

2013-012 INSURANCE: VOLUNTARY PROGRAMS

<i>Company</i>	<i>Dental</i>	<i>Dental DMO</i>	<i>Vision</i>	<i>Group Term Life</i>	<i>Long Term Disability</i>	<i>Permanent Life</i>	<i>Cancer</i>	<i>Critical Illness</i>	<i>Accident</i>	<i>Identity/Legal</i>	<i>Medical Gap</i>	<i>Hospital Indem</i>
Allstate						X	X	X	X		X	
Block Vision			X									
Cigna				X	X			X	X			
Colonial Life						X	X	X	X			X
Combined Insurance						X			X		X	
Davis Vision			X									
Dearborn				X								
Humana	X	X	X			X	X	X	X			X
ING				X				X	X			
Legal Access Plans LLC										X		
Legal Club of America										X		
Legal Shield										X		
Lincoln Financial Group	X	X	X	X	X			X	X			
Loyal American Life Insurance Company							X	X	X			
MetLife	X		X	X				X		X		
Mutual of Omaha				X								
Special Insurance Services											X	
Superior Vision			X									
The Standard					X							

X - Current Carrier

Dental

	Humana	Humana	Lincoln	Met Life	Cigna	Aetna	Sun
Plan Design	100/80/50	100/80/50	100/80/50	100/80/50	Did Not Respond in time	DTQ	DTQ
Annual Maximum	\$1,500	\$1,500	\$1,500.00	\$1,500.00			
Individual Deductible	\$50	\$50	\$50.00	\$50.00			
Family Deductible	\$150	\$150	\$100.00	\$100.00			
Ortho Max	\$1,500	\$1,500	\$1,500.00	\$1,500.00			
Adult Ortho?	No	No	No	No			
Implants?	No	No	No	Yes			
Out of Network benefit	U&C	MAC	U&C	U&C			
Premiums							
EO	\$47.30	\$39.36	\$34.99	\$39.33			
ES	\$101.06	\$84.10	\$74.75	\$84.02			
EC	\$91.60	\$76.24	\$67.76	\$76.16			
EF	\$170.72	\$142.06	\$126.27	\$141.93			
Rate Guarantee	2 Years	2 Years	2 Years	1 Year 2nd Year cap 8.5%			

Dental DMO

	Humana	Lincoln	Cigna	Aetna	Sun
Copay Schedule			Did Not Respond in Time	DTQ	DTQ
Office Visit	No Charge	\$0.00			
Exam	No Charge	\$0.00			
Bitewings	No Charge	\$0.00			
Prophy- Adult	No Charge	\$0.00			
Flouride- Child	No Charge	\$0.00			
Sealant- per tooth	\$10.00	\$5.00			
Amalgam-2 surface	\$5.00	\$0.00			
Resin Anterior- 2 surface	\$65.00	\$0.00			
Resin Posterior- 2 surface	\$55.00	\$0.00			
Inlay Porcelain- 2 surface	\$260.00	\$0.00			
Crown	\$270.00	\$150.00			
Ortho- child	No Ortho	\$1,895.00			
Ortho- adult	No Ortho	\$1,895.00			

