Charge		$0
82120TN0610007-00	No Charge		$0

mbulatory Surgery Center)			Outpatient Surgery Physician/Surgical Services						Hospice Services					
Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
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20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible

Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$100		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$100		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$50		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$50		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$100		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$100		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$50		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$50		$0	No Charge		40% Coinsurance after deductible

Home Health Care Services						Emergency Room Services						Emergency Transportation/Ambulance					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		20% Coinsurance after deductible

Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		40% Coinsurance after deductible
$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		40% Coinsurance after deductible
$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		40% Coinsurance after deductible
$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		40% Coinsurance after deductible
$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		40% Coinsurance after deductible
$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		40% Coinsurance after deductible
$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		40% Coinsurance after deductible
$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		40% Coinsurance after deductible

Prenatal and Postnatal Care						Delivery and All Inpatient Services for Maternity Care						Mental/Behavioral Health Outpatient Services						Mental/B	
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge	
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge	
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge	
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge	
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge	
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge	
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge	
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge	

Behavioral Health Inpatient Services			
	Coinsurance		
Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
$0	20% Coinsurance after deductible		40% Coinsurance after deductible
$0	20% Coinsurance after deductible		40% Coinsurance after deductible
$0	20% Coinsurance after deductible		40% Coinsurance after deductible
$0	20% Coinsurance after deductible		40% Coinsurance after deductible
$0	20% Coinsurance after deductible		40% Coinsurance after deductible
$0	20% Coinsurance after deductible		40% Coinsurance after deductible
$0	20% Coinsurance after deductible		40% Coinsurance after deductible
$0	20% Coinsurance after deductible		40% Coinsurance after deductible

Substance Abuse Disorder Outpatient Services					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible

Substance Abuse Disorder Inpatient Services					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible

Generic Drugs					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
$30		$0	No Charge		50%
$21		$0	No Charge		50%
$6		$0	No Charge		50%
$6		$0	No Charge		50%
$30		$0	No Charge		50%
$21		$0	No Charge		50%
$6		$0	No Charge		50%
$6		$0	No Charge		50%

Preferred Brand Drugs					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
$65 Copay after deductible		$0	No Charge		50% Coinsurance after deductible
$31 Copay after deductible		$0	No Charge		50% Coinsurance after deductible
$9 Copay after deductible		$0	No Charge		50% Coinsurance after deductible
$9 Copay after deductible		$0	No Charge		50% Coinsurance after deductible
$65 Copay after deductible		$0	No Charge		50% Coinsurance after deductible
$31 Copay after deductible		$0	No Charge		50% Coinsurance after deductible
$9 Copay after deductible		$0	No Charge		50% Coinsurance after deductible
$9 Copay after deductible		$0	No Charge		50% Coinsurance after deductible

Non-Preferred Brand Drugs					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
$50 Copay after deductible		$0	No Charge		50% Coinsurance after deductible
$15 Copay after deductible		$0	No Charge		50% Coinsurance after deductible
$15 Copay after deductible		$0	No Charge		50% Coinsurance after deductible
No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
$50 Copay after deductible		$0	No Charge		50% Coinsurance after deductible
$15 Copay after deductible		$0	No Charge		50% Coinsurance after deductible
$15 Copay after deductible		$0	No Charge		50% Coinsurance after deductible

Specialty Drugs					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	35% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	35% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	35% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	35% Coinsurance after deductible		50% Coinsurance after deductible

Outpatient Rehabilitation Services					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible

Habilitation Services					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible

Chiropractic Care					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible

Durable Medical Equipment					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible

Hearing Aids					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible

Preventive Care/Screening/Immunization					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	No Charge		40% Coinsurance after deductible

Routine Foot Care						
Copay			Coinsurance			
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge

Routine Eye Exam for Children					Eye Glasses for Children						Dental Check-Up for Children					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
	$0	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
	$0	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
	$0	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
	$0	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
	$0	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
	$0	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
	$0	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
	$0	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible

Rehabilitative Speech Therapy						Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	No Charge		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	No Charge		40% Coinsurance after deductible

Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible

Orthodontia – Child						Major Dental Care – Child						Transplant					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
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Accidental Dental						Dialysis						Allergy Testing					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
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Chemotherapy						Radiation						Diabetes Education					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
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Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
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Nutritional Counseling						Reconstructive Surgery						Clinical Trials					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge		$0	No Charge		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible
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Diabetes Care Management						Inherited Metabolic Disorder - PKU						Off Label Prescription Drugs					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
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No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	25% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	25% Coinsurance after deductible		50% Coinsurance after deductible

Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate						Autism Spectrum Disorders				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible	
No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible		40% Coinsurance after deductible	No Charge		$0	20% Coinsurance after deductible	
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	Versorgung EGT						Versorgungsbau Kernkraftwerk					
	Display			Steinmauerer			Display			Kernmauerer		
Datum Stellplatz	1. Schicht (Tfm) 22	2. Schicht (Tfm) 22	Datum Stellplatz	1. Schicht (Tfm) 22	2. Schicht (Tfm) 22	Datum Stellplatz	1. Schicht (Tfm) 22	2. Schicht (Tfm) 22	Datum Stellplatz	1. Schicht (Tfm) 22	2. Schicht (Tfm) 22	Datum Stellplatz
4Fm Kernmauer 4Bl 1kw kw/1Bl6c	Test Firmage		4Fm Kernmauer 4Bl 1kw kw/1Bl6c		4Fm Kernmauer 4Bl 1kw kw/1Bl6c	5a 1Reg1c			4Fm Kernmauer 4Bl 1kw kw/1Bl6c		4Fm Kernmauer 4Bl 1kw kw/1Bl6c	
4Fm Kernmauer 4Bl 1kw kw/1Bl6c	Test Firmage		4Fm Kernmauer 4Bl 1kw kw/1Bl6c		4Fm Kernmauer 4Bl 1kw kw/1Bl6c	5a 1Reg1c			4Fm Kernmauer 4Bl 1kw kw/1Bl6c		4Fm Kernmauer 4Bl 1kw kw/1Bl6c	
4Fm Kernmauer 4Bl 1kw kw/1Bl6c	Test Firmage		4Fm Kernmauer 4Bl 1kw kw/1Bl6c		4Fm Kernmauer 4Bl 1kw kw/1Bl6c	5a 1Reg1c			4Fm Kernmauer 4Bl 1kw kw/1Bl6c		4Fm Kernmauer 4Bl 1kw kw/1Bl6c	
4Fm Kernmauer 4Bl 1kw kw/1Bl6c	Test Firmage		4Fm Kernmauer 4Bl 1kw kw/1Bl6c		4Fm Kernmauer 4Bl 1kw kw/1Bl6c	5a 1Reg1c			4Fm Kernmauer 4Bl 1kw kw/1Bl6c		4Fm Kernmauer 4Bl 1kw kw/1Bl6c	
4Fm Kernmauer 4Bl 1kw kw/1Bl6c	Test Firmage		4Fm Kernmauer 4Bl 1kw kw/1Bl6c		4Fm Kernmauer 4Bl 1kw kw/1Bl6c	5a 1Reg1c			4Fm Kernmauer 4Bl 1kw kw/1Bl6c		4Fm Kernmauer 4Bl 1kw kw/1Bl6c	
4Fm Kernmauer 4Bl 1kw kw/1Bl6c	Test Firmage		4Fm Kernmauer 4Bl 1kw kw/1Bl6c		4Fm Kernmauer 4Bl 1kw kw/1Bl6c	5a 1Reg1c			4Fm Kernmauer 4Bl 1kw kw/1Bl6c		4Fm Kernmauer 4Bl 1kw kw/1Bl6c	
4Fm Kernmauer 4Bl 1kw kw/1Bl6c	Test Firmage		4Fm Kernmauer 4Bl 1kw kw/1Bl6c		4Fm Kernmauer 4Bl 1kw kw/1Bl6c	5a 1Reg1c			4Fm Kernmauer 4Bl 1kw kw/1Bl6c		4Fm Kernmauer 4Bl 1kw kw/1Bl6c	
4Fm Kernmauer 4Bl 1kw kw/1Bl6c	Test Firmage		4Fm Kernmauer 4Bl 1kw kw/1Bl6c		4Fm Kernmauer 4Bl 1kw kw/1Bl6c	5a 1Reg1c			4Fm Kernmauer 4Bl 1kw kw/1Bl6c		4Fm Kernmauer 4Bl 1kw kw/1Bl6c	

Plans & Benefits Template v1.31

HIOS Issuer ID*	82120
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	39-1263473

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							***Plan A***							
HIOS Plan ID* (Standard Component)	**Plan Marketing Name***	**HIOS Product ID***	**HPID**	**Network ID***	**Service Area ID***	**Formulary ID***	**New/Existing Plan?***	**Plan Type***	**Level of Coverage***	**Unique Plan Design?**	**QHP/Non-QHP***	**Notice Required for Pregnancy***	**Is a Referral Required for Specialist?***	**Specialist(s) Requiring a Referral**
82120TN0600016	6350/6350 Plan	82120TN060		TNN002	TNS002	TNF001	New	PPO	Catastrophic	Yes	Off the Exchange	Yes	No	
82120TN0600017	Humana Preferred Bronze 6300/6300 Plan	82120TN060		TNN002	TNS002	TNF001	New	PPO	Bronze	Yes	Off the Exchange	Yes	No	
82120TN0600026	Humana Preferred Basic 6350/6350 Plan	82120TN060		TNN003	TNS003	TNF001	New	PPO	Catastrophic	Yes	Off the Exchange	Yes	No	
82120TN0600027	Humana Preferred Bronze 6300/6300 Plan	82120TN060		TNN003	TNS003	TNF001	New	PPO	Bronze	Yes	Off the Exchange	Yes	No	

Benefit Information			***General Information***								***Deductible and Out of Pocket Ex***		
Benefits	**EHB**	**State Mandate**	**Is this Benefit Covered?**	**Quantitative Limit on Service**	**Limit Quantity**	**Limit Unit**	**Minimum Stay**	**Exclusions**	**Explanation (text field)**	**EHB Variance Reason**	**Subject to Deductible (Tier 1)**	**Subject to Deductible (Tier 2)**	**Excluded from In Network MOOP**
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No							Yes	Yes	No
Specialist Visit	Yes		Covered	No							Yes	Yes	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No							Yes	Yes	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No							Yes	Yes	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No							Yes	Yes	No
Hospice Services	Yes		Covered	No							Yes	Yes	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No							Yes	Yes	No
Routine Dental Services (Adult)			Not Covered										
Infertility Treatment	Yes		Covered	No				Does not include services or supplies	Coverage for services to diagnose and treat	Above EHB	Yes	Yes	No
Long-Term/Custodial Nursing Home Care			Not Covered										
Private-Duty Nursing			Not Covered										
Routine Eye Exam (Adult)			Not Covered										
Urgent Care Centers or Facilities	Yes		Covered	No							Yes	Yes	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year					Yes	Yes	No
Emergency Room Services	Yes	Yes	Covered	No							Yes	Yes	No
Emergency Transportation/Ambulance	Yes		Covered	No							Yes	Yes	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No							Yes	Yes	No
Inpatient Physician and Surgical Services	Yes		Covered	No							Yes	Yes	No
Bariatric Surgery			Not Covered										
Cosmetic Surgery			Not Covered										
Skilled Nursing Facility	Yes		Covered	Yes	60	Days per Year					Yes	Yes	No
Prenatal and Postnatal Care	Yes		Covered	No							Yes	Yes	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Includes newborn hearing screening and	Other Law/Regulation	Yes	Yes	No

ttributes									Stand Alone Dental Only		AV Calculator Additional Benefit Design			
Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*	Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?
	$0.00	No			Allows Adult and Child-Only		Yes							3
	$0.00	Yes			Allows Adult and Child-Only		Yes							
	$0.00	No			Allows Adult and Child-Only		Yes							3
	$0.00	Yes			Allows Adult and Child-Only		Yes							

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Excluded from Out of Network MOOP
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Plan Dates		Geographic Coverage					URLs		
Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
1/1/2014		Yes	expense incurred for services received	Yes	network provider will be covered at a lower coinsurance, based on the	No			http://apps.humana.com/marketing/doc
1/1/2014		Yes	Out of Country Coverage is covered for any expense incurred for services received outside of the United States as required by law for emergency care services.	Yes	Any covered expense incurred for services received from an out of network provider will be covered at a lower coinsurance, based on the maximum allowable fee and providers can balance bill which will result in higher out of pocket costs, except for covered expense incurred for services received outside of the service area as required by law for emergency care services.	No			http://apps.humana.com/marketing/doc
1/1/2014		Yes	Out of Country Coverage is covered for any expense incurred for services received outside of the United States as required by law for emergency care services.	Yes	Any covered expense incurred for services received from an out of network provider will be covered at a lower coinsurance, based on the maximum allowable fee and providers can balance bill which will result in higher out of pocket costs, except for covered expense incurred for services received outside of the service area as required by law for emergency care services.	No			http://apps.humana.com/marketing/doc
1/1/2014		Yes	Out of Country Coverage is covered for any expense incurred for services received outside of the United States as required by law for emergency care services.	Yes	Any covered expense incurred for services received from an out of network provider will be covered at a lower coinsurance, based on the maximum allowable fee and providers can balance bill which will result in higher out of pocket costs, except for covered expense incurred for services received outside of the service area as required by law for emergency care services.	No			http://apps.humana.com/marketing/doc

Mental/Behavioral Health Outpatient Services	Yes		Covered	No			Includes coverage for Residential Treatment	Other Law/Regulation	Yes	Yes	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No			Includes coverage for Residential Treatment	Other Law/Regulation	Yes	Yes	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No			Includes coverage for Residential Treatment	Other Law/Regulation	Yes	Yes	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No			Includes coverage for Residential Treatment	Other Law/Regulation	Yes	Yes	No
Generic Drugs	Yes		Covered	No					Yes	Yes	No
Preferred Brand Drugs	Yes		Covered	No					Yes	Yes	No
Non-Preferred Brand Drugs	Yes		Covered	No					Yes	Yes	No
Specialty Drugs	Yes		Covered	No					Yes	Yes	No
Outpatient Rehabilitation Services	Yes		Covered	No			Physical Therapy and Occupational: 20 visits	Above EHB	Yes	Yes	No
Habilitation Services	Yes	Yes	Covered	No			Physical Therapy and Occupational: 20 visits	Above EHB	Yes	Yes	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year			Yes	Yes	No
Durable Medical Equipment	Yes		Covered	No					Yes	Yes	No
Hearing Aids	Yes	Yes	Covered	No		Does not include repair or maintenance	Coverage to age 18. Required coverage	Above EHB	Yes	Yes	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No					Yes	Yes	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	No			Well Care visit limited to 1 per year except		No	No	No
Routine Foot Care	Yes		Covered	No			Covered when in treatment for diabetes	Other Law/Regulation	Yes	Yes	No
Acupuncture			Not Covered								
Weight Loss Programs			Not Covered								
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year			Yes	Yes	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year	1 pair of lenses per year	Substantially Equal	Yes	Yes	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months			Yes	Yes	No
Rehabilitative Speech Therapy	Yes		Covered	No				Above EHB	Yes	Yes	No
Rehabilitative Occupational and Rehabilitative Physica Therapy	Yes		Covered	Yes	20	Visit(s) per Year	20 visits each per calendar year.	Above EHB	Yes	Yes	No
Well Baby Visits and Care			Covered	No				Other Law/Regulation	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No					Yes	Yes	No
X-rays and Diagnostic Imaging	Yes		Covered	No					Yes	Yes	No
Basic Dental Care – Child	Yes		Covered	No					Yes	Yes	No
Orthodontia – Child	Yes		Covered	No			When medically necessary and for	Substantially Equal	Yes	Yes	No
Major Dental Care – Child	Yes		Covered	No					Yes	Yes	No
Basic Dental Care – Adult			Not Covered								
Orthodontia – Adult			Not Covered								
Major Dental Care – Adult			Not Covered								
Abortion for Which Public Funding is Prohibited			Not Covered								
Transplant	Yes		Covered	No			Bone Marrow Transplant: requires	Above EHB	Yes	Yes	No
Accidental Dental			Covered	No			Includes extractions/treatment	Above EHB	Yes	Yes	No
Dialysis			Covered	No				Substantially Equal	Yes	Yes	No
Allergy Testing			Covered	No				Substantially Equal	Yes	Yes	No
Chemotherapy			Covered	No				Substantially Equal	Yes	Yes	No
Radiation			Covered	No				Substantially Equal	Yes	Yes	No
Diabetes Education			Covered	No				Above EHB	Yes	Yes	No
Prosthetic Devices	Yes		Covered	No					Yes	Yes	No
Infusion Therapy			Covered	No				Above EHB	Yes	Yes	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No					Yes	Yes	No
Nutritional Counseling			Covered	No			Covered when in treatment for diabetes	Other Law/Regulation	Yes	Yes	No
Reconstructive Surgery	Yes	Yes	Covered	No			Breast reconstruction after Mastectomy	Above EHB	Yes	Yes	No
Clinical Trials		Yes	Covered	No					Yes	Yes	No
Diabetes Care Management		Yes	Covered	No					Yes	Yes	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No					Yes	Yes	No

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Off Label Prescription Drugs	Yes	Covered	No			Yes	Yes	No
Dental Anesthesia	Yes	Covered	No			Yes	Yes	No
Congenital Anomaly, including Cleft Lip/Palate	Yes	Covered	No			Yes	Yes	No
Autism Spectrum Disorders		Covered	No		Above EHB	Yes	Yes	No
Osteoporosis		Covered	No		Above EHB	Yes	Yes	No
Chlamydia Screening		Covered	No		Above EHB	Yes	Yes	No

Cost Sharing Reduction Information											SBC Scenario							
											Having a Baby				Having Diabetes			
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit
82120TN0600016-00	Humana Preferred Basic 6350/6350	Catastrophic	Standard Catastrophic Off Exchange Plan			Yes	Yes	No	100%									
82120TN0600017-00	Humana Preferred Bronze 6300/630	Bronze	Standard Bronze	58.16%	58.16%	Yes	Yes	No	100%									
82120TN0600026-00	Humana Preferred Basic 6350/6350	Catastrophic	Standard Catastrophic Off Exchange Plan			Yes	Yes	No	100%									
82120TN0600027-00	Humana Preferred Bronze 6300/630	Bronze	Standard Bronze	58.16%	58.16%	Yes	Yes	No	100%									

	Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
	In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
82120TN0600016-00																	$6,350	$12,700			$25,400	$50,800	Not Applicable	Not Applicable
82120TN0600017-00																	$6,300	$12,600			$25,200	$50,400	Not Applicable	Not Applicable
82120TN0600026-00																	$6,350	$12,700			$25,400	$50,800	Not Applicable	Not Applicable
82120TN0600027-00																	$6,300	$12,600			$25,200	$50,400	Not Applicable	Not Applicable

	Medical EHB Deductible										Drug EHB Deductible									
	In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network	
HIOS Plan ID	Individual	Family	Default Coinsurance	Individual	Family	Default Coinsurance	Individual	Family	Individual	Family	Individual	Family	Default Coinsurance	Individual	Family	Default Coinsurance	Individual	Family	Individual	Family
82120TN0600016-00																				
82120TN0600017-00																				
82120TN0600026-00																				
82120TN0600027-00																				

	Combined Medical and Drug EHB Deductible									
	In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network	
HIOS Plan ID	Individual	Family	Default Coinsurance	Individual	Family	Default Coinsurance	Individual	Family	Individual	Family
82120TN0600016-00	$6,350	$12,700	0%				$12,700	$25,400	Not Applicable	Not Applicable
82120TN0600017-00	$6,300	$12,600	0%				$12,600	$25,200	Not Applicable	Not Applicable
82120TN0600026-00	$6,350	$12,700	0%				$12,700	$25,400	Not Applicable	Not Applicable
82120TN0600027-00	$6,300	$12,600	0%				$12,600	$25,200	Not Applicable	Not Applicable

	Primary Care Visit to Treat an Injury or Illness						Specialist Visit					
	Copay			Coinsurance			Copay			Coinsurance		
HIOS Plan ID	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
82120TN0600016-00	$35 Copay before deductible			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
82120TN0600017-00	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
82120TN0600026-00	$35 Copay before deductible			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
82120TN0600027-00	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

	Other Practitioner Office Visit (Nurse, Physician Assistant)						Outpatient Facility Fee (e.g., Ambulatory Surg			
	Copay			Coinsurance			Copay			
HIOS Plan ID	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)
82120TN0600016-00	$35 Copay before deductible			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible
82120TN0600017-00	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible
82120TN0600026-00	$35 Copay before deductible			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible
82120TN0600027-00	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible

…gery Center)		Outpatient Surgery Physician/Surgical Services						Hospice Services					
Coinsurance		Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
	25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
	25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
	25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
	25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health Care Services					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
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No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		No Charge after deductible	No Charge			No Charge after $0 deductible		No Charge after deductible	$0 Copay per Day		$0 Copay per Day	No Charge after deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		No Charge after deductible	No Charge			No Charge after $0 deductible		No Charge after deductible	$0 Copay per Day		$0 Copay per Day	No Charge after deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		No Charge after deductible	No Charge			No Charge after $0 deductible		No Charge after deductible	$0 Copay per Day		$0 Copay per Day	No Charge after deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		No Charge after deductible	No Charge			No Charge after $0 deductible		No Charge after deductible	$0 Copay per Day		$0 Copay per Day	No Charge after deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and All Inpatient Services for Maternity Care						Mental/Behavioral Health Outpatient Services						Mental/Behavioral Heal…		
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
$0 Copay per Day		$0 Copay per Day	No Charge after deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge		$0
$0 Copay per Day		$0 Copay per Day	No Charge after deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge		$0
$0 Copay per Day		$0 Copay per Day	No Charge after deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge		$0
$0 Copay per Day		$0 Copay per Day	No Charge after deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge		$0

th Inpatient Services			Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services					
Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
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No Charge after deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Generic Drugs						Preferred Brand Drugs						Non-Preferred Brand Drugs					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
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No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
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No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						R	
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			$0 No Charge		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge	
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			$0 No Charge		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge	
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			$0 No Charge		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge	
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			$0 No Charge		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge	

Home Health Aide Services			Eye Exams for Children			Dental Services for Children			Immunizations Against Pneumo			Immunizations Hepatitis A and Meningococcal Serotype			Well Baby Care and Exam			Laboratory Outpatient and Hospital Services			X-rays and Radiation Therapy			Home Health Care – HHA			Mental Health Care – HHA			Medical Care – HHA			Medical Care – Hospital			Immunizations			Vision			Hearing		
Out of Network	Preferred Care	Contracted Care	Frequency	Preferred Care	Contracted Care	Frequency	Preferred Care	Contracted Care	Frequency	Preferred Care	Contracted Care	Frequency	Preferred Care	Contracted Care	Frequency	Preferred Care	Contracted Care	Frequency	Preferred Care	Contracted Care	Frequency	Preferred Care	Contracted Care	Frequency	Preferred Care	Contracted Care	Frequency	Preferred Care	Contracted Care	Frequency	Preferred Care	Contracted Care	Frequency	Preferred Care	Contracted Care	Frequency	Preferred Care	Contracted Care	Frequency	Preferred Care	Contracted Care	Frequency	Preferred Care	Contracted Care	Frequency	Preferred Care	Contracted Care
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible	$0 Deductible
20% Coinsurance	20% Coinsurance	20% Coinsurance	No Charge	20% Coinsurance	20% Coinsurance	No Charge	20% Coinsurance	20% Coinsurance	No Charge	20% Coinsurance	20% Coinsurance	No Charge	20% Coinsurance	20% Coinsurance	No Charge	20% Coinsurance	20% Coinsurance	No Charge	20% Coinsurance	20% Coinsurance	No Charge	20% Coinsurance	20% Coinsurance	No Charge	20% Coinsurance	20% Coinsurance	No Charge	20% Coinsurance	20% Coinsurance	No Charge	20% Coinsurance	20% Coinsurance	No Charge	20% Coinsurance	20% Coinsurance	No Charge	20% Coinsurance	20% Coinsurance	No Charge	20% Coinsurance	20% Coinsurance	No Charge	20% Coinsurance	20% Coinsurance	No Charge	20% Coinsurance	20% Coinsurance	No Charge
No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible
20% Coinsurance after $0 deductible	20% Coinsurance after $0 deductible	20% Coinsurance after $0 deductible	No Charge	20% Coinsurance after $0 deductible	20% Coinsurance after $0 deductible	No Charge	20% Coinsurance after $0 deductible	20% Coinsurance after $0 deductible	No Charge	20% Coinsurance after $0 deductible	20% Coinsurance after $0 deductible	No Charge	20% Coinsurance after $0 deductible	20% Coinsurance after $0 deductible	No Charge	20% Coinsurance after $0 deductible	20% Coinsurance after $0 deductible	No Charge	20% Coinsurance after $0 deductible	20% Coinsurance after $0 deductible	No Charge	20% Coinsurance after $0 deductible	20% Coinsurance after $0 deductible	No Charge	20% Coinsurance after $0 deductible	20% Coinsurance after $0 deductible	No Charge	20% Coinsurance after $0 deductible	20% Coinsurance after $0 deductible	No Charge	20% Coinsurance after $0 deductible	20% Coinsurance after $0 deductible	No Charge	20% Coinsurance after $0 deductible	20% Coinsurance after $0 deductible	No Charge	20% Coinsurance after $0 deductible	20% Coinsurance after $0 deductible	No Charge	20% Coinsurance after $0 deductible	20% Coinsurance after $0 deductible	No Charge	20% Coinsurance after $0 deductible	20% Coinsurance after $0 deductible	No Charge
No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible	No Charge after $0 deductible
20% Coinsurance after $0 deductible	20% Coinsurance after $0 deductible	20% Coinsurance after $0 deductible	No Charge	20% Coinsurance after $0 deductible	20% Coinsurance after $0 deductible	No Charge	20% Coinsurance after $0 deductible	20% Coinsurance after $0 deductible	No Charge	20% Coinsurance after $0 deductible	20% Coinsurance after $0 deductible	No Charge	20% Coinsurance after $0 deductible	20% Coinsurance after $0 deductible	No Charge	20% Coinsurance after $0 deductible	20% Coinsurance after $0 deductible	No Charge	20% Coinsurance after $0 deductible	20% Coinsurance after $0 deductible	No Charge	20% Coinsurance after $0 deductible	20% Coinsurance after $0 deductible	No Charge	20% Coinsurance after $0 deductible	20% Coinsurance after $0 deductible	No Charge	20% Coinsurance after $0 deductible	20% Coinsurance after $0 deductible	No Charge	20% Coinsurance after $0 deductible	20% Coinsurance after $0 deductible	No Charge	20% Coinsurance after $0 deductible	20% Coinsurance after $0 deductible	No Charge	20% Coinsurance after $0 deductible	20% Coinsurance after $0 deductible	No Charge	20% Coinsurance after $0 deductible	20% Coinsurance after $0 deductible	No Charge	20% Coinsurance after $0 deductible	20% Coinsurance after $0 deductible	No Charge

Chemotherapy					Radiation						Diabetes Education					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
		No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
		No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
		No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
		No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Nutritional Counseling						Reconstructive Surgery						Clinical Trials					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			$0 No Charge		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			$0 No Charge		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			$0 No Charge		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			$0 No Charge		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Diabetes Care Management						Inherited Metabolic Disorder - PKU						Off Label Prescription Drugs					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate						Autism Spectrum Disorders					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Anticipation				Offline Data Scheduling			
Origin		Destination		Origin		Destination	
Anticipation Time	Anticipation Time	Anticipation Time	Anticipation Time	Anticipation Time	Anticipation Time	Anticipation Time	Anticipation Time
0	0	0	0	0	0	0	0
No Change		No Change (Not Destination)	No Change (Not Destination)	No Change		No Change (Not Destination)	No Change (Not Destination)
No Change		No Change (Not Destination)	No Change (Not Destination)	No Change		No Change (Not Destination)	No Change (Not Destination)
No Change		No Change (Not Destination)	No Change (Not Destination)	No Change		No Change (Not Destination)	No Change (Not Destination)
No Change		No Change (Not Destination)	No Change (Not Destination)	No Change		No Change (Not Destination)	No Change (Not Destination)
No Change		No Change (Not Destination)	No Change (Not Destination)	No Change		No Change (Not Destination)	No Change (Not Destination)

Plans & Benefits Template v1.31

HIOS Issuer ID*	82120
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	39-1263473

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							***Pla***							
HIOS Plan ID* (Standard Component)	**Plan Marketing Name***	**HIOS Product ID***	**HPID**	**Network ID***	**Service Area ID***	**Formulary ID***	**New/Existing Plan?***	**Plan Type***	**Level of Coverage***	**Unique Plan Design?***	**QHP/Non-QHP***	**Notice Required for Pregnancy***	**Is a Referral Required for Specialist?***	**Specialist(s) Requiring a Referral**
82120TN0620001	Humana Preferred Basic 6350/6350 Plan with Children's Dental	82120TN062		TNN006	TNS007	TNF004	New	PPO	Catastrophic	Yes	Off the Exchange	Yes	No	
82120TN0620002	Humana Preferred Bronze 6300/6300 Plan with Children's Dental	82120TN062		TNN006	TNS007	TNF004	New	PPO	Bronze	Yes	Off the Exchange	Yes	No	
82120TN0610001	Humana Preferred Bronze 6350/6350 Plan with Children's Dental	82120TN061		TNN007	TNS006	TNF004	New	PPO	Catastrophic	Yes	Off the Exchange	Yes	No	
82120TN0610002	Humana Preferred Bronze 6300/6300 Plan with Children's Dental	82120TN061		TNN007	TNS006	TNF004	New	PPO	Bronze	Yes	Off the Exchange	Yes	No	
82120TN0620005	Humana Preferred Silver 3650/3650 Plan with Children's Dental	82120TN062		TNN006	TNS007	TNF004	New	PPO	Silver	Yes	Off the Exchange	Yes	No	
82120TN0610005	Humana Preferred Silver 3650/3650 Plan with Children's Dental	82120TN061		TNN007	TNS006	TNF004	New	PPO	Silver	Yes	Off the Exchange	Yes	No	

Benefit Information			***General Information***								***Deductible and Out of Pocket E***		
Benefits	**EHB**	**State Mandate**	**Is this Benefit Covered?**	**Quantitative Limit on Service**	**Limit Quantity**	**Limit Unit**	**Minimum Stay**	**Exclusions**	**Explanation (text field)**	**EHB Variance Reason**	**Subject to Deductible (Tier 1)**	**Subject to Deductible (Tier 2)**	**Excluded from In Network MOOP**
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No							Yes	Yes	No
Specialist Visit	Yes		Covered	No							Yes	Yes	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No							Yes	Yes	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No							Yes	Yes	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No							Yes	Yes	No
Hospice Services	Yes		Covered	No							Yes	Yes	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No							Yes	Yes	No
Routine Dental Services (Adult)			Not Covered										
Infertility Treatment	Yes		Covered	No				Does not include services or supplies	Coverage for services to diagnose and treat	Above EHB	Yes	Yes	No
Long-Term/Custodial Nursing Home Care			Not Covered										
Private-Duty Nursing			Not Covered										
Routine Eye Exam (Adult)			Not Covered										
Urgent Care Centers or Facilities	Yes		Covered	No							Yes	Yes	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year					Yes	Yes	No
Emergency Room Services	Yes	Yes	Covered	No							Yes	Yes	No
Emergency Transportation/Ambulance	Yes		Covered	No							Yes	Yes	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No							Yes	Yes	No

n Attributes									Stand Alone Dental Only		AV Calculator Additional Benefit Design			
Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*	Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?
	$0.00	No			Allows Adult and Child-Only		Yes							3
	$0.00	Yes			Allows Adult and Child-Only		Yes							
	$0.00	No			Allows Adult and Child-Only		Yes							3
	$0.00	Yes			Allows Adult and Child-Only		Yes							
	$0.00	Yes			Allows Adult and Child-Only		Yes							
	$0.00	Yes			Allows Adult and Child-Only		Yes							

xceptions
Excluded from Out of Network MOOP
No
No
No
No
No
No
No
No
No
No
No
No
No

Plan Dates		Geographic Coverage					URLs		
Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
1/1/2014		Yes	Out of Country Coverage is covered for any expense incurred for services received outside of the United States as required by law for emergency care services.	Yes	Any covered expense incurred for services received from an out of network provider will be covered at a lower coinsurance, based on the maximum allowable fee and providers can balance bill which will result in higher out of pocket costs, except for covered expense incurred for services received outside of the service area as required by law for emergency care services.	Yes			http://apps.humana.com/marketing/doc
1/1/2014		Yes	Out of Country Coverage is covered for any expense incurred for services received outside of the United States as required by law for emergency care services.	Yes	Any covered expense incurred for services received from an out of network provider will be covered at a lower coinsurance, based on the maximum allowable fee and providers can balance bill which will result in higher out of pocket costs, except for covered expense incurred for services received outside of the service area as required by law for emergency care services.	Yes			http://apps.humana.com/marketing/doc
1/1/2014		Yes	any expense incurred for services	Yes	network provider will be covered at a lower coinsurance, based on the	Yes			http://apps.humana.com/marketing/doc
1/1/2014		Yes	Out of Country Coverage is covered for any expense incurred for services received outside of the United States as required by law for emergency care services.	Yes	Any covered expense incurred for services received from an out of network provider will be covered at a lower coinsurance, based on the maximum allowable fee and providers can balance bill which will result in higher out of pocket costs, except for covered expense incurred for services received outside of the service area as required by law for emergency care services.	Yes			http://apps.humana.com/marketing/doc
1/1/2014		Yes	Out of Country Coverage is covered for any expense incurred for services received outside of the United States as required by law for emergency care services.	Yes	Any covered expense incurred for services received from an out of network provider will be covered at a lower coinsurance, based on the maximum allowable fee and providers can balance bill which will result in higher out of pocket costs, except for covered expense incurred for services received outside of the service area as required by law for emergency care services.	Yes			http://apps.humana.com/marketing/doc
1/1/2014		Yes	Out of Country Coverage is covered for any expense incurred for services received outside of the United States as required by law for emergency care services.	Yes	Any covered expense incurred for services received from an out of network provider will be covered at a lower coinsurance, based on the maximum allowable fee and providers can balance bill which will result in higher out of pocket costs, except for covered expense incurred for services received outside of the service area as required by law for emergency care services.	Yes			http://apps.humana.com/marketing/doc

Inpatient Physician and Surgical Services	Yes		Covered	No						Yes	Yes	No
Bariatric Surgery			Not Covered									
Cosmetic Surgery			Not Covered									
Skilled Nursing Facility	Yes		Covered	Yes	60	Days per Year				Yes	Yes	No
Prenatal and Postnatal Care	Yes		Covered	No						Yes	Yes	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No				Includes newborn hearing screening and	Other Law/Regulati	Yes	Yes	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				Includes coverage for Residential Treatment	Other Law/Regulati	Yes	Yes	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				Includes coverage for Residential Treatment	Other Law/Regulati	Yes	Yes	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				Includes coverage for Residential Treatment	Other Law/Regulati	Yes	Yes	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				Includes coverage for Residential Treatment	Other Law/Regulati	Yes	Yes	No
Generic Drugs	Yes		Covered	No						Yes	Yes	No
Preferred Brand Drugs	Yes		Covered	No						Yes	Yes	No
Non-Preferred Brand Drugs	Yes		Covered	No						Yes	Yes	No
Specialty Drugs	Yes		Covered	No						Yes	Yes	No
Outpatient Rehabilitation Services	Yes		Covered	No				Physical Therapy and Occupational: 20 visits	Above EHB	Yes	Yes	No
Habilitation Services	Yes	Yes	Covered	No				Physical Therapy and Occupational: 20 visits	Above EHB	Yes	Yes	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year				Yes	Yes	No
Durable Medical Equipment	Yes		Covered	No						Yes	Yes	No
Hearing Aids	Yes	Yes	Covered	No			Does not include repair or maintenance	Coverage to age 18. Required coverage	Above EHB	Yes	Yes	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No						Yes	Yes	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	No				Well Care visit limited to 1 per year except		No	No	No
Routine Foot Care	Yes		Covered	No				Covered when in treatment for diabetes	Other Law/Regulati	Yes	Yes	No
Acupuncture			Not Covered									
Weight Loss Programs			Not Covered									
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year				Yes	Yes	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year		1 pair of lenses per year	Substantially Equal	Yes	Yes	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months				Yes	Yes	No
Rehabilitative Speech Therapy	Yes		Covered	No					Above EHB	Yes	Yes	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	20	Visit(s) per Year		20 visits each per calendar year.	Above EHB	Yes	Yes	No
Well Baby Visits and Care			Covered	No					Other Law/Regulati	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No						Yes	Yes	No
X-rays and Diagnostic Imaging	Yes		Covered	No						Yes	Yes	No
Basic Dental Care – Child	Yes		Covered							Yes	Yes	No
Orthodontia – Child	Yes		Covered					When medically necessary and for	Substantially Equal	Yes	Yes	No
Major Dental Care – Child	Yes		Covered							Yes	Yes	No
Basic Dental Care – Adult			Not Covered									
Orthodontia – Adult			Not Covered									
Major Dental Care – Adult			Not Covered									
Abortion for Which Public Funding is Prohibited			Not Covered									
Transplant	Yes		Covered	No				Bone Marrow Transplant: requires	Above EHB	Yes	Yes	No
Accidental Dental			Covered	No				Includes extractions/treatment	Above EHB	Yes	Yes	No
Dialysis			Covered	No					Substantially Equal	Yes	Yes	No
Allergy Testing			Covered	No					Substantially Equal	Yes	Yes	No
Chemotherapy			Covered	No					Substantially Equal	Yes	Yes	No
Radiation			Covered	No					Substantially Equal	Yes	Yes	No
Diabetes Education			Covered	No					Above EHB	Yes	Yes	No
Prosthetic Devices	Yes		Covered	No						Yes	Yes	No
Infusion Therapy			Covered	No					Above EHB	Yes	Yes	No

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Treatment for Temporomandibular Joint Disorders	Yes		Covered	No			Yes	Yes	No
Nutritional Counseling			Covered	No	Covered when in treatment for diabetes	Other Law/Regulati	Yes	Yes	No
Reconstructive Surgery	Yes	Yes	Covered	No	Breast reconstruction after Mastectomy	Above EHB	Yes	Yes	No
Clinical Trials		Yes	Covered	No			Yes	Yes	No
Diabetes Care Management		Yes	Covered	No			Yes	Yes	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No			Yes	Yes	No
Off Label Prescription Drugs		Yes	Covered	No			Yes	Yes	No
Dental Anesthesia		Yes	Covered	No			Yes	Yes	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No			Yes	Yes	No
Autism Spectrum Disorders			Covered	No		Above EHB	Yes	Yes	No
Osteoporosis			Covered	No		Above EHB	Yes	Yes	No
Chlamydia Screening			Covered	No		Above EHB	Yes	Yes	No

No

No

No

No

No

No

No

No

No

No

No

No

Cost Sharing Reduction Information										
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization
82120TN0620001-00	Humana Preferred Basic 6350/6350 Plan with Children's Dental	Catastrophic	Standard Catastrophic Off Exchange Plan			Yes	Yes	No	100%	
82120TN0620002-00	Humana Preferred Bronze 6300/6300 Plan with Children's Dental	Bronze	Standard Bronze Off E	58.16%	58.16%	Yes	Yes	No	100%	
82120TN0610001-00	Humana Preferred Basic 6350/6350 Plan with Children's Dental	Catastrophic	Standard Catastrophic Off Exchange Plan			Yes	Yes	No	100%	
82120TN0610002-00	Humana Preferred Bronze 6300/6300 Plan with Children's Dental	Bronze	Standard Bronze Off E	58.16%	58.16%	Yes	Yes	No	100%	
82120TN0620005-00	Humana Preferred Silver	Silver	Standard Silver Off Exc	68.04%	68.04%	Yes	Yes	No	100%	
82120TN0610005-00	Humana Preferred Silver	Silver	Standard Silver Off Exc	68.04%	68.04%	Yes	Yes	No	100%	

	SBC Scenario							
	Having a Baby				Having Diabetes			
HIOS Plan ID	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit
82120TN0620001-00								
82120TN0620002-00								
82120TN0610001-00								
82120TN0610002-00								
82120TN0620005-00								
82120TN0610005-00								

	Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits							
	In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
82120TN0620001-00																
82120TN0620002-00																
82120TN0610001-00																
82120TN0610002-00																
82120TN0620005-00																
82120TN0610005-00																

	Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
	In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID	Individual	Family	Individual	Family	Individual	Family	Individual	Family
82120TN0620001-00	$6,350	$12,700			$25,400	$50,800	Not Applicable	Not Applicable
82120TN0620002-00	$6,300	$12,600			$25,200	$50,400	Not Applicable	Not Applicable
82120TN0610001-00	$6,350	$12,700			$25,400	$50,800	Not Applicable	Not Applicable
82120TN0610002-00	$6,300	$12,600			$25,200	$50,400	Not Applicable	Not Applicable
82120TN0620005-00	$3,650	$7,300			$14,600	$29,200	Not Applicable	Not Applicable
82120TN0610005-00	$3,650	$7,300			$14,600	$29,200	Not Applicable	Not Applicable

	Medical EHB Deductible										Drug EHB Deductible									
	In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network	
HIOS Plan ID	Individual	Family	Default Coinsurance	Individual	Family	Default Coinsurance	Individual	Family	Individual	Family	Individual	Family	Default Coinsurance	Individual	Family	Default Coinsurance	Individual	Family	Individual	Family
82120TN0620001-00																				
82120TN0620002-00																				
82120TN0610001-00																				
82120TN0610002-00																				
82120TN0620005-00																				
82120TN0610005-00																				

	Combined Medical and Drug EHB Deductible									
	In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network	
HIOS Plan ID	Individual	Family	Default Coinsurance	Individual	Family	Default Coinsurance	Individual	Family	Individual	Family
82120TN0620001-00	$6,350	$12,700	0%				$12,700	$25,400	Not Applicable	Not Applicable
82120TN0620002-00	$6,300	$12,600	0%				$12,600	$25,200	Not Applicable	Not Applicable
82120TN0610001-00	$6,350	$12,700	0%				$12,700	$25,400	Not Applicable	Not Applicable
82120TN0610002-00	$6,300	$12,600	0%				$12,600	$25,200	Not Applicable	Not Applicable
82120TN0620005-00	$3,650	$7,300	0%				$7,300	$14,600	Not Applicable	Not Applicable
82120TN0610005-00	$3,650	$7,300	0%				$7,300	$14,600	Not Applicable	Not Applicable

	Primary Care Visit to Treat an Injury or Illness						Specialist Visit					
	Copay			Coinsurance			Copay			Coinsurance		
HIOS Plan ID	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
82120TN0620001-00	$35 Copay before deductible			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
82120TN0620002-00	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
82120TN0610001-00	$35 Copay before deductible			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
82120TN0610002-00	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
82120TN0620005-00	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
82120TN0610005-00	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

	Other Practitioner Office Visit (Nurse, Physician Assistant)						Outpatient Facility Fee (e.g., Ambulatory Surg			
	Copay			Coinsurance			Copay			
HIOS Plan ID	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)
82120TN0620001-00	$35 Copay before deductible			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible
82120TN0620002-00	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible
82120TN0610001-00	$35 Copay before deductible			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible
82120TN0610002-00	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible
82120TN0620005-00	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible
82120TN0610005-00	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible

gery Center)		Outpatient Surgery Physician/Surgical Services						Hospice Services					
Coinsurance		Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
	25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
	25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
	25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
	25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
	25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
	25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Home Health Care Services						Emergency Room Services						Emergency Transportation/Ambulance					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		No Charge after deductible	No Charge			No Charge after $0 deductible		No Charge after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		No Charge after deductible	No Charge			No Charge after $0 deductible		No Charge after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		No Charge after deductible	No Charge			No Charge after $0 deductible		No Charge after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		No Charge after deductible	No Charge			No Charge after $0 deductible		No Charge after deductible
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No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		No Charge after deductible	No Charge			No Charge after $0 deductible		No Charge after deductible

Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
$0 Copay per Day		$0 Copay per Day	No Charge after deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	No Charge after deductible		25% Coinsurance after deductible
$0 Copay per Day		$0 Copay per Day	No Charge after deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	No Charge after deductible		25% Coinsurance after deductible
$0 Copay per Day		$0 Copay per Day	No Charge after deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	No Charge after deductible		25% Coinsurance after deductible
$0 Copay per Day		$0 Copay per Day	No Charge after deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	No Charge after deductible		25% Coinsurance after deductible
$0 Copay per Day		$0 Copay per Day	No Charge after deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	No Charge after deductible		25% Coinsurance after deductible
$0 Copay per Day		$0 Copay per Day	No Charge after deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	No Charge after deductible		25% Coinsurance after deductible

Prenatal and Postnatal Care						Delivery and All Inpatient Services for Maternity Care						Mental/Behavioral Health Outpatient Services						Mental/Behavioral Heal		
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge		$0
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge		$0
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge		$0
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge		$0
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge		$0
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge		$0

th Inpatient Services			Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services					
Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge after deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge after deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge after deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge after deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge after deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge after deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Generic Drugs						Preferred Brand Drugs						Non-Preferred Brand Drugs					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						R	
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			$0 No Charge		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge	
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			$0 No Charge		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge	
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			$0 No Charge		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge	
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			$0 No Charge		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge	
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			$0 No Charge		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge	
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			$0 No Charge		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge	

outine Eye Exam for Children				Eye Glasses for Children						Dental Check-Up for Children					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
	No Charge after $0 deductible		50% Coinsurance after deductible	No Charge			No Charge after $0 deductible		50% Coinsurance after deductible	No Charge			No Charge after $0 deductible		50% Coinsurance after deductible
	No Charge after $0 deductible		50% Coinsurance after deductible	No Charge			No Charge after $0 deductible		50% Coinsurance after deductible	No Charge			No Charge after $0 deductible		50% Coinsurance after deductible
	No Charge after $0 deductible		50% Coinsurance after deductible	No Charge			No Charge after $0 deductible		50% Coinsurance after deductible	No Charge			No Charge after $0 deductible		50% Coinsurance after deductible
	No Charge after $0 deductible		50% Coinsurance after deductible	No Charge			No Charge after $0 deductible		50% Coinsurance after deductible	No Charge			No Charge after $0 deductible		50% Coinsurance after deductible
	No Charge after $0 deductible		50% Coinsurance after deductible	No Charge			No Charge after $0 deductible		50% Coinsurance after deductible	No Charge			No Charge after $0 deductible		50% Coinsurance after deductible
	No Charge after $0 deductible		50% Coinsurance after deductible	No Charge			No Charge after $0 deductible		50% Coinsurance after deductible	No Charge			No Charge after $0 deductible		50% Coinsurance after deductible

Rehabilitative Speech Therapy						Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge		$0	No Charge		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge		$0	No Charge		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge		$0	No Charge		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge		$0	No Charge		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge		$0	No Charge		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge		$0	No Charge		25% Coinsurance after deductible

Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		50% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		50% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		50% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		50% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		50% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		50% Coinsurance after deductible

Orthodontia – Child						Major Dental Care – Child						Transplant					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		50% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		50% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		50% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		50% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		50% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		50% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Accidental Dental						Dialysis						Allergy Testing						
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge

Chemotherapy				
Copay		Coinsurance		
In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
		No Charge after $0 deductible		25% Coinsurance after deductible
		No Charge after $0 deductible		25% Coinsurance after deductible
		No Charge after $0 deductible		25% Coinsurance after deductible
		No Charge after $0 deductible		25% Coinsurance after deductible
		No Charge after $0 deductible		25% Coinsurance after deductible
		No Charge after $0 deductible		25% Coinsurance after deductible

Radiation					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Diabetes Education					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Prosthetic Devices					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Infusion Therapy					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Treatment for Temporomandibular Joint Disorders					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Nutritional Counseling					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge		$0	No Charge		25% Coinsurance after deductible
No Charge		$0	No Charge		25% Coinsurance after deductible
No Charge		$0	No Charge		25% Coinsurance after deductible
No Charge		$0	No Charge		25% Coinsurance after deductible
No Charge		$0	No Charge		25% Coinsurance after deductible
No Charge		$0	No Charge		25% Coinsurance after deductible

Reconstructive Surgery					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Clinical Trials					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Diabetes Care Management					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Inherited Metabolic Disorder - PKU					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Off Label Prescription Drugs					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Dental Anesthesia					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Congenital Anomaly, including Cleft Lip/Palate					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Autism Spectrum Disorders					
Copay			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Osteoporosis						Chlamydia Screening					
Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible
No Charge			No Charge after $0 deductible		25% Coinsurance after deductible	No Charge			No Charge after $0 deductible		25% Coinsurance after deductible

Business Rules Template v1.5

To validate the template, press Validate button or Ctrl + Shift + V. To finalize the template, press Finalize button or Ctrl + Shift + F.

Enter the Issuer Rule on the first row (no Product ID or Plan ID).

For each Product rule, enter only the Product ID and the business rules that differ from the Issuer Rule.

For each Plan rule, enter only the Plan ID and the business rules that differ from the Product or Issuer Rule

HIOS Issuer ID*	82120
TIN*	39-1263473

Product ID	Plan ID (Standard Component)	How are rates for contracts covering two or more enrollees calculated?	What are the maximum number of under age (under 21) dependents used to quote a two parent family?	What are the maximum number of under age (under 21) dependents used to quote a single parent family?	Is there a maximum age for a dependent?	What are the maximum number of children used to quote a children-only contract?	Are domestic partners treated the same as secondary subscribers?	Are same-sex partners treated the same as secondary subscribers?	How is age determined for rating and eligibility purposes?	How is tobacco status determined for subscribers and dependents?	What relationships between primary and dependent are allowed, and is the dependent required to live in the same household as the primary subscriber?
		A different rate (specifically for parties of two or more)for each enrollee is added together	3 or more	3 or more	26	3 or more	Yes	No	Age on effective date	6	Spouse, No; Adopted Child, No; Stepson or Stepdaughter, No; Self, No; Child, No; Dependent on a Minor Dependent, No

Rates Table Template v2.1	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	82120				
Federal TIN*	39-1263473				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	105.74	105.74
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	21	166.52	183.17
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	22	166.52	183.17
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	23	166.52	183.17
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	24	166.52	183.17
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	25	167.17	183.88
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	26	170.50	187.55
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	27	174.50	191.95
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	28	181.00	199.10
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	29	186.33	204.96
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	30	188.99	207.88
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	31	192.99	212.28
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	32	196.99	216.69
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	33	199.49	219.44
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	34	202.15	222.37

82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	35	203.47	223.82
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	36	204.81	225.29
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	37	206.13	226.74
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	38	207.47	228.22
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	39	210.13	231.15
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	40	212.80	234.07
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	41	216.80	238.47
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	42	220.62	242.68
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	43	225.96	248.55
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	44	232.62	255.88
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	45	240.45	264.49
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	46	249.77	274.74
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	47	260.25	286.28
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	48	272.26	299.48
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	49	284.06	312.47
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	50	297.38	327.12
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	51	310.55	341.60
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	52	325.04	357.54
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	53	339.68	373.64
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	54	355.51	391.05
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	55	371.33	408.46
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	56	388.48	427.32
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	57	405.78	446.36
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	58	424.27	466.69

82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	59	433.43	476.77
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	60	451.92	497.11
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	61	467.90	514.69
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	62	478.39	526.22
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	63	491.54	540.68
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	64	499.54	549.49
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	499.54	549.49
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	118.95	118.95
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	21	187.32	206.05
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	22	187.32	206.05
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	23	187.32	206.05
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	24	187.32	206.05
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	25	188.05	206.86
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	26	191.80	210.98
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	27	196.30	215.93
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	28	203.62	223.98
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	29	209.60	230.56
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	30	212.60	233.85
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	31	217.10	238.81
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	32	221.60	243.76
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	33	224.41	246.85
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	34	227.41	250.15
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	35	228.89	251.78
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	36	230.40	253.44

82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	37	231.89	255.07
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	38	233.39	256.73
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	39	236.39	260.02
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	40	239.38	263.31
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	41	243.88	268.27
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	42	248.18	273.00
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	43	254.19	279.61
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	44	261.68	287.85
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	45	270.49	297.53
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	46	280.97	309.07
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	47	292.77	322.04
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	48	306.27	336.89
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	49	319.55	351.50
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	50	334.54	367.99
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	51	349.35	384.28
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	52	365.64	402.20
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	53	382.12	420.32
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	54	399.92	439.91
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	55	417.72	459.49
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	56	437.01	480.71
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	57	456.48	502.12
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	58	477.27	525.00
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	59	487.58	536.34
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	60	508.38	559.21

82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	61	526.36	578.99
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	62	538.15	591.96
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	63	552.94	608.23
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	64	561.94	618.13
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	561.94	618.13
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	81.25	81.25
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	21	127.95	140.74
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	22	127.95	140.74
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	23	127.95	140.74
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	24	127.95	140.74
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	25	128.45	141.29
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	26	131.01	144.11
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	27	134.08	147.49
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	28	139.08	152.99
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	29	143.17	157.48
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	30	145.21	159.73
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	31	148.29	163.11
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	32	151.36	166.50
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	33	153.28	168.61
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	34	155.33	170.86
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	35	156.34	171.98
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	36	157.37	173.11
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	37	158.39	174.22
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	38	159.42	175.36

82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	39	161.46	177.61
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	40	163.51	179.86
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	41	166.58	183.24
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	42	169.52	186.47
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	43	173.62	190.98
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	44	178.74	196.61
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	45	184.75	203.23
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	46	191.92	211.11
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	47	199.97	219.97
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	48	209.19	230.11
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	49	218.27	240.09
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	50	228.50	251.35
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	51	238.62	262.48
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	52	249.75	274.72
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	53	261.00	287.10
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	54	273.16	300.47
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	55	285.32	313.85
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	56	298.50	328.34
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	57	311.79	342.97
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	58	326.00	358.59
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	59	333.04	366.34
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	60	347.24	381.97
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	61	359.53	395.47
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	62	367.58	404.34

82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	63	377.68	415.45
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	64	383.83	422.21
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	383.83	422.21
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	145.19	145.19
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	21	228.65	251.51
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	22	228.65	251.51
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	23	228.65	251.51
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	24	228.65	251.51
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	25	229.54	252.49
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	26	234.11	257.52
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	27	239.61	263.57
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	28	248.54	273.39
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	29	255.84	281.43
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	30	259.50	285.45
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	31	264.99	291.49
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	32	270.49	297.53
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	33	273.92	301.31
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	34	277.58	305.33
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	35	279.39	307.32
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	36	281.23	309.35
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	37	283.04	311.34
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	38	284.88	313.37
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	39	288.54	317.39
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	40	292.19	321.40

82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	41	297.68	327.45
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	42	302.93	333.22
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	43	310.27	341.29
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	44	319.41	351.35
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	45	330.16	363.17
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	46	342.96	377.25
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	47	357.35	393.09
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	48	373.84	411.22
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	49	390.05	429.05
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	50	408.34	449.17
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	51	426.42	469.05
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	52	446.31	490.93
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	53	466.41	513.05
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	54	488.15	536.95
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	55	509.88	560.86
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	56	533.42	586.76
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	57	557.18	612.89
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	58	582.56	640.82
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	59	595.15	654.66
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	60	620.53	682.58
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	61	642.48	706.72
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	62	656.88	722.56
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	63	674.93	742.41
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	64	685.91	754.50

82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	685.91	754.50
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	195.92	195.92
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	21	308.54	339.39
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	22	308.54	339.39
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	23	308.54	339.39
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	24	308.54	339.39
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	25	309.75	340.72
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	26	315.92	347.51
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	27	323.33	355.66
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	28	335.38	368.92
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	29	345.24	379.76
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	30	350.17	385.19
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	31	357.59	393.34
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	32	365.00	401.50
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	33	369.64	406.60
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	34	374.57	412.02
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	35	377.01	414.71
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	36	379.50	417.44
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	37	381.94	420.13
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	38	384.43	422.87
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	39	389.36	428.29
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	40	394.29	433.71
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	41	401.70	441.87
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	42	408.79	449.66

82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	43	418.68	460.55
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	44	431.02	474.12
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	45	445.52	490.07
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	46	462.80	509.07
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	47	482.22	530.44
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	48	504.46	554.90
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	49	526.34	578.97
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	50	551.02	606.12
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	51	575.42	632.95
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	52	602.26	662.48
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	53	629.39	692.32
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	54	658.72	724.58
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	55	688.04	756.84
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	56	719.81	791.79
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	57	751.87	827.05
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	58	786.13	864.73
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	59	803.11	883.41
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	60	837.36	921.09
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	61	866.98	953.67
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	62	886.41	975.04
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	63	910.77	1001.83
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	64	925.59	1018.14
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	925.59	1018.14
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	124.40	124.40

82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	21	195.91	215.49
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	22	195.91	215.49
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	23	195.91	215.49
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	24	195.91	215.49
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	25	196.67	216.34
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	26	200.59	220.65
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	27	205.30	225.82
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	28	212.95	234.24
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	29	219.21	241.13
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	30	222.34	244.57
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	31	227.05	249.75
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	32	231.75	254.93
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	33	234.70	258.16
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	34	237.83	261.61
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	35	239.38	263.32
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	36	240.96	265.05
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	37	242.51	266.76
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	38	244.09	268.49
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	39	247.22	271.94
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	40	250.35	275.38
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	41	255.06	280.56
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	42	259.55	285.51
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	43	265.84	292.42
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	44	273.67	301.04

82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	45	282.88	311.16
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	46	293.85	323.23
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	47	306.18	336.80
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	48	320.30	352.33
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	49	334.19	367.61
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	50	349.87	384.85
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	51	365.36	401.89
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	52	382.40	420.63
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	53	399.63	439.58
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	54	418.24	460.06
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	55	436.86	480.55
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	56	457.04	502.74
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	57	477.39	525.13
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	58	499.14	549.05
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	59	509.93	560.91
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	60	531.67	584.84
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	61	550.48	605.52
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	62	562.81	619.09
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	63	578.28	636.10
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	64	587.69	646.46
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	587.69	646.46
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	122.26	122.26
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	21	192.53	211.78
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	22	192.53	211.78

82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	23	192.53	211.78
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	24	192.53	211.78
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	25	193.28	212.61
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	26	197.14	216.85
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	27	201.76	221.94
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	28	209.28	230.21
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	29	215.43	236.98
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	30	218.51	240.36
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	31	223.14	245.45
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	32	227.76	250.54
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	33	230.66	253.72
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	34	233.73	257.10
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	35	235.26	258.78
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	36	236.81	260.49
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	37	238.34	262.17
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	38	239.88	263.87
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	39	242.96	267.25
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	40	246.04	270.64
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	41	250.66	275.73
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	42	255.08	280.59
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	43	261.26	287.38
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	44	268.96	295.86
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	45	278.01	305.81
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	46	288.79	317.66

82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	47	300.91	331.00
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	48	314.79	346.26
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	49	328.44	361.28
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	50	343.84	378.22
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	51	359.06	394.97
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	52	375.81	413.39
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	53	392.74	432.01
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	54	411.04	452.14
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	55	429.34	472.27
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	56	449.17	494.08
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	57	469.17	516.09
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	58	490.55	539.60
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	59	501.14	551.25
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	60	522.52	574.77
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	61	541.00	595.09
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	62	553.12	608.43
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	63	568.32	625.15
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	64	577.57	635.33
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	577.57	635.33
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	99.66	99.66
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	21	156.94	172.64
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	22	156.94	172.64
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	23	156.94	172.64
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	24	156.94	172.64

82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	25	157.56	173.31
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	26	160.70	176.76
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	27	164.47	180.91
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	28	170.60	187.66
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	29	175.61	193.17
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	30	178.12	195.93
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	31	181.89	200.08
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	32	185.66	204.23
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	33	188.02	206.82
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	34	190.53	209.58
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	35	191.77	210.95
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	36	193.04	212.34
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	37	194.28	213.71
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	38	195.54	215.10
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	39	198.05	217.86
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	40	200.56	220.61
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	41	204.33	224.76
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	42	207.93	228.73
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	43	212.97	234.26
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	44	219.25	241.17
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	45	226.62	249.28
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	46	235.41	258.95
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	47	245.29	269.82
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	48	256.60	282.26

82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	49	267.73	294.50
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	50	280.29	308.31
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	51	292.69	321.96
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	52	306.35	336.98
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	53	320.15	352.16
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	54	335.07	368.57
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	55	349.98	384.98
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	56	366.14	402.75
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	57	382.45	420.69
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	58	399.88	439.86
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	59	408.51	449.36
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	60	425.94	468.53
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	61	441.00	485.10
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	62	450.88	495.97
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	63	463.27	509.60
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	64	470.81	517.89
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	470.81	517.89
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	112.11	112.11
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	21	176.55	194.20
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	22	176.55	194.20
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	23	176.55	194.20
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	24	176.55	194.20
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	25	177.24	194.96
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	26	180.77	198.85

82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	27	185.01	203.51
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	28	191.91	211.10
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	29	197.55	217.31
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	30	200.37	220.41
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	31	204.62	225.07
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	32	208.86	229.74
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	33	211.51	232.66
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	34	214.33	235.76
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	35	215.73	237.30
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	36	217.15	238.87
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	37	218.55	240.41
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	38	219.97	241.97
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	39	222.79	245.07
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	40	225.62	248.18
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	41	229.86	252.84
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	42	233.91	257.30
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	43	239.57	263.53
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	44	246.64	271.30
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	45	254.93	280.42
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	46	264.82	291.30
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	47	275.93	303.52
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	48	288.66	317.52
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	49	301.18	331.29
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	50	315.30	346.83

82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	51	329.26	362.18
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	52	344.62	379.08
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	53	360.15	396.16
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	54	376.92	414.61
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	55	393.70	433.07
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	56	411.88	453.07
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	57	430.23	473.25
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	58	449.83	494.81
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	59	459.55	505.50
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	60	479.15	527.06
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	61	496.10	545.70
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	62	507.21	557.93
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	63	521.15	573.26
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	64	529.63	582.59
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	529.63	582.59
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	76.57	76.57
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	21	120.59	132.65
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	22	120.59	132.65
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	23	120.59	132.65
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	24	120.59	132.65
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	25	121.06	133.17
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	26	123.48	135.82
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	27	126.37	139.01
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	28	131.08	144.19

82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	29	134.94	148.43
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	30	136.86	150.55
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	31	139.76	153.74
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	32	142.66	156.92
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	33	144.47	158.92
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	34	146.40	161.04
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	35	147.35	162.09
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	36	148.32	163.16
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	37	149.28	164.21
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	38	150.25	165.27
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	39	152.18	167.39
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	40	154.10	169.51
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	41	157.00	172.70
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	42	159.77	175.75
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	43	163.64	180.00
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	44	168.46	185.31
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	45	174.13	191.54
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	46	180.88	198.97
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	47	188.47	207.32
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	48	197.17	216.88
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	49	205.72	226.29
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	50	215.36	236.90
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	51	224.90	247.39
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	52	235.39	258.93

82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	53	245.99	270.59
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	54	257.46	283.20
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	55	268.92	295.81
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	56	281.33	309.46
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	57	293.87	323.25
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	58	307.25	337.98
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	59	313.89	345.28
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	60	327.28	360.00
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	61	338.85	372.74
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	62	346.45	381.09
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	63	355.97	391.56
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	64	361.76	397.93
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	361.76	397.93
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	136.84	136.84
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	21	215.50	237.05
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	22	215.50	237.05
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	23	215.50	237.05
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	24	215.50	237.05
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	25	216.34	237.97
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	26	220.65	242.72
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	27	225.83	248.41
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	28	234.25	257.67
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	29	241.13	265.25
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	30	244.58	269.03

82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	31	249.76	274.73
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	32	254.93	280.42
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	33	258.17	283.99
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	34	261.62	287.77
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	35	263.32	289.65
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	36	265.06	291.56
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	37	266.77	293.44
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	38	268.50	295.35
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	39	271.95	299.14
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	40	275.39	302.92
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	41	280.57	308.62
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	42	285.51	314.06
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	43	292.43	321.67
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	44	301.05	331.15
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	45	311.17	342.29
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	46	323.24	355.56
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	47	336.81	370.48
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	48	352.34	387.57
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	49	367.62	404.38
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	50	384.86	423.34
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	51	401.90	442.08
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	52	420.65	462.71
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	53	439.60	483.55
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	54	460.08	506.08

