



**DADE ASSOCIATION
OF SCHOOL ADMINISTRATORS**



SUNSHINE UNITED
INSURANCE SOLUTIONS



Member Benefits Guide

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Welcome

Your benefits are an important part of your overall DASA membership. We are pleased to offer a broad range of valuable benefits to protect your health, your family, and your way of life. This guide answers some of the basic questions you may have about your benefits.

Eligibility

To enroll in these benefits, you must be an active member of DASA.

How to Enroll

For information on how to enroll in your benefits please visit our benefits website <https://ep6ix.com/dasa>

Benefits Website

Our member benefits website is your one-stop resource for all benefits offered to you by DASA.





Healthy Living

Core benefit options to keep you and your family



Dental



Because maintaining your smile is important, DASA offers dental coverage through Solstice. DASA member, you have the option of enrolling in one of the following plans: Standard DHMO, High DHMO, Standard PPO & High PPO.

Dental Plan Features: DHMO		
	Standard - \$700B Access+	High - \$200B Access+
Deductibles		
Calendar Year Deductible	Individual: None	Individual: None
	Family: None	Family: None
Calendar Year Annual Maximum	None	None
Lifetime Orthodontia Maximum	N/A	N/A
Services		
Routine Exam(s)	No charge (1 per consecutive 6 months)	No charge (1 per consecutive 6 months)
Cleaning(s)	No charge (1 per consecutive 6 months)	No charge (1 per consecutive 6 months)
Flouride Treatment	\$15	\$5
Orthodontic Treatment (Adult)	\$2,350	\$1,950
Orthodontic Treatment (Child)	\$2,250	\$1,850
Periodontics	\$175	\$175
Endodontics, Root Canal	\$245	\$210
Crowns & Bridges	\$245	\$195
Denture (Complete Upper)	\$325	\$210

The Summary of Benefits is for informational purposes only and is not an offer of coverage. Please note that the above table provides only a brief, general description of coverage and does not constitute a contract.

Dental Plan Features: Standard PPO - Plan 11430		
Calendar Year Deductible	Individual: \$50	Individual: \$50
	Family: \$150	Family: \$150
<i>Deductible applies to Class II & III.</i>		
Calendar Year Annual Maximum	\$1500	\$1500
Lifetime Orthodontia Maximum	\$1,000 per person	\$1,000 per person
	In-Network (Plan Pays)	Non-Network(Plan Pays)
Class I (Diagnostic & Preventive A)		
<ul style="list-style-type: none"> Examination Flouride Treatment for Children X-rays (Full & Panorex 1 per 36 months) Bitewing (1 per year) Routine cleaning (3 x 12 months) Sealants (1 per 36 months to age 16) 	100% MAC	100% MAC
Class II (Basic/Restorative B)		
<ul style="list-style-type: none"> Simple Restorations (fillings) Routine/Simple Extractions Non-Surgical Periodontics General Anesthesia 	90% of MAC	80% of MAC
Class III (Major C)		
<ul style="list-style-type: none"> Endodontics Surgical Periodontics Oral Surgery Extraction - erupted tooth Inlays/onlays Dentures Crown & Bridge Anesthesia 	60% of MAC	50% of MAC
Class IV (Orthodontia D)	50% of MAC	50% of MAC

Dental Plan Features: High PPO - Plan 11429		
Calendar Year Deductible	Individual: \$25	Individual: \$25
	Family: \$75	Family: \$75
<i>Deductible applies to Class II & III.</i>		
Calendar Year Annual Maximum	Unlimited per person	Unlimited per person
Lifetime Orthodontia Maximum	\$1,500 per person	\$1,500 per person
	In-Network (Plan Pays)	Non-Network (Plan Pays)
Class I (Diagnostic & Preventive A)		
<ul style="list-style-type: none"> Examination Flouride Treatment for Children X-rays (Full & Panorex 1 per 36 months) Bitewing (1 per year) Routine cleaning (3 x 12 months) Sealants (1 per 36 months to age 16) 	100% MAC	100% MAC
Class II (Basic/Restorative B)		
<ul style="list-style-type: none"> Simple Restorations (fillings) Routine/Simple Extractions Non-Surgical Periodontics General Anesthesia 	90% of MAC	90% of MAC
Class III (Major C)		
<ul style="list-style-type: none"> Endodontics Surgical Periodontics Oral Surgery Extraction - erupted tooth Inlays/onlays Dentures Crown & Bridge Anesthesia 	60% of MAC	60% of MAC
Class IV (Orthodontia D)	50% Adult & children to age 26	

Vision



We are proud to offer vision coverage through Solstice.

Solstice Vision Plan Features		
In-Network Benefits	Member Co-Payment	Frequency
Eye Exam	\$4	One exam every 12 months
Single Lenses	\$10	One standard pair (plastic or clear glass) every 12 months 12 Months
Bifocal Lenses	\$10	
Trifocal Lenses	\$10	
Lens Options <i>(tint, UV, anti-scratch coat, anti-reflective, progressive, polycarbonate, hi-index, photogray transitions, polaroid)</i>	20% Discount	None
Frames*	\$79.00 Retail allowance after \$10 co-payment	Frames every 12 months
Contact Lenses**	\$85 allowance	Contact lenses every 12 months
Medically Necessary Contact Lenses	Paid in Full	

*Once a year benefit for either frames or contacts

**Allowance is for exam, fitting, evaluation, follow-up care and materials.

Please refer to your plan summaries for full benefit details.

VSP Vision



The VSP Advantage Plan is a basic full-service plan that offers choice, flexibility, and value through a VSP Advantage Network Provider.

 <p>50% OFF additional pairs of prescription glasses at all Visionworks® locations</p>	 <p>Standard progressives covered-in-full</p>	 <p>An extra \$20 to spend on featured frame brands or on any frame at Visionworks*</p>
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Benefits through a VSP Network Provider

- | | |
|--------------------------|--|
| Exam Services | <ul style="list-style-type: none"> Comprehensive WellVision Exam® covered in full* Routine retinal screening covered after a no more than \$39 copay |
| Lenses | <ul style="list-style-type: none"> Glass or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses are covered in full* |
| Lens Enhancements | <ul style="list-style-type: none"> Most popular lens enhancements are covered after a copay, saving our members an average of 20-25% |

Lens Enhancement	Single Vision	Multifocal
Anti-reflective coating	\$41	\$41
Polycarbonate - Adult	\$35	\$35
Polycarbonate - Children	Covered	Covered
Standard Progressive Tints	N/A	Covered
Scratch-resistant coating	Covered	Covered
	Covered	Covered

Prices above reflect standard lens enhancement selections; premium or custom lens enhancements may also be available at an additional cost

- Frame**
- Frames covered in full* up to the retail allowance of **\$180**
 - Featured frame brands, including bebe, Calvin Klein, Cole Haan, Dragon, Flexon, Longchamp, Nike, and more are covered up to the enhanced featured frame allowance of **\$200**.
Featured frame brands subject to change
 - 20% off any amount above the retail allowance
 - Members can choose from all frames available on the market today

**Additional
Pairs of
Glasses**

- Within 12 months of exam: 20% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses from any VSP doctor

**Elective
Contact
Lenses**

- **Contact lens exam (fitting and evaluation):** Standard and Premium fits are covered in full after copay. Member receives 15% off of contact lens exam services and member's copay will never exceed **\$60**
- Prescription contact lens materials are covered in full up to the retail allowance of **\$180** (in lieu of frame & lenses)
- Members can choose from any available prescription contact lens materials

**Essential
Medical
Eye Care**

- Supplemental medical coverage for specialty eyecare services and conditions, such as pink eye, and other urgent eyecare needs
- \$20 exam copay

**VSP Laser
VisionCareSM
Program**

- Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including
PRK, Custom PRK, LASIK, Custom LASIK, SMILE, and Contoura

Discounts are only available from VSP-contracted facilities. Also custom LASIK coverage only available using wavefront technology, other LASIK procedures may be performed at an additional cost to the member

**Out-of-Network
Schedule**

We offer a generous reimbursement schedule for services from other providers

Exam	\$ 40
Lenses:	
Single vision	\$ 30
Lined bifocal	\$ 50
Lined trifocal	\$ 60
Lenticular	\$ 75
Frame	\$ 50
Elective contact lenses	\$100
(in lieu of lenses and frame)	\$210
Medically Necessary	

A man and a woman are sitting at a desk, looking at a laptop screen. The woman is on the left, smiling, and the man is on the right, wearing glasses and also smiling. The image has a light blue overlay.

Stay Well

Voluntary Benefit options that enhance you and your family's well-being.

Colonial Voluntary Benefit Offerings



ACCIDENT INSURANCE helps offset unexpected medical expenses that can result from a fracture, dislocation or other covered accidental injury.



CANCER INSURANCE helps offset the covered out-of-pocket medical and indirect, non-medical expenses related to cancer that most plans don't cover.



CRITICAL ILLNESS INSURANCE supplements major medical coverage with a lump-sum benefit that can be used to pay for the direct and indirect costs related to a covered critical illness.



DISABILITY INSURANCE replaces a portion of an employee's income to help make ends meet if he or she becomes disabled from a covered accident or sickness.



HOSPITAL INDEMNITY INSURANCE provides a lump-sum benefit for a covered hospital confinement or outpatient surgery to help with co-payments and deductibles.





Accident Insurance

Preferred Plan

If you are in an accident, your focus should be on recovery, not how you're going to pay your bills. Colonial Life Accident Insurance can pay benefits directly to you to use however you like – from medical costs to everyday expenses – offering financial support when you need it.

