SSB

AN INTEGRITY COMPANY

MEDICARE BASICS

AGENDA

- Original Medicare
- Medicare Advantage
- Prescription Drug Plans
- Medicare Supplements

ORIGINAL MEDICARE

WHAT IS ORIGINAL MEDICARE

Medicare is a health benefits program provided by the federal government consisting of 2 parts:

- ✓ Part A – Hospital or Inpatient Insurance
- ✓ Part B – Doctor or Outpatient Insurance

WHO IS ELIGIBILE

Medicare is available to US citizens or permanent residents that meet the following criteria:

- ✓ Individuals that are 65 or older
- ✓ Individuals who are under 65 with certain disabilities and have been receiving disability benefits for 24 months
- ✓ Individuals with Amyotrophic Lateral Sclerosis (ALS)
- ✓ Individuals with End Stage Renal Disease (ESRD)

ORIGINAL MEDICARE COSTS IN 2023 – PART A

Medicare Cost	Amount You Pay
Part A Deductible	$1,600 for each benefit period
Inpatient Hospital Stay	No co-insurance for days 1 - 60 $400 per day for days 61-90 $800 for days 91 - exhaustion of lifetime reserve days All cost beyond the lifetime reserve days
Skilled Nursing Facility	No co-insurance for days 1 – 20 $200 per day for days 21-100 All cost beyond 100 days
Hospice Care	$0 for hospice care 5% of the Medicare approved amount for inpatient respite care A co-pay of up to $5 per prescription for outpatient prescription drugs for pain and symptom management

ORIGINAL MEDICARE COSTS IN 2021 – PART B

Medicare Cost	Amount You Pay
Part B Deductible	$226
Co-Insurance and Co-Pays	20% co-insurance for most covered services, such as doctor, mental health, and outpatient services $0 copay on some preventative services
Part B Premium	$164.90*

*Subject to IRMAA

DIFFERENT WAYS TO RECEIVE COVERAGE

- ✓ Original Medicare (Parts A & B)
- ✓ Medicare Advantage (Part C)
- ✓ Prescription Drug Plans (Part D)
- ✓ Medicare Supplement with Original Medicare (Sometimes referred to as Part E)

MEDICARE ADVANTAGE

WHAT IS MEDICARE ADVANTAGE

Plans offered by private insurance carriers that must:

- ✓ Cover all Part A and Part B benefits
- ✓ Provide cost-sharing equivalent to Original Medicare
- ✓ Include a Maximum out-of-pocket (MOOP) limit
- ✓ Include emergency services
- ✓ Include out-of-area urgently needed services and dialysis

WHO IS ELIGIBLE

Individuals are eligible to enroll who meet the following requirements:

- ✓ Enrolled in Part A
- ✓ Enrolled in Part B
- ✓ Live in the plan's service area

PLAN TYPES

- ✓ **HMO –** Generally requires the use of doctors and hospitals within the plan's network to receive covered services and requires a referral to see a specialist.
- ✓ **HMO-POS-** The Point of Service option allows members to go to non-network doctors and hospitals generally without receiving prior approval for certain services.
- ✓ **PPO-** Members can go to any doctor or hospital that accepts Medicare but will pay less if they go in the network. Does not require a referral for specialist.
- ✓ **PFFS-** Members can receive covered services from any doctor or hospital who is eligible to provide Medicare services and agrees to accept the plan's terms and conditions.
- ✓ **DSNP-** A Medicare Advantage plan that serves beneficiaries that are both Medicare and Medicaid eligible.

POINTS TO COMPARE

- ✓ Plan Type
- ✓ Premium
- ✓ Maximum Out of Pocket
- ✓ Deductibles
- ✓ Star Ratings
- ✓ Co-Pay
- ✓ Additional Benefits
- ✓ Networks
- ✓ Prescription Coverage

COMPARING PLANS

	AETNA	UNITED HEALTHCARE	HUMANA
Plan Type	**HMO**	**HMO**	**HMO**
Premium	$0	$0	$0
MOOP	$4,100	$4,900	$6,700
Rx Deductible	$0	$230	$360
Star Rating	3.5	4	4
PCP Co-Pay	$0	$0	$0
Specialist Co-Pay	$20	$30	$45
Ambulance	$350	$220	$265 or 20%
Emergency Care	$75	$75	$75
Outpatient	$20 - $264	$250	$275
Inpatient Care	$295 days 1-6	$250 days 1-5	$275 days 1-7
Dental	Yes	No	Yes
Podiatry	No	Yes	No
Hearing	Yes	Yes	Yes
OTC Benefits	No	Yes	No
Vision	Yes	Yes	Yes

The plan information provided for sample purposes and may not be accurate to current plans offered.