82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	55	480.56	528.61
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	56	502.75	553.02
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	57	525.14	577.65
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	58	549.07	603.97
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	59	560.93	617.02
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	60	584.85	643.33
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	61	605.54	666.09
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	62	619.11	681.01
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	63	636.12	699.73
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	64	646.48	711.12
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	646.48	711.12
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	184.66	184.66
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	21	290.80	319.88
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	22	290.80	319.88
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	23	290.80	319.88
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	24	290.80	319.88
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	25	291.94	321.13
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	26	297.75	327.53
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	27	304.74	335.21
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	28	316.10	347.71
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	29	325.39	357.93
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	30	330.04	363.04
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	31	337.03	370.73
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	32	344.01	378.41

82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	33	348.38	383.22
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	34	353.03	388.33
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	35	355.34	390.87
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	36	357.68	393.44
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	37	359.98	395.98
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	38	362.32	398.55
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	39	366.97	403.66
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	40	371.62	408.77
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	41	378.60	416.46
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	42	385.28	423.81
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	43	394.61	434.07
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	44	406.24	446.86
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	45	419.91	461.89
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	46	436.19	479.80
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	47	454.50	499.94
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	48	475.46	523.00
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	49	496.07	545.68
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	50	519.34	571.27
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	51	542.33	596.56
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	52	567.63	624.39
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	53	593.20	652.52
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	54	620.84	682.92
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	55	648.48	713.32
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	56	678.42	746.26

82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	57	708.64	779.50
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	58	740.93	815.01
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	59	756.93	832.62
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	60	789.22	868.13
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	61	817.13	898.84
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	62	835.44	918.98
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	63	858.40	944.23
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	64	872.37	959.60
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	872.37	959.60
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	117.24	117.24
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	21	184.64	203.10
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	22	184.64	203.10
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	23	184.64	203.10
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	24	184.64	203.10
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	25	185.36	203.90
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	26	189.06	207.96
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	27	193.49	212.84
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	28	200.70	220.77
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	29	206.60	227.26
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	30	209.55	230.51
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	31	213.99	235.39
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	32	218.43	240.27
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	33	221.20	243.32
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	34	224.15	246.57

82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	35	225.62	248.18
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	36	227.10	249.81
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	37	228.57	251.42
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	38	230.05	253.06
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	39	233.00	256.30
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	40	235.95	259.55
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	41	240.39	264.43
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	42	244.63	269.09
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	43	250.55	275.61
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	44	257.94	283.73
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	45	266.61	293.27
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	46	276.95	304.64
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	47	288.58	317.43
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	48	301.89	332.07
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	49	314.98	346.47
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	50	329.75	362.72
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	51	344.35	378.78
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	52	360.41	396.45
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	53	376.65	414.31
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	54	394.20	433.61
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	55	411.74	452.92
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	56	430.76	473.83
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	57	449.95	494.94
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	58	470.44	517.48

82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	59	480.61	528.66
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	60	501.10	551.21
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	61	518.83	570.71
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	62	530.45	583.49
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	63	545.03	599.53
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	64	553.90	609.29
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	553.90	609.29
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	115.23	115.23
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	21	181.46	199.61
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	22	181.46	199.61
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	23	181.46	199.61
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	24	181.46	199.61
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	25	182.17	200.39
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	26	185.80	204.38
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	27	190.16	209.17
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	28	197.25	216.97
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	29	203.05	223.35
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	30	205.95	226.54
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	31	210.31	231.33
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	32	214.67	236.13
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	33	217.39	239.13
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	34	220.29	242.32
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	35	221.73	243.90
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	36	223.19	245.51

82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	37	224.63	247.09
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	38	226.09	248.70
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	39	228.99	251.89
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	40	231.89	255.08
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	41	236.25	259.87
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	42	240.42	264.46
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	43	246.24	270.86
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	44	253.50	278.84
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	45	262.02	288.22
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	46	272.18	299.40
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	47	283.61	311.97
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	48	296.69	326.35
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	49	309.55	340.51
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	50	324.07	356.48
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	51	338.42	372.26
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	52	354.20	389.62
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	53	370.16	407.17
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	54	387.41	426.15
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	55	404.65	445.12
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	56	423.34	465.67
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	57	442.20	486.41
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	58	462.34	508.57
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	59	472.33	519.56
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	60	492.48	541.72

82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	61	509.89	560.88
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	62	521.32	573.45
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	63	535.65	589.20
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	64	544.36	598.80
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	544.36	598.80
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	91.31	91.31
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	21	143.80	158.18
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	22	143.80	158.18
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	23	143.80	158.18
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	24	143.80	158.18
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	25	144.36	158.79
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	26	147.24	161.96
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	27	150.69	165.76
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	28	156.31	171.94
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	29	160.90	176.99
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	30	163.20	179.52
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	31	166.66	183.32
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	32	170.11	187.12
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	33	172.27	189.50
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	34	174.57	192.02
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	35	175.71	193.28
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	36	176.87	194.55
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	37	178.01	195.81
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	38	179.17	197.08

82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	39	181.46	199.61
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	40	183.76	202.13
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	41	187.22	205.93
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	42	190.52	209.57
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	43	195.13	214.64
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	44	200.88	220.97
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	45	207.64	228.40
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	46	215.69	237.26
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	47	224.74	247.22
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	48	235.11	258.62
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	49	245.30	269.83
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	50	256.81	282.49
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	51	268.18	294.99
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	52	280.69	308.75
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	53	293.33	322.66
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	54	307.00	337.70
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	55	320.67	352.73
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	56	335.47	369.02
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	57	350.42	385.45
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	58	366.38	403.01
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	59	374.29	411.72
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	60	390.26	429.28
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	61	404.06	444.46
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	62	413.12	454.42

82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	63	424.47	466.91
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	64	431.38	474.51
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	431.38	474.51
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	66.93	66.93
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	21	105.41	115.95
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	22	105.41	115.95
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	23	105.41	115.95
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	24	105.41	115.95
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	25	105.82	116.40
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	26	107.93	118.72
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	27	110.46	121.51
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	28	114.58	126.04
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	29	117.95	129.74
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	30	119.63	131.59
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	31	122.16	134.38
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	32	124.70	137.17
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	33	126.28	138.91
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	34	127.97	140.76
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	35	128.80	141.68
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	36	129.65	142.61
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	37	130.49	143.53
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	38	131.33	144.47
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	39	133.02	146.32
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	40	134.70	148.17

82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	41	137.24	150.96
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	42	139.66	153.62
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	43	143.04	157.34
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	44	147.25	161.98
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	45	152.21	167.43
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	46	158.11	173.92
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	47	164.74	181.22
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	48	172.34	189.57
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	49	179.82	197.80
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	50	188.25	207.07
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	51	196.58	216.24
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	52	205.75	226.33
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	53	215.02	236.52
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	54	225.04	247.54
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	55	235.06	258.56
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	56	245.91	270.50
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	57	256.87	282.55
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	58	268.57	295.42
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	59	274.37	301.80
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	60	286.07	314.68
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	61	296.19	325.81
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	62	302.83	333.11
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	63	311.15	342.26
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	64	316.21	347.83

82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	316.21	347.83
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	118.10	118.10
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	21	185.99	204.59
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	22	185.99	204.59
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	23	185.99	204.59
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	24	185.99	204.59
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	25	186.72	205.39
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	26	190.44	209.48
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	27	194.91	214.40
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	28	202.17	222.39
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	29	208.12	228.93
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	30	211.09	232.20
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	31	215.56	237.11
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	32	220.03	242.03
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	33	222.82	245.10
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	34	225.80	248.37
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	35	227.27	249.99
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	36	228.77	251.64
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	37	230.24	253.26
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	38	231.74	254.91
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	39	234.71	258.18
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	40	237.68	261.45
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	41	242.15	266.36
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	42	246.42	271.06

82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	43	252.39	277.62
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	44	259.83	285.81
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	45	268.57	295.42
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	46	278.98	306.88
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	47	290.69	319.76
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	48	304.10	334.50
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	49	317.28	349.01
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	50	332.17	365.38
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	51	346.87	381.55
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	52	363.05	399.35
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	53	379.41	417.34
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	54	397.08	436.79
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	55	414.76	456.23
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	56	433.91	477.30
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	57	453.24	498.56
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	58	473.89	521.27
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	59	484.13	532.53
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	60	504.78	555.25
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	61	522.63	574.89
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	62	534.34	587.77
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	63	549.02	603.92
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	64	557.96	613.75
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	557.96	613.75
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	159.79	159.79

82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	21	251.64	276.80
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	22	251.64	276.80
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	23	251.64	276.80
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	24	251.64	276.80
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	25	252.63	277.89
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	26	257.66	283.42
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	27	263.71	290.07
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	28	273.53	300.88
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	29	281.58	309.73
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	30	285.60	314.15
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	31	291.64	320.80
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	32	297.69	327.45
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	33	301.47	331.62
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	34	305.49	336.04
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	35	307.49	338.23
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	36	309.51	340.46
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	37	311.51	342.66
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	38	313.53	344.88
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	39	317.55	349.31
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	40	321.58	353.73
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	41	327.62	360.38
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	42	333.40	366.74
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	43	341.47	375.61
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	44	351.54	386.69

82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	45	363.36	399.69
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	46	377.45	415.19
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	47	393.29	432.62
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	48	411.43	452.57
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	49	429.27	472.20
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	50	449.41	494.34
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	51	469.30	516.23
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	52	491.19	540.31
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	53	513.32	564.65
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	54	537.24	590.96
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	55	561.16	617.27
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	56	587.07	645.77
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	57	613.22	674.53
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	58	641.16	705.26
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	59	655.00	720.50
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	60	682.94	751.23
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	61	707.10	777.80
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	62	722.94	795.23
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	63	742.81	817.08
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	64	754.90	830.38
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	754.90	830.38
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	103.55	103.55
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	21	163.07	179.38
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	22	163.07	179.38

82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	23	163.07	179.38
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	24	163.07	179.38
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	25	163.71	180.08
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	26	166.97	183.67
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	27	170.89	187.98
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	28	177.26	194.98
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	29	182.47	200.72
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	30	185.08	203.58
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	31	188.99	207.89
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	32	192.91	212.20
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	33	195.36	214.90
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	34	197.97	217.76
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	35	199.26	219.19
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	36	200.58	220.63
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	37	201.87	222.05
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	38	203.18	223.50
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	39	205.79	226.36
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	40	208.39	229.23
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	41	212.31	233.54
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	42	216.05	237.66
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	43	221.29	243.41
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	44	227.81	250.59
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	45	235.47	259.02
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	46	244.60	269.06

82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	47	254.87	280.35
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	48	266.62	293.28
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	49	278.18	306.00
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	50	291.23	320.35
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	51	304.12	334.53
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	52	318.31	350.14
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	53	332.65	365.91
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	54	348.15	382.96
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	55	363.65	400.01
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	56	380.44	418.48
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	57	397.39	437.12
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	58	415.49	457.04
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	59	424.47	466.91
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	60	442.57	486.82
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	61	458.22	504.04
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	62	468.49	515.34
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	63	481.37	529.50
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	64	489.20	538.12
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	489.20	538.12
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	93.88	93.88
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	21	147.85	162.63
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	22	147.85	162.63
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	23	147.85	162.63
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	24	147.85	162.63

82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	25	148.42	163.27
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	26	151.38	166.52
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	27	154.93	170.43
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	28	160.71	176.78
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	29	165.43	181.98
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	30	167.80	184.57
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	31	171.35	188.48
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	32	174.90	192.39
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	33	177.12	194.83
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	34	179.49	197.43
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	35	180.66	198.72
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	36	181.85	200.03
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	37	183.02	201.32
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	38	184.21	202.63
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	39	186.57	205.23
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	40	188.93	207.83
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	41	192.49	211.73
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	42	195.88	215.47
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	43	200.62	220.68
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	44	206.54	227.19
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	45	213.49	234.83
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	46	221.76	243.94
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	47	231.07	254.18
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	48	241.73	265.90

82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	49	252.21	277.43
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	50	264.04	290.44
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	51	275.73	303.30
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	52	288.59	317.45
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	53	301.59	331.75
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	54	315.64	347.20
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	55	329.69	362.66
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	56	344.92	379.41
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	57	360.28	396.31
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	58	376.70	414.36
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	59	384.83	423.31
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	60	401.25	441.37
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	61	415.44	456.98
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	62	424.75	467.22
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	63	436.42	480.06
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	64	443.52	487.87
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	443.52	487.87
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	105.61	105.61
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	21	166.32	182.95
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	22	166.32	182.95
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	23	166.32	182.95
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	24	166.32	182.95
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	25	166.97	183.66
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	26	170.29	187.32

82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	27	174.29	191.72
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	28	180.79	198.86
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	29	186.10	204.71
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	30	188.76	207.63
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	31	192.75	212.03
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	32	196.75	216.42
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	33	199.25	219.17
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	34	201.91	222.10
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	35	203.23	223.55
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	36	204.57	225.02
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	37	205.88	226.47
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	38	207.22	227.94
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	39	209.88	230.87
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	40	212.54	233.79
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	41	216.53	238.19
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	42	220.35	242.39
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	43	225.69	248.25
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	44	232.34	255.57
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	45	240.16	264.17
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	46	249.47	274.41
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	47	259.94	285.93
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	48	271.93	299.12
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	49	283.72	312.09
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	50	297.03	326.73

82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	51	310.17	341.19
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	52	324.64	357.10
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	53	339.27	373.19
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	54	355.08	390.58
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	55	370.88	407.97
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	56	388.01	426.81
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	57	405.29	445.82
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	58	423.76	466.13
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	59	432.91	476.20
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	60	451.37	496.51
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	61	467.34	514.07
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	62	477.81	525.59
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	63	490.94	540.03
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	64	498.93	548.82
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	498.93	548.82
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	72.14	72.14
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	21	113.60	124.96
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	22	113.60	124.96
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	23	113.60	124.96
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	24	113.60	124.96
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	25	114.05	125.45
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	26	116.32	127.95
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	27	119.05	130.95
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	28	123.48	135.83

82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	29	127.11	139.82
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	30	128.93	141.82
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	31	131.66	144.82
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	32	134.39	147.83
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	33	136.10	149.70
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	34	137.91	151.70
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	35	138.81	152.69
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	36	139.73	153.70
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	37	140.63	154.69
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	38	141.54	155.69
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	39	143.36	157.69
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	40	145.17	159.69
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	41	147.90	162.69
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	42	150.51	165.56
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	43	154.15	169.57
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	44	158.70	174.57
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	45	164.04	180.44
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	46	170.40	187.43
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	47	177.55	195.30
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	48	185.74	204.31
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	49	193.79	213.17
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	50	202.88	223.17
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	51	211.86	233.05
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	52	221.74	243.92

82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	53	231.73	254.91
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	54	242.53	266.78
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	55	253.33	278.66
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	56	265.03	291.53
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	57	276.83	304.51
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	58	289.44	318.38
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	59	295.70	325.26
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	60	308.31	339.14
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	61	319.21	351.13
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	62	326.37	359.00
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	63	335.33	368.86
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	64	340.79	374.87
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	340.79	374.87
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	128.91	128.91
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	21	203.01	223.31
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	22	203.01	223.31
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	23	203.01	223.31
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	24	203.01	223.31
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	25	203.80	224.18
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	26	207.86	228.65
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	27	212.74	234.01
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	28	220.67	242.73
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	29	227.16	249.87
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	30	230.40	253.44

82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	31	235.28	258.80
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	32	240.16	264.17
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	33	243.21	267.53
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	34	246.45	271.09
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	35	248.06	272.86
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	36	249.69	274.66
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	37	251.30	276.43
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	38	252.94	278.23
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	39	256.18	281.80
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	40	259.43	285.37
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	41	264.30	290.73
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	42	268.96	295.86
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	43	275.48	303.02
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	44	283.60	311.95
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	45	293.14	322.45
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	46	304.50	334.95
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	47	317.28	349.01
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	48	331.92	365.11
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	49	346.31	380.94
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	50	362.55	398.80
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	51	378.60	416.46
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	52	396.26	435.89
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	53	414.12	455.52
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	54	433.41	476.75

82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	55	452.70	497.97
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	56	473.61	520.96
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	57	494.70	544.17
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	58	517.24	568.96
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	59	528.41	581.25
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	60	550.95	606.04
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	61	570.44	627.48
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	62	583.22	641.54
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	63	599.25	659.17
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	64	609.00	669.90
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	609.00	669.90
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	173.95	173.95
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	21	273.95	301.34
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	22	273.95	301.34
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	23	273.95	301.34
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	24	273.95	301.34
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	25	275.02	302.51
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	26	280.50	308.54
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	27	287.08	315.78
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	28	297.78	327.55
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	29	306.53	337.18
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	30	310.91	342.00
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	31	317.49	349.24
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	32	324.07	356.48

82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	33	328.19	361.01
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	34	332.57	365.82
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	35	334.74	368.21
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	36	336.94	370.64
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	37	339.12	373.03
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	38	341.32	375.45
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	39	345.70	380.27
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	40	350.08	385.08
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	41	356.66	392.32
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	42	362.95	399.24
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	43	371.73	408.90
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	44	382.69	420.96
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	45	395.57	435.12
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	46	410.90	451.99
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	47	428.15	470.96
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	48	447.90	492.68
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	49	467.32	514.05
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	50	489.24	538.16
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	51	510.90	561.98
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	52	534.73	588.20
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	53	558.82	614.69
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	54	584.85	643.33
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	55	610.89	671.97
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	56	639.10	703.00

82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	57	667.57	734.32
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	58	697.98	767.77
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	59	713.06	784.36
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	60	743.47	817.81
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	61	769.77	846.73
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	62	787.01	865.71
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	63	808.64	889.50
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	64	821.81	903.98
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	821.81	903.98
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	110.45	110.45
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	21	173.94	191.33
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	22	173.94	191.33
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	23	173.94	191.33
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	24	173.94	191.33
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	25	174.62	192.08
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	26	178.10	195.91
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	27	182.28	200.50
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	28	189.07	207.98
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	29	194.63	214.09
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	30	197.41	217.15
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	31	201.59	221.74
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	32	205.77	226.34
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	33	208.38	229.22
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	34	211.16	232.27

82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	35	212.54	233.79
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	36	213.94	235.33
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	37	215.32	236.85
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	38	216.72	238.39
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	39	219.50	241.45
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	40	222.28	244.50
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	41	226.46	249.10
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	42	230.45	253.49
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	43	236.03	259.63
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	44	242.99	267.28
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	45	251.16	276.27
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	46	260.90	286.99
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	47	271.85	299.03
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	48	284.39	312.82
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	49	296.72	326.39
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	50	310.64	341.70
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	51	324.39	356.82
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	52	339.52	373.47
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	53	354.82	390.29
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	54	371.35	408.48
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	55	387.88	426.66
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	56	405.79	446.36
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	57	423.86	466.25
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	58	443.17	487.49

82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	59	452.75	498.02
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	60	472.06	519.26
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	61	488.75	537.62
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	62	499.71	549.67
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	63	513.44	564.78
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	64	521.80	573.97
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	521.80	573.97
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	108.55	108.55
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	21	170.94	188.04
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	22	170.94	188.04
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	23	170.94	188.04
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	24	170.94	188.04
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	25	171.61	188.77
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	26	175.03	192.53
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	27	179.14	197.05
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	28	185.81	204.39
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	29	191.28	210.40
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	30	194.01	213.41
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	31	198.12	217.93
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	32	202.22	222.44
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	33	204.79	225.27
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	34	207.52	228.27
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	35	208.88	229.77
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	36	210.26	231.28

82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	37	211.61	232.77
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	38	212.99	234.28
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	39	215.72	237.29
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	40	218.45	240.29
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	41	222.56	244.81
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	42	226.48	249.13
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	43	231.96	255.16
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	44	238.80	262.68
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	45	246.84	271.52
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	46	256.41	282.04
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	47	267.17	293.88
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	48	279.49	307.44
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	49	291.61	320.77
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	50	305.29	335.81
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	51	318.80	350.68
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	52	333.67	367.04
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	53	348.71	383.57
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	54	364.95	401.44
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	55	381.20	419.31
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	56	398.80	438.68
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	57	416.57	458.22
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	58	435.54	479.09
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	59	444.95	489.44
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	60	463.93	510.32

82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	61	480.34	528.37
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	62	491.10	540.21
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	63	504.60	555.05
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	64	512.81	564.09
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	512.81	564.09
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	110.52	110.52
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	21	174.06	191.46
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	22	174.06	191.46
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	23	174.06	191.46
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	24	174.06	191.46
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	25	174.74	192.21
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	26	178.22	196.04
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	27	182.40	200.64
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	28	189.20	208.12
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	29	194.76	214.24
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	30	197.54	217.30
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	31	201.72	221.90
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	32	205.91	226.50
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	33	208.52	229.37
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	34	211.30	232.43
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	35	212.68	233.95
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	36	214.09	235.49
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	37	215.47	237.01
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	38	216.87	238.55

82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	39	219.65	241.61
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	40	222.43	244.67
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	41	226.61	249.27
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	42	230.61	253.67
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	43	236.19	259.81
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	44	243.15	267.47
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	45	251.33	276.46
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	46	261.08	287.18
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	47	272.04	299.24
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	48	284.58	313.04
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	49	296.92	326.61
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	50	310.85	341.93
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	51	324.61	357.07
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	52	339.75	373.72
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	53	355.06	390.56
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	54	371.60	408.76
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	55	388.14	426.95
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	56	406.07	446.67
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	57	424.15	466.56
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	58	443.48	487.82
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	59	453.06	498.36
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	60	472.38	519.61
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	61	489.09	537.99
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	62	500.05	550.05

82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	63	513.79	565.16
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	64	522.15	574.36
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	522.15	574.36
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	124.33	124.33
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	21	195.80	215.38
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	22	195.80	215.38
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	23	195.80	215.38
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	24	195.80	215.38
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	25	196.57	216.22
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	26	200.48	220.53
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	27	205.19	225.71
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	28	212.84	234.12
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	29	219.09	241.00
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	30	222.22	244.44
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	31	226.93	249.62
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	32	231.63	254.79
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	33	234.57	258.03
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	34	237.70	261.47
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	35	239.26	263.18
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	36	240.83	264.91
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	37	242.38	266.62
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	38	243.96	268.35
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	39	247.09	271.79
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	40	250.22	275.24

82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	41	254.92	280.41
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	42	259.42	285.36
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	43	265.70	292.26
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	44	273.53	300.88
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	45	282.73	311.00
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	46	293.69	323.06
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	47	306.02	336.62
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	48	320.13	352.14
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	49	334.02	367.41
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	50	349.68	384.65
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	51	365.16	401.68
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	52	382.20	420.41
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	53	399.42	439.35
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	54	418.02	459.82
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	55	436.63	480.29
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	56	456.80	502.47
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	57	477.14	524.85
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	58	498.88	548.76
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	59	509.66	560.62
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	60	531.39	584.53
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	61	550.19	605.20
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	62	562.52	618.76
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	63	577.98	635.77
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	64	587.38	646.12

82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	587.38	646.12
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	84.92	84.92
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	21	133.74	147.11
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	22	133.74	147.11
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	23	133.74	147.11
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	24	133.74	147.11
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	25	134.26	147.69
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	26	136.94	150.63
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	27	140.15	154.17
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	28	145.38	159.91
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	29	149.65	164.61
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	30	151.79	166.96
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	31	155.00	170.50
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	32	158.21	174.03
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	33	160.22	176.24
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	34	162.36	178.60
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	35	163.42	179.76
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	36	164.50	180.95
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	37	165.56	182.11
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	38	166.63	183.30
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	39	168.77	185.65
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	40	170.91	188.00
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	41	174.12	191.53
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	42	177.19	194.91

82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	43	181.48	199.63
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	44	186.83	205.51
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	45	193.12	212.43
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	46	200.60	220.66
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	47	209.03	229.93
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	48	218.67	240.53
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	49	228.15	250.96
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	50	238.85	262.73
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	51	249.42	274.36
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	52	261.06	287.16
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	53	272.82	300.10
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	54	285.53	314.08
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	55	298.24	328.06
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	56	312.01	343.21
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	57	325.91	358.50
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	58	340.76	374.83
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	59	348.12	382.92
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	60	362.96	399.26
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	61	375.80	413.38
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	62	384.22	422.64
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	63	394.78	434.26
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	64	401.21	441.32
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	401.21	441.32
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	151.76	151.76

82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	21	239.00	262.90
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	22	239.00	262.90
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	23	239.00	262.90
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	24	239.00	262.90
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	25	239.93	263.92
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	26	244.71	269.18
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	27	250.46	275.50
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	28	259.79	285.77
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	29	267.43	294.17
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	30	271.25	298.37
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	31	276.99	304.68
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	32	282.73	311.00
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	33	286.32	314.95
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	34	290.14	319.15
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	35	292.04	321.24
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	36	293.96	323.35
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	37	295.86	325.44
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	38	297.78	327.55
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	39	301.60	331.76
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	40	305.42	335.96
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	41	311.16	342.27
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	42	316.65	348.31
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	43	324.31	356.74
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	44	333.87	367.26

82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	45	345.10	379.61
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	46	358.48	394.33
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	47	373.53	410.88
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	48	390.76	429.83
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	49	407.70	448.47
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	50	426.83	469.50
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	51	445.72	490.29
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	52	466.51	513.16
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	53	487.53	536.28
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	54	510.24	561.26
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	55	532.96	586.25
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	56	557.57	613.32
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	57	582.41	640.64
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	58	608.94	669.83
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	59	622.09	684.30
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	60	648.63	713.48
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	61	671.57	738.72
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	62	686.62	755.27
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	63	705.48	776.02
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	64	716.97	788.66
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	716.97	788.66
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	204.79	204.79
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	21	322.51	354.76
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	22	322.51	354.76

82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	23	322.51	354.76
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	24	322.51	354.76
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	25	323.77	356.14
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	26	330.22	363.24
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	27	337.97	371.76
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	28	350.57	385.62
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	29	360.87	396.96
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	30	366.03	402.63
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	31	373.78	411.15
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	32	381.52	419.67
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	33	386.37	425.01
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	34	391.53	430.67
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	35	394.08	433.49
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	36	396.68	436.34
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	37	399.24	439.16
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	38	401.83	442.01
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	39	406.98	447.68
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	40	412.14	453.35
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	41	419.89	461.87
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	42	427.29	470.02
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	43	437.64	481.40
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	44	450.54	495.59
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	45	465.69	512.26
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	46	483.75	532.12

82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	47	504.05	554.46
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	48	527.30	580.03
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	49	550.17	605.18
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	50	575.97	633.56
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	51	601.47	661.61
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	52	629.52	692.47
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	53	657.89	723.67
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	54	688.54	757.38
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	55	719.19	791.10
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	56	752.40	827.63
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	57	785.91	864.50
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	58	821.72	903.88
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	59	839.47	923.41
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	60	875.27	962.79
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	61	906.23	996.84
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	62	926.54	1019.18
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	63	952.00	1047.19
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	64	967.50	1064.23
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	967.50	1064.23
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	130.03	130.03
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	21	204.77	225.25
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	22	204.77	225.25
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	23	204.77	225.25
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	24	204.77	225.25

82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	25	205.57	226.13
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	26	209.67	230.64
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	27	214.59	236.05
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	28	222.59	244.85
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	29	229.13	252.04
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	30	232.40	255.64
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	31	237.32	261.05
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	32	242.24	266.47
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	33	245.32	269.85
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	34	248.59	273.45
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	35	250.22	275.24
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	36	251.87	277.05
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	37	253.49	278.84
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	38	255.14	280.65
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	39	258.41	284.25
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	40	261.68	287.85
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	41	266.60	293.26
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	42	271.30	298.43
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	43	277.87	305.66
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	44	286.06	314.67
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	45	295.69	325.25
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	46	307.15	337.86
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	47	320.04	352.05
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	48	334.80	368.28

82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	49	349.32	384.25
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	50	365.71	402.27
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	51	381.90	420.08
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	52	399.71	439.68
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	53	417.72	459.48
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	54	437.18	480.89
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	55	456.64	502.30
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	56	477.73	525.50
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	57	499.01	548.90
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	58	521.74	573.91
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	59	533.01	586.31
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	60	555.74	611.31
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	61	575.40	632.93
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	62	588.29	647.12
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	63	604.46	664.90
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	64	614.30	675.72
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	614.30	675.72
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	127.79	127.79
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	21	201.25	221.37
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	22	201.25	221.37
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	23	201.25	221.37
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	24	201.25	221.37
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	25	202.03	222.24
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	26	206.06	226.66

82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	27	210.90	231.98
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	28	218.76	240.63
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	29	225.19	247.70
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	30	228.40	251.24
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	31	233.24	256.56
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	32	238.07	261.88
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	33	241.10	265.21
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	34	244.31	268.74
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	35	245.91	270.50
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	36	247.53	272.28
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	37	249.13	274.04
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	38	250.74	275.82
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	39	253.96	279.35
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	40	257.18	282.89
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	41	262.01	288.21
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	42	266.63	293.29
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	43	273.09	300.39
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	44	281.14	309.25
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	45	290.59	319.65
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	46	301.86	332.04
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	47	314.53	345.98
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	48	329.04	361.94
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	49	343.31	377.63
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	50	359.41	395.35

82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	51	375.32	412.85
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	52	392.83	432.11
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	53	410.52	451.57
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	54	429.65	472.61
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	55	448.78	493.65
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	56	469.50	516.45
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	57	490.41	539.45
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	58	512.76	564.03
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	59	523.83	576.21
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	60	546.17	600.79
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	61	565.49	622.04
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	62	578.16	635.97
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	63	594.05	653.45
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	64	603.72	664.09
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	603.72	664.09
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	104.01	104.01
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	21	163.80	180.18
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	22	163.80	180.18
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	23	163.80	180.18
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	24	163.80	180.18
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	25	164.44	180.88
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	26	167.72	184.49
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	27	171.65	188.81
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	28	178.05	195.85

82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	29	183.28	201.61
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	30	185.90	204.49
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	31	189.84	208.82
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	32	193.77	213.15
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	33	196.23	215.85
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	34	198.85	218.73
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	35	200.15	220.16
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	36	201.47	221.61
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	37	202.77	223.04
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	38	204.09	224.49
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	39	206.70	227.37
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	40	209.32	230.25
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	41	213.26	234.58
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	42	217.02	238.72
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	43	222.27	244.49
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	44	228.82	251.70
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	45	236.52	260.17
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	46	245.69	270.26
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	47	256.00	281.60
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	48	267.81	294.59
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	49	279.42	307.36
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	50	292.53	321.78
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	51	305.48	336.02
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	52	319.73	351.70

82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	53	334.13	367.54
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	54	349.70	384.67
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	55	365.27	401.79
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	56	382.13	420.34
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	57	399.16	439.07
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	58	417.34	459.07
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	59	426.36	468.99
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	60	444.54	488.99
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	61	460.26	506.28
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	62	470.58	517.63
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	63	483.51	531.85
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	64	491.38	540.51
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	491.38	540.51
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	117.00	117.00
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	21	184.26	202.69
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	22	184.26	202.69
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	23	184.26	202.69
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	24	184.26	202.69
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	25	184.98	203.48
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	26	188.67	207.53
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	27	193.10	212.40
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	28	200.29	220.32
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	29	206.18	226.80
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	30	209.12	230.04

82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	31	213.55	234.90
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	32	217.98	239.77
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	33	220.75	242.82
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	34	223.69	246.06
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	35	225.15	247.67
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	36	226.64	249.30
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	37	228.10	250.91
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	38	229.58	252.54
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	39	232.53	255.78
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	40	235.47	259.01
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	41	239.90	263.88
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	42	244.13	268.54
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	43	250.04	275.04
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	44	257.41	283.15
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	45	266.07	292.67
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	46	276.38	304.02
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	47	287.99	316.78
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	48	301.27	331.39
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	49	314.33	345.76
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	50	329.07	361.98
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	51	343.64	378.00
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	52	359.67	395.63
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	53	375.87	413.46
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	54	393.39	432.72

82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	55	410.90	451.99
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	56	429.87	472.86
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	57	449.02	493.92
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	58	469.48	516.42
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	59	479.62	527.58
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	60	500.08	550.08
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	61	517.76	569.53
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	62	529.37	582.30
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	63	543.91	598.30
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	64	552.77	608.04
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	552.77	608.04
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	79.92	79.92
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	21	125.86	138.44
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	22	125.86	138.44
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	23	125.86	138.44
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	24	125.86	138.44
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	25	126.35	138.98
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	26	128.87	141.75
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	27	131.89	145.08
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	28	136.81	150.49
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	29	140.83	154.91
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	30	142.84	157.12
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	31	145.86	160.45
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	32	148.89	163.78

82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	33	150.78	165.86
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	34	152.79	168.07
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	35	153.79	169.17
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	36	154.80	170.28
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	37	155.80	171.38
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	38	156.81	172.49
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	39	158.82	174.71
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	40	160.84	176.92
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	41	163.86	180.24
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	42	166.75	183.42
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	43	170.79	187.86
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	44	175.82	193.40
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	45	181.74	199.91
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	46	188.78	207.66
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	47	196.71	216.37
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	48	205.78	226.35
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	49	214.70	236.17
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	50	224.77	247.25
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	51	234.72	258.19
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	52	245.67	270.23
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	53	256.74	282.41
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	54	268.70	295.57
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	55	280.66	308.73
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	56	293.62	322.98

82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	57	306.70	337.37
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	58	320.67	352.74
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	59	327.60	360.36
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	60	341.57	375.73
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	61	353.65	389.02
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	62	361.58	397.73
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	63	371.51	408.66
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	64	377.56	415.31
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	377.56	415.31
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	142.82	142.82
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	21	224.91	247.40
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	22	224.91	247.40
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	23	224.91	247.40
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	24	224.91	247.40
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	25	225.79	248.37
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	26	230.29	253.32
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	27	235.69	259.26
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	28	244.48	268.92
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	29	251.67	276.83
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	30	255.26	280.78
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	31	260.66	286.73
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	32	266.07	292.67
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	33	269.45	296.39
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	34	273.04	300.34

82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	35	274.83	302.31
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	36	276.64	304.30
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	37	278.42	306.26
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	38	280.23	308.25
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	39	283.82	312.20
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	40	287.42	316.16
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	41	292.82	322.10
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	42	297.99	327.78
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	43	305.20	335.72
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	44	314.20	345.61
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	45	324.76	357.24
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	46	337.36	371.09
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	47	351.52	386.67
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	48	367.73	404.50
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	49	383.68	422.04
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	50	401.67	441.83
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	51	419.45	461.39
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	52	439.02	482.92
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	53	458.80	504.67
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	54	480.17	528.19
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	55	501.55	551.70
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	56	524.71	577.17
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	57	548.08	602.88
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	58	573.05	630.35

82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	59	585.43	643.97
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	60	610.40	671.43
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	61	631.99	695.18
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	62	646.15	710.76
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	63	663.90	730.29
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	64	674.71	742.18
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	674.71	742.18
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	192.72	192.72
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	21	303.50	333.85
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	22	303.50	333.85
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	23	303.50	333.85
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	24	303.50	333.85
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	25	304.69	335.15
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	26	310.76	341.83
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	27	318.05	349.85
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	28	329.91	362.89
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	29	339.60	373.56
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	30	344.45	378.90
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	31	351.75	386.92
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	32	359.04	394.94
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	33	363.60	399.96
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	34	368.45	405.29
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	35	370.86	407.94
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	36	373.30	410.63

82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	37	375.71	413.27
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	38	378.15	415.96
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	39	383.00	421.29
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	40	387.85	426.63
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	41	395.14	434.65
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	42	402.11	442.32
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	43	411.84	453.02
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	44	423.99	466.38
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	45	438.25	482.07
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	46	455.24	500.76
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	47	474.35	521.78
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	48	496.22	545.84
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	49	517.74	569.51
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	50	542.02	596.22
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	51	566.02	622.62
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	52	592.42	651.66
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	53	619.11	681.02
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	54	647.96	712.75
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	55	676.80	744.48
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	56	708.05	778.85
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	57	739.59	813.55
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	58	773.29	850.61
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	59	789.99	868.98
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	60	823.69	906.05

82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	61	852.82	938.09
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	62	871.93	959.11
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	63	895.89	985.47
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	64	910.47	1001.51
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	910.47	1001.51
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	122.37	122.37
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	21	192.71	211.97
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	22	192.71	211.97
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	23	192.71	211.97
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	24	192.71	211.97
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	25	193.46	212.80
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	26	197.31	217.04
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	27	201.94	222.14
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	28	209.47	230.42
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	29	215.63	237.19
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	30	218.71	240.58
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	31	223.34	245.67
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	32	227.97	250.76
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	33	230.86	253.95
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	34	233.94	257.34
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	35	235.47	259.02
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	36	237.02	260.72
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	37	238.55	262.40
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	38	240.10	264.11

82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	39	243.18	267.50
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	40	246.26	270.88
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	41	250.89	275.98
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	42	255.31	280.84
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	43	261.50	287.64
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	44	269.20	296.12
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	45	278.26	306.08
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	46	289.05	317.95
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	47	301.18	331.30
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	48	315.07	346.58
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	49	328.73	361.60
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	50	344.15	378.56
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	51	359.39	395.32
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	52	376.15	413.76
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	53	393.10	432.40
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	54	411.41	452.55
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	55	429.73	472.70
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	56	449.57	494.52
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	57	469.60	516.55
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	58	490.99	540.09
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	59	501.60	551.75
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	60	522.99	575.29
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	61	541.49	595.63
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	62	553.62	608.98

82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	63	568.84	625.71
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	64	578.10	635.90
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	578.10	635.90
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	120.26	120.26
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	21	189.39	208.32
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	22	189.39	208.32
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	23	189.39	208.32
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	24	189.39	208.32
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	25	190.13	209.14
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	26	193.92	213.31
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	27	198.47	218.31
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	28	205.86	226.45
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	29	211.92	233.10
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	30	214.94	236.43
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	31	219.49	241.44
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	32	224.04	246.44
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	33	226.89	249.58
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	34	229.91	252.90
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	35	231.42	254.56
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	36	232.94	256.23
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	37	234.44	257.88
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	38	235.97	259.56
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	39	238.99	262.89
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	40	242.02	266.22

82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	41	246.57	271.22
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	42	250.92	276.01
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	43	256.99	282.69
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	44	264.57	291.02
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	45	273.47	300.81
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	46	284.07	312.47
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	47	296.00	325.59
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	48	309.65	340.61
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	49	323.07	355.38
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	50	338.23	372.05
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	51	353.20	388.52
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	52	369.67	406.64
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	53	386.33	424.96
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	54	404.33	444.76
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	55	422.33	464.56
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	56	441.83	486.01
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	57	461.51	507.66
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	58	482.54	530.79
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	59	492.96	542.25
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	60	513.99	565.38
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	61	532.16	585.38
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	62	544.09	598.49
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	63	559.04	614.94
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	64	568.14	624.95

82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	568.14	624.95
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	116.33	116.33
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	21	183.20	201.52
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	22	183.20	201.52
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	23	183.20	201.52
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	24	183.20	201.52
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	25	183.92	202.31
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	26	187.58	206.34
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	27	191.98	211.18
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	28	199.14	219.05
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	29	204.99	225.49
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	30	207.92	228.71
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	31	212.32	233.55
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	32	216.73	238.40
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	33	219.48	241.42
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	34	222.41	244.64
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	35	223.86	246.24
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	36	225.33	247.86
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	37	226.79	249.46
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	38	228.26	251.08
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	39	231.19	254.30
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	40	234.12	257.52
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	41	238.52	262.37
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	42	242.72	266.99

82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	43	248.60	273.46
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	44	255.93	281.52
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	45	264.54	290.99
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	46	274.79	302.27
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	47	286.33	314.96
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	48	299.53	329.48
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	49	312.52	343.77
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	50	327.18	359.89
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	51	341.66	375.83
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	52	357.60	393.36
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	53	373.71	411.08
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	54	391.12	430.23
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	55	408.54	449.39
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	56	427.40	470.14
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	57	446.44	491.08
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	58	466.78	513.45
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	59	476.86	524.54
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	60	497.20	546.91
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	61	514.78	566.26
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	62	526.32	578.95
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	63	540.78	594.86
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	64	549.59	604.54
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	549.59	604.54
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	130.86	130.86

82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	21	206.09	226.70
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	22	206.09	226.70
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	23	206.09	226.70
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	24	206.09	226.70
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	25	206.90	227.58
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	26	211.02	232.12
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	27	215.97	237.56
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	28	224.02	246.42
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	29	230.60	253.66
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	30	233.90	257.28
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	31	238.85	262.73
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	32	243.80	268.18
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	33	246.90	271.59
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	34	250.19	275.21
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	35	251.83	277.01
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	36	253.48	278.83
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	37	255.12	280.63
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	38	256.78	282.45
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	39	260.07	286.07
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	40	263.36	289.70
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	41	268.31	295.14
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	42	273.05	300.35
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	43	279.66	307.62
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	44	287.90	316.69

82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	45	297.59	327.34
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	46	309.12	340.03
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	47	322.10	354.31
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	48	336.95	370.65
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	49	351.57	386.72
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	50	368.05	404.86
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	51	384.35	422.78
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	52	402.28	442.50
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	53	420.40	462.44
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	54	439.99	483.98
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	55	459.57	505.53
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	56	480.80	528.87
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	57	502.21	552.43
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	58	525.09	577.60
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	59	536.43	590.07
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	60	559.31	615.24
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	61	579.10	637.00
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	62	592.07	651.27
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	63	608.34	669.17
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	64	618.25	680.06
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	618.25	680.06
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	89.39	89.39
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	21	140.77	154.84
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	22	140.77	154.84

82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	23	140.77	154.84
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	24	140.77	154.84
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	25	141.32	155.45
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	26	144.13	158.55
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	27	147.52	162.27
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	28	153.01	168.31
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	29	157.51	173.26
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	30	159.76	175.74
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	31	163.14	179.46
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	32	166.53	183.18
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	33	168.64	185.50
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	34	170.89	187.98
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	35	172.01	189.21
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	36	173.14	190.45
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	37	174.26	191.68
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	38	175.39	192.93
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	39	177.64	195.40
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	40	179.89	197.87
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	41	183.27	201.60
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	42	186.50	205.15
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	43	191.02	210.12
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	44	196.65	216.31
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	45	203.26	223.59
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	46	211.14	232.26

82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	47	220.01	242.01
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	48	230.15	253.17
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	49	240.13	264.14
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	50	251.40	276.53
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	51	262.53	288.78
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	52	274.77	302.25
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	53	287.15	315.86
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	54	300.53	330.58
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	55	313.91	345.30
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	56	328.40	361.24
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	57	343.03	377.33
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	58	358.66	394.52
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	59	366.41	403.04
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	60	382.03	420.23
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	61	395.55	435.10
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	62	404.41	444.85
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	63	415.52	457.07
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	64	422.29	464.51
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	422.29	464.51
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	159.73	159.73
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	21	251.56	276.71
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	22	251.56	276.71
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	23	251.56	276.71
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	24	251.56	276.71

82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	25	252.54	277.79
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	26	257.57	283.32
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	27	263.61	289.97
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	28	273.44	300.78
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	29	281.48	309.62
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	30	285.50	314.04
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	31	291.54	320.69
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	32	297.59	327.34
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	33	301.37	331.50
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	34	305.39	335.92
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	35	307.38	338.12
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	36	309.41	340.34
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	37	311.40	342.54
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	38	313.42	344.76
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	39	317.44	349.19
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	40	321.46	353.61
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	41	327.51	360.26
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	42	333.28	366.61
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	43	341.35	375.48
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	44	351.42	386.55
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	45	363.24	399.56
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	46	377.32	415.05
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	47	393.16	432.47
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	48	411.29	452.42

82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	49	429.12	472.03
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	50	449.25	494.17
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	51	469.14	516.05
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	52	491.02	540.12
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	53	513.15	564.45
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	54	537.05	590.75
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	55	560.96	617.05
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	56	586.86	645.54
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	57	613.01	674.30
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	58	640.93	705.02
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	59	654.78	720.25
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	60	682.70	750.97
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	61	706.85	777.53
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	62	722.69	794.95
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	63	742.55	816.80
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	64	754.64	830.09
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	754.64	830.09
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	215.55	215.55
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	21	339.46	373.40
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	22	339.46	373.40
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	23	339.46	373.40
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	24	339.46	373.40
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	25	340.78	374.86
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	26	347.57	382.33

82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	27	355.73	391.30
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	28	368.99	405.88
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	29	379.83	417.81
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	30	385.26	423.78
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	31	393.41	432.75
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	32	401.57	441.72
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	33	406.67	447.34
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	34	412.10	453.30
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	35	414.79	456.26
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	36	417.52	459.27
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	37	420.21	462.23
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	38	422.94	465.23
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	39	428.37	471.20
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	40	433.79	477.17
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	41	441.95	486.14
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	42	449.74	494.71
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	43	460.63	506.69
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	44	474.21	521.63
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	45	490.16	539.17
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	46	509.16	560.07
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	47	530.54	583.59
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	48	555.01	610.50
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	49	579.07	636.97
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	50	606.23	666.85

82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	51	633.07	696.37
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	52	662.60	728.85
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	53	692.45	761.69
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	54	724.71	797.18
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	55	756.98	832.67
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	56	791.93	871.11
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	57	827.21	909.92
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	58	864.89	951.37
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	59	883.57	971.92
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	60	921.26	1013.38
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	61	953.84	1049.22
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	62	975.22	1072.73
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	63	1002.02	1102.21
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	64	1018.33	1120.15
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	1018.33	1120.15
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	136.86	136.86
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	21	215.53	237.08
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	22	215.53	237.08
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	23	215.53	237.08
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	24	215.53	237.08
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	25	216.38	238.01
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	26	220.69	242.75
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	27	225.87	248.45
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	28	234.28	257.71

82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	29	241.17	265.29
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	30	244.62	269.07
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	31	249.79	274.77
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	32	254.97	280.47
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	33	258.21	284.03
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	34	261.66	287.82
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	35	263.36	289.70
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	36	265.10	291.61
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	37	266.81	293.49
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	38	268.54	295.40
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	39	271.99	299.18
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	40	275.43	302.97
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	41	280.61	308.67
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	42	285.56	314.11
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	43	292.47	321.72
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	44	301.09	331.20
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	45	311.22	342.34
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	46	323.29	355.61
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	47	336.86	370.54
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	48	352.39	387.63
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	49	367.68	404.44
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	50	384.92	423.41
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	51	401.96	442.15
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	52	420.71	462.78

82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	53	439.66	483.63
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	54	460.15	506.16
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	55	480.63	528.69
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	56	502.83	553.10
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	57	525.22	577.74
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	58	549.15	604.06
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	59	561.02	617.11
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	60	584.94	643.43
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	61	605.63	666.19
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	62	619.20	681.12
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	63	636.22	699.83
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	64	646.58	711.23
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	646.58	711.23
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	134.50	134.50
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	21	211.82	233.00
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	22	211.82	233.00
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	23	211.82	233.00
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	24	211.82	233.00
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	25	212.65	233.91
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	26	216.89	238.57
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	27	221.98	244.17
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	28	230.25	253.27
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	29	237.02	260.72
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	30	240.40	264.44

82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	31	245.49	270.04
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	32	250.58	275.64
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	33	253.77	279.14
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	34	257.15	282.86
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	35	258.83	284.71
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	36	260.53	286.59
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	37	262.21	288.43
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	38	263.92	290.31
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	39	267.30	294.03
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	40	270.69	297.75
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	41	275.78	303.35
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	42	280.64	308.70
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	43	287.44	316.18
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	44	295.91	325.50
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	45	305.86	336.45
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	46	317.72	349.49
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	47	331.06	364.16
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	48	346.33	380.96
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	49	361.34	397.47
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	50	378.29	416.12
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	51	395.04	434.54
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	52	413.47	454.81
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	53	432.09	475.30
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	54	452.23	497.44

82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	55	472.36	519.59
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	56	494.17	543.58
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	57	516.18	567.79
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	58	539.70	593.66
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	59	551.35	606.48
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	60	574.87	632.35
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	61	595.20	654.72
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	62	608.54	669.39
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	63	625.26	687.78
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	64	635.44	698.98
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	635.44	698.98
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	113.42	113.42
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	21	178.62	196.48
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	22	178.62	196.48
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	23	178.62	196.48
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	24	178.62	196.48
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	25	179.32	197.25
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	26	182.89	201.18
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	27	187.18	205.90
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	28	194.16	213.58
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	29	199.87	219.85
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	30	202.72	222.99
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	31	207.01	227.71
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	32	211.31	232.44

82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	33	213.99	235.39
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	34	216.85	238.53
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	35	218.26	240.09
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	36	219.70	241.67
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	37	221.12	243.23
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	38	222.55	244.81
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	39	225.41	247.95
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	40	228.26	251.09
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	41	232.55	255.81
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	42	236.65	260.32
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	43	242.38	266.62
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	44	249.53	274.48
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	45	257.92	283.71
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	46	267.92	294.71
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	47	279.17	307.08
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	48	292.04	321.25
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	49	304.71	335.18
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	50	319.00	350.90
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	51	333.12	366.43
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	52	348.66	383.52
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	53	364.37	400.80
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	54	381.35	419.48
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	55	398.32	438.15
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	56	416.71	458.38

82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	57	435.28	478.80
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	58	455.11	500.61
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	59	464.94	511.43
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	60	484.77	533.24
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	61	501.91	552.10
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	62	513.16	564.47
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	63	527.26	579.98
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	64	535.85	589.42
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	535.85	589.42
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	127.59	127.59
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	21	200.94	221.03
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	22	200.94	221.03
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	23	200.94	221.03
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	24	200.94	221.03
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	25	201.72	221.89
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	26	205.74	226.31
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	27	210.57	231.62
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	28	218.42	240.26
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	29	224.84	247.32
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	30	228.05	250.85
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	31	232.88	256.16
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	32	237.70	261.47
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	33	240.73	264.80
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	34	243.94	268.33

82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	35	245.53	270.08
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	36	247.15	271.86
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	37	248.74	273.61
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	38	250.36	275.39
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	39	253.57	278.92
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	40	256.78	282.45
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	41	261.61	287.76
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	42	266.22	292.84
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	43	272.67	299.93
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	44	280.70	308.77
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	45	290.15	319.16
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	46	301.39	331.53
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	47	314.05	345.45
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	48	328.53	361.38
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	49	342.78	377.05
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	50	358.85	394.73
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	51	374.74	412.21
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	52	392.22	431.44
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	53	409.89	450.87
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	54	428.99	471.88
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	55	448.08	492.89
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	56	468.77	515.65
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	57	489.66	538.62
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	58	511.96	563.15

82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	59	523.02	575.32
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	60	545.33	599.86
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	61	564.62	621.07
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	62	577.27	634.99
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	63	593.13	652.44
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	64	602.79	663.06
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	602.79	663.06
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	87.15	87.15
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	21	137.25	150.97
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	22	137.25	150.97
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	23	137.25	150.97
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	24	137.25	150.97
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	25	137.78	151.56
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	26	140.53	154.58
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	27	143.83	158.21
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	28	149.19	164.11
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	29	153.57	168.93
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	30	155.77	171.34
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	31	159.06	174.97
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	32	162.36	178.60
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	33	164.43	180.87
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	34	166.62	183.28
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	35	167.71	184.48
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	36	168.81	185.69

82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	37	169.90	186.89
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	38	171.00	188.10
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	39	173.20	190.52
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	40	175.39	192.93
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	41	178.69	196.55
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	42	181.84	200.02
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	43	186.24	204.86
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	44	191.73	210.90
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	45	198.18	218.00
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	46	205.86	226.45
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	47	214.51	235.96
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	48	224.40	246.84
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	49	234.13	257.54
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	50	245.11	269.62
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	51	255.96	281.56
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	52	267.90	294.69
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	53	279.97	307.97
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	54	293.02	322.31
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	55	306.06	336.66
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	56	320.19	352.21
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	57	334.46	367.90
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	58	349.69	384.66
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	59	357.25	392.97
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	60	372.48	409.73

82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	61	385.66	424.22
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	62	394.30	433.73
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	63	405.13	445.64
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	64	411.73	452.90
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	411.73	452.90
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	155.74	155.74
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	21	245.27	269.79
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	22	245.27	269.79
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	23	245.27	269.79
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	24	245.27	269.79
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	25	246.22	270.84
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	26	251.13	276.24
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	27	257.02	282.72
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	28	266.60	293.26
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	29	274.44	301.88
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	30	278.36	306.19
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	31	284.25	312.67
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	32	290.15	319.16
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	33	293.83	323.21
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	34	297.75	327.52
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	35	299.70	329.66
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	36	301.67	331.83
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	37	303.61	333.97
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	38	305.59	336.14

82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	39	309.51	340.46
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	40	313.43	344.77
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	41	319.32	351.25
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	42	324.95	357.44
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	43	332.82	366.10
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	44	342.63	376.89
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	45	354.15	389.57
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	46	367.88	404.67
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	47	383.33	421.66
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	48	401.01	441.10
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	49	418.40	460.23
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	50	438.02	481.82
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	51	457.41	503.15
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	52	478.75	526.62
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	53	500.32	550.34
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	54	523.63	575.98
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	55	546.94	601.62
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	56	572.19	629.40
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	57	597.68	657.44
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	58	624.91	687.39
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	59	638.41	702.24
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	60	665.64	732.19
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	61	689.18	758.09
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	62	704.62	775.08

82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	63	723.98	796.38
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	64	735.77	809.34
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	735.77	809.34
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	210.16	210.16
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	21	330.97	364.06
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	22	330.97	364.06
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	23	330.97	364.06
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	24	330.97	364.06
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	25	332.26	365.48
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	26	338.88	372.77
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	27	346.83	381.51
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	28	359.76	395.73
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	29	370.34	407.37
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	30	375.63	413.18
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	31	383.58	421.93
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	32	391.53	430.68
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	33	396.50	436.15
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	34	401.79	441.97
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	35	404.42	444.85
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	36	407.08	447.78
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	37	409.71	450.67
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	38	412.37	453.60
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	39	417.66	459.42
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	40	422.95	465.24

82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	41	430.90	473.98
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	42	438.50	482.34
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	43	449.11	494.02
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	44	462.35	508.58
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	45	477.90	525.69
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	46	496.43	546.07
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	47	517.27	569.00
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	48	541.13	595.24
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	49	564.59	621.05
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	50	591.07	650.18
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	51	617.24	678.96
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	52	646.03	710.63
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	53	675.14	742.65
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	54	706.59	777.25
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	55	738.05	811.85
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	56	772.13	849.34
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	57	806.52	887.17
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	58	843.27	927.59
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	59	861.48	947.62
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	60	898.23	988.04
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	61	930.00	1022.99
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	62	950.83	1045.91
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	63	976.96	1074.65
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	64	992.87	1092.14

82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	992.87	1092.14
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	133.44	133.44
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	21	210.14	231.16
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	22	210.14	231.16
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	23	210.14	231.16
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	24	210.14	231.16
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	25	210.97	232.06
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	26	215.17	236.68
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	27	220.22	242.24
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	28	228.43	251.27
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	29	235.14	258.65
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	30	238.50	262.35
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	31	243.55	267.90
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	32	248.60	273.45
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	33	251.76	276.93
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	34	255.11	280.62
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	35	256.78	282.46
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	36	258.47	284.32
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	37	260.14	286.15
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	38	261.83	288.01
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	39	265.19	291.70
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	40	268.54	295.40
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	41	273.59	300.95
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	42	278.42	306.26

82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	43	285.16	313.67
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	44	293.57	322.92
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	45	303.44	333.78
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	46	315.20	346.72
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	47	328.44	361.28
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	48	343.58	377.94
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	49	358.48	394.33
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	50	375.30	412.82
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	51	391.91	431.10
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	52	410.19	451.21
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	53	428.67	471.53
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	54	448.64	493.50
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	55	468.62	515.47
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	56	490.26	539.28
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	57	512.09	563.30
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	58	535.42	588.96
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	59	546.99	601.68
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	60	570.32	627.34
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	61	590.49	649.53
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	62	603.72	664.09
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	63	620.31	682.34
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	64	630.41	693.44
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	630.41	693.44
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	131.14	131.14

82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	21	206.53	227.18
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	22	206.53	227.18
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	23	206.53	227.18
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	24	206.53	227.18
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	25	207.33	228.06
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	26	211.46	232.61
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	27	216.43	238.07
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	28	224.49	246.94
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	29	231.09	254.20
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	30	234.39	257.83
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	31	239.35	263.29
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	32	244.32	268.75
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	33	247.42	272.16
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	34	250.72	275.79
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	35	252.36	277.59
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	36	254.02	279.42
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	37	255.66	281.22
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	38	257.32	283.05
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	39	260.62	286.68
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	40	263.92	290.31
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	41	268.88	295.77
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	42	273.62	300.98
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	43	280.25	308.27
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	44	288.51	317.36

82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	45	298.22	328.03
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	46	309.78	340.75
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	47	322.78	355.06
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	48	337.67	371.43
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	49	352.31	387.54
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	50	368.83	405.71
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	51	385.16	423.67
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	52	403.13	443.44
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	53	421.29	463.41
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	54	440.92	485.01
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	55	460.55	506.60
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	56	481.81	529.99
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	57	503.27	553.60
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	58	526.20	578.82
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	59	537.57	591.32
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	60	560.50	616.54
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	61	580.32	638.35
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	62	593.33	652.65
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	63	609.63	670.59
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	64	619.55	681.50
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	619.55	681.50
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	118.20	118.20
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	21	186.14	204.76
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	22	186.14	204.76

82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	23	186.14	204.76
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	24	186.14	204.76
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	25	186.87	205.56
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	26	190.60	209.65
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	27	195.07	214.57
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	28	202.34	222.57
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	29	208.29	229.11
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	30	211.26	232.38
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	31	215.73	237.30
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	32	220.21	242.22
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	33	223.00	245.30
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	34	225.98	248.57
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	35	227.45	250.20
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	36	228.95	251.85
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	37	230.43	253.47
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	38	231.93	255.12
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	39	234.90	258.39
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	40	237.88	261.66
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	41	242.35	266.58
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	42	246.62	271.28
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	43	252.59	277.85
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	44	260.04	286.04
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	45	268.79	295.66
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	46	279.21	307.12

82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	47	290.93	320.02
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	48	304.34	334.78
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	49	317.54	349.29
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	50	332.43	365.67
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	51	347.15	381.86
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	52	363.35	399.68
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	53	379.71	417.68
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	54	397.41	437.14
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	55	415.10	456.60
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	56	434.26	477.69
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	57	453.61	498.96
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	58	474.27	521.70
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	59	484.52	532.97
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	60	505.18	555.70
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	61	523.05	575.35
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	62	534.77	588.24
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	63	549.47	604.41
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	64	558.41	614.25
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	558.41	614.25
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	132.97	132.97
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	21	209.40	230.34
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	22	209.40	230.34
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	23	209.40	230.34
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	24	209.40	230.34

82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	25	210.22	231.24
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	26	214.41	235.84
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	27	219.44	241.38
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	28	227.62	250.38
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	29	234.31	257.74
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	30	237.65	261.42
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	31	242.68	266.95
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	32	247.72	272.49
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	33	250.86	275.95
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	34	254.21	279.63
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	35	255.87	281.45
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	36	257.56	283.31
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	37	259.22	285.13
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	38	260.90	286.99
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	39	264.25	290.67
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	40	267.59	294.35
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	41	272.62	299.88
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	42	277.43	305.17
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	43	284.15	312.56
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	44	292.53	321.78
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	45	302.36	332.60
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	46	314.09	345.49
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	47	327.27	360.00
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	48	342.37	376.60

82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	49	357.21	392.93
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	50	373.97	411.36
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	51	390.52	429.57
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	52	408.74	449.61
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	53	427.15	469.86
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	54	447.05	491.75
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	55	466.96	513.65
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	56	488.52	537.36
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	57	510.28	561.30
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	58	533.53	586.87
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	59	545.05	599.55
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	60	568.30	625.12
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	61	588.40	647.23
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	62	601.58	661.73
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	63	618.11	679.92
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	64	628.18	690.99
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	628.18	690.99
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	90.82	90.82
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	21	143.03	157.33
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	22	143.03	157.33
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	23	143.03	157.33
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	24	143.03	157.33
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	25	143.59	157.94
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	26	146.45	161.09

82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	27	149.88	164.87
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	28	155.47	171.02
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	29	160.04	176.04
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	30	162.33	178.56
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	31	165.76	182.34
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	32	169.20	186.12
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	33	171.35	188.48
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	34	173.64	191.00
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	35	174.77	192.25
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	36	175.92	193.51
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	37	177.06	194.76
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	38	178.21	196.03
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	39	180.49	198.54
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	40	182.78	201.05
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	41	186.21	204.83
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	42	189.50	208.45
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	43	194.09	213.49
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	44	199.81	219.79
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	45	206.53	227.18
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	46	214.53	235.99
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	47	223.54	245.89
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	48	233.85	257.23
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	49	243.99	268.39
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	50	255.43	280.97

82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	51	266.74	293.41
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	52	279.18	307.10
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	53	291.76	320.94
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	54	305.36	335.89
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	55	318.95	350.84
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	56	333.68	367.04
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	57	348.54	383.39
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	58	364.42	400.86
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	59	372.29	409.52
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	60	388.17	426.98
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	61	401.90	442.09
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	62	410.91	451.99
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	63	422.20	464.41
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	64	429.07	471.97
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	429.07	471.97
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	162.30	162.30
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	21	255.60	281.15
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	22	255.60	281.15
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	23	255.60	281.15
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	24	255.60	281.15
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	25	256.59	282.25
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	26	261.71	287.87
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	27	267.85	294.63
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	28	277.83	305.61

82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	29	286.00	314.60
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	30	290.08	319.09
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	31	296.22	325.84
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	32	302.36	332.60
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	33	306.21	336.82
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	34	310.29	341.32
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	35	312.32	343.55
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	36	314.37	345.81
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	37	316.40	348.04
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	38	318.46	350.30
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	39	322.54	354.79
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	40	326.63	359.29
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	41	332.77	366.04
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	42	338.64	372.50
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	43	346.83	381.51
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	44	357.06	392.76
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	45	369.07	405.97
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	46	383.38	421.71
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	47	399.47	439.42
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	48	417.90	459.68
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	49	436.02	479.61
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	50	456.47	502.11
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	51	476.67	524.34
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	52	498.91	548.80

82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	53	521.39	573.52
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	54	545.68	600.24
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	55	569.97	626.96
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	56	596.29	655.91
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	57	622.85	685.13
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	58	651.23	716.34
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	59	665.29	731.82
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	60	693.67	763.03
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	61	718.20	790.02
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	62	734.30	807.72
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	63	754.48	829.91
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	64	766.76	843.43
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	766.76	843.43
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	219.01	219.01
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	21	344.91	379.39
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	22	344.91	379.39
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	23	344.91	379.39
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	24	344.91	379.39
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	25	346.25	380.88
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	26	353.15	388.47
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	27	361.44	397.58
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	28	374.91	412.40
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	29	385.93	424.52
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	30	391.45	430.59

82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	31	399.73	439.70
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	32	408.02	448.82
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	33	413.20	454.52
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	34	418.71	460.58
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	35	421.45	463.59
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	36	424.23	466.64
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	37	426.96	469.65
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	38	429.74	472.71
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	39	435.25	478.77
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	40	440.76	484.83
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	41	449.05	493.95
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	42	456.96	502.66
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	43	468.03	514.83
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	44	481.83	530.00
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	45	498.03	547.83
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	46	517.34	569.07
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	47	539.06	592.96
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	48	563.92	620.31
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	49	588.37	647.20
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	50	615.97	677.56
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	51	643.24	707.55
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	52	673.24	740.56
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	53	703.57	773.92
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	54	736.35	809.98

82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	55	769.13	846.04
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	56	804.65	885.11
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	57	840.49	924.53
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	58	878.78	966.65
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	59	897.76	987.53
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	60	936.06	1029.65
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	61	969.16	1066.07
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	62	990.88	1089.96
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	63	1018.11	1119.91
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	64	1034.68	1138.14
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	1034.68	1138.14
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	139.06	139.06
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	21	219.00	240.89
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	22	219.00	240.89
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	23	219.00	240.89
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	24	219.00	240.89
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	25	219.85	241.83
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	26	224.23	246.65
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	27	229.49	252.44
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	28	238.05	261.85
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	29	245.04	269.55
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	30	248.54	273.40
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	31	253.81	279.18
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	32	259.07	284.97

