State Notices

IMPORTANT INFORMATION FOR RESIDENTS OF CERTAIN STATES: There are state-specific requirements that may change the provisions described in the group insurance certificate. If you live in a state that has such requirements, those requirements will apply to your coverage. State-specific requirements that may apply to your coverage are summarized below. In addition, updated state-specific requirements are published on our website. You may access the website at https://www.thehartford.com/. If you are unable to access this website, want to receive a printed copy of these requirements, or have any questions or complaints regarding any of these requirements or any aspect of your coverage you may contact us as follows:

The Hartford
Group Benefits Division, Customer Service
P.O. Box 2999
Hartford, CT 06104-2999
1-800-523-2233

If you have a complaint and contacts between you, us, your agent, or another representative have failed to produce a satisfactory solution to the problem, some states require we provide you with additional contact information. If your state requires such disclosure, the contact information is listed below with the other state requirements and notices.

We are providing notice that Hartford Life and Accident Insurance Company is subject to economic and trade sanctions laws and regulations. These laws and regulations, including the laws and regulations administered and enforced by the United States Department of the Treasury's Office of Foreign Assets Control ("OFAC"), prevent Hartford Life and Accident from providing coverage to, and from paying benefits to, entities and individuals where prohibited by applicable law. In addition, these laws and regulations prohibit certain activities with respect to certain countries.

We have included this information to make you aware of the existence and potential impact of these economic and trade sanctions programs on your benefit program.

The Hartford complies with applicable Federal civil rights laws and does not unlawfully discriminate on the basis of race, color, national origin, age, disability, or sex. The Hartford does not exclude or treat people differently for any reason prohibited by law with respect to their race, color, national origin, age, disability, or sex.

If your policy is governed under the laws of Maryland, any of the benefits, provisions or terms that apply to the state you reside in as shown below will apply only to the extent that such state requirements are more beneficial to you.

Alaska:

1. A child is not required to be claimed as a dependent on Your or Your Spouse's tax return in order be eligible for **Dependent Child(ren)** coverage or **CHILD** coverage.
2. The **Policy Interpretation** provision, if shown in the **General Provisions** section of the Certificate, or any references to **We determine** do not apply to you.
3. The **Time of Payment of Claims** or the **Time of Claim Payment** provision shown in the **Claim Provisions** section of the Certificate is replaced with the following provision:
   Time of Payment of Claims: Benefits payable under The Policy will be paid within 30 days after Our receipt of due Proof of Loss for clean claims and within 15 days of receipt of additional information for other than clean claims. If claims are not received within these time frames, You will be entitled to receive interest accrued at a rate of 15% per year.
4. We may not cancel Your or Your Dependent's coverage unless we provide written notice to You or Your Dependents at least 45 days before the effective date of the cancellation. This does not apply if You or Your Dependent's terminate the coverage.

Arizona:

1. The Certificate may not provide all benefits and protections provided by law in Arizona. Please read the Certificate carefully.

Arkansas:

1. **NOTICE:** You have the right to file a complaint with the Arkansas Insurance Department (AID). You may call AID to request a complaint form at (800) 852-5494 or (501) 371-2640 or write the Department at:
   Arkansas Insurance Department
   1 Commerce Way, Suite 102
   Little Rock, AR 72202

2. The timeframe during which a newborn child is initially covered, under the **Newborn Child Coverage** or **Newborn Child** provision, is increased to 90 days after the date of birth, if less than 90 days.

California:

1. **NOTICES:** READ YOUR CERTIFICATE CAREFULLY
   You have a 30 day right from Your original Certificate Effective Date to examine Your certificate. If You are not satisfied, You may return it to Us within 30 days of Your original Certificate Effective Date. In that event, We will consider it void from its Effective Date and any premiums paid will be refunded. Any claims paid under The Policy during the initial 30 day period will be deducted from the refund.