Premiums

EO	\$9.90	\$ 14.69
ES	\$19.76	\$ 28.62
EC	\$22.24	\$ 30.97
EF	\$33.10	\$ 44.76

Rate Guarentee 1 Year 2 Year

Notes

Ortho: May receive a 25% discount with certain in network dentist

Frequency	12/12/12	12/12/12	12/12/12	12/12/12	12/12/12	12/12/12	12/12/12	12/12/24	12/12/12	12/12/24	12/12/12	12/12/12	12/12/24	12/12/12	12/12/12	
Exam Copay	\$15.00	\$15.00	\$10.00	\$15.00	\$10.00	\$15.00	\$10.00	\$15.00	\$10.00	\$15.00	\$15.00	\$10.00	\$10.00	\$10.00	\$20.00	
Eyewear Copay	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$20.00	\$20.00	\$20.00	\$20.00	\$25.00	\$20.00	
Contact Lens Evaluation	\$35.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	15% Discount	Included*	15% Discount	15% Discount	15% Discount	15% Discount	\$25.00	\$20.00	
Frame Allowance Lenses	\$100.00	\$100.00	\$100.00	\$125.00	\$125.00	\$125.00	\$125.00	\$100.00	\$130.00	\$40.00 Wholesale	\$40.00 Wholesale	\$150.00	\$150.00	\$130.00	\$100.00	
Single Vision	Covered in Full	Paid In Full	Included	Included	Paid In Full	Paid In Full	Paid In Full	Paid In Full	Paid In Full	Paid In Full						
Standard Bifocal	Covered in Full	Paid In Full	Included	Included	Paid In Full	Paid In Full	Paid In Full	Paid In Full	Paid In Full	Paid In Full						
Standard Trifocal	Covered in Full	Paid In Full	Included	Included	Paid In Full	Paid In Full	Paid In Full	Paid In Full	Paid In Full	Paid In Full						
Standard Linticular	Covered in Full	Paid In Full	Included	Included	Not Listed	Not Listed	Not Listed	Not Listed	Paid In Full	Paid In Full						
Contacts																
Elective	\$120.00	\$120.00	\$120.00	\$150.00	\$150.00	\$150.00	\$150.00	\$120.00	\$130.00	\$110.00	\$150.00	\$150.00	\$150.00	\$125.00	\$100.00	
Medically Required	Covered in Full	Paid in Full	Included	Included	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full						
Lasik Allowance	Discount	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	25% off U&C*	25% off U&C*	Discount Fees	Discount Fees	Discount Fees	Discount Fees	Discount	15% off Reg Price	
Premiums																
EO	\$8.24	\$5.82	\$6.16	\$6.68	\$6.80	\$6.94	\$7.24	\$5.96	\$7.32	\$9.48	\$9.98	\$18.50	\$13.86	\$7.85	\$7.26	
ES	\$17.72	\$9.92	\$10.54	\$11.38	\$12.10	\$12.38	\$12.98	\$12.80	\$15.74	\$20.40	\$21.48	\$39.80	\$29.82	\$15.92	\$14.55	
EC	\$13.34	\$10.50	\$11.14	\$11.76	\$11.90	\$12.00	\$12.50	\$9.64	\$11.84	\$15.34	\$16.16	\$29.95	\$22.44	\$16.68	\$13.65	
EF	\$24.32	\$15.74	\$16.70	\$18.08	\$19.50	\$20.26	\$21.08	\$17.56	\$21.58	\$28.00	\$29.50	\$54.60	\$40.90	\$21.09	\$20.89	
Rate Guarantee	3 Years	3 Years	3 years	3 Years	3 Years	3 Years	3 Years	4 Years	4 Years	3 Years	3 Years	3 Years	3 Years	2 Years	2 Years	
Notes*								Lens Extras: Polycarbonate and Scratch Resistant Coating Paid in Full	5% discount on advertised specials	5% discount on advertised specials	Group has Photochromic lenses, all polycarbonate lenses, and scratch-resistant coatings covered. They are also allowed a 2nd pair of glasses(lens and frame) or contacts per benefit frequency. Progressive lenses levels 1-4 are covered.					