82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	33	262.36	288.59
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	34	265.86	292.44
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	35	267.59	294.35
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	36	269.36	296.29
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	37	271.09	298.20
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	38	272.86	300.14
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	39	276.36	303.99
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	40	279.85	307.84
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	41	285.12	313.63
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	42	290.14	319.16
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	43	297.17	326.88
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	44	305.93	336.52
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	45	316.22	347.84
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	46	328.48	361.32
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	47	342.27	376.49
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	48	358.05	393.86
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	49	373.58	410.93
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	50	391.10	430.21
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	51	408.42	449.25
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	52	427.47	470.21
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	53	446.73	491.39
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	54	467.54	514.29
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	55	488.35	537.18
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	56	510.90	561.99

82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	57	533.66	587.02
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	58	557.97	613.76
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	59	570.03	627.02
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	60	594.34	653.77
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	61	615.36	676.89
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	62	629.15	692.06
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	63	646.44	711.07
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	64	656.96	722.65
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	656.96	722.65
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	136.66	136.66
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	21	215.22	236.74
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	22	215.22	236.74
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	23	215.22	236.74
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	24	215.22	236.74
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	25	216.06	237.67
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	26	220.37	242.40
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	27	225.54	248.09
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	28	233.95	257.34
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	29	240.82	264.91
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	30	244.26	268.69
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	31	249.43	274.38
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	32	254.61	280.06
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	33	257.84	283.62
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	34	261.28	287.41

82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	35	262.99	289.28
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	36	264.72	291.19
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	37	266.43	293.07
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	38	268.16	294.97
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	39	271.60	298.75
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	40	275.04	302.54
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	41	280.21	308.22
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	42	285.15	313.66
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	43	292.05	321.25
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	44	300.66	330.72
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	45	310.77	341.85
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	46	322.82	355.10
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	47	336.38	370.01
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	48	351.89	387.07
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	49	367.15	403.86
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	50	384.37	422.80
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	51	401.38	441.52
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	52	420.11	462.11
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	53	439.03	482.93
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	54	459.49	505.43
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	55	479.94	527.93
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	56	502.10	552.31
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	57	524.47	576.91
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	58	548.36	603.20

82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	59	560.21	616.23
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	60	584.10	642.51
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	61	604.76	665.23
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	62	618.31	680.14
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	63	635.31	698.83
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	64	645.65	710.21
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	645.65	710.21
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	104.19	104.19
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	21	164.09	180.49
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	22	164.09	180.49
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	23	164.09	180.49
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	24	164.09	180.49
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	25	164.73	181.20
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	26	168.01	184.81
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	27	171.95	189.14
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	28	178.36	196.19
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	29	183.60	201.96
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	30	186.23	204.85
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	31	190.17	209.18
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	32	194.11	213.52
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	33	196.58	216.23
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	34	199.20	219.12
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	35	200.50	220.55
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	36	201.82	222.00

82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	37	203.12	223.43
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	38	204.44	224.88
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	39	207.06	227.77
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	40	209.69	230.65
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	41	213.63	234.99
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	42	217.40	239.13
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	43	222.66	244.92
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	44	229.22	252.14
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	45	236.93	260.62
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	46	246.12	270.73
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	47	256.45	282.09
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	48	268.28	295.10
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	49	279.91	307.90
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	50	293.04	322.34
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	51	306.01	336.61
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	52	320.29	352.31
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	53	334.72	368.18
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	54	350.31	385.34
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	55	365.91	402.49
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	56	382.80	421.08
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	57	399.85	439.83
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	58	418.07	459.87
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	59	427.10	469.81
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	60	445.32	489.84

82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	61	461.07	507.17
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	62	471.40	518.53
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	63	484.35	532.78
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	64	492.24	541.46
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	492.24	541.46
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	117.21	117.21
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	21	184.58	203.04
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	22	184.58	203.04
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	23	184.58	203.04
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	24	184.58	203.04
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	25	185.31	203.83
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	26	189.00	207.90
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	27	193.43	212.77
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	28	200.64	220.70
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	29	206.54	227.19
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	30	209.49	230.44
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	31	213.93	235.32
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	32	218.36	240.19
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	33	221.13	243.25
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	34	224.08	246.49
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	35	225.55	248.10
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	36	227.03	249.73
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	37	228.50	251.34
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	38	229.98	252.98

82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	39	232.93	256.22
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	40	235.88	259.47
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	41	240.32	264.35
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	42	244.55	269.01
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	43	250.48	275.52
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	44	257.86	283.64
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	45	266.53	293.18
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	46	276.87	304.55
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	47	288.49	317.33
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	48	301.79	331.97
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	49	314.88	346.36
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	50	329.65	362.61
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	51	344.24	378.66
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	52	360.30	396.33
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	53	376.53	414.18
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	54	394.08	433.48
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	55	411.62	452.78
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	56	430.62	473.68
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	57	449.81	494.78
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	58	470.30	517.32
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	59	480.46	528.50
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	60	500.95	551.04
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	61	518.67	570.53
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	62	530.29	583.31

82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	63	544.86	599.34
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	64	553.73	609.10
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	553.73	609.10
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	80.06	80.06
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	21	126.08	138.69
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	22	126.08	138.69
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	23	126.08	138.69
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	24	126.08	138.69
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	25	126.57	139.23
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	26	129.09	142.00
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	27	132.12	145.33
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	28	137.05	150.75
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	29	141.08	155.18
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	30	143.09	157.40
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	31	146.12	160.73
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	32	149.15	164.06
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	33	151.04	166.15
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	34	153.06	168.36
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	35	154.06	169.46
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	36	155.07	170.58
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	37	156.07	171.68
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	38	157.09	172.79
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	39	159.10	175.01
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	40	161.12	177.23

82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	41	164.15	180.56
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	42	167.04	183.74
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	43	171.08	188.19
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	44	176.13	193.74
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	45	182.05	200.26
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	46	189.11	208.02
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	47	197.05	216.75
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	48	206.14	226.75
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	49	215.08	236.58
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	50	225.16	247.68
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	51	235.13	258.64
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	52	246.10	270.71
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	53	257.19	282.90
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	54	269.17	296.08
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	55	281.15	309.26
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	56	294.13	323.55
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	57	307.24	337.96
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	58	321.23	353.35
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	59	328.17	360.99
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	60	342.17	376.38
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	61	354.27	389.70
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	62	362.21	398.43
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	63	372.16	409.38
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	64	378.22	416.04

82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	378.22	416.04
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	143.07	143.07
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	21	225.31	247.83
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	22	225.31	247.83
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	23	225.31	247.83
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	24	225.31	247.83
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	25	226.19	248.80
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	26	230.69	253.76
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	27	236.11	259.71
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	28	244.91	269.39
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	29	252.11	277.31
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	30	255.71	281.27
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	31	261.12	287.23
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	32	266.53	293.18
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	33	269.92	296.91
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	34	273.52	300.87
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	35	275.31	302.83
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	36	277.12	304.83
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	37	278.91	306.79
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	38	280.72	308.79
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	39	284.32	312.75
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	40	287.92	316.71
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	41	293.33	322.66
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	42	298.51	328.35

82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	43	305.73	336.30
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	44	314.75	346.22
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	45	325.33	357.86
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	46	337.95	371.74
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	47	352.13	387.34
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	48	368.37	405.21
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	49	384.35	422.78
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	50	402.37	442.61
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	51	420.19	462.20
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	52	439.79	483.76
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	53	459.60	505.55
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	54	481.01	529.11
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	55	502.43	552.66
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	56	525.63	578.18
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	57	549.04	603.94
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	58	574.05	631.45
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	59	586.45	645.09
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	60	611.46	672.61
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	61	633.09	696.39
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	62	647.28	712.00
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	63	665.06	731.56
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	64	675.89	743.47
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	675.89	743.47
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	193.06	193.06

82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	21	304.03	334.43
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	22	304.03	334.43
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	23	304.03	334.43
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	24	304.03	334.43
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	25	305.22	335.74
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	26	311.30	342.43
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	27	318.61	350.47
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	28	330.48	363.53
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	29	340.20	374.21
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	30	345.06	379.56
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	31	352.36	387.59
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	32	359.67	395.63
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	33	364.24	400.66
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	34	369.09	406.00
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	35	371.51	408.65
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	36	373.95	411.34
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	37	376.36	414.00
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	38	378.81	416.69
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	39	383.67	422.03
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	40	388.53	427.37
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	41	395.83	435.41
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	42	402.81	443.09
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	43	412.56	453.82
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	44	424.73	467.19

82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	45	439.01	482.91
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	46	456.03	501.63
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	47	475.18	522.69
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	48	497.09	546.80
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	49	518.65	570.51
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	50	542.97	597.26
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	51	567.01	623.70
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	52	593.46	652.80
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	53	620.19	682.21
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	54	649.09	713.99
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	55	677.99	745.78
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	56	709.29	780.21
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	57	740.89	814.97
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	58	774.64	852.10
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	59	791.37	870.50
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	60	825.13	907.63
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	61	854.31	939.73
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	62	873.45	960.79
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	63	897.46	987.19
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	64	912.07	1003.26
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	912.07	1003.26
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	122.58	122.58
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	21	193.04	212.35
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	22	193.04	212.35

82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	23	193.04	212.35
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	24	193.04	212.35
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	25	193.80	213.17
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	26	197.66	217.42
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	27	202.30	222.52
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	28	209.84	230.82
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	29	216.01	237.60
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	30	219.09	241.00
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	31	223.73	246.10
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	32	228.37	251.20
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	33	231.27	254.39
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	34	234.35	257.79
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	35	235.88	259.47
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	36	237.44	261.18
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	37	238.97	262.86
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	38	240.52	264.57
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	39	243.61	267.96
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	40	246.69	271.36
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	41	251.33	276.46
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	42	255.76	281.33
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	43	261.95	288.15
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	44	269.68	296.64
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	45	278.75	306.62
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	46	289.55	318.51

82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	47	301.71	331.88
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	48	315.62	347.18
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	49	329.31	362.24
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	50	344.75	379.23
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	51	360.02	396.01
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	52	376.81	414.49
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	53	393.79	433.16
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	54	412.13	453.34
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	55	430.48	473.52
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	56	450.36	495.39
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	57	470.42	517.46
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	58	491.85	541.03
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	59	502.47	552.72
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	60	523.91	576.29
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	61	542.43	596.67
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	62	554.59	610.04
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	63	569.83	626.81
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	64	579.11	637.01
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	579.11	637.01
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	120.47	120.47
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	21	189.72	208.69
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	22	189.72	208.69
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	23	189.72	208.69
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	24	189.72	208.69

82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	25	190.46	209.50
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	26	194.25	213.68
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	27	198.81	218.69
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	28	206.22	226.84
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	29	212.29	233.51
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	30	215.32	236.85
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	31	219.88	241.86
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	32	224.43	246.87
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	33	227.29	250.01
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	34	230.32	253.35
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	35	231.82	255.00
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	36	233.35	256.68
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	37	234.85	258.34
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	38	236.38	260.01
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	39	239.41	263.35
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	40	242.44	266.68
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	41	247.00	271.70
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	42	251.36	276.49
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	43	257.44	283.18
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	44	265.03	291.53
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	45	273.95	301.34
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	46	284.57	313.02
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	47	296.51	326.16
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	48	310.19	341.20

82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	49	323.64	356.00
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	50	338.82	372.70
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	51	353.82	389.19
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	52	370.32	407.35
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	53	387.00	425.70
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	54	405.04	445.54
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	55	423.07	465.37
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	56	442.60	486.86
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	57	462.32	508.54
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	58	483.38	531.71
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	59	493.82	543.20
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	60	514.88	566.37
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	61	533.09	586.40
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	62	545.04	599.54
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	63	560.02	616.01
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	64	569.13	626.04
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	569.13	626.04
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	94.12	94.12
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	21	148.22	163.04
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	22	148.22	163.04
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	23	148.22	163.04
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	24	148.22	163.04
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	25	148.80	163.68
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	26	151.76	166.94

82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	27	155.32	170.85
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	28	161.11	177.22
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	29	165.85	182.43
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	30	168.22	185.04
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	31	171.78	188.95
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	32	175.34	192.87
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	33	177.57	195.32
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	34	179.94	197.93
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	35	181.11	199.22
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	36	182.30	200.53
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	37	183.48	201.83
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	38	184.67	203.14
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	39	187.04	205.74
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	40	189.41	208.35
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	41	192.97	212.27
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	42	196.37	216.01
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	43	201.13	221.24
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	44	207.06	227.76
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	45	214.02	235.42
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	46	222.32	244.55
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	47	231.65	254.81
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	48	242.34	266.57
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	49	252.84	278.13
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	50	264.70	291.17

82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	51	276.42	304.06
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	52	289.32	318.24
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	53	302.35	332.58
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	54	316.44	348.08
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	55	330.52	363.57
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	56	345.79	380.36
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	57	361.19	397.30
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	58	377.64	415.40
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	59	385.80	424.38
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	60	402.26	442.48
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	61	416.48	458.13
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	62	425.82	468.39
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	63	437.52	481.26
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	64	444.64	489.10
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	444.64	489.10
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	68.99	68.99
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	21	108.65	119.51
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	22	108.65	119.51
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	23	108.65	119.51
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	24	108.65	119.51
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	25	109.07	119.98
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	26	111.25	122.37
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	27	113.86	125.24
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	28	118.10	129.91

82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	29	121.57	133.73
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	30	123.31	135.64
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	31	125.92	138.51
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	32	128.53	141.38
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	33	130.16	143.18
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	34	131.90	145.09
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	35	132.76	146.04
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	36	133.64	147.00
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	37	134.50	147.95
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	38	135.37	148.91
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	39	137.11	150.82
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	40	138.84	152.73
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	41	141.45	155.60
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	42	143.95	158.34
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	43	147.43	162.18
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	44	151.78	166.96
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	45	156.89	172.57
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	46	162.97	179.26
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	47	169.81	186.79
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	48	177.64	195.40
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	49	185.34	203.88
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	50	194.04	213.44
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	51	202.63	222.89
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	52	212.08	233.28

82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	53	221.63	243.79
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	54	231.96	255.15
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	55	242.28	266.51
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	56	253.47	278.82
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	57	264.76	291.24
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	58	276.83	304.50
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	59	282.80	311.08
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	60	294.87	324.35
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	61	305.30	335.82
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	62	312.14	343.35
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	63	320.71	352.78
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	64	325.94	358.53
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	325.94	358.53
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	121.73	121.73
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	21	191.71	210.88
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	22	191.71	210.88
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	23	191.71	210.88
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	24	191.71	210.88
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	25	192.46	211.70
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	26	196.30	215.92
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	27	200.90	220.99
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	28	208.39	229.23
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	29	214.52	235.97
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	30	217.58	239.33

82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	31	222.19	244.40
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	32	226.79	249.47
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	33	229.67	252.64
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	34	232.74	256.01
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	35	234.26	257.68
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	36	235.80	259.38
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	37	237.32	261.05
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	38	238.86	262.75
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	39	241.93	266.12
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	40	244.99	269.49
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	41	249.60	274.55
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	42	254.00	279.39
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	43	260.15	286.16
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	44	267.82	294.59
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	45	276.82	304.50
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	46	287.56	316.31
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	47	299.63	329.59
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	48	313.45	344.79
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	49	327.04	359.74
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	50	342.38	376.61
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	51	357.53	393.28
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	52	374.21	411.63
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	53	391.07	430.17
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	54	409.29	450.22

82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	55	427.51	470.26
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	56	447.25	491.97
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	57	467.17	513.89
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	58	488.46	537.30
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	59	499.01	548.90
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	60	520.29	572.32
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	61	538.69	592.56
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	62	550.77	605.84
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	63	565.90	622.48
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	64	575.11	632.62
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	575.11	632.62
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	164.70	164.70
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	21	259.38	285.31
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	22	259.38	285.31
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	23	259.38	285.31
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	24	259.38	285.31
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	25	260.39	286.43
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	26	265.58	292.14
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	27	271.81	298.99
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	28	281.94	310.13
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	29	290.23	319.25
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	30	294.38	323.81
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	31	300.61	330.67
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	32	306.84	337.52

82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	33	310.74	341.81
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	34	314.88	346.37
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	35	316.94	348.63
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	36	319.03	350.93
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	37	321.08	353.19
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	38	323.17	355.49
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	39	327.32	360.04
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	40	331.46	364.60
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	41	337.69	371.46
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	42	343.65	378.01
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	43	351.97	387.16
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	44	362.34	398.57
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	45	374.53	411.98
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	46	389.05	427.95
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	47	405.38	445.92
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	48	424.08	466.48
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	49	442.47	486.71
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	50	463.22	509.54
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	51	483.73	532.10
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	52	506.29	556.92
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	53	529.10	582.01
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	54	553.75	609.12
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	55	578.41	636.24
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	56	605.11	665.62

82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	57	632.07	695.27
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	58	660.86	726.94
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	59	675.14	742.65
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	60	703.94	774.32
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	61	728.83	801.71
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	62	745.16	819.67
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	63	765.64	842.20
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	64	778.11	855.91
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	778.11	855.91
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	106.73	106.73
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	21	168.09	184.89
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	22	168.09	184.89
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	23	168.09	184.89
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	24	168.09	184.89
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	25	168.74	185.62
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	26	172.11	189.31
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	27	176.14	193.76
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	28	182.71	200.98
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	29	188.08	206.89
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	30	190.77	209.84
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	31	194.80	214.28
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	32	198.84	218.73
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	33	201.37	221.50
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	34	204.06	224.46

82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	35	205.39	225.93
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	36	206.74	227.41
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	37	208.07	228.88
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	38	209.43	230.37
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	39	212.11	233.32
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	40	214.80	236.28
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	41	218.84	240.72
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	42	222.70	244.96
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	43	228.09	250.89
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	44	234.81	258.29
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	45	242.71	266.98
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	46	252.12	277.33
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	47	262.70	288.97
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	48	274.82	302.30
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	49	286.74	315.41
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	50	300.18	330.20
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	51	313.47	344.82
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	52	328.10	360.90
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	53	342.88	377.16
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	54	358.85	394.73
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	55	374.83	412.31
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	56	392.14	431.35
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	57	409.60	450.56
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	58	428.26	471.09

82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	59	437.51	481.26
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	60	456.18	501.79
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	61	472.31	519.54
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	62	482.89	531.18
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	63	496.16	545.77
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	64	504.24	554.66
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	504.24	554.66
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	98.67	98.67
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	21	155.39	170.92
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	22	155.39	170.92
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	23	155.39	170.92
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	24	155.39	170.92
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	25	155.99	171.59
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	26	159.10	175.01
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	27	162.83	179.12
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	28	168.90	185.79
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	29	173.87	191.25
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	30	176.35	193.99
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	31	180.09	198.09
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	32	183.82	202.20
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	33	186.15	204.77
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	34	188.64	207.50
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	35	189.87	208.85
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	36	191.12	210.23

82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	37	192.35	211.59
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	38	193.60	212.96
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	39	196.09	215.69
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	40	198.57	218.42
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	41	202.30	222.53
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	42	205.87	226.45
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	43	210.85	231.94
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	44	217.07	238.77
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	45	224.37	246.81
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	46	233.07	256.37
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	47	242.85	267.14
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	48	254.05	279.46
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	49	265.07	291.57
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	50	277.50	305.25
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	51	289.79	318.76
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	52	303.31	333.63
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	53	316.97	348.66
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	54	331.74	364.91
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	55	346.51	381.15
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	56	362.51	398.75
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	57	378.65	416.51
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	58	395.90	435.49
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	59	404.46	444.90
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	60	421.71	463.87

82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	61	436.62	480.28
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	62	446.41	491.04
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	63	458.67	504.54
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	64	466.14	512.75
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	466.14	512.75
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	110.99	110.99
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	21	174.80	192.28
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	22	174.80	192.28
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	23	174.80	192.28
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	24	174.80	192.28
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	25	175.48	193.03
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	26	178.98	196.87
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	27	183.18	201.49
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	28	190.00	209.00
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	29	195.59	215.15
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	30	198.38	218.22
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	31	202.58	222.84
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	32	206.78	227.46
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	33	209.41	230.35
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	34	212.20	233.42
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	35	213.59	234.95
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	36	215.00	236.49
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	37	216.38	238.02
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	38	217.79	239.57

82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	39	220.58	242.64
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	40	223.38	245.71
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	41	227.57	250.33
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	42	231.59	254.74
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	43	237.20	260.91
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	44	244.19	268.60
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	45	252.40	277.64
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	46	262.19	288.40
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	47	273.19	300.51
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	48	285.79	314.37
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	49	298.19	328.00
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	50	312.17	343.38
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	51	325.99	358.59
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	52	341.20	375.31
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	53	356.57	392.22
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	54	373.18	410.50
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	55	389.79	428.77
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	56	407.79	448.57
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	57	425.96	468.55
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	58	445.36	489.90
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	59	454.98	500.48
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	60	474.39	521.82
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	61	491.17	540.28
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	62	502.18	552.39

82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	63	515.97	567.57
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	64	524.37	576.81
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	524.37	576.81
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	75.81	75.81
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	21	119.39	131.33
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	22	119.39	131.33
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	23	119.39	131.33
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	24	119.39	131.33
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	25	119.86	131.85
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	26	122.25	134.47
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	27	125.12	137.63
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	28	129.78	142.76
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	29	133.60	146.95
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	30	135.50	149.05
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	31	138.37	152.21
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	32	141.24	155.36
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	33	143.04	157.34
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	34	144.94	159.44
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	35	145.89	160.48
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	36	146.85	161.53
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	37	147.80	162.58
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	38	148.76	163.63
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	39	150.67	165.73
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	40	152.57	167.83

82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	41	155.44	170.99
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	42	158.18	174.00
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	43	162.01	178.21
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	44	166.79	183.47
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	45	172.40	189.64
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	46	179.08	196.99
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	47	186.60	205.26
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	48	195.21	214.73
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	49	203.67	224.04
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	50	213.23	234.55
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	51	222.67	244.93
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	52	233.05	256.35
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	53	243.55	267.90
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	54	254.90	280.39
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	55	266.25	292.87
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	56	278.54	306.39
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	57	290.95	320.04
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	58	304.20	334.62
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	59	310.77	341.85
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	60	324.03	356.43
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	61	335.49	369.03
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	62	343.01	377.30
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	63	352.43	387.67
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	64	358.17	393.98

82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	358.17	393.98
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	135.48	135.48
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	21	213.36	234.69
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	22	213.36	234.69
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	23	213.36	234.69
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	24	213.36	234.69
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	25	214.19	235.61
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	26	218.46	240.31
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	27	223.59	245.94
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	28	231.92	255.11
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	29	238.74	262.61
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	30	242.15	266.36
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	31	247.27	272.00
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	32	252.40	277.64
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	33	255.61	281.17
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	34	259.02	284.92
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	35	260.71	286.78
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	36	262.43	288.67
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	37	264.12	290.53
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	38	265.84	292.42
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	39	269.24	296.17
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	40	272.65	299.92
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	41	277.78	305.56
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	42	282.68	310.94

82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	43	289.52	318.47
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	44	298.06	327.86
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	45	308.08	338.89
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	46	320.03	352.03
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	47	333.46	366.81
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	48	348.84	383.72
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	49	363.97	400.36
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	50	381.04	419.14
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	51	397.91	437.69
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	52	416.47	458.11
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	53	435.23	478.75
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	54	455.51	501.06
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	55	475.79	523.36
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	56	497.76	547.53
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	57	519.93	571.92
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	58	543.62	597.97
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	59	555.36	610.89
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	60	579.05	636.94
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	61	599.53	659.47
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	62	612.96	674.25
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	63	629.80	692.78
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	64	640.06	704.06
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	640.06	704.06
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	182.82	182.82

82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	21	287.91	316.70
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	22	287.91	316.70
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	23	287.91	316.70
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	24	287.91	316.70
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	25	289.04	317.94
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	26	294.80	324.27
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	27	301.72	331.88
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	28	312.96	344.25
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	29	322.16	354.37
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	30	326.76	359.43
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	31	333.68	367.04
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	32	340.60	374.65
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	33	344.92	379.41
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	34	349.52	384.47
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	35	351.81	386.99
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	36	354.13	389.53
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	37	356.41	392.05
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	38	358.73	394.59
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	39	363.33	399.65
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	40	367.93	404.72
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	41	374.84	412.32
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	42	381.45	419.60
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	43	390.69	429.75
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	44	402.21	442.42

82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	45	415.74	457.31
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	46	431.85	475.04
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	47	449.98	494.98
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	48	470.74	517.80
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	49	491.15	540.26
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	50	514.18	565.60
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	51	536.95	590.64
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	52	561.99	618.19
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	53	587.31	646.04
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	54	614.68	676.14
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	55	642.04	706.24
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	56	671.69	738.85
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	57	701.61	771.76
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	58	733.57	806.92
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	59	749.42	824.35
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	60	781.38	859.51
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	61	809.02	889.91
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	62	827.14	909.85
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	63	849.87	934.85
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	64	863.71	950.07
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	863.71	950.07
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	116.08	116.08
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	21	182.81	201.09
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	22	182.81	201.09

82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	23	182.81	201.09
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	24	182.81	201.09
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	25	183.52	201.87
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	26	187.18	205.89
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	27	191.57	210.73
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	28	198.71	218.58
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	29	204.55	225.01
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	30	207.47	228.22
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	31	211.87	233.05
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	32	216.26	237.88
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	33	219.01	240.90
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	34	221.93	244.12
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	35	223.38	245.71
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	36	224.85	247.33
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	37	226.30	248.93
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	38	227.77	250.54
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	39	230.69	253.76
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	40	233.61	256.97
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	41	238.00	261.80
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	42	242.20	266.42
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	43	248.06	272.87
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	44	255.38	280.91
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	45	263.97	290.36
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	46	274.20	301.62

82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	47	285.71	314.28
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	48	298.89	328.77
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	49	311.85	343.03
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	50	326.48	359.12
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	51	340.93	375.02
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	52	356.83	392.51
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	53	372.91	410.19
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	54	390.28	429.31
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	55	407.66	448.42
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	56	426.48	469.12
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	57	445.48	490.02
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	58	465.77	512.34
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	59	475.83	523.41
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	60	496.13	545.74
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	61	513.68	565.04
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	62	525.19	577.70
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	63	539.62	593.57
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	64	548.40	603.24
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	548.40	603.24
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	114.08	114.08
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	21	179.66	197.62
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	22	179.66	197.62
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	23	179.66	197.62
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	24	179.66	197.62

82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	25	180.36	198.40
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	26	183.96	202.35
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	27	188.27	207.10
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	28	195.29	214.82
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	29	201.03	221.13
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	30	203.90	224.29
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	31	208.22	229.04
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	32	212.53	233.79
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	33	215.23	236.76
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	34	218.11	239.91
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	35	219.53	241.48
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	36	220.98	243.07
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	37	222.40	244.64
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	38	223.85	246.23
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	39	226.72	249.39
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	40	229.59	252.54
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	41	233.90	257.29
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	42	238.03	261.83
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	43	243.79	268.17
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	44	250.98	276.08
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	45	259.42	285.36
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	46	269.48	296.42
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	47	280.79	308.87
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	48	293.74	323.11

82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	49	306.48	337.12
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	50	320.85	352.94
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	51	335.06	368.56
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	52	350.69	385.75
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	53	366.49	403.13
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	54	383.56	421.91
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	55	400.64	440.70
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	56	419.14	461.05
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	57	437.81	481.58
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	58	457.75	503.52
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	59	467.64	514.40
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	60	487.58	536.34
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	61	504.83	555.31
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	62	516.14	567.75
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	63	530.33	583.35
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	64	538.96	592.85
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	538.96	592.85
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	113.73	113.73
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	21	179.10	197.01
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	22	179.10	197.01
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	23	179.10	197.01
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	24	179.10	197.01
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	25	179.80	197.78
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	26	183.38	201.72

82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	27	187.68	206.45
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	28	194.68	214.15
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	29	200.40	220.44
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	30	203.26	223.59
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	31	207.57	228.32
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	32	211.87	233.06
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	33	214.56	236.02
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	34	217.42	239.17
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	35	218.85	240.73
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	36	220.29	242.31
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	37	221.71	243.88
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	38	223.15	245.46
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	39	226.01	248.61
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	40	228.87	251.76
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	41	233.17	256.49
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	42	237.29	261.01
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	43	243.03	267.33
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	44	250.20	275.21
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	45	258.61	284.47
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	46	268.64	295.50
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	47	279.92	307.90
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	48	292.82	322.10
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	49	305.52	336.07
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	50	319.85	351.83

82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	51	334.01	367.41
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	52	349.59	384.55
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	53	365.34	401.87
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	54	382.36	420.60
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	55	399.39	439.32
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	56	417.83	459.61
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	57	436.44	480.08
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	58	456.32	501.95
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	59	466.18	512.79
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	60	486.06	534.66
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	61	503.25	553.57
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	62	514.53	565.98
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	63	528.67	581.53
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	64	537.28	591.00
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	537.28	591.00
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	127.93	127.93
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	21	201.47	221.62
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	22	201.47	221.62
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	23	201.47	221.62
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	24	201.47	221.62
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	25	202.26	222.49
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	26	206.29	226.92
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	27	211.13	232.24
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	28	219.00	240.90

82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	29	225.44	247.98
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	30	228.66	251.52
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	31	233.50	256.85
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	32	238.34	262.17
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	33	241.37	265.50
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	34	244.59	269.04
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	35	246.19	270.80
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	36	247.81	272.58
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	37	249.40	274.34
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	38	251.03	276.13
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	39	254.25	279.67
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	40	257.46	283.21
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	41	262.31	288.53
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	42	266.93	293.62
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	43	273.39	300.73
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	44	281.45	309.60
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	45	290.92	320.01
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	46	302.20	332.42
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	47	314.89	346.37
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	48	329.41	362.34
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	49	343.69	378.06
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	50	359.81	395.79
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	51	375.74	413.31
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	52	393.27	432.59

82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	53	410.98	452.08
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	54	430.13	473.14
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	55	449.28	494.20
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	56	470.03	517.02
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	57	490.96	540.06
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	58	513.33	564.66
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	59	524.42	576.86
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	60	546.79	601.46
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	61	566.13	622.73
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	62	578.81	636.69
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	63	594.72	654.18
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	64	604.40	664.83
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	604.40	664.83
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	87.38	87.38
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	21	137.62	151.38
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	22	137.62	151.38
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	23	137.62	151.38
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	24	137.62	151.38
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	25	138.15	151.97
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	26	140.91	154.99
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	27	144.21	158.63
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	28	149.59	164.54
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	29	153.98	169.38
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	30	156.18	171.80

82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	31	159.49	175.44
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	32	162.80	179.07
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	33	164.86	181.35
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	34	167.06	183.77
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	35	168.15	184.97
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	36	169.26	186.19
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	37	170.35	187.39
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	38	171.46	188.61
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	39	173.66	191.02
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	40	175.86	193.44
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	41	179.17	197.08
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	42	182.33	200.56
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	43	186.74	205.41
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	44	192.24	211.47
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	45	198.71	218.58
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	46	206.41	227.05
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	47	215.08	236.59
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	48	225.00	247.50
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	49	234.76	258.23
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	50	245.77	270.34
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	51	256.65	282.31
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	52	268.62	295.48
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	53	280.72	308.79
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	54	293.80	323.18

82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	55	306.88	337.56
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	56	321.05	353.15
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	57	335.35	368.88
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	58	350.63	385.69
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	59	358.20	394.02
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	60	373.48	410.82
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	61	386.69	425.35
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	62	395.35	434.88
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	63	406.22	446.83
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	64	412.83	454.11
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	412.83	454.11
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	156.16	156.16
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	21	245.92	270.51
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	22	245.92	270.51
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	23	245.92	270.51
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	24	245.92	270.51
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	25	246.88	271.57
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	26	251.80	276.98
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	27	257.71	283.48
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	28	267.31	294.04
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	29	275.17	302.69
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	30	279.10	307.01
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	31	285.01	313.51
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	32	290.92	320.01

82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	33	294.62	324.08
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	34	298.55	328.40
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	35	300.50	330.54
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	36	302.48	332.72
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	37	304.43	334.87
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	38	306.40	337.04
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	39	310.33	341.36
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	40	314.26	345.69
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	41	320.17	352.19
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	42	325.82	358.40
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	43	333.71	367.07
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	44	343.54	377.90
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	45	355.10	390.61
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	46	368.87	405.75
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	47	384.35	422.78
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	48	402.08	442.28
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	49	419.51	461.46
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	50	439.19	483.10
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	51	458.63	504.49
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	52	480.03	528.02
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	53	501.65	551.81
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	54	525.02	577.52
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	55	548.40	603.23
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	56	573.72	631.09

82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	57	599.28	659.20
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	58	626.58	689.23
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	59	640.11	704.12
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	60	667.41	734.15
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	61	691.02	760.11
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	62	706.50	777.15
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	63	725.92	798.50
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	64	737.74	811.50
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	737.74	811.50
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	210.72	210.72
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	21	331.85	365.03
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	22	331.85	365.03
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	23	331.85	365.03
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	24	331.85	365.03
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	25	333.15	366.46
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	26	339.79	373.76
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	27	347.76	382.53
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	28	360.72	396.79
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	29	371.33	408.46
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	30	376.63	414.29
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	31	384.60	423.06
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	32	392.58	431.83
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	33	397.56	437.32
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	34	402.87	443.15

82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	35	405.50	446.04
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	36	408.17	448.98
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	37	410.80	451.88
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	38	413.47	454.81
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	39	418.77	460.65
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	40	424.08	466.48
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	41	432.05	475.25
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	42	439.67	483.63
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	43	450.31	495.34
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	44	463.59	509.94
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	45	479.18	527.09
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	46	497.76	547.53
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	47	518.66	570.52
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	48	542.57	596.83
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	49	566.10	622.71
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	50	592.65	651.91
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	51	618.89	680.77
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	52	647.76	712.53
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	53	676.94	744.63
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	54	708.48	779.32
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	55	740.02	814.02
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	56	774.19	851.60
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	57	808.68	889.54
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	58	845.52	930.06

82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	59	863.78	950.15
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	60	900.63	990.68
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	61	932.48	1025.72
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	62	953.37	1048.70
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	63	979.57	1077.52
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	64	995.52	1095.06
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	995.52	1095.06
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	133.80	133.80
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	21	210.71	231.77
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	22	210.71	231.77
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	23	210.71	231.77
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	24	210.71	231.77
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	25	211.53	232.68
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	26	215.74	237.32
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	27	220.81	242.88
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	28	229.04	251.94
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	29	235.77	259.34
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	30	239.14	263.05
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	31	244.20	268.62
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	32	249.26	274.19
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	33	252.43	277.67
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	34	255.80	281.37
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	35	257.47	283.21
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	36	259.16	285.08

82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	37	260.83	286.91
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	38	262.53	288.78
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	39	265.90	292.48
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	40	269.26	296.19
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	41	274.32	301.75
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	42	279.16	307.08
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	43	285.92	314.51
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	44	294.35	323.78
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	45	304.25	334.67
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	46	316.05	347.65
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	47	329.31	362.24
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	48	344.50	378.95
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	49	359.44	395.38
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	50	376.30	413.92
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	51	392.96	432.25
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	52	411.29	452.41
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	53	429.82	472.79
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	54	449.84	494.82
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	55	469.87	516.85
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	56	491.56	540.72
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	57	513.46	564.80
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	58	536.85	590.53
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	59	548.45	603.29
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	60	571.84	629.02

82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	61	592.07	651.27
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	62	605.33	665.86
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	63	621.97	684.16
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	64	632.09	695.30
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	632.09	695.30
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	131.49	131.49
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	21	207.08	227.78
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	22	207.08	227.78
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	23	207.08	227.78
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	24	207.08	227.78
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	25	207.89	228.67
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	26	212.03	233.23
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	27	217.00	238.70
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	28	225.09	247.60
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	29	231.71	254.88
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	30	235.02	258.52
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	31	239.99	263.99
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	32	244.97	269.46
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	33	248.08	272.89
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	34	251.39	276.53
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	35	253.03	278.33
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	36	254.70	280.17
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	37	256.34	281.97
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	38	258.01	283.81

82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	39	261.32	287.45
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	40	264.63	291.09
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	41	269.60	296.56
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	42	274.36	301.79
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	43	281.00	309.09
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	44	289.28	318.21
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	45	299.01	328.91
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	46	310.60	341.66
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	47	323.64	356.00
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	48	338.57	372.42
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	49	353.25	388.57
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	50	369.82	406.80
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	51	386.19	424.81
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	52	404.21	444.62
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	53	422.42	464.65
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	54	442.10	486.30
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	55	461.78	507.95
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	56	483.10	531.41
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	57	504.62	555.08
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	58	527.61	580.36
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	59	539.01	592.90
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	60	562.00	618.19
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	61	581.87	640.05
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	62	594.91	654.40

82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	63	611.26	672.38
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	64	621.21	683.32
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	621.21	683.32
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	114.14	114.14
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	21	179.75	197.72
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	22	179.75	197.72
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	23	179.75	197.72
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	24	179.75	197.72
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	25	180.45	198.50
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	26	184.05	202.45
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	27	188.37	207.20
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	28	195.39	214.93
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	29	201.13	221.24
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	30	204.00	224.40
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	31	208.32	229.15
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	32	212.64	233.90
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	33	215.34	236.88
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	34	218.22	240.04
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	35	219.64	241.60
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	36	221.09	243.20
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	37	222.51	244.76
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	38	223.96	246.35
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	39	226.83	249.51
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	40	229.70	252.67

82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	41	234.02	257.42
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	42	238.15	261.96
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	43	243.92	268.31
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	44	251.11	276.22
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	45	259.55	285.51
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	46	269.62	296.58
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	47	280.93	309.03
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	48	293.89	323.28
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	49	306.63	337.30
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	50	321.02	353.12
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	51	335.23	368.75
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	52	350.87	385.95
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	53	366.67	403.34
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	54	383.76	422.13
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	55	400.84	440.92
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	56	419.35	461.28
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	57	438.03	481.83
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	58	457.98	503.78
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	59	467.88	514.66
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	60	487.83	536.61
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	61	505.09	555.59
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	62	516.41	568.04
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	63	530.60	583.65
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	64	539.23	593.15

82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	539.23	593.15
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	128.40	128.40
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	21	202.21	222.43
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	22	202.21	222.43
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	23	202.21	222.43
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	24	202.21	222.43
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	25	203.00	223.30
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	26	207.04	227.74
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	27	211.90	233.09
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	28	219.80	241.78
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	29	226.26	248.88
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	30	229.49	252.44
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	31	234.35	257.78
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	32	239.21	263.13
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	33	242.25	266.47
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	34	245.48	270.02
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	35	247.08	271.79
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	36	248.71	273.58
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	37	250.31	275.34
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	38	251.94	277.13
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	39	255.17	280.69
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	40	258.40	284.24
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	41	263.26	289.58
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	42	267.90	294.69

82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	43	274.39	301.82
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	44	282.48	310.72
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	45	291.98	321.17
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	46	303.30	333.63
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	47	316.03	347.63
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	48	330.61	363.66
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	49	344.94	379.43
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	50	361.12	397.23
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	51	377.11	414.82
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	52	394.70	434.16
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	53	412.48	453.72
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	54	431.70	474.86
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	55	450.92	496.00
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	56	471.74	518.91
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	57	492.75	542.02
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	58	515.20	566.71
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	59	526.33	578.96
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	60	548.78	603.65
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	61	568.19	625.00
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	62	580.92	639.01
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	63	596.88	656.56
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	64	606.60	667.25
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	606.60	667.25
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	87.70	87.70

82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	21	138.12	151.93
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	22	138.12	151.93
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	23	138.12	151.93
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	24	138.12	151.93
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	25	138.66	152.52
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	26	141.42	155.56
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	27	144.74	159.21
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	28	150.13	165.14
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	29	154.55	170.00
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	30	156.75	172.43
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	31	160.07	176.08
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	32	163.39	179.73
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	33	165.46	182.01
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	34	167.67	184.44
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	35	168.77	185.64
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	36	169.88	186.86
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	37	170.97	188.07
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	38	172.09	189.29
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	39	174.29	191.72
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	40	176.50	194.15
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	41	179.82	197.80
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	42	182.99	201.29
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	43	187.42	206.16
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	44	192.94	212.24

82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	45	199.43	219.38
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	46	207.17	227.88
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	47	215.86	237.45
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	48	225.82	248.40
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	49	235.61	259.17
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	50	246.66	271.32
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	51	257.58	283.34
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	52	269.60	296.55
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	53	281.74	309.91
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	54	294.87	324.35
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	55	307.99	338.79
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	56	322.22	354.44
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	57	336.57	370.22
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	58	351.90	387.09
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	59	359.50	395.45
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	60	374.84	412.32
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	61	388.10	426.90
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	62	396.79	436.47
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	63	407.70	448.46
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	64	414.33	455.76
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	414.33	455.76
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	156.73	156.73
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	21	246.82	271.50
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	22	246.82	271.50

82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	23	246.82	271.50
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	24	246.82	271.50
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	25	247.78	272.56
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	26	252.72	277.99
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	27	258.65	284.51
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	28	268.29	295.11
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	29	276.18	303.79
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	30	280.12	308.13
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	31	286.05	314.65
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	32	291.98	321.17
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	33	295.69	325.26
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	34	299.63	329.59
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	35	301.59	331.75
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	36	303.58	333.93
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	37	305.53	336.08
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	38	307.52	338.27
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	39	311.46	342.61
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	40	315.41	346.95
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	41	321.34	353.47
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	42	327.01	359.70
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	43	334.92	368.41
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	44	344.80	379.27
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	45	356.39	392.03
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	46	370.21	407.23

82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	47	385.75	424.32
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	48	403.54	443.89
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	49	421.04	463.14
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	50	440.79	484.86
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	51	460.30	506.33
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	52	481.77	529.95
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	53	503.48	553.82
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	54	526.94	579.62
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	55	550.39	605.43
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	56	575.81	633.38
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	57	601.46	661.60
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	58	628.86	691.74
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	59	642.44	706.68
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	60	669.84	736.82
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	61	693.54	762.88
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	62	709.08	779.98
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	63	728.56	801.41
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	64	740.42	814.46
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	740.42	814.46
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	211.49	211.49
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	21	333.06	366.36
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	22	333.06	366.36
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	23	333.06	366.36
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	24	333.06	366.36

82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	25	334.36	367.79
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	26	341.02	375.12
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	27	349.03	383.93
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	28	362.03	398.23
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	29	372.68	409.94
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	30	378.00	415.80
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	31	386.00	424.60
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	32	394.00	433.40
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	33	399.01	438.91
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	34	404.33	444.76
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	35	406.97	447.67
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	36	409.65	450.62
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	37	412.30	453.52
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	38	414.98	456.47
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	39	420.30	462.32
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	40	425.62	468.18
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	41	433.62	476.98
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	42	441.27	485.39
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	43	451.95	497.14
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	44	465.28	511.80
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	45	480.93	529.01
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	46	499.57	549.52
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	47	520.54	572.59
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	48	544.55	599.00

82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	49	568.16	624.97
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	50	594.81	654.29
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	51	621.14	683.25
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	52	650.12	715.12
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	53	679.41	747.34
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	54	711.06	782.16
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	55	742.72	816.98
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	56	777.01	854.70
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	57	811.62	892.78
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	58	848.60	933.45
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	59	866.93	953.61
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	60	903.90	994.29
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	61	935.87	1029.45
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	62	956.85	1052.52
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	63	983.14	1081.44
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	64	999.14	1099.05
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	999.14	1099.05
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	134.28	134.28
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	21	211.47	232.62
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	22	211.47	232.62
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	23	211.47	232.62
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	24	211.47	232.62
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	25	212.30	233.53
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	26	216.53	238.18

82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	27	221.61	243.77
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	28	229.87	252.85
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	29	236.63	260.29
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	30	240.01	264.01
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	31	245.09	269.59
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	32	250.17	275.18
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	33	253.35	278.68
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	34	256.73	282.40
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	35	258.40	284.24
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	36	260.11	286.11
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	37	261.78	287.96
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	38	263.48	289.83
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	39	266.86	293.55
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	40	270.24	297.26
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	41	275.32	302.85
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	42	280.18	308.19
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	43	286.96	315.66
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	44	295.42	324.96
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	45	305.36	335.89
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	46	317.20	348.91
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	47	330.51	363.56
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	48	345.76	380.33
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	49	360.75	396.82
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	50	377.67	415.43

82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	51	394.39	433.82
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	52	412.78	454.06
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	53	431.38	474.52
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	54	451.48	496.62
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	55	471.58	518.73
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	56	493.35	542.69
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	57	515.33	566.86
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	58	538.81	592.68
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	59	550.45	605.49
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	60	573.92	631.31
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	61	594.22	653.64
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	62	607.54	668.29
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	63	624.23	686.65
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	64	634.40	697.83
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	634.40	697.83
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	131.97	131.97
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	21	207.83	228.61
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	22	207.83	228.61
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	23	207.83	228.61
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	24	207.83	228.61
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	25	208.64	229.51
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	26	212.80	234.08
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	27	217.79	239.57
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	28	225.91	248.50

82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	29	232.55	255.81
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	30	235.87	259.46
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	31	240.87	264.95
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	32	245.86	270.44
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	33	248.99	273.88
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	34	252.31	277.53
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	35	253.95	279.35
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	36	255.63	281.19
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	37	257.27	283.00
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	38	258.95	284.84
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	39	262.27	288.49
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	40	265.59	292.15
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	41	270.58	297.64
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	42	275.35	302.89
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	43	282.02	310.22
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	44	290.33	319.37
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	45	300.10	330.11
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	46	311.74	342.91
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	47	324.82	357.30
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	48	339.80	373.78
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	49	354.54	389.99
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	50	371.17	408.28
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	51	387.60	426.35
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	52	405.68	446.24

82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	53	423.95	466.34
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	54	443.71	488.07
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	55	463.46	509.80
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	56	484.86	533.34
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	57	506.46	557.10
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	58	529.53	582.48
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	59	540.97	595.06
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	60	564.04	620.44
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	61	583.99	642.38
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	62	597.08	656.78
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	63	613.48	674.83
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	64	623.47	685.81
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	623.47	685.81

Rates Table Template v2.1	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	82120				
Federal TIN*	39-1263473				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	90.95	90.95
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	21	143.23	157.56
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	22	143.23	157.56
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	23	143.23	157.56
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	24	143.23	157.56
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	25	143.79	158.17
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	26	146.66	161.32
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	27	150.10	165.11
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	28	155.69	171.26
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	29	160.27	176.30
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	30	162.56	178.81
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	31	166.00	182.60
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	32	169.44	186.39
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	33	171.60	188.75
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	34	173.88	191.27

82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	35	175.02	192.52
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	36	176.17	193.79
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	37	177.31	195.04
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	38	178.46	196.31
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	39	180.75	198.82
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	40	183.04	201.34
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	41	186.48	205.13
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	42	189.77	208.74
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	43	194.36	213.80
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	44	200.09	220.10
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	45	206.82	227.50
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	46	214.84	236.32
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	47	223.86	246.24
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	48	234.19	257.60
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	49	244.34	268.77
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	50	255.80	281.38
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	51	267.12	293.83
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	52	279.58	307.54
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	53	292.18	321.40
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	54	305.79	336.37
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	55	319.41	351.34
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	56	334.16	367.57
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	57	349.04	383.94
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	58	364.94	401.43

82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	59	372.82	410.10
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	60	388.73	427.60
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	61	402.48	442.72
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	62	411.49	452.64
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	63	422.80	465.08
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	64	429.68	472.65
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	429.68	472.65
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	66.67	66.67
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	21	104.99	115.49
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	22	104.99	115.49
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	23	104.99	115.49
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	24	104.99	115.49
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	25	105.40	115.94
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	26	107.50	118.25
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	27	110.02	121.02
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	28	114.12	125.53
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	29	117.48	129.22
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	30	119.16	131.07
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	31	121.68	133.84
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	32	124.20	136.62
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	33	125.78	138.36
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	34	127.46	140.20
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	35	128.29	141.12
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	36	129.13	142.05

82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	37	129.97	142.96
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	38	130.81	143.89
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	39	132.49	145.74
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	40	134.17	147.58
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	41	136.69	150.36
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	42	139.10	153.01
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	43	142.47	156.71
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	44	146.67	161.33
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	45	151.60	166.76
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	46	157.48	173.22
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	47	164.09	180.50
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	48	171.66	188.82
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	49	179.10	197.01
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	50	187.50	206.25
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	51	195.80	215.38
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	52	204.93	225.43
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	53	214.17	235.58
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	54	224.15	246.56
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	55	234.12	257.53
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	56	244.93	269.43
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	57	255.84	281.43
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	58	267.50	294.25
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	59	273.28	300.60
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	60	284.93	313.43

82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	61	295.01	324.51
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	62	301.62	331.78
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	63	309.91	340.90
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	64	314.96	346.45
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	314.96	346.45
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	117.63	117.63
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	21	185.25	203.78
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	22	185.25	203.78
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	23	185.25	203.78
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	24	185.25	203.78
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	25	185.98	204.57
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	26	189.68	208.65
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	27	194.13	213.54
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	28	201.37	221.50
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	29	207.29	228.01
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	30	210.25	231.27
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	31	214.70	236.17
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	32	219.15	241.06
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	33	221.93	244.13
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	34	224.89	247.38
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	35	226.36	249.00
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	36	227.85	250.64
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	37	229.32	252.25
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	38	230.81	253.89

82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	39	233.77	257.15
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	40	236.73	260.41
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	41	241.19	265.30
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	42	245.44	269.98
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	43	251.38	276.52
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	44	258.79	284.67
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	45	267.50	294.24
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	46	277.87	305.65
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	47	289.53	318.48
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	48	302.88	333.17
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	49	316.02	347.62
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	50	330.84	363.92
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	51	345.49	380.03
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	52	361.60	397.76
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	53	377.89	415.68
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	54	395.50	435.05
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	55	413.11	454.41
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	56	432.18	475.40
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	57	451.43	496.57
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	58	472.00	519.19
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	59	482.20	530.41
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	60	502.76	553.03
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	61	520.54	572.59
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	62	532.21	585.42

82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	63	546.83	601.51
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	64	555.73	611.30
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	555.73	611.30
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	159.15	159.15
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	21	250.64	275.70
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	22	250.64	275.70
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	23	250.64	275.70
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	24	250.64	275.70
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	25	251.62	276.78
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	26	256.64	282.30
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	27	262.66	288.92
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	28	272.45	299.69
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	29	280.46	308.50
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	30	284.46	312.90
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	31	290.48	319.53
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	32	296.51	326.15
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	33	300.27	330.30
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	34	304.28	334.70
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	35	306.27	336.89
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	36	308.28	339.11
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	37	310.27	341.29
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	38	312.29	343.51
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	39	316.29	347.92
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	40	320.30	352.32

82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	41	326.32	358.95
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	42	332.07	365.28
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	43	340.11	374.12
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	44	350.14	385.15
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	45	361.92	398.11
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	46	375.95	413.54
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	47	391.73	430.90
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	48	409.80	450.77
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	49	427.57	470.32
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	50	447.62	492.38
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	51	467.44	514.18
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	52	489.24	538.16
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	53	511.28	562.41
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	54	535.10	588.61
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	55	558.93	614.81
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	56	584.73	643.20
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	57	610.78	671.85
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	58	638.61	702.46
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	59	652.40	717.64
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	60	680.23	748.24
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	61	704.29	774.71
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	62	720.07	792.07
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	63	739.86	813.83
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	64	751.90	827.08

82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	751.90	827.08
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	103.14	103.14
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	21	162.43	178.67
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	22	162.43	178.67
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	23	162.43	178.67
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	24	162.43	178.67
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	25	163.06	179.37
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	26	166.31	182.94
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	27	170.21	187.23
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	28	176.56	194.21
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	29	181.75	199.92
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	30	184.34	202.78
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	31	188.25	207.07
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	32	192.15	211.36
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	33	194.59	214.05
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	34	197.19	216.90
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	35	198.47	218.32
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	36	199.78	219.76
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	37	201.07	221.17
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	38	202.38	222.61
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	39	204.97	225.47
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	40	207.57	228.32
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	41	211.47	232.62
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	42	215.20	236.72

82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	43	220.41	242.45
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	44	226.91	249.60
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	45	234.54	257.99
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	46	243.63	267.99
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	47	253.86	279.24
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	48	265.57	292.12
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	49	277.08	304.79
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	50	290.08	319.08
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	51	302.92	333.21
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	52	317.05	348.75
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	53	331.34	364.47
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	54	346.77	381.45
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	55	362.21	398.43
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	56	378.94	416.83
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	57	395.81	435.39
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	58	413.85	455.23
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	59	422.79	465.06
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	60	440.82	484.90
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	61	456.41	502.05
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	62	466.64	513.30
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	63	479.46	527.40
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	64	487.27	535.99
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	487.27	535.99
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	108.49	108.49

82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	21	170.86	187.94
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	22	170.86	187.94
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	23	170.86	187.94
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	24	170.86	187.94
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	25	171.53	188.68
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	26	174.95	192.44
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	27	179.05	196.95
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	28	185.72	204.29
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	29	191.18	210.30
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	30	193.91	213.30
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	31	198.02	217.82
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	32	202.12	222.33
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	33	204.69	225.16
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	34	207.42	228.16
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	35	208.78	229.65
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	36	210.15	231.17
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	37	211.51	232.66
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	38	212.88	234.17
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	39	215.61	237.17
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	40	218.34	240.17
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	41	222.45	244.69
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	42	226.37	249.01
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	43	231.85	255.03
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	44	238.69	262.55

82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	45	246.71	271.38
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	46	256.28	281.91
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	47	267.04	293.74
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	48	279.35	307.29
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	49	291.47	320.61
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	50	305.14	335.65
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	51	318.65	350.51
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	52	333.51	366.86
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	53	348.54	383.39
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	54	364.77	401.25
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	55	381.01	419.11
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	56	398.61	438.46
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	57	416.36	457.99
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	58	435.33	478.86
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	59	444.73	489.20
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	60	463.70	510.07
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	61	480.10	528.11
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	62	490.86	539.94
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	63	504.35	554.78
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	64	512.56	563.81
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	512.56	563.81
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	79.53	79.53
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	21	125.24	137.76
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	22	125.24	137.76

82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	23	125.24	137.76
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	24	125.24	137.76
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	25	125.73	138.30
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	26	128.23	141.06
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	27	131.24	144.37
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	28	136.13	149.75
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	29	140.14	154.15
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	30	142.14	156.35
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	31	145.15	159.66
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	32	148.16	162.97
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	33	150.04	165.04
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	34	152.04	167.24
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	35	153.03	168.33
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	36	154.04	169.44
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	37	155.03	170.54
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	38	156.04	171.64
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	39	158.04	173.85
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	40	160.04	176.05
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	41	163.05	179.36
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	42	165.93	182.52
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	43	169.95	186.94
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	44	174.96	192.45
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	45	180.84	198.92
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	46	187.85	206.64

82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	47	195.74	215.31
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	48	204.77	225.24
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	49	213.64	235.01
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	50	223.66	246.03
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	51	233.57	256.92
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	52	244.46	268.90
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	53	255.47	281.02
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	54	267.38	294.11
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	55	279.28	307.21
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	56	292.18	321.39
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	57	305.19	335.71
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	58	319.10	351.00
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	59	325.99	358.58
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	60	339.89	373.88
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	61	351.91	387.10
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	62	359.80	395.78
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	63	369.69	406.65
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	64	375.70	413.27
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	375.70	413.27
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	140.32	140.32
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	21	220.98	243.08
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	22	220.98	243.08
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	23	220.98	243.08
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	24	220.98	243.08

82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	25	221.85	244.03
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	26	226.27	248.89
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	27	231.58	254.73
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	28	240.21	264.23
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	29	247.27	271.99
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	30	250.80	275.88
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	31	256.11	281.72
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	32	261.42	287.56
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	33	264.74	291.21
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	34	268.27	295.10
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	35	270.02	297.02
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	36	271.80	298.98
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	37	273.55	300.91
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	38	275.33	302.86
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	39	278.86	306.75
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	40	282.39	310.63
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	41	287.70	316.47
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	42	292.78	322.05
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	43	299.87	329.85
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	44	308.71	339.57
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	45	319.09	351.00
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	46	331.46	364.60
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	47	345.38	379.91
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	48	361.30	397.43

82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	49	376.97	414.66
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	50	394.65	434.11
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	51	412.12	453.33
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	52	431.35	474.48
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	53	450.78	495.85
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	54	471.78	518.96
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	55	492.78	542.06
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	56	515.54	567.09
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	57	538.50	592.35
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	58	563.04	619.33
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	59	575.20	632.71
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	60	599.73	659.70
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	61	620.94	683.03
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	62	634.86	698.34
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	63	652.30	717.53
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	64	662.92	729.21
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	662.92	729.21
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	189.85	189.85
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	21	298.99	328.88
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	22	298.99	328.88
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	23	298.99	328.88
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	24	298.99	328.88
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	25	300.15	330.17
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	26	306.13	336.74

82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	27	313.32	344.65
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	28	325.00	357.49
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	29	334.55	368.00
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	30	339.33	373.26
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	31	346.51	381.16
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	32	353.69	389.06
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	33	358.19	394.00
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	34	362.97	399.26
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	35	365.34	401.87
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	36	367.74	404.51
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	37	370.11	407.12
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	38	372.52	409.77
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	39	377.30	415.02
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	40	382.07	420.28
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	41	389.26	428.18
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	42	396.12	435.73
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	43	405.71	446.28
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	44	417.67	459.44
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	45	431.72	474.89
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	46	448.46	493.30
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	47	467.29	514.01
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	48	488.84	537.72
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	49	510.03	561.03
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	50	533.96	587.35

82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	51	557.60	613.35
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	52	583.60	641.96
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	53	609.90	670.88
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	54	638.31	702.14
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	55	666.73	733.40
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	56	697.52	767.26
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	57	728.59	801.44
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	58	761.78	837.95
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	59	778.23	856.05
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	60	811.43	892.56
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	61	840.13	924.13
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	62	858.95	944.84
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	63	882.56	970.80
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	64	896.92	986.61
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	896.92	986.61
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	123.03	123.03
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	21	193.76	213.13
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	22	193.76	213.13
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	23	193.76	213.13
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	24	193.76	213.13
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	25	194.51	213.96
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	26	198.39	218.23
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	27	203.04	223.35
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	28	210.61	231.67

82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	29	216.80	238.48
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	30	219.90	241.89
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	31	224.56	247.01
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	32	229.21	252.13
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	33	232.12	255.33
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	34	235.22	258.74
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	35	236.76	260.43
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	36	238.31	262.14
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	37	239.85	263.83
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	38	241.41	265.55
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	39	244.51	268.95
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	40	247.60	272.36
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	41	252.26	277.48
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	42	256.71	282.37
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	43	262.92	289.21
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	44	270.67	297.74
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	45	279.78	307.75
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	46	290.62	319.68
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	47	302.82	333.10
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	48	316.79	348.47
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	49	330.53	363.58
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	50	346.03	380.63
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	51	361.35	397.48
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	52	378.20	416.02

82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	53	395.24	434.76
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	54	413.66	455.02
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	55	432.07	475.27
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	56	452.02	497.22
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	57	472.16	519.37
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	58	493.67	543.03
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	59	504.33	554.76
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	60	525.84	578.42
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	61	544.44	598.88
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	62	556.64	612.30
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	63	571.94	629.13
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	64	581.25	639.37
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	581.25	639.37
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	93.75	93.75
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	21	147.64	162.40
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	22	147.64	162.40
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	23	147.64	162.40
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	24	147.64	162.40
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	25	148.21	163.03
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	26	151.17	166.28
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	27	154.71	170.18
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	28	160.48	176.53
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	29	165.20	181.72
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	30	167.56	184.31

82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	31	171.10	188.21
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	32	174.65	192.11
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	33	176.87	194.56
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	34	179.23	197.15
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	35	180.40	198.44
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	36	181.59	199.75
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	37	182.76	201.03
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	38	183.95	202.34
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	39	186.31	204.94
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	40	188.67	207.53
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	41	192.21	211.43
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	42	195.60	215.16
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	43	200.34	220.37
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	44	206.24	226.87
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	45	213.18	234.50
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	46	221.45	243.59
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	47	230.74	253.81
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	48	241.38	265.52
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	49	251.85	277.03
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	50	263.66	290.03
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	51	275.34	302.87
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	52	288.18	316.99
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	53	301.16	331.28
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	54	315.19	346.71

82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	55	329.23	362.14
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	56	344.43	378.87
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	57	359.77	395.74
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	58	376.16	413.77
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	59	384.29	422.71
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	60	400.68	440.74
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	61	414.85	456.33
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	62	424.14	466.55
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	63	435.80	479.37
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	64	442.89	487.18
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	442.89	487.18
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	68.72	68.72
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	21	108.22	119.04
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	22	108.22	119.04
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	23	108.22	119.04
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	24	108.22	119.04
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	25	108.64	119.50
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	26	110.80	121.88
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	27	113.40	124.74
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	28	117.63	129.39
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	29	121.09	133.20
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	30	122.82	135.10
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	31	125.42	137.96
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	32	128.02	140.82

82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	33	129.65	142.61
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	34	131.37	144.51
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	35	132.23	145.45
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	36	133.10	146.41
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	37	133.96	147.36
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	38	134.83	148.31
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	39	136.56	150.22
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	40	138.29	152.12
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	41	140.89	154.98
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	42	143.38	157.71
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	43	146.85	161.53
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	44	151.18	166.29
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	45	156.26	171.89
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	46	162.32	178.55
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	47	169.13	186.04
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	48	176.93	194.63
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	49	184.61	203.06
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	50	193.26	212.59
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	51	201.82	222.00
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	52	211.23	232.36
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	53	220.75	242.82
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	54	231.04	254.14
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	55	241.32	265.45
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	56	252.46	277.71

82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	57	263.71	290.08
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	58	275.72	303.29
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	59	281.68	309.84
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	60	293.69	323.06
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	61	304.08	334.49
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	62	310.90	341.98
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	63	319.44	351.38
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	64	324.64	357.10
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	324.64	357.10
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	121.25	121.25
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	21	190.95	210.04
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	22	190.95	210.04
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	23	190.95	210.04
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	24	190.95	210.04
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	25	191.69	210.86
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	26	195.51	215.06
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	27	200.10	220.11
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	28	207.56	228.31
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	29	213.66	235.02
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	30	216.71	238.38
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	31	221.30	243.43
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	32	225.89	248.47
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	33	228.76	251.63
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	34	231.81	254.99

82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	35	233.32	256.65
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	36	234.86	258.34
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	37	236.37	260.01
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	38	237.91	261.70
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	39	240.96	265.05
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	40	244.01	268.41
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	41	248.60	273.46
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	42	252.98	278.28
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	43	259.11	285.02
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	44	266.75	293.42
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	45	275.72	303.29
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	46	286.41	315.05
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	47	298.43	328.27
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	48	312.20	343.41
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	49	325.73	358.30
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	50	341.01	375.11
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	51	356.11	391.71
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	52	372.72	409.99
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	53	389.51	428.46
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	54	407.66	448.42
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	55	425.81	468.38
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	56	445.47	490.01
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	57	465.31	511.84
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	58	486.51	535.16

82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	59	497.02	546.71
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	60	518.22	570.03
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	61	536.55	590.19
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	62	548.57	603.42
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	63	563.64	620.00
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	64	572.82	630.09
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	572.82	630.09
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	164.05	164.05
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	21	258.35	284.18
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	22	258.35	284.18
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	23	258.35	284.18
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	24	258.35	284.18
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	25	259.36	285.29
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	26	264.52	290.97
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	27	270.73	297.80
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	28	280.82	308.90
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	29	289.08	317.98
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	30	293.21	322.52
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	31	299.41	329.35
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	32	305.62	336.18
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	33	309.50	340.45
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	34	313.63	344.99
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	35	315.68	347.25
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	36	317.76	349.53

82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	37	319.81	351.79
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	38	321.89	354.07
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	39	326.02	358.61
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	40	330.14	363.15
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	41	336.35	369.98
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	42	342.28	376.51
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	43	350.57	385.62
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	44	360.90	396.99
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	45	373.04	410.34
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	46	387.51	426.25
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	47	403.77	444.15
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	48	422.40	464.63
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	49	440.71	484.78
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	50	461.38	507.51
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	51	481.81	529.98
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	52	504.28	554.70
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	53	527.00	579.70
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	54	551.55	606.70
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	55	576.11	633.71
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	56	602.71	662.97
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	57	629.56	692.51
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	58	658.24	724.06
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	59	672.46	739.70
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	60	701.14	771.24

82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	61	725.94	798.52
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	62	742.20	816.42
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	63	762.60	838.85
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	64	775.01	852.51
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	775.01	852.51
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	106.31	106.31
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	21	167.42	184.16
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	22	167.42	184.16
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	23	167.42	184.16
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	24	167.42	184.16
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	25	168.08	184.88
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	26	171.42	188.56
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	27	175.45	192.99
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	28	181.99	200.18
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	29	187.34	206.07
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	30	190.01	209.01
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	31	194.03	213.44
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	32	198.06	217.86
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	33	200.57	220.63
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	34	203.25	223.57
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	35	204.58	225.03
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	36	205.92	226.51
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	37	207.25	227.97
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	38	208.60	229.46

82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	39	211.27	232.40
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	40	213.95	235.34
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	41	217.97	239.77
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	42	221.82	243.99
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	43	227.19	249.90
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	44	233.88	257.27
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	45	241.75	265.92
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	46	251.12	276.23
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	47	261.66	287.83
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	48	273.73	301.10
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	49	285.60	314.16
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	50	299.00	328.89
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	51	312.23	343.45
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	52	326.80	359.47
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	53	341.52	375.67
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	54	357.43	393.17
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	55	373.34	410.68
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	56	390.58	429.64
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	57	407.98	448.78
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	58	426.57	469.22
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	59	435.78	479.36
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	60	454.37	499.80
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	61	470.44	517.48
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	62	480.98	529.08

82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	63	494.20	543.61
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	64	502.24	552.46
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	502.24	552.46

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from network providers**	**Services from non-network providers**
Individual deductible (per covered person per calendar year)	$4,850	$ 9,700
Family deductible (per family per calendar year)	$9,700	$19,400

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$1,500	$ 4,500
Family deductible (per family per calendar year)	$3,000	$ 9,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation without notice.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$6,350	$25,400
Family maximum (per family per calendar year)	$12,700	$50,800

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health o Concentra o All other providers - Office visits for bodily injury and all other sickness o PCP o Specialist o Concentra o Convenient care clinic o Urgent care - Concentra - All other providers	100% after $40 copay per visit 100% after $50 copay per visit 100% after $ 55 copay per visit 100% after $ 80 copay per visit 100% after $ 45 copay per visit 100% after $55 copay per visit 100% after $ 75 copay per visit 100% after $100 copay per visit	60% after deductible	3 combined visit limit for all mental health, PCP, specialist, Concentra, convenient care clinic, and urgent care per person per calendar year; thereafter subject to the medical deductible and coinsurance per person per calendar year
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $10 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $300 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	50% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $20 copay	70% after Rx deductible and $20 copay	not applicable
Level two drugs	100% after $75 copay	70% after Rx deductible and $75 copay	not applicable
Level three drugs	100% after Rx deductible and 50% copay	70% after Rx deductible and 50% copay	not applicable
Level four drugs			not applicable
- For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider	100% after Rx deductible and 40% copay	70% after Rx deductible and 40% copay	
- For specialty drugs obtained from a network specialty drug pharmacy	100% after Rx deductible and 50% copay	70% after Rx deductible and 50% copay	
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. See the “Definitions” section for the complete definition.

