



Proposed Benefit Schedule
for
G.T. (ELLEN YEUNG) SCHOOL MANAGEMENT COMMITTEE
LTD

	Plan 2	Plan 4A	Plan 5A
TERM LIFE INSURANCE			
For Employee	Flat Amount	Flat Amount	Flat Amount
Sum Insured	\$200,000	\$200,000	\$200,000
Termination age	70	70	70
EMERGENCY ASSISTANCE SERVICE	Unlimited	Unlimited	Unlimited

No Evidence Limit :

Evidence of insurability is required if insurance coverage exceeds \$1,000,000

An insured employee whose insurance is being terminated (with an attained age of 64 or below at the time of termination) can convert his term life benefit (if any) under this policy to an individual life insurance policy without evidence of insurability subject to provisions and conditions of Life Insurance Conversion Privilege. The death benefit under the life policy must not be lower than USD12,500 or HKD100,000, nor exceed the lesser of the following: (i) USD150,000 or HKD1,200,000; (ii) the amount of death benefit payable under this policy.

Proposed Benefit Schedule
for
G.T. (ELLEN YEUNG) SCHOOL MANAGEMENT COMMITTEE
LTD

	Plan D4	Plan D4B	Plan D5
TERM LIFE INSURANCE For Employee	Flat Amount	Flat Amount	Flat Amount
Sum Insured	\$300,000	\$300,000	\$500,000
Termination age	70	70	70
EMERGENCY ASSISTANCE SERVICE	Unlimited	Unlimited	Unlimited

No Evidence Limit :

Evidence of insurability is required if insurance coverage exceeds \$1,000,000

An insured employee whose insurance is being terminated (with an attained age of 64 or below at the time of termination) can convert his term life benefit (if any) under this policy to an individual life insurance policy without evidence of insurability subject to provisions and conditions of Life Insurance Conversion Privilege. The death benefit under the life policy must not be lower than USD12,500 or HKD100,000, nor exceed the lesser of the following: (i) USD150,000 or HKD1,200,000; (ii) the amount of death benefit payable under this policy.

**Proposed Benefit Schedule
for
G.T. (ELLEN YEUNG) SCHOOL MANAGEMENT COMMITTEE
LTD**

	Plan D5B	Plan D6	Plan D6B
TERM LIFE INSURANCE For Employee	Flat Amount	Flat Amount	Flat Amount
Sum Insured	\$500,000	\$1,000,000	\$1,000,000
Termination age	70	70	70
EMERGENCY ASSISTANCE SERVICE	Unlimited	Unlimited	Unlimited

No Evidence Limit :

Evidence of insurability is required if insurance coverage exceeds \$1,000,000

An insured employee whose insurance is being terminated (with an attained age of 64 or below at the time of termination) can convert his term life benefit (if any) under this policy to an individual life insurance policy without evidence of insurability subject to provisions and conditions of Life Insurance Conversion Privilege. The death benefit under the life policy must not be lower than USD12,500 or HKD100,000, nor exceed the lesser of the following: (i) USD150,000 or HKD1,200,000; (ii) the amount of death benefit payable under this policy.

**Proposed Benefit Schedule
for
G.T. (ELLEN YEUNG) SCHOOL MANAGEMENT COMMITTEE
LTD**

	Plan U1	Plan U3	Plan U3A
TERM LIFE INSURANCE For Employee	Flat Amount	Flat Amount	Flat Amount
Sum Insured	\$200,000	\$200,000	\$200,000
Termination age	70	70	70
EMERGENCY ASSISTANCE SERVICE	Unlimited	Unlimited	Unlimited

No Evidence Limit :

Evidence of insurability is required if insurance coverage exceeds \$1,000,000

An insured employee whose insurance is being terminated (with an attained age of 64 or below at the time of termination) can convert his term life benefit (if any) under this policy to an individual life insurance policy without evidence of insurability subject to provisions and conditions of Life Insurance Conversion Privilege. The death benefit under the life policy must not be lower than USD12,500 or HKD100,000, nor exceed the lesser of the following: (i) USD150,000 or HKD1,200,000; (ii) the amount of death benefit payable under this policy.

