



In partnership with



**2024**

# **Supplemental Benefits Guide**



# Benefits designed with care

Explore your plan options for:

Accident Protection Plan

Critical Illness Protection Plan

Hospital Indemnity Protection Plan

## Open Enrollment

AlerisLife

In partnership with

US Enrollment Services

United  
Healthcare



# Benefit Assist is here to help



## You can focus on your health while we handle the rest

As a value-added service, when you are enrolled in a UnitedHealthcare supplemental health plan, you have access to personalized support from Benefit Assist. Benefit Assist can help make the process easier and help you get paid faster by:

- Reviewing your eligible medical claims to see if you qualify for a benefit payout
- Notifying you if any medical claims qualify for a benefit payout from your supplemental plan
- Connecting you with a claims specialist who will walk you through the process of submitting a supplemental plan claim

This service is available at no additional cost as part of your medical and supplemental plan benefits.

### How does it work?



**Benefit Assist identifies a claim**



**Benefit Assistant contacts member to start claim**



**Claim processed**



**Benefit Assistant contacts member with status update**



**Final benefit determination**

There's no obligation to use Benefit Assist to file your supplemental health plan claim. You have the option to submit your own claim by calling the number below.

**Call 1-800-444-5854**

**Monday–Friday, 8 a.m.–6 p.m. EST.**

# Plan highlights



## Accident Protection

Even with health insurance, an accidental injury can cost you thousands of dollars. Lost wages from missing work, health insurance deductibles and daily living expenses can create long-term financial problems. Accident insurance helps cover the added costs you may face following an injury.

### How the plan works

If you have a covered injury during the plan year and submit a claim, the Accident Protection Plan will pay

you a cash benefit directly. Any payment you receive is in addition to the benefits your health plan gives you. Plus, you don't have to meet a deductible to receive the money—and you can use the money any way you want.

- Benefits paid directly to you
- Group rates
- Convenient payroll deduction
- Guarantee issue coverage (no medical history questions to answer)
- Plan is portable
- Benefits are not affected by other insurance benefits



## Critical Illness Protection

Enrolling in a UnitedHealthcare Critical Illness Protection Plan helps give you and your family more financial security if you or a covered family member is diagnosed with a covered illness.

### How the plan works

The Critical Illness Protection Plan sends a lump-sum payment directly to you after diagnosis of a covered condition. The plan pays a lump-sum benefit for the diagnosis of a covered critical illness including, but not limited to:

- 12 conditions including heart attack, stroke and cancer
- 6 additional conditions including Alzheimer's, Parkinson's and multiple sclerosis

- 6 child-only conditions including cerebral palsy, cystic fibrosis and Down syndrome
- In order to receive the COVID benefit, you must be hospitalized for 20+ hours

**The money is yours to use however you want, including paying for:**

- Out-of-pocket health plan costs (deductibles, coinsurance, etc.)
- Mortgage or rent
- Groceries
- Prescriptions
- Treatment by a specialist
- Transportation to and from treatment



## Hospital Indemnity Protection

Even with health insurance, a hospital stay can mean big out-of-pocket costs and stress, especially if you have a high-deductible health plan. If you receive covered hospital care and submit a claim, the Hospital Indemnity Protection Plan will pay you directly in a single payment lump sum. Use the money any way you choose. This plan gives you the extra financial help you need so you can focus on feeling better.

### Get a direct payment after hospital care

Covered hospital expenses include:

- Hospital admission

- Hospital confinement
- Intensive care unit (ICU) admission
- ICU confinement (For coverage details, see your official benefit plan documents)

### Use the money any way you choose

Use your payments for:

- Health plan deductible and other costs, such as medications, rehabilitation and transportation
- Bills and living expenses



Accident Protection

Help protect yourself from the unexpected cost of an accident

Round out your health plan benefits with the Accident Protection Plan, which helps cover added costs you may face following an accident. The plan covers more than 80 injuries and care services, from burns and concussions to ambulance rides and rehabilitation. If you’re injured during your plan year, the Accident Protection Plan will pay you a cash benefit—and you can use the money any way you want.

How Accident Protection works—an example

Matt was playing in his softball league when he tore a knee ligament and broke a wrist. His Accident Protection coverage provided the following benefits.

Initial care/hospital care	Option A	Option B
Ambulance (ground)	\$200	\$250
Emergency room visit	\$150	\$200
Initial physician visit	\$150	\$200
Total:	\$500	\$650
Follow-up care/common injuries	Option A	Option B
Diagnostic MRI exam	\$100	\$150
Wrist fracture treatment	\$900	\$1,800
Surgical ligament tear repair	\$500	\$750
Knee immobilizer	\$150	\$150
Follow-up physician visit	\$50	\$75
Physical therapy sessions (10 total)	\$500	\$750
Total:	\$2,200	\$3,675



Total cash benefit paid to Matt

Option A

\$2,700

Option B

\$4,325



Wellness benefit

Get screened, earn money

Your UnitedHealthcare supplemental health plan options include a wellness benefit that may put money in your pocket. You could earn up to \$50\* —for you and your covered spouse to use any way you’d like —just for completing screenings like blood tests, colonoscopies or stress tests.

\*Check plan documents for details.



Benefit Assist

For a faster benefit payout

When you enroll in UnitedHealthcare health and supplemental health plans, you also receive Benefit Assist, and a Benefit Assistant will reach out if any medical claims may qualify for a benefit payout, so you can get your payment sooner.