COMPARING NETWORKS

Atlanta							
Hospital	*Aetna*	*UHC*	*Humana*	*Healthspring*	*Allwell*	*WellCare*	*Anthem*
WellStar	✓	✓	✓	✓	✓		✓
Emory	✓	✓	✓	✓	✓		✓
Northside Hospital	✓	✓	✓	✓	✓	✓	✓
DeKalb Medical Center	✓	✓	✓	✓	✓		✓
Piedmont	✓	✓	✓	✓	✓		✓
Eastside Medical Center	✓	✓		✓	✓		✓
Gwinnett Medical Center	✓	✓	✓	✓	✓		✓

Savannah							
Hospital	*Aetna*	*UHC*	*Humana*	*Healthspring*	*Allwell*	*WellCare*	*Anthem*
Memorial University Medical Center	✓	✓	✓		✓		✓
St. Joseph's Hospital	✓	✓	✓				✓
Candler Hospital	✓		✓		✓		✓

Columbus							
Hospital	*Aetna*	*UHC*	*Humana*	*Healthspring*	*Allwell*	*WellCare*	*Anthem*
St. Francis Hospital	✓	✓	✓		✓		✓
Northside		✓	✓		✓		✓
Midtown Medical Center		✓	✓		✓		

The network information provided for sample purposes and may not be accurate to current plans offered.

ADDITIONAL BENEFITS

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Medicare Advantage Plans can include additional benefits above what Medicare covers. Benefits can include:

- ✓ Dental
- ✓ Vision
- ✓ Hearing
- ✓ Travel Coverage
- ✓ Transportation Benefits
- ✓ Meal Services
- ✓ Fitness Benefits
- ✓ Over the Counter Benefits
- ✓ Nurse Line
- ✓ And more!

Atlanta			
Additional Benefit	**Aetna**	**UHC**	**Humana**
Dental	👍	👍	👍
Vision	👍	👍	👍
Hearing	👍	👍	👍
Travel		👍	
Meal Service	👍		
Fitness	👍	👍	👍
Over the Counter	👍	👍	👍
Nurse Line		👍	

The benefit information provided for sample purposes and may not be accurate to current plans offered.

CMS LANDSCAPE

- ✓ Located on the server
- ✓ **\\IBDC3\Apps\Sr. RSA RSD Info\MA Information\2021 MA Info\CMS Landscapes**
- ✓ All states and counties available
- ✓ Sort and filter by carrier, plan type, premium, etc.

CMS LANDSCAPE

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State	County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Annual Drug Deductible	Drug Benefit Type	Additional Coverage Offered in the Gap	Drug Benefit Type Detail	Contract ID	Plan ID	Segment ID	In-network MOOP Amount **	Overall Star Rating
Colorado	Adams	Aetna Medicare	Aetna Medicare Prime Essential Plan (PPO)	Local PPO	$ -	$ 195.00	Enhanced	Yes	EA	H5521	250	0	$ 6,700	
Colorado	Adams	Aetna Medicare	Aetna Medicare Prime Plan (HMO)	Local HMO	$ -	$ 195.00	Enhanced	Yes	EA	H3931	093	0	$ 5,900	
Colorado	Adams	Aetna Medicare	Aetna Medicare Prime Plan (PPO)	Local PPO	$ 47.00	$ 195.00	Enhanced	Yes	EA	H5521	057	0	$ 6,100	
Colorado	Adams	Humana	Humana Gold Choice H8145-120 (PFFS)	PFFS *	$ 43.00					H8145	120	0	$ -	
Colorado	Adams	Humana	Humana Gold Choice H8145-123 (PFFS)	PFFS	$ 103.00	$ 300.00	Enhanced	No	EA	H8145	123	0	$ -	
Colorado	Adams	Humana	Humana Gold Plus H0028-025 (HMO)	Local HMO	$ -	$ 95.00	Enhanced	No	EA	H0028	025	1	$ 3,900	
Colorado	Adams	Humana	Humana Gold Plus H0028-026 (HMO)	Local HMO	$ 65.00	$ 95.00	Enhanced	No	EA	H0028	026	1	$ 6,700	
Colorado	Adams	Humana	Humana Value Plus H5216-195 (PPO)	Local PPO	$ 30.10	$ 415.00	Basic	No	BA	H5216	195	0	$ 6,700	
Colorado	Adams	Humana	HumanaChoice H5216-077 (PPO)	Local PPO *	$ -					H5216	077	0	$ 4,400	
Colorado	Adams	UnitedHealthcare	AARP MedicareComplete SecureHorizons Essential (HMO)	Local HMO *	$ -					H0609	018	0	$ 4,400	
Colorado	Adams	UnitedHealthcare	AARP MedicareComplete SecureHorizons Plan 2 (HMO)	Local HMO	$ -	$ 225.00	Enhanced	No	EA	H0609	012	0	$ 4,400	