Our coverage includes:

- Benefits payable directly to you
- No medical questions to qualify for coverage
- Coverage for simple and complex injuries
- Benefits payable regardless of other insurance
- Worldwide coverage
- Works alongside your Health Savings Account (HSA)

BENEFITS STORY

Jacob was running on the playground when he tripped and injured his hand.

With Colonial Life accident benefits, Jacob's parents were able to pay the annual deductible and co-payments.






			JACOB'S ACCIDENT BENEFITS	
	Jacob went to an urgent care facility and received immediate care.	➔	Accident emergency treatment	\$150
	The doctor ordered an X-ray and discovered Jacob had fractured his hand.	➔	• X-ray • Fracture (hand)	\$40 \$475
	The doctor also found that Jacob had a cut on his hand.	➔	Laceration (no stitches)	\$30
	Jacob was discharged with a splint.	➔	Medical equipment (splint)	\$40
	Over the next several weeks, Jacob had three follow-up appointments with his doctor.	➔	Accident follow-up treatment (3 visits)	\$165
			Total	\$900

For illustrative purposes only for covered accidents. Benefit amounts may vary and may not cover all expenses.

BENEFITS STORY

Olivia was driving to the store when she got into a car accident.

Olivia’s accident benefits helped cover her annual deductible and co-payments.

			OLIVIA'S ACCIDENT BENEFITS	
	Olivia arrived by ambulance at the nearest emergency room and received immediate care.	➔	<ul style="list-style-type: none"> Ambulance Accident emergency treatment Injury due to auto accident 	<p>\$250</p> <p>\$150</p> <p>\$250</p>
	The doctor ordered an X-ray and discovered Olivia had fractured her thigh (femur). He also ordered a CT scan of her head to check for a brain injury.	➔	<ul style="list-style-type: none"> X-ray Medical imaging (CT) Thigh fracture – femur (surgical) 	<p>\$40</p> <p>\$250</p> <p>\$5,600</p>
	Olivia was admitted to the hospital for surgery on her leg. She was confined for three days.	➔	<ul style="list-style-type: none"> Hospital admission Surgery (exploratory/arthroscopic) Hospital confinement (3 days) 	<p>\$1,250</p> <p>\$350</p> <p>\$900</p>
	Olivia had eight sessions of physical therapy to help regain the strength in her leg.	➔	<ul style="list-style-type: none"> Physical therapy (8 days) Medical equipment (crutches) 	<p>\$360</p> <p>\$125</p>
	Over the next several weeks, she had six follow-up appointments with her doctor.	➔	Accident follow-up treatment (6 visits)	\$330
			Total	\$9,855

For illustrative purposes only for covered accidents. Benefit amounts may vary and may not cover all expenses.

Summary of Benefits

Benefits are per covered person per covered accident unless stated otherwise.

Initial care

- Accident emergency treatment** \$150
Hospital emergency room, urgent care facility or physician’s office
- Accidental injury due to an automobile accident¹** \$250
- Air ambulance** \$2,400
- Ambulance – ground or water** \$250
- Observation room** \$175 per day
(up to two days per calendar year)
- X-ray** \$40

Common accidental injuries

- Burn** \$1,000–\$15,000
(based on size and degree)
- Burn – skin graft** 50% of applicable burn benefit
- Coma** \$15,000
(lasting for seven or more consecutive days)
- Concussion** \$200

Dislocation – separated joint

- Non-surgical – repair** \$125–\$2,750
Examples: elbow: \$600 | ankle: \$1,250 | hip: \$2,750
- Incomplete dislocation – or dislocation without anesthesia** 25%
(payable as a % of the applicable dislocation benefit)
- Surgical – repair** \$250–\$5,500
Examples: elbow: \$1,200 | ankle: \$2,500 | hip: \$5,500

Emergency dental work \$125–\$350

Dental extraction or dental crown, denture or implant

Eye injury – with surgical repair or removal of a foreign object \$350

Fracture – complete

- Non-surgical – repair** \$300–\$3,750
Examples: hand/foot: \$475 | collarbone: \$775 | leg: \$1,250
- Chip fracture** 25%
(payable as a % of the applicable fracture benefit)
- Surgical – repair** \$600–\$7,500
Examples: hand/foot: \$950 | collarbone: \$1,550 | leg: \$2,500



Follow-up care

Accident follow-up treatment, including transportation/telemedicine\$55
(up to six benefits per covered person per covered accident and up to 12 benefits per covered person per calendar year)

Medical equipment

- **Tier 1** \$40
Arm sling, cane, medical ring cushion, neck brace or wrist/ankle splint
- **Tier 2**\$125
Bedside commode, cold therapy system (cryotherapy), crutches, leg brace, shower chair, walker or walking boot
- **Tier 3** \$250
Back brace, body jacket, continuous passive movement (CPM), halo, electric scooter, hospital bed (including rental), knee scooter, stair lift chair or wheelchair

Medical imaging study – CT, CAT scan, EEG, EMG, MR or MRI \$250
(one per calendar year)

Pain management for epidural anesthesia – non-surgical .. \$125

Post-traumatic stress disorder (PTSD) \$250

Prosthetic device/artificial limb

- **One** \$950
- **More than one** \$1,900
- **Repair/replacement⁵** \$475/\$950

Rehabilitation unit confinement\$175 per day
(up to 15 days, not to exceed 30 days per calendar year)

Therapy – occupational, physical or speech \$45 per day
(up to 10 days)

Accidental dismemberment

Accidental dismemberment\$600–\$25,000

- *Loss, loss of use or paralysis – hand, arm, foot, leg, sight of eye*
- *Loss, loss of use – finger, toe, partial dismemberment of finger or toe*

Accidental dismemberment due to a catastrophic accident

- **Named insured, spouse or child**\$30,000⁴
 - *Total and irrecoverable loss, loss of use or paralysis – 180-day elimination period*
 - *Loss of both hands, arms, feet, legs or the sight of both eyes; or any combination; or*
 - *Loss of hearing in both ears, or loss of ability to speak*

Accidental death

Accidental death

- **Named insured, spouse** \$40,000
- **Child**\$10,000

Accidental death common carrier

Examples of common carriers are mass transit trains, buses and planes

- **Named insured, spouse**\$160,000
- **Child** \$30,000

Hearing-loss injuries²\$140

Knee cartilage – torn – with surgical repair \$800

Laceration\$30–\$750
(based on repair and length)

Ruptured disc – with surgical repair \$950

Tendon/ligament/rotator cuff – with surgical repair

- **One** \$800
- **Two or more** \$1,600

Hospital care

Hospital admission \$1,250

Hospital confinement \$300 per day
(up to 365 days)

Hospital sub-acute intensive care unit confinement \$400 per day
(up to 30 days)

Intensive care unit admission \$2,500

Intensive care unit confinement \$550 per day
(up to 15 days)

Surgical care

Blood/plasma/platelets – transfusion \$400

Surgery \$250–\$1,900
(based on type of repair and surgery)

Transportation and lodging

Transportation for hospital confinement .. \$700 per round trip
(up to three round trips, 50+ miles from home)

Lodging-companion \$150 per day
(up to 30 days)



Accident Insurance

Wellbeing Assistance Basic Benefit

This benefit can help reduce the risk of serious illness through early detection of disease or other risk factors, giving you more protection from the unexpected.

The wellbeing assistance benefit is available to you with individual accident coverage, as well as your covered family members.

Wellbeing assistance basic. \$50

Payable once per covered person per calendar year; subject to a 30-day waiting period¹

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- Carotid Doppler
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Immunizations²
- Mammography
- Pap smear
- Physicals
- PSA (blood test for prostate cancer)
- Serum cholesterol test for HDL and LDL levels
- Serum protein electrophoresis (blood test for myeloma)
- Skin cancer biopsy
- Stress test on a bicycle or treadmill
- Thermography
- ThinPrep pap test
- Virtual colonoscopy



**To learn more,
talk with your
Colonial Life benefits
counselor.**



Cancer Insurance

Level 2 benefits

Cancer insurance helps provide financial protection through a variety of benefits. These benefits are not only for you but also for your covered family members.

BENEFIT DESCRIPTION	BENEFIT AMOUNT
Air ambulance	\$2,000 per trip
Transportation to or from a hospital or medical facility [max. of two trips per confinement]	
Ambulance	\$250 per trip
Transportation to or from a hospital or medical facility [max. of two trips per confinement]	
Anesthesia	
Administered during a surgical procedure for cancer treatment	
• General anesthesia	25% of surgical procedures benefit
• Local anesthesia	\$30 per procedure
Anti-nausea medication	\$40 per day administered or per prescription filled
Doctor-prescribed medication for radiation or chemotherapy [\$160 monthly max.]	
Blood/plasma/platelets/immunoglobulins	\$150 per day
A transfusion required during cancer treatment [\$10,000 calendar year max.]	
Bone marrow donor screening	\$.50
Testing in connection with being a potential donor [once per lifetime]	
Bone marrow or peripheral stem cell donation	\$500
Receiving another person's bone marrow or stem cells for a transplant [once per lifetime]	
Bone marrow or peripheral stem cell transplant	\$4,000 per transplant
Transplant you receive in connection with cancer treatment [max. of two bone marrow transplant benefits per lifetime]	
Cancer vaccine	\$.50
An FDA-approved vaccine for the prevention of cancer [once per lifetime]	