Term Life	ING - Renewal	Cigna	Dearborn	Lincoln	Met Life	Mutual of Omaha
Basic	\$0.20	\$0.116	\$0.050	\$0.060	\$0.091	\$0.050
Optional						
0-24	\$0.040	\$0.048	\$0.050	\$0.050	\$0.032	\$0.050
25-29	\$0.040	\$0.048	\$0.050	\$0.050	\$0.032	\$0.050
30-34	\$0.050	\$0.048	\$0.060	\$0.060	\$0.043	\$0.060
35-39	\$0.060	\$0.058	\$0.070	\$0.070	\$0.053	\$0.070
40-44	\$0.100	\$0.108	\$0.110	\$0.110	\$0.096	\$0.110
45-49	\$0.150	\$0.148	\$0.150	\$0.150	\$0.138	\$0.150
50-54	\$0.230	\$0.238	\$0.240	\$0.240	\$0.230	\$0.240
55-59	\$0.420	\$0.368	\$0.370	\$0.370	\$0.373	\$0.370
60-64	\$0.660	\$0.578	\$0.580	\$0.580	\$0.596	\$0.580
65-69	\$1.270	\$1.138	\$1.140	\$1.140	\$1.193	\$1.140
70-74	\$1.340	\$1.138	\$1.140		\$1.193	\$1.140
75+		\$1.138	\$1.14		\$1.193	\$1.140
Spouse						
0-24	\$0.04	\$0.048	\$0.050	\$0.055	\$0.032	\$0.050
25-29	\$0.04	\$0.048	\$0.050	\$0.055	\$0.032	\$0.050
30-34	\$0.05	\$0.048	\$0.060	\$0.065	\$0.043	\$0.060
35-39	\$0.06	\$0.058	\$0.070	\$0.075	\$0.053	\$0.070
40-44	\$0.10	\$0.108	\$0.110	\$0.115	\$0.096	\$0.110
45-49	\$0.15	\$0.148	\$0.150	\$0.155	\$0.138	\$0.150
50-54	\$0.23	\$0.238	\$0.240	\$0.245	\$0.230	\$0.240
55-59	\$0.42	\$0.368	\$0.370	\$0.375	\$0.373	\$0.370
60-64	\$0.66	\$0.578	\$0.580	\$0.585	\$0.596	\$0.580
65-69	\$1.27	\$1.138	\$1.140	\$1.145	\$1.193	\$1.140
70-74	\$1.34	\$1.138	\$1.140		\$1.193	\$1.140
75+		\$1.138	\$1.14		\$1.193	\$1.140
Child	\$1.80	\$1.980	\$1.700	\$1.800	\$1.920	\$2.000
Plan Max		\$500,000.00	\$500,000.00	\$500,000.00	\$500,000.00	\$500,000.00
Member GI Amount		\$200,000.00	\$168,000.00	\$200,000.00	\$200,000.00	200000
Dependent GI Amount		\$50,000.000	\$50,000.000	\$50,000.000	\$25,000.000	50000
Salary Limit		7X	7X		7X	7X
Portable		Yes	Yes	Yes at a Cost	Yes	Yes
Age reduction		65%age65 45%age 70 30%age 75 20%age 80	35%age 65 50%age 70	35%age 65	35%age 70 55%age75 70%age 80	65%age 70 45%age 75 30%age 80 20%age85 15%age 90
Rate guarantee	3 Years	3 Years	3 Years	3 Years	3 Years	3 Years
Notes:	Did not respond according to RFP				Voluntary rates do not include AD&D	

LTD	Standard Plan 1		Standard Plan 2		Standard Plan 3		Standard Plan 4		Cigna - LTD	Lincoln	Aetna	Sun	Met												
									Did not quote educator plan	Did not quote educator plan	DTQ	DTQ	DTQ												
Duration	Option A - Age 65 Accident/Sickness Option B - Age 65 Accident/3 Year Sickness		Option A - Age 65 Accident/sickness Option B - Age 65 Accident/3 Year Sickness		Option A - Age 65 Accident/Sickness Option B - Age 65 Accident/3 Year Sickness		Option A - Age 65 Accident/Sickness Option B - Age 65 Accident/3 Year Sickness																		
EP Options	0/7,14/14,30/30,60/60,90/90,180/180		0/7,14/14,30/30,60/60,90/90,180/180		0/7,14/14,30/30,60/60,90/90,180/180		0/7,14/14,30/30,60/60,90/90,180/180																		
1st Day Hospital	Yes - 30 day or less EP		No		Yes - 30 day or less EP		No																		
Length of Stay Required	4 Hours		N/A		4 Hours		N/A																		
Pre-ex Exclusion	3/12		3/12		3/12		3/12																		
Pre-ex Benefit	90 Days		30 Days		90 Days		30 Days																		
Own Occ Period	24 Months		24 Months		24 Months		24 Months																		
Max Benefit	\$8,000.00		\$8,000.00		\$8,000.00		\$8,000.00																		
GI Limit	Full Benefit		Full Benefit		Full Benefit		Full Benefit																		
Annual Open Enrollment	Yes		Yes		Yes		Yes																		
% of Earnings	66.66%		66.66%		66.66%		66.66%																		
Minimum Benefit	\$200.00		\$200.00		\$200.00		\$200.00																		
Occ/Non Occ	Both		Both		Non Occ Only		Non Occ Only																		
Mental/Nervous/Substance EAP	24 Month Lifetime Yes - No Charge		12 Months Lifetime Yes - No Charge		24 Month Lifetime Yes - No Charge		12 Months Lifetime Yes - No Charge																		
Rate Per \$1000	0/7	A-\$38.10 B-\$28.10	A-\$33.90 B-\$25.60	A-\$35.90 B-\$26.40	A-\$31.80 B-\$24.00	14/14	A-\$33.70 B-\$23.00	A-\$28.90 B-\$20.10	A-\$31.60 B-\$21.60	A-\$27.20 B-\$18.90	30/30	A-\$28.50 B-\$18.80	A-\$23.90 B-\$16.20	A-\$26.80 B-\$17.70	A-\$22.50 B-\$15.20	60/60	A-\$18.50 B-\$15.40	A-\$16.90 B-\$14.50	A-\$17.40 B-\$14.50	A-\$15.90 B-\$13.70	90/90	A-\$16.00 B-\$12.90	A-\$14.40 B-\$12.10	A-\$15.00 B-\$12.10	A-\$13.60 B-\$11.40
Rate Guarantee	3 Years		3 Years		3 Years		3 Years																		