ENROLLMENT PERIOD - ICEP

What is it?

- ✓ An election period for beneficiaries that is entitled to and has **BOTH** Part A and Part B for the first time

When do you use it?

- ✓ This election period will last a total of seven months: three months before, the month of, and three months after the month of entitlement. If the beneficiary completes an enrollment form before the month of eligibility the effective date will be the first of the eligibility month. If the enrollment form is completed after the eligibility date, the effective date will be the first of the month following the receipt of enrollment.

What can you do with it?

- ✓ Beneficiaries have one opportunity to enroll into a MA plan

ENROLLMENT PERIOD - IEP

What is it?

- ✓ An election period for beneficiaries that is entitled to and has **EITHER** Part A or Part B for the first time.

When do you use it?

- ✓ This election period will last for a total of seven months: three months before, the month of, and three months after the month of entitlement. If the beneficiary completes an enrollment form before the month of eligibility the effective date will be the first of the eligibility month. If the enrollment form is completed after the eligibility date, the effective date will be the first of the month following the receipt of enrollment.

What can you do with it?

- ✓ Beneficiaries have one opportunity to enroll into a MA or PDP plan

ENROLLMENT PERIOD - AEP

What is it?

- ✓ The election period that occurs each year and is available to all Medicare beneficiaries.

When do you use it?

- ✓ The election period is open from October 15 to December 7 each year. All effective dates for plans elected at this time will have a January 1 effective date.

What can you do with it?

- ✓ Beneficiaries may enroll, disenroll, or change plans as many times as desired during this time. The final enrollment form submitted on or before December 7 will be the plan that goes into effect

ENROLLMENT PERIOD - OEP

What is it?

- ✓ The election period that occurs each year and is available to all Medicare beneficiaries.

When do you use it?

- ✓ The election period is open from January 1- March 31 each year. All plans elected at this time will have an effective date for the first of the month following the receipt of enrollment.

What can you do with it?

- ✓ Beneficiaries may disenroll from a MA or MAPD plan and return to Original Medicare and enroll into a PDP plan. Beneficiaries enrolled into a Medicare Advantage Plan may also switch their Medicare Advantage plan.

SEP – DUAL ELIGIBLE FULL AND PARTIAL

What is it?

- ✓ An election period for beneficiaries that have Medicare and are also Medicaid eligible (full or partial).

When do you use it?

- ✓ Quarterly, as long as the beneficiary remains eligible or entitled to both Medicare and Medicaid. The effective date will be the first day of the month following the receipt of the enrollment form.

What can you do with it?

- ✓ Beneficiaries have the opportunity to enroll into a MA, MAPD, or PDP plan.

SEP – LIS
(NEWLY ELIGIBLE OR MAINTAINING)

What is it?

- ✓ An election period for beneficiaries that receive a Part D premium subsidy.

When do you use it?

- ✓ Quarterly, as long as the beneficiary remains eligible for Part D subsidy. The effective date will be the first day of the month following the receipt of the enrollment form.

What can you do with it?

- ✓ Beneficiaries have the opportunity to enroll into a MAPD plan.

SEP - MOV

What is it?

- ✓ An election period for individuals who have a permanent change of residence outside of their plan's service area.

When do you use it?

- ✓ This period begins the month before the move and ends two months after the move. If the beneficiary moves before notifying their current plan, it will begin the month of the notification and last 2 months after the notification. The effective date will be the first of the month (or up to 3 months after) after the enrollment is received. **The effective date cannot be before the move.**

What can you do with it?