   PLEASE BE ADVISED THAT YOU RETAIN ALL RIGHTS WITH RESPECT TO YOUR POLICY/CERTIFICATE AGAINST YOUR ORIGINAL INSURER IN THE EVENT THE ASSUMING INSURER IS UNABLE TO FULFILL ITS OBLIGATIONS. IN SUCH EVENT YOUR ORIGINAL INSURER REMAINS LIABLE TO YOU NOTWITHSTANDING THE TERMS OF ITS ASSUMPTION AGREEMENT.
2. The **Policy Interpretation** provision, if shown in the **General Provisions** section of the Certificate, is not applicable.
3. **For Your Questions and Complaints:**
   State of California Insurance Department
   Consumer Communications Bureau
   300 South Spring Street, South Tower
   Los Angeles, CA 90013
   Toll Free: 1(800) 927-HELP
   TDD Number: 1(800) 482-4833
   Web Address: www.insurance.ca.gov
4. To the extent that any of the following services/benefits are not covered by TRICARE/CHAMPVA, The Policy covers expenses incurred for those benefits/services. Benefits are paid subject to The Policy's conditions, terms, limitations and exclusions except as noted below.
   CIC 10123.185 - Osteoporosis coverage

Colorado:

1. The laws in the state of Colorado prohibit insurers from applying **Pre-existing Conditions Limitation** provisions greater than 6 months.
2. The following **Claim Appeal** provision applies to you:
   Claim Appeal: On any claim, the claimant or his or her representative may appeal to Us for a full and fair review. To do so he or she must submit a Request within 180 days of receipt of the claim denial. The claimant may:
   1) Request copies of all documents, records, and other information relevant to the claim; and
   2) submit written comments, documents, records and other information relating to the claim.

   We will respond in writing with Our final decision on the claim.

   In addition, if a claim for benefits is wholly or partially denied and all administrative remedies have been exhausted, the Covered Person is entitled to pursue such claim anew, from the beginning, in a court with jurisdiction and entitled to a trial by jury.
3. The **Policy Interpretation** provision, if shown in the **General Provisions** section of the Certificate, is not applicable.

Florida:

1. **NOTICE: The benefits of the policy providing you coverage may be governed primarily by the laws of a state other than Florida.**

Hawaii:

1. **NOTICE: THIS CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT. If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Company.**

Idaho:

1. The **Policy Interpretation** provision, if shown in the **General Provisions** section of the Certificate, is not applicable for non-ERISA policies.
2. **For Your Questions and Complaints:**
   Idaho Department of Insurance
   Consumer Affairs
   700 W State Street, 3rd Floor
   PO Box 83720

Boise, ID 83720-0043
Toll Free: 1-800-721-3272
Web Address: www.DOI.Idaho.gov

Illinois:

1. The **Policy Interpretation** provision, if shown in the **General Provisions** section of the Certificate, is not applicable.
2. With respect to the **Overpayment Recovery** provision in the **General Provisions** section, if included, of the Certificate, We have the right to recover any amount that is an overpayment.
3. You may file a consumer complaint online at the Illinois Department of Insurance's website or by mail. The Department maintains a Consumer Division in Chicago at 115 S. Lasalle Street, 13th Floor, Chicago, Illinois 60603; and in Springfield at 320 West Washington Street, Springfield, Illinois 62767.

   This notice is to advise you that should any complaints arise regarding this insurance, you may contact the following:
   Illinois Department of Insurance
   320 W. Washington Street
   Springfield, Illinois 62767-0001

   Illinois Department of Insurance
   115 S. LaSalle Street
   13th Floor
   Chicago, Illinois 60603

   Consumer Complaints: DOI.Complaints@illinois.gov; toll-free: 1(866) 445-5364
   Officer of Consumer Health Insurance: DOI.Complaints@illinois.gov; toll-free: 1(877) 527-9431
4. In accordance with Illinois law, insurers are required to provide the following **NOTICE** to applicants of insurance policies issued in Illinois.

STATE OF ILLINOIS
The Religious Freedom Protection and Civil Union Act
Effective June 1, 2011

The Religious Freedom Protection and Civil Union Act ("the Act") creates a legal relationship between two persons of the same or opposite sex who form a civil union. The Act provides that the parties to a civil union are entitled to the same legal obligations, responsibilities, protections and benefits that are afforded or recognized by the laws of Illinois to spouses. The law further provides that a party to a civil union shall be included in any definition or use of the terms "spouse," "family," "immediate family," "dependent," "next of kin," and other terms descriptive of spousal relationships as those terms are used throughout Illinois law. This includes the terms "marriage" or "married," or variations thereon. Insurance policies are required to provide identical benefits and protections to both civil unions and marriages. If policies of insurance provide coverage for children, the children of civil unions must also be provided coverage. The Act also requires recognition of civil unions or same sex civil unions or marriages legally entered into in other jurisdictions.