NOTES

Permanent Life	Combined/Fidelity	Allstate	Colonial	Colonial	Humana
Policy Type	Permanent Life	Universal Life	Universal Life	Whole Life	Whole Life
Guaranteed Issue	\$100,000.00	Yes - 150k	N/A	N/A	Yes-ages 18-50-125k Age 51+ - 60k
Conditional Issue-EE	\$150,000.00		Yes - \$13 max Monthly Premium. Min 5k	Yes - 50k	
Conditional Issue-SP	N/A	Yes - 100k	Yes - \$13 max Monthly Premium. Min 5k	Yes - 25k	Yes - 15k
Simplified issue-EE	\$150,000.00	N/A	Yes - up to \$86 monthly premium. 150k max	Yes - 100k	N/A
Simplified issue-SP	\$75,000.00	N/A	Yes - up to \$43 monthly premium. 75k max	Yes - 50k	N/A
Child Life	\$25,000.00	20K	Yes - 25k Min	Yes	Yes
Accelerated Benefit	Yes	Yes	Yes	Yes	Yes
LTC Benefit	Yes - 4%/75 Months	Yes - 75 Months	Yes - 4%	No	Yes
Paid Up Insurance	Yes	Builds CV	Builds CV	Yes	Yes
Smoker, Non-Smoker	Yes	Yes	Yes	Yes	Yes
Unisex Rates	Yes		Yes	Yes	Yes
25,000 Face- NS					
Age 35	\$15.77	N/A*	\$21.26	\$24.76	\$24.38
Age 45	\$26.27	\$23.79	\$33.02	\$40.50	\$39.64
Age 55	\$47.50	\$50.28	\$54.76	\$68.00	\$69.14
Benefits to age	120	To age 95	To age 100	To age 100	To age 99

Notes: * Does not meet minimum premium requirement

Cancer

	Humana- Current	Allstate	Allstate-ICU	Colonial	Humana	Loyal
Room	\$ 100.00	\$ 300.00	\$ 300.00	\$ 300.00	\$ 200.00	\$ 300.00
Radiation/Chemo	up to \$10K	Actual \$10K Annual	Actual \$10K Annual	300 day/ 10K yearly	Up to Lump Sum	\$15K per year
Surgery	up to \$3K	4500 max	4500 max	4500 max	Up to Lump Sum	Up to \$3K
Cancer Screening	\$50	\$ 100.00	\$ 100.00	\$ 100.00	\$ 150.00	\$ 100.00
Initial Diagnosis	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	50% of Lump Sum	\$ 4,000.00
Miscellaneous Benefit						
Ambulance		Yes	Yes	Yes	Yes	Yes
Transpoptation		Yes	Yes	Yes	Yes	Yes
Family Lodging		Yes	Yes	Yes	Yes	Yes
Physical/Speech Therapy		Yes	Yes	Yes	Yes	Yes
Experimental Treatment		Yes	Yes	Yes	Yes	Yes
Prosthesis		Yes	Yes	Yes	Yes	Yes
Anti Nausea		Yes	Yes	Yes	Yes	Yes
Specified Disease	Yes	Yes	Yes			
ICU	No	N/A	600	600	Yes	Optional
Pre-Ex Limit	Not Shown	12/12	12/12	12/12		
Guaranted Issue	No	Yes	Yes	Yes- Initial	Cancer question only	Yes- Initial
Take Over	N/A	N/A	N/A	N/A	N/A	N/A
Premium						
Employee	\$10.65 0-23, \$21.93 30-44, \$46.79 45-59, \$68.57 60+	29.46	32.54	25.65	\$24.76 age 18-50; \$42.80 age 51-59; \$54.38 age 60-69	31.52
Child	\$19.14 0-23, \$30.42 30-44, \$55.44 45-59, \$76.35 60+	41.51	46.28		\$29.78 age 18-50; \$47.98 age 51-59; \$59.56 age 60-69	37.9
Spouse	Same as Family	45.85	51.57		\$40.80 age 18-50; \$70.14 age 51-59; \$89.00 age 60-69	
Family	\$22.17 0-23, \$44.01 30-44, \$92.83 45-59, \$136.15 60+	57.88	65.29	42.55	\$45.84 age 18-50; \$75.32 age 51-59; \$94.16 age 60-69	52.48