BENEFIT DESCRIPTION	BENEFIT AMOUNT
Companion transportation	\$.50 per mile
Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment [up to \$1,000 per round trip]	
Egg(s) extraction or harvesting/sperm collection and storage	
Extracted/harvested or collected before chemotherapy or radiation [once per lifetime]	
• Egg(s) extraction or harvesting/sperm collection	\$700
• Egg(s) or sperm storage (cryopreservation)	\$200
Experimental treatment	\$250 per day
Hospital, medical or surgical care for cancer [\$12,500 lifetime max.]	
Family care	\$40 per day
Inpatient or outpatient treatment for a covered dependent child [\$2,000 calendar year max.]	
Hair/external breast/voice box prosthesis	\$200 per calendar year
Prosthesis needed as a direct result of cancer	
Home health care services¹	\$75 per day
Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment [up to 30 days per calendar year or twice the number of days hospital confined, whichever is greater]	
Hospice (initial or daily care)²	
An initial, one-time benefit and a daily benefit for treatment [\$15,000 lifetime max. for both]	
• Initial hospice care [once per lifetime]	\$1,000
• Daily hospice care	\$50 per day

BENEFIT DESCRIPTION **BENEFIT AMOUNT**

Hospital confinement	
Hospital stay (including intensive care) required for cancer treatment	
• 30 days or less	\$150 per day
• 31 days or more	\$300 per day
Lodging	\$50 per day
Hotel/motel expenses when being treated for cancer more than 50 miles from home [70-day calendar year max.]	
Medical imaging studies	\$.125 per study
Specific studies for cancer treatment [\$250 calendar year max.]	
Outpatient surgical center	\$200 per day
Surgery at an outpatient center for cancer treatment [\$600 calendar year max.]	
Private full-time nursing services	\$75 per day
Services while hospital confined other than those regularly furnished by the hospital	
Prosthetic device/artificial limb	\$1,500 per device or limb
A surgical implant needed because of cancer surgery [payable one per site, \$3,000 lifetime max.]	
Radiation/chemotherapy	
Weekly benefit [max. once per week]	
• Injected chemotherapy by medical personnel	\$500
• Radiation delivered by medical personnel	\$500
Monthly chemotherapy benefit [max. once per month]	
• Self-injected	\$200
• Pump	\$200
• Topical	\$200
• Oral hormonal [1-24 months]	\$200
• Oral hormonal [25+ months]	\$100
• Oral non-hormonal	\$200

BENEFIT DESCRIPTION **BENEFIT AMOUNT**

Reconstructive surgery³	\$40 per surgical unit
A surgery to reconstruct anatomic defects that result from cancer treatment [up to \$2,500 per procedure, including 25% for general anesthesia]	
Second medical opinion⁴	\$200
A second physician's opinion on cancer surgery or treatment [once per lifetime]	
Skilled nursing care facility	\$100 per day
Confinement to a covered facility after hospital release [up to the number of days paid for hospital confinement]	
Skin cancer initial diagnosis	\$300
A skin cancer diagnosis while the policy is in force [once per lifetime]	
Supportive or protective care drugs and colony stimulating factors	\$100 per day
Doctor-prescribed drugs to enhance or modify radiation/chemotherapy treatments [\$800 calendar year max.]	
Surgical procedures	\$50 per surgical unit
Inpatient or outpatient surgery for cancer treatment [\$3,000 max. per procedure]	
Transportation	\$0.50 per mile
Travel expenses when being treated for cancer more than 50 miles from home [up to \$1,000 per round trip]	
Waiver of premium	Is available
No premiums due if the named insured is disabled longer than 90 consecutive days	



For more information, talk with your Colonial Life benefits counselor.

In MD, Tobacco cessation benefit available. \$20 per prescription filled, maximum of two 90-day prescriptions per covered person.

In MT, Mammography benefit available. \$70 for one baseline mammogram for ages 35-39; one mammogram every two years for ages 40-49; one mammogram each year for ages 50+.

1. In CO, Home health care services maximum is up to 60 days per calendar year or twice the number of days hospital confined, whichever is greater. In WI, Home health care services maximum is up to 40 days per calendar year or twice the number of days hospital confined, whichever is greater.
2. In CO, no hospice benefit available.
3. In OK, Reconstructive surgery is \$20 per surgical unit.
4. In MD, Second medical opinion is \$50 maximum of one per covered person per hospital confinement.

THIS POLICY PROVIDES LIMITED BENEFITS.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. Applicable to policy form CanAssist (including state abbreviations where used, for example: CanAssist-TX). This chart is not complete without form number 1170702 (Exclusions & Limitations) in states CO, ID, MD, MN, MO, NC, OK, SC, SD, VT and WA. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC

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FOR EMPLOYEES 7-22 | 101483-4



Cancer Insurance

Wellness Benefits¹

Part one: Cancer wellness/health screening

Provided when one of the tests listed below is performed after the waiting period and while the policy is in force. Payable once per calendar year, per covered person.

CANCER WELLNESS TESTS²

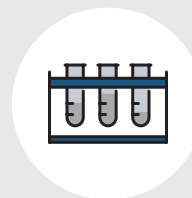
- | | |
|--|--|
| • Bone marrow testing | • Hemocult stool analysis |
| • Breast ultrasound | • Mammography ³ |
| • CA 15-3 (blood test for breast cancer) | • Pap smear |
| • CA 125 (blood test for ovarian cancer) | • PSA (blood test for prostate cancer) |
| • CEA (blood test for colon cancer) | • Serum protein electrophoresis (blood test for myeloma) |
| • Chest X-ray | • Skin biopsy |
| • Colonoscopy | • Thermography |
| • Flexible sigmoidoscopy | • ThinPrep [®] Pap test ⁴ |
| | • Virtual colonoscopy |

HEALTH SCREENING TESTS

- | | |
|--------------------------------|---|
| • Blood test for triglycerides | • Fasting blood glucose test |
| • Carotid Doppler | • Serum cholesterol test for HDL and LDL levels |
| • Echocardiogram (ECHO) | • Stress test on a bicycle or treadmill |
| • Electrocardiogram (EKG, ECG) | |

Part two: Cancer wellness – additional invasive diagnostic test or surgical procedure

Provided when a doctor performs a diagnostic test or surgical procedure after the waiting period as the result of an abnormal result from one of the covered cancer wellness tests in part one. We will pay the benefit regardless of the test results. Payable once per calendar year, per covered person.



To encourage early detection, our cancer insurance offers benefits for wellness and health screening tests.



For more information, talk with your Colonial Life benefits counselor.



Specified Critical Illness Insurance*

If you're diagnosed with a covered critical illness, Colonial Life Specified Critical Illness Insurance can help with your expenses, so you can concentrate on what's most important —your treatment, care and recovery.

Face amount: Up to \$20,000 Guarantee Issue

Critical illness benefit

FOR THE DIAGNOSIS OF THIS COVERED CRITICAL ILLNESS CONDITION:	THIS PERCENTAGE OF THE FACEAMOUNT IS PAYABLE:
Heart attack (myocardial infarction)	100%
Stroke ²	100%
End-stage renal (kidney) failure	100%
Major organ failure	100%
Permanent paralysis due to a covered accident	100%
Coma	100%
Blindness	100%
Occupational infectious HIV or occupational infectious hepatitis B, C or D	100%
Coronary artery bypass graft surgery/disease ³	25%

The maximum benefit amount for this policy is 100% of the face amount for each covered person. We will not pay more than 100% of the face amount for all covered critical illnesses combined. The policy will terminate when the maximum benefit amount for specified critical illness has been paid.



Critical Illness Insurance*

Health Screening Benefit

The optional health screening benefit can help you reduce the risk of serious illness through early detection.

Health screening benefit \$50

Maximum of one screening test per covered person per calendar year.

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- Carotid Doppler
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test for HDL and LDL levels
- Serum protein electrophoresis (blood test for myeloma)
- Skin cancer biopsy
- Stress test on a bicycle or treadmill
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

For more information, talk with your Colonial Life benefits counselor.

* Specified Critical Illness Insurance and Critical Illness 1.0 are marketing names of the insurance policy filed as "Limited Benefit Health Coverage for Specified Critical Illness." In ME and NH the policy is called "Limited Benefit Health Coverage for Specified Disease." In SC, the policy is an "Individual Specified Disease" policy. In VT, the policy is an "Individual Limited Benefit Insurance" policy. In CT and NJ, the policy is called "Limited Policy." In MA, the policy is called "Specified Disease Insurance." In PA, the policy is called "Supplemental Specified Critical Illness Insurance."

Group Critical Illness Insurance and Group Critical Care are marketing names of the insurance filed as "Critical Illness and/or Cancer Group Specified Disease Insurance." In FL, the insurance is called "Critical Illness and Cancer Group Limited Benefit Insurance." In NC, the insurance is called "Cancer and Specified Disease Group Limited Benefit Insurance." In VT, the insurance is called "Critical Illness and Cancer Group Limited Benefit Insurance." The Critical Illness Insurance Health Screening Benefit pertains to both Group Critical Care and Critical Illness 1.0.

THIS INSURANCE PROVIDES LIMITED BENEFITS.

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for this insurance.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form CI-1.0-P and GCC1.0-P and certificate form GCC1.0-C (including state abbreviations where used, for example: CI-1.0-P-TX, GCC1.0-P-TX and GCC1.0-C-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC.

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Hospital Confinement Indemnity Insurance Plan 1



Our Individual Medical Bridge insurance can help with medical costs that your health insurance may not cover. These benefits are available for you, your spouse and eligible dependent children.

Hospital confinement \$ 500

Maximum of one benefit per covered person per calendar year

Observation room \$100 per visit

Maximum of two visits per covered person per calendar year

Rehabilitation unit confinement \$100 per day

Maximum of 15 days per confinement with a 30-day maximum per covered person per calendar year

Waiver of premium

Available after 30 continuous days of a covered hospital confinement of the named insured

Health savings account (HSA) compatible

This plan is compatible with HSA guidelines. This plan may also be offered to employees who do not have HSAs.

