



**DADE ASSOCIATION
OF SCHOOL ADMINISTRATORS**



Member Benefits Guide

What's Inside

Page 1

Welcome

Eligibility How
to Enroll

Benefits Website

Page 4

Dental & Vision

Page 8

Accident

Cancer

Critical Illness

Page 15

Hospital

Indemnity

Short-Term

Disability

Page 22

Elective &

Cosmetic Benefits

Page 23

Identity Theft &

Legal Protection

Page 24

Pet Insurance

Page 25

Whole Life

Insurance

Page 26

The Cost of your
Benefits

Page 35

Benefit Contact
Information

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

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	High
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		
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		
Calendar Year Deductible	Individual: \$50	Individual: \$50
	Family: \$150	Family: \$150
<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

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.



Save up to \$3,000

With Exclusive Member Extras, members can save more than \$3,000 with special offers and deals through VSP and other leading industry brands.



Get up to \$250 back

Members can save big with VSP exclusive mail-in rebates on eligible popular contact lens brands like Bausch + Lomb.



\$1,000 savings on LASIK

Members can save up to \$1,000 on LASIK at LasikPlus, NVISION Eye Center, TLC Laser Eye Centers and The LASIK Vision Institute.

[LEARN MORE. VISIT VSP.COM/OFFERS](https://www.vsp.com/offers)

Benefits through a VSP Network Provider

Exam Services

- Comprehensive WellVision Exam[®] covered in full*
- Routine retinal screening covered after a no more than \$39 copay

Lenses

- Glass or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses are covered in full*

Lens Enhancements

- 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 man is wearing glasses and has a beard. The woman is smiling. The image has a blue tint.

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

Basic Plan

Nobody expects an accident to happen. But if it does, your main focus should be on recovery, not how you're going to pay your bills. Colonial Life accident insurance provides benefits directly to you to use however you like – from medical costs to everyday expenses. Whether it's a fall or a car accident, your benefits offer 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
- Keep coverage no matter where you go
- Works alongside your health savings account (HSA)

All of this can help with unexpected accidents.



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



URGENT CARE CENTER VISIT

Milo went to an urgent care center and received immediate care.



DIAGNOSTIC PROCEDURE

The doctor ordered an X-ray and discovered Milo had fractured his hand.



LACERATION

The doctor also found that Milo had a cut on his hand.



MEDICAL EQUIPMENT

Milo was discharged with a splint.



DOCTOR'S OFFICE VISIT

Over the next several weeks, he had three follow-up appointments with his doctor.

MILO'S BENEFITS

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

Accident emergency treatment	\$125
X-ray	\$40
Laceration (no stitches)	\$30
Fracture (hand)	\$400
Medical equipment (splint)	\$40
Accident follow-up treatment (3 visits)	\$135

Total: \$770

For illustrative purposes only.

Benefit amounts may vary and may not cover all expenses. The policy has exclusions and limitations.

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



AMBULANCE AND EMERGENCY ROOM VISIT

Olivia arrived by ambulance to the nearest emergency room and received immediate care.



DIAGNOSTIC PROCEDURES

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 brain injury.



HOSPITAL ADMISSION, CONFINEMENT AND SURGERY

Olivia was admitted to the hospital for surgery on her leg. She was confined for three days.



PHYSICAL THERAPY

Olivia had eight sessions of physical therapy to help regain the strength in her leg.



DOCTOR'S OFFICE VISITS

Over the next several weeks, she had six follow-up appointments with her doctor.

OLIVIA'S BENEFITS	
Olivia's accident benefits helped cover her annual deductible and co-payments.	
Ambulance	\$200
Accidental injury due to an automobile accident	\$250
Accident emergency treatment	\$125
X-ray	\$40
Medical imaging study (CT)	\$200
Hospital admission	\$1,250
Hospital confinement (3 days)	\$750
Thigh fracture - femur (surgical)	\$3,600
Surgery (exploratory/arthroscopic)	\$250
Medical equipment (crutches)	\$100
Accident follow-up treatment (6 visits)	\$270
Physical therapy (8 days)	\$240
Total: \$7,275	