For more information regarding the Act, refer to 750 ILCS 75/1 *et seq*. Examples of the interaction between the Act and existing law can be found in the Illinois Insurance Facts, Civil Unions and Insurance Benefits document available on the Illinois Department of Insurance's website at www.insurance.illinois.gov.

Indiana:

1. **Questions regarding your policy or coverage should be directed to:**
   Hartford Life and Accident Insurance Company 1-800-523-2233
   If you (a) need the assistance of the governmental agency that regulates insurance; or (b) have a complaint you have been unable to resolve with your insurer you may contact the department of Insurance by mail, telephone or email:
   State of Indiana Department of Insurance
   Consumer Services Division
   311 West Washington Street, Suite 300
   Indianapolis, Indiana 46204
   Consumer Hotline: (800) 622-4461; (317) 232-2395
   Complaints can be filed electronically at www.in.gov/idoi

Kansas:

1. The **Policy Interpretation** provision, if shown in the **General Provisions** section of the Certificate, is not applicable for non-ERISA policies.

Maine:

1. **NOTICES: THIS CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CERTIFICATE. If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from the Company. If You have a Medicare supplement policy or major medical policy, this coverage may be more than You need. For information call the Bureau of Insurance at 1-800-300-5000.**
2. The laws of the State of Maine require notification of the right to designate a third party to receive notice of cancellation, to change such a designation and, to have the Policy reinstated if the insured suffers from cognitive impairment or functional incapacity and the ground for cancellation was the insured's nonpayment of premium or other lapse or default on the part of the insured.

   Within 10 days after a request by an insured, a Third Party Notice Request Form shall be mailed or personally delivered to the insured.
3. The following **Reinstatement** requirement applies to you:
   Reinstatement:
   We will reinstate The Policy upon receipt of all current and late premiums if:
   1) You, any person authorized to act on Your behalf, or any of Your dependents may request reinstatement of The Policy within 90 days following cancellation of The Policy for nonpayment of premium provided You suffered from cognitive impairment or functional incapacity at the time the contract cancelled; and
   2) all current and late premium payments are received within 15 days of Our request.

   We may request a medical demonstration, at Your expense, that You suffered from cognitive impairment or functional incapacity at the time of cancellation of The Policy.

Maryland:

1. To the extent not covered by TRICARE, The Policy covers expenses Incurred for Inpatient and Outpatient services received by a Covered Person for orthodontics, oral surgery, and otologic, audiological, and speech/language treatment involved in the management of the birth defect known as cleft lip or cleft palate or both.

   This benefit is paid subject to the conditions, terms, limitations and exclusions otherwise applicable to The Policy's TRICARE Supplemental Benefits.

Michigan:

1. The **Policy Interpretation** provision, if shown in the **General Provisions** section of the Certificate, is not applicable.

Minnesota:

1. **Claim Forms:** When We receive written Notice of Claim, We will send claim forms. If the claimant does not receive the forms within 15 days after written notice of claim is sent, proof of loss may be sent to Us without waiting to receive the claim forms. If the forms are not received within 15 days after written notice of claim is sent, the claimant shall be deemed to have complied with this requirement as long as Proof of Loss is submitted within the time for filing Proof of Loss. Notice shall include the proof covering the occurrence, the character and extent of the loss for which the claim is made.
2. **Time of Payment of Claims** or **Time of Claim Payment:** Benefits payable under this Certificate will be paid immediately after Our receipt of due written proof of loss.
3. **Misstatement of Age:** If the age of any Covered Person has been misstated, amounts payable under The Policy for the Covered Person shall be such as the premium paid would have purchased at the correct age.

Missouri:

1. The suicide and intentional self-infliction exclusion, if shown in the **Limitations and Exclusions** or **Exclusions** section of the Certificate is only applicable to an insured that is sane at the time of the action.

