

Base Plan Facility Monthly Benefit Facility Monthly Benefit Facility Benefit Duration Home Benefit S36,000 S16,000 Polys Home and Community-Based Care			SUUTHWESTER	IN UNIVERSITT SC	HUUL UF LAW
Facility Monthly Benefit Home Monthly Benefit Home Monthly Benefit Duration Home Renefit Clifetime Maximum Home Age Wars Home Care Level Home and Community-Based Care Home Care Level Home and Community-Based Care Home Care Level Home and Community-Based Care This rate sheet shows the cost per \$1,000 of coverage	Rase Plan			Ontions	
Home Monthly Benefit Facility Benefit Drawtion Facility Benefit Drawtion Software Software Inflation Protection Inflation Inflation Protection Inflation Protection Inflation Protection Inflation Protection Inflation Protection Inflation Inflation Protection Inflation	· · · · · · · · · · · · · · · · · ·	64 \$1 000			Homo Community Resed
Facility Benefit Duration Home Benefit S0% S0% Inflation Protection S36,000 S36,00		,		Home Care Level	
Home Benefit Lifetime Maximum Properties S36,000 Properties P	•				•
Signature Sign	3				
Elimination Period Home and Community-Based Care This rate sheet shows the cost per \$1,000 of coverage	Home Benefit	50%		Inflation Protection	Compound Uncapped
Home Care Level Based Care This rate sheet shows the cost per \$1,000 of coverage	Lifetime Maximum	\$36,000			
Home Care Level Based Care This rate sheet shows the cost per \$1,000 of coverage	Elimination Period	90 Days			
Rased Care			nd Community-		
This rate sheet shows the cost per \$1,000 of coverage	Trome care Eever				
Table Tabl				4	
Rate for Plan Chosen			e sneet snows the cos	t per \$1,000 of coverage	
Rate for Plan Chosen Facility Monthly Benefit Amount Wour Premium	Calculate your Premiu	ım:			
Rate for Plan Chosen Facility Monthly Benefit Amount Wour Premium		X		÷ \$1.0	000 =
Plan 1	Rate for Dlan Ch		cility Monthly Ranofit		
Plan 1	Naw 101 Fiail CII	oscii Fai			1 our Fremmum
Base Plan With Home, Comm-Based and Immediate Family Member Care Member Care Member Care Inflation Option Option			•		
Base Plan With Home, Comm-Based and Immediate Family Member Care Insurance Base Plan Option Optio		Plan 1	Plan 2	Plan 3	
Home, Comm-Based and Immediate Family Member Care Compound Inflation Member Care Compound Inflation Option Opti					Base Plan With
Home, Comm-Based and Immediate Family Member Care Compound Inflation Member Care Compound Inflation Option Opti			Base Plan With	1	Home, Comm-Based
Insurance			Home, Comm-Rag	sed Base Plan With	
Insurance Member Care Inflation Option Option			· · · · · · · · · · · · · · · · · · ·		· ·
Age Base Plan Option Option Option 18-30 2.30 3.50 7.20 10.00 31 2.30 3.50 7.30 10.10 32 2.30 3.50 7.40 10.30 33 2.40 3.60 7.60 10.60 34 2.50 3.70 7.80 10.80 35 2.60 3.80 8.10 11.10 36 2.60 3.90 8.30 11.40 37 2.70 4.10 8.50 11.70 38 2.90 4.30 8.80 12.10 39 3.00 4.40 9.10 12.40 40 3.10 4.60 9.30 12.70 41 3.20 4.80 9.60 13.10 42 3.40 5.00 9.90 13.50 43 3.50 5.20 10.20 13.90 44 3.70 5.50 10.60 1	T				