Colonial Life Individual Medical Bridge offers an HSA-compatible plan in most states.

For more information,
talk with your
benefits counselor.

ColonialLife.com

THIS POLICY PROVIDES LIMITED BENEFITS.

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for this coverage.

EXCLUSIONS

We will not pay benefits for injuries received in accidents or for sicknesses which are caused by: (a) alcoholism or drug addiction, (b) dental procedures, (c) elective procedures and cosmetic surgery, (d) felonies or illegal occupations, (e) pregnancy of a dependent child, (f) psychiatric or psychological conditions, (g) suicide or injuries which any covered person intentionally does to himself or herself, or (h) war. We will not pay benefits for hospital confinement (i) due to giving birth within the first nine months after the effective date of the policy or (j) for a newborn who is neither injured nor sick. (k) The policy may have additional exclusions and limitations which may affect any benefits payable.

PRE-EXISTING CONDITION LIMITATION

(l) We will not pay benefits for loss during the first 12 months after the effective date due to a pre-existing condition. (m) A pre-existing condition is a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within the 12 months before the effective date of the policy. (n) This limitation applies to the following benefits, if applicable: Hospital Confinement, Daily Hospital Confinement, Enhanced Intensive Care Unit Confinement and Rehabilitation Unit Confinement.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. Applicable to policy form IMB7000 (including state abbreviations where used, for example: IMB7000-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

This form is not complete without form #562973.

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Hospital Confinement Indemnity Insurance

Health Screening



For more information,
talk with your
benefits counselor.

ColonialLife.com

Individual Medical Bridge health screening benefit can help pay for health and wellness tests you have each year.

Health screening \$ 50

Payable once per covered person per calendar year; subject to a 30-day waiting period.

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Carotid Doppler
- Chest X-ray
- Colonoscopy
- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test for HDL and LDL levels
- Serum protein electrophoresis (blood test for myeloma)
- Skin cancer biopsy
- Stress test on a bicycle or treadmill
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

MO & ND: Waiting period does not apply

The filed product name is Limited Benefit Health Insurance Coverage in GA. The filed product name is Hospital Confinement Indemnity Policy Coverage in ME. The filed product name is Hospital Confinement Indemnity Insurance Coverage in PA and CT. The filed product name is Limited Benefit Hospital Confinement Indemnity Insurance Coverage in TN and VA.

THIS POLICY PROVIDES LIMITED BENEFITS.

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for this insurance.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. Applicable to policy form IMB7000 (including state abbreviations where used, for example: IMB7000-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

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Disability Insurance

Help protect your income from the unexpected

It's important to be financially prepared for the future. That's why you have insurance for your house, your car and your health. But do you have insurance for the thing you use to pay for these expenses — your income?

If an accident or illness prevented you from earning an income, how would you pay for your everyday expenses?

Colonial Life disability insurance helps protect your way of life by providing a benefit for a covered disability. It's a smart way to prepare for the unexpected.



More than one in four 20-year-olds will become disabled before reaching retirement age.

The Faces and Facts of Disability. <https://www.ssa.gov/disabilityfacts/facts.html>.

Accessed April 2023

How disability insurance helps people

Many people make plans for their income and savings. Yet when they least expect it, some of them will have an accident or illness that can change their plans dramatically. Here are a few stories:



BENEFITS STORIES

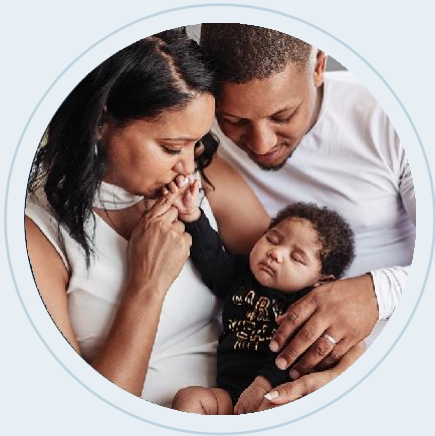
ARIA

Aria is a recent college grad in her first full-time job. She injured her leg jogging after work one evening. Her doctor advised her to stay off her leg for three weeks. After using paid time off for a week, Aria stopped receiving a paycheck.



How her disability policy helped:

Aria used her disability benefits to help with her rent and monthly student loan payment.



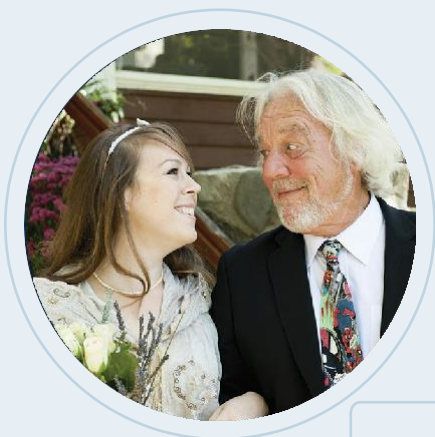
MIA AND ALEX

After having a baby, Mia took maternity leave. The couple was worried about how they'd pay for everyday expenses without her income. Fortunately, Mia purchased a disability policy through work two years ago.



How her disability policy helped:

Mia's benefits helped the couple pay for their growing family's ongoing expenses, and they didn't have to use any of the money they'd been saving for a bigger house.



WILLIAM

A 50-year-old father of the bride, William suffered an unexpected heart attack and had to have surgery. He needed unpaid leave from work to recover, but his usual monthly bills didn't stop.

How his disability policy helped:



William's disability benefits gave him some comfort in knowing that his bills wouldn't get in the way of giving his daughter the wedding they planned.



KIM

Kim fell in her home and couldn't work for three months. Watch a video for Kim's story and learn how Colonial Life disability insurance helps families with unexpected moments.

Scan the code or go to [ColonialLife.com/ee-disability](https://www.ColonialLife.com/ee-disability).



How Colonial Life Disability Insurance works

If you can't work because of an illness or injury, you might use savings to help cover ongoing monthly expenses.

But would you have enough? And what would that do to your savings goals? Disability insurance can help replace missing income so you can focus on what's most important — recovery. Here's how it works:

- At enrollment, you can choose the disability benefit amount to best meet your needs (subject to income).
- If you can't work because of a covered illness or injury, a benefit is payable in regular payments after a pre-determined waiting period called an elimination period.
- Benefits are payable directly to you unless otherwise specified, and you can use them however you'd like.
- Benefit payments do not coordinate at the time of claim with other insurance or state paid medical leave benefits.¹
- Disability benefits may also be available if you return to work part-time.

TOP CAUSES OF DISABILITIES IN WORKING-AGE ADULTS IN THE U.S.:



Injuries:²

- Exposure to harmful substances or environments at work
- Overexertion
- Falls, slips, trips
- Contact with objects or equipment
- Transportation incidents



Illnesses:³

- Musculoskeletal pain
- Heart disease
- Cancer
- Stroke
- Kidney disease

Elective & Cosmetic Benefits



Beyond Med is a membership program that elevates your health and well-being by providing access to a proprietary network of board-certified doctors and licensed providers at reduced rates of up to 20% on elective and cosmetic services.

As the first licensed membership program of its kind, Beyond Med boasts no age out provisions, no limits to benefit usage and no claim approval necessary. Plus, if you don't see a provider you've been eyeing on our list, we welcome you to submit provider nominations.

How it Works

The program pays for itself. For a monthly fee, you'll get reduced rates on elective services that are traditionally excluded or limited under current health plans, such as:

- Acupuncture
- Bariatric
- Chiropractic
- Dermatology
- Fertility
- Hair Restoration
- Hearing
- IV Therapies
- Medical Marijuana Consultations
- Med Spa
- Mental Wellness
- Physical Therapy
- Plastic Surgery
- Surgical Vision
- Veterinary
- Vitamin Infusions
- Weight Loss
- And more!

Please refer to your plan summaries for full benefit details.



Legal Protection



Legal Protection with Family Defender© through U.S. Legal Services will save you from expensive attorney fees. Covered services include, but are not limited to:

Civil Litigation

- Plaintiff or Defendant
- Small Claims
- Name Change
- Civil Injunctions

Family Law

- Contested and Uncontested Divorce
- Child Support/Custody
- Spousal Support
- Annulments

Criminal Law

- Misdemeanor Defense
- Juvenile Defense

Traffic Violations

- Moving Traffic Violations
- First Offense DUI

Contingency Matters

- Personal Injury
- Auto Accidents
- Auto Accidents

Estate Planning

- Living Will and Codicils
- Powers of Attorney
- Wills and Testamentary Trusts for Minors
- Estate Administration/Probate
- Uncontested Guardianship or Conservatorship

Other Legal Matters

- Insurance Law
- Standard Business Incorporation

Identity Theft Protection



Identity Theft Protection with Identify Defender© through U.S. Legal Services protects your money and your reputation. Covered services include, but are not limited to:

Monitoring (Darkweb)

- Compromised Credentials
- Account Takeover
- Address
- Bank Account Number
- Debit Card Account
- Credit Card Account
- Driver's License
- Email
- Medical Insurance ID
- Passport Number
- Phone Number
- Social Security Number

Social Media

- Inappropriate Activity
- Hacked Account
- Impersonation Accounts
- Scams, Malware & Phishing

Credit

- Instant Credit Inquiry Alerts
- 1 Bureau Quarterly Credit Report & Score
- Credit Score Simulator
- Monthly Credit Score Tracker
- Manage Credit Freeze

Recover

- Lost Wallet Protection
- Fully Managed Identity Restoration
- Restoration for Pre-Existing Identity Thefts
- Ransomware Resolution Monitoring
- \$25k Ransomware Reimbursement
- \$1 Million Identity Theft Insurance

Fraud

- Fraud Alert Reminders
- Identity Threat Alerts
- Medical ID Fraud Protection
- Change of Address Monitoring
- Court Records Monitoring
- Smart SSN Tracker

Support

- 24/7 U.S. Customer Support
- Online Resources, Forms, Calculators, & Other Tools
- Junk Mail Opt Out
- Solicitation Call Opt Out

Mobile App

- Two-Factor Authentication
- Apple and Android
- Mobile Attack Control
- Mobile VPN



Pet Insurance



Members can use this program to access discounts on pet care purchases at select businesses to help care for their pets' overall health and well-being. The rewards program is one more way MetLife Pet Insurance helps policyholders take care of their pet – and their expenses.