Proposed Benefit Schedule
for
G.T. (ELLEN YEUNG) SCHOOL MANAGEMENT COMMITTEE
LTD

			Plan U3B
TERM LIFE INSURANCE			Flat Amount
For Employee			
Sum Insured			\$200,000
Termination age			70
EMERGENCY ASSISTANCE SERVICE			Unlimited

No Evidence Limit :

Evidence of insurability is required if insurance coverage exceeds \$1,000,000

An insured employee whose insurance is being terminated (with an attained age of 64 or below at the time of termination) can convert his term life benefit (if any) under this policy to an individual life insurance policy without evidence of insurability subject to provisions and conditions of Life Insurance Conversion Privilege. The death benefit under the life policy must not be lower than USD12,500 or HKD100,000, nor exceed the lesser of the following: (i) USD150,000 or HKD1,200,000; (ii) the amount of death benefit payable under this policy.

Proposed Benefit Schedule
for
G.T. (ELLEN YEUNG) SCHOOL MANAGEMENT COMMITTEE
LTD

HOSPITAL AND SURGICAL

Benefit Level

	Plan 4A*	Plan 5A*	Plan D4*
Reimbursement Percentage (unless otherwise specified)	100%	100%	100%
Hospital Room and Board			
Days per disability	31	31	31
Limit per day	\$200	\$200	\$200
Hospital Services			
Limit per disability	\$2,000	\$2,000	\$2,000
Hospital Physician's Services			
Days per disability	31	31	31
Limit per day	\$200	\$200	\$200
Surgeon's Fee			
Complex	\$6,000	\$6,000	\$6,000
Major	\$6,000	\$6,000	\$6,000
Intermediate	\$3,000	\$3,000	\$3,000
Minor	\$1,200	\$1,200	\$1,200
Anaesthetist's Fee			
Complex	\$3,600	\$3,600	\$3,600
Major	\$1,800	\$1,800	\$1,800
Intermediate	\$900	\$900	\$900
Minor	\$360	\$360	\$360
Operation Theatre Fee			
Complex	\$3,600	\$3,600	\$3,600
Major	\$1,800	\$1,800	\$1,800
Intermediate	\$900	\$900	\$900
Minor	\$360	\$360	\$360
Day Confinement Benefit			
Limit per disability	\$4,000	\$4,000	\$4,000
Reimbursement Percentage	90%	90%	90%
Second Claim Incentive			
Days per disability	31	31	31
Limit per day	\$200	\$200	\$200
Emergency Assistance Benefits			
	Unlimited	Unlimited	Unlimited

The Hospital and Surgical Benefits must be taken in conjunction with the Term Life Insurance

* Dependent coverage is included.

*** The available product(s) and respective plan(s) for medical insurance conversion may be subject to change as determined by the Company from time to time.

Termination age for employee coverage : Plan 4A - 70, Plan 5A - 70, Plan D4 - 70.

Proposed Benefit Schedule
for
G.T. (ELLEN YEUNG) SCHOOL MANAGEMENT COMMITTEE
LTD

HOSPITAL AND SURGICAL

Benefit Level

	Plan D4B*	Plan D5*	Plan D5B*
Reimbursement Percentage (unless otherwise specified)	100%	100%	100%
Hospital Room and Board			
Days per disability	31	31	31
Limit per day	\$200	\$200	\$200
Hospital Services			
Limit per disability	\$2,000	\$2,000	\$2,000
Hospital Physician's Services			
Days per disability	31	31	31
Limit per day	\$200	\$200	\$200
Surgeon's Fee			
Complex	\$6,000	\$6,000	\$6,000
Major	\$6,000	\$6,000	\$6,000
Intermediate	\$3,000	\$3,000	\$3,000
Minor	\$1,200	\$1,200	\$1,200
Anaesthetist's Fee			
Complex	\$3,600	\$3,600	\$3,600
Major	\$1,800	\$1,800	\$1,800
Intermediate	\$900	\$900	\$900
Minor	\$360	\$360	\$360
Operation Theatre Fee			
Complex	\$3,600	\$3,600	\$3,600
Major	\$1,800	\$1,800	\$1,800
Intermediate	\$900	\$900	\$900
Minor	\$360	\$360	\$360
Day Confinement Benefit			
Limit per disability	\$4,000	\$4,000	\$4,000
Reimbursement Percentage	90%	90%	90%
Second Claim Incentive			
Days per disability	31	31	31
Limit per day	\$200	\$200	\$200
Emergency Assistance Benefits	Unlimited	Unlimited	Unlimited

The Hospital and Surgical Benefits must be taken in conjunction with the Term Life Insurance

* Dependent coverage is included.