Accident Protection rates

Coverage is voluntary and must be elected. Rates are shown below:

Accident	Bi-weekly rates	
Benefits+Rider(s)	Option A	Option B
Employee	\$2.93	\$4.34
Employee + Spouse	\$4.68	\$6.93
Employee + Child(ren)	\$5.64	\$8.56
Employee + Spouse + Child(ren)	\$8.76	\$13.24



Hospital Indemnity Protection

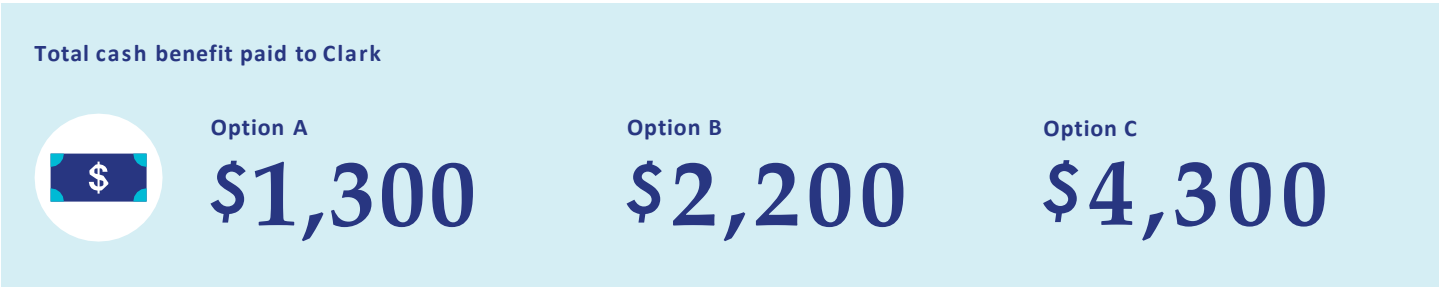
Help protect yourself from the high costs of hospital care

Even with health insurance, a hospital stay can mean big out-of-pocket costs. The Hospital Indemnity Protection Plan covers hospital admission, hospital confinement and intensive care unit confinement. You'll get a direct cash payment to use any way you choose —giving you extra financial help so you can focus on feeling better.

How Hospital Indemnity Protection works—an example

Clark suffered head and shoulder injuries in an accident and was taken by ambulance to the emergency room. Following an evaluation, Clark was admitted to the hospital for continued treatment of his injuries. Here is how his Hospital Indemnity coverage paid out over the plan year.

Hospital Indemnity Plan	Option A	Option B	Option C
Hospital admission (day 1)	\$500	\$1,000	\$1,500
Hospital confinement (days 2–5)	\$400	\$600	\$800
ICU confinement (days 2-5)	\$400	\$600	\$2,000
Total:	\$1,300	\$2,200	\$4,300



Hospital Indemnity protection rates

Coverage is voluntary and must be elected. Rates are shown below:

Hospital Indemnity	Bi-weekly rates		
Base + Enhanced Plan - Voluntary (Employee Paid)	Option A	Option B	Option C
Employee	\$3.72	\$6.60	\$9.47
Employee + Spouse	\$7.56	\$13.38	\$19.19
Employee + Child(ren)	\$6.49	\$11.42	\$16.36
Employee + Spouse + Child(ren)	\$11.02	\$19.40	\$27.79



Critical Illness Protection

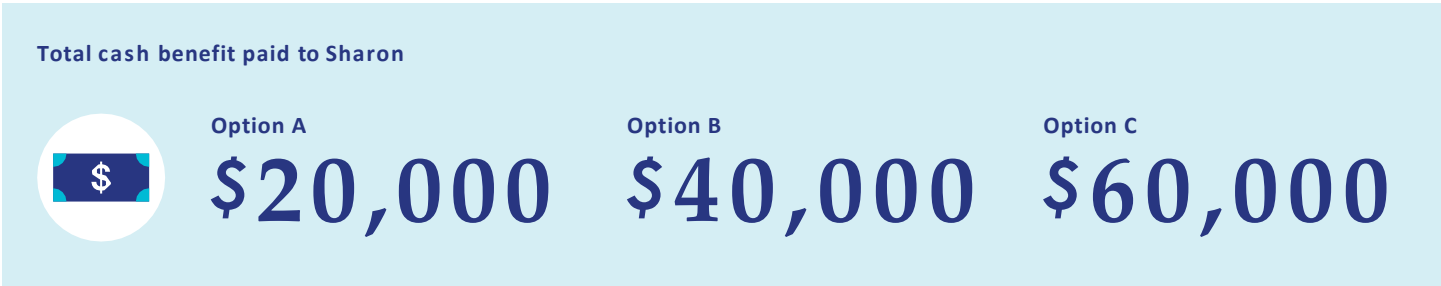
Get financial support during a serious illness

Experiencing a critical illness can be devastating to you, your family and your finances. The Critical Illness Protection Plan is designed to help ensure that should you or a covered family member be diagnosed with a covered critical illness—including heart attack, stroke and cancer—you’ll get a cash payment to use any way you want.

How Critical Illness Protection works—an example

Sharon was diagnosed with invasive cancer. Six months later, she had a stroke. Here’s a look at Sharon’s Critical Illness coverage benefits.

Coverage	Payout percentage	Option A	Option B	Option C
Invasive cancer	100%	\$10,000	\$20,000	\$30,000
Stroke	100%	\$10,000	\$20,000	\$30,000
Total:		\$20,000	\$40,000	\$60,000



Wellness benefit

Get screened, earn money

Your UnitedHealthcare supplemental health plan options include a wellness benefit that may put money in your pocket. You could earn up to \$100\*—for you to use any way you’d like—just for completing screenings like blood tests, colonoscopies or stress tests.