Members who are enrolled in MetLife's Pet Insurance plan can access available discounts at no additional cost through their MyPets online account. Discount reward offers can be redeemed at a variety of national and local pet businesses that pet parents know and love. **Rates are based on factors including age, breed and zip code of covered pets.**

Category	Options
Benefit Limits	\$500 to \$25,000 (in \$1,000 increments) OR Unlimited annual limit ¹ option (Benefit allowance resets each year for the life of the pet)
Deductibles	\$0 to \$2,500 annually (\$0 - \$750 in \$50 increments and \$1,000, \$1,250, \$1,500, \$2,000, and \$2,500) ²
Reimbursements	50% to 90% ³
Routine Wellness	Included or waived

¹Unlimited benefit option subject to availability. Unlimited option not available for exotic pets. Pet age restrictions may apply. The maximum annual limit offered for exotic pet coverage is \$10,000.

²For exotic pets, deductible options are \$0-\$2,500

³Reimbursement options include: 50%, 70%, 80%, and 90% Pet age restrictions may apply.



Rewards will automatically be added to policyholders' MyPets online account.



Rewards cover a variety of pet care needs.



Up to five MetLife exclusive pet rewards can be redeemed annually.

Visit: www.metlife.com/getpetquote

Permanent Whole Life Insurance



Massachusetts Mutual
Life Insurance Company

- Optional coverage up to \$150,000 on a Guaranteed Issue basis (1st time offer) and up to \$250,000 with medical question
 - Guaranteed Issue is maintained for those enroll in 1st year of eligibility with a minimum of \$10,000 election.
- **Permanent coverage** means you have a fixed premium for the life of the coverage that also builds a cash value.
- As a mutual company, MassMutual has paid an annual dividend for 186 straight years.
- Best in class dividend helps you to build a meaning cash value that compounds annually.
- **Cash Value** grows tax deferred and gives you options for how to best to use your cash value in the future when you need it
- **Dividend** options including Paid Up Additions, Reduced Paid Up Premiums, Cash payout and Dividend Accumulations
- Optional Coverage for Spouse and/or Children
- Individually owned and **portable** with no change in coverage or cost should you leave.
- **Chronic Care:** This benefit offers the ability to receive an advance, or acceleration, of a portion of the death benefit, paid in a lump sum. This can help reduce financial stress if the insured becomes Chronically Ill.

So how much does it cost for a tobacco-free person to be covered with \$50,000 worth of MassMutual Group Whole Life Insurance:			
Age	25	45	55
Cost per week*	\$7.62	\$19.04	\$33.24
Guaranteed cash value at age 65	\$20,241	\$14,726	\$8,801

This is a hypothetical example only and is not binding. Additional policy features, or riders, are not included in the examples above and may be available at an additional cost. Rates may vary based on age, tobacco status and state. Rates are as of 1/1/2022 and are subject to change.

The Cost of Your Benefits

Beyond Med - 20 Pay Rates

Coverage Tier	
Member	\$7.70
Family	\$15.00

Identity Theft & Legal Protection - 20 Pay Rates

Coverage Tier	Family Defender	Identity Defender	Family & Identity
Member	\$8.85	\$3.57	\$11.40
Family	\$9.30	\$5.37	\$13.80

Accident Insurance 20 Pay Rates

BENEFIT LEVEL	Issue age	Named insured	Employee & spouse	One-parent family	Two-parent family
Preferred	0-80	\$11.18	\$16.87	\$21.74	\$27.43

Cancer Insurance 20 Pay Rates

COVERAGE LEVEL	Issue age	Named insured	Employee and spouse	One-parent family	Two-parent family
Level 2	17-75	\$9.33	\$18.66	\$9.51	\$18.84

Non-Tobacco Rates

Critical Illness 20 Pay Rates					
	Issue age	Named insured	Employee and spouse	One-parent family	Two-parent family
\$5,000	17-24	\$1.56	\$2.37	\$1.59	\$2.40
	25-29	\$1.68	\$2.58	\$1.74	\$2.61
	30-34	\$1.95	\$2.94	\$1.98	\$2.97
	35-39	\$2.31	\$3.48	\$2.34	\$3.51
	40-44	\$2.76	\$4.20	\$2.82	\$4.23
	45-49	\$3.39	\$5.16	\$3.42	\$5.19
	50-54	\$4.11	\$6.27	\$4.14	\$6.33
	55-59	\$4.80	\$7.44	\$4.86	\$7.47
	60-64	\$5.70	\$8.88	\$5.76	\$8.91
	65-70	\$6.66	\$10.05	\$6.69	\$10.11
\$10,000	17-24	\$1.83	\$2.76	\$1.89	\$2.82
	25-29	\$2.07	\$3.18	\$2.19	\$3.24
	30-34	\$2.61	\$3.90	\$2.67	\$3.96
	35-39	\$3.33	\$4.98	\$3.39	\$5.04
	40-44	\$4.23	\$6.42	\$4.35	\$6.48
	45-49	\$5.49	\$8.34	\$5.55	\$8.40
	50-54	\$6.93	\$10.56	\$6.99	\$10.68
	55-59	\$8.31	\$12.90	\$8.43	\$12.96
	60-64	\$10.11	\$15.78	\$10.23	\$15.84
	65-70	\$12.03	\$18.12	\$12.09	\$18.24

	Issue age	Named insured	Employee and spouse	One-parent family	Two-parent family
\$20,000	17-24	\$2.37	\$3.54	\$2.49	\$3.66
	25-29	\$2.85	\$4.38	\$3.09	\$4.50
	30-34	\$3.93	\$5.82	\$4.05	\$5.94
	35-39	\$5.37	\$7.98	\$5.49	\$8.10
	40-44	\$7.17	\$10.86	\$7.41	\$10.98
	45-49	\$9.69	\$14.70	\$9.81	\$14.82
	50-54	\$12.57	\$19.14	\$12.69	\$19.38
	55-59	\$15.33	\$23.82	\$15.57	\$23.94
	60-64	\$18.93	\$29.58	\$19.17	\$29.70
	65-70	\$22.77	\$34.26	\$22.89	\$34.50

Tobacco Rates

Critical Illness 20 Pay Rates					
	Issue age	Named insured	Employee and spouse	One-parent family	Two-parent family
\$5,000	17-24	\$1.77	\$2.70	\$1.80	\$2.73
	25-29	\$2.01	\$3.06	\$2.04	\$3.09
	30-34	\$2.43	\$3.69	\$2.49	\$3.72

	35-39	\$3.09	\$4.65	\$3.12	\$4.68
	40-44	\$3.93	\$5.91	\$3.96	\$5.94
	45-49	\$5.04	\$7.62	\$5.07	\$7.65
	50-54	\$6.30	\$9.66	\$6.33	\$9.69
	55-59	\$7.56	\$11.70	\$7.62	\$11.73
	60-64	\$9.18	\$14.28	\$9.21	\$14.31
	65-70	\$10.86	\$16.38	\$10.89	\$16.41
\$10,000	17-24	\$2.25	\$3.42	\$2.31	\$3.48
	25-29	\$2.73	\$4.14	\$2.79	\$4.20
	30-34	\$3.57	\$5.40	\$3.69	\$5.46
	35-39	\$4.89	\$7.32	\$4.95	\$7.38
	40-44	\$6.57	\$9.84	\$6.63	\$9.90
	45-49	\$8.79	\$13.26	\$8.85	\$13.32
	50-54	\$11.31	\$17.34	\$11.37	\$17.40
	55-59	\$13.83	\$21.42	\$13.95	\$21.48
	60-64	\$17.07	\$26.58	\$17.13	\$26.64
	65-70	\$20.43	\$30.78	\$20.49	\$30.84
\$20,000	17-24	\$3.21	\$4.86	\$3.33	\$4.98
	25-29	\$4.17	\$6.30	\$4.29	\$6.42
	30-34	\$5.85	\$8.82	\$6.09	\$8.94
	35-39	\$8.49	\$12.66	\$8.61	\$12.78
	40-44	\$11.85	\$17.70	\$11.97	\$17.82
	45-49	\$16.29	\$24.54	\$16.41	\$24.66
	50-54	\$21.33	\$32.70	\$21.45	\$32.82
	55-59	\$26.37	\$40.86	\$26.61	\$40.98
	60-64	\$32.85	\$51.18	\$32.97	\$51.30
	65-70	\$39.57	\$59.58	\$39.69	\$59.70

3 Month Benefit Period

Disability Insurance - On/Off Job Accident and On/Off Job Sickness					
Elimination period	Issue age	\$500*	\$1,000*	\$1,500*	\$2,000*
7 days Accident/7 days Sickness	17-49	\$8.67	\$17.34	\$26.01	\$34.68
	50-64	\$10.38	\$20.76	\$31.14	\$41.52
	65-74	\$12.30	\$24.60	\$36.90	\$49.20
14 days Accident/14 days Sickness	17-49	\$6.60	\$13.20	\$19.80	\$26.40
	50-64	\$7.95	\$15.90	\$23.85	\$31.80
	65-74	\$10.14	\$20.28	\$30.42	\$40.56