Montana:

1. **Notice:** The Certificate is delivered in and governed by the laws of the state of Montana.
2. You are entitled to cover Your **Dependent Child** or **CHILD,** if available under the Policy, up to age 25 if such child is covered by TRICARE/CHAMPVA, unless if shown as higher in the **Definitions** or **SCHEDULE – Eligibility** section of the Certificate.

3. The definition of **Physician** in the **Definitions** or **GENERAL DEFINITIONS** section will include the following freedom of choice language:
   You have full freedom of choice in the selection of any health care provider for the treatment of any Injury or Sickness within the scope and limitations of his or her practice, including licensed physician; physician assistant; dentist; osteopath; chiropractor; optometrist; podiatrist; psychologist; licensed social worker; licensed professional counselor; acupuncturist; naturopathic physician; physical therapist; advanced practice registered nurse or licensed marriage and family therapist.
4. The laws in the state of Montana prohibit insurers from applying **Pre-existing Conditions Limitation** look-back periods for which medical care is received greater than 6 months.

New Hampshire:

1. There is no defined time period from which You must submit **Proof of Loss** should You be unable to reasonably provide it within the first 90 days.
2. The definition of **Physician** in the **Definitions** or **GENERAL DEFINITIONS** section is amended to include reference to an Advanced Practice Registered Nurse and a Physician's Assistant.
3. In the **Conditions Prior to Effective Date of Coverage** paragraph in the **Pre-Existing Conditions Limitation**, the period during which We will not pay a benefit under The Policy for any expenses Incurred due to a Pre-Existing Condition will be the lesser of the period stated in the Certificate or 6 months.
4. In the **Conditions Prior to Effective Date of Increase in Coverage** paragraph in the **Pre-Existing Conditions Limitation**, the period during which We will not pay a benefit under The Policy for any expenses Incurred due to a Pre-Existing Condition will be the lesser of the period stated in the Certificate or 6 months.
5. In the **Pre-existing Condition** definition in the **Pre-Existing Conditions Limitation**, the period within which the Covered Person receives medical care will be the lesser of the period stated in the Certificate or 6 months.
6. The following benefit is added to the **Continuation Provisions** section, if not already included elsewhere in the Certificate:
   Extension of Benefits for Total Disability: If a Covered Person is Totally Disabled on the date his or her coverage under The Policy terminates, We will extend Inpatient benefits for expenses Incurred as the result of that disability until the first to occur of:
   1) the date the Covered Person is no longer Totally Disabled; or
   2) the 90th day from the date the Covered Person's Inpatient benefit ended.

   If a Covered Person is Totally Disabled on the date his or her Outpatient benefit ends, then his or her benefits under The Policy will continue up to 90 days from the date of termination. The continuation will only apply to expenses incurred for the Injury or Sickness that caused the Total Disability.

   If a Covered Person is not Totally Disabled on the date his or her Outpatient Benefit terminates, no benefits will be provided for Outpatient expenses he or she incurs after the date of termination.

North Carolina:

1. **Proof of Loss** must be sent to Us within 180 days after the loss.
2. **Time of Payment of Claims** or **Time of Claim Payment:** Benefits payable under this Certificate will be paid within 30 days after Our receipt of due written proof of loss.
3. **NOTICES:** UNDER NORTH CAROLINA GENERAL STATUTE SECTION 58-50-40, NO PERSON, EMPLOYER, FINANCIAL AGENT, TRUSTEE, OR THIRD PARTY ADMINISTRATOR, WHO IS RESPONSIBLE FOR THE PAYMENT OF GROUP LIFE INSURANCE, GROUP HEALTH OR GROUP HEALTH PLAN PREMIUMS, SHALL:
   1. CAUSE THE CANCELLATION OR NONRENEWAL OF GROUP LIFE INSURANCE, GROUP HEALTH INSURANCE, HOSPITAL, MEDICAL, OR DENTAL SERVICE CORPORATION PLAN, MULTIPLE EMPLOYER WELFARE ARRANGEMENT, OR GROUP HEALTH PLAN COVERAGES AND THE CONSEQUENTIAL LOSS OF THE COVERAGES OF THE PERSON INSURED, BY WILLFULLY FAILING TO PAY THOSE PREMIUMS IN ACCORDANCE WITH THE TERMS OF THE INSURANCE OR PLAN CONTRACT; AND
   2. WILLFULLY FAIL TO DELIVER, AT LEAST 45 DAYS BEFORE THE TERMINATION OF THOSE COVERAGES, TO ALL PERSONS COVERED BY THE GROUP POLICY WRITTEN NOTICE OF THE PERSON'S INTENTION TO STOP PAYMENT OF PREMIUMS. VIOLATION OF THIS LAW IS A FELONY. ANY PERSON VIOLATING THIS LAW IS ALSO SUBJECT TO A COURT ORDER REQUIRING THE PERSON TO COMPENSATE PERSONS INSURED FOR EXPENSES OR LOSSES INCURRED AS A RESULT OF THE TERMINATION OF THE INSURANCE.

