

Basic Life AD&D renewal

	Enrollment	Benefit	Volume	Rate	Total	Monthly Premium
Current Life Insurance	24	\$25,000	\$600,000	\$0.09 per 1,000	\$54.00	\$66.00
Current AD&D Insurance	24	\$25,000	\$600,000	\$0.02 per 1,000	\$12.00	
Renewal Life Insurance	24	\$25,000	\$600,000	\$0.09 per 1,000	\$54.00	\$66.00
Renewal AD&D Insurance	24	\$25,000	\$600,000	\$0.02 per 1,000	\$12.00	
Change from current:						0.0%

Basic Life AD&D Quote Assumptions:

- Basic Life/AD&D plans have a 24 month guarantee from the contract issuance. The rates displayed within this package will be effective through 02/28/2023. Note that the rate guarantee is subject to change based upon changes to the policy and/or plan structure.
- All coverage terminates at retirement.
- If you choose to offer \$25,000 or more in base life insurance, the Packaged Savings Program may apply. Packaged Savings may not be available in all states or for all group sizes.

Dental renewal

	Enrollment	Employee	Empl + Spouse	Empl + Child	Empl + Fam	Monthly Premium
Plan: A8019 / Type: VPPO		9	0	1	13	
	Current Rate	\$33.75	\$67.50	\$68.12	\$104.99	\$1,736.74
	Renewal Rate	\$33.75	\$67.50	\$68.12	\$104.99	\$1,736.74
Change from current:						0.0%

- Dental plans have a 12 month guarantee from the contract issuance. The rates displayed within this package will be effective through 02/28/2022. Note that the rate guarantee is subject to change based upon changes to the policy and/or plan structure.
- Ask about our Consumer Max Multiplier! This consumer driven benefit allows members to carry forward a portion of their unused annual dental maximum into an account for future use.

Dental benefit summary

	Benefit	In/Out		Benefit	In/Out
Plan Maximums	Annual In/Out of Network	\$1,500 / \$1,500	Coinsurance	Preventative	100% / 80%
	Ortho Lifetime	NA / NA		Minor Restore	80% / 60%
Deductible	Individual/Family	\$50 / \$150		Endo/Perio/Oral*	50% / 50%
Waiting Period	Major Services	12 mos		Major Services	50% / 50%
				Orthodontia	NA / NA

* Please refer to your benefit summary or certificate of coverage for a more detailed view of the benefit coverage for services within these categories as some plans may have benefits that differ from what we are able to display here.

Vision renewal

	Enrollment	Employee	Empl + Spouse	Empl + Child	Empl + Fam	Monthly Premium
Current Vision Insurance		9	0	1	13	
Plan: S1006/Type: VOLUNTARY	Rate	\$8.51	\$16.17	\$18.89	\$26.63	\$441.67
Renewal Vision Insurance		9	0	1	13	
Plan: S1006/Type: VOLUNTARY	Rate	\$8.51	\$16.17	\$18.89	\$26.63	\$441.67
Change from current:						0.0%

Vision benefit summary

	Services & Materials	Amount		Services & Materials	Amount
In-Network Copay	Exam	\$10	Out-of-network Reimbursement	Exam	Up to \$40
	Materials	\$25		Single Lenses	Up to \$40
Frequencies	Exam	1 x per 12 mos.		Bifocal Lenses	Up to \$60
	Lenses	1 x per 12 mos.		Trifocal Lenses	Up to \$80
	Frames	1 x per 12 mos.		Lenticular Lenses	Up to \$80
				Frames	Up to \$45
				Elective Contacts	Up to \$80

Vision plans have a 24 month guarantee from the contract issuance. The rates displayed within this package will be effective through 02/28/2022. Note that the rate guarantee is subject to change based upon changes to the policy and/or plan structure.