6 Month Benefit Period

Disability Insurance - On/Off Job Accident and On/Off Job Sickness					
Elimination period	Issue age	\$500*	\$1,000*	\$1,500*	\$2,000*
7 days Accident/7 days Sickness	17-49	\$10.86	\$21.72	\$32.58	\$43.44
	50-64	\$14.55	\$29.10	\$43.65	\$58.20
	65-74	\$19.83	\$39.66	\$59.49	\$79.32
14 days Accident/14 days Sickness	17-49	\$8.67	\$17.34	\$26.01	\$34.68
	50-64	\$11.49	\$22.98	\$34.47	\$45.96
	65-74	\$15.12	\$30.24	\$45.36	\$60.48

Individual Medical Bridge 20 Pay Rates				
Issue age	Employee	Employee and spouse	Employee and dependent children	Employee, spouse and dependent children
17-49	\$5.25	\$9.69	\$6.63	\$11.07
50-59	\$6.84	\$12.78	\$8.22	\$14.16
60-64	\$8.76	\$16.38	\$10.14	\$17.76
65-75	\$11.13	\$20.88	\$12.51	\$22.26

VSP Vision - 20 Pay Rates	
Frequency 12/12/12	
Exam/Lens/Frame Copay	\$15 Exam/\$15 Materials
Retail Frame Allowance	\$180
Featured Frame Allowance	\$200
Elective Contact Allowance	\$180
Contact (fit & eval) Copay	\$60
Covered Lens Options	Standard Progressive, Scratch Coating & Tints
Employee Only	\$3.30
Employee + One	\$6.60
Employee + Family	\$10.63

Clear 10 Vision - Solstice - 20 Pay Rates

Coverage Tier	Employee	Employee + One	Employee + Two
	\$1.98	\$3.58	\$6.17

Dental - Solstice - 20 Pay Rates

Plan Name	Employee	Employee + One	Employee + Two
High PPO Plan 11429	\$21.21	\$37.86	\$62.46
Standard PPO Plan 11430	\$16.70	\$29.81	\$49.19
High DHMO Plan S200B Access+	\$7.25	\$13.15	\$18.71
Standard DHMO Plan S700B Access+	\$5.13	\$8.95	\$13.30

MassMutual Whole Life 20 Pay Rates

¹ Age as of Certificate Effective Date.

² Values shown are at the later of 10 years after the certificate date or the end of the certificate year which starts when the insured is age 65.

³ Reduced Paid-Up (RPU) Value is the amount of fully paid-up life insurance that is provided at time of lapse. Applicable to certificates issued in the state of FL.

When N/A is shown above that Death Benefit is below the minimum required or above the maximum allowed Death Benefit amount for the applicable issue age. Group whole life insurance (GPWL), (MM-GCWL-2014 and MM-GCWL-2014 (NC) in North Carolina), is level-premium, participating permanent life insurance.

The GPWL policy and GCWL certificates are issued by Massachusetts Mutual Life Insurance Company, Springfield, MA 01111-0001. Monthly premiums have been calculated assuming payments per month.

	\$10,000 Death Benefit Non-Tobacco			\$25,000 Death Benefit Non-Tobacco			\$50,000 Death Benefit Non-Tobacco			\$100,000 Death Benefit Non-Tobacco		
Issue Age ¹	20 Pay Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}	20 Pay Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}	20 Pay Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}	20 Pay Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}
18	\$5.46	\$4,240	\$8,555	\$ 10.05	\$10,600	\$21,388	\$ 17.70	\$21,200	\$42,776	\$ 33.00	\$42,400	\$85,552
19	\$5.52	\$4,216	\$8,507	\$ 10.20	\$10,540	\$21,268	\$ 18.00	\$21,080	\$42,536	\$ 33.60	\$42,161	\$85,072
20	\$5.58	\$4,191	\$8,457	\$ 10.35	\$10,478	\$21,142	\$ 18.30	\$20,956	\$42,285	\$ 34.20	\$41,913	\$84,571
21	\$5.64	\$4,165	\$8,404	\$ 10.50	\$10,413	\$21,011	\$ 18.60	\$20,827	\$42,023	\$ 34.80	\$41,654	\$84,047
22	\$5.70	\$4,138	\$8,349	\$ 10.65	\$10,345	\$20,874	\$ 18.90	\$20,691	\$41,749	\$ 35.40	\$41,382	\$83,499
23	\$5.76	\$4,109	\$8,292	\$ 10.80	\$10,274	\$20,731	\$ 19.20	\$20,548	\$41,462	\$ 36.00	\$41,097	\$82,924
24	\$5.82	\$4,079	\$8,231	\$ 10.95	\$10,199	\$20,579	\$ 19.50	\$20,398	\$41,159	\$ 36.60	\$40,797	\$82,319
25	\$5.88	\$4,048	\$8,168	\$ 11.10	\$10,120	\$20,421	\$ 19.80	\$20,241	\$40,842	\$ 37.20	\$40,483	\$81,684
26	\$6.00	\$4,015	\$8,101	\$ 11.40	\$10,037	\$20,254	\$ 20.40	\$20,075	\$40,508	\$ 38.40	\$40,151	\$81,016
27	\$6.24	\$3,979	\$8,030	\$ 12.00	\$9,949	\$20,075	\$ 21.60	\$19,899	\$40,151	\$ 40.80	\$39,798	\$80,302
28	\$6.42	\$3,942	\$7,954	\$ 12.45	\$9,855	\$19,886	\$ 22.50	\$19,711	\$39,773	\$ 42.60	\$39,423	\$79,546
29	\$6.60	\$3,902	\$7,875	\$ 12.90	\$9,757	\$19,687	\$ 23.40	\$19,514	\$39,375	\$ 44.40	\$39,029	\$78,750
30	\$6.84	\$3,861	\$7,791	\$ 13.50	\$9,653	\$19,477	\$ 24.60	\$19,306	\$38,955	\$ 46.80	\$38,612	\$77,911
31	\$7.08	\$3,817	\$7,702	\$ 14.10	\$9,543	\$19,256	\$ 25.80	\$19,086	\$38,512	\$ 49.20	\$38,173	\$77,024
32	\$7.32	\$3,771	\$7,609	\$ 14.70	\$9,428	\$19,024	\$ 27.00	\$18,856	\$38,048	\$ 51.60	\$37,713	\$76,096
33	\$7.62	\$3,723	\$7,512	\$ 15.45	\$9,307	\$18,781	\$ 28.50	\$18,615	\$37,562	\$ 54.60	\$37,231	\$75,124
34	\$7.80	\$3,672	\$7,410	\$ 15.90	\$9,182	\$18,527	\$ 29.40	\$18,364	\$37,054	\$ 56.40	\$36,728	\$74,109
35	\$7.86	\$3,620	\$7,305	\$ 16.05	\$9,051	\$18,263	\$ 29.70	\$18,102	\$36,526	\$ 57.00	\$36,204	\$73,052
36	\$8.22	\$3,565	\$7,195	\$ 16.95	\$8,914	\$17,988	\$ 31.50	\$17,829	\$35,976	\$ 60.60	\$35,659	\$71,953
37	\$8.70	\$3,509	\$7,081	\$ 18.15	\$8,773	\$17,702	\$ 33.90	\$17,547	\$35,405	\$ 65.40	\$35,094	\$70,811
38	\$9.12	\$3,450	\$6,962	\$ 19.20	\$8,626	\$17,405	\$ 36.00	\$17,252	\$34,811	\$ 69.60	\$34,504	\$69,622
39	\$9.54	\$3,388	\$6,838	\$ 20.25	\$8,472	\$17,095	\$ 38.10	\$16,944	\$34,190	\$ 73.80	\$33,889	\$68,380
40	\$10.02	\$3,324	\$6,707	\$ 21.45	\$8,310	\$16,769	\$ 40.50	\$16,621	\$33,538	\$ 78.60	\$33,242	\$67,076
41	\$10.44	\$3,256	\$6,570	\$ 22.50	\$8,140	\$16,425	\$ 42.60	\$16,280	\$32,850	\$ 82.80	\$32,561	\$65,701
42	\$10.86	\$3,184	\$6,425	\$ 23.55	\$7,961	\$16,063	\$ 44.70	\$15,922	\$32,127	\$ 87.00	\$31,845	\$64,255
43	\$11.34	\$3,109	\$6,273	\$ 24.75	\$7,772	\$15,683	\$ 47.10	\$15,545	\$31,366	\$ 91.80	\$31,090	\$62,733
44	\$11.76	\$3,029	\$6,112	\$ 25.80	\$7,573	\$15,282	\$ 49.20	\$15,147	\$30,564	\$ 96.00	\$30,295	\$61,128
45	\$11.82	\$2,945	\$5,942	\$ 25.95	\$7,363	\$14,857	\$ 49.50	\$14,726	\$29,714	\$ 96.60	\$29,452	\$59,429
46	\$12.60	\$2,856	\$5,762	\$ 27.90	\$7,140	\$14,406	\$ 53.40	\$14,280	\$28,813	\$ 104.40	\$28,560	\$57,627