Medical deductible:	**Services from** **network providers**	**Services from** **non-network providers**
Individual deductible (per covered person per calendar year)	$ 6,350	$12,700
Family deductible (per family per calendar year)	$12,700	$25,400

Copayments do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation without notice.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$ 6,350	$25,400
Family maximum (per family per calendar year)	$12,700	$50,800

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	100**%** after deductible	75% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health - Office visits for bodily injury and all other sickness o PCP o Convenient care clinic	100% after $35 copay per visit 100% after $35 copay per visit 100% after $35 copay per visit	75% after deductible	3 combined visit limit for all mental health, PCP, and convenient care clinic per person per calendar year; thereafter subject to the medical deductible and coinsurance per person per calendar year
Emergency room	100% after deductible	100% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	100% after deductible	100% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $300 and thereafter subject to the medical deductible and coinsurance per person per calendar year	75% after deductible	not applicable
Emergency room	100% after deductible	100% after deductible	not applicable
Home healthcare	100% after deductible	75% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	75% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	100% after deductible	75% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	100% after deductible	75% after deductible	36 visits per therapy per person per calendar year
- All other therapies	100% after deductible	75% after deductible	not applicable
Skilled nursing and rehabilitation facility	100% after deductible	75% after deductible	60 days per person per calendar year

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	100% after deductible	75% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	75% after deductible	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	75% after deductible	
- All other prescription drugs from a retail pharmacy/specialty pharmacy	100% after deductible	75% after deductible	

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	75% after deductible	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	75% after deductible	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	100% after deductible	75% after deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]

Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. See the “Definitions” section for the complete definition.

Medical deductible:	**Services from** **network providers**	**Services from** **non-network providers**
Individual deductible (per covered person per calendar year)	$ 6,350	$12,700
Family deductible (per family per calendar year)	$12,700	$25,400

Copayments do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation without notice.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$ 6,350	$25,400
Family maximum (per family per calendar year)	$12,700	$50,800

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	100**%** after deductible	75% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health o Concentra o All other providers - Office visits for bodily injury and all other sickness o PCP o Concentra o Convenient care clinic	 100% after $25 copay per visit 100% after $35 copay per visit 100% after $35 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit	75% after deductible	3 combined visit limit for all mental health, PCP, Concentra, and convenient care clinic per person per calendar year; thereafter subject to the medical deductible and coinsurance per person per calendar year
Emergency room	100% after deductible	100% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	100% after deductible	100% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $300 and thereafter subject to the medical deductible and coinsurance per person per calendar year	75% after deductible	not applicable
Emergency room	100% after deductible	100% after deductible	not applicable
Home healthcare	100% after deductible	75% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	75% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	100% after deductible	75% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and occupational therapy	100% after deductible	75% after deductible	36 visits per therapy per person per calendar year
- All other therapies	100% after deductible	75% after deductible	not applicable
Skilled nursing and rehabilitation facility	100% after deductible	75% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	100% after deductible	75% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	100% after deductible	75% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	75% after deductible	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	75% after deductible	
- All other prescription drugs from a retail pharmacy/specialty pharmacy	100% after deductible	75% after deductible	

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	75% after deductible	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	75% after deductible	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	100% after deductible	75% after deductible	

2. Schedule of Benefits

Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include preventive *services*, *prescription* drug *services* or any office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. See the “Definitions” section for the complete definition.

Medical deductible:	**Services from network providers:**	**Services from non-network providers:**
[Per calendar year)	$6,300	$12,600]
[Per calendar year (for all covered family members combined)	$12,600	$25,200]
[*Copayments* do not apply to the *deductible*.]		

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the “Definitions” section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation ~~without notice~~.

	Services from network providers:	**Services from non-network providers:**
[Individual limit (per calendar year)	$6,300	$25,200]
[Family limit (per calendar year)	$12.600	$50,400]

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the “Definitions” section for the complete definitions.

After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
All covered expenses except as noted below	100% after deductible	75% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	100% after deductible	100% after deductible	not applicable
Emergency services	100% after deductible	100% after deductible	not applicable
Home healthcare	100% after deductible	75% after deductible	60 visits per person per calendar year
Outpatient therapy services - Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	100% after deductible	75% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	100% after deductible	75% after deductible	36 visits per therapy per person per calendar year
- All other therapies	100% after deductible	75% after deductible	not applicable
Preventive services	100%	75% after deductible	not applicable
Skilled nursing and rehabilitation facility	100% after deductible	75% after deductible	60 days per person per calendar year

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	100% after deductible	75% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
[Retail pharmacy/specialty pharmacy for up to a 30-day supply]			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	75% after deductible	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	75% after deductible	
- All other prescription drugs from a retail pharmacy/specialty pharmacy	100% after deductible	75% after deductible	
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	75% after deductible	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	75% after deductible	
- All other prescription drugs from a mail order pharmacy excludes specialty drugs and self-administered injectables)	100% after deductible	75% after deductible	

2. Schedule of Benefits

Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include preventive *services*, *prescription* drug *services* or any office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. See the "Definitions" section for the complete definition.

	Services from network providers:	Services from non-network providers:
Medical deductible:		
[Per calendar year)	$ 6,300	$12,600]
[Per calendar year (for all covered family members combined)	$12,600	$25,200]
[*Copayments* do not apply to the *deductible*.]		

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation ~~without notice~~.

	Services from network providers:	Services from non-network providers:
[Individual limit (per calendar year)	$6,300	$25,200]
[Family limit (per calendar year)	$12.600	$50,400]

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.

	Plan pays for services from network providers:	Plan pays for services from non-network providers:	Combined network and non-network benefit maximum:
All covered expenses except as noted below	100% after deductible	75% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	100% after deductible	100% after deductible	not applicable
Emergency services	100% after deductible	100% after deductible	not applicable
Home healthcare	100% after deductible	75% after deductible	60 visits per person per calendar year
Outpatient therapy services - Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	100% after deductible	75% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	100% after deductible	75% after deductible	36 visits per therapy per person per calendar year
- All other therapies	100% after deductible	75% after deductible	not applicable
Preventive services	100%	75% after deductible	not applicable
Skilled nursing and rehabilitation facility	100% after deductible	75% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	100% after deductible	75% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	100% after deductible	75% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
[Retail pharmacy/specialty pharmacy for up to a 30-day supply]			
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid - All other prescription drugs from a retail pharmacy/specialty pharmacy	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication 100% after deductible	75% after deductible	not applicable
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid - All other prescription drugs from a mail order pharmacy excludes specialty drugs and self-administered injectables)	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication 100% after deductible	75% after deductible	not applicable

2. Schedule of Benefits

Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include preventive *services*, *prescription* drug *services* or any office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. See the "Definitions" section for the complete definition.

	Services from network providers:	Services from non-network providers:
Medical deductible:		
[Per calendar year)	$3,650	$ 7,300]
[Per calendar year (for all covered family members combined)	$7,300	$14,600]
[*Copayments* do not apply to the *deductible*.]		

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation ~~without notice~~.

	Services from network providers:	Services from non-network providers:
[Individual limit (per calendar year)	$3,650	$14,600]
[Family limit (per calendar year)	$7,300	$29,200]

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.

	Plan pays for services from network providers:	Plan pays for services from non-network providers:	Combined network and non-network benefit maximum:
All covered expenses except as noted below	100% after deductible	75% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	100% after deductible	100% after deductible	not applicable
Emergency services	100% after deductible	100% after deductible	not applicable
Home healthcare	100% after deductible	75% after deductible	60 visits per person per calendar year
Outpatient therapy services - Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	100% after deductible	75% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	100% after deductible	75% after deductible	36 visits per therapy per person per calendar year
- All other therapies	100% after deductible	75% after deductible	not applicable
Preventive services	100%	75% after deductible	not applicable
Skilled nursing and rehabilitation facility	100% after deductible	75% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	100% after deductible	75% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	100% after deductible	75% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
[Retail pharmacy/specialty pharmacy for up to a 30-day supply]			
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid - All other prescription drugs from a retail pharmacy/specialty pharmacy	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication 100% after deductible	75% after deductible	not applicable
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid - All other prescription drugs from a mail order pharmacy excludes specialty drugs and self-administered injectables)	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication 100% after deductible	75% after deductible	not applicable

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from network providers**	**Services from non-network providers**
Individual deductible (per covered person per calendar year)	$1,000	$2,000
Family deductible (per family per calendar year)	$2,000	$4,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$ 500	$1,500
Family deductible (per family per calendar year)	$1,000	$3,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation ~~without notice~~.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$1,500	$ 6,000
Family maximum (per family per calendar year)	$3,000	$12,000

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health - Office visits for bodily injury and all other sickness o PCP o Specialist o Convenient care clinic o Urgent care - Concentra - All other providers	100% after $25 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $50 copay per visit	60% after deductible	not applicable
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $5 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $500 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and Spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	Not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	65% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $5 copay	70% after Rx deductible and $5 copay	not applicable
Level two drugs	100% after $10 copay	70% after Rx deductible and $10 copay	not applicable
Level three drugs	100% after Rx deductible and $20 copay	70% after Rx deductible and $20 copay	not applicable
Level four drugs	100% after Rx deductible and 35% copay	70% after Rx deductible and 35% copay	not applicable
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid	 100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication	 70% after Rx deductible and the applicable copay outlined above 70% after Rx deductible and the applicable copay outlined above	not applicable
Specialty pharmacy for up to a 30-day supply			
Level five drugs - For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider - For specialty drugs obtained from a network specialty drug pharmacy	 100% after Rx deductible and 25% copay 100% after Rx deductible and 35% copay	 70% after Rx deductible and 25% copay 70% after Rx deductible and 35% copay	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from network providers**	**Services from non-network providers**
Individual deductible (per covered person per calendar year)	$4,850	$ 9,700
Family deductible (per family per calendar year)	$9,700	$19,400

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$1,500	$ 4,500
Family deductible (per family per calendar year)	$3,000	$ 9,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation ~~without notice~~.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$6,350	$25,400
Family maximum (per family per calendar year)	$12,700	$50,800

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health o Concentra o All other providers - Office visits for bodily injury and all other sickness o PCP o Specialist o Concentra o Convenient care clinic o Urgent care - Concentra - All other providers	100% after $40 copay per visit 100% after $50 copay per visit 100% after $ 55 copay per visit 100% after $ 80~~5~~ copay per visit 100% after $ 45 copay per visit 100% after $55 copay per visit 100% after $ 75 copay per visit 100% after $100 copay per visit	60% after deductible	3 combined visit limit for all mental health, PCP, specialist, Concentra, convenient care clinic, and urgent care per person per calendar year; thereafter subject to the medical deductible and coinsurance per person per calendar year
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $10 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $300 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	50% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $20 copay	70% after Rx deductible and $20 copay	not applicable
Level two drugs	100% after $75 copay	70% after Rx deductible and $75 copay	not applicable
Level three drugs	100% after Rx deductible and 50% copay	70% after Rx deductible and 50% copay	not applicable
Level four drugs			not applicable
- For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider	100% after Rx deductible and 40% copay	70% after Rx deductible and 40% copay	
- For specialty drugs obtained from a network specialty drug pharmacy	100% after Rx deductible and 50% copay	70% after Rx deductible and 50% copay	
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. See the “Definitions” section for the complete definition.

Medical deductible:	**Services from** **network providers**	**Services from** **non-network providers**
Individual deductible (per covered person per calendar year)	$ 6,350	$12,700
Family deductible (per family per calendar year)	$12,700	$25,400
Copayments do not apply to the *deductible*.		

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation ~~without notice~~.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$ 6,350	$25,400
Family maximum (per family per calendar year)	$12,700	$50,800

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	100**%** after deductible	75% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health - Office visits for bodily injury and all other sickness o PCP o Convenient care clinic	100% after $35 copay per visit 100% after $35 copay per visit 100% after $35 copay per visit	75% after deductible	3 combined visit limit for all mental health, PCP, and convenient care clinic per person per calendar year; thereafter subject to the medical deductible and coinsurance per person per calendar year
Emergency room	100% after deductible	100% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	100% after deductible	100% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $300 and thereafter subject to the medical deductible and coinsurance per person per calendar year	75% after deductible	not applicable
Emergency room	100% after deductible	100% after deductible	not applicable
Home healthcare	100% after deductible	75% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	75% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	100% after deductible	75% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	100% after deductible	75% after deductible	36 visits per therapy per person per calendar year
- All other therapies	100% after deductible	75% after deductible	not applicable
Skilled nursing and rehabilitation facility	100% after deductible	75% after deductible	60 days per person per calendar year

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	100% after deductible	75% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	75% after deductible	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	75% after deductible	
- All other prescription drugs from a retail pharmacy/specialty pharmacy	100% after deductible	75% after deductible	

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	75% after deductible	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	75% after deductible	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	100% after deductible	75% after deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from** **network providers**	**Services from** **non-network providers**
Individual deductible (per covered person per calendar year)	$2,500	$ 5,000
Family deductible (per family per calendar year)	$5,000	$10,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$ 500	$1,500
Family deductible (per family per calendar year)	$1,000	$3,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation ~~without notice~~.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$3,500	$14,000
Family maximum (per family per calendar year)	$7,000	$28,000

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health o Concentra o All other providers - Office visits for bodily injury and all other sickness o PCP o Specialist o Concentra o Convenient care clinic o Urgent care - Concentra - All other providers	 100% after $15 copay per visit 100% after $25 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $15 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $50 copay per visit	60% after deductible	not applicable
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $5 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $500 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	65% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $5 copay	70% after Rx deductible and $5 copay	not applicable
Level two drugs	100% after $10 copay	70% after Rx deductible and $10 copay	not applicable
Level three drugs	100% after Rx deductible and $15 copay	70% after Rx deductible and $15 copay	not applicable
Level four drugs - For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider - For specialty drugs obtained from a network specialty drug pharmacy	100% after Rx deductible and 25% copay 100% after Rx deductible and 35% copay	70% after Rx deductible and 25% copay 70% after Rx deductible and 35% copay	not applicable
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above 70% after Rx deductible and the applicable copay outlined above	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from** network providers	**Services from** non-network providers
Individual deductible (per covered person per calendar year)	$1,000	$2,000
Family deductible (per family per calendar year)	$2,000	$4,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$ 500	$1,500
Family deductible (per family per calendar year)	$1,000	$3,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation ~~without notice~~.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$1,500	$ 6,000
Family maximum (per family per calendar year)	$3,000	$12,000

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health o Concentra o All other providers - Office visits for bodily injury and all other sickness o PCP o Specialist o Concentra o Convenient care clinic o Urgent care - Concentra - All other providers	 100% after $15 copay per visit 100% after $25 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $15 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $50 copay per visit	60% after deductible	not applicable
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $5 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $500 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	65% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $5 copay	70% after Rx deductible and $5 copay	not applicable
Level two drugs	100% after $10 copay	70% after Rx deductible and $10 copay	not applicable
Level three drugs	100% after Rx deductible and $15 copay	70% after Rx deductible and $15 copay	not applicable
Level four drugs - For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider - For specialty drugs obtained from a network specialty drug pharmacy	100% after Rx deductible and 25% copay 100% after Rx deductible and 35% copay	70% after Rx deductible and 25% copay 70% after Rx deductible and 35% copay	not applicable
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above 70% after Rx deductible and the applicable copay outlined above	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]

Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. See the “Definitions” section for the complete definition.

Medical deductible:	**Services from** **network providers**	**Services from** **non-network providers**
Individual deductible (per covered person per calendar year)	$ 6,350	$12,700
Family deductible (per family per calendar year)	$12,700	$25,400
Copayments do not apply to the *deductible*.		

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation ~~without notice~~.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$ 6,350	$25,400
Family maximum (per family per calendar year)	$12,700	$50,800

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	100**%** after deductible	75% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health o Concentra o All other providers - Office visits for bodily injury and all other sickness o PCP o Concentra o Convenient care clinic	 100% after $25 copay per visit 100% after $35 copay per visit 100% after $35 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit	75% after deductible	3 combined visit limit for all mental health, PCP, Concentra, and convenient care clinic per person per calendar year; thereafter subject to the medical deductible and coinsurance per person per calendar year
Emergency room	100% after deductible	100% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	100% after deductible	100% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $300 and thereafter subject to the medical deductible and coinsurance per person per calendar year	75% after deductible	not applicable
Emergency room	100% after deductible	100% after deductible	not applicable
Home healthcare	100% after deductible	75% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	75% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	100% after deductible	75% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and occupational therapy	100% after deductible	75% after deductible	36 visits per therapy per person per calendar year
- All other therapies	100% after deductible	75% after deductible	not applicable
Skilled nursing and rehabilitation facility	100% after deductible	75% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	100% after deductible	75% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	100% after deductible	75% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	75% after deductible	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	75% after deductible	
- All other prescription drugs from a retail pharmacy/specialty pharmacy	100% after deductible	75% after deductible	

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	75% after deductible	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	75% after deductible	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	100% after deductible	75% after deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from network providers**	**Services from non-network providers**
Individual deductible (per covered person per calendar year)	$4,250	$ 8,500
Family deductible (per family per calendar year)	$8,500	$17,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$1,500	$4,500
Family deductible (per family per calendar year)	$3,000	$9,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation ~~without notice~~.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$ 6,250	$25,000
Family maximum (per family per calendar year)	$12,500	$50,000

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health o Concentra o All other providers - Office visits for bodily injury and all other sickness o PCP o Specialist o Concentra o Convenient care clinic o Urgent care - Concentra - All other providers	 100% after $25 copay per visit 100% after $35 copay per visit 100% after $35 copay per visit 100% after $60 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $60 copay per visit 100% after $100 copay per visit	60% after deductible	not applicable
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $10 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $500 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	50% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $15 copay	70% after Rx deductible and $15 copay	not applicable
Level two drugs	100% after $35 copay	70% after Rx deductible and $35 copay	not applicable
Level three drugs	100% after Rx deductible and 50% copay	70% after Rx deductible and 50% copay	not applicable
Level four drugs - For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider - For specialty drugs obtained from a network specialty drug pharmacy	100% after Rx deductible and 40% copay 100% after Rx deductible and 50% copay	70% after Rx deductible and 40% copay 70% after Rx deductible and 50% copay	not applicable
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above 70% after Rx deductible and the applicable copay outlined above	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

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[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from network providers**	**Services from non-network providers**
Individual deductible (per covered person per calendar year)	$ 900	$ 9,200
Family deductible (per family per calendar year)	$1,800	$18,400

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$ 500	$1,500
Family deductible (per family per calendar year)	$1,000	$3,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation ~~without notice~~.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$1,450	$25,200
Family maximum (per family per calendar year)	$2,900	$50,400

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health - Office visits for bodily injury and all other sickness o PCP o Specialist o Convenient care clinic o Urgent care - Concentra - All other providers	100% after $25 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $50 copay per visit	60% after deductible	not applicable
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $5 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $500 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	50% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $10 copay	70% after Rx deductible and $10 copay	not applicable
Level two drugs	100% after $20 copay	70% after Rx deductible and $20 copay	not applicable
Level three drugs	100% after Rx deductible and $50 copay	70% after Rx deductible and $50 copay	not applicable
Level four drugs	100% after Rx deductible and 50% copay	70% after Rx deductible and 50% copay	not applicable
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above 70% after Rx deductible and the applicable copay outlined above	not applicable
Specialty pharmacy for up to a 30-day supply			
Level five drugs - For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider - For specialty drugs obtained from a network specialty drug pharmacy	100% after Rx deductible and 40% copay 100% after Rx deductible and 50% copay	70% after Rx deductible and 40% copay 70% after Rx deductible and 50% copay	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from network providers**	**Services from non-network providers**
Individual deductible (per covered person per calendar year)	$2,500	$ 5,000
Family deductible (per family per calendar year)	$5,000	$10,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$ 500	$1,500
Family deductible (per family per calendar year)	$1,000	$3,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation ~~without notice~~.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$3,500	$14,000
Family maximum (per family per calendar year)	$7,000	$28,000

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health - Office visits for bodily injury and all other sickness o PCP o Specialist o Convenient care clinic o Urgent care - Concentra - All other providers	100% after $25 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $50 copay per visit	60% after deductible	not applicable
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $5 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $500 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	65% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $5 copay	70% after Rx deductible and $5 copay	not applicable
Level two drugs	100% after $10 copay	70% after Rx deductible and $10 copay	not applicable
Level three drugs	100% after Rx deductible and $20 copay	70% after Rx deductible and $20 copay	not applicable
Level four drugs	100% after Rx deductible and 35% copay	70% after Rx deductible and 35% copay	not applicable
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above 70% after Rx deductible and the applicable copay outlined above	not applicable
Specialty pharmacy for up to a 30-day supply			
Level five drugs - For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider - For specialty drugs obtained from a network specialty drug pharmacy	100% after Rx deductible and 25% copay 100% after Rx deductible and 35% copay	70% after Rx deductible and 25% copay 70% after Rx deductible and 35% copay	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from network providers**	**Services from non-network providers**
Individual deductible (per covered person per calendar year)	$4,600	$ 9,200
Family deductible (per family per calendar year)	$9,200	$18,400

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$1,500	$4,500
Family deductible (per family per calendar year)	$3,000	$9,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation ~~without notice~~.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$ 6,300	$25,200
Family maximum (per family per calendar year)	$12,600	$50,400

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health - Office visits for bodily injury and all other sickness o PCP o Specialist o Convenient care clinic o Urgent care - Concentra - All other providers	100% after $25 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $50 copay per visit	60% after deductible	not applicable
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $5 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $500 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	50% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $10 copay	70% after Rx deductible and $10 copay	not applicable
Level two drugs	100% after $20 copay	70% after Rx deductible and $20 copay	not applicable
Level three drugs	100% after Rx deductible and $50 copay	70% after Rx deductible and $50 copay	not applicable
Level four drugs	100% after Rx deductible and 50% copay	70% after Rx deductible and 50% copay	not applicable
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above 70% after Rx deductible and the applicable copay outlined above	not applicable
Specialty pharmacy for up to a 30-day supply			
Level five drugs - For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider - For specialty drugs obtained from a network specialty drug pharmacy	100% after Rx deductible and 40% copay 100% after Rx deductible and 50% copay	70% after Rx deductible and 40% copay 70% after Rx deductible and 50% copay	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from network providers**	**Services from non-network providers**
Individual deductible (per covered person per calendar year)	$3,250	$ 9,200
Family deductible (per family per calendar year)	$6,500	$18,400

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$1,000	$3,000
Family deductible (per family per calendar year)	$2,000	$6,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation ~~without notice~~.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$4,750	$25,200
Family maximum (per family per calendar year)	$9,500	$50,400

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health - Office visits for bodily injury and all other sickness o PCP o Specialist o Convenient care clinic o Urgent care - Concentra - All other providers	100% after $25 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $50 copay per visit	60% after deductible	not applicable
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $5 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $500 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	50% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $10 copay	70% after Rx deductible and $10 copay	not applicable
Level two drugs	100% after $20 copay	70% after Rx deductible and $20 copay	not applicable
Level three drugs	100% after Rx deductible and $50 copay	70% after Rx deductible and $50 copay	not applicable
Level four drugs	100% after Rx deductible and 50% copay	70% after Rx deductible and 50% copay	not applicable
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	not applicable
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
Specialty pharmacy for up to a 30-day supply			
Level five drugs			not applicable
- For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider	100% after Rx deductible and 40% copay	70% after Rx deductible and 40% copay	
- For specialty drugs obtained from a network specialty drug pharmacy	100% after Rx deductible and 50% copay	70% after Rx deductible and 50% copay	

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from network providers**	**Services from non-network providers**
Individual deductible (per covered person per calendar year)	$ 500	$ 9,200
Family deductible (per family per calendar year)	$1,000	$18,400

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$250	$ 750
Family deductible (per family per calendar year)	$500	$1,500

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation ~~without notice~~.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$ 750	$25,200
Family maximum (per family per calendar year)	$1,500	$50,400

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health - Office visits for bodily injury and all other sickness o PCP o Specialist o Convenient care clinic o Urgent care - Concentra - All other providers	100% after $25 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $50 copay per visit	60% after deductible	not applicable
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $5 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $500 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	50% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $10 copay	70% after Rx deductible and $10 copay	not applicable
Level two drugs	100% after $20 copay	70% after Rx deductible and $20 copay	not applicable
Level three drugs	100% after Rx deductible and $50 copay	70% after Rx deductible and $50 copay	not applicable
Level four drugs	100% after Rx deductible and 50% copay	70% after Rx deductible and 50% copay	not applicable
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above 70% after Rx deductible and the applicable copay outlined above	not applicable
Specialty pharmacy for up to a 30-day supply			
Level five drugs - For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider - For specialty drugs obtained from a network specialty drug pharmacy	100% after Rx deductible and 40% copay 100% after Rx deductible and 50% copay	70% after Rx deductible and 40% copay 70% after Rx deductible and 50% copay	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from network providers**	**Services from non-network providers**
Individual deductible (per covered person per calendar year)	$4,850	$ 9,700
Family deductible (per family per calendar year)	$9,700	$19,400

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$1,500	$ 4,500

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$6,350	$25,400
Family maximum (per family per calendar year)	$12,700	$50,800

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health o Concentra o All other providers - Office visits for bodily injury and all other sickness o PCP o Specialist o Concentra o Convenient care clinic o Urgent care - Concentra - All other providers	100% after $40 copay per visit 100% after $50 copay per visit 100% after $ 55 copay per visit 100% after $ 80 copay per visit 100% after $ 45 copay per visit 100% after $55 copay per visit 100% after $ 75 copay per visit 100% after $100 copay per visit	60% after deductible	3 combined visit limit for all mental health, PCP, specialist, Concentra, convenient care clinic, and urgent care per person per calendar year; thereafter subject to the medical deductible and coinsurance per person per calendar year
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $10 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $300 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	50% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $20 copay	70% after Rx deductible and $20 copay	not applicable
Level two drugs	100% after Rx deductible and $75 copay	70% after Rx deductible and $75 copay	not applicable
Level three drugs	100% after Rx deductible and 50% copay	70% after Rx deductible and 50% copay	not applicable
Level four drugs - For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider - For specialty drugs obtained from a network specialty drug pharmacy	100% after Rx deductible and 40% copay 100% after Rx deductible and 50% copay	70% after Rx deductible and 40% copay 70% after Rx deductible and 50% copay	not applicable
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above 70% after Rx deductible and the applicable copay outlined above	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from** **network providers**	**Services from** **non-network providers**
Individual deductible (per covered person per calendar year)	$2,500	$ 5,000
Family deductible (per family per calendar year)	$5,000	$10,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$ 500	$1,500

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$3,500	$14,000
Family maximum (per family per calendar year)	$7,000	$28,000

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health o Concentra o All other providers - Office visits for bodily injury and all other sickness o PCP o Specialist o Concentra o Convenient care clinic o Urgent care - Concentra - All other providers	 100% after $15 copay per visit 100% after $25 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $15 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $50 copay per visit	60% after deductible	not applicable
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $5 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $500 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	65% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $5 copay	70% after Rx deductible and $5 copay	not applicable
Level two drugs	100% after Rx deductible and $10 copay	70% after Rx deductible and $10 copay	not applicable
Level three drugs	100% after Rx deductible and $15 copay	70% after Rx deductible and $15 copay	not applicable
Level four drugs - For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider - For specialty drugs obtained from a network specialty drug pharmacy	100% after Rx deductible and 25% copay 100% after Rx deductible and 35% copay	70% after Rx deductible and 25% copay 70% after Rx deductible and 35% copay	not applicable
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above 70% after Rx deductible and the applicable copay outlined above	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from network providers**	**Services from non-network providers**
Individual deductible (per covered person per calendar year)	$1,000	$2,000
Family deductible (per family per calendar year)	$2,000	$4,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$ 500	$1,500

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$1,500	$ 6,000
Family maximum (per family per calendar year)	$3,000	$12,000

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health o Concentra o All other providers - Office visits for bodily injury and all other sickness o PCP o Specialist o Concentra o Convenient care clinic o Urgent care - Concentra - All other providers	 100% after $15 copay per visit 100% after $25 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $15 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $50 copay per visit	60% after deductible	not applicable
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $5 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $500 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	65% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $5 copay	70% after Rx deductible and $5 copay	not applicable
Level two drugs	100% after Rx deductible and $10 copay	70% after Rx deductible and $10 copay	not applicable
Level three drugs	100% after Rx deductible and $15 copay	70% after Rx deductible and $15 copay	not applicable
Level four drugs - For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider - For specialty drugs obtained from a network specialty drug pharmacy	100% after Rx deductible and 25% copay 100% after Rx deductible and 35% copay	70% after Rx deductible and 25% copay 70% after Rx deductible and 35% copay	not applicable
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above 70% after Rx deductible and the applicable copay outlined above	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from network providers**	**Services from non-network providers**
Individual deductible (per covered person per calendar year)	$4,250	$ 8,500
Family deductible (per family per calendar year)	$8,500	$17,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$1,500	$4,500

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$ 6,250	$25,000
Family maximum (per family per calendar year)	$12,500	$50,000

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health o Concentra o All other providers - Office visits for bodily injury and all other sickness o PCP o Specialist o Concentra o Convenient care clinic o Urgent care - Concentra - All other providers	 100% after $25 copay per visit 100% after $35 copay per visit 100% after $35 copay per visit 100% after $60 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $60 copay per visit 100% after $100 copay per visit	60% after deductible	not applicable
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $10 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $500 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	50% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $15 copay	70% after Rx deductible and $15 copay	not applicable
Level two drugs	100% after Rx deductible and $35 copay	70% after Rx deductible and $35 copay	not applicable
Level three drugs	100% after Rx deductible and 50% copay	70% after Rx deductible and 50% copay	not applicable
Level four drugs - For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider - For specialty drugs obtained from a network specialty drug pharmacy	100% after Rx deductible and 40% copay 100% after Rx deductible and 50% copay	70% after Rx deductible and 40% copay 70% after Rx deductible and 50% copay	not applicable
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above 70% after Rx deductible and the applicable copay outlined above	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

State: *Tennessee* **Filing Company:** *Humana Insurance Company*
TOI/Sub-TOI: *H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)*
Product Name: *TN-71130 BENCHMARK*
Project Name/Number: */*

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/22/2013		Form	IMM-C Gold Schedule	05/28/2013	TN IMM-C Gold Schedule.pdf (Superceded)
05/22/2013		Form	IMM-C Platinum Schedule	05/28/2013	TN IMM-C Platinum Schedule.pdf (Superceded)
05/22/2013		Form	IMM-C-S1 Silver Schedule	05/28/2013	TN IMM-C-S1 Silver Schedule.pdf (Superceded)
05/22/2013		Form	IMM-C-Bronze Schedule	05/28/2013	TN IMM-C Bronze Schedule.pdf (Superceded)
05/21/2013		Form	IMM-C-Bronze Schedule	05/22/2013	TN IMM-C Bronze Schedule.pdf (Superceded)
05/21/2013		Form	IMM-C Catastrophic Schedule	05/22/2013	TN IMM-C Catastrophic Schedule.pdf (Superceded)
05/21/2013		Form	IMM-CC Catastrophic Schedule	05/22/2013	TN IMM-CC Catastrophic Schedule.pdf (Superceded)
05/17/2013		Supporting Document	Accident & Health - Individual New Rates	06/21/2013	2 - Actuarial Memo 2014_01_01.pdf 3 - TN Rate Sheets 2014_01 v1.3.pdf (Superceded) TN Product Availability.pdf (Superceded)

State: Tennessee **Filing Company:** Humana Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: TN-71130 BENCHMARK
Project Name/Number: /

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/17/2013		Supporting Document	Requested PDFs	06/21/2013	H1_FFE_TN_SERFF_PlansBenefits_Revised 2.pdf RatingBusinessRules_82120_TN.pdf TN On_OffExchange Rate Table V2.1 TN.pdf (Superceded)
05/07/2013		Form	IMM-C-Bronze Schedule	05/21/2013	TN IMM-C Bronze Schedule.pdf (Superceded)
05/07/2013		Form	IMM-C Gold Schedule	05/22/2013	TN IMM-C Gold Schedule.pdf (Superceded)
05/07/2013		Form	IMM-C Platinum Schedule	05/22/2013	TN IMM-C Platinum Schedule.pdf (Superceded)
05/07/2013		Form	IMM-C-S1 Silver Schedule	05/22/2013	TN IMM-C-S1 Silver Schedule.pdf (Superceded)
04/29/2013		Form	IMM-B Platinum Schedule	05/22/2013	TN IMM-B Platinum Schedule.pdf (Superceded)
04/29/2013		Form	HDHP-C Silver S Schedule	05/22/2013	TN HDHP-C Silver S Schedule.pdf (Superceded)
04/29/2013		Form	IMM-C-S1 Silver Schedule	05/07/2013	TN IMM-C-S1 Silver Schedule.pdf (Superceded)
04/25/2013		Form	Pediatric Dental Care Benefit Amendment	04/29/2013	Pediatric Embedded Vision Amendment.pdf (Superceded)
04/23/2013		Form	HDHP-B Bronze Schedule	05/22/2013	TN HDHP-B Bronze Schedule.pdf (Superceded)
04/23/2013		Form	HDHP-C Bronze Schedule	05/22/2013	TN HDHP-C Bronze Schedule.pdf (Superceded)

State: *Tennessee* **Filing Company:** *Humana Insurance Company*
TOI/Sub-TOI: *H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)*
Product Name: *TN-71130 BENCHMARK*
Project Name/Number: */*

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
04/23/2013		Form	IMM-C-Bronze Schedule	05/07/2013	TN IMM-C Bronze Schedule.pdf (Superceded)
04/23/2013		Form	IMM-S1 Silver Schedule	05/22/2013	TN IMM-S1 Silver Schedule.pdf (Superceded)
04/23/2013		Form	IMM-S2 Silver Schedule	05/22/2013	TN IMM-S2 Silver Schedule.pdf (Superceded)
04/23/2013		Form	IMM-S3 Silver Schedule	05/22/2013	TN IMM-S3 Silver Schedule.pdf (Superceded)
04/23/2013		Form	IMM-S4 Silver Schedule	05/22/2013	TN IMM-S4 Silver Schedule.pdf (Superceded)
04/23/2013		Form	IMM-C Gold Schedule	05/07/2013	TN IMM-C Gold Schedule.pdf (Superceded)
04/23/2013		Form	IMM-G Gold Schedule	05/22/2013	TN IMM-G Gold Schedule.pdf (Superceded)
04/23/2013		Form	IMM-C Platinum Schedule	05/07/2013	TN IMM-C Platinum Schedule.pdf (Superceded)
04/23/2013		Form	IMM-C Catastrophic Schedule	05/21/2013	TN IMM-C Catastrophic Schedule.pdf (Superceded)
04/23/2013		Form	IMM-CC Catastrophic Schedule	05/21/2013	TN IMM-CC Catastrophic Schedule.pdf (Superceded)
04/23/2013		Form	IMM-B Platinum Schedule	04/29/2013	TN IMM-B Platinum Schedule.pdf
04/22/2013		Supporting Document	Accident & Health - Individual New Rates	05/17/2013	2 - Actuarial Memo 2014_01_01.pdf 3 - TN Rate Sheets 2014_01 v1.3.pdf

State: *Tennessee* **Filing Company:** *Humana Insurance Company*
TOI/Sub-TOI: *H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)*
Product Name: *TN-71130 BENCHMARK*
Project Name/Number: */*

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
04/22/2013		Supporting Document	Actuarial Memorandum and Certifications	06/21/2013	6 - URR Actuarial Memorandum.pdf (Superceded) 7 - AV Justifications.pdf
04/22/2013		Supporting Document	Unified Rate Review Template	06/21/2013	8 - H1_FFE_TN_unified_rate_review.xlsm (Superceded)

State: Tennessee **Filing Company:** Humana Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: TN-71130 BENCHMARK
Project Name/Number: /

Attachment 8 - H1_FFE_TN_unified_rate_review.xlsm is not a PDF document and cannot be reproduced here.

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from** **network providers**	**Services from** **non-network providers**
Individual deductible (per covered person per calendar year)	$2,500	$ 5,000
Family deductible (per family per calendar year)	$5,000	$10,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$ 500	$1,500
Family deductible (per family per calendar year)	$1,000	$3,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$3,500	$14,000
Family maximum (per family per calendar year)	$7,000	$28,000

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health o Concentra o All other providers - Office visits for bodily injury and all other sickness o PCP o Specialist o Concentra o Convenient care clinic o Urgent care - Concentra - All other providers	 100% after $15 copay per visit 100% after $25 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $15 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $50 copay per visit	60% after deductible	not applicable
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $5 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $500 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	65% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $5 copay	70% after Rx deductible and $5 copay	not applicable
Level two drugs	100% after $10 copay	70% after Rx deductible and $10 copay	not applicable
Level three drugs	100% after Rx deductible and $15 copay	70% after Rx deductible and $15 copay	not applicable
Level four drugs - For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider - For specialty drugs obtained from a network specialty drug pharmacy	100% after Rx deductible and 25% copay 100% after Rx deductible and 35% copay	70% after Rx deductible and 25% copay 70% after Rx deductible and 35% copay	not applicable
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above 70% after Rx deductible and the applicable copay outlined above	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from** network providers	**Services from** non-network providers
Individual deductible (per covered person per calendar year)	$1,000	$2,000
Family deductible (per family per calendar year)	$2,000	$4,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$ 500	$1,500
Family deductible (per family per calendar year)	$1,000	$3,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$1,500	$ 6,000
Family maximum (per family per calendar year)	$3,000	$12,000

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health o Concentra o All other providers - Office visits for bodily injury and all other sickness o PCP o Specialist o Concentra o Convenient care clinic o Urgent care - Concentra - All other providers	 100% after $15 copay per visit 100% after $25 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $15 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $50 copay per visit	60% after deductible	not applicable
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $5 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $500 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	65% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $5 copay	70% after Rx deductible and $5 copay	not applicable
Level two drugs	100% after $10 copay	70% after Rx deductible and $10 copay	not applicable
Level three drugs	100% after Rx deductible and $15 copay	70% after Rx deductible and $15 copay	not applicable
Level four drugs - For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider - For specialty drugs obtained from a network specialty drug pharmacy	100% after Rx deductible and 25% copay 100% after Rx deductible and 35% copay	70% after Rx deductible and 25% copay 70% after Rx deductible and 35% copay	not applicable
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above 70% after Rx deductible and the applicable copay outlined above	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from network providers**	**Services from non-network providers**
Individual deductible (per covered person per calendar year)	$4,250	$ 8,500
Family deductible (per family per calendar year)	$8,500	$17,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$1,500	$4,500
Family deductible (per family per calendar year)	$3,000	$9,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$ 6,250	$25,000
Family maximum (per family per calendar year)	$12,500	$50,000

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health o Concentra o All other providers - Office visits for bodily injury and all other sickness o PCP o Specialist o Concentra o Convenient care clinic o Urgent care - Concentra - All other providers	 100% after $25 copay per visit 100% after $35 copay per visit 100% after $35 copay per visit 100% after $60 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $60 copay per visit 100% after $100 copay per visit	60% after deductible	not applicable
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $10 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $500 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	50% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $15 copay	70% after Rx deductible and $15 copay	not applicable
Level two drugs	100% after $35 copay	70% after Rx deductible and $35 copay	not applicable
Level three drugs	100% after Rx deductible and 50% copay	70% after Rx deductible and 50% copay	not applicable
Level four drugs - For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider - For specialty drugs obtained from a network specialty drug pharmacy	100% after Rx deductible and 40% copay 100% after Rx deductible and 50% copay	70% after Rx deductible and 40% copay 70% after Rx deductible and 50% copay	not applicable
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above 70% after Rx deductible and the applicable copay outlined above	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from network providers**	**Services from non-network providers**
Individual deductible (per covered person per calendar year)	$4,850	$ 9,700
Family deductible (per family per calendar year)	$9,700	$19,400

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$1,500	$ 4,500
Family deductible (per family per calendar year)	$3,000	$ 9,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$6,350	$25,400
Family maximum (per family per calendar year)	$12,700	$50,800

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health o Concentra o All other providers - Office visits for bodily injury and all other sickness o PCP o Specialist o Concentra o Convenient care clinic o Urgent care - Concentra - All other providers	100% after $40 copay per visit 100% after $50 copay per visit 100% after $ 55 copay per visit 100% after $ 80 copay per visit 100% after $ 45 copay per visit 100% after $55 copay per visit 100% after $ 75 copay per visit 100% after $100 copay per visit	60% after deductible	3 combined visit limit for all mental health, PCP, specialist, Concentra, convenient care clinic, and urgent care per person per calendar year; thereafter subject to the medical deductible and coinsurance per person per calendar year
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $10 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $300 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	50% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $20 copay	70% after Rx deductible and $20 copay	not applicable
Level two drugs	100% after $75 copay	70% after Rx deductible and $75 copay	not applicable
Level three drugs	100% after Rx deductible and 50% copay	70% after Rx deductible and 50% copay	not applicable
Level four drugs			not applicable
- For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider	100% after Rx deductible and 40% copay	70% after Rx deductible and 40% copay	
- For specialty drugs obtained from a network specialty drug pharmacy	100% after Rx deductible and 50% copay	70% after Rx deductible and 50% copay	
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]

Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from network providers**	**Services from non-network providers**
Individual deductible (per covered person per calendar year)	$4,850	$ 9,700
Family deductible (per family per calendar year)	$9,700	$19,400

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$1,500	$ 4,500
Family deductible (per family per calendar year)	$3,000	$ 9,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation without notice.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$6,350	$25,400
Family maximum (per family per calendar year)	$12,700	$50,800

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health o Concentra o All other providers - Office visits for bodily injury and all other sickness o PCP o Specialist o Concentra o Convenient care clinic o Urgent care - Concentra - All other providers	100% after $40 copay per visit 100% after $50 copay per visit 100% after $ 55 copay per visit 100% after $ 80 copay per visit 100% after $ 45 copay per visit 100% after $55 copay per visit 100% after $ 75 copay per visit 100% after $100 copay per visit	60% after deductible	3 combined visit limit for all mental health, PCP, specialist, Concentra, convenient care clinic, and urgent care per person per calendar year; thereafter subject to the medical deductible and coinsurance per person per calendar year
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $10 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $300 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	50% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $20 copay	70% after Rx deductible and $20 copay	not applicable
Level two drugs	100% after $75 copay	70% after Rx deductible and $75 copay	not applicable
Level three drugs	100% after Rx deductible and 50% copay	70% after Rx deductible and 50% copay	not applicable
Level four drugs			not applicable
- For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider	100% after Rx deductible and 40% copay	70% after Rx deductible and 40% copay	
- For specialty drugs obtained from a network specialty drug pharmacy	100% after Rx deductible and 50% copay	70% after Rx deductible and 50% copay	
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. See the “Definitions” section for the complete definition.

Medical deductible:	**Services from** **network providers**	**Services from** **non-network providers**
Individual deductible (per covered person per calendar year)	$ 6,350	$12,700
Family deductible (per family per calendar year)	$12,700	$25,400
Copayments do not apply to the *deductible*.		

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation without notice.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$ 6,350	$25,400
Family maximum (per family per calendar year)	$12,700	$50,800

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	100**%** after deductible	75% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health - Office visits for bodily injury and all other sickness o PCP o Convenient care clinic	100% after $35 copay per visit 100% after $35 copay per visit 100% after $35 copay per visit	75% after deductible	3 combined visit limit for all mental health, PCP, and convenient care clinic per person per calendar year; thereafter subject to the medical deductible and coinsurance per person per calendar year
Emergency room	100% after deductible	100% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	100% after deductible	100% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $300 and thereafter subject to the medical deductible and coinsurance per person per calendar year	75% after deductible	not applicable
Emergency room	100% after deductible	100% after deductible	not applicable
Home healthcare	100% after deductible	75% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	75% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	100% after deductible	75% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	100% after deductible	75% after deductible	36 visits per therapy per person per calendar year
- All other therapies	100% after deductible	75% after deductible	not applicable
Skilled nursing and rehabilitation facility	100% after deductible	75% after deductible	60 days per person per calendar year

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	100% after deductible	75% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	75% after deductible	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	75% after deductible	
- All other prescription drugs from a retail pharmacy/specialty pharmacy	100% after deductible	75% after deductible	

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	75% after deductible	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	75% after deductible	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	100% after deductible	75% after deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

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[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]

Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. See the “Definitions” section for the complete definition.

Medical deductible:	**Services from** **network providers**	**Services from** **non-network providers**
Individual deductible (per covered person per calendar year)	$ 6,350	$12,700
Family deductible (per family per calendar year)	$12,700	$25,400
Copayments do not apply to the *deductible*.		

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation without notice.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$ 6,350	$25,400
Family maximum (per family per calendar year)	$12,700	$50,800

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	100**%** after deductible	75% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health o Concentra o All other providers - Office visits for bodily injury and all other sickness o PCP o Concentra o Convenient care clinic	 100% after $25 copay per visit 100% after $35 copay per visit 100% after $35 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit	75% after deductible	3 combined visit limit for all mental health, PCP, Concentra, and convenient care clinic per person per calendar year; thereafter subject to the medical deductible and coinsurance per person per calendar year
Emergency room	100% after deductible	100% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	100% after deductible	100% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $300 and thereafter subject to the medical deductible and coinsurance per person per calendar year	75% after deductible	not applicable
Emergency room	100% after deductible	100% after deductible	not applicable
Home healthcare	100% after deductible	75% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	75% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	100% after deductible	75% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and occupational therapy	100% after deductible	75% after deductible	36 visits per therapy per person per calendar year
- All other therapies	100% after deductible	75% after deductible	not applicable
Skilled nursing and rehabilitation facility	100% after deductible	75% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	100% after deductible	75% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	100% after deductible	75% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	75% after deductible	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	75% after deductible	
- All other prescription drugs from a retail pharmacy/specialty pharmacy	100% after deductible	75% after deductible	

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	75% after deductible	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	75% after deductible	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	100% after deductible	75% after deductible	

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TN-HIC
January 1, 2014
Rate Filing

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Average Premium

$213.58

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Plan Designs & Factors

Plan Name	Plan Suite	Plan Tier	Deductible	Coinsurance	Max OOP	Rx Deductible	On-Exchange (no Ped. Dental)	Off-Exchange (includes Ped. Dental)	Renewal-Only (includes Ped. Dental)
Humana Preferred Basic 6400/6400 Plan	Suite B	Catastrophic	$6,400	100%	$6,400	Integrated	0.7107	0.7136	
Humana Preferred Bronze 6300/6300 Plan	Suite B	Bronze	$6,300	100%	$6,300	Integrated	0.9211	0.9248	
Humana Preferred Silver 4600/6300 Plan	Suite B	Silver	$4,600	80%	$6,300	$1,500	1.0446	1.0487	
Humana Preferred Gold 2500/3500 Plan	Suite B	Gold	$2,500	80%	$3,500	$500	1.1914	1.1962	
Humana Preferred Platinum 1000/1500 Plan	Suite B	Platinum	$1,000	80%	$1,500	$500	1.3432	1.3486	
Humana Preferred Basic 6400/6400 Plan	Suite C - Rx4	Catastrophic	$6,400	100%	$6,400	Integrated		0.7455	
Humana Preferred Bronze 4900/6400 Plan	Suite C - Rx4	Bronze	$4,900	80%	$6,400	$1,500		1.0368	
Humana Preferred Silver 4250/6250 Plan	Suite C - Rx4	Silver	$4,250	80%	$6,250	$1,500		1.0842	
Humana Preferred Gold 2500/3500 Plan	Suite C - Rx4	Gold	$2,500	80%	$3,500	$500		1.2655	
Humana Preferred Platinum 1000/1500 Plan	Suite C - Rx4	Platinum	$1,000	80%	$1,500	$500		1.4231	
Humana Preferred Bronze 6300/6300 Plan	Suite C - Rx4	Bronze	$6,300	100%	$6,300	Integrated		0.9216	
Humana Preferred Silver 3650/3650 Plan	Suite C - Rx4	Silver	$3,650	100%	$3,650	Integrated		1.0656	
Enhanced Copay 80 500/500	Refresh	Gold	$500	80%	$3,000	$500			1.3401
Enhanced Copay 80 2500/500	Refresh	Silver	$2,500	80%	$5,000	$500			1.1714
Enhanced Copay 80 3500/500	Refresh	Silver	$3,500	80%	$6,000	$500			1.1261
Enhanced Copay 80 500/150	Refresh	Gold	$500	80%	$3,000	$150			1.3612
Enhanced Copay 80 2500/150	Refresh	Silver	$2,500	80%	$5,000	$150			1.1921
Copay 80 3500/700	Refresh	Silver	$3,500	80%	$6,400	$700			1.1125
Copay 70 1500/1000	Refresh	Silver	$1,500	70%	$6,500	$1,000			1.1555
Copay 70 2000/1000	Refresh	Silver	$2,000	70%	$6,400	$1,000			1.1283
Copay 70 2500/1000	Refresh	Silver	$2,500	70%	$6,400	$1,000			1.1076
Copay 70 1500/500	Refresh	Silver	$1,500	70%	$6,500	$500			1.1731
Copay 70 2000/500	Refresh	Silver	$2,000	70%	$6,400	$500			1.1458
Value 100 6000/400	Refresh	Bronze	$6,000	100%	$6,000	$400			1.0207
Value 100 1750/1000	Refresh	Silver	$1,750	100%	$1,750	$1,000			1.2472
Enhanced Combined Deductible 950/Int	Refresh	Platinum	$950	100%	$950	Integrated			1.3824
Enhanced HSA 2000/Int	Refresh	Gold	$2,000	100%	$2,000	Integrated			1.2201
Enhanced HSA 3000/Int	Refresh	Silver	$3,000	100%	$3,000	Integrated			1.1167
Enhanced HSA 3500/Int	Refresh	Silver	$3,500	100%	$3,500	Integrated			1.0766
Enhanced HSA 5950/Int	Refresh	Bronze	$5,950	100%	$5,950	Integrated			0.9372
Portrait Share 80 1000/0	PHP	Gold	$1,000	80%	$6,400	$0			1.3363
Portrait Share 80 1000/500	PHP	Gold	$1,000	80%	$6,400	$500			1.3018
Autograph Share 80 3500/500	PHP	Silver	$3,500	80%	$6,400	$500			1.1352
Autograph Share 80 3500/1000	PHP	Silver	$3,500	80%	$6,400	$1,000			1.1160
Autograph Share 80 5000/1000	PHP	Silver	$5,000	80%	$6,400	$1,000			1.0797
Monogram 6000/400	PHP	Bronze	$6,000	100%	$6,400	$400			1.0217
Autograph Plus Rx 100 950/Int	PHP	Platinum	$950	100%	$950	Integrated			1.3824
Autograph Plus Rx_HSA 100 3500/Int	PHP	Silver	$3,500	100%	$3,500	Integrated			1.0766
Autograph_HSA 100 2000/Int	PHP	Gold	$2,000	100%	$2,000	Integrated			1.2201
Autograph_HSA 100 3000/Int	PHP	Silver	$3,000	100%	$3,000	Integrated			1.1167
Autograph_HSA 80 2000/Int	PHP	Silver	$2,000	80%	$4,000	Integrated			1.1241

Average Factor	1.0000

Cost Sharing Subsidized Plan Designs

Plan Name	Plan Suite	FPL	Deductible	Coinsurance	Max OOP	Rx Deductible
Humana Preferred Silver 4600/6300 Plan	Suite B	250+	$4,600	80%	$6,300	$1,500
		200 - 250	$3,250	80%	$4,750	$1,000
		150 - 200	$900	80%	$1,450	$500
		100 - 150	$500	80%	$750	$250

Note:
Suite B & C are form series TN-71130, Refresh is TN-71037-01 4/2010, and PHP is TN-70129

Age Factors

Age of Member	Factor	Demonstration of Compliance Factor compared to age 21
Fourth+ Dependents	0.0000	0.000
0-20	0.5365	0.635
21	0.8449	1.000
22	0.8449	1.000
23	0.8449	1.000
24	0.8449	1.000
25	0.8482	1.004
26	0.8651	1.024
27	0.8854	1.048
28	0.9184	1.087
29	0.9454	1.119
30	0.9589	1.135
31	0.9792	1.159
32	0.9995	1.183
33	1.0122	1.198
34	1.0257	1.214
35	1.0324	1.222
36	1.0392	1.230
37	1.0459	1.238
38	1.0527	1.246
39	1.0662	1.262
40	1.0797	1.278
41	1.1000	1.302
42	1.1194	1.325
43	1.1465	1.357
44	1.1803	1.397
45	1.2200	1.444
46	1.2673	1.500
47	1.3205	1.563
48	1.3814	1.635
49	1.4413	1.706
50	1.5089	1.786
51	1.5757	1.865
52	1.6492	1.952
53	1.7235	2.040
54	1.8038	2.135
55	1.8841	2.230
56	1.9711	2.333
57	2.0589	2.437
58	2.1527	2.548
59	2.1992	2.603
60	2.2930	2.714
61	2.3741	2.810
62	2.4273	2.873
63	2.4940	2.952
64+	2.5346	3.000

Average Factor	1.0000

Humana Insurance Company
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Tobacco Use Factors

The following factors will be applied based on the member's
tobacco usage, as determined by the tobacco usage guidelines.

Age of Member	Non-Tobacco User	Tobacco User	Demonstration of Compliance Factor compared to Non-Tobacco User
0-20	0.9941	0.9941	1.000
21	0.9941	1.0935	1.100
22	0.9941	1.0935	1.100
23	0.9941	1.0935	1.100
24	0.9941	1.0935	1.100
25	0.9941	1.0935	1.100
26	0.9941	1.0935	1.100
27	0.9941	1.0935	1.100
28	0.9941	1.0935	1.100
29	0.9941	1.0935	1.100
30	0.9941	1.0935	1.100
31	0.9941	1.0935	1.100
32	0.9941	1.0935	1.100
33	0.9941	1.0935	1.100
34	0.9941	1.0935	1.100
35	0.9941	1.0935	1.100
36	0.9941	1.0935	1.100
37	0.9941	1.0935	1.100
38	0.9941	1.0935	1.100
39	0.9941	1.0935	1.100
40	0.9941	1.0935	1.100
41	0.9941	1.0935	1.100
42	0.9941	1.0935	1.100
43	0.9941	1.0935	1.100
44	0.9941	1.0935	1.100
45	0.9941	1.0935	1.100
46	0.9941	1.0935	1.100
47	0.9941	1.0935	1.100
48	0.9941	1.0935	1.100
49	0.9941	1.0935	1.100
50	0.9941	1.0935	1.100
51	0.9941	1.0935	1.100
52	0.9941	1.0935	1.100
53	0.9941	1.0935	1.100
54	0.9941	1.0935	1.100
55	0.9941	1.0935	1.100
56	0.9941	1.0935	1.100
57	0.9941	1.0935	1.100
58	0.9941	1.0935	1.100
59	0.9941	1.0935	1.100
60	0.9941	1.0935	1.100
61	0.9941	1.0935	1.100
62	0.9941	1.0935	1.100
63	0.9941	1.0935	1.100
64+	0.9941	1.0935	1.100

Average Factor	1.0000

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Geographic Network Factors

The following factors will be applied according to the policyholder's place of residence.

		Network		
Rating Area	Reference Market Name	PPOx	POS	PPO
1	Kingsport-Bristol	-	-	1.0431
2	Knoxville	0.8978	0.9262	0.9832
3	Chattanooga	0.9832	1.0312	1.0959
4	Nashville Inner	1.0709	1.1189	1.1476
5	Jackson	-	-	1.1661
6	Memphis	0.9254	0.9733	1.0278
7	Other TN	-	-	1.1238
8	Nashville Outer	-	-	1.1278

Average Factor	1.0000

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Definition of Service Areas

Service areas are defined by groups of counties.
For reference only. For complete plan availability, see the Service Area template.

		Network		
Rating Area	Reference Market Name	PPOx	POS	PPO
1	Kingsport-Bristol	n/a	n/a	Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington
2	Knoxville	Anderson, Grainger, Hamblen, Jefferson, Knox, Loudon, Roane, Sevier, Union	Anderson, Grainger, Hamblen, Jefferson, Knox, Loudon, Roane, Sevier, Union	Blount, Campbell, Claiborne, Cocke, Monroe, Morgan, Scott
3	Chattanooga	Bradley, Hamilton	Bradley, Hamilton	Bledsoe, Franklin, Grundy, Marion, McMinn, Meigs, Polk, Rhea, Sequatchie
4	Nashville Inner	Davidson, Rutherford, Sumner, Wilson	Davidson, Rutherford, Sumner, Wilson	Cheatham, Montgomery, Robertson, Trousdale, Williamson
5	Jackson	n/a	n/a	Benton, Carroll, Chester, Crockett, Decatur, Dyer, Gibson, Hardeman, Hardin, Henderson, Henry, Lake, Madison, McNairy, Obion, Weakley
6	Memphis	Fayette, Shelby, Tipton	Fayette, Shelby, Tipton	Haywood, Lauderdale
7	Other TN	n/a	n/a	Cannon, Clay, Cumberland, DeKalb, Fentress, Jackson, Macon, Overton, Pickett, Putnam, Smith, Van Buren, Warren, White
8	Nashville Outer	n/a	n/a	Bedford, Coffee, Dickson, Giles, Hickman, Houston, Humphreys, Lawrence, Lewis, Lincoln, Marshall, Maury, Moore, Perry, Stewart, Wayne

Modal Factors

The following factors will be applied according to the payment mode selected. These factors will be applied at the end of the rate calculation.

Payment Frequency	Factor
Monthly	1.0000
Quarterly	3.0000
Semi-Annual	6.0000

An administrative fee of $10 will be charged for each paper bill generated and each recurring credit card transaction. The fee is waived for electronic funds transmission (EFT). A $25 fee is charged for checks returned with, or Electronic Fund Transactions resulting in, insufficient funds. A $25 fee is charged for late payment and a $25 fee is charged to reinstate a lapsed policy.

Algorithm Details

Step through this algorithm for each member.

	Average Premium
x	Plan Factor
x	Age Factor
x	Tobacco Use Factor
x	Geographic Network Factor
=	Subtotal *(rounded to nearest penny)*
x	Modal Factor
=	Rate

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Sample Rate Calculation

Plan: Humana Preferred Bronze 6300/6300 Plan
Availability: On-Exchange (no Ped. Dental)
Tobacco Use: Non-Tobacco User
Rating Area: 2
Reference Market: Knoxville
Network: PPOx
Payment Mode: Monthly

		Mbr #1	Mbr #2	Mbr #3	Mbr #4	Mbr #5	Mbr #6	
	Age:	33	32	7	5	3	1	
	Average Premium	$213.58	$213.58	$213.58	$213.58	$213.58	$213.58	
x	Plan Factor	0.9211	0.9211	0.9211	0.9211	0.9211	0.9211	
x	Age Factor	1.0122	0.9995	0.5365	0.5365	0.5365	0.0000	
x	Tobacco Use Factor	0.9941	0.9941	0.9941	0.9941	0.9941	0.9941	
x	Geographic Network Factor	0.8978	0.8978	0.8978	0.8978	0.8978	0.8978	
=	Subtotal *(rounded to nearest penny)*	$177.72	$175.49	$94.20	$94.20	$94.20	$0.00	
x	Modal Factor	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
=	Rate	$177.72	$175.49	$94.20	$94.20	$94.20	$0.00	$635.81

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Supplemental Accident Benefit

This is an optional supplemental coverage available only with Renewal-Only Plans. ACA requirements do not apply to this coverage or its accompanying rates. Rates shown are on a per member basis. They vary by the categories shown below, but do not vary by tobacco usage, network, or rating area.