\*Check plan documents for details.



# Critical Illness – Smoker and non-smoker

Coverage is voluntary and must be elected. Rates are shown below:

Critical Illness	Bi-weekly rates	
	Employee	
Age range	Non-tobacco	Tobacco
Under 25	\$0.17	\$0.17
25 – 29	\$0.22	\$0.22
30 – 34	\$0.24	\$0.26
35 – 39	\$0.30	\$0.34
40 – 44	\$0.38	\$0.46
45 – 49	\$0.49	\$0.65
50 – 54	\$0.60	\$0.88
55 – 59	\$0.74	\$1.18
60 – 64	\$0.99	\$1.72
65 – 69	\$1.31	\$2.40
70 – 74	\$1.74	\$3.15
75+	\$2.37	\$4.02

Critical Illness	Bi-weekly rates	
	Spouse	
Age range	Non-tobacco	Tobacco
Under 25	\$0.17	\$0.18
25 – 29	\$0.22	\$0.23
30 – 34	\$0.25	\$0.27
35 – 39	\$0.28	\$0.32
40 – 44	\$0.36	\$0.48
45 – 49	\$0.51	\$0.75
50 – 54	\$0.66	\$1.06
55 – 59	\$0.85	\$1.44
60 – 64	\$1.17	\$2.14
65 – 69	\$1.59	\$3.12
70 – 74	\$2.12	\$4.15
75+	\$2.63	\$4.68
Child(ren)	\$0.10	





## Critical Illness – Smoker and non-smoker

Coverage is voluntary and must be elected. Bi-weekly rates are shown below:

Option 1: EE \$10,000 / SP \$10,000 / CH \$5,000								
	EE Only		EE + SP		EE + CH		EE + SP + CH	
Age range	Non-tobacco	Tobacco	Non-tobacco	Tobacco	Non-tobacco	Tobacco	Non-tobacco	Tobacco
Under 25	\$1.71	\$1.71	\$3.42	\$3.46	\$1.94	\$1.94	\$3.65	\$3.69
25 – 29	\$2.17	\$2.22	\$4.34	\$4.48	\$2.40	\$2.45	\$4.57	\$4.71
30 – 34	\$2.45	\$2.58	\$4.94	\$5.31	\$2.68	\$2.82	\$5.17	\$5.54
35 – 39	\$3.05	\$3.37	\$5.82	\$6.60	\$3.28	\$3.60	\$6.05	\$6.83
40 – 44	\$3.83	\$4.57	\$7.48	\$9.32	\$4.06	\$4.80	\$7.71	\$9.55
45 – 49	\$4.94	\$6.51	\$10.02	\$13.98	\$5.17	\$6.74	\$10.25	\$14.22
50 – 54	\$6.05	\$8.82	\$12.69	\$19.43	\$6.28	\$9.05	\$12.92	\$19.66
55 – 59	\$7.43	\$11.77	\$15.92	\$26.22	\$7.66	\$12.00	\$16.15	\$26.45
60 – 64	\$9.92	\$17.17	\$21.65	\$38.58	\$10.15	\$17.40	\$21.88	\$38.82
65 – 69	\$13.06	\$23.95	\$28.98	\$55.20	\$13.29	\$24.18	\$29.22	\$55.43
70 – 74	\$17.40	\$31.48	\$38.63	\$73.02	\$17.63	\$31.71	\$38.86	\$73.25
75+	\$23.68	\$40.20	\$49.94	\$87.00	\$23.91	\$40.43	\$50.17	\$87.23

Option 2: EE \$20,000 / SP \$20,000 / CH \$10,000								
	EE Only		EE + SP		EE + CH		EE + SP + CH	
Age range	Non-tobacco	Tobacco	Non-tobacco	Tobacco	Non-tobacco	Tobacco	Non-tobacco	Tobacco
Under 25	\$3.42	\$3.42	\$6.83	\$6.92	\$3.88	\$3.88	\$7.29	\$7.38
25 – 29	\$4.34	\$4.43	\$8.68	\$8.95	\$4.80	\$4.89	\$9.14	\$9.42
30 – 34	\$4.89	\$5.17	\$9.88	\$10.62	\$5.35	\$5.63	\$10.34	\$11.08
35 – 39	\$6.09	\$6.74	\$11.63	\$13.20	\$6.55	\$7.20	\$12.09	\$13.66
40 – 44	\$7.66	\$9.14	\$14.95	\$18.65	\$8.12	\$9.60	\$15.42	\$19.11
45 – 49	\$9.88	\$13.02	\$20.03	\$27.97	\$10.34	\$13.48	\$20.49	\$28.43
50 – 54	\$12.09	\$17.63	\$25.38	\$38.86	\$12.55	\$18.09	\$25.85	\$39.32
55 – 59	\$14.86	\$23.54	\$31.85	\$52.43	\$15.32	\$24.00	\$32.31	\$52.89
60 – 64	\$19.85	\$34.34	\$43.29	\$77.17	\$20.31	\$34.80	\$43.75	\$77.63
65 – 69	\$26.12	\$47.91	\$57.97	\$110.40	\$26.58	\$48.37	\$58.43	\$110.86
70 – 74	\$34.80	\$62.95	\$77.26	\$146.03	\$35.26	\$63.42	\$77.72	\$146.49
75+	\$47.35	\$80.40	\$99.88	\$174.00	\$47.82	\$80.86	\$100.34	\$174.46