IMPORTANT TERMINATION INFORMATION

YOUR INSURANCE MAY BE CANCELLED BY THE COMPANY. PLEASE READ THE TERMINATION PROVISIONS IN THE CERTIFICATE.

THE CERTIFICATE OF INSURANCE PROVIDES COVERAGE UNDER A GROUP MASTER POLICY. THE CERTIFICATE PROVIDES ALL OF THE BENEFITS MANDATED BY THE NORTH CAROLINA INSURANCE CODE, BUT YOU MAY NOT RECEIVE ALL OF THE PROTECTIONS PROVIDED BY A POLICY ISSUED IN NORTH CAROLINA AND GOVERNED BY ALL OF THE LAWS OF NORTH CAROLINA.

PRE-EXISTING LIMITATION

THIS CERTIFICATE CONTAINS A PRE-EXISTING CONDITIONS LIMITATION. PLEASE READ THE LIMITATIONS IN THE CERTIFICATE.

Rhode Island:

1. The **Policy Interpretation** provision, if shown in the **General Provisions** section of the Certificate, is not applicable.

South Dakota:

1. The definition of **Physician** in the **General Definitions** or **GENERAL DEFINITIONS** section of the Certificate does not include a Family Member unless the Family Member is the only doctor in the area.
2. The laws in the state of South Dakota prohibit insurers from applying **Pre-existing Conditions Limitation** look-back periods for which medical care is received greater than 6 months.
3. The definition of **Inpatient** in the **General Definitions** or **GENERAL DEFINITIONS** section of the Certificate includes a patient in a Hospital, or if applicable to your plan, a Skilled Nursing Facility, whether or not you have been charged one full day's room and board.
4. **NOTICE:** THIS CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT. If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Company

Texas:

1. The **Disclosure of Services** provision, if shown in the **Schedule** of the Certificate, is not applicable to you.
2. The **Policy Interpretation** provision, if shown in the **General Provisions** section of the Certificate, is not applicable.
3. **NOTICE:**

Have a complaint or need help?

If you have a problem with a claim or your premium, call your insurance company first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company. If you don't, you may lose your right to appeal.

Hartford Life and Accident Insurance Company
To get information or file a complaint with your insurance company:

Call: Customer Service at 860-547-5000

Toll-free: 1-800-523-2233

Online: https://www.thehartford.com/contact-the-hartford
Email: GBD.Customerservice@hartfordlife.com
Mail: The Hartford, Group Benefits Division, P.O. Box 2999, Hartford, CT 06104-2999

The Texas Department of Insurance
To get help with an insurance question or file a complaint with the state:

Call with a question: 1-800-252-3439

File a complaint: www.tdi.texas.gov
Email: ConsumerProtection@tdi.texas.gov
Mail: MC 111-1A, P.O. Box 12030, Austin, TX 78711-2030

¿Tiene una queja o necesita ayuda?

Si tiene un problema con una reclamación o con su prima de seguro, llame primero a su compañía de seguros. Si no puede resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en inglés) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja a través del proceso de quejas o de apelaciones de su compañía de seguros. Si no lo hace, podría perder su derecho para apelar.