	\$10,000 Death Benefit Non-Tobacco			\$25,000 Death Benefit Non-Tobacco			\$50,000 Death Benefit Non-Tobacco			\$100,000 Death Benefit Non-Tobacco		
Issue Age ¹	20 Pay Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}	20 Pay Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}	20 Pay Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}	20 Pay Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}
47	\$ 13.38	\$2,761	\$5,571	\$ 29.85	\$6,903	\$13,929	\$ 57.30	\$13,806	\$27,858	\$ 112.20	\$27,613	\$55,716
48	\$ 14.22	\$2,660	\$5,368	\$ 31.95	\$6,651	\$13,422	\$ 61.50	\$13,303	\$26,844	\$ 120.60	\$26,607	\$53,688
49	\$ 15.06	\$2,554	\$5,153	\$ 34.05	\$6,385	\$12,883	\$ 65.70	\$12,770	\$25,767	\$ 129.00	\$25,540	\$51,535
50	\$ 15.84	\$2,440	\$4,924	\$ 36.00	\$6,101	\$12,311	\$ 69.60	\$12,203	\$24,623	\$ 136.80	\$24,407	\$49,247
51	\$ 16.68	\$2,320	\$4,681	\$ 38.10	\$5,800	\$11,703	\$ 73.80	\$11,600	\$23,407	\$ 145.20	\$23,201	\$46,815
52	\$ 17.52	\$2,192	\$4,423	\$ 40.20	\$5,481	\$11,059	\$ 78.00	\$10,962	\$22,118	\$ 153.60	\$21,924	\$44,237
53	\$ 18.30	\$2,056	\$4,150	\$ 42.15	\$5,142	\$10,376	\$ 81.90	\$10,284	\$20,752	\$ 161.40	\$20,569	\$41,504
54	\$ 19.14	\$1,913	\$3,860	\$ 44.25	\$4,782	\$9,651	\$ 86.10	\$9,565	\$19,302	\$ 169.80	\$19,131	\$38,604
55	\$ 19.20	\$1,760	\$3,552	\$ 44.40	\$4,400	\$8,880	\$ 86.40	\$8,801	\$17,760	\$ 170.40	\$17,603	\$35,520
56	\$ 20.52	\$1,838	\$3,604	\$ 47.70	\$4,597	\$9,010	\$ 93.00	\$9,194	\$18,021	\$ 183.60	\$18,388	\$36,043
57	\$ 21.90	\$1,920	\$3,657	\$ 51.15	\$4,800	\$9,144	\$ 99.90	\$9,601	\$18,288	\$ 197.40	\$19,202	\$36,576
58	\$ 23.28	\$2,004	\$3,712	\$ 54.60	\$5,012	\$9,280	\$ 106.80	\$10,024	\$18,560	\$ 211.20	\$20,049	\$37,121
59	\$ 24.66	\$2,092	\$3,767	\$ 58.05	\$5,232	\$9,419	\$ 113.70	\$10,464	\$18,838	\$ 225.00	\$20,928	\$37,677
60	\$ 26.04	\$2,184	\$3,824	\$ 61.50	\$5,460	\$9,562	\$ 120.60	\$10,920	\$19,124	\$ 238.80	\$21,841	\$38,248
61	\$ 27.42	\$2,278	\$3,883	\$ 64.95	\$5,696	\$9,708	\$ 127.50	\$11,393	\$19,416	\$ 252.60	\$22,786	\$38,832
62	\$ 28.86	\$2,376	\$3,943	\$ 68.55	\$5,941	\$9,858	\$ 134.70	\$11,882	\$19,716	\$ 267.00	\$23,765	\$39,432
63	\$ 30.24	\$2,477	\$4,004	\$ 72.00	\$6,193	\$10,011	\$ 141.60	\$12,387	\$20,022	\$ 280.80	\$24,774	\$40,045
64	\$ 31.62	\$2,581	\$4,066	\$ 75.45	\$6,452	\$10,167	\$ 148.50	\$12,905	\$20,334	\$ 294.60	\$25,810	\$40,669
65	\$ 31.68	\$2,687	\$4,130	\$ 75.60	\$6,717	\$10,325	\$ 148.80	\$13,435	\$20,650	\$ 295.20	\$26,870	\$41,300
66	\$ 33.72	\$2,795	\$4,194	\$ 80.70	\$6,989	\$10,485	\$ 159.00	\$13,978	\$20,971	\$ 315.60	\$27,956	\$41,942
67	\$ 36.54	\$2,907	\$4,259	\$ 87.75	\$7,267	\$10,649	\$ 173.10	\$14,535	\$21,298	\$ 343.80	\$29,070	\$42,596
68	\$ 38.46	\$3,031	\$4,341	\$ 92.55	\$7,578	\$10,852	\$ 182.70	\$15,156	\$21,705	\$ 363.00	\$30,313	\$43,411
69	\$ 41.46	\$3,169	\$4,439	\$ 100.05	\$7,924	\$11,098	\$ 197.70	\$15,848	\$22,196	\$ 393.00	\$31,697	\$44,392
70	\$ 43.26	\$3,312	\$4,539	\$ 104.55	\$8,280	\$11,348	\$ 206.70	\$16,560	\$22,697	\$ 411.00	\$33,120	\$45,394
71	\$ 45.12	\$3,458	\$4,641	\$ 109.20	\$8,645	\$11,604	\$ 216.00	\$17,290	\$23,209	\$ 429.60	\$34,581	\$46,418
72	\$ 47.10	\$3,608	\$4,748	\$ 114.15	\$9,022	\$11,870	\$ 225.90	\$18,044	\$23,741	\$ 449.40	\$36,089	\$47,482
73	\$ 49.26	\$3,766	\$4,860	\$ 119.55	\$9,415	\$12,151	\$ 236.70	\$18,831	\$24,302	\$ 471.00	\$37,662	\$48,605
74	\$ 51.66	\$3,930	\$4,979	\$ 125.55	\$9,826	\$12,449	\$ 248.70	\$19,652	\$24,899	\$ 495.00	\$39,305	\$49,799
75	\$ 54.36	\$4,100	\$5,105	\$ 132.30	\$10,251	\$12,764	\$ 262.20	\$20,503	\$25,528	\$ 522.00	\$41,006	\$51,056

	\$10,000 Death Benefit Tobacco			\$25,000 Death Benefit Tobacco			\$50,000 Death Benefit Tobacco			\$100,000 Death Benefit Tobacco		
Issue Age ¹	20 Pay Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}	20 Pay Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}	20 Pay Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}	20 Pay Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}
18	\$ 6.72	\$5,064	\$8,679	\$ 13.20	\$12,660	\$21,699	\$ 24.00	\$25,321	\$43,398	\$ 45.60	\$50,643	\$86,797
19	\$ 6.78	\$5,036	\$8,631	\$ 13.35	\$12,590	\$21,578	\$ 24.30	\$25,180	\$43,156	\$ 46.20	\$50,361	\$86,313
20	\$ 6.84	\$5,006	\$8,580	\$ 13.50	\$12,516	\$21,452	\$ 24.60	\$25,033	\$42,904	\$ 46.80	\$50,067	\$85,809
21	\$ 7.26	\$4,975	\$8,528	\$ 14.55	\$12,439	\$21,320	\$ 26.70	\$24,879	\$42,640	\$ 51.00	\$49,759	\$85,280
22	\$ 7.44	\$4,943	\$8,472	\$ 15.00	\$12,359	\$21,181	\$ 27.60	\$24,718	\$42,363	\$ 52.80	\$49,436	\$84,727
23	\$ 7.50	\$4,909	\$8,414	\$ 15.15	\$12,274	\$21,037	\$ 27.90	\$24,549	\$42,074	\$ 53.40	\$49,098	\$84,148
24	\$ 7.68	\$4,874	\$8,354	\$ 15.60	\$12,186	\$20,885	\$ 28.80	\$24,372	\$41,771	\$ 55.20	\$48,744	\$83,542
25	\$ 7.86	\$4,837	\$8,290	\$ 16.05	\$12,093	\$20,726	\$ 29.70	\$24,187	\$41,453	\$ 57.00	\$48,374	\$82,907
26	\$ 8.10	\$4,798	\$8,224	\$ 16.65	\$11,996	\$20,560	\$ 30.90	\$23,992	\$41,120	\$ 59.40	\$47,985	\$82,240
27	\$ 8.40	\$4,757	\$8,153	\$ 17.40	\$11,893	\$20,384	\$ 32.40	\$23,787	\$40,768	\$ 62.40	\$47,574	\$81,537
28	\$ 8.58	\$4,714	\$8,079	\$ 17.85	\$11,785	\$20,198	\$ 33.30	\$23,570	\$40,397	\$ 64.20	\$47,141	\$80,794
29	\$ 8.82	\$4,668	\$8,000	\$ 18.45	\$11,670	\$20,002	\$ 34.50	\$23,341	\$40,004	\$ 66.60	\$46,683	\$80,009
30	\$ 9.06	\$4,620	\$7,918	\$ 19.05	\$11,550	\$19,795	\$ 35.70	\$23,100	\$39,590	\$ 69.00	\$46,200	\$79,181
31	\$ 9.06	\$4,569	\$7,830	\$ 19.05	\$11,422	\$19,576	\$ 35.70	\$22,845	\$39,153	\$ 69.00	\$45,690	\$78,307
32	\$ 9.48	\$4,515	\$7,738	\$ 20.10	\$11,288	\$19,347	\$ 37.80	\$22,577	\$38,694	\$ 73.20	\$45,154	\$77,388
33	\$ 9.84	\$4,459	\$7,642	\$ 21.00	\$11,147	\$19,105	\$ 39.60	\$22,295	\$38,211	\$ 76.80	\$44,590	\$76,422
34	\$ 10.20	\$4,399	\$7,540	\$ 21.90	\$10,999	\$18,851	\$ 41.40	\$21,999	\$37,703	\$ 80.40	\$43,998	\$75,407
35	\$ 10.56	\$4,337	\$7,434	\$ 22.80	\$10,843	\$18,585	\$ 43.20	\$21,687	\$37,170	\$ 84.00	\$43,375	\$74,340
36	\$ 10.98	\$4,272	\$7,322	\$ 23.85	\$10,680	\$18,305	\$ 45.30	\$21,361	\$36,610	\$ 88.20	\$42,722	\$73,221
37	\$ 11.46	\$4,203	\$7,204	\$ 25.05	\$10,509	\$18,011	\$ 47.70	\$21,018	\$36,023	\$ 93.00	\$42,037	\$72,046
38	\$ 12.00	\$4,131	\$7,081	\$ 26.40	\$10,329	\$17,703	\$ 50.40	\$20,658	\$35,406	\$ 98.40	\$41,317	\$70,812
39	\$ 12.36	\$4,056	\$6,951	\$ 27.30	\$10,140	\$17,379	\$ 52.20	\$20,281	\$34,759	\$ 102.00	\$40,562	\$69,519
40	\$ 12.96	\$3,977	\$6,816	\$ 28.80	\$9,943	\$17,041	\$ 55.20	\$19,886	\$34,082	\$ 108.00	\$39,772	\$68,165
41	\$ 13.32	\$3,894	\$6,674	\$ 29.70	\$9,736	\$16,686	\$ 57.00	\$19,472	\$33,373	\$ 111.60	\$38,945	\$66,747
42	\$ 13.86	\$3,807	\$6,525	\$ 31.05	\$9,519	\$16,314	\$ 59.70	\$19,038	\$32,629	\$ 117.00	\$38,076	\$65,258
43	\$ 14.34	\$3,716	\$6,369	\$ 32.25	\$9,290	\$15,923	\$ 62.10	\$18,581	\$31,846	\$ 121.80	\$37,163	\$63,693
44	\$ 14.82	\$3,619	\$6,203	\$ 33.45	\$9,049	\$15,509	\$ 64.50	\$18,098	\$31,019	\$ 126.60	\$36,197	\$62,038
45	\$ 15.48	\$3,517	\$6,028	\$ 35.10	\$8,793	\$15,070	\$ 67.80	\$17,586	\$30,141	\$ 133.20	\$35,173	\$60,282
46	\$ 16.14	\$3,408	\$5,841	\$ 36.75	\$8,521	\$14,604	\$ 71.10	\$17,042	\$29,208	\$ 139.80	\$34,085	\$58,417