Option 3: EE \$30,000 / SP \$30,000 / CH \$15,000								
	EE Only		EE + SP		EE + CH		EE + SP + CH	
Age range	Non-tobacco	Tobacco	Non-tobacco	Tobacco	Non-tobacco	Tobacco	Non-tobacco	Tobacco
Under 25	\$5.12	\$5.12	\$10.25	\$10.38	\$5.82	\$5.82	\$10.94	\$11.08
25 – 29	\$6.51	\$6.65	\$13.02	\$13.43	\$7.20	\$7.34	\$13.71	\$14.12
30 – 34	\$7.34	\$7.75	\$14.82	\$15.92	\$8.03	\$8.45	\$15.51	\$16.62
35 – 39	\$9.14	\$10.11	\$17.45	\$19.80	\$9.83	\$10.80	\$18.14	\$20.49
40 – 44	\$11.49	\$13.71	\$22.43	\$27.97	\$12.18	\$14.40	\$23.12	\$28.66
45 – 49	\$14.82	\$19.52	\$30.05	\$41.95	\$15.51	\$20.22	\$30.74	\$42.65
50 – 54	\$18.14	\$26.45	\$38.08	\$58.29	\$18.83	\$27.14	\$38.77	\$58.98
55 – 59	\$22.29	\$35.31	\$47.77	\$78.65	\$22.98	\$36.00	\$48.46	\$79.34
60 – 64	\$29.77	\$51.51	\$64.94	\$115.75	\$30.46	\$52.20	\$65.63	\$116.45
65 – 69	\$39.18	\$71.86	\$86.95	\$165.60	\$39.88	\$72.55	\$87.65	\$166.29
70 – 74	\$52.20	\$94.43	\$115.89	\$219.05	\$52.89	\$95.12	\$116.58	\$219.74
75+	\$71.03	\$120.60	\$149.82	\$261.00	\$71.72	\$121.29	\$150.51	\$261.69

# Here's the fine print

## We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you weren't treated fairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator:

**Mail:** UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UT 84130

**Online:** [UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free member phone number listed on your ID card.

You can also file a complaint with the U.S. Dept. of Health and Human Services:

**Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>.

**Phone:** Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

**Mail:** U.S. Dept. of Health and Human Services  
200 Independence Avenue SW, Room 509F  
HHH Building  
Washington, DC 20201

We provide free services to help you communicate with us such as letters in other languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card.

**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

**ATENCIÓN:** Si habla español (**Spanish**), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

**請注意：**如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

**XIN LƯU Ý:** Nếu quý vị nói tiếng Việt (**Vietnamese**), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

**알림:** 한국어(**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

**PAALALA:** Kung nagsasalita ka ng Tagalog (**Tagalog**), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

**ВНИМАНИЕ:** бесплатные услуги перевода доступны для людей, чей родной язык является русским (**Russian**). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

**تعليمات:** إذا كنت تتحدث بلغة عربية (**Arabic**)، فستتاح لك خدمة الترجمة مجاناً. يرجى الاتصال بالرقم المجاني المذكور على بطاقة هويتك.

**ATANSYON:** Si w pale Kreyòl ayisyen (**Haitian Creole**), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

**ATTENTION :** Si vous parlez français (**French**), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

**UWAGA:** Jeżeli mówisz po polsku (**Polish**), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

**ATENÇÃO:** Se você fala português (**Portuguese**), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

**ACHTUNG:** Falls Sie Deutsch (**German**) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

**توجه:** اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

**ध्यान दें:** यदि आप हिंदी (**Hindi**) बोलते हैं, आपको भाषा सहायता सेवाएं, नःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

**DÍI BAA'ÁKONÍNÍZIN:** Diné (**Navajo**) bizaad bee yánilti'go, saad bee áka'anída'awo'ígíí, t'áá jíí'eh, bee ná'ahóót'i'. T'áá shqódi ninaaltsoos nít'i'izi bee nééhozinígíí bine'dé'et' t'áá jíí'ehgo béesh bee hane'í biká'ígíí bee hodiilnih.



United  
Healthcare



Specialty benefits and programs may not be available in all states or for all group sizes. Components subject to change.

United Healthcare Accident Protection product is provided by United Healthcare Insurance Company on form UHI-ACC-POL (2018) et al., in Texas on form UHI-ACC-POL-TX (2018) and in Virginia on form UHI-ACC-POL-VA (2018). The policies have exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. Some products are not available in all states. United Healthcare Insurance Company is located in Hartford, CT.

United Healthcare Critical Illness product is provided by United Healthcare Insurance Company on form UH-ICI-POL-1 et al., in Texas on UH-ICI-POL-1 and in Virginia on UH-ICI-POL-1-VA. Critical Illness coverage is NOT considered minimum essential coverage under the Affordable Care Act and therefore does NOT satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor. The policies have exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. Some products are not available in all states. United Healthcare Insurance Company is located in Hartford, CT.

United Healthcare Hospital Indemnity product is provided by United Healthcare Insurance Company on policy forms UHIHIP-POL-TX, et al., and UHIHIP-CERT-TX, et al. in Texas and UHIHIP-POL-VA, et al. and UHIHIP-CERT-VA, et al. in Virginia. The product provides limited benefit for certain hospital indemnity plan benefits. Please note: HOSPITAL INDEMNITY coverage is NOT considered minimum essential coverage under the Affordable Care Act and therefore does NOT satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor. The policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. This product is not available in all states. United Healthcare Insurance Company is located in Hartford, CT.