18-30 2.30 3.50 7.20 10.00 311 2.30 3.50 7.30 10.10 32 2.30 3.50 7.40 10.30 33 2.40 3.60 7.60 10.60 34 2.50 3.70 7.80 10.80 35 2.60 3.80 8.10 11.10 36 2.60 3.90 8.30 11.40 37 2.70 4.10 8.50 11.70 38 2.90 4.30 8.80 12.10 39 3.00 4.40 9.10 12.40 40 3.10 4.60 9.30 12.70 41 3.20 4.80 9.60 13.10 42 3.40 5.00 9.90 13.50 43 3.50 5.20 10.20 13.90 44 3.70 5.50 10.60 14.40 45 3.90 5.70 11.00 14.80 46 4.10 6.30 11.50 15.80 4		D DI			-
31 2.30 3.50 7.40 10.30 32 2.30 3.50 7.40 10.30 33 2.40 3.60 7.60 10.60 34 2.50 3.70 7.80 10.80 35 2.60 3.80 8.10 11.10 36 2.60 3.90 8.30 11.40 37 2.70 4.10 8.50 11.70 38 2.90 4.30 8.80 12.10 39 3.00 4.40 9.10 12.40 40 3.10 4.60 9.30 12.70 41 3.20 4.80 9.60 13.10 42 3.40 5.00 9.90 13.50 43 3.50 5.20 10.20 13.90 44 3.70 5.50 10.60 14.40 45 3.90 5.70 11.00 14.80 46 4.10 6.00 11.20 15.30 47 4.30 6.30 11.50 15.80 48 </td <td>Age</td> <td></td> <td></td> <td></td> <td></td>	Age				
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33 2.40 3.60 7.60 10.60 34 2.50 3.70 7.80 10.80 35 2.60 3.80 8.10 11.10 36 2.60 3.90 8.30 11.40 37 2.70 4.10 8.50 11.70 38 2.90 4.30 8.80 12.10 39 3.00 4.40 9.10 12.40 40 3.10 4.60 9.30 12.70 41 3.20 4.80 9.60 13.10 42 3.40 5.00 9.90 13.50 43 3.50 5.20 10.20 13.90 44 3.70 5.50 10.60 14.40 45 3.90 5.70 11.00 14.80 46 4.10 6.00 11.20 15.30 47 4.30 6.30 11.50 15.80 48 4.50 6.70 11.90 16.40 49 4.70 7.10 12.30 17.50 51		2.30			
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35 2.60 3.80 8.10 11.10 36 2.60 3.90 8.30 11.40 37 2.70 4.10 8.50 11.70 38 2.90 4.30 8.80 12.10 39 3.00 4.40 9.10 12.40 40 3.10 4.60 9.30 12.70 41 3.20 4.80 9.60 13.10 42 3.40 5.00 9.90 13.50 43 3.50 5.20 10.20 13.90 44 3.70 5.50 10.60 14.40 45 3.90 5.70 11.00 14.80 46 4.10 6.00 11.20 15.30 47 4.30 6.30 11.50 15.80 48 4.50 6.70 11.90 16.40 49 4.70 7.10 12.30 17.50 51 5.30 8.00 13.10 18.20 52 5.50 8.40 13.50 18.90	34	2.50	3.70		10.80
37 2.70 4.10 8.50 11.70 38 2.90 4.30 8.80 12.10 39 3.00 4.40 9.10 12.40 40 3.10 4.60 9.30 12.70 41 3.20 4.80 9.60 13.10 42 3.40 5.00 9.90 13.50 43 3.50 5.20 10.20 13.90 44 3.70 5.50 10.60 14.40 45 3.90 5.70 11.00 14.80 46 4.10 6.00 11.20 15.30 47 4.30 6.30 11.50 15.80 48 4.50 6.70 11.90 16.40 49 4.70 7.10 12.30 17.00 50 4.90 7.40 12.50 17.50 51 5.30 8.40 13.10 18.20 52 5.50 8.40 13.50 18.90 53 5.90 9.00 13.90 19.60 <t< td=""><td></td><td>2.60</td><td></td><td>8.10</td><td></td></t<>		2.60		8.10	
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39 3.00 4.40 9.10 12.40 40 3.10 4.60 9.30 12.70 41 3.20 4.80 9.60 13.10 42 3.40 5.00 9.90 13.50 43 3.50 5.20 10.20 13.90 44 3.70 5.50 10.60 14.40 45 3.90 5.70 11.00 14.80 46 4.10 6.00 11.20 15.30 47 4.30 6.30 11.50 15.80 48 4.50 6.70 11.90 16.40 49 4.70 7.10 12.30 17.00 50 4.90 7.40 12.50 17.50 51 5.30 8.00 13.10 18.20 52 5.50 8.40 13.50 18.90 53 5.90 9.00 13.90 19.60 54 6.20 9.40 14.30 20.20 55 6.60 10.00 15.00 21.00		2.70			
40 3.10 4.60 9.30 12.70 41 3.20 4.80 9.60 13.10 42 3.40 5.00 9.90 13.50 43 3.50 5.20 10.20 13.90 44 3.70 5.50 10.60 14.40 45 3.90 5.70 11.00 14.80 46 4.10 6.00 11.20 15.30 47 4.30 6.30 11.50 15.80 48 4.50 6.70 11.90 16.40 49 4.70 7.10 12.30 17.00 50 4.90 7.40 12.50 17.50 51 5.30 8.00 13.10 18.20 52 5.50 8.40 13.50 18.90 53 5.90 9.00 13.90 19.60 54 6.20 9.40 14.30 20.20 55 6.60 10.00 15.60 21.90 57 7.50 11.40 16.40 23.00		3 00			