	\$10,000 Death Benefit Tobacco			\$25,000 Death Benefit Tobacco			\$50,000 Death Benefit Tobacco			\$100,000 Death Benefit Tobacco		
Issue Age ¹	20 Pay Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}	20 Pay Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}	20 Pay Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}	20 Pay Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}
47	\$ 16.92	\$3,293	\$5,643	\$ 38.70	\$8,232	\$14,109	\$ 75.00	\$16,465	\$28,219	\$ 147.60	\$32,930	\$56,438
48	\$ 17.64	\$3,170	\$5,433	\$ 40.50	\$7,925	\$13,584	\$ 78.60	\$15,851	\$27,168	\$ 154.80	\$31,703	\$54,336
49	\$ 18.24	\$3,039	\$5,210	\$ 42.00	\$7,599	\$13,025	\$ 81.60	\$15,199	\$26,050	\$ 160.80	\$30,399	\$52,101
50	\$ 19.20	\$2,901	\$4,972	\$ 44.40	\$7,253	\$12,430	\$ 86.40	\$14,506	\$24,861	\$ 170.40	\$29,012	\$49,723
51	\$ 19.80	\$2,753	\$4,719	\$ 45.90	\$6,883	\$11,798	\$ 89.40	\$13,767	\$23,596	\$ 176.40	\$27,535	\$47,193
52	\$ 20.58	\$2,596	\$4,449	\$ 47.85	\$6,490	\$11,124	\$ 93.30	\$12,981	\$22,249	\$ 184.20	\$25,963	\$44,499
53	\$ 21.48	\$2,428	\$4,162	\$ 50.10	\$6,072	\$10,407	\$ 97.80	\$12,144	\$20,814	\$ 193.20	\$24,289	\$41,629
54	\$ 22.44	\$2,250	\$3,856	\$ 52.50	\$5,625	\$9,641	\$ 102.60	\$11,251	\$19,283	\$ 202.80	\$22,502	\$38,567
55	\$ 23.46	\$2,059	\$3,530	\$ 55.05	\$5,149	\$8,825	\$ 107.70	\$10,298	\$17,650	\$ 213.00	\$20,597	\$35,301
56	\$ 24.54	\$2,115	\$3,543	\$ 57.75	\$5,288	\$8,859	\$ 113.10	\$10,577	\$17,719	\$ 223.80	\$21,154	\$35,438
57	\$ 25.50	\$2,169	\$3,555	\$ 60.15	\$5,424	\$8,887	\$ 117.90	\$10,848	\$17,775	\$ 233.40	\$21,696	\$35,550
58	\$ 27.18	\$2,222	\$3,564	\$ 64.35	\$5,557	\$8,910	\$ 126.30	\$11,114	\$17,821	\$ 250.20	\$22,228	\$35,643
59	\$ 28.44	\$2,275	\$3,572	\$ 67.50	\$5,688	\$8,931	\$ 132.60	\$11,376	\$17,862	\$ 262.80	\$22,752	\$35,725
60	\$ 29.94	\$2,327	\$3,579	\$ 71.25	\$5,817	\$8,949	\$ 140.10	\$11,635	\$17,899	\$ 277.80	\$23,270	\$35,799
61	\$ 31.80	\$2,377	\$3,586	\$ 75.90	\$5,944	\$8,965	\$ 149.40	\$11,888	\$17,930	\$ 296.40	\$23,776	\$35,860
62	\$ 33.48	\$2,438	\$3,608	\$ 80.10	\$6,096	\$9,020	\$ 157.80	\$12,192	\$18,041	\$ 313.20	\$24,385	\$36,082
63	\$ 35.46	\$2,505	\$3,639	\$ 85.05	\$6,263	\$9,099	\$ 167.70	\$12,527	\$18,199	\$ 333.00	\$25,055	\$36,399
64	\$ 38.04	\$2,571	\$3,669	\$ 91.50	\$6,428	\$9,174	\$ 180.60	\$12,856	\$18,349	\$ 358.80	\$25,712	\$36,699
65	\$ 39.78	\$2,636	\$3,699	\$ 95.85	\$6,591	\$9,249	\$ 189.30	\$13,183	\$18,498	\$ 376.20	\$26,366	\$36,996
66	\$ 41.46	\$2,703	\$3,731	\$ 100.05	\$6,758	\$9,328	\$ 197.70	\$13,517	\$18,657	\$ 393.00	\$27,035	\$37,314
67	\$ 45.72	\$2,774	\$3,767	\$ 110.70	\$6,935	\$9,419	\$ 219.00	\$13,870	\$18,839	\$ 435.60	\$27,740	\$37,678
68	\$ 48.78	\$2,850	\$3,811	\$ 118.35	\$7,126	\$9,528	\$ 234.30	\$14,253	\$19,057	\$ 466.20	\$28,507	\$38,114
69	\$ 51.24	\$2,936	\$3,864	\$ 124.50	\$7,340	\$9,662	\$ 246.60	\$14,680	\$19,324	\$ 490.80	\$29,360	\$38,649
70	\$ 53.40	\$3,031	\$3,930	\$ 129.90	\$7,579	\$9,825	\$ 257.40	\$15,159	\$19,651	\$ 512.40	\$30,318	\$39,302
71	\$ 55.62	\$3,139	\$4,009	\$ 135.45	\$7,849	\$10,023	\$ 268.50	\$15,698	\$20,046	\$ 534.60	\$31,397	\$40,093
72	\$ 57.96	\$3,263	\$4,106	\$ 141.30	\$8,159	\$10,265	\$ 280.20	\$16,319	\$20,530	\$ 558.00	\$32,638	\$41,060
73	\$ 60.48	\$3,401	\$4,217	\$ 147.60	\$8,504	\$10,544	\$ 292.80	\$17,008	\$21,089	\$ 583.20	\$34,016	\$42,179
74	\$ 63.24	\$3,548	\$4,340	\$ 154.50	\$8,872	\$10,850	\$ 306.60	\$17,744	\$21,700	\$ 610.80	\$35,489	\$43,401
75	\$ 66.30	\$3,707	\$4,474	\$ 162.15	\$9,267	\$11,185	\$ 321.90	\$18,535	\$22,371	\$ 641.40	\$37,071	\$44,743

Carrier Contacts

Benefit	Carrier	Phone #	Website
Disability Insurance	Colonial	1-888-400-9304	www.coloniallife.com
Accident	Colonial	1-888-400-9304	www.coloniallife.com
Critical Illness	Colonial	1-888-400-9304	www.coloniallife.com
Hospital Indemnity	Colonial	1-888-400-9304	www.coloniallife.com
Elective & Cosmetic Benefits	Beyond Med	1-844-267-6192	www.beyondmedplans.com
Identity Theft & Legal Protection	U.S. Legal Services	1-800-356-5297	www.uslegalservices.net
Pet Insurance	MetLife	1-800-438-6388	https://mypets.metlife.com/Account/Login
Whole Life Insurance	MassMutual	1-844-975-7522	https://www.massmutual.com/
Vision	VSP	1-800-877-7195	www.vsp.com

This brochure provides a highlight of the plans offered by DASA and in no way serves as the Summary Plan Description or plan document for the plans. If any discrepancies exist between this brochure and the plan documents, the plan documents or policies shall govern. We reserve the right to modify any of these plans at any time.