*** The available product(s) and respective plan(s) for medical insurance conversion may be subject to change as determined by the Company from time to time.

Termination age for employee coverage : Plan D4B - 70, Plan D5 - 70, Plan D5B - 70.

Proposed Benefit Schedule
for
G.T. (ELLEN YEUNG) SCHOOL MANAGEMENT COMMITTEE
LTD

HOSPITAL AND SURGICAL

Benefit Level

		Plan D6*	Plan D6B*
Reimbursement Percentage (unless otherwise specified)		100%	100%
Hospital Room and Board			
Days per disability		31	31
Limit per day		\$800	\$800
Hospital Services			
Limit per disability		\$8,000	\$8,000
Hospital Physician's Services			
Days per disability		31	31
Limit per day		\$800	\$800
Surgeon's Fee			
Complex		\$24,000	\$24,000
Major		\$24,000	\$24,000
Intermediate		\$12,000	\$12,000
Minor		\$4,800	\$4,800
Anaesthetist's Fee			
Complex		\$7,200	\$7,200
Major		\$3,600	\$3,600
Intermediate		\$1,800	\$1,800
Minor		\$720	\$720
Operation Theatre Fee			
Complex		\$7,200	\$7,200
Major		\$3,600	\$3,600
Intermediate		\$1,800	\$1,800
Minor		\$720	\$720
Day Confinement Benefit			
Limit per disability		\$4,000	\$4,000
Reimbursement Percentage		90%	90%
Second Claim Incentive			
Days per disability		31	31
Limit per day		\$800	\$800
Emergency Assistance Benefits			
		Unlimited	Unlimited
Medical Insurance Conversion Privilege			
Applicable product for medical insurance conversion ***		ManuGuard	ManuGuard
Applicable plan ***		Essential	Essential

The Hospital and Surgical Benefits must be taken in conjunction with the Term Life Insurance

* Dependent coverage is included.



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LTD

*** The available product(s) and respective plan(s) for medical insurance conversion may be subject to change as determined by the Company from time to time.

Termination age for employee coverage : Plan D6 - 70, Plan D6B - 70.

Proposed Benefit Schedule
for
G.T. (ELLEN YEUNG) SCHOOL MANAGEMENT COMMITTEE
LTD

CLINICAL

Benefit Level

	Plan 4A*	Plan 5A*	Plan D4*
Card Type	Silver	Silver	Silver
Manulife Network Scheme Code	MA56	MA56	MA56
General Practitioner's Visit at the clinic or at home (GP)			
Limit per visit	\$200/Day	\$280/Day	\$200/Day
Deductible per network visit	\$30	\$0	\$30
Overall maximum visits per year	20	30	20
Reimbursement Percentage	80%	80%	80%
Specialist Practitioner's Visit at the clinic or at home (SP) #			
Limit per visit	\$400/Day	\$560/Day	\$400/Day
Deductible per network visit	\$50	\$0	\$50
Overall maximum visits per year	20	30	20
Reimbursement Percentage	80%	80%	80%
Chinese Medicine Practitioner's Visits (Herbalist/Bonesetter/Acupuncture/Tui Na) (CMP)			
Limit per visit	\$160/Day	\$200/Day	\$160/Day
Deductible per network visit (Herbalist)**	\$30	\$0	\$30
Overall maximum visits per year	20	30	20
Reimbursement Percentage	80%	80%	80%
Diagnostic X-Ray and Laboratory Fee #			
Maximum limit		\$1,200/Year	
Reimbursement Percentage		80%	
Prescription (All Sources) #			
Limit per year		\$1,200	
Reimbursement Percentage		80%	
Overall Maximum Visits Per Year Include			
	20	30	20
	GP Visit	GP Visit	GP Visit
	SP Visit	SP Visit	SP Visit
	CMP Visit	CMP Visit	CMP Visit

The Clinical Benefits must be taken in conjunction with the Term Life Insurance and Hospital and Surgical Benefits.

** Bonesetter, Acupuncture and Tui Na are not applicable in network.

* Dependent coverage is included.