Critical Illness

	Allstate	Cigna	Colonial	Combined	Humana	Lincoln	Loyal American	Met Life	Sun Life	ING
Heart Benefit										
Heart Attack	100%	100%	100%		100%	100%		100%	100%	
Transplant	100%				100%	100%		100	100%	
Stroke	100%	100%	100%		100%	100%		100%	100%	
Arteriosclerosis						10%				
Aneurysm						10%				
Organ										
End Stage Renal Failure	100%	100%	100%		100%	100%			100%	
Major Organ Transplant	100%	100%	100%		100%	100%			100%	
Acute Respiratory Distress						25%				
Quality of Life										
ALS/Alzheimer's	25%	100%				100%		25%/100%		
Advanced MS						25%			25%	
Advanced Parkinsons	25%					100%				
Loss of Sight/Hearing/Speech	100%				100%	25%				
Maximum Benefit										
Employee	\$20,000.00	\$30,000.00	\$100,000.00		\$50,000.00	\$20,000.00		\$50,000.00	\$30,000.00	
Spouse	\$10,000.00	\$15,000.00	\$50,000.00		\$25,000.00	\$10,000.00		\$25,000.00	\$30,000.00	
Child	\$10,000.00	\$7,500.00	\$50,000.00		\$5,000.00	\$5,000.00		\$5,000.00	\$30,000.00	
GI Benefit										
Employee	\$20,000.00	\$10,000.00	\$20,000.00		\$20,000.00	\$20,000.00	Not Shown		\$30,000.00	
Spouse	\$10,000.00	\$5,000.00	\$20,000.00		\$10,000.00	\$10,000.00			\$30,000.00	
Child	\$10,000.00	\$2,500.00	\$20,000.00		\$5,000.00	\$5,000.00			\$30,000.00	
Coverage Options										
Employee	10k - 20k 50% of employee	10,20,30k	5k-100k 50% of employee		5k - 50k	5,10,15,20K	5,10,15,20,25,30,35, 40,45,50	15/30k		
Spouse		5,10,15k			2.5k - 25k	5,10K	same as ee	15/30		
Child	50% of employee	25% of employee	50% of employee		2.5k - 5k	25% of Employee Amt.	same as ee	15/30k		
Lifetime Category Maximum										
						150%*			300%	
Waiting Period										
		30 days				None				
Pre-Ex Period										
	12 Months		12 months			Waived on initial enrollment, 12/12 thereafter	24 months		3 months prior/excluded 6 months. Does not apply to Heart Attack and Stroke.	
Benefit Reduction										
	None		50% at 75			None	50% at 70			
Screening Benefit										
	1 test per year - \$100	1 test per year \$50	1 per year \$50/\$100		1 test per year \$100	1 test per year	1 per year \$100		50/15k 100/30k	
Premium- \$20,000 Benefit										
Age 25	17.93/27.11	4.27/5.27*	8.59/12.45		13.78/18.28*	\$ 8.10	\$ 7.02			
Age 35	17.93/27.11	6.27/9.47*	13.39/17.25		19.64/29.14*	\$ 13.84	\$ 10.86			
Age 45	38.33/63.72	11.87/21.87	37.19/41.05		32.94/56.68*	\$ 25.44	\$ 20.38			
Age 55	77.73/131.12	23.47/44.07	42.39/46.25		51.22/91.96*	\$ 43.90	\$ 34.16			
Age 65	177.32/279.93	54.87/92.27	67.99/71.85		97.76/175.50*	\$ 73.56	\$ 52.80			
Notes:										
	100% recurrence one time. Premium includes cancer critical illness benefit.	*rates are ns/s ee only	25% recurrence		*rates are ns/s for 25k benefit	*50% recurrence 1 category. Child dependent coverage is no cost	50% recurrence		50% recurrence for heart attack,stroke,c oronary bypass graft	

Lincoln is the only product offering to waive pre-ex on initial enrollment and offer open enrollment annually