	$500 Limit			**$1,000 Limit**		
Medical Deductible	Dependent Child	Child Only (<18)	Adult (18+)	Dependent Child	Child Only (<18)	Adult (18+)
$500	$6.84	$6.84	$5.79	$10.18	$10.18	$8.63
$1,000	$8.26	$8.26	$6.99	$12.30	$12.30	$10.42
$1,500	$8.70	$8.70	$7.37	$12.97	$12.97	$10.98
$2,000	$9.06	$9.06	$7.67	$13.50	$13.50	$11.43
$2,500	$9.50	$9.50	$8.05	$14.16	$14.16	$11.99
$3,000	$9.50	$9.50	$8.05	$14.16	$14.16	$11.99
$3,500	$9.50	$9.50	$8.05	$14.16	$14.16	$11.99
$4,000+	$9.59	$9.59	$8.12	$14.29	$14.29	$12.10

	$2,500 Limit			**$5,000 Limit**			**$10,000 Limit**		
Medical Deductible	Dependent Child	Child Only (<18)	Adult (18+)	Dependent Child	Child Only (<18)	Adult (18+)	Dependent Child	Child Only (<18)	Adult (18+)
$500	$13.75	$13.75	$11.66	$17.82	$17.82	$15.10	$19.61	$19.61	$16.62
$1,000	$16.61	$16.61	$14.07	$21.52	$21.52	$18.24	$23.67	$23.67	$20.06
$1,500	$17.50	$17.50	$14.83	$22.69	$22.69	$19.22	$24.96	$24.96	$21.14
$2,000	$18.21	$18.21	$15.42	$23.60	$23.60	$19.99	$25.96	$25.96	$21.99
$2,500	$19.12	$19.12	$16.19	$24.78	$24.78	$20.98	$27.26	$27.26	$23.08
$3,000	$19.12	$19.12	$16.19	$24.78	$24.78	$20.98	$27.26	$27.26	$23.08
$3,500	$19.12	$19.12	$16.19	$24.78	$24.78	$20.98	$27.26	$27.26	$23.08
$4,000+	$19.29	$19.29	$16.34	$25.00	$25.00	$21.18	$27.50	$27.50	$23.30

Sample Rate Calculation

Plan: Portrait Share 80 1000/0
Pan's Deductible: $1,000
Benefit Limit: $500
Member Type: Dependent
Member Age: 21
Rate = $8.26

Tennessee Expected New Business Product Availability

		Exchange	On Exchange	Off Exchange		
		Product Suite	Suite B	Suite B	Suite C	
		Network	PPOx	PPOx	CPOS	PPO
Rating Area	Marketing Name	County Name				
1	Kingsport-Bristol	Carter				X
1		Greene				X
1		Hancock				X
1		Hawkins				X
1		Johnson				X
1		Sullivan				X
1		Unicoi				X
1		Washington				X
2	Knoxville	Anderson	X	X	X	
2		Blount				X
2		Campbell				X
2		Claiborne				X
2		Cocke				X
2		Grainger	X	X	X	
2		Hamblen	X	X	X	
2		Jefferson	X	X	X	
2		Knox	X	X	X	
2		Loudon	X	X	X	
2		Monroe				X
2		Morgan				X
2		Roane	X	X	X	
2		Scott				X
2		Sevier	X	X	X	
2		Union	X	X	X	
3	Chattanooga	Bledsoe				X
3		Bradley	X		X	
3		Franklin				X
3		Grundy				X
3		Hamilton	X		X	
3		Marion				X
3		McMinn				X
3		Meigs				X
3		Polk				X
3		Rhea				X
3		Sequatchie				X
4	Nashville Inner	Cheatham				X
4		Davidson	X		X	
4		Montgomery				X
4		Robertson				X
4		Rutherford	X		X	
4		Sumner	X		X	
4		Trousdale				X
4		Williamson				X
4		Wilson	X		X	
5	Jackson	Benton				X
5		Carroll				X
5		Chester				X
5		Crockett				X
5		Decatur				X
5		Dyer				X
5		Gibson				X
5		Hardeman				X
5		Hardin				X
5		Henderson				X
5		Henry				X
5		Lake				X
5		Madison				X
5		McNairy				X
5		Obion				X
5		Weakley				X
6	Memphis	Fayette	X	X	X	
6		Haywood				X
6		Lauderdale				X
6		Shelby	X	X	X	
6		Tipton	X	X	X	
7	Other TN	Cannon				X
7		Clay				X
7		Cumberland				X
7		DeKalb				X
7		Fentress				X
7		Jackson				X
7		Macon				X
7		Overton				X
7		Pickett				X
7		Putnam				X
7		Smith				X
7		Van Buren				X
7		Warren				X
7		White				X
8	Nashville Outer	Bedford				X
8		Coffee				X
8		Dickson				X
8		Giles				X
8		Hickman				X
8		Houston				X
8		Humphreys				X
8		Lawrence				X
8		Lewis				X
8		Lincoln				X
8		Marshall				X
8		Maury				X
8		Moore				X
8		Perry				X
8		Stewart				X
8		Wayne				X

Rates Table Template v2.1	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	82120				
Federal TIN*	39-1263473				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	94.20	94.20
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	21	148.35	163.18
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	22	148.35	163.18
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	23	148.35	163.18
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	24	148.35	163.18
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	25	148.93	163.82
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	26	151.89	167.08
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	27	155.46	171.00
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	28	161.25	177.38
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	29	165.99	182.59
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	30	168.36	185.20
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	31	171.93	189.12
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	32	175.49	193.04
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	33	177.72	195.49
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	34	180.09	198.10

82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	35	181.27	199.39
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	36	182.46	200.71
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	37	183.64	202.00
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	38	184.83	203.32
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	39	187.20	205.92
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	40	189.57	208.53
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	41	193.14	212.45
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	42	196.55	216.20
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	43	201.30	221.43
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	44	207.24	227.96
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	45	214.21	235.63
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	46	222.51	244.76
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	47	231.85	255.04
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	48	242.55	266.80
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	49	253.06	278.37
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	50	264.93	291.42
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	51	276.66	304.33
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	52	289.57	318.52
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	53	302.61	332.87
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	54	316.71	348.38
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	55	330.81	363.89
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	56	346.09	380.69
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	57	361.50	397.65
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	58	377.97	415.77

82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	59	386.14	424.75
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	60	402.61	442.86
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	61	416.85	458.53
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	62	426.19	468.80
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	63	437.90	481.68
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	64	445.03	489.53
82120TN0600012	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	445.03	489.53
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	72.68	72.68
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	21	114.46	125.91
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	22	114.46	125.91
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	23	114.46	125.91
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	24	114.46	125.91
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	25	114.91	126.40
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	26	117.20	128.92
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	27	119.95	131.94
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	28	124.42	136.86
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	29	128.08	140.88
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	30	129.91	142.90
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	31	132.66	145.92
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	32	135.41	148.95
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	33	137.13	150.84
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	34	138.96	152.85
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	35	139.86	153.85
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	36	140.78	154.86

82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	37	141.69	155.86
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	38	142.61	156.87
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	39	144.44	158.89
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	40	146.27	160.90
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	41	149.02	163.92
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	42	151.65	166.81
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	43	155.32	170.85
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	44	159.90	175.89
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	45	165.28	181.80
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	46	171.69	188.85
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	47	178.89	196.78
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	48	187.14	205.86
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	49	195.26	214.78
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	50	204.42	224.86
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	51	213.47	234.81
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	52	223.42	245.76
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	53	233.49	256.84
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	54	244.37	268.80
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	55	255.25	280.77
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	56	267.03	293.73
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	57	278.93	306.82
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	58	291.64	320.80
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	59	297.93	327.73
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	60	310.64	341.70

82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	61	321.63	353.79
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	62	328.84	361.72
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	63	337.87	371.66
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	64	343.37	377.71
82120TN0600011	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	343.37	377.71
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	121.84	121.84
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	21	191.88	211.07
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	22	191.88	211.07
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	23	191.88	211.07
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	24	191.88	211.07
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	25	192.63	211.89
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	26	196.47	216.11
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	27	201.08	221.19
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	28	208.57	229.43
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	29	214.71	236.17
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	30	217.77	239.55
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	31	222.38	244.62
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	32	226.99	249.69
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	33	229.88	252.86
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	34	232.94	256.23
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	35	234.46	257.91
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	36	236.01	259.61
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	37	237.53	261.28
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	38	239.07	262.98

82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	39	242.14	266.35
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	40	245.21	269.72
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	41	249.82	274.80
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	42	254.22	279.64
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	43	260.38	286.41
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	44	268.05	294.86
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	45	277.07	304.77
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	46	287.81	316.59
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	47	299.89	329.88
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	48	313.72	345.09
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	49	327.33	360.06
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	50	342.68	376.94
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	51	357.85	393.63
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	52	374.54	411.99
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	53	391.42	430.55
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	54	409.65	450.61
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	55	427.89	470.67
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	56	447.65	492.41
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	57	467.59	514.34
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	58	488.89	537.77
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	59	499.45	549.39
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	60	520.75	572.82
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	61	539.17	593.08
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	62	551.25	606.37

82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	63	566.40	623.04
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	64	575.62	633.18
82120TN0600014	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	575.62	633.18
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	137.37	137.37
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	21	216.33	237.96
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	22	216.33	237.96
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	23	216.33	237.96
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	24	216.33	237.96
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	25	217.17	238.89
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	26	221.50	243.65
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	27	226.70	249.37
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	28	235.15	258.66
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	29	242.06	266.27
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	30	245.52	270.07
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	31	250.72	275.79
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	32	255.91	281.50
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	33	259.17	285.08
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	34	262.62	288.88
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	35	264.34	290.77
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	36	266.08	292.68
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	37	267.79	294.57
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	38	269.54	296.49
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	39	272.99	300.29
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	40	276.45	304.09

82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	41	281.65	309.81
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	42	286.61	315.27
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	43	293.55	322.90
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	44	302.21	332.42
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	45	312.37	343.61
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	46	324.48	356.93
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	47	338.10	371.91
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	48	353.70	389.06
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	49	369.03	405.93
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	50	386.34	424.97
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	51	403.45	443.79
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	52	422.26	464.49
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	53	441.29	485.41
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	54	461.85	508.03
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	55	482.41	530.64
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	56	504.68	555.15
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	57	527.16	579.88
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	58	551.18	606.29
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	59	563.09	619.39
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	60	587.10	645.81
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	61	607.87	668.65
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	62	621.49	683.63
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	63	638.57	702.42
82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	64	648.96	713.85

82120TN0600015	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	648.96	713.85
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	106.83	106.83
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	21	168.24	185.06
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	22	168.24	185.06
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	23	168.24	185.06
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	24	168.24	185.06
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	25	168.90	185.78
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	26	172.26	189.49
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	27	176.30	193.93
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	28	182.87	201.16
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	29	188.25	207.07
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	30	190.94	210.03
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	31	194.98	214.48
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	32	199.02	218.92
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	33	201.55	221.70
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	34	204.24	224.66
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	35	205.57	226.13
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	36	206.93	227.62
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	37	208.26	229.09
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	38	209.62	230.58
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	39	212.30	233.53
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	40	214.99	236.49
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	41	219.03	240.94
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	42	222.90	245.19

82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	43	228.29	251.12
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	44	235.02	258.52
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	45	242.93	267.22
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	46	252.35	277.58
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	47	262.94	289.23
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	48	275.07	302.57
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	49	287.00	315.69
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	50	300.46	330.50
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	51	313.76	345.13
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	52	328.39	361.23
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	53	343.19	377.50
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	54	359.18	395.09
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	55	375.17	412.68
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	56	392.49	431.74
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	57	409.97	450.97
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	58	428.65	471.51
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	59	437.91	481.70
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	60	456.59	502.24
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	61	472.74	520.01
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	62	483.33	531.66
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	63	496.61	546.27
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	64	504.70	555.16
82120TN0600013	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	504.70	555.16
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	103.16	103.16

82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	21	162.46	178.70
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	22	162.46	178.70
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	23	162.46	178.70
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	24	162.46	178.70
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	25	163.09	179.40
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	26	166.34	182.98
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	27	170.25	187.27
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	28	176.59	194.25
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	29	181.78	199.96
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	30	184.38	202.82
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	31	188.28	207.11
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	32	192.19	211.40
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	33	194.63	214.09
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	34	197.22	216.94
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	35	198.51	218.36
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	36	199.82	219.80
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	37	201.11	221.22
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	38	202.42	222.66
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	39	205.01	225.51
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	40	207.61	228.37
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	41	211.51	232.66
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	42	215.24	236.76
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	43	220.45	242.49
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	44	226.95	249.64

82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	45	234.58	258.04
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	46	243.68	268.04
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	47	253.91	279.30
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	48	265.62	292.18
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	49	277.14	304.85
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	50	290.13	319.15
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	51	302.98	333.27
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	52	317.11	348.82
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	53	331.40	364.54
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	54	346.84	381.52
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	55	362.28	398.50
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	56	379.01	416.90
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	57	395.89	435.48
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	58	413.93	455.31
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	59	422.87	465.15
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	60	440.90	484.99
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	61	456.50	502.14
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	62	466.73	513.39
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	63	479.55	527.50
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	64	487.36	536.09
82120TN0600002	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	487.36	536.09
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	79.60	79.60
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	21	125.35	137.88
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	22	125.35	137.88

82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	23	125.35	137.88
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	24	125.35	137.88
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	25	125.84	138.42
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	26	128.35	141.18
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	27	131.36	144.49
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	28	136.25	149.88
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	29	140.26	154.28
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	30	142.26	156.49
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	31	145.27	159.80
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	32	148.29	163.11
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	33	150.17	165.19
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	34	152.17	167.39
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	35	153.17	168.48
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	36	154.18	169.59
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	37	155.17	170.69
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	38	156.18	171.80
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	39	158.18	174.00
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	40	160.19	176.20
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	41	163.20	179.51
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	42	166.07	182.68
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	43	170.10	187.10
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	44	175.11	192.62
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	45	181.00	199.10
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	46	188.02	206.82

82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	47	195.91	215.50
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	48	204.95	225.44
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	49	213.83	235.21
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	50	223.86	246.25
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	51	233.77	257.15
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	52	244.68	269.14
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	53	255.70	281.27
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	54	267.61	294.37
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	55	279.53	307.48
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	56	292.43	321.67
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	57	305.46	336.00
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	58	319.38	351.31
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	59	326.27	358.90
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	60	340.19	374.21
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	61	352.22	387.44
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	62	360.12	396.12
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	63	370.01	407.01
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	64	376.04	413.63
82120TN0600001	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	376.04	413.63
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	133.43	133.43
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	21	210.13	231.14
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	22	210.13	231.14
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	23	210.13	231.14
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	24	210.13	231.14

82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	25	210.95	232.05
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	26	215.16	236.67
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	27	220.21	242.22
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	28	228.41	251.25
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	29	235.13	258.64
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	30	238.49	262.33
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	31	243.54	267.89
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	32	248.58	273.44
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	33	251.74	276.91
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	34	255.10	280.61
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	35	256.77	282.44
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	36	258.46	284.30
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	37	260.12	286.13
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	38	261.82	287.99
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	39	265.17	291.69
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	40	268.53	295.38
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	41	273.58	300.93
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	42	278.40	306.24
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	43	285.14	313.66
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	44	293.55	322.90
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	45	303.42	333.76
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	46	315.19	346.70
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	47	328.42	361.26
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	48	343.57	377.92

82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	49	358.46	394.31
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	50	375.28	412.80
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	51	391.89	431.07
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	52	410.17	451.18
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	53	428.65	471.51
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	54	448.62	493.48
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	55	468.59	515.45
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	56	490.23	539.25
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	57	512.07	563.27
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	58	535.39	588.93
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	59	546.96	601.65
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	60	570.29	627.31
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	61	590.46	649.50
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	62	603.69	664.05
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	63	620.28	682.30
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	64	630.38	693.41
82120TN0600004	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	630.38	693.41
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	150.43	150.43
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	21	236.91	260.60
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	22	236.91	260.60
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	23	236.91	260.60
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	24	236.91	260.60
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	25	237.83	261.61
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	26	242.57	266.83

82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	27	248.26	273.09
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	28	257.52	283.27
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	29	265.09	291.59
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	30	268.87	295.76
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	31	274.56	302.02
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	32	280.26	308.28
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	33	283.82	312.20
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	34	287.60	316.36
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	35	289.48	318.43
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	36	291.39	320.52
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	37	293.27	322.59
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	38	295.17	324.69
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	39	298.96	328.85
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	40	302.74	333.02
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	41	308.44	339.28
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	42	313.88	345.26
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	43	321.48	353.62
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	44	330.95	364.04
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	45	342.08	376.29
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	46	355.35	390.88
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	47	370.26	407.29
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	48	387.34	426.07
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	49	404.14	444.55
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	50	423.09	465.40

82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	51	441.82	486.00
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	52	462.43	508.67
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	53	483.26	531.59
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	54	505.78	556.35
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	55	528.30	581.12
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	56	552.69	607.95
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	57	577.31	635.03
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	58	603.61	663.97
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	59	616.65	678.31
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	60	642.95	707.24
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	61	665.69	732.25
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	62	680.61	748.66
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	63	699.31	769.23
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	64	710.69	781.76
82120TN0600005	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	710.69	781.76
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	116.99	116.99
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	21	184.24	202.66
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	22	184.24	202.66
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	23	184.24	202.66
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	24	184.24	202.66
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	25	184.96	203.46
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	26	188.65	207.51
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	27	193.07	212.38
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	28	200.27	220.29

82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	29	206.16	226.77
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	30	209.10	230.01
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	31	213.53	234.88
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	32	217.95	239.75
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	33	220.72	242.79
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	34	223.67	246.03
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	35	225.13	247.64
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	36	226.61	249.27
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	37	228.07	250.88
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	38	229.56	252.51
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	39	232.50	255.75
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	40	235.44	258.98
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	41	239.87	263.85
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	42	244.10	268.51
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	43	250.01	275.01
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	44	257.38	283.12
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	45	266.04	292.64
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	46	276.35	303.98
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	47	287.95	316.74
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	48	301.23	331.35
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	49	314.29	345.72
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	50	329.04	361.94
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	51	343.60	377.96
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	52	359.63	395.59

82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	53	375.83	413.41
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	54	393.34	432.67
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	55	410.85	451.93
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	56	429.82	472.80
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	57	448.97	493.86
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	58	469.42	516.36
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	59	479.56	527.52
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	60	500.02	550.02
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	61	517.70	569.47
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	62	529.31	582.23
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	63	543.85	598.23
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	64	552.70	607.97
82120TN0600003	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	552.70	607.97
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	112.36	112.36
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	21	176.95	194.64
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	22	176.95	194.64
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	23	176.95	194.64
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	24	176.95	194.64
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	25	177.64	195.40
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	26	181.18	199.30
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	27	185.43	203.97
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	28	192.34	211.58
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	29	198.00	217.80
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	30	200.83	220.91

82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	31	205.08	225.58
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	32	209.33	230.26
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	33	211.99	233.19
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	34	214.82	236.30
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	35	216.22	237.84
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	36	217.64	239.41
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	37	219.05	240.95
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	38	220.47	242.52
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	39	223.30	245.63
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	40	226.13	248.74
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	41	230.38	253.41
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	42	234.44	257.88
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	43	240.12	264.12
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	44	247.19	271.91
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	45	255.51	281.06
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	46	265.42	291.95
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	47	276.56	304.21
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	48	289.31	318.24
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	49	301.86	332.04
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	50	316.01	347.61
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	51	330.00	363.00
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	52	345.40	379.93
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	53	360.96	397.05
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	54	377.78	415.55

82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	55	394.59	434.05
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	56	412.81	454.09
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	57	431.20	474.32
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	58	450.85	495.93
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	59	460.59	506.64
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	60	480.23	528.25
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	61	497.22	546.93
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	62	508.36	559.19
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	63	522.33	574.55
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	64	530.83	583.91
82120TN0600032	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	530.83	583.91
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	86.70	86.70
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	21	136.53	150.18
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	22	136.53	150.18
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	23	136.53	150.18
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	24	136.53	150.18
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	25	137.06	150.77
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	26	139.80	153.77
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	27	143.08	157.38
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	28	148.41	163.25
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	29	152.77	168.05
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	30	154.95	170.45
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	31	158.23	174.05
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	32	161.51	177.66

82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	33	163.57	179.92
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	34	165.75	182.32
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	35	166.83	183.51
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	36	167.93	184.72
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	37	169.01	185.91
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	38	170.11	187.12
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	39	172.29	189.52
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	40	174.47	191.92
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	41	177.75	195.53
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	42	180.89	198.98
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	43	185.27	203.79
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	44	190.73	209.80
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	45	197.14	216.86
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	46	204.79	225.27
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	47	213.39	234.72
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	48	223.23	245.55
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	49	232.91	256.19
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	50	243.83	268.21
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	51	254.62	280.08
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	52	266.50	293.15
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	53	278.51	306.36
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	54	291.48	320.63
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	55	304.46	334.90
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	56	318.52	350.37

82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	57	332.71	365.97
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	58	347.86	382.65
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	59	355.38	390.91
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	60	370.54	407.59
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	61	383.64	422.00
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	62	392.24	431.46
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	63	403.02	443.31
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	64	409.58	450.53
82120TN0600031	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	409.58	450.53
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	145.33	145.33
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	21	228.88	251.76
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	22	228.88	251.76
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	23	228.88	251.76
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	24	228.88	251.76
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	25	229.77	252.75
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	26	234.35	257.78
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	27	239.85	263.83
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	28	248.79	273.66
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	29	256.10	281.71
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	30	259.76	285.73
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	31	265.26	291.78
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	32	270.76	297.83
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	33	274.20	301.61
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	34	277.85	305.64

82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	35	279.67	307.63
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	36	281.51	309.66
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	37	283.33	311.66
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	38	285.17	313.68
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	39	288.83	317.71
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	40	292.48	321.73
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	41	297.98	327.78
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	42	303.24	333.56
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	43	310.58	341.63
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	44	319.73	351.70
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	45	330.49	363.53
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	46	343.30	377.63
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	47	357.71	393.48
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	48	374.21	411.63
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	49	390.44	429.48
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	50	408.75	449.62
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	51	426.85	469.53
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	52	446.76	491.43
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	53	466.88	513.57
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	54	488.64	537.49
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	55	510.39	561.42
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	56	533.96	587.35
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	57	557.74	613.51
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	58	583.15	641.46

82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	59	595.75	655.32
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	60	621.16	683.27
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	61	643.13	707.43
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	62	657.54	723.28
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	63	675.61	743.16
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	64	686.60	755.26
82120TN0600034	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	686.60	755.26
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	163.85	163.85
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	21	258.04	283.84
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	22	258.04	283.84
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	23	258.04	283.84
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	24	258.04	283.84
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	25	259.05	284.95
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	26	264.21	290.63
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	27	270.41	297.45
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	28	280.49	308.53
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	29	288.73	317.60
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	30	292.86	322.14
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	31	299.06	328.96
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	32	305.26	335.78
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	33	309.13	340.04
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	34	313.26	344.58
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	35	315.30	346.83
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	36	317.38	349.11

82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	37	319.43	351.37
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	38	321.50	353.65
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	39	325.63	358.19
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	40	329.75	362.72
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	41	335.95	369.54
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	42	341.87	376.06
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	43	350.15	385.16
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	44	360.47	396.52
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	45	372.60	409.85
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	46	387.04	425.74
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	47	403.29	443.62
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	48	421.89	464.08
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	49	440.18	484.20
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	50	460.83	506.91
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	51	481.23	529.35
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	52	503.68	554.04
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	53	526.37	579.00
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	54	550.89	605.98
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	55	575.42	632.96
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	56	601.99	662.18
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	57	628.80	691.68
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	58	657.45	723.19
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	59	671.65	738.81
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	60	700.30	770.32

82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	61	725.07	797.57
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	62	741.32	815.44
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	63	761.69	837.85
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	64	774.09	851.49
82120TN0600035	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	774.09	851.49
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	127.43	127.43
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	21	200.68	220.74
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	22	200.68	220.74
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	23	200.68	220.74
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	24	200.68	220.74
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	25	201.46	221.60
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	26	205.47	226.02
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	27	210.30	231.32
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	28	218.13	239.94
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	29	224.55	247.00
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	30	227.75	250.53
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	31	232.57	255.83
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	32	237.40	261.13
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	33	240.41	264.45
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	34	243.62	267.98
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	35	245.21	269.73
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	36	246.82	271.50
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	37	248.42	273.26
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	38	250.03	275.03

82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	39	253.24	278.56
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	40	256.44	282.09
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	41	261.27	287.39
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	42	265.87	292.46
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	43	272.31	299.54
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	44	280.34	308.37
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	45	289.77	318.74
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	46	301.00	331.10
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	47	313.64	345.00
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	48	328.10	360.91
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	49	342.33	376.56
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	50	358.39	394.22
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	51	374.25	411.67
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	52	391.71	430.88
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	53	409.36	450.29
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	54	428.43	471.27
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	55	447.50	492.25
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	56	468.16	514.98
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	57	489.02	537.91
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	58	511.30	562.42
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	59	522.34	574.57
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	60	544.62	599.08
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	61	563.88	620.27
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	62	576.52	634.16

82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	63	592.36	651.59
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	64	602.00	662.20
82120TN0600033	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	602.00	662.20
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	97.09	97.09
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	21	152.91	168.20
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	22	152.91	168.20
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	23	152.91	168.20
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	24	152.91	168.20
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	25	153.51	168.85
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	26	156.56	172.22
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	27	160.24	176.26
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	28	166.21	182.83
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	29	171.10	188.21
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	30	173.54	190.89
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	31	177.21	194.93
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	32	180.89	198.97
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	33	183.19	201.50
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	34	185.63	204.19
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	35	186.84	205.52
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	36	188.07	206.88
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	37	189.29	208.21
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	38	190.52	209.57
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	39	192.96	212.25
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	40	195.40	214.94

82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	41	199.08	218.98
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	42	202.59	222.84
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	43	207.49	228.24
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	44	213.61	234.97
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	45	220.79	242.87
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	46	229.35	252.29
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	47	238.98	262.88
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	48	250.00	275.00
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	49	260.84	286.93
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	50	273.08	300.38
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	51	285.17	313.68
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	52	298.47	328.31
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	53	311.92	343.10
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	54	326.45	359.09
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	55	340.98	375.08
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	56	356.73	392.40
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	57	372.62	409.87
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	58	389.59	428.55
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	59	398.01	437.80
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	60	414.98	456.48
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	61	429.66	472.62
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	62	439.29	483.21
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	63	451.36	496.49
82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	64	458.71	504.57

82120TN0600022	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	458.71	504.57
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	74.92	74.92
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	21	117.98	129.78
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	22	117.98	129.78
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	23	117.98	129.78
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	24	117.98	129.78
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	25	118.44	130.28
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	26	120.80	132.88
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	27	123.64	136.00
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	28	128.24	141.07
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	29	132.01	145.21
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	30	133.90	147.29
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	31	136.73	150.41
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	32	139.57	153.52
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	33	141.34	155.48
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	34	143.23	157.55
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	35	144.16	158.58
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	36	145.11	159.62
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	37	146.05	160.65
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	38	147.00	161.70
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	39	148.88	163.77
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	40	150.77	165.84
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	41	153.60	168.96
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	42	156.31	171.94

82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	43	160.10	176.10
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	44	164.82	181.30
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	45	170.36	187.39
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	46	176.96	194.66
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	47	184.39	202.83
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	48	192.90	212.18
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	49	201.26	221.39
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	50	210.70	231.77
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	51	220.03	242.03
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	52	230.29	253.32
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	53	240.67	264.73
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	54	251.88	277.07
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	55	263.09	289.40
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	56	275.24	302.76
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	57	287.50	316.25
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	58	300.60	330.66
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	59	307.09	337.80
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	60	320.19	352.21
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	61	331.52	364.67
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	62	338.95	372.84
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	63	348.26	383.08
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	64	353.93	389.32
82120TN0600021	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	353.93	389.32
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	125.59	125.59

82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	21	197.78	217.56
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	22	197.78	217.56
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	23	197.78	217.56
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	24	197.78	217.56
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	25	198.55	218.41
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	26	202.51	222.76
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	27	207.26	227.98
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	28	214.99	236.48
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	29	221.31	243.43
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	30	224.47	246.91
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	31	229.22	252.14
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	32	233.97	257.36
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	33	236.94	260.64
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	34	240.10	264.11
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	35	241.67	265.84
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	36	243.26	267.59
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	37	244.83	269.31
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	38	246.42	271.06
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	39	249.58	274.54
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	40	252.74	278.02
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	41	257.50	283.24
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	42	262.04	288.24
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	43	268.38	295.22
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	44	276.29	303.92

82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	45	285.59	314.14
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	46	296.66	326.32
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	47	309.11	340.02
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	48	323.37	355.70
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	49	337.39	371.13
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	50	353.21	388.53
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	51	368.85	405.73
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	52	386.06	424.66
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	53	403.45	443.79
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	54	422.25	464.47
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	55	441.04	485.14
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	56	461.41	507.55
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	57	481.96	530.15
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	58	503.92	554.31
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	59	514.80	566.28
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	60	536.76	590.43
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	61	555.75	611.32
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	62	568.20	625.01
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	63	583.81	642.19
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	64	593.32	652.64
82120TN0600024	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	593.32	652.64
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	141.59	141.59
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	21	222.98	245.28
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	22	222.98	245.28

82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	23	222.98	245.28
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	24	222.98	245.28
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	25	223.85	246.23
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	26	228.31	251.14
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	27	233.67	257.03
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	28	242.38	266.61
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	29	249.50	274.45
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	30	253.07	278.37
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	31	258.42	284.26
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	32	263.78	290.16
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	33	267.13	293.84
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	34	270.70	297.76
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	35	272.46	299.71
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	36	274.26	301.68
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	37	276.03	303.63
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	38	277.82	305.60
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	39	281.38	309.52
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	40	284.95	313.44
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	41	290.30	319.33
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	42	295.42	324.96
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	43	302.58	332.83
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	44	311.50	342.64
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	45	321.97	354.17
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	46	334.46	367.90

82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	47	348.50	383.34
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	48	364.57	401.02
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	49	380.38	418.41
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	50	398.22	438.04
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	51	415.85	457.43
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	52	435.25	478.77
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	53	454.85	500.33
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	54	476.05	523.65
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	55	497.24	546.96
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	56	520.20	572.21
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	57	543.37	597.70
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	58	568.13	624.93
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	59	580.40	638.43
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	60	605.15	665.66
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	61	626.56	689.21
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	62	640.60	704.65
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	63	658.20	724.01
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	64	668.91	735.80
82120TN0600025	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	668.91	735.80
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	110.11	110.11
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	21	173.41	190.75
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	22	173.41	190.75
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	23	173.41	190.75
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	24	173.41	190.75

82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	25	174.09	191.49
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	26	177.56	195.31
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	27	181.72	199.89
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	28	188.50	207.34
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	29	194.04	213.44
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	30	196.81	216.49
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	31	200.97	221.07
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	32	205.14	225.65
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	33	207.75	228.52
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	34	210.52	231.57
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	35	211.89	233.08
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	36	213.29	234.62
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	37	214.66	236.13
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	38	216.06	237.66
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	39	218.83	240.71
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	40	221.60	243.76
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	41	225.77	248.34
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	42	229.75	252.72
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	43	235.31	258.84
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	44	242.25	266.47
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	45	250.40	275.43
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	46	260.11	286.11
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	47	271.02	298.12
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	48	283.52	311.87

82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	49	295.82	325.40
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	50	309.69	340.66
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	51	323.40	355.74
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	52	338.49	372.33
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	53	353.74	389.11
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	54	370.22	407.24
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	55	386.70	425.37
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	56	404.56	445.01
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	57	422.58	464.83
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	58	441.83	486.01
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	59	451.37	496.50
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	60	470.62	517.68
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	61	487.27	535.99
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	62	498.19	548.00
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	63	511.88	563.06
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	64	520.21	572.23
82120TN0600023	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	520.21	572.23
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	109.50	109.50
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	21	172.45	189.69
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	22	172.45	189.69
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	23	172.45	189.69
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	24	172.45	189.69
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	25	173.12	190.43
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	26	176.57	194.23

82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	27	180.72	198.79
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	28	187.45	206.20
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	29	192.96	212.26
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	30	195.72	215.29
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	31	199.86	219.85
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	32	204.01	224.40
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	33	206.60	227.26
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	34	209.35	230.29
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	35	210.72	231.79
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	36	212.11	233.32
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	37	213.48	234.82
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	38	214.86	236.35
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	39	217.62	239.38
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	40	220.37	242.41
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	41	224.52	246.97
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	42	228.48	251.32
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	43	234.01	257.41
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	44	240.91	265.00
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	45	249.01	273.91
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	46	258.67	284.53
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	47	269.52	296.47
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	48	281.95	310.15
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	49	294.18	323.60
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	50	307.98	338.77

82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	51	321.61	353.77
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	52	336.61	370.27
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	53	351.78	386.95
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	54	368.17	404.98
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	55	384.56	423.01
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	56	402.32	442.54
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	57	420.24	462.26
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	58	439.38	483.32
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	59	448.87	493.76
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	60	468.02	514.82
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	61	484.57	533.02
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	62	495.43	544.97
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	63	509.04	559.94
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	64	517.33	569.06
82120TN0620002	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	517.33	569.06
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	123.19	123.19
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	21	194.01	213.41
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	22	194.01	213.41
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	23	194.01	213.41
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	24	194.01	213.41
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	25	194.76	214.24
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	26	198.65	218.51
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	27	203.31	223.64
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	28	210.88	231.97

82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	29	217.08	238.79
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	30	220.18	242.20
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	31	224.84	247.33
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	32	229.51	252.45
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	33	232.42	255.66
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	34	235.52	259.07
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	35	237.06	260.76
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	36	238.62	262.48
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	37	240.16	264.17
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	38	241.72	265.89
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	39	244.82	269.30
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	40	247.92	272.71
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	41	252.58	277.84
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	42	257.04	282.74
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	43	263.26	289.58
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	44	271.02	298.12
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	45	280.14	308.15
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	46	291.00	320.10
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	47	303.21	333.53
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	48	317.20	348.92
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	49	330.95	364.04
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	50	346.48	381.12
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	51	361.81	397.99
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	52	378.69	416.56

82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	53	395.75	435.32
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	54	414.19	455.61
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	55	432.63	475.89
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	56	452.61	497.86
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	57	472.77	520.04
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	58	494.31	543.73
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	59	504.98	555.48
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	60	526.52	579.17
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	61	545.14	599.65
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	62	557.36	613.09
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	63	572.67	629.94
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	64	582.00	640.19
82120TN0620003	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	582.00	640.19
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	88.58	88.58
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	21	139.50	153.45
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	22	139.50	153.45
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	23	139.50	153.45
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	24	139.50	153.45
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	25	140.04	154.05
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	26	142.83	157.12
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	27	146.19	160.80
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	28	151.63	166.80
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	29	156.09	171.70
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	30	158.32	174.15

82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	31	161.67	177.84
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	32	165.02	181.52
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	33	167.12	183.83
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	34	169.35	186.28
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	35	170.46	187.50
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	36	171.58	188.73
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	37	172.68	189.95
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	38	173.81	191.19
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	39	176.04	193.64
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	40	178.27	196.09
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	41	181.62	199.78
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	42	184.82	203.30
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	43	189.29	208.22
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	44	194.88	214.36
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	45	201.43	221.57
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	46	209.24	230.16
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	47	218.02	239.82
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	48	228.08	250.88
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	49	237.97	261.76
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	50	249.13	274.04
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	51	260.16	286.17
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	52	272.29	299.52
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	53	284.56	313.01
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	54	297.82	327.60

82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	55	311.08	342.18
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	56	325.44	357.98
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	57	339.94	373.93
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	58	355.42	390.96
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	59	363.10	399.41
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	60	378.59	416.44
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	61	391.98	431.17
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	62	400.76	440.84
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	63	411.78	452.95
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	64	418.48	460.32
82120TN0620001	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	418.48	460.32
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	150.37	150.37
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	21	236.80	260.48
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	22	236.80	260.48
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	23	236.80	260.48
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	24	236.80	260.48
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	25	237.73	261.50
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	26	242.46	266.71
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	27	248.15	272.97
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	28	257.40	283.14
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	29	264.97	291.46
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	30	268.75	295.62
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	31	274.44	301.88
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	32	280.13	308.14

82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	33	283.69	312.06
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	34	287.47	316.22
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	35	289.35	318.28
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	36	291.26	320.38
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	37	293.14	322.45
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	38	295.04	324.54
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	39	298.83	328.70
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	40	302.61	332.87
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	41	308.30	339.13
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	42	313.74	345.11
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	43	321.33	353.46
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	44	330.80	363.88
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	45	341.93	376.12
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	46	355.19	390.70
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	47	370.10	407.10
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	48	387.17	425.88
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	49	403.96	444.35
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	50	422.90	465.19
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	51	441.62	485.78
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	52	462.22	508.44
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	53	483.05	531.35
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	54	505.55	556.10
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	55	528.06	580.86
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	56	552.44	607.68

82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	57	577.05	634.75
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	58	603.34	663.67
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	59	616.37	678.00
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	60	642.66	706.92
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	61	665.39	731.92
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	62	680.30	748.33
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	63	699.00	768.89
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	64	710.38	781.41
82120TN0620006	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	710.38	781.41
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	169.09	169.09
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	21	266.29	292.92
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	22	266.29	292.92
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	23	266.29	292.92
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	24	266.29	292.92
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	25	267.33	294.06
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	26	272.66	299.92
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	27	279.06	306.96
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	28	289.46	318.40
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	29	297.97	327.76
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	30	302.22	332.44
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	31	308.62	339.48
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	32	315.02	346.52
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	33	319.02	350.92
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	34	323.28	355.60

82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	35	325.39	357.92
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	36	327.53	360.28
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	37	329.64	362.60
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	38	331.78	364.96
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	39	336.04	369.64
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	40	340.29	374.32
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	41	346.69	381.36
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	42	352.81	388.08
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	43	361.35	397.48
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	44	372.00	409.20
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	45	384.51	422.96
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	46	399.42	439.36
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	47	416.19	457.80
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	48	435.38	478.92
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	49	454.26	499.68
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	50	475.57	523.12
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	51	496.62	546.28
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	52	519.79	571.76
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	53	543.20	597.52
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	54	568.51	625.36
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	55	593.82	653.20
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	56	621.24	683.36
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	57	648.91	713.80
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	58	678.48	746.32

82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	59	693.13	762.44
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	60	722.70	794.96
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	61	748.26	823.08
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	62	765.02	841.52
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	63	786.05	864.64
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	64	798.84	878.72
82120TN0620007	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	798.84	878.72
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	128.82	128.82
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	21	202.88	223.16
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	22	202.88	223.16
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	23	202.88	223.16
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	24	202.88	223.16
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	25	203.67	224.03
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	26	207.73	228.50
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	27	212.60	233.86
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	28	220.53	242.58
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	29	227.01	249.71
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	30	230.25	253.27
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	31	235.12	258.63
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	32	240.00	264.00
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	33	243.05	267.35
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	34	246.29	270.92
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	35	247.90	272.69
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	36	249.53	274.48

82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	37	251.14	276.25
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	38	252.77	278.05
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	39	256.01	281.61
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	40	259.26	285.18
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	41	264.13	290.54
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	42	268.79	295.67
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	43	275.30	302.82
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	44	283.41	311.75
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	45	292.94	322.24
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	46	304.30	334.73
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	47	317.08	348.78
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	48	331.70	364.87
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	49	346.08	380.69
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	50	362.32	398.54
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	51	378.36	416.19
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	52	396.00	435.60
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	53	413.84	455.22
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	54	433.13	476.43
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	55	452.41	497.64
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	56	473.30	520.62
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	57	494.38	543.81
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	58	516.90	568.59
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	59	528.07	580.87
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	60	550.59	605.65

82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	61	570.07	627.07
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	62	582.84	641.12
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	63	598.86	658.74
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	64	608.60	669.46
82120TN0620004	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	608.60	669.46
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	126.61	126.61
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	21	199.40	219.33
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	22	199.40	219.33
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	23	199.40	219.33
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	24	199.40	219.33
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	25	200.17	220.19
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	26	204.16	224.58
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	27	208.95	229.85
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	28	216.74	238.41
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	29	223.11	245.42
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	30	226.30	248.93
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	31	231.09	254.20
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	32	235.88	259.47
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	33	238.88	262.76
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	34	242.06	266.27
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	35	243.65	268.01
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	36	245.25	269.77
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	37	246.83	271.51
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	38	248.44	273.28

82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	39	251.62	276.78
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	40	254.81	280.29
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	41	259.60	285.56
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	42	264.18	290.59
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	43	270.57	297.63
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	44	278.55	306.40
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	45	287.92	316.71
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	46	299.08	328.99
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	47	311.64	342.80
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	48	326.01	358.61
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	49	340.15	374.16
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	50	356.10	391.71
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	51	371.86	409.05
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	52	389.21	428.13
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	53	406.74	447.42
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	54	425.70	468.26
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	55	444.65	489.11
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	56	465.18	511.69
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	57	485.90	534.48
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	58	508.04	558.83
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	59	519.01	570.91
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	60	541.15	595.26
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	61	560.29	616.31
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	62	572.84	630.12

82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	63	588.58	647.43
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	64	598.16	657.97
82120TN0620005	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	598.16	657.97
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	103.22	103.22
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	21	162.55	178.80
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	22	162.55	178.80
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	23	162.55	178.80
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	24	162.55	178.80
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	25	163.18	179.50
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	26	166.43	183.08
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	27	170.34	187.37
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	28	176.69	194.35
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	29	181.88	200.07
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	30	184.48	202.93
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	31	188.39	207.22
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	32	192.29	211.52
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	33	194.73	214.21
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	34	197.33	217.06
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	35	198.62	218.48
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	36	199.93	219.92
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	37	201.22	221.34
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	38	202.53	222.78
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	39	205.12	225.63
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	40	207.72	228.49

82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	41	211.63	232.79
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	42	215.36	236.89
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	43	220.57	242.63
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	44	227.07	249.78
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	45	234.71	258.18
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	46	243.81	268.19
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	47	254.05	279.45
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	48	265.76	292.34
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	49	277.29	305.01
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	50	290.29	319.32
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	51	303.14	333.46
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	52	317.28	349.01
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	53	331.58	364.73
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	54	347.03	381.73
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	55	362.48	398.72
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	56	379.21	417.13
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	57	396.10	435.71
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	58	414.15	455.56
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	59	423.10	465.40
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	60	441.14	485.25
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	61	456.75	502.42
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	62	466.98	513.67
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	63	479.81	527.79
82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	64	487.62	536.38

82120TN0620002	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	487.62	536.38
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	116.12	116.12
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	21	182.87	201.15
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	22	182.87	201.15
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	23	182.87	201.15
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	24	182.87	201.15
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	25	183.58	201.94
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	26	187.24	205.96
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	27	191.63	210.79
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	28	198.77	218.65
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	29	204.62	225.08
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	30	207.54	228.29
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	31	211.93	233.12
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	32	216.33	237.96
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	33	219.08	240.98
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	34	222.00	244.19
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	35	223.45	245.79
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	36	224.92	247.41
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	37	226.37	249.00
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	38	227.84	250.62
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	39	230.76	253.84
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	40	233.68	257.05
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	41	238.08	261.88
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	42	242.28	266.50

82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	43	248.14	272.95
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	44	255.46	281.00
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	45	264.05	290.45
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	46	274.29	301.71
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	47	285.80	314.38
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	48	298.98	328.88
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	49	311.95	343.14
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	50	326.58	359.23
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	51	341.04	375.14
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	52	356.94	392.64
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	53	373.03	410.32
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	54	390.41	429.44
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	55	407.79	448.56
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	56	426.62	469.27
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	57	445.62	490.18
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	58	465.92	512.51
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	59	475.98	523.58
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	60	496.29	545.91
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	61	513.84	565.22
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	62	525.35	577.88
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	63	539.79	593.76
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	64	548.58	603.43
82120TN0620003	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	548.58	603.43
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	83.49	83.49

82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	21	131.49	144.64
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	22	131.49	144.64
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	23	131.49	144.64
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	24	131.49	144.64
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	25	132.00	145.20
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	26	134.63	148.09
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	27	137.79	151.57
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	28	142.93	157.22
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	29	147.13	161.84
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	30	149.23	164.15
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	31	152.39	167.63
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	32	155.55	171.10
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	33	157.52	173.27
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	34	159.62	175.59
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	35	160.67	176.73
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	36	161.73	177.90
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	37	162.77	179.04
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	38	163.83	180.21
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	39	165.93	182.52
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	40	168.03	184.83
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	41	171.19	188.30
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	42	174.21	191.63
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	43	178.42	196.27
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	44	183.68	202.05

82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	45	189.86	208.85
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	46	197.22	216.94
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	47	205.50	226.05
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	48	214.98	236.48
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	49	224.30	246.73
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	50	234.82	258.30
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	51	245.22	269.74
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	52	256.66	282.32
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	53	268.22	295.04
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	54	280.72	308.79
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	55	293.21	322.53
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	56	306.75	337.43
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	57	320.42	352.46
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	58	335.01	368.51
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	59	342.25	376.47
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	60	356.85	392.53
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	61	369.47	406.41
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	62	377.75	415.52
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	63	388.13	426.94
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	64	394.45	433.89
82120TN0620001	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	394.45	433.89
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	141.73	141.73
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	21	223.20	245.52
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	22	223.20	245.52

82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	23	223.20	245.52
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	24	223.20	245.52
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	25	224.07	246.48
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	26	228.54	251.39
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	27	233.90	257.29
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	28	242.62	266.88
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	29	249.75	274.73
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	30	253.32	278.65
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	31	258.68	284.55
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	32	264.04	290.45
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	33	267.40	294.14
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	34	270.97	298.06
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	35	272.74	300.01
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	36	274.53	301.98
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	37	276.30	303.93
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	38	278.10	305.91
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	39	281.67	309.83
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	40	285.23	313.75
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	41	290.59	319.65
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	42	295.72	325.29
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	43	302.88	333.16
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	44	311.81	342.99
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	45	322.30	354.52
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	46	334.79	368.27

82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	47	348.85	383.73
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	48	364.93	401.42
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	49	380.76	418.83
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	50	398.62	438.47
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	51	416.26	457.89
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	52	435.68	479.24
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	53	455.31	500.84
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	54	476.52	524.17
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	55	497.74	547.50
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	56	520.72	572.79
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	57	543.91	598.30
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	58	568.69	625.56
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	59	580.98	639.07
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	60	605.76	666.33
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	61	627.18	689.89
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	62	641.24	705.35
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	63	658.86	724.74
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	64	669.58	736.53
82120TN0620006	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	669.58	736.53
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	159.38	159.38
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	21	251.00	276.10
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	22	251.00	276.10
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	23	251.00	276.10
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	24	251.00	276.10

82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	25	251.98	277.18
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	26	257.00	282.70
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	27	263.03	289.33
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	28	272.83	300.12
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	29	280.86	308.94
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	30	284.87	313.35
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	31	290.90	319.98
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	32	296.93	326.62
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	33	300.70	330.77
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	34	304.71	335.18
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	35	306.70	337.37
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	36	308.72	339.59
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	37	310.71	341.78
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	38	312.73	344.00
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	39	316.74	348.41
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	40	320.75	352.83
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	41	326.78	359.46
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	42	332.55	365.80
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	43	340.60	374.65
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	44	350.64	385.70
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	45	362.43	398.67
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	46	376.48	414.13
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	47	392.29	431.51
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	48	410.38	451.42

82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	49	428.18	470.99
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	50	448.26	493.08
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	51	468.10	514.91
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	52	489.94	538.93
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	53	512.01	563.21
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	54	535.87	589.45
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	55	559.72	615.69
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	56	585.57	644.12
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	57	611.65	672.81
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	58	639.52	703.46
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	59	653.33	718.66
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	60	681.20	749.31
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	61	705.29	775.81
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	62	721.09	793.20
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	63	740.91	814.99
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	64	752.97	828.26
82120TN0620007	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	752.97	828.26
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	121.43	121.43
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	21	191.23	210.35
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	22	191.23	210.35
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	23	191.23	210.35
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	24	191.23	210.35
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	25	191.97	211.17
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	26	195.80	215.38

82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	27	200.39	220.43
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	28	207.86	228.65
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	29	213.97	235.37
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	30	217.03	238.73
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	31	221.62	243.78
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	32	226.22	248.84
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	33	229.09	252.00
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	34	232.15	255.36
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	35	233.66	257.03
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	36	235.20	258.72
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	37	236.72	260.39
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	38	238.26	262.08
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	39	241.31	265.44
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	40	244.37	268.80
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	41	248.96	273.86
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	42	253.35	278.69
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	43	259.49	285.43
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	44	267.14	293.85
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	45	276.12	303.73
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	46	286.83	315.51
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	47	298.87	328.75
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	48	312.65	343.91
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	49	326.21	358.83
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	50	341.51	375.66

82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	51	356.63	392.29
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	52	373.26	410.59
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	53	390.08	429.08
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	54	408.25	449.08
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	55	426.43	469.07
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	56	446.12	490.73
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	57	465.99	512.59
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	58	487.22	535.94
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	59	497.74	547.51
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	60	518.97	570.87
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	61	537.33	591.06
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	62	549.37	604.30
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	63	564.47	620.91
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	64	573.66	631.02
82120TN0620004	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	573.66	631.02
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	119.34	119.34
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	21	187.95	206.74
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	22	187.95	206.74
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	23	187.95	206.74
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	24	187.95	206.74
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	25	188.68	207.55
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	26	192.44	211.68
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	27	196.95	216.65
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	28	204.30	224.72

82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	29	210.30	231.33
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	30	213.30	234.63
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	31	217.82	239.60
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	32	222.34	244.57
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	33	225.16	247.67
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	34	228.16	250.98
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	35	229.65	252.62
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	36	231.17	254.28
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	37	232.66	255.92
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	38	234.17	257.58
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	39	237.17	260.89
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	40	240.18	264.19
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	41	244.69	269.16
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	42	249.01	273.91
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	43	255.04	280.54
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	44	262.55	288.81
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	45	271.39	298.52
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	46	281.91	310.10
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	47	293.74	323.11
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	48	307.29	338.01
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	49	320.61	352.67
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	50	335.65	369.21
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	51	350.51	385.56
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	52	366.86	403.54

82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	53	383.39	421.72
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	54	401.25	441.37
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	55	419.11	461.02
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	56	438.47	482.31
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	57	458.00	503.79
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	58	478.86	526.74
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	59	489.21	538.12
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	60	510.07	561.07
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	61	528.11	580.92
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	62	539.95	593.93
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	63	554.78	610.26
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	64	563.81	620.19
82120TN0620005	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	563.81	620.19
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	94.58	94.58
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	21	148.94	163.84
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	22	148.94	163.84
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	23	148.94	163.84
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	24	148.94	163.84
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	25	149.53	164.48
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	26	152.51	167.75
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	27	156.08	171.69
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	28	161.90	178.09
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	29	166.66	183.33
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	30	169.04	185.94

82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	31	172.62	189.88
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	32	176.20	193.82
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	33	178.44	196.28
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	34	180.82	198.90
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	35	182.00	200.20
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	36	183.20	201.51
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	37	184.38	202.81
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	38	185.58	204.13
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	39	187.96	206.75
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	40	190.34	209.37
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	41	193.91	213.30
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	42	197.33	217.07
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	43	202.11	222.32
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	44	208.07	228.88
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	45	215.07	236.57
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	46	223.41	245.75
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	47	232.79	256.06
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	48	243.52	267.87
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	49	254.08	279.49
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	50	266.00	292.60
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	51	277.77	305.55
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	52	290.73	319.80
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	53	303.83	334.21
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	54	317.98	349.78

82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	55	332.14	365.35
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	56	347.48	382.22
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	57	362.96	399.25
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	58	379.49	417.44
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	59	387.69	426.45
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	60	404.22	444.64
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	61	418.52	460.37
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	62	427.90	470.68
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	63	439.66	483.62
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	64	446.81	491.49
82120TN0600017	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	446.81	491.49
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	72.98	72.98
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	21	114.93	126.42
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	22	114.93	126.42
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	23	114.93	126.42
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	24	114.93	126.42
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	25	115.38	126.91
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	26	117.68	129.44
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	27	120.44	132.48
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	28	124.93	137.42
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	29	128.60	141.46
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	30	130.44	143.48
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	31	133.20	146.52
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	32	135.96	149.55

82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	33	137.69	151.45
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	34	139.52	153.47
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	35	140.43	154.48
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	36	141.36	155.49
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	37	142.27	156.50
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	38	143.20	157.51
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	39	145.03	159.53
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	40	146.87	161.55
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	41	149.63	164.59
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	42	152.27	167.49
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	43	155.95	171.55
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	44	160.55	176.61
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	45	165.95	182.55
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	46	172.39	189.62
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	47	179.62	197.58
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	48	187.91	206.70
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	49	196.06	215.66
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	50	205.25	225.77
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	51	214.34	235.77
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	52	224.34	246.77
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	53	234.44	257.88
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	54	245.37	269.90
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	55	256.29	281.91
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	56	268.12	294.93

82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	57	280.07	308.07
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	58	292.83	322.10
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	59	299.15	329.06
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	60	311.91	343.10
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	61	322.94	355.23
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	62	330.18	363.19
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	63	339.25	373.17
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	64	344.77	379.25
82120TN0600016	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	344.77	379.25
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	122.33	122.33
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	21	192.65	211.92
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	22	192.65	211.92
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	23	192.65	211.92
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	24	192.65	211.92
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	25	193.41	212.75
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	26	197.26	216.98
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	27	201.89	222.08
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	28	209.41	230.35
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	29	215.57	237.13
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	30	218.65	240.51
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	31	223.28	245.60
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	32	227.91	250.69
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	33	230.80	253.88
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	34	233.88	257.27

82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	35	235.41	258.95
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	36	236.96	260.65
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	37	238.49	262.33
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	38	240.04	264.04
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	39	243.12	267.42
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	40	246.19	270.81
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	41	250.82	275.90
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	42	255.25	280.77
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	43	261.43	287.57
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	44	269.13	296.04
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	45	278.19	306.00
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	46	288.97	317.86
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	47	301.10	331.21
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	48	314.99	346.48
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	49	328.65	361.51
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	50	344.06	378.46
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	51	359.29	395.22
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	52	376.05	413.65
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	53	392.99	432.29
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	54	411.30	452.43
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	55	429.61	472.57
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	56	449.45	494.39
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	57	469.47	516.41
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	58	490.86	539.94

82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	59	501.46	551.60
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	60	522.85	575.13
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	61	541.34	595.47
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	62	553.47	608.82
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	63	568.68	625.55
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	64	577.94	635.73
82120TN0600019	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	577.94	635.73
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	137.92	137.92
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	21	217.20	238.92
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	22	217.20	238.92
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	23	217.20	238.92
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	24	217.20	238.92
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	25	218.05	239.85
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	26	222.39	244.63
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	27	227.61	250.37
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	28	236.09	259.70
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	29	243.04	267.34
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	30	246.51	271.15
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	31	251.72	276.89
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	32	256.94	282.63
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	33	260.21	286.23
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	34	263.68	290.04
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	35	265.40	291.94
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	36	267.15	293.86

82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	37	268.87	295.76
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	38	270.62	297.68
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	39	274.09	301.50
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	40	277.56	305.31
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	41	282.78	311.05
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	42	287.77	316.54
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	43	294.73	324.20
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	44	303.42	333.76
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	45	313.63	344.99
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	46	325.79	358.36
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	47	339.46	373.41
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	48	355.12	390.63
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	49	370.52	407.56
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	50	387.89	426.68
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	51	405.07	445.57
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	52	423.96	466.35
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	53	443.06	487.36
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	54	463.71	510.07
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	55	484.35	532.78
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	56	506.71	557.38
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	57	529.28	582.21
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	58	553.40	608.73
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	59	565.35	621.88
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	60	589.46	648.40

82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	61	610.31	671.34
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	62	623.99	686.38
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	63	641.14	705.24
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	64	651.57	716.72
82120TN0600020	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	651.57	716.72
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	107.25	107.25
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	21	168.90	185.79
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	22	168.90	185.79
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	23	168.90	185.79
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	24	168.90	185.79
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	25	169.56	186.51
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	26	172.94	190.23
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	27	177.00	194.69
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	28	183.59	201.95
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	29	188.99	207.89
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	30	191.69	210.85
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	31	195.75	215.32
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	32	199.80	219.78
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	33	202.34	222.58
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	34	205.04	225.54
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	35	206.38	227.02
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	36	207.74	228.51
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	37	209.08	229.99
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	38	210.44	231.48

82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	39	213.14	234.45
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	40	215.84	237.42
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	41	219.89	241.88
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	42	223.77	246.15
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	43	229.19	252.11
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	44	235.95	259.54
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	45	243.88	268.27
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	46	253.34	278.67
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	47	263.97	290.37
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	48	276.15	303.76
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	49	288.12	316.93
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	50	301.64	331.80
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	51	314.99	346.48
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	52	329.68	362.65
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	53	344.53	378.98
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	54	360.59	396.64
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	55	376.64	414.30
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	56	394.03	433.43
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	57	411.58	452.74
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	58	430.33	473.36
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	59	439.63	483.59
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	60	458.38	504.21
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	61	474.59	522.05
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	62	485.23	533.74

82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	63	498.56	548.41
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	64	506.68	557.34
82120TN0600018	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	506.68	557.34
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	97.23	97.23
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	21	153.12	168.43
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	22	153.12	168.43
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	23	153.12	168.43
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	24	153.12	168.43
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	25	153.72	169.09
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	26	156.78	172.46
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	27	160.46	176.51
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	28	166.44	183.09
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	29	171.34	188.47
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	30	173.78	191.16
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	31	177.46	195.21
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	32	181.14	199.26
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	33	183.44	201.79
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	34	185.89	204.48
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	35	187.11	205.81
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	36	188.34	207.17
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	37	189.55	208.51
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	38	190.78	209.86
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	39	193.23	212.55
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	40	195.68	215.24

82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	41	199.36	219.29
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	42	202.87	223.16
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	43	207.78	228.56
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	44	213.91	235.30
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	45	221.10	243.21
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	46	229.68	252.64
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	47	239.32	263.25
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	48	250.36	275.39
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	49	261.21	287.33
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	50	273.46	300.81
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	51	285.57	314.12
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	52	298.89	328.78
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	53	312.36	343.59
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	54	326.91	359.60
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	55	341.46	375.60
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	56	357.23	392.95
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	57	373.14	410.45
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	58	390.14	429.15
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	59	398.57	438.42
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	60	415.57	457.12
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	61	430.27	473.29
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	62	439.91	483.89
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	63	452.00	497.19
82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	64	459.35	505.28

82120TN0610002	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	459.35	505.28
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	109.39	109.39
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	21	172.26	189.49
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	22	172.26	189.49
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	23	172.26	189.49
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	24	172.26	189.49
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	25	172.94	190.23
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	26	176.38	194.02
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	27	180.52	198.57
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	28	187.25	205.97
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	29	192.76	212.03
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	30	195.51	215.06
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	31	199.65	219.61
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	32	203.79	224.16
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	33	206.37	227.01
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	34	209.13	230.04
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	35	210.49	231.54
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	36	211.88	233.07
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	37	213.25	234.57
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	38	214.63	236.09
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	39	217.38	239.12
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	40	220.14	242.15
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	41	224.28	246.70
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	42	228.23	251.05

82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	43	233.76	257.13
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	44	240.65	264.71
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	45	248.74	273.61
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	46	258.39	284.22
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	47	269.23	296.15
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	48	281.65	309.81
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	49	293.86	323.25
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	50	307.65	338.41
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	51	321.27	353.39
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	52	336.25	369.87
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	53	351.40	386.54
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	54	367.77	404.55
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	55	384.14	422.55
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	56	401.88	442.07
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	57	419.78	461.76
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	58	438.91	482.79
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	59	448.39	493.22
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	60	467.51	514.26
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	61	484.05	532.45
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	62	494.90	544.38
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	63	508.50	559.34
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	64	516.77	568.45
82120TN0610003	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	516.77	568.45
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	78.65	78.65

82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	21	123.86	136.25
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	22	123.86	136.25
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	23	123.86	136.25
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	24	123.86	136.25
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	25	124.35	136.78
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	26	126.83	139.51
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	27	129.80	142.78
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	28	134.64	148.10
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	29	138.60	152.46
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	30	140.58	154.63
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	31	143.55	157.91
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	32	146.53	161.18
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	33	148.39	163.23
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	34	150.37	165.41
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	35	151.35	166.49
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	36	152.35	167.58
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	37	153.33	168.66
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	38	154.33	169.76
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	39	156.31	171.94
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	40	158.29	174.11
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	41	161.26	177.39
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	42	164.11	180.52
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	43	168.08	184.89
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	44	173.04	190.34

82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	45	178.86	196.74
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	46	185.79	204.37
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	47	193.59	212.95
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	48	202.52	222.77
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	49	211.30	232.43
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	50	221.21	243.33
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	51	231.00	254.10
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	52	241.78	265.95
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	53	252.67	277.93
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	54	264.44	290.88
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	55	276.21	303.83
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	56	288.97	317.86
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	57	301.84	332.02
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	58	315.59	347.15
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	59	322.41	354.65
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	60	336.16	369.77
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	61	348.05	382.85
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	62	355.85	391.43
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	63	365.63	402.19
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	64	371.58	408.73
82120TN0610001	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	371.58	408.73
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	133.51	133.51
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	21	210.26	231.29
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	22	210.26	231.29

82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	23	210.26	231.29
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	24	210.26	231.29
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	25	211.08	232.19
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	26	215.29	236.82
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	27	220.34	242.37
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	28	228.55	251.41
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	29	235.27	258.80
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	30	238.63	262.49
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	31	243.69	268.05
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	32	248.74	273.61
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	33	251.90	277.08
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	34	255.26	280.78
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	35	256.92	282.61
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	36	258.62	284.48
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	37	260.28	286.31
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	38	261.98	288.17
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	39	265.34	291.87
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	40	268.70	295.56
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	41	273.75	301.12
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	42	278.58	306.43
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	43	285.32	313.85
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	44	293.73	323.10
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	45	303.61	333.97
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	46	315.38	346.92

82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	47	328.62	361.48
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	48	343.78	378.15
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	49	358.68	394.55
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	50	375.51	413.05
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	51	392.13	431.34
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	52	410.42	451.46
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	53	428.91	471.80
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	54	448.90	493.78
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	55	468.88	515.76
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	56	490.53	539.58
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	57	512.38	563.61
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	58	535.72	589.29
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	59	547.30	602.02
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	60	570.64	627.70
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	61	590.82	649.90
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	62	604.06	664.46
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	63	620.66	682.72
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	64	630.76	693.83
82120TN0610006	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	630.76	693.83
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	150.14	150.14
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	21	236.45	260.09
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	22	236.45	260.09
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	23	236.45	260.09
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	24	236.45	260.09

82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	25	237.37	261.11
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	26	242.10	266.31
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	27	247.78	272.56
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	28	257.02	282.72
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	29	264.57	291.03
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	30	268.35	295.18
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	31	274.03	301.43
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	32	279.71	307.68
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	33	283.27	311.59
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	34	287.05	315.75
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	35	288.92	317.81
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	36	290.82	319.90
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	37	292.70	321.97
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	38	294.60	324.06
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	39	298.38	328.21
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	40	302.16	332.37
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	41	307.84	338.62
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	42	313.27	344.59
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	43	320.85	352.93
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	44	330.31	363.34
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	45	341.42	375.56
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	46	354.66	390.12
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	47	369.55	406.50
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	48	386.59	425.24

82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	49	403.35	443.68
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	50	422.27	464.49
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	51	440.97	485.06
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	52	461.53	507.68
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	53	482.33	530.56
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	54	504.80	555.27
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	55	527.27	579.99
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	56	551.62	606.78
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	57	576.19	633.80
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	58	602.44	662.68
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	59	615.45	676.99
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	60	641.70	705.87
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	61	664.40	730.83
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	62	679.29	747.21
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	63	697.95	767.74
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	64	709.32	780.24
82120TN0610007	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	709.32	780.24
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	114.39	114.39
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	21	180.14	198.15
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	22	180.14	198.15
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	23	180.14	198.15
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	24	180.14	198.15
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	25	180.84	198.93
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	26	184.45	202.89

82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	27	188.77	207.65
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	28	195.81	215.39
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	29	201.57	221.72
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	30	204.45	224.89
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	31	208.77	229.65
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	32	213.10	234.41
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	33	215.81	237.39
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	34	218.69	240.55
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	35	220.12	242.13
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	36	221.57	243.72
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	37	222.99	245.29
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	38	224.44	246.89
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	39	227.32	250.05
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	40	230.20	253.22
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	41	234.53	257.98
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	42	238.67	262.53
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	43	244.44	268.89
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	44	251.65	276.81
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	45	260.11	286.12
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	46	270.20	297.22
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	47	281.54	309.69
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	48	294.53	323.98
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	49	307.30	338.02
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	50	321.71	353.88

82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	51	335.95	369.54
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	52	351.62	386.78
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	53	367.47	404.21
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	54	384.59	423.04
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	55	401.71	441.87
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	56	420.26	462.28
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	57	438.98	482.87
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	58	458.97	504.87
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	59	468.89	515.77
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	60	488.89	537.77
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	61	506.18	556.79
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	62	517.52	569.27
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	63	531.74	584.91
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	64	540.40	594.43
82120TN0610004	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	540.40	594.43
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	112.42	112.42
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	21	177.05	194.75
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	22	177.05	194.75
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	23	177.05	194.75
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	24	177.05	194.75
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	25	177.74	195.51
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	26	181.28	199.41
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	27	185.54	204.09
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	28	192.45	211.69