Doctor's referral is required for outpatient Specialist consultation (except Gynaecology, Paediatrics, Otorhinolaryngology (ENT), Ophthalmology (Eye), Orthopaedics & Traumatology, Dermatology and Urology), Prescription, Physiotherapy and Diagnostic X-Ray & Laboratory (if applicable).

Up to 3-days simple medication (as defined by the attending physician) per network visit.



Proposed Benefit Schedule
for
G.T. (ELLEN YEUNG) SCHOOL MANAGEMENT COMMITTEE
LTD

Maximum one visit per day for each benefit item

Termination age for employee coverage : Plan 4A - 70, Plan 5A - 70, Plan D4 - 70.

Proposed Benefit Schedule
for
G.T. (ELLEN YEUNG) SCHOOL MANAGEMENT COMMITTEE
LTD

CLINICAL

Benefit Level

	Plan D4B*	Plan D5*	Plan D5B*
Card Type	Silver	Silver	Silver
Manulife Network Scheme Code	MA56	MA56	MA56
General Practitioner's Visit at the clinic or at home (GP)			
Limit per visit	\$200/Day	\$280/Day	\$280/Day
Deductible per network visit	\$30	\$0	\$0
Overall maximum visits per year	20	30	30
Reimbursement Percentage	80%	80%	80%
Specialist Practitioner's Visit at the clinic or at home (SP) #			
Limit per visit	\$400/Day	\$560/Day	\$560/Day
Deductible per network visit	\$50	\$0	\$0
Overall maximum visits per year	20	30	30
Reimbursement Percentage	80%	80%	80%
Chinese Medicine Practitioner's Visits (Herbalist/Bonesetter/Acupuncture/Tui Na) (CMP)			
Limit per visit	\$160/Day	\$200/Day	\$200/Day
Deductible per network visit (Herbalist)**	\$30	\$0	\$0
Overall maximum visits per year	20	30	30
Reimbursement Percentage	80%	80%	80%
Diagnostic X-Ray and Laboratory Fee #			
Maximum limit		\$1,200/Year	\$1,200/Year
Reimbursement Percentage		80%	80%
Prescription (All Sources) #			
Limit per year		\$1,200	\$1,200
Reimbursement Percentage		80%	80%
Overall Maximum Visits Per Year Include			
	20	30	30
	GP Visit	GP Visit	GP Visit
	SP Visit	SP Visit	SP Visit
	CMP Visit	CMP Visit	CMP Visit

The Clinical Benefits must be taken in conjunction with the Term Life Insurance and Hospital and Surgical Benefits.

** Bonesetter, Acupuncture and Tui Na are not applicable in network.

* Dependent coverage is included.

Doctor's referral is required for outpatient Specialist consultation (except Gynaecology, Paediatrics, Otorhinolaryngology (ENT), Ophthalmology (Eye), Orthopaedics & Traumatology, Dermatology and Urology), Prescription, Physiotherapy and Diagnostic X-Ray & Laboratory (if applicable).

Up to 3-days simple medication (as defined by the attending physician) per network visit.



Proposed Benefit Schedule
for
G.T. (ELLEN YEUNG) SCHOOL MANAGEMENT COMMITTEE
LTD

Maximum one visit per day for each benefit item

Termination age for employee coverage : Plan D4B - 70, Plan D5 - 70, Plan D5B - 70.

Proposed Benefit Schedule
for
G.T. (ELLEN YEUNG) SCHOOL MANAGEMENT COMMITTEE
LTD

CLINICAL

Benefit Level

	Plan D6*	Plan D6B*
Card Type	Silver	Silver
Manulife Network Scheme Code	MA56	MA56
General Practitioner's Visit at the clinic or at home (GP)		
Limit per visit	\$400/Day	\$400/Day
Deductible per network visit	\$0	\$0
Overall maximum visits per year	30	30
Reimbursement Percentage	90%	90%
Specialist Practitioner's Visit at the clinic or at home (SP) #		
Limit per visit	\$800/Day	\$800/Day
Deductible per network visit	\$0	\$0
Overall maximum visits per year	30	30
Reimbursement Percentage	90%	90%
Chinese Medicine Practitioner's Visits (Herbalist/Bonesetter/Acupuncture/Tui Na) (CMP)		
Limit per visit	\$400/Day	\$400/Day
Deductible per network visit (Herbalist)**	\$0	\$0
Overall maximum visits per year	30	30
Reimbursement Percentage	90%	90%
Diagnostic X-Ray and Laboratory Fee #		
Maximum limit	\$2,000/Year	\$2,000/Year
Reimbursement Percentage	90%	90%
Prescription (All Sources) #		
Limit per year	\$4,000	\$4,000
Reimbursement Percentage	90%	90%
Overall Maximum Visits Per Year Include	30	30
	GP Visit	GP Visit
	SP Visit	SP Visit
	CMP Visit	CMP Visit

The Clinical Benefits must be taken in conjunction with the Term Life Insurance and Hospital and Surgical Benefits.