Benefit Assist support is available at no additional cost to groups with a health plan and supplemental health plan from United Healthcare. Benefit payments associated with the Supplemental Health Plan Benefit Assist program are subject to eligibility requirements and benefits outlined in your United Healthcare policy. For more details, contact your broker or United Healthcare sales representative.

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## Supplemental Insurance Plans

Bi-Weekly (26) Payroll Deductions

Featuring products offered through

**CHUBB**



# Supplemental Insurance Offerings

Disability Income

Lifetime Benefit Term with Chronic Illness



Chubb refers to the insurers of the Chubb Limited (NYSE:CB). Products are underwritten by Combined Insurance Company of America (Chicago, IL) or ACE American Insurance Company. Both are Chubb companies.

# Chubb Disability Income

## Benefits that help you

No one plans on becoming disabled, but just in case, we've got you covered. Disability insurance helps replace a portion of your income if you are unable to work due to an accident or sickness.



### Coverage Features

- Covers off-the-job injuries after 14 days of total disability
- Covers off-the-job sickness after 14 days of total disability
- Includes coverage for pregnancy same as any other sickness
- Partial disability covered if it follows a total disability; payable at 50% of the monthly benefit
- Premiums are waived after 14 days of disability
- You can choose a benefit period of 3, 6 or 12 months

### Benefit Options

- You can elect a monthly benefit amount up to the lesser of \$5,000 or 60%\* of your income subject to a monthly minimum benefit of \$200. Monthly benefit amounts up to \$5,000 are available on a guarantee-issue basis.

#### \*State Variations

- CA, NJ and RI residents can elect up to 20% of income
- NY residents can elect up to 30% of income

### Eligibility

- Active employees working at least 30 hours per week, ages 18–69

### Exclusions

Benefits are not payable for Disabilities contributed to or caused by:

- Occupational Injury
- Suicide, attempted suicide or intentionally self-inflicted Injury, whether sane or insane;
- Voluntary inhalation of or asphyxiation by gas or fumes;
- Voluntary ingestion or injection of any drug, narcotic, sedative or poison, unless prescribed by and taken in accordance with the directions of the prescribing Physician;
- Substance abuse, to include abuse of alcohol, alcoholism, drug addiction or dependence upon any controlled substance;
- Being intoxicated or under the influence of alcohol, drugs or any narcotics (including overdose) unless administered on, and taken in accordance with, instructions of a Physician;

- War, declared or undeclared, participation in a riot, insurrection or rebellion;
- Travel or flight in or descent from any aircraft other than as a fare-paying passenger on a regularly scheduled airline;
- Engaging in any illegal or fraudulent occupation, work or employment; or
- Committing or attempting to commit a felony or an assault; or for
- Disabilities that occur while you are incarcerated or imprisoned; or
- Disabilities that result solely as the result of a loss of a professional license, occupational license, or certificate.

This is a supplement to health insurance and is not a substitute for Major Medical or other minimal essential coverage.

This document is only a brief description of Group Disability Income Certificate ICC17-C19202. See the certificate for complete details about features, benefits, exclusions

### Pre-existing Condition Limitation

A pre-existing condition means a condition for which you received medical treatment, advice, consultation, diagnostic testing, care, services or took prescribed drugs or medications within the 12 months preceding your effective date. Benefits will not be paid for any disability caused by, contributed by, or the result of a pre-existing condition which begins within the first 12 months following your Effective Date.

### Offsets with Other Income

Your disability benefit may reduce if the total of your disability income payment and the following sources of income exceed 80% of your pre-disability earnings:

- Salary continuation
- Statutory disability plan payments
- Social Security Disability Income (SSDI)

# Chubb Disability Income Rates

## Disability Rates

- Minimum benefit is \$200 per month.
- Your bi-weekly rates (26 pay cycles) will vary depending on your age and desired coverage amount.
- Amounts up to the lesser of \$5,000 or 60% of income are guarantee issue. (State variations apply in CA, NJ, NY, RI)
- Select benefits and associated costs are outlined in the tables to the right, however any rate can be calculated using the following formula:  

$$\text{Desired Coverage Amount} \times \text{Rate for Your Age} / \$100$$

### Calculate your bi-weekly (26) premium:

#### Step 1

How much coverage would you like? \$ \_\_\_\_\_

#### Step 2

Insert the rate per \$100 for your age and desired benefit period: \$ \_\_\_\_\_

#### Step 3

Multiply Step 1 by Step 2: \$ \_\_\_\_\_

#### Step 4

Divide Step 3 by 100: \$ \_\_\_\_\_

The answer to Step 4 will be your bi-weekly (26) premium for your desired amount of disability insurance coverage.