Accident	Allstate-High	Cigna-High	Colonial	Combined	Humana	ING	Lincoln
Accident Benefit	Scheduled- Up to \$15000		\$125 per visit		Actual Expenses Up to \$1500		Up to \$6000
ER Benefit	\$500.00	\$300.00	\$2,500.00		Up to \$1500/\$50 Ded	\$150.00	N/A
Ambulance	Up to \$900	Up to \$900	\$50.00		\$750.00	\$100.00	\$150-\$600
Hospital Indemnity Daily Hospital Benefit	\$1,500.00	\$1,500.00 \$300.00	\$1,500.00		\$225/day	\$900.00 \$225.00	\$1,000.00 \$200.00
AD&D							
Life	\$60,000.00	N/A	\$50,000.00		\$15,000.00	\$25000 to \$50000	\$30,000.00
2 hands, feet, eyes	*	N/A	\$75,000.00		\$15,000.00	\$15,000.00	\$7,000.00
1 hand, foot, eye	*	N/A	N/A		\$7,500.00	\$15,000.00	\$7,000.00
multiple fingers/toes	*	N/A	N/A		\$1,500.00	\$1,500.00	\$300.00
single finger/toe	*	N/A	N/A		\$750.00	\$750.00	\$300.00
Fractures/ Dislocations	up to \$6,000	\$150-\$6000	\$200-\$10,000		6%-100% of \$1500	\$50-\$5000	\$50-\$5000
ICU	\$600 per day	\$600.00	\$600 per day	\$300.00	\$300.00	\$450.00	\$400 per day
Portable	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Rates							
EO	\$24.67	\$58.21	\$18.56		18-50 \$16.76 51-67 \$18.62	\$11.05	\$16.94
ES	\$47.22	\$97.09	\$30.04		18-50 \$33.50 51-67 \$37.22	\$18.78	\$23.91
EC	\$51.68	\$115.02	\$34.33		18-50 \$40.86 51-67 \$42.72	\$20.92	\$28.69
EF	\$63.45	\$153.90	\$45.81		18-50 \$57.60 51-67 \$61.32	\$28.65	\$37.98

* Dismemberment benefit is a scheduled benefit based on type of dismemberment. Up to \$40,000

Loyal

Up to \$500

\$150.00

\$150.00

\$500.00

\$200.00

\$25,000.00

\$12,500.00

\$5,000.00

\$1,250.00

\$1,250.00

Schedule

\$400.00

Not Shown

\$12.70

\$19.50

\$20.40

\$27.20

Identity/Legal

	Legal Access Plan	Met Life	Legal Club	Legal Shield	
Who is covered	Family	Family	Family	Family	
Discounted/Free Legal Access	Yes	Yes	Yes	Yes	
ID Theft Counseling Services	Covered	Covered	Covered	Covered	
Financial Security Services Plan	Covered	Covered	Covered	Covered	
Credit Services	Covered	Covered	Covered	Covered	
Savings Services	Covered	Covered	Covered	Covered	
Asset Protection Services	Covered	Covered	Covered	Covered	
Tax Preparation and Tax Planning	Covered	Covered	Covered	Covered	
Premiums					
LegalGuard Gold Paid in Full Divorce	\$18.82	\$18.00	\$14.00	\$15.95	Legal
	\$6.85			\$9.95	ID
	\$25.67	\$18.00	\$14.00	\$25.90	Total

Medical Gap	Combined	SIS_USEBSG	Allstate
Confinement Benefit	\$500.00	\$1,500.00	\$2,500.00
Outpatient Surgery			
Tier 1	\$500.00	Up to \$1500*	\$1,250.00
Tier 2	\$1,000.00		
Health Screening	\$50.00	N/A	N/A
Rates			
EO	17-49 \$19.92 50-59 \$26.31 60-64 \$31.81 65+ \$37.74	Under 40 \$25.98 40-49 \$34.21 Over 50 \$71.85	Under 40 \$30.97 40-49 \$39.15 50+ \$82.49
ES	17-49 \$36.12 50-59 \$50.36 60-64 \$63.06 65+ \$76.26	Under 40 \$47.76 40-49 \$62.85 Over 50 \$132.02	Under 40 \$55.78 40-49 \$70.48 50+ \$148.48
EC	17-49 \$31.96 50-59 \$38.35 60-64 \$43.85 65+ \$49.78	Under 40 \$62.45 40-49 \$67.22 Over 50 \$123.81	Under 40 \$74.94 40-49 \$83.64 50+ \$141.58
EF	17-49 \$48.17 50-59 \$62.40 60-64 \$75.10 65+ \$88.29	Under 40 \$83.64 40-49 \$95.11 Over 50 \$182.41	Under 40 \$99.69 40-49 \$113.34 50+ \$207.51
Notes		*Includes ER acc/ill Surgery in Dr office, MRI, X-Ray, Lab Diagnostic procedures	