41 3.20 4.80 9.60 13.10 42 3.40 5.00 9.90 13.50 43 3.50 5.20 10.20 13.90 44 3.70 5.50 10.60 14.40 45 3.90 5.70 11.00 14.80 46 4.10 6.00 11.20 15.30 47 4.30 6.30 11.50 15.80 48 4.50 6.70 11.90 16.40 49 4.70 7.10 12.30 17.00 50 4.90 7.40 12.50 17.50 51 5.30 8.00 13.10 18.20 52 5.50 8.40 13.50 18.90 53 5.90 9.00 13.90 19.60 54 6.20 9.40 14.30 20.20 55 6.60 10.00 15.60 21.90 57 7.50 11.40 16.40 23.00 58 8.00 12.20 17.10 24.00					12.70
43 3.50 5.20 10.20 13.90 44 3.70 5.50 10.60 14.40 45 3.90 5.70 11.00 14.80 46 4.10 6.00 11.20 15.30 47 4.30 6.30 11.50 15.80 48 4.50 6.70 11.90 16.40 49 4.70 7.10 12.30 17.00 50 4.90 7.40 12.50 17.50 51 5.30 8.00 13.10 18.20 52 5.50 8.40 13.50 18.90 53 5.90 9.00 13.90 19.60 54 6.20 9.40 14.30 20.20 55 6.60 10.00 15.00 21.00 56 7.00 10.70 15.60 21.90 57 7.50 11.40 16.40 23.00 58 8.00 12.20 17.10 24.00	41	3.20	4.80	9.60	13.10
44 3.70 5.50 10.60 14.40 45 3.90 5.70 11.00 14.80 46 4.10 6.00 11.20 15.30 47 4.30 6.30 11.50 15.80 48 4.50 6.70 11.90 16.40 49 4.70 7.10 12.30 17.00 50 4.90 7.40 12.50 17.50 51 5.30 8.00 13.10 18.20 52 5.50 8.40 13.50 18.90 53 5.90 9.00 13.90 19.60 54 6.20 9.40 14.30 20.20 55 6.60 10.00 15.00 21.00 56 7.00 10.70 15.60 21.90 57 7.50 11.40 16.40 23.00 58 8.00 12.20 17.10 24.00					
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47 4.30 6.30 11.50 15.80 48 4.50 6.70 11.90 16.40 49 4.70 7.10 12.30 17.00 50 4.90 7.40 12.50 17.50 51 5.30 8.00 13.10 18.20 52 5.50 8.40 13.50 18.90 53 5.90 9.00 13.90 19.60 54 6.20 9.40 14.30 20.20 55 6.60 10.00 15.00 21.00 56 7.00 10.70 15.60 21.90 57 7.50 11.40 16.40 23.00 58 8.00 12.20 17.10 24.00			6.00		
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58 8.00 12.20 17.10 24.00					
59 8.60 13.10 17.90 25.10				16.40 17 10	
	59	8.60	13.10	17.90	25.10



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Base Plan Facility Monthly Benefit Home Monthly Benefit Dura Home Benefit Lifetime Maximum Elimination Period Home Care Level	stit stood s		Options Home Care Level Inflation Protection st per \$1,000 of covera	Home, Community-Based and Immediate Family Member Care Compound Uncapped
Calculate your Pren			20 per 41,000 eg eurera	3-
	X		<u>.</u> •	1,000 =
Rate for Plan		cility Monthly Benef		Your Premium
Rate for Flam	CHOSCH 1 a	Monthly		Tour Tremium
	Plan 1	Plan 2	Plan 3	Plan 4
	1 1411 1	I Iaii 2	1 Ian 3	Base Plan With
		Base Plan Wit	·h	Home, Comm-Based
		Home, Comm-Ba		5
		and Immediate Fa		Member Care
Insurance		Member Car		Compound Inflation
Age	Base Plan	Option	Option	Option
60	9.30	14.00	18.80	26.30
61	10.10	15.10	20.10	28.00
62 63	11.10 12.10	16.50 17.80	21.70 23.10	30.00 31.70
64	13.30	19.40	24.90	34.00
65	15.10	21.70	27.60	37.20
66	16.70	23.50	29.90	39.80
67 68	18.60 20.60	25.80 28.10	32.60 35.10	42.90 45.70
69	22.80	30.70	38.10	49.10
70	25.20	33.40	41.00	52.30
71	28.00	36.60	44.90	56.60
72	31.10	40.10	48.80	61.00
73 74	34.50 38.10	44.00 48.10	52.90 57.30	65.60 70.50