### CLASS 1 Administration, Reception, Management, RNs, LPNs, CNAs and Physical Therapists

### CLASS 2 All other eligible employees

3 month period benefit – 26 pay cycles

Monthly Coverage Amount	Age			Age		
	18-49	50-59	60-69	18-49	50-59	60-69
\$100	\$0.97	\$1.01	\$1.56	\$1.48	\$1.56	\$2.41
\$500	\$4.85	\$5.05	\$7.80	\$7.40	\$7.80	\$12.05
\$1,000	\$9.70	\$10.10	\$15.60	\$14.80	\$15.60	\$24.10
\$1,500	\$14.55	\$15.15	\$23.40	\$22.20	\$23.40	\$36.15
\$2,000	\$19.40	\$20.20	\$31.20	\$29.60	\$31.20	\$48.20
\$2,500	\$24.25	\$25.25	\$39.00	\$37.00	\$39.00	\$60.25
\$3,000	\$29.10	\$30.30	\$46.80	\$44.40	\$46.80	\$72.30
\$3,500	\$33.95	\$35.35	\$54.60	\$51.80	\$54.60	\$84.35
\$4,000	\$38.80	\$40.40	\$62.40	\$59.20	\$62.40	\$96.40
\$4,500	\$43.65	\$45.45	\$70.20	\$66.60	\$70.20	\$108.45
\$5,000	\$48.50	\$50.50	\$78.00	\$74.00	\$78.00	\$120.50

6 month period benefit – 26 pay cycles

Monthly Coverage Amount	Age			Age		
	18-49	50-59	60-69	18-49	50-59	60-69
\$100	\$1.21	\$1.40	\$2.13	\$1.82	\$2.01	\$3.07
\$500	\$6.05	\$7.00	\$10.65	\$9.10	\$10.05	\$15.35
\$1,000	\$12.10	\$14.00	\$21.30	\$18.20	\$20.10	\$30.70
\$1,500	\$18.15	\$21.00	\$31.95	\$27.30	\$30.15	\$46.05
\$2,000	\$24.20	\$28.00	\$42.60	\$36.40	\$40.20	\$61.40
\$2,500	\$30.25	\$35.00	\$53.25	\$45.50	\$50.25	\$76.75
\$3,000	\$36.30	\$42.00	\$63.90	\$54.60	\$60.30	\$92.10
\$3,500	\$42.35	\$49.00	\$74.55	\$63.70	\$70.35	\$107.45
\$4,000	\$48.40	\$56.00	\$85.20	\$72.80	\$80.40	\$122.80
\$4,500	\$54.45	\$63.00	\$95.85	\$81.90	\$90.45	\$138.15
\$5,000	\$60.50	\$70.00	\$106.50	\$91.00	\$100.50	\$153.50

12 month period benefit – 26 pay cycles

Monthly Coverage Amount	Age			Age		
	18-49	50-59	60-69	18-49	50-59	60-69
\$100	\$1.51	\$1.91	\$2.95	\$2.30	\$2.60	\$3.97
\$500	\$7.55	\$9.55	\$14.75	\$11.50	\$13.00	\$19.85
\$1,000	\$15.10	\$19.10	\$29.50	\$23.00	\$26.00	\$39.70
\$1,500	\$22.65	\$28.65	\$44.25	\$34.50	\$39.00	\$59.55
\$2,000	\$30.20	\$38.20	\$59.00	\$46.00	\$52.00	\$79.40
\$2,500	\$37.75	\$47.75	\$73.75	\$57.50	\$65.00	\$99.25
\$3,000	\$45.30	\$57.30	\$88.50	\$69.00	\$78.00	\$119.10
\$3,500	\$52.85	\$66.85	\$103.25	\$80.50	\$91.00	\$138.95
\$4,000	\$60.40	\$76.40	\$118.00	\$92.00	\$104.00	\$158.80
\$4,500	\$67.95	\$85.95	\$132.75	\$103.50	\$117.00	\$178.65
\$5,000	\$75.50	\$95.50	\$147.50	\$115.00	\$130.00	\$198.50



## LifeTime Benefit Term



## Life Insurance— Valuable protection for your loved ones



You work hard to provide a good life for your family. However, what if something happened to you? Would your family be able to continue covering expenses you may have today like mortgage payments, childcare, credit card payments, college tuition and other household expenses? What about burial expenses or expenses for long term care like nursing home or assisted living care?

Many families would struggle, especially if the primary wage earner died. And few families are able to afford nursing home care without some type of financial assistance.

LifeTime Benefit Term can help.

Nearly 70%  
of people turning  
age 65 will need  
some type of  
Long Term Care.<sup>1</sup>

\$93,075  
average annual cost  
for nursing home  
care in 2020.<sup>2</sup>

46% of households  
would face the  
financial impact...  
if the primary wage  
earner died.<sup>3</sup>

For employees of

**AlerisLife Inc**



## LifeTime Benefit Term Provides You with the Protection Your Family Needs

LifeTime Benefit Term helps protect you and your family if you were no longer able to provide for them. Your family can receive cash benefits paid directly to them upon your death that they can use to help cover expenses like mortgage payments, credit card debt, childcare, college tuition and other household expenses.

Cash benefits can also be paid directly to you while you are living for long term care expenses.

### You Decide How You Want to Use LifeTime Benefit Term Benefits

When you make the promise to protect your family with LifeTime Benefit Term, there are several ways it can work.

#### As Life Insurance

LifeTime Benefit Term protects your family with money that can be used any way they choose. It is most often used to pay for mortgage or rent, education for children and grandchildren, retirement, family debt, and final expenses.

