

VOLUNTARY BENEFIT RATES

ALL RATES ARE MONTHLY RATES. TO FIGURE PER PAY DEDUCTIONS MULTIPLY RATES BY 12 THEN DIVIDE BY YOUR NUMBER OF DEDUCTIONS 20 (FOODSERVICE WORKERS ONLY), 22 OR 26. PLEASE NOTE: ACTUAL PER PAY RATES COULD BE DIFFERENT DUE TO CALCULATIONS.

Group Accident for IN

Applicable to policy forms GACC1.0-P & GACC1.0-C

- Off-Job Accident Coverage, Health Screening Benefit (\$50)

Plan 2

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-99	\$14.19	\$22.97	\$25.70	\$34.48

Cancer 1000 for IN

Applicable to policy form C1000

	ISSUE AGE	NAMED INSURED	FAMILY
Level 3	17-69	\$17.30	\$23.90
Level 4	17-69	\$23.90	\$39.70

Group Disability for IN AAA Risk Class

Applicable to policy forms GDIS-P & GDIS-C

Off-Job Accident and Off-Job Sickness

3 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$500*	\$1,000*	\$1,500*	\$2,000*	\$2,500*
14 days Accident/14 days Sickness	17-49	\$7.85	\$15.70	\$23.55	\$31.40	\$39.25
	50-64	\$9.20	\$18.40	\$27.60	\$36.80	\$46.00
	65-74	\$11.80	\$23.60	\$35.40	\$47.20	\$59.00

ELIMINATION PERIOD	ISSUE AGE	\$3,000*	\$3,500*	\$4,000*	\$4,500*	\$5,000*
14 days Accident/14 days Sickness	17-49	\$47.10	\$54.95	\$62.80	\$70.65	\$78.50
	50-64	\$55.20	\$64.40	\$73.60	\$82.80	\$92.00
	65-74	\$70.80	\$82.60	\$94.40	\$106.20	\$118.00

*monthly benefit amount

SHORT TERM DISABILITY:

- YOUR MONTHLY BENEFIT AMOUNT CAN NOT EXCEED 60% OF YOUR SALARY
- YOU CAN CHOOSE INCREMENTS STARTING AT \$400 TO A MAXIMUM OF \$7000. THESE RATES ARE THE MOST COMMONLY CHOSEN AMOUNTS.

Group Critical Care for IN

Applicable to policy forms GCC1.0-P & GCC1.0-C

- Full CI Benefit, with Subsequent Diagnosis, \$50 Health Screening Benefit, HSA Compliant

Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$10,000	16-29	\$5.20	\$7.80	\$5.40	\$8.10
	30-39	\$7.00	\$10.60	\$7.30	\$10.90
	40-49	\$11.40	\$17.30	\$11.70	\$17.50
	50-59	\$18.60	\$29.00	\$18.90	\$29.20
	60-74	\$28.90	\$44.80	\$29.10	\$45.00
\$15,000	16-29	\$6.35	\$9.45	\$6.65	\$9.90
	30-39	\$9.05	\$13.65	\$9.50	\$14.10
	40-49	\$15.65	\$23.70	\$16.10	\$24.00
	50-59	\$26.45	\$41.25	\$26.90	\$41.55
	60-74	\$41.90	\$64.95	\$42.20	\$65.25
\$20,000	16-29	\$7.50	\$11.10	\$7.90	\$11.70
	30-39	\$11.10	\$16.70	\$11.70	\$17.30
	40-49	\$19.90	\$30.10	\$20.50	\$30.50
	50-59	\$34.30	\$53.50	\$34.90	\$53.90
	60-74	\$54.90	\$85.10	\$55.30	\$85.50

Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$10,000	16-29	\$7.40	\$11.20	\$7.70	\$11.40
	30-39	\$11.20	\$16.80	\$11.40	\$17.00
	40-49	\$20.00	\$30.10	\$20.20	\$30.30
	50-59	\$34.40	\$53.50	\$34.70	\$53.80
	60-74	\$54.90	\$85.10	\$55.20	\$85.30
\$15,000	16-29	\$9.65	\$14.55	\$10.10	\$14.85
	30-39	\$15.35	\$22.95	\$15.65	\$23.25
	40-49	\$28.55	\$42.90	\$28.85	\$43.20
	50-59	\$50.15	\$78.00	\$50.60	\$78.45
	60-74	\$80.90	\$125.40	\$81.35	\$125.70
\$20,000	16-29	\$11.90	\$17.90	\$12.50	\$18.30
	30-39	\$19.50	\$29.10	\$19.90	\$29.50
	40-49	\$37.10	\$55.70	\$37.50	\$56.10
	50-59	\$65.90	\$102.50	\$66.50	\$103.10
	60-74	\$106.90	\$165.70	\$107.50	\$166.10

Voluntary Coverage
All Rates Listed are Monthly

Age-band	Employee					Spouse	Dependent Children
	Non-tobacco	\$25,000	\$50,000	\$100,000	Tobacco per \$1000	Uni-tobacco per \$1000	Unit per \$1000
0-24	0.036	\$0.90	\$1.80	\$3.60	0.044	0.080	0.319
25-29	0.046	\$1.15	\$2.30	\$4.60	0.056	0.082	0.319*
30-34	0.065	\$1.63	\$3.25	\$6.50	0.082	0.106	
35-39	0.101	\$2.53	\$5.05	\$10.10	0.131	0.147	
40-44	0.151	\$3.78	\$7.55	\$15.10	0.208	0.220	
45-49	0.232	\$5.80	\$11.60	\$23.20	0.320	0.346	
50-54	0.336	\$8.40	\$16.80	\$33.60	0.493	0.514	
55-59	0.474	\$11.85	\$23.70	\$47.40	0.629	0.768	
60-64	0.599	\$14.98	\$29.95	\$59.90	0.768	1.077	
65-69	0.871	\$21.78	\$43.55	\$87.10	1.078	1.522	
70-74	1.647	\$41.18	\$82.35	\$164.70	2.021	2.880	
75+	5.146	\$128.65	\$257.30	\$514.60	5.881	8.902	
AD&D per \$1000			0.024			0.029	0.034

The rates above are for the plan(s) described in this proposal, subject to the conditions specified.

Rates are based on information entered on the quote input screen and final rates may differ if the information changes.

Proposed Plan - Voluntary

Employee Coverage - Benefits available in \$1,000 increments from a minimum of \$10,000 to a maximum of \$500,000, subject to an individual's maximum of 5.0x salary.

Spouse Coverage - Benefits available in \$1,000 increments from a minimum of \$5,000 to a maximum of 100% of the employee amount.

Dependent Children Coverage - Benefits available in \$1,000 increments to a maximum of \$10,000. The maximum benefit payable to children less than 6 months of age is \$1,000 regardless of the benefit amount purchased. One rate covers all children in the same family.

Waiver of Premium - Based on employee's total disability that occurs before age 65, lasts to age 65 or retirement with a 270 day elimination period. Total disability means unable to perform any occupation.

VOLUNTARY LIFE:

- RATES UNDER NON-TOBACCO ARE PER \$1000 OF BENEFIT. SO IF YOU WANT TO PURCHASE \$10,000 WORTH OF COVERAGE YOU WOULD FIND YOUR AGE BAND DIVIDE \$10000/\$1000 AND THEN MULTIPLY THAT NUMBER BY YOUR RATE.

EXAMPLE: AGE 37, NON TOBACCO \$10,000 BENEFIT

\$10,000/\$1000= 10

PER \$1000 RATE= .101

MONTHLY COST= 10x.101= \$1.01