82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	29	198.11	217.92
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	30	200.94	221.03
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	31	205.19	225.71
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	32	209.45	230.39
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	33	212.11	233.32
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	34	214.94	236.43
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	35	216.34	237.97
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	36	217.77	239.54
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	37	219.17	241.08
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	38	220.59	242.65
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	39	223.42	245.76
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	40	226.25	248.88
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	41	230.51	253.55
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	42	234.57	258.03
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	43	240.25	264.27
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	44	247.33	272.06
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	45	255.65	281.21
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	46	265.56	292.12
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	47	276.71	304.38
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	48	289.47	318.42
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	49	302.03	332.23
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	50	316.19	347.81
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	51	330.19	363.21
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	52	345.59	380.15

82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	53	361.16	397.27
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	54	377.99	415.78
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	55	394.81	434.29
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	56	413.05	454.35
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	57	431.44	474.58
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	58	451.10	496.21
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	59	460.84	506.92
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	60	480.50	528.55
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	61	497.49	547.24
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	62	508.64	559.50
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	63	522.62	574.88
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	64	531.13	584.24
82120TN0610005	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	531.13	584.24
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	115.05	115.05
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	21	181.18	199.30
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	22	181.18	199.30
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	23	181.18	199.30
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	24	181.18	199.30
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	25	181.89	200.07
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	26	185.51	204.06
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	27	189.86	208.85
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	28	196.94	216.63
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	29	202.73	223.00
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	30	205.63	226.19

82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	31	209.98	230.97
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	32	214.33	235.76
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	33	217.06	238.76
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	34	219.95	241.94
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	35	221.39	243.52
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	36	222.85	245.13
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	37	224.28	246.71
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	38	225.74	248.31
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	39	228.64	251.50
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	40	231.53	254.68
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	41	235.88	259.47
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	42	240.04	264.05
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	43	245.85	270.44
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	44	253.10	278.41
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	45	261.62	287.77
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	46	271.76	298.93
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	47	283.17	311.48
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	48	296.23	325.85
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	49	309.07	339.98
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	50	323.57	355.92
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	51	337.89	371.68
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	52	353.65	389.01
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	53	369.59	406.54
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	54	386.81	425.48

82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	55	404.02	444.42
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	56	422.68	464.94
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	57	441.51	485.66
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	58	461.62	507.78
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	59	471.59	518.75
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	60	491.71	540.87
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	61	509.10	560.00
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	62	520.51	572.55
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	63	534.81	588.29
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	64	543.52	597.86
82120TN0620002	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	543.52	597.86
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	129.43	129.43
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	21	203.83	224.21
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	22	203.83	224.21
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	23	203.83	224.21
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	24	203.83	224.21
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	25	204.62	225.08
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	26	208.70	229.57
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	27	213.60	234.96
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	28	221.56	243.71
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	29	228.07	250.88
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	30	231.33	254.46
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	31	236.23	259.85
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	32	241.12	265.23

82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	33	244.19	268.60
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	34	247.44	272.19
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	35	249.06	273.96
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	36	250.70	275.77
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	37	252.32	277.55
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	38	253.96	279.35
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	39	257.21	282.93
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	40	260.47	286.52
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	41	265.37	291.90
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	42	270.05	297.05
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	43	276.59	304.24
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	44	284.74	313.21
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	45	294.32	323.75
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	46	305.73	336.30
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	47	318.56	350.42
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	48	333.25	366.58
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	49	347.71	382.47
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	50	364.01	400.41
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	51	380.13	418.14
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	52	397.86	437.64
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	53	415.78	457.36
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	54	435.16	478.67
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	55	454.53	499.98
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	56	475.52	523.06

82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	57	496.70	546.36
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	58	519.33	571.25
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	59	530.54	583.59
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	60	553.17	608.48
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	61	572.74	630.01
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	62	585.57	644.12
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	63	601.66	661.82
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	64	611.46	672.60
82120TN0620003	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	611.46	672.60
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	93.06	93.06
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	21	146.56	161.21
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	22	146.56	161.21
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	23	146.56	161.21
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	24	146.56	161.21
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	25	147.13	161.84
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	26	150.06	165.07
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	27	153.58	168.94
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	28	159.31	175.24
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	29	163.99	180.39
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	30	166.33	182.97
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	31	169.86	186.84
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	32	173.38	190.71
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	33	175.58	193.14
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	34	177.92	195.71

82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	35	179.08	196.99
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	36	180.26	198.29
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	37	181.43	199.57
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	38	182.61	200.86
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	39	184.95	203.44
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	40	187.29	206.02
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	41	190.81	209.89
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	42	194.18	213.59
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	43	198.88	218.76
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	44	204.74	225.21
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	45	211.63	232.79
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	46	219.83	241.81
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	47	229.06	251.96
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	48	239.62	263.58
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	49	250.01	275.01
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	50	261.74	287.91
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	51	273.33	300.66
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	52	286.08	314.68
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	53	298.97	328.86
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	54	312.89	344.18
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	55	326.82	359.50
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	56	341.91	376.10
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	57	357.14	392.86
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	58	373.42	410.75

82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	59	381.48	419.63
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	60	397.75	437.52
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	61	411.82	453.00
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	62	421.05	463.15
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	63	432.62	475.88
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	64	439.66	483.62
82120TN0620001	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	439.66	483.62
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	157.98	157.98
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	21	248.79	273.66
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	22	248.79	273.66
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	23	248.79	273.66
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	24	248.79	273.66
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	25	249.76	274.73
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	26	254.74	280.21
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	27	260.71	286.78
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	28	270.43	297.47
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	29	278.38	306.22
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	30	282.36	310.59
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	31	288.33	317.16
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	32	294.31	323.74
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	33	298.05	327.85
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	34	302.03	332.23
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	35	304.00	334.40
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	36	306.00	336.60

82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	37	307.97	338.77
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	38	309.98	340.97
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	39	313.95	345.34
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	40	317.93	349.72
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	41	323.90	356.29
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	42	329.62	362.57
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	43	337.60	371.35
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	44	347.55	382.30
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	45	359.24	395.16
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	46	373.17	410.48
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	47	388.83	427.71
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	48	406.76	447.44
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	49	424.40	466.84
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	50	444.31	488.73
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	51	463.98	510.37
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	52	485.62	534.18
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	53	507.50	558.24
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	54	531.14	584.25
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	55	554.79	610.26
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	56	580.41	638.44
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	57	606.26	666.88
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	58	633.88	697.26
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	59	647.57	712.32
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	60	675.19	742.71

82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	61	699.07	768.97
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	62	714.74	786.21
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	63	734.38	807.81
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	64	746.33	820.96
82120TN0620006	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	746.33	820.96
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	177.65	177.65
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	21	279.77	307.75
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	22	279.77	307.75
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	23	279.77	307.75
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	24	279.77	307.75
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	25	280.86	308.95
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	26	286.46	315.10
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	27	293.18	322.50
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	28	304.11	334.52
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	29	313.05	344.35
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	30	317.52	349.27
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	31	324.24	356.66
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	32	330.96	364.06
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	33	335.17	368.68
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	34	339.64	373.60
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	35	341.86	376.04
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	36	344.11	378.52
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	37	346.33	380.96
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	38	348.58	383.43

82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	39	353.05	388.35
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	40	357.52	393.27
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	41	364.24	400.66
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	42	370.67	407.73
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	43	379.64	417.60
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	44	390.83	429.91
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	45	403.98	444.37
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	46	419.64	461.60
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	47	437.26	480.98
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	48	457.42	503.16
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	49	477.26	524.98
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	50	499.64	549.60
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	51	521.76	573.93
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	52	546.10	600.70
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	53	570.70	627.76
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	54	597.29	657.01
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	55	623.88	686.26
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	56	652.69	717.95
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	57	681.76	749.93
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	58	712.82	784.10
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	59	728.22	801.03
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	60	759.28	835.20
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	61	786.13	864.74
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	62	803.75	884.12

82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	63	825.84	908.41
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	64	839.28	923.20
82120TN0620007	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	839.28	923.20
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	135.34	135.34
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	21	213.15	234.46
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	22	213.15	234.46
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	23	213.15	234.46
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	24	213.15	234.46
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	25	213.98	235.37
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	26	218.24	240.06
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	27	223.36	245.70
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	28	231.69	254.85
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	29	238.50	262.35
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	30	241.90	266.09
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	31	247.03	271.73
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	32	252.15	277.36
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	33	255.35	280.88
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	34	258.76	284.63
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	35	260.45	286.49
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	36	262.16	288.38
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	37	263.85	290.24
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	38	265.57	292.12
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	39	268.97	295.87
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	40	272.38	299.61

82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	41	277.50	305.25
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	42	282.39	310.63
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	43	289.23	318.15
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	44	297.76	327.53
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	45	307.77	338.55
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	46	319.71	351.67
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	47	333.13	366.44
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	48	348.49	383.34
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	49	363.60	399.96
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	50	380.65	418.72
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	51	397.51	437.25
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	52	416.05	457.65
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	53	434.79	478.27
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	54	455.05	500.55
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	55	475.31	522.83
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	56	497.26	546.98
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	57	519.41	571.34
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	58	543.07	597.37
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	59	554.80	610.27
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	60	578.46	636.30
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	61	598.92	658.81
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	62	612.34	673.57
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	63	629.17	692.08
82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	64	639.41	703.35

82120TN0620004	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	639.41	703.35
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	133.02	133.02
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	21	209.49	230.44
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	22	209.49	230.44
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	23	209.49	230.44
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	24	209.49	230.44
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	25	210.31	231.34
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	26	214.50	235.95
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	27	219.53	241.48
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	28	227.71	250.48
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	29	234.41	257.85
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	30	237.75	261.53
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	31	242.79	267.06
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	32	247.82	272.60
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	33	250.97	276.06
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	34	254.32	279.75
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	35	255.98	281.57
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	36	257.66	283.43
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	37	259.33	285.26
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	38	261.01	287.11
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	39	264.36	290.79
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	40	267.71	294.47
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	41	272.74	300.01
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	42	277.55	305.30

82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	43	284.27	312.69
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	44	292.65	321.91
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	45	302.49	332.74
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	46	314.22	345.64
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	47	327.41	360.15
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	48	342.51	376.76
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	49	357.36	393.10
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	50	374.12	411.53
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	51	390.69	429.75
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	52	408.91	449.80
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	53	427.33	470.06
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	54	447.24	491.96
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	55	467.15	513.86
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	56	488.72	537.59
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	57	510.49	561.54
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	58	533.75	587.12
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	59	545.28	599.80
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	60	568.54	625.39
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	61	588.65	647.51
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	62	601.84	662.02
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	63	618.38	680.21
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	64	628.44	691.28
82120TN0620005	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	628.44	691.28
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	103.57	103.57

82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	21	163.11	179.42
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	22	163.11	179.42
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	23	163.11	179.42
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	24	163.11	179.42
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	25	163.75	180.12
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	26	167.01	183.71
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	27	170.93	188.02
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	28	177.30	195.03
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	29	182.51	200.76
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	30	185.12	203.63
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	31	189.04	207.94
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	32	192.96	212.25
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	33	195.41	214.95
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	34	198.02	217.82
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	35	199.31	219.24
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	36	200.62	220.68
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	37	201.92	222.11
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	38	203.23	223.55
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	39	205.83	226.42
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	40	208.44	229.28
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	41	212.36	233.59
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	42	216.11	237.71
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	43	221.34	243.47
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	44	227.86	250.65

82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	45	235.53	259.08
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	46	244.66	269.12
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	47	254.93	280.42
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	48	266.69	293.35
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	49	278.25	306.07
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	50	291.30	320.43
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	51	304.20	334.61
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	52	318.39	350.22
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	53	332.73	366.00
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	54	348.23	383.05
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	55	363.73	400.10
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	56	380.53	418.58
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	57	397.48	437.22
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	58	415.59	457.14
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	59	424.57	467.02
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	60	442.67	486.94
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	61	458.33	504.16
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	62	468.60	515.46
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	63	481.48	529.62
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	64	489.32	538.24
82120TN0600007	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	489.32	538.24
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	79.92	79.92
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	21	125.86	138.45
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	22	125.86	138.45

82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	23	125.86	138.45
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	24	125.86	138.45
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	25	126.35	138.99
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	26	128.87	141.76
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	27	131.89	145.08
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	28	136.81	150.49
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	29	140.83	154.91
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	30	142.84	157.13
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	31	145.87	160.45
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	32	148.89	163.78
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	33	150.78	165.86
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	34	152.79	168.07
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	35	153.79	169.17
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	36	154.81	170.28
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	37	155.80	171.38
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	38	156.82	172.50
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	39	158.83	174.71
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	40	160.84	176.92
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	41	163.86	180.25
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	42	166.75	183.43
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	43	170.79	187.87
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	44	175.82	193.41
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	45	181.74	199.91
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	46	188.78	207.66

82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	47	196.71	216.38
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	48	205.78	226.36
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	49	214.70	236.17
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	50	224.77	247.25
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	51	234.73	258.20
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	52	245.67	270.24
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	53	256.74	282.41
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	54	268.71	295.57
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	55	280.67	308.73
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	56	293.63	322.99
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	57	306.71	337.37
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	58	320.68	352.74
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	59	327.61	360.36
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	60	341.58	375.73
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	61	353.66	389.02
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	62	361.59	397.74
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	63	371.52	408.67
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	64	377.57	415.32
82120TN0600006	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	377.57	415.32
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	133.97	133.97
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	21	210.98	232.08
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	22	210.98	232.08
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	23	210.98	232.08
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	24	210.98	232.08

82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	25	211.80	232.98
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	26	216.02	237.62
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	27	221.09	243.20
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	28	229.33	252.26
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	29	236.08	259.68
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	30	239.45	263.39
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	31	244.52	268.97
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	32	249.59	274.54
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	33	252.76	278.03
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	34	256.13	281.74
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	35	257.80	283.58
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	36	259.50	285.45
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	37	261.17	287.29
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	38	262.87	289.15
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	39	266.24	292.86
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	40	269.61	296.57
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	41	274.68	302.15
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	42	279.53	307.48
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	43	286.29	314.92
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	44	294.73	324.20
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	45	304.65	335.11
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	46	316.46	348.10
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	47	329.74	362.71
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	48	344.95	379.44

82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	49	359.91	395.89
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	50	376.79	414.46
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	51	393.47	432.81
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	52	411.82	453.00
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	53	430.38	473.41
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	54	450.43	495.47
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	55	470.48	517.52
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	56	492.20	541.42
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	57	514.13	565.54
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	58	537.55	591.30
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	59	549.16	604.07
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	60	572.59	629.84
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	61	592.84	652.11
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	62	606.12	666.73
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	63	622.78	685.05
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	64	632.92	696.20
82120TN0600009	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	632.92	696.20
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	151.04	151.04
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	21	237.86	261.64
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	22	237.86	261.64
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	23	237.86	261.64
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	24	237.86	261.64
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	25	238.79	262.67
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	26	243.55	267.90

82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	27	249.26	274.19
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	28	258.55	284.40
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	29	266.15	292.77
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	30	269.95	296.95
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	31	275.67	303.23
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	32	281.38	309.52
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	33	284.96	313.45
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	34	288.76	317.63
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	35	290.65	319.71
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	36	292.56	321.81
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	37	294.45	323.89
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	38	296.36	325.99
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	39	300.16	330.17
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	40	303.96	334.35
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	41	309.68	340.64
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	42	315.14	346.65
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	43	322.77	355.04
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	44	332.28	365.51
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	45	343.46	377.80
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	46	356.78	392.45
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	47	371.75	408.92
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	48	388.90	427.78
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	49	405.76	446.33
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	50	424.79	467.27

82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	51	443.60	487.95
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	52	464.29	510.71
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	53	485.21	533.72
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	54	507.81	558.59
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	55	530.42	583.46
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	56	554.91	610.40
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	57	579.63	637.59
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	58	606.04	666.63
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	59	619.13	681.03
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	60	645.53	710.08
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	61	668.37	735.20
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	62	683.34	751.67
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	63	702.12	772.33
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	64	713.55	784.90
82120TN0600010	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	713.55	784.90
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	117.45	117.45
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	21	184.96	203.46
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	22	184.96	203.46
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	23	184.96	203.46
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	24	184.96	203.46
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	25	185.69	204.25
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	26	189.39	208.32
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	27	193.83	213.21
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	28	201.06	221.16

82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	29	206.97	227.66
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	30	209.92	230.91
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	31	214.37	235.80
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	32	218.81	240.69
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	33	221.59	243.75
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	34	224.55	247.00
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	35	226.01	248.61
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	36	227.50	250.25
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	37	228.97	251.86
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	38	230.46	253.50
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	39	233.41	256.75
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	40	236.37	260.00
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	41	240.81	264.89
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	42	245.06	269.56
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	43	250.99	276.09
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	44	258.39	284.23
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	45	267.08	293.79
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	46	277.44	305.18
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	47	289.08	317.99
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	48	302.41	332.65
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	49	315.53	347.08
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	50	330.33	363.36
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	51	344.95	379.44
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	52	361.04	397.14

82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	53	377.31	415.03
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	54	394.89	434.37
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	55	412.47	453.71
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	56	431.51	474.66
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	57	450.73	495.80
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	58	471.27	518.39
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	59	481.45	529.59
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	60	501.98	552.17
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	61	519.74	571.70
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	62	531.38	584.52
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	63	545.98	600.58
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	64	554.87	610.35
82120TN0600008	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	554.87	610.35
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	108.25	108.25
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	21	170.48	187.53
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	22	170.48	187.53
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	23	170.48	187.53
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	24	170.48	187.53
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	25	171.15	188.26
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	26	174.56	192.01
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	27	178.66	196.52
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	28	185.31	203.84
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	29	190.76	209.84
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	30	193.49	212.83

82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	31	197.58	217.34
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	32	201.68	221.84
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	33	204.24	224.66
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	34	206.96	227.66
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	35	208.32	229.15
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	36	209.69	230.66
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	37	211.04	232.14
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	38	212.41	233.65
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	39	215.14	236.65
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	40	217.86	239.64
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	41	221.96	244.15
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	42	225.87	248.46
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	43	231.34	254.47
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	44	238.16	261.97
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	45	246.17	270.78
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	46	255.71	281.28
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	47	266.45	293.09
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	48	278.74	306.61
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	49	290.82	319.90
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	50	304.46	334.91
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	51	317.94	349.73
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	52	332.77	366.05
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	53	347.77	382.54
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	54	363.97	400.36

82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	55	380.17	418.19
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	56	397.73	437.50
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	57	415.44	456.98
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	58	434.37	477.80
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	59	443.75	488.12
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	60	462.68	508.94
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	61	479.04	526.94
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	62	489.78	538.75
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	63	503.24	553.56
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	64	511.43	562.57
82120TN0610002	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	511.43	562.57
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	121.79	121.79
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	21	191.79	210.97
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	22	191.79	210.97
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	23	191.79	210.97
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	24	191.79	210.97
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	25	192.54	211.79
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	26	196.38	216.01
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	27	200.99	221.08
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	28	208.48	229.32
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	29	214.61	236.07
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	30	217.67	239.44
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	31	222.28	244.51
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	32	226.89	249.57

82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	33	229.77	252.75
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	34	232.84	256.12
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	35	234.36	257.79
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	36	235.90	259.49
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	37	237.42	261.16
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	38	238.96	262.86
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	39	242.03	266.23
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	40	245.09	269.60
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	41	249.70	274.67
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	42	254.11	279.51
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	43	260.26	286.28
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	44	267.93	294.72
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	45	276.94	304.63
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	46	287.68	316.44
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	47	299.76	329.73
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	48	313.58	344.93
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	49	327.18	359.89
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	50	342.52	376.77
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	51	357.69	393.45
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	52	374.37	411.80
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	53	391.24	430.36
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	54	409.47	450.41
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	55	427.69	470.46
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	56	447.44	492.18

82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	57	467.37	514.11
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	58	488.67	537.53
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	59	499.22	549.14
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	60	520.51	572.56
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	61	538.92	592.81
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	62	551.00	606.10
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	63	566.14	622.75
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	64	575.36	632.89
82120TN0610003	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	575.36	632.89
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	87.57	87.57
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	21	137.91	151.70
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	22	137.91	151.70
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	23	137.91	151.70
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	24	137.91	151.70
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	25	138.45	152.29
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	26	141.20	155.32
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	27	144.52	158.97
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	28	149.90	164.89
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	29	154.31	169.74
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	30	156.51	172.16
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	31	159.83	175.81
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	32	163.14	179.45
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	33	165.21	181.73
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	34	167.42	184.16

82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	35	168.51	185.36
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	36	169.62	186.58
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	37	170.71	187.78
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	38	171.82	189.01
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	39	174.03	191.43
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	40	176.23	193.85
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	41	179.55	197.50
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	42	182.71	200.98
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	43	187.14	205.85
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	44	192.65	211.92
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	45	199.13	219.04
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	46	206.85	227.54
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	47	215.54	237.09
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	48	225.48	248.02
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	49	235.25	258.78
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	50	246.29	270.91
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	51	257.19	282.91
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	52	269.19	296.10
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	53	281.31	309.44
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	54	294.42	323.86
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	55	307.53	338.28
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	56	321.73	353.90
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	57	336.06	369.66
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	58	351.37	386.50

82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	59	358.96	394.85
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	60	374.27	411.69
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	61	387.51	426.25
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	62	396.19	435.81
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	63	407.08	447.78
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	64	413.70	455.07
82120TN0610001	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	413.70	455.07
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	148.65	148.65
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	21	234.10	257.51
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	22	234.10	257.51
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	23	234.10	257.51
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	24	234.10	257.51
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	25	235.01	258.51
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	26	239.70	263.66
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	27	245.32	269.85
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	28	254.46	279.91
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	29	261.95	288.14
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	30	265.69	292.25
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	31	271.31	298.44
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	32	276.94	304.63
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	33	280.45	308.50
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	34	284.19	312.61
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	35	286.05	314.65
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	36	287.94	316.73

82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	37	289.79	318.77
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	38	291.68	320.84
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	39	295.42	324.95
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	40	299.16	329.07
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	41	304.78	335.26
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	42	310.16	341.17
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	43	317.67	349.43
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	44	327.03	359.73
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	45	338.03	371.83
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	46	351.14	386.25
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	47	365.88	402.46
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	48	382.75	421.02
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	49	399.35	439.28
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	50	418.08	459.88
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	51	436.59	480.24
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	52	456.95	502.64
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	53	477.54	525.29
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	54	499.79	549.76
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	55	522.04	574.23
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	56	546.14	600.75
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	57	570.47	627.51
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	58	596.46	656.10
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	59	609.34	670.27
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	60	635.33	698.86

82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	61	657.80	723.57
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	62	672.54	739.79
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	63	691.02	760.12
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	64	702.27	772.49
82120TN0610006	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	702.27	772.49
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	167.16	167.16
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	21	263.25	289.58
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	22	263.25	289.58
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	23	263.25	289.58
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	24	263.25	289.58
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	25	264.28	290.71
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	26	269.55	296.50
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	27	275.87	303.46
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	28	286.15	314.77
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	29	294.57	324.02
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	30	298.77	328.65
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	31	305.10	335.61
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	32	311.42	342.56
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	33	315.38	346.92
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	34	319.59	351.54
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	35	321.67	353.84
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	36	323.79	356.17
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	37	325.88	358.47
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	38	328.00	360.80

82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	39	332.21	365.42
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	40	336.41	370.05
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	41	342.74	377.01
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	42	348.78	383.66
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	43	357.23	392.94
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	44	367.76	404.53
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	45	380.13	418.14
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	46	394.86	434.35
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	47	411.44	452.58
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	48	430.42	473.45
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	49	449.08	493.98
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	50	470.14	517.15
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	51	490.96	540.05
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	52	513.86	565.24
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	53	537.01	590.70
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	54	562.03	618.22
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	55	587.05	645.75
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	56	614.15	675.56
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	57	641.51	705.66
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	58	670.74	737.80
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	59	685.23	753.74
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	60	714.45	785.89
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	61	739.72	813.69
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	62	756.30	831.92

82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	63	777.08	854.78
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	64	789.73	868.69
82120TN0610007	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	789.73	868.69
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	127.35	127.35
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	21	200.56	220.62
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	22	200.56	220.62
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	23	200.56	220.62
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	24	200.56	220.62
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	25	201.35	221.48
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	26	205.36	225.89
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	27	210.18	231.19
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	28	218.01	239.81
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	29	224.42	246.86
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	30	227.62	250.38
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	31	232.44	255.68
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	32	237.26	260.98
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	33	240.28	264.30
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	34	243.48	267.83
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	35	245.07	269.58
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	36	246.68	271.35
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	37	248.28	273.10
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	38	249.89	274.88
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	39	253.09	278.40
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	40	256.30	281.93

82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	41	261.12	287.23
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	42	265.72	292.29
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	43	272.16	299.37
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	44	280.18	308.19
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	45	289.60	318.56
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	46	300.83	330.91
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	47	313.46	344.80
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	48	327.92	360.70
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	49	342.13	376.34
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	50	358.18	394.00
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	51	374.04	411.44
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	52	391.49	430.63
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	53	409.12	450.03
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	54	428.18	471.00
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	55	447.25	491.97
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	56	467.90	514.68
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	57	488.74	537.61
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	58	511.01	562.10
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	59	522.04	574.24
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	60	544.31	598.74
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	61	563.56	619.91
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	62	576.19	633.80
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	63	592.02	651.22
82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	64	601.66	661.82

82120TN0610004	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	601.66	661.82
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	125.17	125.17
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	21	197.12	216.83
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	22	197.12	216.83
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	23	197.12	216.83
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	24	197.12	216.83
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	25	197.89	217.68
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	26	201.83	222.02
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	27	206.57	227.22
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	28	214.27	235.69
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	29	220.57	242.62
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	30	223.72	246.09
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	31	228.45	251.30
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	32	233.19	256.51
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	33	236.15	259.77
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	34	239.30	263.23
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	35	240.87	264.95
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	36	242.45	266.70
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	37	244.02	268.41
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	38	245.60	270.16
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	39	248.75	273.62
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	40	251.90	277.09
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	41	256.64	282.30
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	42	261.16	287.28

82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	43	267.49	294.23
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	44	275.37	302.91
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	45	284.63	313.10
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	46	295.67	325.23
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	47	308.08	338.89
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	48	322.29	354.52
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	49	336.27	369.89
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	50	352.04	387.24
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	51	367.62	404.38
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	52	384.77	423.24
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	53	402.10	442.31
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	54	420.84	462.92
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	55	439.57	483.53
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	56	459.87	505.85
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	57	480.36	528.39
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	58	502.24	552.46
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	59	513.09	564.39
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	60	534.97	588.46
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	61	553.89	609.28
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	62	566.31	622.93
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	63	581.87	640.05
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	64	591.34	650.47
82120TN0610005	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	591.34	650.47
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	120.47	120.47

82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	21	189.73	208.70
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	22	189.73	208.70
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	23	189.73	208.70
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	24	189.73	208.70
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	25	190.47	209.51
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	26	194.26	213.69
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	27	198.82	218.70
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	28	206.23	226.85
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	29	212.29	233.52
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	30	215.33	236.86
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	31	219.88	241.87
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	32	224.44	246.89
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	33	227.30	250.02
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	34	230.33	253.36
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	35	231.83	255.01
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	36	233.36	256.69
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	37	234.86	258.35
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	38	236.39	260.03
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	39	239.42	263.36
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	40	242.45	266.70
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	41	247.01	271.71
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	42	251.37	276.50
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	43	257.45	283.20
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	44	265.04	291.54

82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	45	273.96	301.35
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	46	284.58	313.03
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	47	296.53	326.18
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	48	310.20	341.22
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	49	323.65	356.01
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	50	338.83	372.71
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	51	353.83	389.21
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	52	370.34	407.37
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	53	387.02	425.72
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	54	405.05	445.55
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	55	423.08	465.39
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	56	442.62	486.88
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	57	462.34	508.57
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	58	483.40	531.74
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	59	493.84	543.22
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	60	514.91	566.39
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	61	533.12	586.42
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	62	545.06	599.56
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	63	560.04	616.04
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	64	569.16	626.07
82120TN0620002	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	569.16	626.07
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	135.53	135.53
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	21	213.44	234.78
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	22	213.44	234.78

82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	23	213.44	234.78
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	24	213.44	234.78
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	25	214.28	235.70
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	26	218.55	240.40
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	27	223.67	246.04
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	28	232.01	255.21
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	29	238.83	262.71
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	30	242.24	266.46
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	31	247.37	272.10
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	32	252.50	277.75
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	33	255.71	281.28
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	34	259.12	285.03
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	35	260.81	286.89
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	36	262.53	288.78
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	37	264.22	290.64
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	38	265.94	292.53
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	39	269.35	296.28
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	40	272.76	300.03
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	41	277.89	305.67
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	42	282.79	311.06
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	43	289.63	318.60
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	44	298.17	327.99
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	45	308.20	339.02
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	46	320.15	352.16

82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	47	333.59	366.95
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	48	348.98	383.87
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	49	364.11	400.52
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	50	381.19	419.30
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	51	398.06	437.86
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	52	416.63	458.29
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	53	435.40	478.93
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	54	455.68	501.25
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	55	475.97	523.56
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	56	497.95	547.74
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	57	520.13	572.14
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	58	543.83	598.20
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	59	555.57	611.12
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	60	579.27	637.19
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	61	599.76	659.73
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	62	613.20	674.51
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	63	630.05	693.04
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	64	640.30	704.33
82120TN0620003	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	640.30	704.33
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	97.45	97.45
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	21	153.47	168.82
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	22	153.47	168.82
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	23	153.47	168.82
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	24	153.47	168.82

82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	25	154.07	169.48
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	26	157.14	172.86
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	27	160.83	176.91
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	28	166.82	183.51
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	29	171.73	188.90
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	30	174.18	191.60
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	31	177.87	195.65
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	32	181.56	199.71
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	33	183.86	202.25
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	34	186.32	204.95
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	35	187.53	206.28
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	36	188.77	207.64
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	37	189.98	208.98
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	38	191.22	210.34
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	39	193.67	213.04
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	40	196.12	215.74
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	41	199.81	219.79
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	42	203.34	223.67
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	43	208.26	229.08
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	44	214.40	235.84
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	45	221.61	243.77
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	46	230.20	253.22
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	47	239.87	263.85
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	48	250.93	276.02

82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	49	261.81	287.99
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	50	274.09	301.49
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	51	286.22	314.84
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	52	299.57	329.53
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	53	313.07	344.37
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	54	327.66	360.42
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	55	342.24	376.46
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	56	358.04	393.85
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	57	373.99	411.39
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	58	391.03	430.13
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	59	399.48	439.42
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	60	416.52	458.16
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	61	431.25	474.37
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	62	440.91	485.00
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	63	453.03	498.33
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	64	460.40	506.44
82120TN0620001	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	460.40	506.44
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	165.43	165.43
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	21	260.52	286.57
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	22	260.52	286.57
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	23	260.52	286.57
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	24	260.52	286.57
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	25	261.54	287.69
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	26	266.75	293.43

82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	27	273.01	300.31
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	28	283.19	311.50
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	29	291.51	320.66
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	30	295.68	325.24
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	31	301.94	332.13
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	32	308.20	339.01
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	33	312.11	343.32
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	34	316.27	347.90
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	35	318.34	350.17
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	36	320.44	352.48
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	37	322.50	354.75
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	38	324.60	357.06
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	39	328.76	361.64
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	40	332.93	366.21
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	41	339.18	373.10
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	42	345.17	379.68
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	43	353.52	388.87
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	44	363.94	400.34
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	45	376.19	413.80
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	46	390.77	429.84
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	47	407.18	447.89
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	48	425.95	468.55
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	49	444.42	488.86
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	50	465.27	511.79

82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	51	485.87	534.45
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	52	508.53	559.38
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	53	531.44	584.58
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	54	556.20	611.82
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	55	580.96	639.05
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	56	607.79	668.56
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	57	634.86	698.34
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	58	663.78	730.16
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	59	678.12	745.93
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	60	707.05	777.74
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	61	732.05	805.25
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	62	748.46	823.30
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	63	769.02	845.92
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	64	781.54	859.69
82120TN0620006	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	781.54	859.69
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	186.03	186.03
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	21	292.97	322.26
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	22	292.97	322.26
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	23	292.97	322.26
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	24	292.97	322.26
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	25	294.11	323.52
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	26	299.97	329.97
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	27	307.01	337.71
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	28	318.46	350.30

82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	29	327.82	360.60
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	30	332.50	365.75
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	31	339.54	373.49
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	32	346.58	381.23
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	33	350.98	386.07
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	34	355.66	391.22
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	35	357.98	393.78
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	36	360.34	396.37
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	37	362.67	398.93
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	38	365.02	401.52
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	39	369.70	406.67
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	40	374.39	411.82
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	41	381.43	419.56
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	42	388.15	426.96
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	43	397.55	437.30
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	44	409.27	450.19
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	45	423.04	465.33
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	46	439.44	483.38
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	47	457.88	503.67
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	48	479.00	526.90
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	49	499.77	549.74
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	50	523.21	575.53
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	51	546.37	601.01
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	52	571.86	629.04

82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	53	597.62	657.38
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	54	625.47	688.01
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	55	653.31	718.64
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	56	683.48	751.82
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	57	713.92	785.31
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	58	746.45	821.09
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	59	762.57	838.82
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	60	795.10	874.60
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	61	823.22	905.53
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	62	841.67	925.82
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	63	864.79	951.27
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	64	878.87	966.75
82120TN0620007	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	878.87	966.75
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	141.73	141.73
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	21	223.20	245.52
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	22	223.20	245.52
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	23	223.20	245.52
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	24	223.20	245.52
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	25	224.07	246.48
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	26	228.54	251.39
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	27	233.90	257.29
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	28	242.62	266.88
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	29	249.75	274.72
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	30	253.32	278.65

82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	31	258.68	284.54
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	32	264.04	290.44
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	33	267.40	294.13
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	34	270.96	298.06
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	35	272.73	300.00
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	36	274.53	301.98
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	37	276.30	303.93
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	38	278.10	305.90
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	39	281.66	309.83
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	40	285.23	313.75
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	41	290.59	319.65
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	42	295.72	325.29
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	43	302.88	333.16
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	44	311.80	342.98
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	45	322.29	354.52
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	46	334.79	368.26
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	47	348.84	383.72
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	48	364.93	401.42
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	49	380.75	418.83
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	50	398.61	438.47
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	51	416.26	457.88
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	52	435.68	479.24
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	53	455.30	500.83
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	54	476.52	524.16

82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	55	497.73	547.50
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	56	520.71	572.78
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	57	543.91	598.29
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	58	568.69	625.55
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	59	580.97	639.06
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	60	605.75	666.32
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	61	627.18	689.89
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	62	641.23	705.35
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	63	658.85	724.73
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	64	669.58	736.53
82120TN0620004	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	669.58	736.53
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	139.30	139.30
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	21	219.37	241.31
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	22	219.37	241.31
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	23	219.37	241.31
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	24	219.37	241.31
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	25	220.23	242.25
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	26	224.62	247.08
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	27	229.89	252.87
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	28	238.46	262.30
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	29	245.47	270.01
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	30	248.97	273.87
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	31	254.24	279.66
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	32	259.51	285.46

82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	33	262.81	289.09
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	34	266.32	292.94
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	35	268.05	294.86
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	36	269.82	296.80
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	37	271.56	298.71
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	38	273.33	300.66
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	39	276.83	304.51
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	40	280.34	308.37
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	41	285.61	314.16
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	42	290.64	319.70
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	43	297.68	327.44
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	44	306.46	337.10
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	45	316.76	348.44
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	46	329.04	361.95
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	47	342.86	377.14
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	48	358.67	394.53
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	49	374.22	411.64
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	50	391.77	430.95
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	51	409.12	450.03
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	52	428.20	471.02
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	53	447.49	492.24
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	54	468.34	515.17
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	55	489.19	538.11
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	56	511.78	562.95

82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	57	534.58	588.03
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	58	558.93	614.82
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	59	571.01	628.10
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	60	595.36	654.89
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	61	616.42	678.05
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	62	630.23	693.25
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	63	647.55	712.30
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	64	658.09	723.89
82120TN0620005	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	658.09	723.89
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	112.81	112.81
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	21	177.66	195.43
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	22	177.66	195.43
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	23	177.66	195.43
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	24	177.66	195.43
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	25	178.36	196.19
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	26	181.91	200.10
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	27	186.18	204.79
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	28	193.12	212.43
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	29	198.79	218.67
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	30	201.63	221.79
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	31	205.90	226.49
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	32	210.17	231.18
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	33	212.84	234.12
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	34	215.68	237.24

82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	35	217.09	238.79
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	36	218.52	240.37
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	37	219.93	241.92
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	38	221.36	243.49
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	39	224.20	246.61
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	40	227.03	249.73
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	41	231.30	254.43
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	42	235.38	258.92
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	43	241.08	265.19
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	44	248.19	273.00
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	45	256.54	282.19
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	46	266.48	293.13
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	47	277.67	305.43
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	48	290.47	319.52
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	49	303.07	333.37
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	50	317.28	349.01
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	51	331.33	364.46
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	52	346.79	381.46
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	53	362.41	398.65
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	54	379.29	417.22
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	55	396.18	435.79
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	56	414.47	455.92
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	57	432.93	476.22
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	58	452.66	497.92

82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	59	462.44	508.68
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	60	482.16	530.37
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	61	499.21	549.13
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	62	510.40	561.44
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	63	524.43	576.86
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	64	532.96	586.25
82120TN0600037	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	532.96	586.25
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	87.05	87.05
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	21	137.09	150.80
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	22	137.09	150.80
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	23	137.09	150.80
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	24	137.09	150.80
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	25	137.62	151.38
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	26	140.37	154.40
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	27	143.66	158.02
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	28	149.01	163.91
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	29	153.39	168.73
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	30	155.59	171.14
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	31	158.88	174.77
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	32	162.17	178.39
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	33	164.23	180.65
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	34	166.42	183.06
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	35	167.51	184.26
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	36	168.61	185.47

82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	37	169.70	186.67
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	38	170.80	187.88
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	39	172.99	190.29
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	40	175.19	192.70
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	41	178.48	196.33
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	42	181.63	199.79
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	43	186.02	204.62
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	44	191.51	210.66
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	45	197.95	217.74
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	46	205.62	226.18
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	47	214.26	235.68
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	48	224.14	246.55
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	49	233.86	257.24
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	50	244.82	269.30
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	51	255.66	281.23
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	52	267.59	294.34
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	53	279.64	307.61
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	54	292.67	321.94
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	55	305.70	336.27
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	56	319.82	351.80
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	57	334.06	367.47
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	58	349.28	384.21
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	59	356.83	392.51
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	60	372.05	409.25

82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	61	385.21	423.72
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	62	393.84	433.22
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	63	404.66	445.12
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	64	411.25	452.37
82120TN0600036	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	411.25	452.37
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	145.92	145.92
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	21	229.80	252.78
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	22	229.80	252.78
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	23	229.80	252.78
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	24	229.80	252.78
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	25	230.70	253.76
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	26	235.29	258.82
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	27	240.81	264.89
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	28	249.79	274.77
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	29	257.13	282.84
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	30	260.81	286.88
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	31	266.33	292.96
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	32	271.85	299.03
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	33	275.30	302.83
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	34	278.97	306.87
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	35	280.80	308.87
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	36	282.65	310.91
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	37	284.47	312.91
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	38	286.32	314.95

82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	39	289.99	318.99
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	40	293.66	323.02
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	41	299.18	329.10
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	42	304.46	334.90
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	43	311.83	343.01
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	44	321.02	353.12
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	45	331.82	365.00
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	46	344.69	379.15
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	47	359.15	395.07
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	48	375.72	413.29
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	49	392.01	431.21
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	50	410.40	451.43
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	51	428.57	471.42
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	52	448.56	493.41
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	53	468.76	515.64
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	54	490.60	539.66
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	55	512.45	563.68
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	56	536.11	589.71
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	57	559.99	615.98
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	58	585.50	644.04
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	59	598.15	657.96
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	60	623.66	686.02
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	61	645.72	710.28
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	62	660.19	726.20

82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	63	678.33	746.15
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	64	689.37	758.30
82120TN0600039	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	689.37	758.30
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	164.51	164.51
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	21	259.08	284.98
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	22	259.08	284.98
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	23	259.08	284.98
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	24	259.08	284.98
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	25	260.09	286.09
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	26	265.27	291.79
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	27	271.50	298.64
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	28	281.61	309.77
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	29	289.89	318.88
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	30	294.03	323.43
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	31	300.26	330.28
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	32	306.48	337.13
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	33	310.38	341.41
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	34	314.52	345.96
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	35	316.57	348.22
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	36	318.66	350.52
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	37	320.71	352.78
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	38	322.80	355.07
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	39	326.93	359.63
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	40	331.07	364.18

82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	41	337.30	371.03
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	42	343.25	377.57
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	43	351.56	386.71
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	44	361.92	398.11
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	45	374.10	411.50
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	46	388.60	427.46
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	47	404.91	445.40
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	48	423.59	465.94
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	49	441.95	486.15
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	50	462.68	508.95
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	51	483.17	531.48
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	52	505.70	556.27
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	53	528.49	581.33
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	54	553.11	608.41
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	55	577.73	635.50
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	56	604.41	664.84
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	57	631.33	694.46
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	58	660.09	726.10
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	59	674.35	741.78
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	60	703.12	773.42
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	61	727.98	800.77
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	62	744.30	818.72
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	63	764.75	841.22
82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	64	777.20	854.91

82120TN0600040	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	777.20	854.91
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	127.93	127.93
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	21	201.46	221.61
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	22	201.46	221.61
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	23	201.46	221.61
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	24	201.46	221.61
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	25	202.25	222.47
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	26	206.28	226.91
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	27	211.12	232.23
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	28	218.99	240.89
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	29	225.43	247.97
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	30	228.65	251.51
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	31	233.49	256.83
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	32	238.33	262.16
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	33	241.36	265.49
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	34	244.57	269.03
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	35	246.17	270.79
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	36	247.79	272.57
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	37	249.39	274.33
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	38	251.01	276.11
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	39	254.23	279.65
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	40	257.45	283.19
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	41	262.29	288.52
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	42	266.92	293.61

82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	43	273.38	300.71
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	44	281.44	309.58
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	45	290.90	319.99
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	46	302.18	332.40
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	47	314.87	346.35
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	48	329.39	362.33
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	49	343.67	378.04
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	50	359.79	395.77
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	51	375.72	413.29
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	52	393.25	432.57
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	53	410.96	452.05
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	54	430.11	473.12
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	55	449.26	494.18
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	56	470.00	517.00
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	57	490.94	540.03
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	58	513.30	564.63
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	59	524.39	576.83
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	60	546.76	601.43
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	61	566.10	622.70
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	62	578.78	636.65
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	63	594.69	654.15
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	64	604.37	664.80
82120TN0600038	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	604.37	664.80
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	117.46	117.46

82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	21	184.98	203.48
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	22	184.98	203.48
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	23	184.98	203.48
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	24	184.98	203.48
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	25	185.70	204.27
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	26	189.40	208.34
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	27	193.85	213.23
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	28	201.07	221.18
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	29	206.99	227.68
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	30	209.94	230.93
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	31	214.39	235.82
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	32	218.83	240.71
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	33	221.61	243.77
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	34	224.57	247.02
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	35	226.03	248.63
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	36	227.52	250.27
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	37	228.99	251.89
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	38	230.48	253.52
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	39	233.43	256.77
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	40	236.39	260.03
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	41	240.83	264.91
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	42	245.08	269.59
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	43	251.01	276.11
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	44	258.41	284.25

82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	45	267.11	293.81
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	46	277.46	305.21
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	47	289.11	318.02
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	48	302.44	332.68
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	49	315.56	347.11
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	50	330.36	363.39
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	51	344.98	379.48
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	52	361.08	397.18
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	53	377.34	415.07
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	54	394.92	434.41
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	55	412.50	453.75
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	56	431.55	474.70
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	57	450.77	495.85
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	58	471.31	518.44
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	59	481.49	529.64
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	60	502.03	552.23
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	61	519.78	571.76
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	62	531.43	584.57
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	63	546.04	600.63
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	64	554.92	610.41
82120TN0610002	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	554.92	610.41
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	132.14	132.14
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	21	208.10	228.91
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	22	208.10	228.91

82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	23	208.10	228.91
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	24	208.10	228.91
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	25	208.92	229.81
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	26	213.08	234.39
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	27	218.08	239.89
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	28	226.21	248.83
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	29	232.86	256.14
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	30	236.18	259.80
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	31	241.18	265.30
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	32	246.18	270.80
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	33	249.31	274.24
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	34	252.64	277.90
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	35	254.29	279.71
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	36	255.96	281.56
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	37	257.61	283.37
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	38	259.29	285.21
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	39	262.61	288.87
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	40	265.94	292.53
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	41	270.94	298.03
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	42	275.72	303.29
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	43	282.39	310.63
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	44	290.72	319.78
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	45	300.49	330.54
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	46	312.14	343.36

82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	47	325.25	357.77
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	48	340.25	374.27
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	49	355.00	390.50
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	50	371.65	408.81
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	51	388.11	426.91
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	52	406.21	446.83
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	53	424.51	466.96
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	54	444.29	488.71
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	55	464.07	510.47
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	56	485.50	534.04
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	57	507.12	557.83
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	58	530.23	583.24
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	59	541.68	595.84
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	60	564.78	621.25
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	61	584.76	643.23
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	62	597.86	657.64
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	63	614.29	675.71
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	64	624.29	686.71
82120TN0610003	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	624.29	686.71
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	95.02	95.02
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	21	149.64	164.60
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	22	149.64	164.60
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	23	149.64	164.60
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	24	149.64	164.60

82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	25	150.22	165.24
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	26	153.21	168.53
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	27	156.81	172.49
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	28	162.65	178.92
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	29	167.43	184.18
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	30	169.83	186.81
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	31	173.42	190.76
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	32	177.02	194.72
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	33	179.27	197.19
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	34	181.66	199.82
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	35	182.84	201.13
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	36	184.05	202.45
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	37	185.23	203.76
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	38	186.44	205.08
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	39	188.83	207.71
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	40	191.22	210.34
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	41	194.81	214.29
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	42	198.25	218.07
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	43	203.05	223.35
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	44	209.04	229.94
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	45	216.07	237.67
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	46	224.44	246.89
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	47	233.87	257.25
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	48	244.65	269.11

82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	49	255.26	280.78
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	50	267.23	293.95
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	51	279.06	306.97
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	52	292.08	321.29
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	53	305.24	335.76
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	54	319.46	351.40
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	55	333.68	367.05
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	56	349.09	384.00
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	57	364.64	401.10
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	58	381.25	419.37
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	59	389.49	428.43
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	60	406.10	446.71
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	61	420.46	462.51
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	62	429.89	472.87
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	63	441.70	485.86
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	64	448.89	493.77
82120TN0610001	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	448.89	493.77
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	161.29	161.29
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	21	254.01	279.41
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	22	254.01	279.41
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	23	254.01	279.41
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	24	254.01	279.41
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	25	255.00	280.50
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	26	260.08	286.09

82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	27	266.19	292.80
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	28	276.11	303.71
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	29	284.22	312.64
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	30	288.28	317.11
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	31	294.38	323.82
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	32	300.49	330.53
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	33	304.31	334.73
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	34	308.36	339.20
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	35	310.38	341.41
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	36	312.42	343.66
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	37	314.44	345.88
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	38	316.48	348.13
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	39	320.54	352.59
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	40	324.60	357.06
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	41	330.70	363.77
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	42	336.53	370.18
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	43	344.68	379.15
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	44	354.84	390.32
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	45	366.78	403.45
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	46	381.00	419.09
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	47	396.99	436.69
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	48	415.30	456.83
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	49	433.31	476.64
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	50	453.63	498.99

82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	51	473.72	521.08
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	52	495.81	545.39
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	53	518.15	569.96
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	54	542.29	596.51
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	55	566.43	623.07
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	56	592.59	651.84
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	57	618.98	680.88
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	58	647.18	711.90
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	59	661.16	727.27
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	60	689.36	758.29
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	61	713.75	785.11
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	62	729.74	802.71
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	63	749.79	824.76
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	64	762.00	838.19
82120TN0610006	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	762.00	838.19
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	181.38	181.38
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	21	285.64	314.20
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	22	285.64	314.20
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	23	285.64	314.20
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	24	285.64	314.20
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	25	286.76	315.43
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	26	292.47	321.72
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	27	299.33	329.27
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	28	310.49	341.54

82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	29	319.62	351.58
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	30	324.18	356.60
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	31	331.05	364.15
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	32	337.91	371.70
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	33	342.20	376.42
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	34	346.77	381.44
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	35	349.03	383.93
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	36	351.33	386.46
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	37	353.60	388.95
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	38	355.90	391.48
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	39	360.46	396.50
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	40	365.02	401.52
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	41	371.89	409.07
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	42	378.44	416.29
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	43	387.61	426.36
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	44	399.03	438.93
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	45	412.46	453.70
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	46	428.45	471.29
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	47	446.43	491.07
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	48	467.02	513.72
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	49	487.27	535.99
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	50	510.13	561.13
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	51	532.71	585.98
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	52	557.56	613.31

82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	53	582.68	640.94
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	54	609.83	670.80
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	55	636.97	700.66
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	56	666.39	733.02
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	57	696.07	765.67
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	58	727.78	800.55
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	59	743.50	817.84
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	60	775.21	852.73
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	61	802.63	882.89
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	62	820.62	902.67
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	63	843.17	927.48
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	64	856.89	942.57
82120TN0610007	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	856.89	942.57
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	138.19	138.19
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	21	217.62	239.38
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	22	217.62	239.38
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	23	217.62	239.38
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	24	217.62	239.38
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	25	218.47	240.31
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	26	222.82	245.10
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	27	228.05	250.85
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	28	236.55	260.20
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	29	243.50	267.85
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	30	246.98	271.68

82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	31	252.21	277.43
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	32	257.44	283.18
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	33	260.71	286.78
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	34	264.19	290.60
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	35	265.91	292.50
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	36	267.66	294.43
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	37	269.39	296.33
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	38	271.14	298.25
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	39	274.62	302.08
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	40	278.10	305.90
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	41	283.32	311.65
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	42	288.32	317.15
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	43	295.30	324.83
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	44	304.01	334.40
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	45	314.23	345.65
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	46	326.42	359.05
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	47	340.12	374.13
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	48	355.80	391.38
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	49	371.23	408.35
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	50	388.64	427.50
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	51	405.85	446.43
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	52	424.78	467.25
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	53	443.92	488.31
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	54	464.60	511.06

82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	55	485.28	533.81
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	56	507.69	558.46
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	57	530.31	583.33
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	58	554.47	609.91
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	59	566.44	623.08
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	60	590.60	649.66
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	61	611.49	672.63
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	62	625.19	687.71
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	63	642.37	706.60
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	64	652.83	718.11
82120TN0610004	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	652.83	718.11
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	135.81	135.81
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	21	213.89	235.27
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	22	213.89	235.27
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	23	213.89	235.27
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	24	213.89	235.27
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	25	214.72	236.19
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	26	219.00	240.90
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	27	224.14	246.55
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	28	232.49	255.74
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	29	239.33	263.26
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	30	242.74	267.02
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	31	247.88	272.67
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	32	253.02	278.32

82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	33	256.24	281.86
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	34	259.65	285.62
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	35	261.35	287.48
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	36	263.07	289.38
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	37	264.77	291.24
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	38	266.49	293.14
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	39	269.91	296.90
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	40	273.32	300.65
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	41	278.46	306.31
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	42	283.37	311.71
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	43	290.24	319.26
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	44	298.79	328.67
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	45	308.84	339.72
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	46	320.82	352.89
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	47	334.28	367.71
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	48	349.70	384.67
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	49	364.86	401.35
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	50	381.98	420.17
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	51	398.89	438.77
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	52	417.49	459.24
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	53	436.30	479.93
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	54	456.63	502.29
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	55	476.96	524.65
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	56	498.98	548.88

82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	57	521.21	573.32
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	58	544.95	599.44
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	59	556.73	612.39
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	60	580.47	638.51
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	61	601.00	661.09
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	62	614.47	675.91
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	63	631.35	694.48
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	64	641.63	705.79
82120TN0610005	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	641.63	705.79
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	122.42	122.42
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	21	192.79	212.06
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	22	192.79	212.06
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	23	192.79	212.06
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	24	192.79	212.06
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	25	193.54	212.89
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	26	197.39	217.13
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	27	202.03	222.23
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	28	209.56	230.51
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	29	215.72	237.29
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	30	218.80	240.67
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	31	223.43	245.77
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	32	228.06	250.87
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	33	230.96	254.05
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	34	234.04	257.44

82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	35	235.57	259.12
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	36	237.12	260.83
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	37	238.65	262.51
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	38	240.20	264.22
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	39	243.28	267.61
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	40	246.36	270.99
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	41	250.99	276.09
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	42	255.42	280.96
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	43	261.60	287.76
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	44	269.32	296.24
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	45	278.37	306.21
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	46	289.17	318.08
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	47	301.31	331.43
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	48	315.20	346.72
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	49	328.87	361.75
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	50	344.29	378.72
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	51	359.54	395.49
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	52	376.31	413.93
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	53	393.26	432.58
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	54	411.58	452.74
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	55	429.91	472.89
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	56	449.76	494.73
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	57	469.79	516.76
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	58	491.19	540.31

82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	59	501.80	551.98
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	60	523.21	575.52
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	61	541.71	595.88
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	62	553.85	609.23
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	63	569.07	625.97
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	64	578.33	636.16
82120TN0620002	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	578.33	636.16
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	137.72	137.72
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	21	216.88	238.57
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	22	216.88	238.57
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	23	216.88	238.57
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	24	216.88	238.57
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	25	217.73	239.50
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	26	222.07	244.27
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	27	227.28	250.01
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	28	235.75	259.32
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	29	242.68	266.95
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	30	246.15	270.76
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	31	251.36	276.49
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	32	256.57	282.22
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	33	259.83	285.81
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	34	263.29	289.62
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	35	265.01	291.51
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	36	266.76	293.43

82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	37	268.48	295.33
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	38	270.23	297.25
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	39	273.69	301.06
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	40	277.16	304.87
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	41	282.37	310.60
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	42	287.35	316.08
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	43	294.30	323.73
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	44	302.98	333.27
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	45	313.17	344.48
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	46	325.31	357.84
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	47	338.97	372.86
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	48	354.60	390.06
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	49	369.98	406.97
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	50	387.33	426.06
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	51	404.48	444.92
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	52	423.35	465.68
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	53	442.42	486.66
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	54	463.03	509.33
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	55	483.64	532.00
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	56	505.98	556.57
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	57	528.51	581.36
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	58	552.59	607.85
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	59	564.53	620.98
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	60	588.61	647.46

82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	61	609.43	670.36
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	62	623.08	685.38
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	63	640.20	704.22
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	64	650.63	715.68
82120TN0620003	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	650.63	715.68
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	99.02	99.02
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	21	155.95	171.54
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	22	155.95	171.54
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	23	155.95	171.54
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	24	155.95	171.54
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	25	156.56	172.21
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	26	159.68	175.64
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	27	163.42	179.76
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	28	169.51	186.46
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	29	174.50	191.95
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	30	176.99	194.69
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	31	180.74	198.81
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	32	184.48	202.93
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	33	186.83	205.51
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	34	189.32	208.25
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	35	190.56	209.61
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	36	191.81	210.99
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	37	193.05	212.35
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	38	194.30	213.73

82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	39	196.79	216.47
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	40	199.29	219.21
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	41	203.03	223.33
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	42	206.61	227.27
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	43	211.62	232.78
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	44	217.85	239.64
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	45	225.18	247.70
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	46	233.91	257.30
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	47	243.73	268.10
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	48	254.97	280.47
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	49	266.03	292.63
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	50	278.51	306.35
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	51	290.84	319.92
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	52	304.40	334.84
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	53	318.12	349.92
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	54	332.94	366.23
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	55	347.76	382.53
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	56	363.82	400.19
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	57	380.02	418.02
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	58	397.34	437.07
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	59	405.92	446.51
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	60	423.23	465.55
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	61	438.20	482.02
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	62	448.02	492.82

82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	63	460.33	506.36
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	64	467.83	514.60
82120TN0620001	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	467.83	514.60
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	168.10	168.10
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	21	264.72	291.19
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	22	264.72	291.19
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	23	264.72	291.19
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	24	264.72	291.19
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	25	265.76	292.33
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	26	271.05	298.16
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	27	277.41	305.15
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	28	287.75	316.53
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	29	296.21	325.83
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	30	300.44	330.48
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	31	306.80	337.48
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	32	313.16	344.48
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	33	317.14	348.85
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	34	321.37	353.51
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	35	323.47	355.82
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	36	325.60	358.16
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	37	327.70	360.47
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	38	329.83	362.81
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	39	334.06	367.47
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	40	338.29	372.12

82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	41	344.65	379.11
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	42	350.73	385.80
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	43	359.22	395.14
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	44	369.81	406.79
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	45	382.25	420.47
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	46	397.07	436.77
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	47	413.74	455.11
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	48	432.82	476.10
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	49	451.59	496.74
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	50	472.77	520.04
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	51	493.70	543.06
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	52	516.73	568.40
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	53	540.01	594.00
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	54	565.17	621.68
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	55	590.33	649.35
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	56	617.59	679.34
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	57	645.10	709.60
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	58	674.48	741.93
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	59	689.05	757.95
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	60	718.44	790.28
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	61	743.85	818.23
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	62	760.52	836.57
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	63	781.42	859.56
82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	64	794.14	873.55

82120TN0620006	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	794.14	873.55
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	189.03	189.03
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	21	297.69	327.46
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	22	297.69	327.46
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	23	297.69	327.46
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	24	297.69	327.46
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	25	298.85	328.74
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	26	304.81	335.29
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	27	311.96	343.15
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	28	323.59	355.94
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	29	333.10	366.41
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	30	337.86	371.64
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	31	345.01	379.51
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	32	352.16	387.38
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	33	356.64	392.30
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	34	361.40	397.53
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	35	363.76	400.13
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	36	366.15	402.76
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	37	368.51	405.36
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	38	370.91	408.00
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	39	375.66	413.23
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	40	380.42	418.46
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	41	387.57	426.33
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	42	394.41	433.85

82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	43	403.96	444.35
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	44	415.87	457.45
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	45	429.85	472.84
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	46	446.52	491.17
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	47	465.26	511.79
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	48	486.72	535.39
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	49	507.83	558.61
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	50	531.65	584.80
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	51	555.18	610.69
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	52	581.08	639.18
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	53	607.26	667.98
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	54	635.55	699.10
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	55	663.84	730.22
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	56	694.50	763.94
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	57	725.43	797.97
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	58	758.48	834.32
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	59	774.87	852.34
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	60	807.92	888.70
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	61	836.49	920.13
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	62	855.23	940.75
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	63	878.74	966.60
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	64	893.04	982.34
82120TN0620007	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	893.04	982.34
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	144.01	144.01

82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	21	226.80	249.48
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	22	226.80	249.48
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	23	226.80	249.48
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	24	226.80	249.48
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	25	227.68	250.45
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	26	232.22	255.44
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	27	237.67	261.44
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	28	246.53	271.18
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	29	253.78	279.15
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	30	257.40	283.14
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	31	262.85	289.13
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	32	268.30	295.13
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	33	271.71	298.88
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	34	275.33	302.86
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	35	277.13	304.84
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	36	278.96	306.85
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	37	280.75	308.83
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	38	282.58	310.83
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	39	286.20	314.82
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	40	289.83	318.81
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	41	295.28	324.80
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	42	300.48	330.53
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	43	307.76	338.53
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	44	316.83	348.51

82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	45	327.49	360.23
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	46	340.19	374.20
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	47	354.47	389.91
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	48	370.81	407.89
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	49	386.89	425.58
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	50	405.04	445.54
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	51	422.97	465.26
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	52	442.70	486.97
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	53	462.64	508.90
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	54	484.20	532.61
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	55	505.75	556.32
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	56	529.11	582.01
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	57	552.68	607.94
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	58	577.86	635.64
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	59	590.34	649.37
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	60	615.52	677.06
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	61	637.29	701.01
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	62	651.57	716.72
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	63	669.47	736.41
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	64	680.37	748.40
82120TN0620004	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	680.37	748.40
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	141.54	141.54
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	21	222.91	245.20
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	22	222.91	245.20

82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	23	222.91	245.20
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	24	222.91	245.20
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	25	223.78	246.15
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	26	228.24	251.06
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	27	233.59	256.95
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	28	242.30	266.53
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	29	249.42	274.36
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	30	252.98	278.28
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	31	258.34	284.17
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	32	263.70	290.06
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	33	267.05	293.75
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	34	270.61	297.67
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	35	272.38	299.61
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	36	274.17	301.58
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	37	275.94	303.53
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	38	277.73	305.50
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	39	281.29	309.42
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	40	284.85	313.34
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	41	290.21	319.23
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	42	295.33	324.86
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	43	302.48	332.72
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	44	311.40	342.53
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	45	321.87	354.05
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	46	334.35	367.78

82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	47	348.38	383.22
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	48	364.45	400.89
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	49	380.26	418.28
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	50	398.09	437.89
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	51	415.71	457.28
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	52	435.10	478.61
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	53	454.71	500.17
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	54	475.89	523.48
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	55	497.08	546.78
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	56	520.03	572.03
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	57	543.20	597.51
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	58	567.94	624.73
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	59	580.21	638.23
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	60	604.96	665.45
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	61	626.35	688.98
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	62	640.39	704.42
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	63	657.99	723.78
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	64	668.70	735.56
82120TN0620005	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	668.70	735.56
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	107.90	107.90
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	21	169.92	186.91
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	22	169.92	186.91
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	23	169.92	186.91
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	24	169.92	186.91

82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	25	170.58	187.64
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	26	173.98	191.38
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	27	178.07	195.87
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	28	184.70	203.17
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	29	190.13	209.14
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	30	192.85	212.13
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	31	196.93	216.62
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	32	201.01	221.11
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	33	203.57	223.92
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	34	206.28	226.91
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	35	207.63	228.39
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	36	209.00	229.90
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	37	210.34	231.38
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	38	211.71	232.88
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	39	214.43	235.87
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	40	217.14	238.85
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	41	221.23	243.35
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	42	225.13	247.64
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	43	230.58	253.63
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	44	237.37	261.11
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	45	245.36	269.89
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	46	254.87	280.36
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	47	265.57	292.13
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	48	277.82	305.60

82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	49	289.87	318.85
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	50	303.46	333.80
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	51	316.89	348.58
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	52	331.68	364.84
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	53	346.62	381.28
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	54	362.77	399.04
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	55	378.92	416.81
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	56	396.42	436.05
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	57	414.07	455.48
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	58	432.94	476.23
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	59	442.29	486.51
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	60	461.15	507.26
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	61	477.46	525.21
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	62	488.16	536.97
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	63	501.58	551.73
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	64	509.74	560.71
82120TN0620002	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	509.74	560.71
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	121.38	121.38
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	21	191.16	210.28
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	22	191.16	210.28
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	23	191.16	210.28
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	24	191.16	210.28
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	25	191.91	211.10
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	26	195.73	215.30

82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	27	200.32	220.35
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	28	207.79	228.57
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	29	213.90	235.29
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	30	216.95	238.65
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	31	221.55	243.70
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	32	226.14	248.75
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	33	229.01	251.91
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	34	232.07	255.27
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	35	233.58	256.94
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	36	235.12	258.63
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	37	236.64	260.30
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	38	238.18	261.99
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	39	241.23	265.35
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	40	244.29	268.71
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	41	248.88	273.76
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	42	253.27	278.59
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	43	259.40	285.34
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	44	267.05	293.75
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	45	276.03	303.63
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	46	286.73	315.40
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	47	298.77	328.64
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	48	312.55	343.80
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	49	326.10	358.70
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	50	341.39	375.53

82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	51	356.51	392.15
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	52	373.14	410.45
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	53	389.95	428.94
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	54	408.12	448.92
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	55	426.28	468.91
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	56	445.97	490.56
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	57	465.83	512.41
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	58	487.05	535.76
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	59	497.58	547.33
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	60	518.80	570.67
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	61	537.15	590.86
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	62	549.18	604.10
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	63	564.27	620.70
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	64	573.46	630.80
82120TN0620003	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	573.46	630.80
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	87.28	87.28
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	21	137.45	151.20
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	22	137.45	151.20
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	23	137.45	151.20
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	24	137.45	151.20
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	25	137.99	151.79
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	26	140.74	154.81
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	27	144.04	158.44
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	28	149.41	164.35