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

INITIAL CARE

Accident emergency treatment	\$125
Hospital emergency room, urgent care facility or physician's office	
Accidental injury due to an automobile accident	\$250
Air ambulance	\$1,600
Ambulance—ground or water	\$200
Observation room (up to two days per calendar year)	\$175 per day
X-ray	\$40

COMMON ACCIDENTAL INJURIES

Burn (based on size and degree)	\$1,000 – \$12,000
Burn—skin graft	50% of applicable burn benefit
Coma (lasting for seven or more consecutive days)	\$12,500
Concussion	\$100
Dislocation—separated joint	
■ Non-surgical—repair	\$100 – \$2,250
■ Incomplete dislocation—or dislocation without anesthesia	25% of benefit
Examples: elbow: \$500 ankle: \$1,000 knee: \$1,250 hip: \$2,250	
■ Surgical—repair	\$200 – \$4,500
Examples: elbow: \$1,000 ankle: \$2,000 knee: \$2,500 hip: \$4,500	
Emergency dental work	\$50 – \$200
Dental extraction or dental crown, denture or implant	
Eye injury—with surgical repair or removal of a foreign object	\$250
Fracture—complete	
■ Non-surgical—repair	\$275 – \$3,000
■ Chip fracture	25% of benefit
Examples: hand: \$400 foot: \$400 collarbone: \$625 leg: \$875	
■ Surgical—repair	\$550 – \$6,000
Examples: hand: \$800 foot: \$800 collarbone: \$1,250 leg: \$1,750	
Hearing-loss injuries ¹	\$140
Knee cartilage—torn (with surgical repair)	\$600
Laceration (based on repair and length)	\$30 – \$625
Ruptured disc (with surgical repair)	\$600
Tendon/ligament/rotator cuff (with surgical repair)	
■ One	\$600
■ Two or more	\$1,200

HOSPITAL CARE

Hospital admission	\$1,250
Hospital confinement (up to 365 days)	\$250 per day
Hospital sub-acute intensive care unit confinement (up to 30 days)	\$350 per day
Intensive care unit admission	\$1,750
Intensive care unit confinement (up to 15 days)	\$450 per day

SURGICAL CARE

Blood/plasma/platelets—transfusion	\$400
Surgery (based on type of repair and surgery)	\$225 – \$1,200

For illustrative purposes only.

Benefit amounts may vary and may not cover all expenses. The policy has exclusions and limitations.

TRANSPORTATION & LODGING

Transportation for hospital confinement (up to three round trips, 50+ miles from home)	\$500 per round trip
Lodging – companion (up to 30 days)	\$125 per day

FOLLOW-UP CARE

Accident follow-up treatment – including transportation/telemedicine (up to six benefits per covered person per covered accident and up to 12 benefits per covered person per calendar year)	\$45
---	-------------

Medical equipment

■ Tier 1 (Arm sling, cane, medical ring cushion, neck brace or wrist/ankle splint)	\$40
■ Tier 2 (Bedside commode, cold therapy system (cryotherapy), crutches, leg brace, shower chair, walker or walking boot)	\$100
■ Tier 3 (Back brace, body jacket, continuous passive movement (CPM), halo, electric scooter, hospital bed (including rental), knee scooter, stair lift chair, wheelchair)	\$200

Medical imaging study – CT, CAT scan, EEG, EMG, MR or MRI (one per calendar year)	\$200
--	--------------

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

Post-traumatic stress disorder (PTSD)	\$250
--	--------------

Prosthetic device/artificial limb

■ One	\$600	■ More than one	\$1,200
■ Repair/replacement ²			\$300/\$600

Rehabilitation unit confinement (up to 15 days, not to exceed 30 days per calendar year)	\$125 per day
---	----------------------

Therapy – occupational, physical or speech (up to 10 days)	\$30 per day
---	---------------------

ACCIDENTAL DISMEMBERMENT

Accidental dismemberment	\$300 – \$20,000
---------------------------------------	-------------------------

- 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	\$12,500³
---	-----------------------------

- Total and irrecoverable loss, loss of use or paralysis – 180-day elimination period
- 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	\$25,000
■ Child	\$5,000

Accidental death common carrier

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

■ Named insured, spouse	\$100,000
■ Child	\$15,000



For more information,
talk with your
benefits counselor.