- ✓ Beneficiaries have one opportunity to enroll into a MA or MAPD plan.

SEP – LOC

What is it?

- ✓ An election period for individuals who have lost credible coverage due to no fault of their own.

When do you use it?

- ✓ The election begins either the month notified of the loss or the month the loss occurs (whichever is later) and lasts for two additional months. The effective date will be the first day of the month following receipt of enrollment or at the consumer's request, 2 months from the end of the SEP.

What can you do with it?

- ✓ Beneficiaries have one opportunity to enroll into a MAPD plan.

SEP – LEC

What is it?

- ✓ An election period for individuals who have lost their group coverage, either voluntarily or involuntarily.

When do you use it?

- ✓ The election begins the month the group coverage allows for disenrollment or the date COBRA coverage ends. This period is available until two months after the group coverage ends. The effective date can be up to three months in advance after receipt of enrollment but not earlier than the first of the month following the month in which the request is made.

What can you do with it?

- ✓ Beneficiaries have one opportunity to enroll into a MA or MAPD plan, or disenroll into Original Medicare.

PRESCRIPTION DRUG PLANS

WHAT IS A PRESCRIPTION DRUG PLAN

Prescription Drug (Part D) plans are offered by private insurance carriers. Original Medicare does not cover prescription drugs.

There are two types of coverage:

- ✓ Stand Alone
- ✓ Medicare Advantage Prescription Drug (MAPD)

Beneficiaries who do not enroll into a Part D plan when first eligible will be subjected to a **late enrollment penalty** of 1% per month of the national average for each month they could have had the coverage but declined.

WHO IS ELIGIBLE

- ✓ Medicare eligible
- ✓ Enrolled in Medicare Part A and/or Medicare Part B
- ✓ Reside in the plan's service area

PLAN STRUCTURE

For 2023, the defined standard Medicare Part D prescription drug benefit is:

- Deductible: $505 (increase from $480 in 2022)
- Initial coverage limit: $4,660 (increase from $4,430 in 2022)
- Out of pocket threshold: $7,400 (increase from $7,050 in 2022)
- Total covered Part D spending at the out-of-pocket expense threshold for beneficiaries not eligible for the coverage gap discount program: $10,516.25 (increase from $10,012.50 in 2022)

- Estimated total covered Part D spending at the out-of-pocket expense threshold for those eligible for the coverage gap discount programs: $11,206.28 (increase from $10,690.20 in 2022)

- Minimum cost-sharing under catastrophic coverage benefit: $4.15 for generic/preferred multi-source drug (increase from $3.95 in 2022) and $10.35 for all other drugs (increase from $9.85 in 2022)

COVERAGE OPTIONS

- ✓ Part A + Stand Alone PDP Plan
- ✓ Original Medicare (A & B) + Stand Alone PDP Plan
- ✓ Original Medicare + Medicare Supplement + Stand Alone PDP Plan
- ✓ Medicare Advantage Prescription Drug Plan
- ✓ PFFS Plan + Stand Alone PDP Plan
- ✓ Cost Plan + Stand Alone PDP Plan
- ✓ MSA + Stand Alone PDP Plan

FORMULARY

- ✓ Developed by doctors, pharmacists, and other experts.
- ✓ Formularies can vary from one plan to the next.
- ✓ Must contain at least 2 drugs in each therapeutic category.
- ✓ Must include generic and brand name medications.
- ✓ Exceptions can be requested by a physician if a required medication is not on the formulary.
- ✓ Can utilize medication management tools such as step therapy and prior authorization requirements.
- ✓ Can be changed throughout the year in certain situations.

TIERS

Medications are grouped together by the amount of cost sharing.