** Bonesetter, Acupuncture and Tui Na are not applicable in network.

* Dependent coverage is included.

Doctor's referral is required for outpatient Specialist consultation (except Gynaecology, Paediatrics, Otorhinolaryngology (ENT), Ophthalmology (Eye), Orthopaedics & Traumatology, Dermatology and Urology), Prescription, Physiotherapy and Diagnostic X-Ray & Laboratory (if applicable).

Up to 3-days simple medication (as defined by the attending physician) per network visit.



Proposed Benefit Schedule
for
G.T. (ELLEN YEUNG) SCHOOL MANAGEMENT COMMITTEE
LTD

Maximum one visit per day for each benefit item

Termination age for employee coverage : Plan D6 - 70, Plan D6B - 70.

**Proposed Benefit Schedule
for
G.T. (ELLEN YEUNG) SCHOOL MANAGEMENT COMMITTEE
LTD**

NETWORK PROVIDER OUTPATIENT SERVICES

Benefit Level

	Plan U1	Plan U3	Plan U3A
Card Type	Silver	Silver	Silver
Manulife Network Scheme Code	MA93	MA93	MA93
General Practitioner's Visit at the Clinic			
No. of visits per year	Unlimited	Unlimited	Unlimited
Deductible per visit	\$50	\$50	\$50
Specialist Practitioner's Visit at the Clinic			
No. of visits per year	Unlimited	Unlimited	Unlimited
Deductible per visit	\$80	\$80	\$80
Medication and Injection at the clinic			
Limit per month	\$1,000	\$1,000	\$1,000
X-ray & Laboratory			
Limit per year	\$2,000	\$2,000	\$2,000
Emergency Assistance Service			
	Unlimited	Unlimited	Unlimited

Remarks :

- (1) Overseas Doctor's Visit :
 - only cover clinical consultation & medication expenses
 - subject to 70% reimbursement
 - maximum HK\$300 per visit
 - maximum 10 visits per year
- (2) Network Provider Outpatient Services must be taken in conjunction with the Term Life benefits.
- (3) Doctor's referral is required for outpatient Specialist consultation (except Gynaecology, Paediatrics, Otorhinolaryngology (ENT), Ophthalmology (Eye), Orthopaedics & Traumatology, Dermatology and Urology), Prescription, Physiotherapy and Diagnostic X-Ray & Laboratory (if applicable). The referral letter must be issued by the Network Provider.
- (4) The above services are subject to provisions, conditions and exclusions of the Network Provider Outpatient Services' policy contract.

Termination age for employee coverage : Plan U1 - 70, Plan U3 - 70, Plan U3A - 70.

**Proposed Benefit Schedule
for
G.T. (ELLEN YEUNG) SCHOOL MANAGEMENT COMMITTEE
LTD**

NETWORK PROVIDER OUTPATIENT SERVICES

Benefit Level

			Plan U3B
Card Type			Silver
Manulife Network Scheme Code			MA93
General Practitioner's Visit at the Clinic			
No. of visits per year			Unlimited
Deductible per visit			\$50
Specialist Practitioner's Visit at the Clinic			
No. of visits per year			Unlimited
Deductible per visit			\$80
Medication and Injection at the clinic			
Limit per month			\$1,000
X-ray & Laboratory			
Limit per year			\$2,000
Emergency Assistance Service			Unlimited

Remarks :

- (1) Overseas Doctor's Visit :
 - only cover clinical consultation & medication expenses
 - subject to 70% reimbursement
 - maximum HK\$300 per visit
 - maximum 10 visits per year
- (2) Network Provider Outpatient Services must be taken in conjunction with the Term Life benefits.
- (3) Doctor's referral is required for outpatient Specialist consultation (except Gynaecology, Paediatrics, Otorhinolaryngology (ENT), Ophthalmology (Eye), Orthopaedics & Traumatology, Dermatology and Urology), Prescription, Physiotherapy and Diagnostic X-Ray & Laboratory (if applicable). The referral letter must be issued by the Network Provider.
- (4) The above services are subject to provisions, conditions and exclusions of the Network Provider Outpatient Services' policy contract.