75 75	45.90	57.40	67.70	82.70
76	50.40	62.40	73.40	88.90
77	55.20	67.80	79.00 85.50	94.90
78 79	60.60 66.50	73.70 80.10	85.50 91.80	101.80 108.80
80	73.00	87.20	99.40	116.90



Base Plan Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	\$500 6 Years 50% \$72,000 90 Days Home and Based Ca		Options Home Care Level Inflation Protection st per \$1,000 of covera	
Rate for Plan Chos	en X Faci	ility Monthly Benef		$1,000 = {\text{Your Premium}}$
Rait 101 Fian Chos	сп гас	Monthly		i oui ficillulli
I	Plan 1	Plan 2	Plan 3	Plan 4
Insurance		Base Plan Wit Home, Comm-Ba and Immediate Fa Member Care	h ised Base Plan Wit mily Compound	Base Plan With Home, Comm-Based
	ase Plan	Option	Option	Option
18-30	3.00	4.60	9.50	13.30
31 32 33 34	3.10 3.20 3.30 3.30	4.70 4.80 4.90 5.00	9.80 10.00 10.30 10.50	13.70 14.00 14.40 14.70
35 36 37 38	3.50 3.50 3.70 3.80	5.20 5.40 5.60 5.80	10.90 11.10 11.40 11.80	15.10 15.40 15.90 16.40
39 40 41 42	4.00 4.10 4.30 4.50	6.00 6.20 6.50 6.80	12.10 12.40 12.70 13.20	16.80 17.20 17.70 18.30
43 44 45 46	4.70 5.00 5.30 5.50	7.10 7.40 7.80 8.30	13.20 13.60 14.10 14.50 15.00	18.80 19.40 20.00 20.70
47 48 49 50	5.70 6.10 6.30 6.60	8.70 9.20 9.60 10.20	15.30 15.80 16.30 16.60	21.40 22.20 22.90 23.60
51 52 53 54 55	6.90 7.40 7.80 8.20 8.70	10.80 11.50 12.20 12.90 13.70	17.20 17.80 18.40 19.00 19.80	24.50 25.50 26.50 27.40 28.30
56 57 58 1	9.30 9.90 .0.60 .1.30	14.60 15.60 16.70 17.90	20.50 21.40 22.50 23.50	29.50 31.00 32.40 33.90



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Base Plan		Options	
Facility Monthly Benefit	\$1,000	Home Care Level	Home, Community-Based
Home Monthly Benefit	\$500		and Immediate Family
Facility Benefit Duration	6 Years		Member Care
Home Benefit	50%	Inflation Protection	Compound Uncapped
Lifetime Maximum	\$72,000		Compound Cheapped
Elimination Period	90 Days		
Home Care Level	1		
Home Care Level	Home and Community-		
	Based Care	4	
	This rate sheet shows the co	ost per \$1,000 of coverag	ge
Calculate your Premium:			
	X	÷ \$1	,000 =
Rate for Plan Chosen	n Facility Monthly Bene		Your Premium
	Monthly	Rates	
PI	an 1 Plan 2	Plan 3	Plan 4
			Base Plan With
	Base Plan Wi	ith	Home, Comm-Based
	Home, Comm-B		· · · · · · · · · · · · · · · · · · ·
	and Immediate F		Member Care
Insurance	Member Car	v i	Compound Inflation
	se Plan Option	Option Option	-
	2.10 19.10	24.50	Option 35.60
	3.30 20.80	26.30	38.10
62 14	22.70	28.30	40.80
63 15	24.60	30.00	43.20
64 17	26.80	32.30	46.30
65 19 66 21	9.60 29.90 1.80 32.60	35.70	50.80
67 24	80 32.60 4.10 35.70	38.60 42.00	54.40 58.60
	33.70	45.20	62.50
69 29	9.40 42.40	48.90	67.00
	2.50 46.30	52.60	71.70
71 36	5.10 50.80	57.50	77.60
72 39	55.60	62.50	83.60
73 44	4.10 61.00	67.40	89.90
74 48	3.80 66.70	73.10	96.80
	79.60	86.20	113.40
76 64	86.60	93.40	122.00
77 70 78 77	94.20 7.30 102.40	100.50 108.50	130.40 139.90
	'aJU	T00.20	433.30
	1.70 111.40	116.60	149.70



Base Plan Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period	\$500		Options Home Care Level Inflation Protection	Home, Community-Based and Immediate Family Member Care Compound Uncapped