Hartford Life and Accident Insurance Company
Para obtener información o para presentar una queja ante su compañía de seguros:

Llame a: servicio al cliente al 860-547-5000

Teléfono gratuito: 1-800-523-2233

En línea: https://www.thehartford.com/contact-the-hartford
Correo electrónico: GBD.Customerservice@hartfordlife.com
Dirección postal: The Hartford, Group Benefits Division, P.O. Box 2999, Hartford, CT 06104-2999

El Departamento de Seguros de Texas
Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:

Llame con sus preguntas al: 1-800-252-3439

Presente una queja en: www.tdi.texas.gov
Correo electrónico: ConsumerProtection@tdi.texas.gov
Dirección postal: MC 111-1A, P.O. Box 12030, Austin, TX 78711-2030

Vermont:

1. The following requirement applies:

Purpose: Vermont law requires that health insurers offer coverage to parties to a civil union that is equivalent to coverage provided to married persons.

Definitions, Terms, Conditions and Provisions: The definitions, terms, conditions or any other provisions of the policy, contract, certificate and/or riders and endorsements are hereby superseded as follows:

1. Terms that mean or refer to a marital relationship, or that may be construed to mean or refer to a marital relationship, such as "marriage", "spouse", "husband", "wife", "dependent", "next of kin", "relative", "beneficiary", "survivor", "immediate family" and any other such terms, include the relationship created by a civil union established according to Vermont law.
2. Terms that mean or refer to the inception or dissolution of a marriage, such as "date of marriage", "divorce decree", "termination of marriage" and any other such terms include the inception or dissolution of a civil union established according to Vermont law.
3. Terms that mean or refer to family relationships arising from a marriage, such as “family”, “immediate family”, “dependent”, “children”, “next of kin”, “relative”, “beneficiary”, “survivor” and any other such terms include family relationships created by a civil union established according to Vermont law.
4. "Dependent" means a spouse, a party to a civil union established according to Vermont law, and a child or children (natural, stepchild, legally adopted or a minor or disabled child who is dependent on the insured for support and maintenance) who is born to or brought to a marriage or to a civil union established according to Vermont law.
5. "Child or covered child" means a child (natural, step-child, legally adopted or a minor or disabled child who is dependent on the insured for support and maintenance) who is born to or brought to a marriage or to a civil union established according to Vermont law.

CAUTION: FEDERAL LAW RIGHTS MAY OR MAY NOT BE AVAILABLE

Vermont law grants parties to a civil union the same benefits, protections and responsibilities that flow from marriage under state law. However, some or all of the benefits, protections and responsibilities related to health

insurance that are available to married persons under federal law may not be available to parties to a civil union. For example, federal law, the Employee Income Retirement Security Act of 1974 known as “ERISA”, controls the employer/employee relationship with regard to determining eligibility for enrollment in private employer health benefit plans. Because of ERISA, Act 91 does not state requirements pertaining to a private employer’s enrollment of a party to a civil union in an ERISA employee welfare benefit plan. However, governmental employers (not federal government) are required to provide health benefits to the dependents of a party to a civil union if the public employer provides health benefits to the dependents of married persons. Federal law also controls group health insurance continuation rights under COBRA for employers with 20 or more employees as well as the Internal Revenue Code treatment of health insurance premiums. As a result, parties to a civil union and their families may or may not have access to certain benefits under the policy, contract, certificate, rider or endorsement that derive from federal law. You are advised to seek expert advice to determine your rights under this contract.

2. The **Policy Interpretation** provision, if shown in the **General Provisions** sections of the Certificate, is not applicable.

Virginia:

1. **For Your Questions and Complaints:**
   State Corporation Commission
   Life and Health Division
   Bureau of Insurance
   P.O. Box 1157
   Richmond, VA 23218
   1(804) 371-9691 (inside Virginia)
   1(877) 310-6560 (outside Virginia)

Wisconsin:

1. **For Your Questions and Complaints:**
   To request a Complaint Form:
   Office of the Commissioner of Insurance
   Complaints Department
   P.O. Box 7873
   Madison, WI 53707-7873
   1(800) 236-8517 (within Wisconsin)
   1(608) 266-0103 (outside of Wisconsin)