Termination age for employee coverage : Plan U3B - 70.

**Proposed Benefit Schedule
for
G.T. (ELLEN YEUNG) SCHOOL MANAGEMENT COMMITTEE
LTD**

NETWORK PROVIDER DENTAL SERVICES

Benefit Level

	Plan D4*	Plan D4B*	Plan D5*
	UMP	UMP	UMP
Oral Examination per year	**Twice	**Twice	**Twice
Scaling, Cleaning and polishing per year	Once	Once	Once
X-rays	Unlimited	Unlimited	Unlimited
Fillings	Unlimited	Unlimited	Unlimited
Simple Extractions	Unlimited	Unlimited	Unlimited
Tooth dressing	Unlimited	Unlimited	Unlimited
Drainage of abscesses(non-surgical)	Unlimited	Unlimited	Unlimited
Necessary medications	Unlimited	Unlimited	Unlimited
Emergency treatment within office hours	Unlimited	Unlimited	Unlimited

Remarks :

- (1) Network Provider Dental Services must be taken in conjunction with the Term Life benefits and either Hospitalization benefits or Network Provider Outpatient Services.
- (2) The above services are subject to provisions and conditions of the Network Provider Dental Services' policy contract

* Dependent coverage is included.

** This benefit is provided once every six months.

Termination age for employee coverage : Plan D4 - 65, Plan D4B - 65, Plan D5 - 65.

Proposed Benefit Schedule
for
G.T. (ELLEN YEUNG) SCHOOL MANAGEMENT COMMITTEE
LTD

NETWORK PROVIDER DENTAL SERVICES

Benefit Level

	Plan D5B*	Plan D6*	Plan D6B*
	UMP	UMP	UMP
Oral Examination			
per year	**Twice	**Twice	**Twice
Scaling, Cleaning and polishing			
per year	Once	Once	Once
X-rays	Unlimited	Unlimited	Unlimited
Fillings	Unlimited	Unlimited	Unlimited
Simple Extractions	Unlimited	Unlimited	Unlimited
Tooth dressing	Unlimited	Unlimited	Unlimited
Drainage of abscesses(non-surgical)	Unlimited	Unlimited	Unlimited
Necessary medications	Unlimited	Unlimited	Unlimited
Emergency treatment within office hours	Unlimited	Unlimited	Unlimited

Remarks :

- (1) Network Provider Dental Services must be taken in conjunction with the Term Life benefits and either Hospitalization benefits or Network Provider Outpatient Services.
- (2) The above services are subject to provisions and conditions of the Network Provider Dental Services' policy contract

* Dependent coverage is included.

** This benefit is provided once every six months.

Termination age for employee coverage : Plan D5B - 65, Plan D6 - 65, Plan D6B - 65.

**Proposed Benefit Schedule
for
G.T. (ELLEN YEUNG) SCHOOL MANAGEMENT COMMITTEE
LTD**

NETWORK PROVIDER DENTAL SERVICES

Benefit Level

		Plan U3	Plan U3B
		UMP	UMP
Oral Examination per year		**Twice	**Twice
Scaling, Cleaning and polishing per year		Once	Once
X-rays		Unlimited	Unlimited
Fillings		Unlimited	Unlimited
Simple Extractions		Unlimited	Unlimited
Tooth dressing		Unlimited	Unlimited
Drainage of abscesses(non-surgical)		Unlimited	Unlimited
Necessary medications		Unlimited	Unlimited
Emergency treatment within office hours		Unlimited	Unlimited

Remarks :

- (1) Network Provider Dental Services must be taken in conjunction with the Term Life benefits and either Hospitalization benefits or Network Provider Outpatient Services.
- (2) The above services are subject to provisions and conditions of the Network Provider Dental Services' policy contract

** This benefit is provided once every six months.

Termination age for employee coverage : Plan U3 - 65, Plan U3B - 65.