- ✓ **Tier 1:** Generic drugs
- ✓ **Tier 2:** Preferred brand name drugs
- ✓ **Tier 3:** Non-preferred brand name drugs
- ✓ **Tier 4:** High cost or specialty drugs

Part D Copay Tiers

Tier 1: Generic	Tier 2: Preferred	Tier 3: Non-preferred	Tier 4: Specialty
$	$$	$$$	$$$$
The **least expensive drugs** your plan covers, including all generic drugs and select brand names	**Brand name drugs** that have proven to be the most effective in their class	Drugs considered **non-preferred** (brand names that are not the "most effective") as well as **preferred specialty drugs**	**The most expensive drugs** because they are classified as brand name, specialty *and* not preferred

COST SHARING

Compare:

- ✓ Premium
- ✓ Deductible
- ✓ Copays
- ✓ Coinsurance

Fixed Costs

Monthly Drug Plan Premium [?]	$17.20	Monthly Drug Plan Premium [?]	$35.50	Monthly Drug Plan Premium [?]	$35.80
Monthly Health Plan Premium [?]	N/A	Monthly Health Plan Premium [?]	N/A	Monthly Health Plan Premium [?]	N/A
Annual Drug Deductible [?]	$380.00	Annual Drug Deductible [?]	$415.00	Annual Drug Deductible [?]	$415.00

Drug Coverage Information

All of your drugs are covered on the plan's formulary. [?]	All of your drugs are covered on the plan's formulary. [?]	All of your drugs are covered on the plan's formulary. [?]
Atorvastatin Calcium TAB 10MG	**Atorvastatin Calcium TAB 10MG**	**Atorvastatin Calcium TAB 10MG**
Quantity Limit	Quantity Limit	Quantity Limit
Tier 1: Preferred Generic [7]	Tier 2: Generic	Tier 1: Preferred Generic
Dronabinol CAP 5MG	**Dronabinol CAP 5MG**	**Dronabinol CAP 5MG**
Prior Authorization [?]	Prior Authorization [?]	Prior Authorization [?]
Quantity Limit	Quantity Limit	Tier 4: Non-Preferred Drug
Tier 4: Non-Preferred Drug	Tier 4: Non-Preferred Drug	**Lisinopril TAB 10MG**
Lisinopril TAB 10MG	**Lisinopril TAB 10MG**	Quantity Limit
No restrictions	No restrictions	Tier 1: Preferred Generic
Tier 1: Preferred Generic [7]	Tier 1: Preferred Generic	**Metformin Hcl TAB 500MG**
Metformin Hcl TAB 500MG	**Metformin Hcl TAB 500MG**	Quantity Limit
No restrictions	No restrictions	Tier 1: Preferred Generic
Tier 1: Preferred Generic [7]	Tier 1: Preferred Generic	**Nitroglycerin DIS 0.4MG/HR**
Nitroglycerin DIS 0.4MG/HR	**Nitroglycerin DIS 0.4MG/HR**	No restrictions
No restrictions	Quantity Limit	Tier 2: Generic
Tier 3: Preferred Brand	Tier 2: Generic	

MEDICARE SUPPLEMENTS

WHAT IS A MEDICARE SUPPLEMENT

Often called Medigap, Medicare Supplements:

- ✓ Are private health insurance plans
- ✓ Supplement Original Medicare
- ✓ Help pay some health care costs that Original Medicare doesn’t cover
- ✓ Medicare will pay its share of the Medicare-approved amounts for covered health care costs, then your Medigap policy pays its share
- ✓ A Medigap policy covers one person

WHO IS ELIGIBLE

Any Medicare beneficiary who is:

- ✓ Enrolled in Part A
- ✓ Enrolled in Part B

Once enrolled the member must pay a monthly premium for the supplement plan.

PLAN TYPES

Standardized plans identified by a letter:

- ✓ Plans A, B, C, D, F, G, K, L, M, and N are currently sold
- ✓ Companies don’t have to sell all plans
- ✓ Plans E, H, I, and J exist but are no longer sold
- ✓ Plans with the same letter must offer the same basic benefits (policy cost will vary)

Waiver states (Massachusetts, Minnesota, and Wisconsin) standardize plans in a different way

PLAN TYPES F, G, AND N

- ✓ Plan F – Covers 100% of the cost sharing left behind by Original Medicare.
- ✓ Plan G – Covers 100% of the cost sharing left behind after the client satisfies the Part B deductible
- ✓ Plan N – Does not cover the Part B deductible and excess charges. Members can be charged a copay of $20 when going to the doctor and $50 when going to the emergency room.

MACRA

After *January 1, 2020* Plans F, C, and HDF will no longer be sold or issued to individuals that are new to Medicare (MACRA 2015).