82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	29	153.80	169.18
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	30	156.00	171.60
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	31	159.30	175.23
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	32	162.60	178.86
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	33	164.67	181.13
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	34	166.87	183.55
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	35	167.96	184.75
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	36	169.06	185.97
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	37	170.15	187.17
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	38	171.26	188.38
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	39	173.45	190.80
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	40	175.65	193.21
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	41	178.95	196.85
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	42	182.11	200.32
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	43	186.52	205.17
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	44	192.02	211.22
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	45	198.48	218.32
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	46	206.17	226.79
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	47	214.83	236.31
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	48	224.73	247.20
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	49	234.48	257.92
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	50	245.48	270.02
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	51	256.34	281.97
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	52	268.30	295.13

82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	53	280.39	308.42
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	54	293.45	322.79
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	55	306.51	337.16
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	56	320.67	352.73
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	57	334.95	368.44
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	58	350.21	385.23
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	59	357.78	393.55
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	60	373.04	410.34
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	61	386.23	424.85
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	62	394.88	434.37
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	63	405.74	446.31
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	64	412.34	453.57
82120TN0620001	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	412.34	453.57
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	148.16	148.16
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	21	233.33	256.66
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	22	233.33	256.66
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	23	233.33	256.66
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	24	233.33	256.66
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	25	234.24	257.66
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	26	238.91	262.79
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	27	244.51	268.96
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	28	253.63	278.99
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	29	261.08	287.19
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	30	264.81	291.29

82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	31	270.42	297.46
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	32	276.02	303.62
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	33	279.53	307.48
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	34	283.26	311.58
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	35	285.11	313.62
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	36	286.99	315.68
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	37	288.84	317.72
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	38	290.71	319.78
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	39	294.44	323.88
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	40	298.17	327.98
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	41	303.78	334.15
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	42	309.13	340.04
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	43	316.62	348.28
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	44	325.95	358.54
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	45	336.92	370.60
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	46	349.98	384.97
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	47	364.67	401.13
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	48	381.49	419.63
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	49	398.03	437.83
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	50	416.70	458.36
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	51	435.15	478.66
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	52	455.44	500.98
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	53	475.96	523.55
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	54	498.14	547.95

82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	55	520.31	572.34
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	56	544.34	598.77
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	57	568.59	625.44
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	58	594.49	653.93
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	59	607.33	668.06
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	60	633.24	696.55
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	61	655.63	721.19
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	62	670.32	737.35
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	63	688.74	757.61
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	64	699.96	769.94
82120TN0620006	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	699.96	769.94
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	166.61	166.61
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	21	262.39	288.62
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	22	262.39	288.62
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	23	262.39	288.62
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	24	262.39	288.62
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	25	263.41	289.75
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	26	268.66	295.52
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	27	274.96	302.46
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	28	285.21	313.73
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	29	293.60	322.95
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	30	297.79	327.56
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	31	304.09	334.50
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	32	310.40	341.43

82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	33	314.34	345.77
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	34	318.53	350.38
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	35	320.61	352.67
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	36	322.73	355.00
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	37	324.81	357.28
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	38	326.92	359.61
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	39	331.11	364.22
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	40	335.30	368.83
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	41	341.61	375.76
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	42	347.63	382.39
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	43	356.05	391.65
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	44	366.54	403.20
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	45	378.87	416.76
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	46	393.56	432.92
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	47	410.08	451.09
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	48	429.00	471.89
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	49	447.60	492.35
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	50	468.59	515.45
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	51	489.34	538.27
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	52	512.16	563.37
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	53	535.24	588.76
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	54	560.17	616.19
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	55	585.11	643.62
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	56	612.13	673.34

82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	57	639.40	703.33
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	58	668.53	735.37
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	59	682.97	751.26
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	60	712.10	783.30
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	61	737.28	811.00
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	62	753.80	829.18
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	63	774.52	851.96
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	64	787.13	865.83
82120TN0620007	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	787.13	865.83
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	126.93	126.93
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	21	199.90	219.89
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	22	199.90	219.89
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	23	199.90	219.89
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	24	199.90	219.89
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	25	200.68	220.75
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	26	204.68	225.15
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	27	209.48	230.43
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	28	217.29	239.02
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	29	223.68	246.04
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	30	226.87	249.56
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	31	231.68	254.84
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	32	236.48	260.12
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	33	239.48	263.43
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	34	242.68	266.94

82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	35	244.26	268.69
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	36	245.87	270.46
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	37	247.46	272.20
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	38	249.07	273.97
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	39	252.26	277.48
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	40	255.45	281.00
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	41	260.26	286.28
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	42	264.85	291.33
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	43	271.26	298.38
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	44	279.26	307.18
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	45	288.65	317.51
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	46	299.84	329.82
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	47	312.43	343.67
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	48	326.83	359.51
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	49	341.01	375.10
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	50	357.00	392.70
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	51	372.81	410.08
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	52	390.20	429.21
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	53	407.77	448.55
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	54	426.77	469.45
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	55	445.77	490.34
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	56	466.36	512.99
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	57	487.13	535.84
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	58	509.32	560.25

82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	59	520.32	572.35
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	60	542.52	596.76
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	61	561.70	617.87
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	62	574.29	631.71
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	63	590.07	649.07
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	64	599.68	659.64
82120TN0620004	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	599.68	659.64
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	124.76	124.76
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	21	196.47	216.12
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	22	196.47	216.12
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	23	196.47	216.12
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	24	196.47	216.12
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	25	197.24	216.96
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	26	201.17	221.28
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	27	205.89	226.48
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	28	213.56	234.92
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	29	219.84	241.82
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	30	222.98	245.28
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	31	227.70	250.47
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	32	232.42	255.66
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	33	235.37	258.91
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	34	238.51	262.36
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	35	240.07	264.08
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	36	241.65	265.82

82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	37	243.21	267.53
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	38	244.79	269.27
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	39	247.93	272.72
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	40	251.07	276.18
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	41	255.79	281.37
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	42	260.30	286.33
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	43	266.60	293.26
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	44	274.46	301.91
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	45	283.70	312.06
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	46	294.70	324.16
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	47	307.07	337.77
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	48	321.23	353.35
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	49	335.16	368.67
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	50	350.88	385.96
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	51	366.41	403.05
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	52	383.50	421.85
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	53	400.78	440.85
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	54	419.45	461.39
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	55	438.12	481.93
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	56	458.36	504.19
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	57	478.77	526.64
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	58	500.58	550.64
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	59	511.40	562.53
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	60	533.21	586.52

82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	61	552.07	607.27
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	62	564.44	620.88
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	63	579.95	637.94
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	64	589.39	648.32
82120TN0620005	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	589.39	648.32
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	97.48	97.48
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	21	153.52	168.87
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	22	153.52	168.87
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	23	153.52	168.87
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	24	153.52	168.87
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	25	154.12	169.53
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	26	157.19	172.91
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	27	160.88	176.97
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	28	166.88	183.56
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	29	171.78	188.96
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	30	174.24	191.66
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	31	177.93	195.72
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	32	181.61	199.77
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	33	183.92	202.31
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	34	186.38	205.01
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	35	187.59	206.35
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	36	188.83	207.71
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	37	190.05	209.05
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	38	191.28	210.41

82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	39	193.73	213.11
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	40	196.19	215.80
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	41	199.88	219.86
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	42	203.40	223.74
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	43	208.33	229.16
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	44	214.47	235.91
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	45	221.68	243.85
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	46	230.28	253.30
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	47	239.94	263.93
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	48	251.01	276.11
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	49	261.89	288.08
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	50	274.18	301.59
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	51	286.31	314.94
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	52	299.67	329.63
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	53	313.17	344.48
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	54	327.76	360.53
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	55	342.35	376.58
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	56	358.16	393.97
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	57	374.11	411.52
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	58	391.16	430.27
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	59	399.61	439.56
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	60	416.65	458.31
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	61	431.39	474.52
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	62	441.05	485.15

82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	63	453.17	498.49
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	64	460.55	506.60
82120TN0600027	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	460.55	506.60
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	75.22	75.22
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	21	118.46	130.31
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	22	118.46	130.31
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	23	118.46	130.31
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	24	118.46	130.31
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	25	118.93	130.82
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	26	121.29	133.42
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	27	124.14	136.55
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	28	128.77	141.64
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	29	132.55	145.81
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	30	134.45	147.89
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	31	137.29	151.02
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	32	140.14	154.15
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	33	141.92	156.11
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	34	143.81	158.19
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	35	144.75	159.23
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	36	145.70	160.27
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	37	146.64	161.31
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	38	147.60	162.36
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	39	149.49	164.44
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	40	151.38	166.52

82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	41	154.23	169.65
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	42	156.95	172.64
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	43	160.75	176.82
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	44	165.49	182.04
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	45	171.05	188.16
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	46	177.69	195.45
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	47	185.15	203.66
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	48	193.68	213.05
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	49	202.08	222.29
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	50	211.56	232.71
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	51	220.93	243.02
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	52	231.23	254.35
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	53	241.65	265.81
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	54	252.91	278.20
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	55	264.17	290.58
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	56	276.37	304.00
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	57	288.68	317.54
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	58	301.83	332.01
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	59	308.35	339.18
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	60	321.50	353.65
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	61	332.87	366.15
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	62	340.33	374.36
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	63	349.68	384.65
82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	64	355.37	390.91

82120TN0600026	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	355.37	390.91
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	126.09	126.09
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	21	198.58	218.43
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	22	198.58	218.43
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	23	198.58	218.43
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	24	198.58	218.43
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	25	199.35	219.29
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	26	203.32	223.66
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	27	208.10	228.90
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	28	215.85	237.43
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	29	222.20	244.42
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	30	225.37	247.91
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	31	230.14	253.15
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	32	234.91	258.40
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	33	237.90	261.69
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	34	241.07	265.18
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	35	242.65	266.91
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	36	244.24	268.67
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	37	245.82	270.40
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	38	247.42	272.16
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	39	250.59	275.65
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	40	253.76	279.14
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	41	258.53	284.38
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	42	263.09	289.40

82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	43	269.46	296.41
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	44	277.41	305.14
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	45	286.74	315.41
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	46	297.85	327.64
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	47	310.36	341.39
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	48	324.67	357.13
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	49	338.75	372.62
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	50	354.64	390.10
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	51	370.34	407.37
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	52	387.61	426.37
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	53	405.07	445.58
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	54	423.95	466.34
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	55	442.82	487.10
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	56	463.27	509.59
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	57	483.90	532.29
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	58	505.95	556.54
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	59	516.88	568.56
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	60	538.92	592.81
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	61	557.99	613.78
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	62	570.49	627.53
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	63	586.17	644.78
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	64	595.71	655.27
82120TN0600029	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	595.71	655.27
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	142.16	142.16

82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	21	223.88	246.26
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	22	223.88	246.26
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	23	223.88	246.26
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	24	223.88	246.26
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	25	224.75	247.22
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	26	229.23	252.15
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	27	234.61	258.07
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	28	243.35	267.68
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	29	250.51	275.55
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	30	254.08	279.49
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	31	259.46	285.41
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	32	264.84	291.32
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	33	268.21	295.02
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	34	271.78	298.96
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	35	273.56	300.91
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	36	275.36	302.89
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	37	277.14	304.85
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	38	278.94	306.83
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	39	282.52	310.76
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	40	286.09	314.70
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	41	291.47	320.62
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	42	296.61	326.27
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	43	303.79	334.17
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	44	312.75	344.02

82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	45	323.27	355.59
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	46	335.80	369.38
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	47	349.90	384.88
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	48	366.04	402.63
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	49	381.91	420.09
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	50	399.82	439.80
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	51	417.52	459.27
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	52	437.00	480.69
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	53	456.68	502.35
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	54	477.96	525.75
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	55	499.24	549.16
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	56	522.29	574.51
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	57	545.56	600.11
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	58	570.41	627.44
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	59	582.73	641.00
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	60	607.59	668.34
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	61	629.07	691.98
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	62	643.17	707.48
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	63	660.85	726.92
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	64	671.60	738.76
82120TN0600030	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	671.60	738.76
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	110.55	110.55
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	21	174.09	191.50
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	22	174.09	191.50

82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	23	174.09	191.50
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	24	174.09	191.50
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	25	174.77	192.25
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	26	178.25	196.08
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	27	182.44	200.68
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	28	189.24	208.16
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	29	194.80	214.28
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	30	197.58	217.34
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	31	201.76	221.94
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	32	205.95	226.54
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	33	208.56	229.42
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	34	211.34	232.48
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	35	212.73	234.00
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	36	214.13	235.54
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	37	215.51	237.06
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	38	216.91	238.60
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	39	219.69	241.66
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	40	222.47	244.72
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	41	226.65	249.32
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	42	230.65	253.71
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	43	236.24	259.86
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	44	243.20	267.52
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	45	251.38	276.52
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	46	261.13	287.24

82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	47	272.09	299.29
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	48	284.64	313.10
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	49	296.98	326.67
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	50	310.91	342.00
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	51	324.67	357.14
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	52	339.82	373.79
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	53	355.13	390.64
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	54	371.67	408.84
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	55	388.22	427.04
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	56	406.14	446.75
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	57	424.24	466.65
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	58	443.56	487.91
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	59	453.14	498.45
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	60	472.47	519.71
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	61	489.18	538.10
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	62	500.14	550.15
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	63	513.89	565.27
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	64	522.25	574.47
82120TN0600028	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	522.25	574.47
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	102.18	102.18
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	21	160.91	177.00
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	22	160.91	177.00
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	23	160.91	177.00
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	24	160.91	177.00

82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	25	161.54	177.69
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	26	164.76	181.23
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	27	168.62	185.48
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	28	174.91	192.40
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	29	180.05	198.05
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	30	182.62	200.88
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	31	186.49	205.14
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	32	190.35	209.39
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	33	192.77	212.05
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	34	195.34	214.88
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	35	196.62	216.28
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	36	197.92	217.70
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	37	199.19	219.11
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	38	200.49	220.53
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	39	203.06	223.36
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	40	205.63	226.19
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	41	209.49	230.44
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	42	213.19	234.51
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	43	218.35	240.18
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	44	224.79	247.26
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	45	232.35	255.58
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	46	241.36	265.49
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	47	251.49	276.63
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	48	263.09	289.39

82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	49	274.49	301.94
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	50	287.37	316.10
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	51	300.09	330.10
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	52	314.09	345.50
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	53	328.24	361.06
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	54	343.53	377.88
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	55	358.83	394.70
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	56	375.40	412.93
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	57	392.12	431.32
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	58	409.98	450.97
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	59	418.84	460.72
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	60	436.70	480.37
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	61	452.15	497.36
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	62	462.28	508.50
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	63	474.98	522.47
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	64	482.71	530.98
82120TN0610002	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	482.71	530.98
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	114.95	114.95
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	21	181.02	199.13
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	22	181.02	199.13
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	23	181.02	199.13
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	24	181.02	199.13
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	25	181.73	199.90
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	26	185.35	203.89

82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	27	189.70	208.67
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	28	196.77	216.45
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	29	202.56	222.81
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	30	205.45	225.99
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	31	209.80	230.78
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	32	214.15	235.56
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	33	216.87	238.55
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	34	219.76	241.74
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	35	221.20	243.32
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	36	222.65	244.92
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	37	224.09	246.50
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	38	225.55	248.10
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	39	228.44	251.28
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	40	231.33	254.46
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	41	235.68	259.25
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	42	239.84	263.82
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	43	245.64	270.21
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	44	252.89	278.17
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	45	261.39	287.53
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	46	271.53	298.68
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	47	282.92	311.21
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	48	295.97	325.57
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	49	308.81	339.68
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	50	323.29	355.62

82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	51	337.60	371.36
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	52	353.35	388.68
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	53	369.27	406.19
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	54	386.47	425.12
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	55	403.68	444.04
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	56	422.32	464.55
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	57	441.13	485.24
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	58	461.23	507.35
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	59	471.19	518.31
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	60	491.29	540.41
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	61	508.66	559.53
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	62	520.06	572.06
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	63	534.35	587.78
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	64	543.05	597.35
82120TN0610003	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	543.05	597.35
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	82.65	82.65
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	21	130.16	143.18
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	22	130.16	143.18
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	23	130.16	143.18
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	24	130.16	143.18
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	25	130.67	143.74
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	26	133.28	146.60
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	27	136.40	150.04
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	28	141.49	155.63

82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	29	145.65	160.21
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	30	147.73	162.50
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	31	150.85	165.94
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	32	153.98	169.38
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	33	155.94	171.53
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	34	158.02	173.82
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	35	159.05	174.95
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	36	160.10	176.11
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	37	161.13	177.24
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	38	162.18	178.39
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	39	164.26	180.68
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	40	166.34	182.97
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	41	169.46	186.41
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	42	172.45	189.70
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	43	176.63	194.29
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	44	181.83	200.02
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	45	187.95	206.74
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	46	195.24	214.76
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	47	203.43	223.78
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	48	212.82	234.10
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	49	222.04	244.25
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	50	232.46	255.70
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	51	242.75	267.02
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	52	254.07	279.48

82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	53	265.52	292.07
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	54	277.89	305.68
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	55	290.26	319.28
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	56	303.66	334.03
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	57	317.19	348.91
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	58	331.64	364.80
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	59	338.80	372.68
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	60	353.26	388.58
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	61	365.75	402.32
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	62	373.95	411.34
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	63	384.22	422.64
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	64	390.48	429.52
82120TN0610001	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	390.48	429.52
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	140.30	140.30
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	21	220.96	243.05
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	22	220.96	243.05
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	23	220.96	243.05
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	24	220.96	243.05
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	25	221.82	244.00
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	26	226.24	248.86
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	27	231.55	254.70
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	28	240.18	264.19
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	29	247.24	271.96
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	30	250.77	275.84

82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	31	256.08	281.68
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	32	261.39	287.52
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	33	264.71	291.18
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	34	268.24	295.06
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	35	269.99	296.99
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	36	271.77	298.94
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	37	273.52	300.87
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	38	275.30	302.83
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	39	278.83	306.71
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	40	282.36	310.59
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	41	287.67	316.43
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	42	292.74	322.01
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	43	299.83	329.81
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	44	308.67	339.53
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	45	319.05	350.95
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	46	331.42	364.56
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	47	345.33	379.86
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	48	361.26	397.38
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	49	376.92	414.61
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	50	394.60	434.06
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	51	412.07	453.28
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	52	431.29	474.42
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	53	450.72	495.79
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	54	471.72	518.89

82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	55	492.72	541.99
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	56	515.48	567.02
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	57	538.44	592.28
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	58	562.97	619.26
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	59	575.13	632.63
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	60	599.66	659.62
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	61	620.87	682.95
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	62	634.78	698.25
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	63	652.22	717.44
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	64	662.84	729.12
82120TN0610006	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	662.84	729.12
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	157.78	157.78
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	21	248.47	273.32
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	22	248.47	273.32
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	23	248.47	273.32
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	24	248.47	273.32
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	25	249.44	274.38
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	26	254.41	279.85
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	27	260.38	286.42
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	28	270.09	297.09
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	29	278.03	305.83
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	30	282.00	310.20
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	31	287.97	316.76
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	32	293.94	323.33

82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	33	297.67	327.44
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	34	301.64	331.80
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	35	303.61	333.97
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	36	305.61	336.17
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	37	307.58	338.34
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	38	309.58	340.54
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	39	313.55	344.91
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	40	317.52	349.27
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	41	323.49	355.84
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	42	329.20	362.12
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	43	337.17	370.88
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	44	347.11	381.82
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	45	358.78	394.66
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	46	372.69	409.96
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	47	388.34	427.17
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	48	406.25	446.87
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	49	423.86	466.25
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	50	443.74	488.11
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	51	463.39	509.72
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	52	485.00	533.50
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	53	506.86	557.54
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	54	530.47	583.51
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	55	554.09	609.49
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	56	579.67	637.63

82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	57	605.49	666.03
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	58	633.08	696.38
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	59	646.75	711.42
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	60	674.34	741.76
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	61	698.19	768.00
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	62	713.83	785.21
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	63	733.45	806.79
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	64	745.39	819.92
82120TN0610007	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	745.39	819.92
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	120.20	120.20
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	21	189.30	208.23
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	22	189.30	208.23
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	23	189.30	208.23
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	24	189.30	208.23
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	25	190.04	209.04
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	26	193.83	213.21
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	27	198.37	218.21
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	28	205.77	226.34
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	29	211.82	233.00
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	30	214.84	236.32
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	31	219.39	241.33
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	32	223.94	246.33
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	33	226.78	249.46
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	34	229.81	252.79

82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	35	231.31	254.44
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	36	232.83	256.11
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	37	234.33	257.77
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	38	235.86	259.44
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	39	238.88	262.77
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	40	241.91	266.10
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	41	246.46	271.10
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	42	250.80	275.88
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	43	256.87	282.56
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	44	264.45	290.89
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	45	273.34	300.67
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	46	283.94	312.33
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	47	295.86	325.44
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	48	309.50	340.45
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	49	322.92	355.21
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	50	338.07	371.87
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	51	353.04	388.34
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	52	369.50	406.45
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	53	386.15	424.76
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	54	404.14	444.55
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	55	422.13	464.34
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	56	441.63	485.79
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	57	461.30	507.42
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	58	482.31	530.54

82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	59	492.73	542.00
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	60	513.75	565.12
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	61	531.92	585.11
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	62	543.84	598.22
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	63	558.78	614.66
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	64	567.88	624.66
82120TN0610004	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	567.88	624.66
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	118.14	118.14
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	21	186.05	204.66
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	22	186.05	204.66
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	23	186.05	204.66
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	24	186.05	204.66
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	25	186.78	205.46
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	26	190.50	209.55
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	27	194.97	214.47
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	28	202.24	222.46
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	29	208.18	229.00
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	30	211.16	232.27
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	31	215.63	237.19
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	32	220.10	242.10
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	33	222.89	245.18
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	34	225.87	248.45
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	35	227.34	250.07
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	36	228.84	251.72

82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	37	230.31	253.34
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	38	231.81	254.99
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	39	234.78	258.26
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	40	237.76	261.53
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	41	242.23	266.45
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	42	246.50	271.15
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	43	252.47	277.71
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	44	259.91	285.90
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	45	268.65	295.52
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	46	279.07	306.97
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	47	290.78	319.86
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	48	304.19	334.61
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	49	317.38	349.12
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	50	332.27	365.49
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	51	346.98	381.68
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	52	363.17	399.48
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	53	379.53	417.48
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	54	397.21	436.93
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	55	414.89	456.38
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	56	434.05	477.45
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	57	453.38	498.72
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	58	474.04	521.44
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	59	484.28	532.70
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	60	504.94	555.42

82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	61	522.79	575.07
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	62	534.51	587.95
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	63	549.20	604.11
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	64	558.14	613.95
82120TN0610005	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	558.14	613.95
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	117.98	117.98
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	21	185.79	204.37
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	22	185.79	204.37
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	23	185.79	204.37
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	24	185.79	204.37
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	25	186.52	205.17
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	26	190.23	209.26
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	27	194.70	214.17
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	28	201.95	222.15
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	29	207.89	228.68
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	30	210.86	231.94
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	31	215.32	236.85
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	32	219.79	241.77
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	33	222.58	244.84
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	34	225.55	248.10
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	35	227.02	249.72
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	36	228.52	251.37
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	37	229.99	252.99
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	38	231.49	254.63

82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	39	234.46	257.90
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	40	237.42	261.16
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	41	241.89	266.07
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	42	246.15	270.77
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	43	252.11	277.32
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	44	259.55	285.50
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	45	268.28	295.10
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	46	278.68	306.54
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	47	290.38	319.41
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	48	303.77	334.14
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	49	316.94	348.63
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	50	331.80	364.98
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	51	346.49	381.14
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	52	362.66	398.92
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	53	378.99	416.89
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	54	396.65	436.31
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	55	414.31	455.74
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	56	433.44	476.78
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	57	452.75	498.02
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	58	473.38	520.71
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	59	483.60	531.96
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	60	504.23	554.64
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	61	522.06	574.26
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	62	533.76	587.13

82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	63	548.43	603.26
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	64	557.35	613.08
82120TN0620002	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	557.35	613.08
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	132.72	132.72
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	21	209.02	229.92
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	22	209.02	229.92
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	23	209.02	229.92
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	24	209.02	229.92
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	25	209.83	230.81
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	26	214.01	235.41
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	27	219.04	240.94
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	28	227.20	249.92
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	29	233.88	257.26
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	30	237.22	260.94
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	31	242.24	266.46
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	32	247.26	271.99
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	33	250.40	275.44
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	34	253.74	279.12
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	35	255.40	280.94
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	36	257.08	282.79
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	37	258.74	284.61
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	38	260.42	286.46
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	39	263.76	290.14
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	40	267.10	293.81

82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	41	272.12	299.33
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	42	276.92	304.61
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	43	283.63	311.99
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	44	291.99	321.19
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	45	301.81	331.99
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	46	313.51	344.86
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	47	326.67	359.34
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	48	341.74	375.91
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	49	356.56	392.21
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	50	373.28	410.60
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	51	389.81	428.78
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	52	407.99	448.78
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	53	426.37	469.00
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	54	446.23	490.85
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	55	466.10	512.70
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	56	487.62	536.38
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	57	509.34	560.27
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	58	532.55	585.80
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	59	544.05	598.45
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	60	567.26	623.98
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	61	587.32	646.04
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	62	600.48	660.52
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	63	616.98	678.67
82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	64	627.02	689.72

82120TN0620003	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	627.02	689.72
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	95.43	95.43
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	21	150.29	165.32
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	22	150.29	165.32
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	23	150.29	165.32
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	24	150.29	165.32
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	25	150.88	165.96
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	26	153.88	169.27
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	27	157.50	173.24
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	28	163.37	179.70
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	29	168.17	184.98
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	30	170.57	187.62
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	31	174.18	191.60
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	32	177.79	195.57
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	33	180.05	198.05
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	34	182.45	200.69
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	35	183.64	202.01
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	36	184.85	203.34
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	37	186.04	204.65
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	38	187.25	205.98
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	39	189.66	208.62
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	40	192.06	211.26
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	41	195.67	215.23
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	42	199.12	219.03

82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	43	203.94	224.33
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	44	209.95	230.94
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	45	217.01	238.71
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	46	225.43	247.97
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	47	234.89	258.38
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	48	245.72	270.29
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	49	256.38	282.01
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	50	268.40	295.24
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	51	280.29	308.31
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	52	293.36	322.69
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	53	306.58	337.23
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	54	320.86	352.94
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	55	335.14	368.65
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	56	350.62	385.68
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	57	366.24	402.86
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	58	382.92	421.21
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	59	391.19	430.31
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	60	407.88	448.66
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	61	422.31	464.53
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	62	431.77	474.94
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	63	443.63	487.99
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	64	450.85	495.94
82120TN0620001	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	450.85	495.94
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	162.00	162.00

82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	21	255.12	280.63
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	22	255.12	280.63
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	23	255.12	280.63
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	24	255.12	280.63
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	25	256.12	281.73
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	26	261.22	287.34
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	27	267.35	294.08
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	28	277.32	305.04
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	29	285.47	314.01
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	30	289.54	318.50
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	31	295.67	325.24
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	32	301.80	331.98
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	33	305.64	336.20
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	34	309.71	340.68
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	35	311.74	342.91
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	36	313.79	345.17
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	37	315.81	347.39
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	38	317.87	349.65
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	39	321.94	354.14
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	40	326.02	358.62
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	41	332.15	365.36
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	42	338.01	371.81
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	43	346.19	380.81
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	44	356.40	392.03

82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	45	368.38	405.22
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	46	382.67	420.93
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	47	398.73	438.60
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	48	417.12	458.83
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	49	435.21	478.72
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	50	455.62	501.18
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	51	475.79	523.36
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	52	497.98	547.78
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	53	520.42	572.46
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	54	544.67	599.13
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	55	568.91	625.80
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	56	595.18	654.70
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	57	621.69	683.86
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	58	650.02	715.01
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	59	664.06	730.46
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	60	692.38	761.61
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	61	716.87	788.55
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	62	732.93	806.22
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	63	753.08	828.38
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	64	765.33	841.86
82120TN0620006	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	765.33	841.86
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	182.17	182.17
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	21	286.89	315.58
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	22	286.89	315.58

82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	23	286.89	315.58
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	24	286.89	315.58
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	25	288.01	316.81
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	26	293.75	323.12
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	27	300.65	330.71
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	28	311.85	343.03
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	29	321.02	353.12
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	30	325.60	358.16
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	31	332.50	365.74
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	32	339.39	373.32
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	33	343.70	378.07
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	34	348.29	383.11
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	35	350.56	385.61
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	36	352.87	388.15
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	37	355.14	390.66
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	38	357.45	393.20
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	39	362.04	398.24
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	40	366.62	403.28
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	41	373.51	410.86
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	42	380.10	418.11
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	43	389.30	428.23
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	44	400.78	440.86
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	45	414.26	455.68
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	46	430.32	473.35

82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	47	448.39	493.22
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	48	469.07	515.97
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	49	489.41	538.34
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	50	512.36	563.59
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	51	535.04	588.54
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	52	560.00	615.99
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	53	585.23	643.75
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	54	612.50	673.74
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	55	639.76	703.73
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	56	669.30	736.23
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	57	699.12	769.02
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	58	730.97	804.06
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	59	746.76	821.43
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	60	778.61	856.46
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	61	806.15	886.75
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	62	824.21	906.62
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	63	846.86	931.54
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	64	860.65	946.70
82120TN0620007	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	860.65	946.70
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	138.79	138.79
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	21	218.57	240.43
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	22	218.57	240.43
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	23	218.57	240.43
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	24	218.57	240.43

82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	25	219.43	241.37
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	26	223.80	246.18
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	27	229.05	251.95
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	28	237.59	261.34
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	29	244.57	269.03
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	30	248.06	272.87
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	31	253.31	278.64
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	32	258.57	284.42
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	33	261.85	288.03
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	34	265.34	291.88
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	35	267.08	293.78
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	36	268.84	295.72
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	37	270.57	297.62
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	38	272.33	299.56
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	39	275.82	303.40
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	40	279.31	307.24
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	41	284.57	313.02
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	42	289.58	318.54
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	43	296.59	326.25
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	44	305.34	335.87
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	45	315.61	347.17
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	46	327.84	360.63
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	47	341.61	375.76
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	48	357.36	393.09

82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	49	372.86	410.14
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	50	390.35	429.38
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	51	407.63	448.39
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	52	426.64	469.30
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	53	445.86	490.44
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	54	466.64	513.29
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	55	487.41	536.14
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	56	509.91	560.90
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	57	532.63	585.89
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	58	556.89	612.58
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	59	568.92	625.81
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	60	593.19	652.50
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	61	614.17	675.58
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	62	627.93	690.72
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	63	645.19	709.70
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	64	655.69	721.25
82120TN0620004	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	655.69	721.25
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	136.41	136.41
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	21	214.82	236.30
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	22	214.82	236.30
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	23	214.82	236.30
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	24	214.82	236.30
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	25	215.66	237.23
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	26	219.96	241.95

82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	27	225.12	247.63
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	28	233.51	256.86
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	29	240.38	264.41
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	30	243.81	268.19
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	31	248.97	273.86
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	32	254.13	279.54
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	33	257.36	283.09
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	34	260.79	286.87
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	35	262.50	288.74
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	36	264.22	290.64
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	37	265.93	292.52
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	38	267.66	294.42
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	39	271.09	298.20
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	40	274.52	301.97
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	41	279.68	307.65
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	42	284.62	313.07
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	43	291.51	320.65
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	44	300.10	330.11
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	45	310.19	341.21
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	46	322.22	354.44
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	47	335.75	369.32
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	48	351.23	386.35
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	49	366.46	403.10
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	50	383.65	422.01

82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	51	400.63	440.69
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	52	419.32	461.25
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	53	438.21	482.03
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	54	458.63	504.49
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	55	479.05	526.95
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	56	501.17	551.28
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	57	523.49	575.83
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	58	547.34	602.07
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	59	559.16	615.07
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	60	583.01	641.31
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	61	603.63	663.99
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	62	617.16	678.87
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	63	634.12	697.52
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	64	644.44	708.88
82120TN0620005	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	644.44	708.88
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	118.40	118.40
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	21	186.45	205.10
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	22	186.45	205.10
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	23	186.45	205.10
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	24	186.45	205.10
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	25	187.18	205.90
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	26	190.91	210.00
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	27	195.39	214.93
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	28	202.67	222.94

82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	29	208.63	229.49
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	30	211.61	232.77
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	31	216.09	237.70
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	32	220.57	242.63
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	33	223.37	245.71
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	34	226.35	248.99
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	35	227.83	250.61
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	36	229.33	252.26
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	37	230.81	253.89
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	38	232.31	255.54
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	39	235.29	258.82
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	40	238.27	262.09
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	41	242.75	267.02
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	42	247.03	271.73
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	43	253.01	278.31
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	44	260.47	286.51
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	45	269.23	296.15
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	46	279.67	307.63
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	47	291.41	320.55
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	48	304.85	335.33
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	49	318.07	349.87
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	50	332.99	366.28
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	51	347.73	382.50
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	52	363.95	400.34

82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	53	380.34	418.37
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	54	398.06	437.87
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	55	415.79	457.36
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	56	434.98	478.48
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	57	454.36	499.79
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	58	475.06	522.56
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	59	485.32	533.85
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	60	506.02	556.62
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	61	523.92	576.31
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	62	535.66	589.22
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	63	550.38	605.41
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	64	559.34	615.27
82120TN0620002	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	559.34	615.27
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	133.19	133.19
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	21	209.76	230.73
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	22	209.76	230.73
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	23	209.76	230.73
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	24	209.76	230.73
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	25	210.58	231.64
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	26	214.78	236.25
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	27	219.81	241.79
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	28	228.01	250.81
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	29	234.71	258.18
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	30	238.06	261.87

82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	31	243.10	267.41
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	32	248.14	272.95
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	33	251.30	276.42
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	34	254.65	280.11
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	35	256.31	281.94
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	36	258.00	283.80
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	37	259.66	285.63
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	38	261.35	287.48
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	39	264.70	291.17
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	40	268.05	294.86
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	41	273.09	300.40
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	42	277.91	305.70
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	43	284.64	313.10
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	44	293.03	322.33
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	45	302.88	333.17
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	46	314.63	346.09
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	47	327.84	360.62
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	48	342.96	377.25
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	49	357.83	393.61
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	50	374.61	412.07
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	51	391.19	430.31
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	52	409.44	450.38
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	53	427.89	470.67
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	54	447.82	492.60

82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	55	467.76	514.53
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	56	489.36	538.29
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	57	511.16	562.27
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	58	534.44	587.88
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	59	545.99	600.58
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	60	569.27	626.20
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	61	589.41	648.34
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	62	602.62	662.87
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	63	619.18	681.09
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	64	629.26	692.17
82120TN0620003	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	629.26	692.17
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	95.77	95.77
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	21	150.83	165.91
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	22	150.83	165.91
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	23	150.83	165.91
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	24	150.83	165.91
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	25	151.41	166.55
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	26	154.43	169.87
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	27	158.06	173.86
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	28	163.95	180.34
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	29	168.77	185.64
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	30	171.18	188.29
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	31	174.80	192.28
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	32	178.42	196.26

82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	33	180.69	198.76
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	34	183.10	201.41
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	35	184.30	202.72
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	36	185.51	204.06
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	37	186.71	205.38
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	38	187.92	206.71
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	39	190.33	209.36
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	40	192.74	212.01
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	41	196.36	216.00
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	42	199.83	219.81
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	43	204.67	225.13
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	44	210.70	231.77
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	45	217.79	239.56
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	46	226.23	248.85
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	47	235.73	259.30
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	48	246.60	271.26
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	49	257.29	283.02
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	50	269.36	296.29
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	51	281.28	309.41
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	52	294.40	323.84
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	53	307.67	338.43
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	54	322.00	354.20
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	55	336.34	369.97
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	56	351.87	387.05

82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	57	367.54	404.29
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	58	384.29	422.71
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	59	392.59	431.84
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	60	409.33	450.26
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	61	423.81	466.18
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	62	433.31	476.63
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	63	445.21	489.73
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	64	452.46	497.70
82120TN0620001	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	452.46	497.70
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	162.58	162.58
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	21	256.03	281.63
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	22	256.03	281.63
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	23	256.03	281.63
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	24	256.03	281.63
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	25	257.03	282.73
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	26	262.15	288.36
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	27	268.30	295.13
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	28	278.30	306.13
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	29	286.48	315.13
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	30	290.57	319.63
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	31	296.73	326.40
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	32	302.88	333.16
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	33	306.73	337.40
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	34	310.82	341.90

82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	35	312.85	344.13
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	36	314.91	346.40
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	37	316.94	348.63
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	38	319.00	350.90
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	39	323.09	355.40
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	40	327.18	359.90
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	41	333.33	366.66
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	42	339.21	373.13
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	43	347.42	382.16
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	44	357.67	393.43
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	45	369.70	406.66
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	46	384.03	422.43
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	47	400.15	440.16
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	48	418.60	460.46
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	49	436.76	480.43
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	50	457.24	502.96
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	51	477.48	525.23
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	52	499.76	549.73
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	53	522.27	574.49
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	54	546.60	601.26
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	55	570.94	628.03
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	56	597.30	657.03
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	57	623.91	686.29
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	58	652.33	717.56

82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	59	666.42	733.06
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	60	694.85	764.32
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	61	719.42	791.36
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	62	735.54	809.09
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	63	755.76	831.32
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	64	768.06	844.86
82120TN0620006	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	768.06	844.86
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	182.82	182.82
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	21	287.91	316.70
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	22	287.91	316.70
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	23	287.91	316.70
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	24	287.91	316.70
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	25	289.04	317.94
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	26	294.80	324.27
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	27	301.72	331.88
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	28	312.96	344.25
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	29	322.16	354.37
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	30	326.76	359.43
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	31	333.68	367.04
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	32	340.60	374.65
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	33	344.92	379.41
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	34	349.53	384.47
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	35	351.81	386.99
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	36	354.13	389.53

82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	37	356.41	392.05
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	38	358.73	394.59
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	39	363.33	399.66
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	40	367.93	404.72
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	41	374.84	412.32
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	42	381.46	419.60
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	43	390.69	429.75
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	44	402.21	442.42
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	45	415.74	457.31
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	46	431.85	475.04
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	47	449.98	494.98
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	48	470.74	517.81
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	49	491.15	540.26
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	50	514.18	565.60
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	51	536.95	590.64
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	52	561.99	618.19
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	53	587.31	646.04
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	54	614.68	676.14
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	55	642.04	706.24
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	56	671.69	738.85
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	57	701.61	771.76
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	58	733.57	806.92
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	59	749.42	824.35
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	60	781.38	859.51

82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	61	809.02	889.91
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	62	827.14	909.85
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	63	849.87	934.85
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	64	863.71	950.07
82120TN0620007	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	863.71	950.07
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	139.28	139.28
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	21	219.35	241.28
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	22	219.35	241.28
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	23	219.35	241.28
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	24	219.35	241.28
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	25	220.21	242.23
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	26	224.59	247.05
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	27	229.86	252.85
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	28	238.43	262.27
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	29	245.44	269.98
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	30	248.95	273.84
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	31	254.22	279.64
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	32	259.49	285.43
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	33	262.78	289.06
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	34	266.29	292.91
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	35	268.03	294.83
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	36	269.79	296.77
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	37	271.53	298.68
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	38	273.30	300.63

82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	39	276.80	304.48
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	40	280.31	308.34
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	41	285.58	314.13
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	42	290.61	319.67
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	43	297.65	327.41
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	44	306.43	337.06
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	45	316.73	348.40
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	46	329.01	361.91
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	47	342.82	377.10
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	48	358.63	394.49
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	49	374.19	411.60
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	50	391.74	430.90
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	51	409.08	449.98
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	52	428.16	470.97
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	53	447.45	492.19
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	54	468.30	515.12
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	55	489.14	538.05
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	56	511.73	562.90
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	57	534.52	587.97
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	58	558.88	614.76
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	59	570.95	628.04
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	60	595.30	654.82
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	61	616.36	677.98
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	62	630.17	693.18

82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	63	647.48	712.23
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	64	658.02	723.82
82120TN0620004	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	658.02	723.82
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	136.89	136.89
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	21	215.59	237.14
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	22	215.59	237.14
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	23	215.59	237.14
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	24	215.59	237.14
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	25	216.43	238.07
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	26	220.74	242.81
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	27	225.92	248.51
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	28	234.34	257.77
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	29	241.23	265.35
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	30	244.68	269.14
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	31	249.86	274.84
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	32	255.03	280.54
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	33	258.28	284.10
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	34	261.72	287.89
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	35	263.43	289.77
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	36	265.16	291.68
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	37	266.87	293.56
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	38	268.61	295.47
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	39	272.05	299.26
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	40	275.50	303.05

82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	41	280.68	308.74
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	42	285.63	314.19
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	43	292.54	321.80
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	44	301.17	331.28
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	45	311.30	342.43
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	46	323.37	355.70
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	47	336.94	370.63
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	48	352.48	387.73
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	49	367.77	404.54
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	50	385.01	423.51
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	51	402.06	442.26
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	52	420.81	462.89
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	53	439.77	483.75
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	54	460.26	506.28
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	55	480.75	528.82
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	56	502.95	553.24
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	57	525.35	577.88
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	58	549.29	604.21
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	59	561.15	617.26
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	60	585.09	643.59
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	61	605.78	666.35
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	62	619.36	681.29
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	63	636.38	700.01
82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	64	646.74	711.40

82120TN0620005	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	646.74	711.40

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from network providers**	**Services from non-network providers**
Individual deductible (per covered person per calendar year)	$4,900	$ 9,800
Family deductible (per family per calendar year)	$9,800	$19,600

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$1,500	$ 4,500

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation without notice.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$6,400	$25,600
Family maximum (per family per calendar year)	$12,800	$51,200

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health o Concentra o All other providers - Office visits for bodily injury and all other sickness o PCP o Specialist o Concentra o Convenient care clinic o Urgent care - Concentra - All other providers	100% after $40 copay per visit 100% after $50 copay per visit 100% after $ 50 copay per visit 100% after $ 805 copay per visit 100% after $ 40 copay per visit 100% after $50 copay per visit 100% after $ 75 copay per visit 100% after $100 copay per visit	60% after deductible	3 combined visit limit for all mental health, PCP, specialist, Concentra, convenient care clinic, and urgent care per person per calendar year; thereafter subject to the medical deductible and coinsurance per person per calendar year
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $10 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $300 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	50% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $20 copay	70% after Rx deductible and $20 copay	not applicable
Level two drugs	100% after $75 copay	70% after Rx deductible and $75 copay	not applicable
Level three drugs	100% after Rx deductible and 50% copay	70% after Rx deductible and 50% copay	not applicable
Level four drugs - For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider - For specialty drugs obtained from a network specialty drug pharmacy	 100% after Rx deductible and 40% copay 100% after Rx deductible and 50% copay	 70% after Rx deductible and 40% copay 70% after Rx deductible and 50% copay	not applicable
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid	 100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication	 70% after Rx deductible and the applicable copay outlined above 70% after Rx deductible and the applicable copay outlined above	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from network providers**	**Services from non-network providers**
Individual deductible (per covered person per calendar year)	$2,500	$ 5,000
Family deductible (per family per calendar year)	$5,000	$10,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$ 500	$1,500

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation without notice.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$3,500	$14,000
Family maximum (per family per calendar year)	$7,000	$28,000

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health o Concentra o All other providers - Office visits for bodily injury and all other sickness o PCP o Specialist o Concentra o Convenient care clinic o Urgent care - Concentra - All other providers	 100% after $15 copay per visit 100% after $25 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $15 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $50 copay per visit	60% after deductible	not applicable
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $5 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $500 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	65% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $5 copay	70% after Rx deductible and $5 copay	not applicable
Level two drugs	100% after $10 copay	70% after Rx deductible and $10 copay	not applicable
Level three drugs	100% after Rx deductible and $15 copay	70% after Rx deductible and $15 copay	not applicable
Level four drugs - For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider - For specialty drugs obtained from a network specialty drug pharmacy	100% after Rx deductible and 25% copay 100% after Rx deductible and 35% copay	70% after Rx deductible and 25% copay 70% after Rx deductible and 35% copay	not applicable
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above 70% after Rx deductible and the applicable copay outlined above	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from network providers**	**Services from non-network providers**
Individual deductible (per covered person per calendar year)	$1,000	$2,000
Family deductible (per family per calendar year)	$2,000	$4,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$ 500	$1,500

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation without notice.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$1,500	$ 6,000
Family maximum (per family per calendar year)	$3,000	$12,000

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health o Concentra o All other providers - Office visits for bodily injury and all other sickness o PCP o Specialist o Concentra o Convenient care clinic o Urgent care - Concentra - All other providers	 100% after $15 copay per visit 100% after $25 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $15 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $50 copay per visit	60% after deductible	not applicable
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $5 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $500 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	65% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $5 copay	70% after Rx deductible and $5 copay	not applicable
Level two drugs	100% after $10 copay	70% after Rx deductible and $10 copay	not applicable
Level three drugs	100% after Rx deductible and $15 copay	70% after Rx deductible and $15 copay	not applicable
Level four drugs - For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider - For specialty drugs obtained from a network specialty drug pharmacy	100% after Rx deductible and 25% copay 100% after Rx deductible and 35% copay	70% after Rx deductible and 25% copay 70% after Rx deductible and 35% copay	not applicable
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above 70% after Rx deductible and the applicable copay outlined above	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from network providers**	**Services from non-network providers**
Individual deductible (per covered person per calendar year)	$4,250	$ 8,500
Family deductible (per family per calendar year)	$8,500	$17,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$1,500	$4,500

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation without notice.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$ 6,250	$25,000
Family maximum (per family per calendar year)	$12,500	$50,000

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health o Concentra o All other providers - Office visits for bodily injury and all other sickness o PCP o Specialist o Concentra o Convenient care clinic o Urgent care - Concentra - All other providers	 100% after $25 copay per visit 100% after $35 copay per visit 100% after $35 copay per visit 100% after $60 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $60 copay per visit 100% after $100 copay per visit	60% after deductible	not applicable
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $10 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $500 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	50% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $15 copay	70% after Rx deductible and $15 copay	not applicable
Level two drugs	100% after $35 copay	70% after Rx deductible and $35 copay	not applicable
Level three drugs	100% after Rx deductible and 50% copay	70% after Rx deductible and 50% copay	not applicable
Level four drugs - For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider - For specialty drugs obtained from a network specialty drug pharmacy	100% after Rx deductible and 40% copay 100% after Rx deductible and 50% copay	70% after Rx deductible and 40% copay 70% after Rx deductible and 50% copay	not applicable
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above 70% after Rx deductible and the applicable copay outlined above	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from network providers**	**Services from non-network providers**
Individual deductible (per covered person per calendar year)	$1,000	$2,000
Family deductible (per family per calendar year)	$2,000	$4,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$ 500	$1,500
Family deductible (per family per calendar year)	$1,000	$3,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation without notice.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$1,500	$ 6,000
Family maximum (per family per calendar year)	$3,000	$12,000

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health - Office visits for bodily injury and all other sickness o PCP o Specialist o Convenient care clinic o Urgent care - Concentra - All other providers	100% after $25 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $50 copay per visit	60% after deductible	not applicable
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $5 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $500 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and Spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	Not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	65% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $5 copay	70% after Rx deductible and $5 copay	not applicable
Level two drugs	100% after $10 copay	70% after Rx deductible and $10 copay	not applicable
Level three drugs	100% after Rx deductible and $20 copay	70% after Rx deductible and $20 copay	not applicable
Level four drugs	100% after Rx deductible and 35% copay	70% after Rx deductible and 35% copay	not applicable
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid	 100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication	 70% after Rx deductible and the applicable copay outlined above 70% after Rx deductible and the applicable copay outlined above	not applicable
Specialty pharmacy for up to a 30-day supply			
Level five drugs - For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider - For specialty drugs obtained from a network specialty drug pharmacy	 100% after Rx deductible and 25% copay 100% after Rx deductible and 35% copay	 70% after Rx deductible and 25% copay 70% after Rx deductible and 35% copay	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include preventive *services*, *prescription* drug *services* or any office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. See the “Definitions” section for the complete definition.

	Services from network providers:	Services from non-network providers:
Medical deductible:		
[Per calendar year)	$3,650	$ 7,300]
[Per calendar year (for all covered family members combined)	$7,300	$14,600]
[*Copayments* do not apply to the *deductible*.]		

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the “Definitions” section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation without notice.

	Services from network providers:	Services from non-network providers:
[Individual limit (per calendar year)	$3,650	$14,600]
[Family limit (per calendar year)	$7,300	$29,200]

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the “Definitions” section for the complete definitions.

After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.

	Plan pays for services from network providers:	Plan pays for services from non-network providers:	Combined network and non-network benefit maximum:
All covered expenses except as noted below	100% after deductible	75% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	100% after deductible	100% after deductible	not applicable
Emergency services	100% after deductible	100% after deductible	not applicable
Home healthcare	100% after deductible	75% after deductible	60 visits per person per calendar year
Outpatient therapy services - Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	100% after deductible	75% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	100% after deductible	75% after deductible	36 visits per therapy per person per calendar year
- All other therapies	100% after deductible	75% after deductible	not applicable
Preventive services	100%	75% after deductible	not applicable
Skilled nursing and rehabilitation facility	100% after deductible	75% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	100% after deductible	75% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	100% after deductible	75% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
[Retail pharmacy/specialty pharmacy for up to a 30-day supply]			
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid - All other prescription drugs from a retail pharmacy/specialty pharmacy	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication 100% after deductible	75% after deductible	not applicable
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid - All other prescription drugs from a mail order pharmacy excludes specialty drugs and self-administered injectables)	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication 100% after deductible	75% after deductible	not applicable

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from network providers**	**Services from non-network providers**
Individual deductible (per covered person per calendar year)	$4,250	$ 8,500
Family deductible (per family per calendar year)	$8,500	$17,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$1,500	$4,500
Family deductible (per family per calendar year)	$3,000	$9,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation without notice.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$ 6,250	$25,000
Family maximum (per family per calendar year)	$12,500	$50,000

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health o Concentra o All other providers - Office visits for bodily injury and all other sickness o PCP o Specialist o Concentra o Convenient care clinic o Urgent care - Concentra - All other providers	 100% after $25 copay per visit 100% after $35 copay per visit 100% after $35 copay per visit 100% after $60 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $60 copay per visit 100% after $100 copay per visit	60% after deductible	not applicable
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $10 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $500 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	50% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $15 copay	70% after Rx deductible and $15 copay	not applicable
Level two drugs	100% after $35 copay	70% after Rx deductible and $35 copay	not applicable
Level three drugs	100% after Rx deductible and 50% copay	70% after Rx deductible and 50% copay	not applicable
Level four drugs - For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider - For specialty drugs obtained from a network specialty drug pharmacy	100% after Rx deductible and 40% copay 100% after Rx deductible and 50% copay	70% after Rx deductible and 40% copay 70% after Rx deductible and 50% copay	not applicable
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above 70% after Rx deductible and the applicable copay outlined above	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

PEDIATRIC VISION CARE BENEFIT AMENDMENT

HUMANA INSURANCE COMPANY

This amendment is attached to and made part of this *policy/certificate* to which it is attached. Except as modified below, all *policy/certificate* terms, conditions, exclusions and limitations apply.

Notwithstanding any other provisions of this *policy/certificate*, *covered expenses* under this amendment section are not covered under any other provision of this *policy/certificate*. Any amount in excess of the maximum amount provided under this amendment, if any, is not covered under any other provision in this *policy/certificate*.

All terms used in this amendment have the same meaning given to them in this *policy/certificate*, unless otherwise specifically defined in this amendment. Refer to the "Pediatric Vision Care Limitations and Exclusions" provision in this amendment and the "General Exclusions/Limitations and Exclusions" section of this *policy/certificate* for *pediatric vision care* expenses not covered by this *policy/certificate*. All other terms and provisions of this *policy/certificate*, including *preauthorization and notification* requirements specified in this *policy/certificate* are applicable to expenses covered for *pediatric vision care*.

[Benefits available under this *policy/certificate* that have any applicable day, visit, *allowance* or specific dollar limit will be applied to the same amounts in the HMO *policy/certificate*. Any out-of-pocket expense for which a *covered person* is responsible under the HMO *policy/certificate* may not be used to satisfy the medical *out-of-pocket maximum*/*out-of-pocket limit/out-of-pocket coinsurance maximum* under this *policy*/*certificate*.]

If *your policy*/*certificate* is effective prior to January 1, 2014, these requirements will apply to *your* current *policy* as of *your policy's* renewal date on or after January 1, 2014. If *your policy* is effective January 1, 2014 or after, this amendment is applicable to your current *policy* as of *your policy's effective date.*

Schedule of Benefits

Covered expenses for *pediatric vision care* apply toward the medical *deductible* and medical *out-of-pocket maximum/out-of-pocket limit/out-of-pocket coinsurance maximum*.

Covered Expense	Plan Pays for Services From Network Providers	Plan Pays for Services From Non-Network Providers	Benefit Maximum
Comprehensive eye exam	[0-100%] [after medical deductible]	[0-100%] [after medical deductible]	One exam in any [12-24] month period
Prescription lenses - Single vision lenses - Biofocal lenses - Trifocal lenses - Lenticular lenses	[0-100%] [after medical deductible]	[0-100%] [after medical deductible]	One pair of covered prescription lenses in any [12-24] month period
[Lens options (must be selected at the same time covered prescription lenses are selected) - [Standard polycarbonate] - [Standard scratch coating]]	[0-100%] [after medical deductible]	[0-100%] [after medical deductible]	not applicable

PEDIATRIC VISION CARE BENEFIT AMENDMENT

Covered Expense	Plan Pays for Services From Network Providers	Plan Pays for Services From Non-Network Providers	Benefit Maximum
Frames	[0-100%] [after medical deductible]	[0-100%] [after medical deductible]	One covered new frame per person in any [12-36] month period
[Complete pair of eyeglasses purchased online (in lieu of all other benefits for frames, lenses and/or contact lenses)]	[0-100%] [after medical deductible]	[0-100%] [after medical deductible]	[One complete pair of eyeglasses (frames and lenses) in any [12-36] month period] [One complete pair of eyeglasses (frames, lenses, and lens options) in any [12-36] month period]
Elective contact lenses (in lieu of all other benefits for frames and/or lenses)	[0-100%] [after medical deductible]	[0-100%] [after medical deductible]	A [3-12] month supply per person in any [6-24] month period Replacement is limited to once in any [6-24] month period
Medically necessary contact lenses	[0-100%] [after medical deductible]	[0-100%] [after medical deductible]	Replacement is limited to once in any [6-24] month period
Contact lens fitting and follow up exam	[0-100%] [after medical deductible]	[0-100%] [after medical deductible]	not applicable
Low vision - Supplementary testing - Aids	[0-100%] [after medical deductible]	[0-100%] [after medical deductible]	One diagnostic evaluation beyond the comprehensive eye exam per person in any [6-24] month period One low vision aid per person in any [12-36] month period except for video magnification which is limited to one in any [3-5] calendar years

PEDIATRIC VISION CARE BENEFIT AMENDMENT

Pediatric Vision Care Covered Expenses

We will pay benefits for *covered expenses* incurred by a *covered person* under the age of 19 for *pediatric vision care*. *Covered expenses* for *pediatric vision care* are:

1. *Comprehensive eye exam*;

2. Prescription lenses [and lens options];

3. Frames available from a selection of covered frames. The *network provider* will show the *covered person* the selection of frames covered by this *policy/certificate*. If a *covered person* selects a frame that is not included in the frame selection this *policy/certificate* covers, the *covered person* is responsible for the difference in cost between the *network provider* reimbursement amount for covered frames and the retail price of the frame selected. If frames are provided by a *non-network provider*, benefits are limited to the amount shown above in the "Schedule of Benefits";

4. [Complete pair of eyeglasses (frames, and prescription lenses [and lens options]) from the selection of covered frames, and lenses [and lens options] [when purchased on-line through the designated *network provider's* website];]

5. Elective contact lenses available from a selection of covered contact lenses, *contact lens fitting and follow-up*. The *network provider* will inform the *covered person* of the contact lens selection covered by this *policy/certificate*. If a *covered person* selects a contact lens that is not part of the contact lens selection this *policy/certificate* covers, the *covered person* is responsible for the difference in cost between the lowest cost contact lens available from the contact lens selection covered by this *policy/certificate* and the cost of the contact lens selected. If contact lenses are provided by a *non-network provider*, benefits are limited to the amount shown above in the "Schedule of Benefits";

6. *Medically necessary* contact lenses under the following circumstances when *preauthorization and notification* is obtained:
   a. Visual acuity cannot be corrected to 20/70 in the better eye except by use of contact lenses;
   b. Anisometropia greater than 3.50 diopters and aesthenopia or diplopia, with glasses;
   c. Keratoconus;
   d. Monocular aphakia or binocular aphakia where the doctor certifies contact lenses are *medically necessary* for safety and rehabilitation to a productive life; and
   e. High ametropia of either +10D or -10D in any meridian; or

7. *Low vision services* includes the following when *preauthorization and notification* is obtained:
   a. Low vision supplementary testing; or
   b. Low vision aids include only the following:
      i. Spectacle-mounted magnifiers;
      ii. Hand-held and stand magnifiers;
      iii. Hand held or spectacle-mounted telescopes; or
      iv. Video magnification.

PEDIATRIC VISION CARE BENEFIT AMENDMENT

Pediatric Vision Care Limitations and Exclusions

In addition to the "General Exclusions/Limitations and Exclusions" section of this *policy/certificate* and any limitations specified in the "Schedule of Benefits" shown above, benefits for *pediatric vision care* are limited as follows:

1. In no event will benefits exceed the lesser of:
   a. The limits shown above in the "Schedule of Benefits" or in the "Schedule of Benefits" of this *policy/certificate*; or
   b. The *reimbursement limit*, as shown above in the "Schedule of Benefits" when *services* are rendered by a *non-network provider*.

2. *Materials* covered by the *policy/certificate* that are lost, or stolen. Broken or damaged *materials* will only be replaced at normal intervals as specified in the "Schedule of Benefits" shown above.

3. Basic cost for lenses and frames covered by the *policy/certificate*. [The *covered person* is responsible for lens options selected, including but not limited to:
   a. Blended lenses;
   b. Progressive multifocal lenses;
   c. Photochromatic lenses; tinted lenses, sunglasses, prescription and plano;
   d. Laminating of lens or lenses, or fashion or gradient tinting;
   e. Groove, Drill or Notch, and Roll and Polish; or
   f. Hi Index, aspheric and non-aspheric styles.]

Refer to the "General Exclusions/Limitations and Exclusions" section of this *policy/certificate* for additional exclusions. Unless specifically stated otherwise, no benefits for *pediatric vision care* will be provided for, or on account of, the following items:

1. Orthoptic or vision training and any associated supplemental testing;
2. Two or more multiple pair of glasses, in lieu of bifocals or trifocals;
3. Medical or surgical treatment of the eye, eyes or supporting structure;
4. Any *services* and/or *materials* required by an *employer* as a condition of employment;
5. Safety lenses and frames;
6. Contact lenses, when benefits for frames and lenses are received;
7. Oversized 61 and above lens or lenses;
8. Cosmetic items;
9. Any *services* or *materials* not listed in this amendment as a *covered expense* or in the "Schedule of Benefits" shown above;
10. Expenses for missed appointments;
11. Any charge from a providers' office to complete and submit claim forms;
12. Treatment relating to or caused by disease;
13. Non-prescription *materials* or vision devices;
14. Costs associated with securing *materials*;
15. Pre- and post-operative *services*;
16. Orthokeratology;
17. Routine maintenance of *materials*;

18. Refitting or change in lens design after initial fitting;
19. Artistically painted lenses;
20. Premium lens options; or
21. [Online purchase of complete pair of eyeglasses when not purchased through the *network provider* designated by *us*.]

Definitions

The following terms are specific to *pediatric vision care* benefits:

Comprehensive eye exam means an exam of the complete visual system which includes: case history; monocular and binocular visual acuity, with or without present corrective lenses; neurological integrity (pupil response); biomicroscopy (external exam); visual field testing (confrontation); ophthalmoscopy (internal exam); tonometry (intraocular pressure); refraction (with recorded visual acuity); extraocular muscle balance assessment; dilation as required; present prescription analysis; specific recommendation; assessment plan; and provider signature.

Contact lens fitting and follow-up means an exam which includes: keratometry; diagnostic lens testing; instruction for insertion and removal of contact lenses; additional biomicroscopy with and without lens.

Covered person under this amendment means a person under the age of 19 who is eligible and enrolled for benefits provided under this *policy/certificate*.

Low vision means *severe vision problems* as diagnosed by an Ophthalmologist or Optometrist that cannot be corrected with regular prescription lenses or contact lenses and reduces a person's ability to function at certain or all tasks.

Materials means frames, and lenses and lens options, and/or contact lenses.

Pediatric vision care means the *services* and *materials* specified in the "Pediatric Vision Care Covered Expense" provision in this amendment for a *covered person* under the age of 19.

Reimbursement limit is the maximum fee allowed for a *covered expense*. It is the lesser of:
1. The actual cost for covered *services* or *materials*;
2. The fee most often charged in the geographical area where the *service* was performed or *materials* provided;
3. The fee most often charged by the provider;
4. The fee determined by comparing charges for similar *services* or *materials* to a national database adjusted to the geographical area where the *services* or procedures were performed or *materials* provided;
5. At *our* choice the fee determined by using a national Relative Value Scale. Relative Value Scale means a methodology that values procedures and *services* relative to each other that includes, but is not limited to, a scale in terms of difficulty, work, risk, as well as the *material* and outside costs of providing the *service*, as adjusted to the geographic area where the *services* or procedures were performed or *materials* provided;

PEDIATRIC VISION CARE BENEFIT AMENDMENT

6. In the case of *services* rendered by or *materials* obtained from providers with whom *we* have agreements, the fee that *we* have negotiated with that provider;
7. The fee based on rates negotiated with one or more *network providers* in the geographic area for the same or similar *services* or *materials*;
8. The fee based on the provider's costs for providing the same or similar *services* or *materials* as reported by the provider in the most recent, publicly available *Medicare* cost report submitted annually to the Centers for Medicare and Medicaid Services; or
9. The fee based on a percentage of the fee Medicare allows for the same or similar *services* or *materials* provided in the same geographic area.

The bill a *covered person* receives for *services* provided by, or *materials* obtained from *non-network providers* may be significantly higher than the *reimbursement limit*. In addition to any applicable *deductibles* and *coinsurance*, the *covered person* is responsible for the difference between the *reimbursement limit* and the amount the provider bills *you* or the *covered person* for the *services* or *materials*. Any amount paid to the provider in excess of the *reimbursement limit* will not apply to any applicable *deductible*, *coinsurance*, or *out-of-pocket maximum*/*out-of-pocket limit*/*out-of-pocket coinsurance maximum.*

Severe vision problems mean the best-corrected acuity is:
1. 20/200 or less in the better eye with best conventional spectacle or contact lens prescription;
2. A demonstrated constriction of the peripheral fields in the better eye to 10 degrees or less from the fixation point; or
3. The widest diameter subtends an angle less than 20 degrees in the better eye.

[Signature of Officer]
[Typed Name of Officer]
[Title of Officer]

2. Schedule of Benefits

Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include preventive *services*, *prescription* drug *services* or any office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. See the “Definitions” section for the complete definition.

Medical deductible:	**Services from network providers:**	**Services from non-network providers:**
[Per calendar year)	$6,300	$12,600]
[Per calendar year (for all covered family members combined)	$12,600	$25,200]
[*Copayments* do not apply to the *deductible*.]		

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the “Definitions” section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation without notice.

	Services from network providers:	**Services from non-network providers:**
[Individual limit (per calendar year)	$6,300	$25,200]
[Family limit (per calendar year)	$12.600	$50,400]

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the “Definitions” section for the complete definitions.