Cancer Insurance

Level 1 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	BENEFIT DESCRIPTION	BENEFIT AMOUNT
Air ambulance	\$2,000 per trip	Companion transportation	\$.50 per mile
Transportation to or from a hospital or medical facility [max. of two trips per confinement]		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]	
Ambulance	\$.250 per trip	Egg(s) extraction or harvesting/sperm collection and storage	
Transportation to or from a hospital or medical facility [max. of two trips per confinement]		Extracted/harvested or collected before chemotherapy or radiation [once per lifetime]	
Anesthesia		<ul style="list-style-type: none"> • Egg(s) extraction or harvesting/sperm collection \$.500 • Egg(s) or sperm storage (cryopreservation) \$.175 	
Administered during a surgical procedure for cancer treatment		Experimental treatment	\$.200 per day
<ul style="list-style-type: none"> • General anesthesia 25% of surgical procedures benefit • Local anesthesia \$.25 per procedure 		Hospital, medical or surgical care for cancer [\$10,000 lifetime max.]	
Anti-nausea medication	\$.25 per day administered or per prescription filled	Family care	\$.30 per day
Doctor-prescribed medication for radiation or chemotherapy [\$100 monthly max.]		Inpatient or outpatient treatment for a covered dependent child [\$1,500 calendar year max.]	
Blood/plasma/platelets/immunoglobulins	\$.150 per day	Hair/external breast/voice box prosthesis	\$.200 per calendar year
A transfusion required during cancer treatment [\$10,000 calendar year max.]		Prosthesis needed as a direct result of cancer	
Bone marrow donor screening	\$.50	Home health care services ¹	\$.50 per day
Testing in connection with being a potential donor [once per lifetime]		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]	
Bone marrow or peripheral stem cell donation	\$.500	Hospice (initial or daily care) ²	
Receiving another person's bone marrow or stem cells for a transplant [once per lifetime]		An initial, one-time benefit and a daily benefit for treatment [\$15,000 lifetime max. for both]	
Bone marrow or peripheral stem cell transplant	\$.3,500 per transplant	<ul style="list-style-type: none"> • Initial hospice care [once per lifetime] \$.1,000 • Daily hospice care \$.50 per day 	
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**

Hospital confinement
Hospital stay (including intensive care) required for cancer treatment

- 30 days or less \$100 per day
- 31 days or more \$200 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 \$75 per study
Specific studies for cancer treatment [\$150 calendar year max.]

Outpatient surgical center \$100 per day
Surgery at an outpatient center for cancer treatment [\$300 calendar year max.]

Private full-time nursing services \$50 per day
Services while hospital confined other than those regularly furnished by the hospital

Prosthetic device/artificial limb \$1,000 per device or limb
A surgical implant needed because of cancer surgery [payable one per site, \$2,000 lifetime max.]

Radiation/chemotherapy
Weekly benefit [max. once per week]

- Injected chemotherapy by medical personnel \$250
- Radiation delivered by medical personnel \$250

Monthly chemotherapy benefit [max. once per month]

- Self-injected \$150
- Pump \$150
- Topical \$150
- Oral hormonal [1-24 months] \$150
- Oral hormonal [25+ months] \$75
- Oral non-hormonal \$150

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 \$150
A second physician's opinion on cancer surgery or treatment [once per lifetime]

Skilled nursing care facility \$75 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 \$50 per day
Doctor-prescribed drugs to enhance or modify radiation/chemotherapy treatments [\$400 calendar year max.]

Surgical procedures \$40 per surgical unit
Inpatient or outpatient surgery for cancer treatment [\$2,500 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 \$25 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

© 2022 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.





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: \$_____

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.



Hospital Indemnity Insurance

How will you pay for what your health insurance won't cover?

No matter how well you plan, you can't predict when sudden medical expenses could impact your way of life. Health insurance helps, but it doesn't cover everything. For instance, the average family has more than \$4,500 in out-of-pocket medical costs each year.¹

If you're admitted to the hospital for a covered accident or covered sickness, Medical Bridge, Colonial Life & Accident Insurance Company's hospital indemnity insurance, could help pay for out-of-pocket expenses. It's coverage that can help protect what you've worked so hard to build.

