

<b>Dental</b>			
	Employee	Employee + 1 Dependent	Employee + Family
Monthly Rates	\$31.79	\$62.14	\$91.32

<b>Vision</b>				
	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
Monthly Rates	\$7.74	\$13.19	\$13.88	\$20.40

<b>Critical Illness (Issue Age, Customizable)</b>		
Employee Monthly Rates per \$1,000 of Benefit		
Age	Nonsmoker	Smoker
18-29	\$0.2874	\$0.3955
30-39	\$0.4332	\$0.7927
40-49	\$0.6667	\$1.2721
50-59	\$1.0696	\$1.9615
60-99	\$1.6947	\$3.0686

<b>Voluntary Life - T120</b>		
Employee Monthly Rates per \$1,000 of Benefit		
Ages	Nonsmoker	Smoker
18-25	\$0.6808	\$0.9033
26-30	\$0.7983	\$1.0983
31-35	\$0.9050	\$1.3175
36-40	\$1.1425	\$1.6700
41-45	\$1.4875	\$2.1517
46-50	\$1.9517	\$2.8600
51-55	\$2.4150	\$3.4750
56-60	\$3.5700	\$5.1717
61-65	\$4.3575	\$6.8383
66-70	\$6.7425	\$10.2492

<b>Short Term Disability</b>	
Employee Monthly Rates per \$10 of Benefit	
Age	Rate
18-49	\$0.3365
50-64	\$0.3629
65-74	\$0.4187

<b>Monthly Rates</b>				
Plan Type	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
Accident Insurance (Customizable)	\$14.11	\$23.81	\$29.16	\$38.86
Hospital Indemnity (MID)	\$18.28	\$34.76	\$28.08	\$44.56
Hospital Indemnity (LOW)	\$11.32	\$20.66	\$17.06	\$26.40