After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
All covered expenses except as noted below	100% after deductible	75% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	100% after deductible	100% after deductible	not applicable
Emergency services	100% after deductible	100% after deductible	not applicable
Home healthcare	100% after deductible	75% after deductible	60 visits per person per calendar year
Outpatient therapy services - Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	100% after deductible	75% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	100% after deductible	75% after deductible	36 visits per therapy per person per calendar year
- All other therapies	100% after deductible	75% after deductible	not applicable
Preventive services	100%	75% after deductible	not applicable
Skilled nursing and rehabilitation facility	100% after deductible	75% after deductible	60 days per person per calendar year

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	100% after deductible	75% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
[Retail pharmacy/specialty pharmacy for up to a 30-day supply]			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	75% after deductible	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	75% after deductible	
- All other prescription drugs from a retail pharmacy/specialty pharmacy	100% after deductible	75% after deductible	
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	75% after deductible	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	75% after deductible	
- All other prescription drugs from a mail order pharmacy excludes specialty drugs and self-administered injectables)	100% after deductible	75% after deductible	

2. Schedule of Benefits

Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include preventive *services*, *prescription* drug *services* or any office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. See the “Definitions” section for the complete definition.

	Services from network providers:	Services from non-network providers:
Medical deductible:		
[Per calendar year)	$ 6,300	$12,600]
[Per calendar year (for all covered family members combined)	$12,600	$25,200]
[*Copayments* do not apply to the *deductible*.]		

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the “Definitions” section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation without notice.

	Services from network providers:	Services from non-network providers:
[Individual limit (per calendar year)	$6,300	$25,200]
[Family limit (per calendar year)	$12.600	$50,400]

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the “Definitions” section for the complete definitions.

After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.

	Plan pays for services from network providers:	Plan pays for services from non-network providers:	Combined network and non-network benefit maximum:
All covered expenses except as noted below	100% after deductible	75% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	100% after deductible	100% after deductible	not applicable
Emergency services	100% after deductible	100% after deductible	not applicable
Home healthcare	100% after deductible	75% after deductible	60 visits per person per calendar year
Outpatient therapy services - Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	100% after deductible	75% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	100% after deductible	75% after deductible	36 visits per therapy per person per calendar year
- All other therapies	100% after deductible	75% after deductible	not applicable
Preventive services	100%	75% after deductible	not applicable
Skilled nursing and rehabilitation facility	100% after deductible	75% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	100% after deductible	75% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	100% after deductible	75% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
[Retail pharmacy/specialty pharmacy for up to a 30-day supply]			
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid - All other prescription drugs from a retail pharmacy/specialty pharmacy	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication 100% after deductible	75% after deductible	not applicable
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid - All other prescription drugs from a mail order pharmacy excludes specialty drugs and self-administered injectables)	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication 100% after deductible	75% after deductible	not applicable

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from network providers**	**Services from non-network providers**
Individual deductible (per covered person per calendar year)	$4,900	$ 9,800
Family deductible (per family per calendar year)	$9,800	$19,600

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$1,500	$ 4,500
Family deductible (per family per calendar year)	$3,000	$ 9,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation without notice.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$6,400	$25,600
Family maximum (per family per calendar year)	$12,800	$51,200

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health o Concentra o All other providers - Office visits for bodily injury and all other sickness o PCP o Specialist o Concentra o Convenient care clinic o Urgent care - Concentra - All other providers	100% after $40 copay per visit 100% after $50 copay per visit 100% after $ 50 copay per visit 100% after $ 80 copay per visit 100% after $ 40 copay per visit 100% after $50 copay per visit 100% after $ 75 copay per visit 100% after $100 copay per visit	60% after deductible	3 combined visit limit for all mental health, PCP, specialist, Concentra, convenient care clinic, and urgent care per person per calendar year; thereafter subject to the medical deductible and coinsurance per person per calendar year
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $10 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $300 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	50% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $20 copay	70% after Rx deductible and $20 copay	not applicable
Level two drugs	100% after $75 copay	70% after Rx deductible and $75 copay	not applicable
Level three drugs	100% after Rx deductible and 50% copay	70% after Rx deductible and 50% copay	not applicable
Level four drugs			not applicable
- For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider	100% after Rx deductible and 40% copay	70% after Rx deductible and 40% copay	
- For specialty drugs obtained from a network specialty drug pharmacy	100% after Rx deductible and 50% copay	70% after Rx deductible and 50% copay	
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from network providers**	**Services from non-network providers**
Individual deductible (per covered person per calendar year)	$4,600	$ 9,200
Family deductible (per family per calendar year)	$9,200	$18,400

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$1,500	$4,500
Family deductible (per family per calendar year)	$3,000	$9,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation without notice.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$ 6,300	$25,200
Family maximum (per family per calendar year)	$12,600	$50,400

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health - Office visits for bodily injury and all other sickness o PCP o Specialist o Convenient care clinic o Urgent care - Concentra - All other providers	100% after $25 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $50 copay per visit	60% after deductible	not applicable
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $5 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $500 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	50% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $10 copay	70% after Rx deductible and $10 copay	not applicable
Level two drugs	100% after $20 copay	70% after Rx deductible and $20 copay	not applicable
Level three drugs	100% after Rx deductible and $50 copay	70% after Rx deductible and $50 copay	not applicable
Level four drugs	100% after Rx deductible and 50% copay	70% after Rx deductible and 50% copay	not applicable
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above 70% after Rx deductible and the applicable copay outlined above	not applicable
Specialty pharmacy for up to a 30-day supply			
Level five drugs - For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider - For specialty drugs obtained from a network specialty drug pharmacy	100% after Rx deductible and 40% copay 100% after Rx deductible and 50% copay	70% after Rx deductible and 40% copay 70% after Rx deductible and 50% copay	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from network providers**	**Services from non-network providers**
Individual deductible (per covered person per calendar year)	$3,250	$ 9,200
Family deductible (per family per calendar year)	$6,500	$18,400

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$1,000	$3,000
Family deductible (per family per calendar year)	$2,000	$6,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation without notice.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$4,750	$25,200
Family maximum (per family per calendar year)	$9,500	$50,400

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health - Office visits for bodily injury and all other sickness o PCP o Specialist o Convenient care clinic o Urgent care - Concentra - All other providers	100% after $25 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $50 copay per visit	60% after deductible	not applicable
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $5 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $500 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	50% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $10 copay	70% after Rx deductible and $10 copay	not applicable
Level two drugs	100% after $20 copay	70% after Rx deductible and $20 copay	not applicable
Level three drugs	100% after Rx deductible and $50 copay	70% after Rx deductible and $50 copay	not applicable
Level four drugs	100% after Rx deductible and 50% copay	70% after Rx deductible and 50% copay	not applicable
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	not applicable
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
Specialty pharmacy for up to a 30-day supply			
Level five drugs			not applicable
- For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider	100% after Rx deductible and 40% copay	70% after Rx deductible and 40% copay	
- For specialty drugs obtained from a network specialty drug pharmacy	100% after Rx deductible and 50% copay	70% after Rx deductible and 50% copay	

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from network providers**	**Services from non-network providers**
Individual deductible (per covered person per calendar year)	$ 900	$ 9,200
Family deductible (per family per calendar year)	$1,800	$18,400

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$ 500	$1,500
Family deductible (per family per calendar year)	$1,000	$3,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation without notice.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$1,450	$25,200
Family maximum (per family per calendar year)	$2,900	$50,400

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health - Office visits for bodily injury and all other sickness o PCP o Specialist o Convenient care clinic o Urgent care - Concentra - All other providers	100% after $25 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $50 copay per visit	60% after deductible	not applicable
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $5 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $500 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	50% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $10 copay	70% after Rx deductible and $10 copay	not applicable
Level two drugs	100% after $20 copay	70% after Rx deductible and $20 copay	not applicable
Level three drugs	100% after Rx deductible and $50 copay	70% after Rx deductible and $50 copay	not applicable
Level four drugs	100% after Rx deductible and 50% copay	70% after Rx deductible and 50% copay	not applicable
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above 70% after Rx deductible and the applicable copay outlined above	not applicable
Specialty pharmacy for up to a 30-day supply			
Level five drugs - For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider - For specialty drugs obtained from a network specialty drug pharmacy	100% after Rx deductible and 40% copay 100% after Rx deductible and 50% copay	70% after Rx deductible and 40% copay 70% after Rx deductible and 50% copay	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from network providers**	**Services from non-network providers**
Individual deductible (per covered person per calendar year)	$ 500	$ 9,200
Family deductible (per family per calendar year)	$1,000	$18,400

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$250	$ 750
Family deductible (per family per calendar year)	$500	$1,500

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation without notice.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$ 750	$25,200
Family maximum (per family per calendar year)	$1,500	$50,400

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health - Office visits for bodily injury and all other sickness o PCP o Specialist o Convenient care clinic o Urgent care - Concentra - All other providers	100% after $25 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $50 copay per visit	60% after deductible	not applicable
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $5 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $500 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	50% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $10 copay	70% after Rx deductible and $10 copay	not applicable
Level two drugs	100% after $20 copay	70% after Rx deductible and $20 copay	not applicable
Level three drugs	100% after Rx deductible and $50 copay	70% after Rx deductible and $50 copay	not applicable
Level four drugs	100% after Rx deductible and 50% copay	70% after Rx deductible and 50% copay	not applicable
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above 70% after Rx deductible and the applicable copay outlined above	not applicable
Specialty pharmacy for up to a 30-day supply			
Level five drugs - For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider - For specialty drugs obtained from a network specialty drug pharmacy	100% after Rx deductible and 40% copay 100% after Rx deductible and 50% copay	70% after Rx deductible and 40% copay 70% after Rx deductible and 50% copay	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from** network providers	**Services from** non-network providers
Individual deductible (per covered person per calendar year)	$2,500	$ 5,000
Family deductible (per family per calendar year)	$5,000	$10,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$ 500	$1,500
Family deductible (per family per calendar year)	$1,000	$3,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation without notice.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$3,500	$14,000
Family maximum (per family per calendar year)	$7,000	$28,000

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health o Concentra o All other providers - Office visits for bodily injury and all other sickness o PCP o Specialist o Concentra o Convenient care clinic o Urgent care - Concentra - All other providers	 100% after $15 copay per visit 100% after $25 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $15 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $50 copay per visit	60% after deductible	not applicable
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $5 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $500 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	65% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $5 copay	70% after Rx deductible and $5 copay	not applicable
Level two drugs	100% after $10 copay	70% after Rx deductible and $10 copay	not applicable
Level three drugs	100% after Rx deductible and $15 copay	70% after Rx deductible and $15 copay	not applicable
Level four drugs - For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider - For specialty drugs obtained from a network specialty drug pharmacy	100% after Rx deductible and 25% copay 100% after Rx deductible and 35% copay	70% after Rx deductible and 25% copay 70% after Rx deductible and 35% copay	not applicable
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above 70% after Rx deductible and the applicable copay outlined above	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from network providers**	**Services from non-network providers**
Individual deductible (per covered person per calendar year)	$2,500	$ 5,000
Family deductible (per family per calendar year)	$5,000	$10,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$ 500	$1,500
Family deductible (per family per calendar year)	$1,000	$3,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation without notice.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$3,500	$14,000
Family maximum (per family per calendar year)	$7,000	$28,000

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health - Office visits for bodily injury and all other sickness o PCP o Specialist o Convenient care clinic o Urgent care - Concentra - All other providers	100% after $25 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $50 copay per visit	60% after deductible	not applicable
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $5 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $500 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	65% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $5 copay	70% after Rx deductible and $5 copay	not applicable
Level two drugs	100% after $10 copay	70% after Rx deductible and $10 copay	not applicable
Level three drugs	100% after Rx deductible and $20 copay	70% after Rx deductible and $20 copay	not applicable
Level four drugs	100% after Rx deductible and 35% copay	70% after Rx deductible and 35% copay	not applicable
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above 70% after Rx deductible and the applicable copay outlined above	not applicable
Specialty pharmacy for up to a 30-day supply			
Level five drugs - For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider - For specialty drugs obtained from a network specialty drug pharmacy	100% after Rx deductible and 25% copay 100% after Rx deductible and 35% copay	70% after Rx deductible and 25% copay 70% after Rx deductible and 35% copay	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. **Each *deductible* is separate and does not apply toward satisfying any other *deductible*.** See the "Definitions" section for the complete definition.

Medical deductible:	**Services from network providers**	**Services from non-network providers**
Individual deductible (per covered person per calendar year)	$1,000	$2,000
Family deductible (per family per calendar year)	$2,000	$4,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

Prescription drug deductible:		
Individual deductible (per covered person per calendar year)	$ 500	$1,500
Family deductible (per family per calendar year)	$1,000	$3,000

Each *deductible* is separate and does not apply toward satisfying any other *deductible*. *Copayments* do not apply to the *deductible*.

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation without notice.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$1,500	$ 6,000
Family maximum (per family per calendar year)	$3,000	$12,000

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	80**%** after deductible	60% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health o Concentra o All other providers - Office visits for bodily injury and all other sickness o PCP o Specialist o Concentra o Convenient care clinic o Urgent care - Concentra - All other providers	 100% after $15 copay per visit 100% after $25 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $15 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit 100% after $50 copay per visit	60% after deductible	not applicable
Therapeutic injections (includes allergy injections and administration fee; excludes routine injections)	100% after $5 copay per visit	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	80% after deductible	80% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $500 and thereafter subject to the medical deductible and coinsurance per person per calendar year	60% after deductible	not applicable
Emergency room	80% after deductible	80% after deductible	not applicable
Home healthcare	80% after deductible	60% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	60% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	80% after deductible	60% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	80% after deductible	60% after deductible	36 visits per therapy per person per calendar year
- All other therapies	80% after deductible	60% after deductible	not applicable
Skilled nursing and rehabilitation facility	80% after deductible	60% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	65% after deductible	60% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	80% after deductible	60% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
Level one drugs	100% after $5 copay	70% after Rx deductible and $5 copay	not applicable
Level two drugs	100% after $10 copay	70% after Rx deductible and $10 copay	not applicable
Level three drugs	100% after Rx deductible and $15 copay	70% after Rx deductible and $15 copay	not applicable
Level four drugs - For specialty drugs obtained from a network specialty drug pharmacy designated by us as a preferred provider - For specialty drugs obtained from a network specialty drug pharmacy	100% after Rx deductible and 25% copay 100% after Rx deductible and 35% copay	70% after Rx deductible and 25% copay 70% after Rx deductible and 35% copay	not applicable
- Prescription drugs on the Women's Healthcare drug list as follows: o Contraceptives for purposes of birth control o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available 100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above 70% after Rx deductible and the applicable copay outlined above	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	70% after Rx deductible and the applicable copay outlined above	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	70% after Rx deductible and the applicable copay outlined above	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	2 times the applicable copay outlined above after Rx deductible	2 times the applicable copay outlined above after Rx deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]
Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. See the “Definitions” section for the complete definition.

Medical deductible:	**Services from** **network providers**	**Services from** **non-network providers**
Individual deductible (per covered person per calendar year)	$ 6,400	$12,800
Family deductible (per family per calendar year)	$12,800	$25,600
Copayments do not apply to the *deductible*.		

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation without notice.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$ 6,400	$25,600
Family maximum (per family per calendar year)	$12,800	$51,200

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	100**%** after deductible	75% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health - Office visits for bodily injury and all other sickness o PCP o Convenient care clinic	100% after $35 copay per visit 100% after $35 copay per visit 100% after $35 copay per visit	75% after deductible	3 combined visit limit for all mental health, PCP, and convenient care clinic per person per calendar year; thereafter subject to the medical deductible and coinsurance per person per calendar year
Emergency room	100% after deductible	100% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	100% after deductible	100% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $300 and thereafter subject to the medical deductible and coinsurance per person per calendar year	75% after deductible	not applicable
Emergency room	100% after deductible	100% after deductible	not applicable
Home healthcare	100% after deductible	75% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	75% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	100% after deductible	75% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and cardiac rehabilitation	100% after deductible	75% after deductible	36 visits per therapy per person per calendar year
- All other therapies	100% after deductible	75% after deductible	not applicable
Skilled nursing and rehabilitation facility	100% after deductible	75% after deductible	60 days per person per calendar year

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	100% after deductible	75% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
Direct non-medical costs	100% after deductible up to a maximum of $10,000 for each covered organ transplant	Not covered	not applicable

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	75% after deductible	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	75% after deductible	
- All other prescription drugs from a retail pharmacy/specialty pharmacy	100% after deductible	75% after deductible	

2. Schedule of Benefits

PRESCRIPTION DRUGS			
Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Mail order pharmacy for up to a 90-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	75% after deductible	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	75% after deductible	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	100% after deductible	75% after deductible	

2. Schedule of Benefits

This Schedule of Benefits summarizes benefit information and the date these benefits take effect. *You* selected some of these benefits when *you* applied for this *policy*. As *your* needs change over the time *you* own this *policy*, *you* may change some of these benefits without replacing or purchasing an entirely new *policy*.

In most cases, if *you* receive *services* from a *network provider we* will pay a higher percentage of benefits and *you* will incur lower out-of-pocket costs. *You* are responsible for any applicable *copayment*, *deductible*, and *coinsurance*.

[If *you* live in an area where *we* determine there are not enough *network providers* in *our* provider network, *we* will pay benefits for *all covered expenses* at the *network provider* level subject to the *maximum allowable fee*. This does not include *preventive services*, *prescription* drug *services,* or any benefits in the office visit copayment benefit. *We* will determine network adequacy based on the standards required by *your* state.]

Please read *your* entire *policy* to fully understand all terms, conditions, exclusions, and limitations that apply.

[If coverage was purchased through an *exchange* [and an Advance Premium Tax Credit was received] any [*deductible*,] [cop*ayment*,] [*coinsurance*] [and/or] [*out-of-pocket coinsurance maximum*] shown below may change without notice. The *exchange* will determine if a change is to be made. *We* will make the change as directed by the *exchange*.]

Coverage information

Date these benefits take effect:	
[John Doe]	[xx/xx/xxxx]
[Jane Doe]	[xx/xx/xxxx]
[Jason Doe]	[xx/xx/xxxx]
[Jamie Doe]	[xx/xx/xxxx]

Policyholder:	[John Doe]
	Covered Person(s):
Primary insured:	[John Doe]
[Dependent(s):]	[Jane Doe] [Jason Doe] [Jamie Doe]

Lifetime maximum benefit

The maximum amount *we* will pay for *covered expenses* incurred by a *covered person* while this *policy* is in effect. See the “Definitions” section for the complete definition.

Per covered person	Unlimited

2. Schedule of Benefits

Deductible

The amount of the *covered expense* a *covered person* is responsible to pay before *we* pay benefits less any *copayments*, or *coinsurance*. See the “Definitions” section for the complete definition.

Medical deductible:	**Services from** **network providers**	**Services from** **non-network providers**
Individual deductible (per covered person per calendar year)	$ 6,400	$12,800
Family deductible (per family per calendar year)	$12,800	$25,600
Copayments do not apply to the *deductible*.		

2. Schedule of Benefits

Out-of-Pocket coinsurance maximum

The maximum amount of *covered expense* a *covered person* and/or family pays for *services* in a *calendar year*. This amount does not include any transplant *services* from a *non-network provider*, non-covered *services*, amounts over the *maximum allowable fee*, amounts over the *default rate*, and utilization or *prescription* drug penalties. See the "Definitions" section for the complete definition. The *out-of-pocket coinsurance maximum* of this *policy* may be adjusted annually due to inflation without notice.

	Services from network providers:	**Services from non-network providers:**
Individual maximum (per covered person per year)	$ 6,400	$25,600
Family maximum (per family per calendar year)	$12,800	$51,200

Coinsurance levels and benefit maximums for covered expenses

Coinsurance is the amount of *covered expense* a *covered person* must pay toward total *expenses incurred* for *services* in addition to any *copayments*, and *deductibles*. *Benefit maximum* is the limit on the amount of *covered expenses* that *we* will pay on behalf of any *covered person* per *calendar year*. See the "Definitions" section for the complete definitions.

	Plan pays for services from network providers:	**Plan pays for services from non-network providers:**	**Combined network and non-network benefit maximum:**
After the *out-of-pocket coinsurance maximum* is met, then the plan pays 100% of all *covered expenses* for the balance of that *calendar year*.			
All covered expenses except as noted below	100**%** after deductible	75% after deductible	not applicable

2. Schedule of Benefits

HEALTHCARE PRACTITIONER SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
- Office visits for mental health o Concentra o All other providers - Office visits for bodily injury and all other sickness o PCP o Concentra o Convenient care clinic	 100% after $25 copay per visit 100% after $35 copay per visit 100% after $35 copay per visit 100% after $25 copay per visit 100% after $35 copay per visit	75% after deductible	3 combined visit limit for all mental health, PCP, Concentra, and convenient care clinic per person per calendar year; thereafter subject to the medical deductible and coinsurance per person per calendar year
Emergency room	100% after deductible	100% after deductible	not applicable

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Ambulance	100% after deductible	100% after deductible	not applicable
Diagnostic lab and x-ray (excludes advanced imaging, pulmonary function studies, cardiac catheterization, EKG, ECG, EEG)	100% up to $300 and thereafter subject to the medical deductible and coinsurance per person per calendar year	75% after deductible	not applicable
Emergency room	100% after deductible	100% after deductible	not applicable
Home healthcare	100% after deductible	75% after deductible	60 visits per person per calendar year

2. Schedule of Benefits

OTHER MEDICAL SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Preventive services	100%	75% after deductible	not applicable
Outpatient therapy services			
- Physical therapy, occupational therapy, and spinal manipulations, adjustments and modalities	100% after deductible	75% after deductible	20 visits per therapy per person per calendar year
- Respiratory therapy and occupational therapy	100% after deductible	75% after deductible	36 visits per therapy per person per calendar year
- All other therapies	100% after deductible	75% after deductible	not applicable
Skilled nursing and rehabilitation facility	100% after deductible	75% after deductible	60 days per person per calendar year
Specialty Drugs received during an office visit, a home healthcare visit or at a freestanding facility or urgent care center	100% after deductible	75% after deductible	not applicable

2. Schedule of Benefits

TRANSPLANT SERVICES			
Medical Services	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Organ transplant services	100% after deductible	75% after deductible up to a maximum of $35,000 for each covered organ transplant	not applicable
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Prescription Drugs	**Plan Pays for Services From Network Providers**	**Plan Pays for Services From Non-Network Providers**	**Benefit Maximum**
Retail pharmacy for up to a 30-day supply			
- Prescription drugs on the Women's Healthcare drug list as follows:			not applicable
o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	75% after deductible	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	75% after deductible	
- All other prescription drugs from a retail pharmacy/specialty pharmacy	100% after deductible	75% after deductible	

2. Schedule of Benefits

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o Contraceptives for purposes of birth control	100% for generic medication 100% for brand-name medication if an equivalent generic medication is not available	75% after deductible	
o Prenatal vitamins containing 0.4mg-0.8mg folic acid	100% for generic and brand-name medication	75% after deductible	
- All other prescription drugs (excludes specialty drugs and self-administered injectables)	100% after deductible	75% after deductible	

Humana Insurance Company
Tennessee
HIOS Identification: 82120

This filing is for the individual market, with an effective date of 01/01/2014.

Contact Information:

Primary Contact:	Nick Mueller
Phone Number:	(262) 408-4508
Email:	nmueller@humana.com

Purpose:

The purpose of this actuarial memorandum is to provide supporting justification to the Unified Rate Review template with the goal of demonstrating compliance with the market rating rules, as well as reasonableness of any proposed rates.

In addition, this actuarial memorandum provides required actuarial certifications related to:

- the methodology used to calculate the AV Metal Value for each plan
- the appropriateness of the essential health benefit portion of premium upon which advanced payment of premium tax credits (APTCs) are based
- the index rate is developed in accordance with federal regulations and the index rate along with allowable modifiers are used in the development of plan specific premium rates

This filing should be used for no other purposes.

This memorandum was prepared by a qualified actuary, and is intended to be reviewed by a qualified actuary.

Reasons for Rate Increases

This actuarial memorandum accommodates both rate increases for our terminated products, which will be closed to new entrants prior to January 1, 2014, and our developed rates for new products.

The following paragraphs detail the components of the change in index rate for our current in force non-grandfathered terminated products and used in development for our new 2014 products.

Following a summary of the cumulative impacts at the beginning of this memo, we will walk through each item, how it impacts 2014 index rates, and the quantification.

Rate Increases Driven by Changes in Allowed Claims	
A. Morbidity……	52.0%
B. Medical Inflation & Trend……	9.3%
C. Increased Utilization……	9.4%
D. Change in Benefits……	4.2%
E. Change in Demographics……	-0.1%
F. Network Impacts……	-5.7%
Total……	78.4%

Other Rate Increase Drivers	
G. New Taxes & Fees……	3.6%
H. Reinsurance Program……	-9.1%
I. Risk Adjustment……	-6.4%
Total……	-11.9%
Grand Total……	57.3%

A. Single risk pool experience which is more adverse than that assumed in the current rates & morbidity:

This adjustment is intended to capture the change in underlying morbidity for the risk pool in 2014 compared to the current risk pool. Due to the removal of pre-existing condition limitations combined with 2014 rules disallowing underwriting rate adjustment or exclusionary riders, it is anticipated that the average morbidity for policies issued in 2014 will be much greater than the average morbidity in the individual market today.

Morbidity levels are expected to be similar to those of small group given that the underwriting will be similar between the segments in 2014. It is reasonable to assume that individual morbidity will be higher since the individual market is likely to experience greater anti-selection where the sole purpose of purchasing individual coverage is based on need whereas, in the small group market, it is a by-product of being employed by the organization. Similarly, the mere requirement of being healthy enough to retain employment may lead to lower morbidity where this requirement does not exist in the individual market. For these reasons, the starting point for developing the 2014 guaranteed issue impact is gauging the relative morbidity between the individual and small group markets today. External consultants were also worked with to estimate the impact of the new single risk pool experience.

Increased utilization due to the impact of member behavioral changes when on a plan with richer benefits must be accounted for. This excludes the impact of health status. Further detail on the impact of increased utilization by plan and level of cost sharing subsidization is detailed later in the actuarial memorandum.

The impact of morbidity in Tennessee for Humana Insurance Company is 52.0%.

B. Medical inflation & medical cost claims trend:

Rate increases required to account for increases in medical claim costs were selected based on historical trend results, anticipated claim trend (excluding Affordable Care Act impacts) for 2014, and separated for new membership compared to existing membership to account for the changes in renewal cycle to accommodate implementation of the Affordable Care Act (ACA) compliant products.

The impact of medical inflation and medical cost claims trend from midpoint of 2012 to midpoint of 2014 in Tennessee for Humana Insurance Company is 9.3%, or 4.5% annualized.

C. Increased Utilization

Rate increases required to account for increases in utilization were selected based on historical trend results, anticipated claim trend (excluding Affordable Care Act impacts) for 2014, and separated for new membership compared to existing membership to account for the changes in renewal cycle to accommodate implementation of the Affordable Care Act (ACA) compliant products.

The impact of increased utilization from midpoint of 2012 to midpoint of 2014 in Tennessee for Humana Insurance Company is 9.4%, or 4.6% annualized.

D. Change in Benefits

All non-grandfathered plans must cover the essential health benefits package in 2014. The specifics of the essential health benefits are contained within the benchmark plan selected in each state.

There are three high level categories of benefits that are considered to require rate increases to account for in the individual market: maternity, behavioral services and other state-specific services.

The majority of HumanaOne policyholders do not currently have a maternity benefit but 2014 plans require maternity coverage.

Current plans do cover behavioral services but also impose visit limits as well as lower coinsurance rates and separate deductibles. The modification of cost sharing requires additional rate to cover the expected increase cost of services. State specific requirements embedded in the benchmark plan must also be provided and rates adjusted in accordance.

The impact of change in benefits in Tennessee for Humana Insurance Company is 4.2%.

E. Change in Demographics

The change in demographics is meant to represent the shift in area mix of business distribution between 2012 and the new 2014 environment.

With the anticipated growth for 2014 and strategic selection of where products will be sold both on and off-exchange, there is an expected impact to the distribution of business by area. Since claim costs are known to vary by area, it is important to reflect this change.

The impact of change in demographics in Tennessee for Humana Insurance Company is -0.1%.

F. Network Impacts

Existing non-grandfathered membership will remain on existing networks in 2014 unless those members electively choose to move to a new network and product.

New products in 2014 will be tied to new networks in many markets, particularly on exchange where network selection was made in order to achieve lower claim costs. There are four components to the network savings: improved network discounts, removal of out-of-network coverage, new pharmacy network and formulary, and care coordinator savings.

The impact of these network impacts in Tennessee for Humana Insurance Company is -5.7%.

G. New Taxes & Fees Imposed on the Insurer

There are two additional taxes and fees for 2014 that must be considered in the pricing:

1) 1.4% additional federal tax

2) Exchange user fee of 2.2% of premium

The additional federal tax is the $8 billion tax assessed on the insurance industry for 2014. Humana's estimated liability based on net premium share of the market is $505M. Price adjustments are required to reflect the liability compared to the estimated 2014 company premium revenue. This is not tax-deductible, the appropriate increased federal income tax liability is captured in the income tax line in the expense exhibit discussed later in the actuarial memorandum.

The exchange user fee applies only to on-exchange business but must be spread across all business.

The impact of new taxes and fees imposed on the insurer in Tennessee for Humana Insurance Company is 3.6%.

H. Changes in payments from and contributions to the Federal Transitional Reinsurance Program

Rate adjustment to account for projected reinsurance recoveries net of reinsurance premium were also included in the rate development. Details of how projections were established and the corresponding magnitude are discussed at greater length later in the memorandum.

The impact driven by the Federal Transitional Reinsurance Program in Tennessee for Humana Insurance Company is -9.1%.

I. Risk Adjustment

Expected Risk Adjustment Transfer payments must be incorporated in rate development. Transfer payments received or paid impact plan liabilities and therefore rates must be adjusted accordingly. Further detail on the development of this adjustment is discussed later in the memorandum.

The impact of risk adjustment in Tennessee for Humana Insurance Company is -6.4%.

Additional Commentary on Reasons for Rate Increases

It should be noted that given the timeline of release of regulations, template requirements, and submission deadlines, pricing methodologies different from those prescribed by the Universal Rate Review Template were employed to develop 2014 pricing.

Existing non-grandfathered business will be impacted by the elimination of rating factors utilized previously.

- Removal of underwriting rate-ups
- Removal of spouse discount
- Removal of preferred rating
- Removal of family structure factors on H.S.A. Qualified plans
- New rating rule capping the dependent premiums at 3 members

Experience Period Premium and Claims

Paid Through Date:	February 28, 2013	
Premiums net of MLR rebate:	$	16,232,699
MLR Rebates:	$	549,948
Estimated Rebates to be included:	$	-

Methodology for estimated Rebates: Rebates are the year-end accrual for 2012. The estimate was based on actual claims through the end of September 2012, with data projected through the end of the year. Since we have no state and legal entities that are fully credible in 2012 on their own, the 2012 rebates are based on two years worth of data. The 2011 data utilizes the submission used to generate rebates for the 2011 experience. Expense adjustments allowed under the rebate rules are estimated based on expense experience and future expectations.

	Allowed Claims	Incurred Claims
Claims that were processed through the issuer's claim system	$ 14,808,971	$ 9,232,919
Claims that were processed outside the issuer's claim system	$ 2,185,003	$ 706,779
Claims incurred but not paid as of paid through date	$ 448,656	$ 262,417

The processed claims are claims incurred in 2012 paid through February 2013. The allowed amount comes directly from the claims system after eligibility and network discounts are applied.

To estimate incurred claims, reserve cells are categorized at the product and type of service detail and development methods with various averaging techniques are utilized, most commonly a six-month average excluding the high and low factors. Smoothing techniques are employed, including workday and seasonality adjustments. Changes in claim volume are included in these estimates by adjusting for pended claims.

For each month of incurral, the incurred but not reported amount equals the incurred claims estimate minus claims paid to date. Follow-up studies, including monthly historical reserve restatement analyses, are regularly performed to test the accuracy of the reserving methodology and suggest possible improvements.

Allowed but not reported estimates are developed utilizing the combination of the incurred but not reported estimate and the incurred to allowed ratio of historical claims.

Benefit Categories

The Benefit Categories are defined as follows:

Inpatient Hospital: Includes non-capitated services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.

Outpatient Hospital: Includes non-capitated services for surgery, emergency room, lab, radiology, therapy, observation and other services provided in an outpatient facility setting and billed by the facility. The Outpatient Hospital benefit category uses a combination of both visits and services to determine the utilization per 1,000. For items such as Outpatient Surgery and Emergency Room, where multiple services are rendered and can be billed together, visits are used for the measurement units. For single items that can be billed separately, such as Outpatient Therapy or MRI, services are used for the measurement units.

Professional: Includes non-capitated primary care, specialist, therapy, laboratory, radiology, and other professional services not billed by the facility. The Professional benefit category uses a combination of both visits and services to determine the utilization per 1,000. For items such as Primary Care or Specialist Office visits, where multiple services are rendered and can be billed together, visits are used for the measurement units. For single items that can be billed separately, such as Therapy or MRI, services are used for the measurement units.

Other Medical: Includes non-capitated ambulance, home health care, DME, prosthetics, supplies, vision exams, dental services and other services. The Other Medical benefit category uses a combination of both visits and services to determine the utilization per 1,000. For items such as Home Health visits, where multiple services are rendered and can be billed together, visits are used for the measurement units. For single items that can be billed separately, such as DME, services are used for the measurement units.

Capitation: Includes all services provided under one or more capitated arrangements.

Prescription Drug: Includes drugs dispensed by a pharmacy. Costs are net of rebates received from drug manufacturers, as required.

Projection Factors

52.0% **Changes in the Morbidity of the Population Insured [A]**

This adjustment is intended to capture the change in underlying morbidity for the risk pool in 2014 compared to the current risk pool. To calculate the change in morbidity, both internal pricing analysis and consultant reviews were utilized. Internal modeling considered the relative morbidity of the current uninsured market, combined with the relative morbidity of the membership on employer plans and the migration between segments. It is additionally anticipated that the resulting morbidity for the new 2014 business that will be issued in the individual market will be slightly higher than the morbidity levels of the small group market in 2014. Intuitively, morbidity levels similar to those of small group are expected given that the underwriting will be similar between the segments in 2014. The fact that individual morbidity will be higher is also a reasonable assumption since the individual market is likely to experience greater anti-selection where the sole purpose of purchasing individual coverage is based on need whereas in the small group market, it is a by-product of being employed by the organization. Similarly the mere requirement of being healthy enough to retain employment may lead to lower morbidity where this requirement does not exist in the individual market.

This data was adjusted to account for relative morbidity differences between the two segments, geographic mix differences, anticipated difference between the coverage of benefits, level of large claims, and new presence of richer benefits inducing additional demand. Analysis included consideration for the amount of new membership for the issuer at a higher morbidity level compared to the amount of existing membership at a lower morbidity level and change in renewal patterns. Internal modeling utilized consultant feedback for both growth factor estimates and also as a reasonability check.

4.2% **Changes in Benefits [D]**

As outlined in the "Reasons for Rate Increases" portion of the memorandum, this reflects the changes in benefits available to membership including adding maternity benefits, modification for behavioral health services cost-sharing and state mandated benefits as function of the benchmark plan. The data used to derive the estimated impact of adding maternity coverage was based on Humana Small Group data since many Humana individual plans currently do not include maternity coverage in the state. The methodology employed was comparing the level of maternity claims compared to the total claims. This was adjusted to account for anticipated increase in maternity incident rates given the mix of business differences between small group and individual by federal poverty levels. The estimated impact of the contraceptive coverage under the Women's Preventive Care legislation was additionally taken into account as an offset to the higher incidence rates.

The data used to derive the estimated impact of changes in member cost-sharing levels for behavioral health services was based on small group data as well. This exercise started with an analysis of behavioral health claims compared to total and compared the marginal benefit ratio of the new and current plans that will result due to the Federal Mental Health Parity requirements. State specific mandated benefits based on the benchmark plans were determined individually using similar methodologies.

-0.1% **Changes in Demographics [E]**

This factor represents the impact to the allowed claims with respect to the change in demographics between the base 2012 experience period and the expected demographic mix in 2014.

The process used to derive the change in area began with the distribution of business in 2012 and expected in 2014 by state and legal entity. Each of these was weighted with average premium per member per month in each state and legal entity market. The change in the overall state and legal entity's weighted premium per member per month dictated the expected impact due to the shift to the new 2014 geographic distribution. Age and gender were held constant in this exercise.

-5.7% **Other Adjustments - Network Impact [F]**

This factor represents the impact to the allowed claims with the presence of new networks on new products in 2014 in many markets. Data used to evaluate this claim impact is based on Humana claims at a corporate level as well as the individual market. To generate the estimated impact, network savings were generated relative to the base network underlying the current products.

19.6% **Trend Factors: Cost & Utilization [B & C]**

The cost trend captures pure unit cost changes from midpoint 2012 to midpoint 2014, calculated using the same basket of services each period, due to price/contract negotiations and provider distribution changes. Inpatient Hospital, Outpatient Hospital, Professional, Capitation and Other Medical cost trends are developed based on historical area specific cost trends from Humana's Individual Commercial block of business data. Future cost trends are developed based on expected changes in Humana's Commercial contracts.
Pharmacy cost trends are developed based on historical brand, generic, and specialty drug trends from Humana's Commercial data. Future cost trends are developed based on expected changes in these pharmacy contracts.

These contractual impacts will be applicable to all members regardless of risk class.

Utilization trend:
Using Humana's Trend Quantification and Projection model, a baseline utilization trend is developed using Humana's Individual Commercial block of business historical medical claims data from 2008 - 2012. The historical baseline utilization trend is developed by removing all known impacts to utilization net trend such as demographics, geography, duration, customer changes, benefit changes, new health technologies, utilization management initiatives, and changes in pertinent days. An economic regression model, based on consumer sentiment, personal disposable income, hospital construction, and high-tech medical equipment spend, is then fit to this historical baseline utilization data to project the future block of business baseline utilization trend for 2013 and 2014.
A midpoint to midpoint methodology is applied to determine the applicable baseline utilization trend, which incorporates 2012q3 and 2012q4 actual results at the state and legal entity level with the block of business baseline utilization trend for 2013 and 2014. This results in baseline utilization trends that vary at the state and legal entity level.

Other components are added to the baseline utilization trend to develop the total utilization trend provided. These include the following:
• Pertinent days – Captures changes in the calendar, recognizing that health care utilization varies by day of the week and reporting periods contain varying weekday mix and count. This impact is developed through the use of an external consultant's model which is uploaded with Humana's Commercial claims data.
• New Health Technologies – Captures the impact of new health technologies and procedures. An external consulting firm researches new technologies and develops per member per month impacts. These impacts are customized to Humana's Commercial business based on membership and coverage policy.
• Management Initiatives – Captures savings for Humana initiatives designed to bend trend by managing utilization, such as case management, disease management, and nurse programs. These initiatives are evaluated by an internal actuarial organization tasked with evaluating the effectiveness of the initiatives. Evaluations are done through a collaborative effort involving clinical and other operational areas. Projected savings are calculated by determining prospective changes to impacted metric values, which are determined by analyzing historical metric values as well as through discussions with clinical and operational areas. Savings are reviewed with leadership to ensure appropriateness of assumptions.
This describes the development of the core utilization trend. All impacts from healthcare reform have been removed and are included in the "Population Risk/Morbidity" and "Other" adjustments from Worksheet 1 to prevent double counting of any impacts.

Credibility Manual Rate Development

Source and Appropriateness of Experience Data Used, Adjustments Made to the Data, Inclusion of Capitation Payments

Source data utilized for the credibility manual calculation includes nationwide utilization per 1000 for the same 2012 experience period to provide a stable benchmark to compare with the base experience.

Nationwide utilization has been adjusted to reflect the expected impact of morbidity for this particular market and projected utilization trend on a nationwide basis.

The average cost per service begins with the nationwide 2012 claim experience, adjusting for the level of provider payments expected in the market, impact of essential health benefits, demographics changes in the market, and assuming similar cost/service trends as nationwide.

The credibility manual includes an adjustment to reflect the credibility of the Tennessee Humana Insurance Company experience.

We do not expect to have services in the projection period provided under a capitation arrangement.

Credibility of Experience

A value of 356,000 member-months in an experience period is assumed to be fully credible. This value was derived based on analyzing historical experience and utilizing a 95% confidence interval that actual results will be within 5% of expected.

Our credibility weight methodology utilizes the following equation: square root(member months in experience period/356000).
To account for the presence of Tennessee Humana Insurance Company experience in the credibility manual, the credibility level assigned has been reduced by a factor of the expected 2014 membership relative to nationwide.

Paid to Allowed Ratio

The anticipated paid to allowed average factor over the projection period was developed by separately considering the anticipated paid to allowed factors by individual plan tier.
Once calculated, projected member month weights for each plan tier (consistent with those provided in Worksheet 2) were applied to these paid to allowed factors to produce an overall anticipated paid to allowed average factor of 60.3%.

The individual plan tier paid to allowed factors were developed based on an internal pricing model with underlying utilization and costs reflective of a standard population equal to that of the anticipated membership in the overall 2014 risk pool. These values were developed in accordance with generally accepted actuarial principles and methodologies.

Risk Adjustment and Reinsurance

Projected Risk Adjustment PMPM

The 2014 Risk Adjustment Transfer Payments are determined via a model that projects all large issuers in the state. This is necessary to estimate the state average premium and other normalization factors required by the HHS transfer formula. The model uses the formulas/factors prescribed by HHS to determine the transfer payments, state average premium, GCF (Geographic Cost Factor), IDF (Induced Demand Factor), ARF (Age Rating Factor), and AV (Actuarial Value). Furthermore, the model utilizes separate risk pools for Catastrophic and Metal Plans as described in the regulations. Since limited information is available for other issuers, most assumptions were set universally across issuers.

Membership mix by plan, as shown in column A of Exhibit 1, was determined by simulating member plan choices in 2014. The simulation uses Humana Small Group membership, because it should closely approximate the risk profile of new 2014 enrollees. A member's utility for each of the plans was estimated based on the post subsidy premium and the member cost sharing (after subsidies) given their health status. The member selects the plan with highest utility (subject to Catastrophic plan eligibility rules). This approach captures the impact of adverse selection by plan. In addition, the simulation produces a Plan Liability Risk Score (column C) for each member based on the HHS Commercial Risk Adjustment Model. This risk score is used in the calculation of risk transfer payments.

Members issued prior to 2014 also have risk scores calculated and are mapped to an ACA compliant plan that is similar to their current plan. All issuers are assumed to have the same plan mix. The primary driver of issuer specific risk scores is the projected mix of underwritten and non-underwritten membership. Previously underwritten members will be healthier than the cohort of business enrolled under guaranteed issue and will push risk scores lower.

Humana expects above average membership growth in 2014 due to below average anticipated unit costs resulting from significant unit cost improvements. This will translate into a smaller proportion of underwritten business and higher risk scores.

The percent of underwritten membership (column B) is determined based on a sales projection model. The model assumes initial membership for each issuer based on the 2011 SHCE. New enrollees are attributed to each issuer based on assumed price competitiveness in each market and an Individual Market growth assumption.

The Tennessee Individual market is assumed to grow 47.2% in 2014. For Humana Insurance Company, these sales assumptions result in a below average portion of underwritten membership and therefore an above average Plan Liability Risk Score.

In accordance with HHS regulations, state average premium is calculated as a membership-weighted average of issuer premiums. Premium (column H) for each issuer is calculated to be the projected Total Liability PMPM (column G) divided by the target loss ratio. Total Liability is paid claims including induced utilization (column D) less projected risk adjustment transfers (column F) and less projected reinsurance recoveries net of contributions (column E). It is necessary to include reinsurance recoveries in the calculation because this will result in substantially lower premiums in the Individual market. The approach described above is similar to the method used in the September 2011 CCIIO whitepaper on risk adjustment.

Based on the above assumptions, Risk Adjustment Transfer Payments are calculated for each risk pool using the HHS transfer formula. As a result, Humana Insurance Company expects a $0.11 PMPM average Risk Adjustment Transfer Payment to HHS on Catastrophic plans. On metal plans Humana Insurance Company expects a $14.84 PMPM average Risk Adjustment Transfer Payment from HHS.

These result in 0.1% and -6.8% adjustments to premiums for Catastrophic and Metal plans, respectively. In compliance with rating rules, all Metal plan premiums are adjusted uniformly by -6.8% as demonstrated in column J of Exhibit 1.

Projected Reinsurance Recoveries Net of Reinsurance Premium

Reinsurance recoveries were calculated using claims data from the simulated populations mentioned above. Humana Small Group membership was used to represent the risk of new enrollees in 2014. This is expected to be a reasonable approximation of this cohort's risk characteristics. Humana Individual membership was used to model the risk of members renewing in 2014. The recoveries in column E of Exhibit 1 are a blend of these two populations. Paid claims were calculated for each member based on their allowed claims and the plan selected in the simulation. As specified by HHS, recoveries were calculated for members with total calendar year claims exceeding the $60,000 attachment point. The recoveries apply an 80% coinsurance rate up to a cap of $250,000.

To ensure statistical credibility, the estimate was calculated using nationwide membership and experience. However, the Tennessee specific estimate was calculated by adjusting the nationwide allowed claims for the unit cost differences in Tennessee.

A portion of reinsurance recoveries are offset by the reinsurance assessment of $5.25 PMPM. We expect recoveries net of assessments to be $19.47 PMPM which results in a -9.1% adjustment to premium. In compliance with rating rules, all plan premiums are adjusted uniformly by -9.1% as demonstrated in column I of Exhibit 1.

Note that the Unified Rate Review template contains reinsurance recoveries net of assessments wherever reinsurance estimates are requested. This approach was selected because it allows the values in Worksheet 2a to tie back to values from Worksheet 1. The value of reinsurance recoveries can be obtained by adding $5.25 PMPM to each estimate.

Induced Utilization

In this context, Induced Utilization refers to the utilization impact of member behavioral changes when on a plan with richer benefits. This metric does not include the impact of health status.

The induced utilization assumption of 1.0% was developed by applying adjustments to the plan specific factors provided by HHS in the Notice of Benefit and Payment Parameters.

We anticipate the effect of induced utilization to be somewhat less than the original factors suggest, so we have adjusted the factors lower. It is important to note that the assumed impact only accounts for the incremental induced utilization in excess of the induced utilization observed on an average pre-reform plan. This approach is used to avoid double-counting the impact of induced utilization.

Catastrophic versus Non-Catastrophic Allowed Claims

Federal rating rules allow issuers to adjust the index rate for the level of gross claim costs anticipated for Catastrophic plan enrollees. Column B of Exhibit 2 shows allowed claims for the simulated members on Catastrophic and Metal plans. The simulation strictly adheres to the Catastrophic plan eligibility rules and uses member utility to determine plan selections. In the simulation, members eligible for subsidies tend to select Silver plans rather than Catastrophic plans. In addition, less healthy members tend to select plans with richer benefits than the Catastrophic plan. This results in a significantly lower allowed cost for members selecting the Catastrophic plan.

The ratio of Catastrophic allowed claims to total allowed claims across all plans (column C) is used to adjust the overall index rate for Catastrophic plans. This is a -28.9% adjustment to the index rate.

Similarly, the ratio of Metal Plan allowed claims to total allowed claims is applied to adjust index rate used for Metal Plans and results in a 2.4% adjustment. This small adjustment for Metal plans is necessary to ensure the overall index rate for the single risk pool remains unchanged.

Non-Benefit Expenses and Profit Risk

Expenses are based on our internal forecast for 2014. Expenses are estimated based off of current costs, projected volume changes and estimated changes in department workload. These expenses are simply loaded as a flat percentage of premium at this point in time and do not vary by product or plan.

17.1% Administrative Expense Load

- Broker & Sales Commissions: Compensation expenses associated with business issued through an agent or agency
- Quality Expenses: Expenses associated with quality that are allowed adjustments under the Medical Loss Ratio standards
- Clinical & Network Operations: non-quality clinical costs, provider contracting, and network maintenance & development
- IT Expenses: costs associated with maintenance and development of systems
- Customer Service & Account Installation: call center, customer service, and account management
- Corporate Administration: shared functions that are not exclusive to individual major medical, including corporate finance, legal, human resources, etc.
- Individual Administration: functional areas & personnel that solely work on individual major medical
- Direct Response, Marketing, & Agency Management: direct to consumer marketing expenses, other marketing expenses and agency management expenses

2.6% Profit (or Contribution to Surplus) & Risk Margin

- Profit margin is shown on a post-income tax basis and does not include investment income. The margin shown does not vary by product or plan.

7.8% Taxes and Fees

2.0% • State Premium Tax: state premium tax; charged on a percentage of premium

1.4% • Health Insurer Annual Fee: assessment created in 2014 by PPACA. Estimated at 1.4% of premium. Not income tax deductible.

2.2% • Exchange Fee: charged on a percentage of premium basis to fund the exchange

0.1% • Other Misc Taxes: includes state licensing fees & the Federal Comparative Effectiveness Tax

2.2% • Income Tax: Federal income tax. Estimated as 36% times the sum of pretax profit margin and the non-deductible Health Insurer Annual Fee

Projected Loss Ratio

The projected loss ratio using the Federally prescribed MLR methodology is 80%.

Demonstration:

(2014 Claims/2014 Premium) + (Quality Expenses as a % of Premium))/(1 - Taxes and Fees as a % of Premium)

((86,461,888 / 119,196,382) + 1.2%)/(1 - 7.8%) = 80.0%

Index Rate

The index rate for the experience period is simply the allowed claims per member per month in 2012 for all non-grandfathered plans. An adjustment is made to remove the impact of non-EHB state mandated benefits from the experience period allowed claims (see below for details); it is implicitly assumed that all other allowed claims for 2012 were for essential health benefits.
The index rate for the projection period is the credibility manual weighted allowed claims per member month multiplied by the proportion of allowed claims associated with essential health benefits, thereby excluding state mandated covered benefits and other covered benefits in excess of essential health benefits.

State mandated covered benefits that are included in allowed claims but excluded from the index rate include speech therapy occupational rehabilitation.

There are no covered benefits in excess of essential health benefits and state mandates that are included in allowed claims but excluded from the index rate.

The following market-wide adjustments are applied to the projected index rate as the first step in determining plan level "index" rates:

1) Adjustments for the net impacts of both risk adjustment and reinsurance. See "Risk Adjustment and Reinsurance" earlier section for more details of this market-wide adjustment.

2) An adjustment for the anticipated cost of exchange user fees. The user fee cost of 3.5% of premiums has been applied to the estimated percentage of 2014 premiums from membership enrolled on the exchange and included in the development of the overall index rate adjustment for this legal entity in this state.

3) Expense estimates (excluding exchange user fees) were based on our internal forecast for 2014. They were estimated based on current costs, modified to accommodate projected volume changes and changes in department workload. These are presented as a flat percentage of premium at this point in time and do not vary by product or plan, and thus are essentially another market-wide adjustment applied to the projected index rate.

4) An adjustment for the addition of non-EHB benefits (additional benefits we provide at our own discretion, as well as any state mandated benefits not reflected in the benchmark plan – typically individual market only mandates). It is assumed that the addition of such benefits increases costs to all plans uniformly, hence it is essentially handled as a market-wide adjustment.

Then the following plan-specific adjustments are applied to determine plan level "index" rates:

5) The individual plan tier pricing actuarial values (AVs) were developed based on an internal pricing model with underlying utilization and costs reflective of a standard population equal to that of the anticipated membership in the overall 2014 risk pool. The data used to produce the HumanaOne pricing AVs was based on a standard population of commercially insured membership purchased from a third party vendor. In order to provide the level of detail necessary for the analysis, internal data was used to subdivide the claims experience but the overall utilization level was calibrated to a standard population derived from a multitude of commercial insurers across a broad geographic area. Using this data, a seriatim (member-by-member) model was developed with the standard population data and projected 2014 annual claims by benefit category. Then, the 2014 plan design parameters were applied to those allowed claims to produce paid claims and pricing AV's. These values were developed in accordance with generally accepted actuarial principles and methodologies.

The resulting plan-specific AV relativity to the overall AV across all plans is applied to the index rate to account for the plan-specific differences in AV and cost sharing.

6) The development of the index rate includes the anticipated average unit costs derived from the provider networks that will be available on this legal entity in this state. These average unit costs are the result of charge levels, network discounts, delivery system characteristics and utilization management practices across the entire state, for this legal entity.

As permitted, an adjustment is made to each plan rate to account for the specific cost differences from each provider network, in each allowed rating area, compared to the overall average across all plans.

Finally, with respect to Catastrophic plans, the following adjustments are made:

7) The ratio of Catastrophic allowed claims to total allowed claims across all plans is used to adjust the overall index rate for Catastrophic plans (reference the previous section on Catastrophic plans for more detail).
8) Similarly, the ratio of Metal Plan allowed claims to total allowed claims is applied to adjust the index rate used for Metal Plans to ensure the overall index rate for the single risk pool remains unchanged (again, please reference the previous section on Catastrophic plans for more detail).

AV Metal Values

The AV Metal Values indicated in Worksheet 2 of the Part 1 Unified Rate Review Template were determined using the AV Calculator for all new plans.

For existing, non-grandfatherd plans an acceptable alternative methodology was used to generate the AV Metal value.

An actuarial certification has been provided and indicates that values were developed in accordance with generally accepted actuarial principles and methodologies.

There are two benefit attributes for existing, non-grandfathered (non-GF) plans that the AV calculator does not accomodate: the presence of an emergency room access fee and the inside member maximum out-of-pocket on medical coinsurance and medical copays.

Further explanation for the alternative methodology can be found in the attached actuarial certification.

AV Pricing Values

The fixed reference plan used as the basis for the AV Pricing Values in Worksheet 2 is: Humana Preferred Silver 4600/6300 Plan.

Membership Projections

In determining anticipated membership, two internally developed models are used. The first projects overall membership volume based on anticipated market growth, in-force persistency, and relative competitiveness. The second functions independently and produces specific plan tier mixes based on consumer selection behaviors. These two elements are combined to produce the projected membership volumes by plan tier found in Worksheet 2 of the Unified Rate Review Template. Each is described in further detail in Parts I & II, below.

Part I

In projecting overall membership volume across the state, we start with today's estimated total statewide market size and market shares by carrier (based on 2011 SHCE). Along with Humana, the model considers three other "carriers" in the state, two of which are based on the major carriers in the market today and a third which represents the balance of the market. Assumed competitive price relativities are then used to derive a percentage share of 2014 sales by carrier. We believe using these price relativities as the primary determinant of sales share in our modeling to be appropriate, due to increased sensitivity to price in the 2014 marketplace.

Due to the changes occurring in 2014 (guaranteed issue requirements, individual mandate, etc.), the model also makes assumptions for the growth and disruption that will transpire.

We assume the individual market in this state will grow by a factor of 1.89 relative to current market size and that 15.0% of in-force membership will lapse to seek coverage under the new market rules.

These assumptions were set globally across all modeled carriers in the state, given the limited carrier-specific information available at this time.

Together, these market size growth and lapse assumptions create an initial 2014 membership base on which the previously developed sales shares by carrier are applied to create membership sales volume estimates. All sales are assumed to occur on January 1, 2014, thus creating 12 months of exposure for each sold member.

The resulting total exposure created by these sales for Humana is projected to be 535,544 member months (a) on the Humana Insurance Company legal entity.

Remaining (non-lapsed) non-grandfathered membership for each carrier is assumed to renew throughout 2014, after which 2014 market rules apply.

This creates an average exposure for this cohort of less than twelve member months, which is reflected in the projected member month values populated in Worksheet 2 for existing (terminated) products.

An average exposure length of 2.25 member months is used for Humana's in-force block of non-grandfathered business, based on assumed 2014 renewal patterns. This creates a total projected in-force exposure for Humana of 22,549 member months (b) in 2014 on the Humana Insurance Company legal entity.

Our projected 2014 exposure, in total, on the Humana Insurance Company legal entity is then: (a) + (b) = 558,093 member months.

Part II

For the purposes of further projecting this membership by individual plan tier, a simulation was developed to model consumer behavior with regard to risk aversion, utility, and affordability. In particular, it considers eligibility for the various premium and cost sharing reduction subsidies by applying a single assumed nationwide income distribution (as a percent of FPL). Internal nationwide small business claims and membership data was used in developing the simulated population, since we believe this experience base provides the best available approximation of the anticipated 2014 risk pool. In general, the simulation assumes that members eligible for cost sharing reductions, based on their income relative to the federal poverty level, are expected to significantly tend toward choosing the applicable silver variant plan, due to its relative value proposition. This tendency becomes less pronounced as the percent of FPL increases.

Member month projections by plan tier (including the CSR silver plan variants) are produced by combining the results of Parts I & II with the developed information detailed above. The results are summarized below:

Plan Tier	Projected Member Months	Percent of Total
Catastrophic	43622	8%
Bronze	233632	42%
Silver	224518	40%
Gold	37780	7%
Platinum	18541	3%
Total	**558093**	**100%**

CSR Variant	Projected Member Months	Percent of Total
70%	128811	23%
73%	21654	4%
87%	44207	8%
94%	29846	5%
Silver Total	**224518**	**40%**

We expect the distribution of our business to shift within the state in direct response to the changes in provider and network deals, and therefore anticipated competitive position, by market. Sales in 2014 will concentrate in areas where there have been the most pronounced improvements; in the absence of such improvements, the geographic distribution across the state is expected to remain relatively constant from the current to the projection period. This is accounted for in the modeling methodology described above.

Effective Rate Review Information

URR Approach

This section describes how the URR template values were populated in instances where the instructions were unclear or the template's functionality was unable to accommodate the appropriate values.

- Rate change % over prior filing (row 25) was populated with the change between rates effective 1/1/2014 and rates effective 12/31/2013. The previous rate filing contained rates that were effective through the end of 2013. Therefore, the 2014 rate is compared to the last rate in effect on 12/31/2013.
- Cumulative Rate Change % over 12 months prior (row 26) was populated with the change between rates effective 1/1/2014 and rates effective 1/2/2013. This captures the change in the rates over precisely one year.
- Projection Period Rate Change % over Experience Period (row 27) is a calculated formulaically by the template. However, it is important to note that this measure can be subject to significant variability. In our 2014 projection we assume a constant distribution of membership by age and geography. The rates for each plan were developed using the same distribution and is reflected in the average premiums (row 80). However, in row 27 this is compared to earned premiums from the experience period. The experience period will have a significantly different distribution of membership by age and geography than in the projection. As a result, row 27 will reflect changes in mix as well as changes in rates. This results in significant volatility for plans with limited membership during the experience period.
- Section IV of Worksheet 2 contains several inconsistencies between the calculated rows and the warning checks. These inconsistencies are primarily due to the definition of Total Allowed Claims (row 86). The warning check and the template instructions both indicate that the impact of reinsurance and risk adjustment should be included in Total Allowed Claims. However, formulas that refer to row 86 use it as if the impact of reinsurance and risk adjustment were not included. This results in double counting and inappropriate application of these items in rows 93, 98 and 99. Our approach was to follow the template instructions when populating row 86 and then explain the warnings that get generated in the subsequent rows. Explanations for the warnings can be found later in the memorandum.
- The net impact of risk adjustment (row 96) does not accept negative values if entered manually. However, we have found that populating this row via copy/paste will validate successfully. Therefore we have populated the template using this technique when necessary.

Warning Alerts

Worksheet 1, Rows 24-29, Column K:

Warnings have been generated in rows 24-29, column K for the 'other' adjustment. We expect a net reduction in rates for the adjustments embedded in this column and therefore a value less than 1.0 is being applied. Details of the components of the 'other' adjustment have been described in a previous section.

Worksheet 1, Row 28:

Warnings have been generated in row 28. We do not expect capitation payments and therefore (Benefit Category 'Capitation' - Credibility Manual Utilization per 1000) and (Benefit Category 'Capitation' - Credibility Manual Average Cost/Service) equal 0.

Worksheet 2, Row 82:

A warning has been generated in row 82. The values in this row are based on the sum each plan's projected premium based on the plan's projected membership and average rate pmpm. The warning in row 80 allows for a 2% tolerance level when comparing to the value depicted on Worksheet 1, but the Worksheet 2 tolerance level requires equivalence. This slight variation makes a perfectly equivalent premium match highly unlikely. The worksheet 2 results are within a tolerable range of the worksheet 1 value.

Worksheet 2, Rows 93, 98, 99:

Warnings have been generated in rows 93, 98, and 99 for the same reason. The values in these rows are all based on the values in Total Allowed Claims (row 86) and per the template instructions this includes the impact of reinsurance and risk adjustment. This is inconsistent with how this value is used by template formulas and comparisons to values on Worksheet 1. Rows 93 and 98 are calculated based on row 90 which includes the impact of reinsurance and risk adjustment. Row 90 is subtracted from row 86 causing the impact of reinsurance and risk adjustment to be double counted. Warnings are generated when these numbers are compared to values from Worksheet 1 that include these impacts properly. In addition, Row 99 is calculated based on row 86 (which includes reinsurance and risk adjustment), but validated using a value from Worksheet 1 that does not include reinsurance and risk adjustment.

Reliance

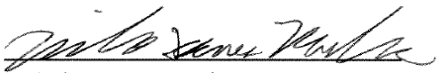
I, Nick Mueller, relied on information and underlying assumptions provided by internally developed pricing and modeling as well as third party consultant data in the establishment of these rates.

Actuarial Certification

I, Nick Mueller, am an Associate Actuary for Humana. I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

I certify, to the best of my knowledge, that the projected index rate is in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)), developed in compliance with the applicable Actuarial Standards of Practice, reasonable in relation to the benefits provided and the population anticipated to be covered, and neither excessive nor deficient.
I certify, to the best of my knowledge, that the index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.
I certify, to the best of my knowledge, that that the percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with Actuarial Standards of Practice.
I certify, to the best of my knowledge, that that the AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans.

This opinion is qualified, in that the Part I Unified Rate Review Template does not demonstrate the process used by the issuer to develop the rates. Rather, it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for Federally facilitated exchanges and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Actuary signature: 

Actuary Printed Name: **Nick Mueller, FSA, MAAA**

Date: April 24, 2013

Tennessee
Humana Insurance Company
Exhibit 1
Pricing Impacts of Risk Adjustment and Reinsurance

Values are projected based on current membership and simulated 2014 enrollees

	A	B	C	D	E	F	G = D - E - F	H = G / Tgt LR*	I = - E / H	J = - F / H
	% of Members	% Underwritten	Plan Liability Risk Score	Paid Claims PMPM	Net Reinsurance PMPM	Risk Adjustment Transfer Payment PMPM	Total Liability PMPM	Premium PMPM	Reinsurance % of Premium	Risk Adjustment % of Premium
Catastrophic	7.8%	14.4%	0.593	125.51	14.03	(0.11)	111.59	153.84	-9.1%	0.1%
Metal Plans	92.2%	18.1%	0.997	193.36	19.93	14.84	158.59	218.63	-9.1%	-6.8%
Bronze	41.9%	19.4%	0.707	176.33	18.18	13.53	144.62	199.37	-9.1%	-6.8%
Silver	40.2%	17.4%	1.120	199.97	20.61	15.35	164.01	226.10	-9.1%	-6.8%
Gold	6.8%	16.0%	1.563	228.08	23.51	17.50	187.06	257.89	-9.1%	-6.8%
Platinum	3.3%	14.6%	2.021	257.15	26.51	19.73	210.91	290.75	-9.1%	-6.8%
HIC Total	13.9%	17.8%	0.966	188.00	19.47	13.61	154.92	213.58	-9.1%	-6.4%
Other Issuers	86.1%	40.3%	0.884			(2.20)		232.90		
TN Total	100.0%	37.2%	0.895			0.00		230.21		

*Target Loss Ratio: 1 - administrative load - profit/risk load - taxes/fee load. Loads provided in Worksheet 1.

Tennessee
Humana Insurance Company
Exhibit 2
Catastrophic/Non-Catastrophic Index Rate Adjustment

	A	B	C	
	% of Members	Allowed Claims PMPM	Index Rate Adjustment	
Humana - HIC	13.9%	308.81	1.000	
Catastrophic	7.8%	219.41	0.711	= 219.41 / 308.81
Metal Plans	92.2%	316.12	1.024	= 316.12 / 308.81
Bronze	41.9%	316.12	1.024	= 316.12 / 308.81
Silver	40.2%	316.12	1.024	= 316.12 / 308.81
Gold	6.8%	316.12	1.024	= 316.12 / 308.81
Platinum	3.3%	316.12	1.024	= 316.12 / 308.81