RATING STYLES

Type of Rating	Description
No-age-rated (community-rated)	▪ Everyone pays same regardless of age if 65 or older ▪ Generally least expensive over lifetime
Issue-age-rated	▪ Based on age when purchased ▪ Doesn't go up automatically as you get older
Attained-age-rated	▪ Premium based on current age ▪ Costs less when you're 65 ▪ Cost goes up each year as you get older

Premiums may go up due to inflation and other factors.
Not all states allow all 3 types of ratings.

ENROLLMENT TYPES

Your Medigap Open Enrollment Period (OEP):

- ✓ 7 months when insurance company must sell a plan
- ✓ Guaranteed issue period without medical underwriting
- ✓ Your one OEP begins when you first enroll in Part B
- ✓ Can’t be changed or repeated
- ✓ Some states have more generous rules

  May be able to buy a Medigap policy any time an insurance company will sell you one

ENROLLMENT TYPES

Guaranteed Issue Rights are rights you have in certain situations where insurance companies must sell you a Medicare Supplement policy without underwriting. GI can be available to you in the following instances:

- ✓ Loss of Employer Coverage
- ✓ Your Medicare Advantage Plan leaves the area
- ✓ You move out of your Medicare Select plan service area
- ✓ You exercise your Medicare Advantage Trial Right
- ✓ You lose your coverage due to no fault of your own

ENROLLMENT TYPES

Underwritten Plans

When an applicant is not in their Open Enrollment and does not have a Guaranteed Issue Right, they must go through Medical Underwriting to be considered for coverage.

Underwriting is:

- ✓ Health questions
- ✓ Medication Review
- ✓ Height and Weight
- ✓ Tobacco Use

Underwriting can vary between carriers in the following ways:

- ✓ Accepted health conditions
- ✓ Lookback periods for diagnosis or treatment
- ✓ Accepted medications
- ✓ Number of medications allowed to treat each condition
- ✓ Accepted height and weight guidelines
- ✓ Height and weight in combination with certain health conditions

UNDERWRITING COMPARISON EXAMPLE

	Kidney Disease	Heart Disease	COPD	Stroke/TIA	Heart Attack	Diabetes w/ High BP	Diabetes w/ Insulin	Diabetes w/ Complications	Cancer
Aetna	Ever	Ever or Past 36 Months or Past 12 Months	Past 2 Yrs.	Past 2 Yrs. or Ever w/ Diabetes	Ever w/ Diabetes	Not Applicable	Currently	Currently	Ever or Past 36 Months
UHC	Past 2 Yrs.	Past 2 Yrs.	Past 2 Yrs.	Past 2 Yrs.	Past 2 Yrs.	Not Applicable	Not Applicable	Past 2 Yrs.	Past 2 Yrs.
MOO	Ever	Past 2 Yrs.	Ever	Past 2 Yrs. or Currently W/ Diabetes	Past 2 Yrs.	Currently	Not Applicable	Currently	Past 2 Yrs.
CHLIC	Past 2 Yrs.	Past 2 Yrs.	Past 2 Yrs.	Past 2 Yrs.	Past 2 Yrs.	Past 2 Yrs. w/ 3+ Medications	Past 2 Yrs. w/ 50+ Units	Past 2 Yrs.	Past 2 Yrs.
MLIC	Past 5 Yrs.	Past 5 Yrs.	Past 5 Yrs.	Past 5 Yrs.	Past 5 Yrs.	Ever w/ 2+ Medications	Past 5 Yrs. w/ 50+ Units	Ever	Past 5 Yrs.
WULA	Only if Diabetic	Past 2 Yrs.	Ever	Past 2 Yrs.	Past 2 Yrs.	Ever w/ 2+ Medications	Ever w/ 50+ Units	Ever	Past 2 Yrs.
NGL	Ever	Past 2 Yrs. Or Accepted if "Well Controlled"	Ever	Past 2 Yrs. Or Accepted if "Well Controlled"	Past 2 Yrs. Or Accepted if "Well Controlled"	Ever or Accepted if "Well Controlled"	Ever w/ 50+ Units	Ever	Past 2 Yrs. Or Accepted if "Well Controlled"
Bankers Fidelity	Past 5 Yrs.	Not Applicable	Past 5 Yrs.	Past 5 Yrs.	Past 5 Yrs.	Not Applicable	Past 5 Yrs. w/ 50+ Units	Not Applicable	Past 5 Yrs.

QUESTIONS