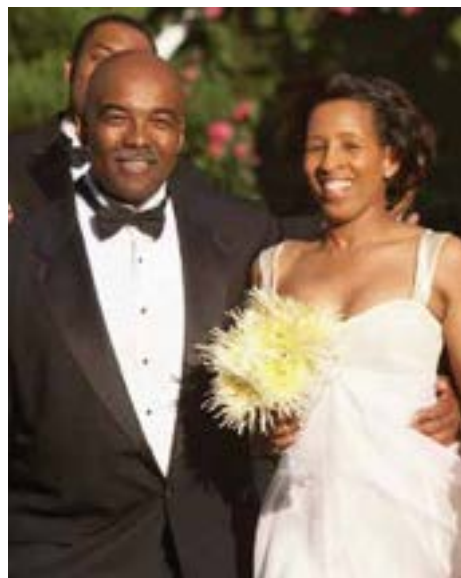
#### For Long Term Care\* (LTC)

If you become chronically ill, LifeTime Benefit Term will pay you 4% of your death benefit each month you receive Long Term Care. You can use this money any way you choose, and your life insurance premiums will be waived.

- Your death benefit will reduce proportionately each month as you receive benefit payments for Long Term Care. After 25 months of receiving Long Term Care Benefits, your death benefit will reduce to zero.

#### Restoration of Your Death Benefit

Ordinarily, accelerating your life coverage for Long Term Care benefits can reduce your death benefit to \$0. While in force, this rider restores your life coverage to not less than 50% of the death benefit on which your LTC benefits were based, not to exceed \$50,000. This rider assures there will be a death benefit available for your beneficiary until you reach age 121.



How LifeTime Benefit Term Can Be Used				
Three Options	Life Situation	Death Benefit	Long Term Care	Total Benefits
1. Life Insurance	You lead a full life and do not need Long Term Care (LTC)	\$100,000	---	\$100,000
2. Long Term Care (LTC) insurance	You lead a full life and need assisted living or nursing home care	---	\$100,000	
3. Split your Death Benefit for LTC & life insurance	You lead a full life but also need some LTC funds (Example: 4% of \$100,000 for 12 months)	\$52,000	\$48,000	
Additional Coverage for Long Term Care and Death Benefits				
Restore your Death Benefit	If you deplete your entire Death Benefit due to LTC, we restore your Death Benefit to 50% of your original death benefit	\$50,000	---	\$50,000
Option 1, 2 or 3 + Restoration of Death Benefit = TOTAL COVERAGE				\$150,000

This example is for illustrative purposes for employee-only coverage.

## Term Life Insurance Built for Today

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### **Guaranteed Premiums\***

Life insurance premiums will never increase and are guaranteed to age 100. Thereafter no additional premium is due while the coverage can continue to age 121.

### **Guaranteed Benefits During Working Years**

Death Benefit is guaranteed 100% when it is needed most—during your working years when your family is relying on your income. While the policy is in force, the death benefit is 100% guaranteed for the longer of 25 years or age 70.

### **Guaranteed Benefits After Age 70**

Even after age 70, the full death benefit is designed to last through age 99 for non-tobacco users and age 95 for tobacco users based on the current interest rate and mortality assumptions. Regardless of interest rates, the death benefit after age 70 is guaranteed to always be at least 50% of the initial benefit and will likely be more given the current interest rate.

### **Paid-up Benefits**

After 10 years, paid-up benefits begin to accrue. At any point thereafter, if you stop paying the premium, a reduced paid-up benefit is issued and can never lapse. That means when you retire, you can stop paying the premium and have a death benefit for the rest of your life—guaranteed.

## **Additional Benefit Options** *(additional premiums required)*

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### **Waiver of Premium**

Waives premium if you become totally disabled.

### **Payor Waiver of Premium**

Waives premium of your spouse, if you become totally disabled.

### **Long Term Care (LTC)\***

If you need LTC, you can access your death benefit while you are living for home health care, assisted living, adult day care and nursing home care. You get 4% of your death benefit per month while you are living for up to 25 months to help pay for LTC. Insurance premiums are waived while this benefit is being paid.

### **Terminal Illness**

After your coverage has been in force for two years, you can receive 50% of your death benefit, up to \$100,000, if you are diagnosed as terminally ill.



Good things happen every day, and unfortunately hardship happens too. Let us help you protect everything you value.

\* LTC premiums may be adjusted based upon the experience of the group or other group characteristics that may affect results. Premiums will not be increased solely because of an independent claim. New premiums will be based on the insured's age and premium class on the rider's coverage date.

## LifeTime Benefit Term Features

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### **Budget Friendly Financial Security**

Lifelong protection with premiums beginning as low as \$3 per week.

### **Dependable Guarantees**

Guaranteed life insurance premium and death benefits last a lifetime.

### **Highly Competitive Rates**

For the same premium, LifeTime Benefit Term provides higher benefits than permanent life insurance and lasts to age 121.

### **Fully Portable and Guaranteed Renewable for Life**

Your coverage cannot be cancelled as long as premiums are paid as due.

### **Family Coverage**

Coverage is available for your spouse, children and dependent grandchildren.

## LifeTime Benefit Term Exclusions

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If the insured commits suicide, while sane or insane, within two years (one year in some states) from the Date of Issue, and while this Coverage is in force, We will pay in one sum to the Beneficiary, the amount of premiums paid for this Coverage.

### **Long Term Care Exclusions**

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We will not pay Long Term Care benefits for care that is received or loss incurred as a result of: 1) an intentionally self-inflicted injury, or attempted suicide; or 2) war or any act of war, declared or undeclared, or service in the armed forces of any country; or 3) treatment of the Insured's alcohol, drug or other chemical dependence, except if the drug dependency was sustained or acquired at the hands of a Physician, or except while under treatment for an injury or sickness; or 4) the Insured's participation in a riot or insurrection, or the commission of, or attempt to commit, a felony.