13% of Americans have medical debt in collections.²

¹ Milliman, Milliman Medical Index, 2022.

² Urban Institute, Debt in America: An Interactive Map, 2022.

One family's journey

Nathan was doing yard work with his wife when his chest pains began. After he was examined by a doctor, the couple was relieved to learn it was just a false alarm.



EMERGENCY ROOM VISIT

Nathan received immediate care at the nearest emergency room.



DIAGNOSTIC PROCEDURE

The doctor ordered an MRI to determine the cause of Nathan's pain.



HOSPITAL CONFINEMENT

Nathan was admitted to the hospital for a 24-hour stay while the doctors ran additional tests. After the tests confirmed there were no issues, he was released the following day.



DOCTOR'S OFFICE VISIT

A few weeks later, he had a follow-up appointment with his family doctor.

NATHAN'S OUT-OF-POCKET EXPENSES

Emergency room co-pay	\$100
Deductible	\$1,500
Doctor's visit co-pay	\$25
Co-insurance	\$1,800
	\$3,425

NATHAN'S BENEFITS

Emergency room visit	\$100
Diagnostic procedure	\$250
Hospital confinement	\$1,500
Doctor's office visit	\$25
	\$1,875

In this scenario, Nathan's Medical Bridge insurance benefits helped pay for the out-of-pocket expenses associated with his medical care.

For illustrative purposes only.

Cost of treatment benefits and benefit amounts may vary. Benefits may not cover all expenses. The policy has exclusions and limitations.



Coverage advantages

- Benefits are payable directly to you (unless you specify otherwise) and can be used as you see fit.¹
- Coverage is available for you, your spouse and eligible dependent children.
- Benefits are payable regardless of any other insurance you may have with other companies.
- All benefits are indemnity based, which means you will know the benefit amount payable for covered accidents or covered sicknesses.





Meet with a benefits counselor

By attending a 1-to-1 counseling session with your Colonial Life benefits counselor, you can learn more about Medical Bridge insurance and how it can help protect your family's way of life. Your benefits counselor can also review the rest of your insurance coverage and help you determine where you may need additional financial protection.

Based on the plan design available, you may receive benefits to help cover the costs associated with:

- Hospital confinement
- Outpatient surgical procedures
- Diagnostic procedures
- Doctor's office visits
- Emergency room visits

The average family has more than \$4,500 in out-of-pocket medical costs each year.





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.



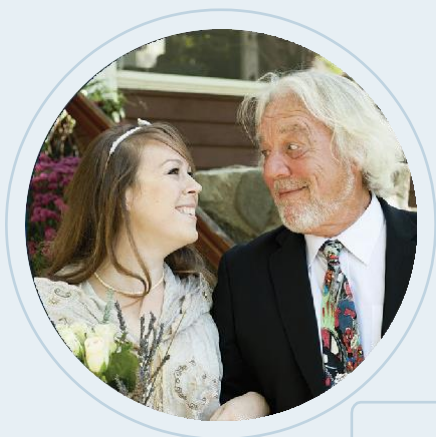
MIA AND ALEX

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.

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
Basic	0-80	\$9.16	\$13.55	\$17.42	\$21.80
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 1	17-75	\$7.59	\$15.18	\$7.68	\$15.27
Level 2	17-75	\$9.33	\$18.66	\$9.51	\$18.84
Level 3	17-75	\$12.84	\$25.68	\$13.11	\$25.95
Level 4	17-75	\$17.82	\$35.64	\$18.18	\$36.00

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
Plan 11429	\$21.21	\$37.86	\$62.46
Plan 11430	\$16.70	\$28.01	\$49.17
Plan S200B Access+	\$7.25	\$13.15	\$18.71
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	Monthly Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}	Monthly Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}	Monthly Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}	Monthly 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	Monthly Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}	Monthly Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}	Monthly Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}	Monthly 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	Monthly Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}	Monthly Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}	Monthly Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}	Monthly 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	Monthly Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}	Monthly Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}	Monthly Premium	Guaranteed Cash Value ²	Guaranteed RPU Value ^{2,3}	Monthly 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.