Home Care Level	Home and Co	mmunity-		
	Based Care	-4 -1 41	-4 ¢1 000 -£	
Calculate your Premium		et snows the co	st per \$1,000 of covera	ge
Culculate your 1 remium			. 01	000 -
Rate for Plan Chos	X Eacility	Monthly Benef		$1,000 = {\text{Your Premium}}$
Rate for Fran Chos	sen racinty	Monthly		Tour Tremium
1	Plan 1	Plan 2	Plan 3	Plan 4
_			1 1411 0	Base Plan With
		Base Plan Wit	th	Home, Comm-Based
	Ho	me, Comm-Ba	ased Base Plan Wit	h and Immediate Family
	and	Immediate Fa		Member Care
Insurance		Member Car		Compound Inflation
	Base Plan	Option	Option	Option
18-30 31	4.20 4.20	6.60 6.70	12.90 13.10	18.70 19.10
32	4.40	6.90	13.50	19.50
33	4.40	7.00	13.80	20.00
34	4.50	7.10	14.00	20.30
35	4.70	7.40	14.40	20.90
36	4.80	7.60 7.90	14.80	21.40
37 38	5.00 5.20	8.10	15.30 15.60	21.90 22.50
39	5.40	8.40	16.10	23.10
40	5.60	8.80	16.60	23.80
41	5.90	9.20	17.10	24.50
42	6.10	9.50	17.50	25.20
43 44	6.40 6.70	9.90 10.40	18.10 18.60	25.90 26.70
45	7.00	11.00	19.20	27.50
46	7.40	11.50	19.80	28.50
47	7.70	12.10	20.20	29.30
48	8.10	12.90	20.90	30.50
49 50	8.40 8.90	13.50 14.40	21.40 22.00	31.50 32.60
51	9.30	15.20	22.70	33.90
52		16.10	23.30	35.10
	9.80			26 60
53 1	L0.40	17.10	24.20	36.60
53 1 54 1	L0.40 L0.90	17.10 18.10	24.90	37.80
53 1 54 1 55 1	L0.40 L0.90 L1.40	17.10 18.10 19.10	24.90 25.60	37.80 38.80
53 1 54 1 55 1 56 1	L0.40 L0.90 L1.40 L2.20	17.10 18.10 19.10 20.40	24.90 25.60 26.60	37.80 38.80 40.50
53 1 54 1 55 1 56 1 57 1 58 1	L0.40 L0.90 L1.40	17.10 18.10 19.10	24.90 25.60	37.80 38.80



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Base Plan			Options	
Facility Monthly Ber	nefit \$1,000		Home Care Level	Home, Community-Based
Home Monthly Bene			Trome care bever	and Immediate Family
Facility Benefit Dura		ad		Member Care
Home Benefit	50%	cu	Inflation Protection	
		3	Illiation Protection	Compound Uncapped
Lifetime Maximum	Unlimite	ea		
Elimination Period	90 Days			
Home Care Level		nd Community-		
	Based C			
	This rai	te sheet shows the co.	st per \$1,000 of covera	ge
Calculate your Pren	nium:			
	X		÷ \$1	= 000,
Rate for Plan (aility Manthly Dan - C		Your Premium
Rate for Plan C	onosen Fa	cility Monthly Benefi		Y our Premium
		Monthly		
	Plan 1	Plan 2	Plan 3	Plan 4
				Base Plan With
Base Plan Wit			h	Home, Comm-Based
Home, Comm-Ba			sed Base Plan Wit	h and Immediate Family
		and Immediate Fa		Member Care
Insurance		Member Care		Compound Inflation
Age	Base Plan	Option	Option	Option
60	15.80	26.80	31.50	48.90
61	17.20	29.20	33.70	52.30
62	18.70	31.70	36.00	56.00
63 64	20.40 22.20	34.50 37.40	38.30 40.80	59.50 63.50
65	25.10	41.80	45.10	69.70
66	27.80	45.70	48.90	74.80
67	30.70	49.80	53.00	80.50
68	33.90	54.40	57.00	85.90
69 70	37.40 41.30	59.30 64.70	61.60 66.40	92.20 98.60
70	45.80	70.80	72.20	106.60
72	50.50	77.30	78.40	114.60
73	55.50	84.40	84.40	123.10
74 75	61.20 73.40	92.00 109.40	91.20 107.40	131.90 154.20
75 76	80.50	119.00	116.40	166.00
77	88.30	129.40	125.10	177.30
78	96.50	140.50	134.80	189.80
79 80	105.60 115.50	152.50 165.50	144.70 156.20	202.90 217.70