We will not pay Long Term Care benefits if the Confinement, Home Health Care services, or Adult Day Care service: 1) is received outside the United States and its territories; or 2) is provided by ineligible providers; or 3) is rendered by members of the Certificateholder's or the Insured's Immediate Family.

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If you have questions about this product contact (855) 241-9891.

This document is a brief description of Form Nos. C34544 and P34544 (or applicable state version) and riders: Waiver of Premium=34551, Payor Waiver of Premium=34549, Restoration of Death Benefits=34559, Accelerated Death Benefit for Terminal Illness=34550 and Long Term Care=34553). Refer to your policy for specific details about benefits, exclusions and limitations.

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent or insurance company.

1. LongTermCare.gov, Feb. 18, 2020, [acl.gov/ltc/basic-needs/how-much-care-will-you-need](https://acl.gov/ltc/basic-needs/how-much-care-will-you-need)
2. Statista; March 17, 2021; [www.statista.com/statistics/310446/annual-median-rate-of-long-term-care-services-in-the-us/](https://www.statista.com/statistics/310446/annual-median-rate-of-long-term-care-services-in-the-us/)
3. The 2021 Insurance Barometer Study, LIMRA and Life Happens, Oct. 14, 2021

**Chubb. Insured.<sup>SM</sup>**

Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. This insurance product is underwritten by Combined Insurance Company of America, Chicago, IL, a Chubb company.

# Chubb LBT Rates Bi-Weekly (26): Non-Smoker

Issue Age	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$225,000	\$250,000
19	N/A	N/A	8.94	13.44	17.88	22.38	26.82	31.32	35.76	40.26	44.70
20	N/A	N/A	8.94	13.44	17.88	22.38	26.82	31.32	35.76	40.26	44.70
21	N/A	N/A	9.12	13.68	18.24	22.86	27.42	31.98	36.54	41.10	45.66
22	N/A	N/A	9.30	13.98	18.66	23.34	27.96	32.64	37.32	41.94	46.62
23	N/A	N/A	9.54	14.28	19.08	23.82	28.62	33.36	38.16	42.90	47.70
24	N/A	N/A	9.78	14.64	19.56	24.42	29.28	34.20	39.06	43.98	48.84
25	N/A	N/A	10.02	15.00	19.98	25.02	30.00	34.98	40.02	45.00	49.98
26	N/A	N/A	10.32	15.48	20.70	25.86	31.02	36.18	41.34	46.50	51.72
27	N/A	N/A	10.74	16.08	21.42	26.76	32.16	37.50	42.84	48.24	53.58
28	N/A	N/A	11.10	16.68	22.20	27.78	33.36	38.88	44.46	49.98	55.56
29	N/A	N/A	11.52	17.28	23.04	28.74	34.50	40.26	46.02	51.78	57.54
30	N/A	N/A	11.88	17.88	23.82	29.76	35.70	41.64	47.64	53.58	59.52
31	N/A	6.18	12.42	18.60	24.84	31.02	37.26	43.44	49.62	55.86	62.04
32	N/A	6.48	12.96	19.44	25.98	32.46	38.94	45.42	51.90	58.38	64.86
33	N/A	6.78	13.50	20.28	27.06	33.78	40.56	47.34	54.12	60.84	67.62
34	N/A	7.08	14.10	21.18	28.20	35.28	42.30	49.38	56.40	63.48	70.56
35	N/A	7.38	14.76	22.20	29.58	36.96	44.34	51.78	59.16	66.54	73.92
36	N/A	7.80	15.60	23.40	31.20	38.94	46.74	54.54	62.34	70.14	77.94
37	N/A	8.22	16.44	24.66	32.88	41.04	49.26	57.48	65.70	73.92	82.14
38	N/A	8.64	17.28	25.98	34.62	43.26	51.90	60.54	69.24	77.88	86.52
39	N/A	9.12	18.30	27.42	36.54	45.72	54.84	63.96	73.08	82.26	91.38
40	N/A	9.60	19.26	28.86	38.52	48.12	57.72	67.38	76.98	86.64	96.24
41	N/A	10.14	20.28	30.42	40.56	50.70	60.84	70.98	81.18	91.32	101.46
42	N/A	10.68	21.36	32.10	42.78	53.46	64.14	74.82	85.56	96.24	106.92
43	N/A	11.28	22.50	33.78	45.06	56.28	67.56	78.84	90.06	101.34	112.62
44	N/A	11.88	23.70	35.58	47.46	59.34	71.16	83.04	94.92	106.80	118.62
45	N/A	12.48	25.02	37.50	50.04	62.52	75.06	87.54	100.08	112.56	125.10
46	N/A	13.38	26.70	40.08	53.46	66.84	80.16	93.54	106.92	120.30	133.62
47	N/A	14.28	28.56	42.84	57.18	71.46	85.74	100.02	114.30	128.58	142.86
48	6.12	15.30	30.54	45.84	61.14	76.38	91.68	106.92	122.22	137.52	152.76
49	6.54	16.32	32.64	48.90	65.22	81.54	97.86	114.12	130.44	146.76	163.08
50	6.96	17.46	34.92	52.38	69.84	87.30	104.76	122.22	139.68	157.14	174.60
51	7.38	18.54	37.02	55.56	74.04	92.58	111.12	129.60	148.14	166.62	185.16
52	7.86	19.62	39.30	58.92	78.54	98.22	117.84	137.46	157.14	176.76	196.38
53	8.34	20.82	41.64	62.46	83.22	104.04	124.86	145.68	166.50	187.32	208.08
54	8.82	22.08	44.16	66.18	88.26	110.34	132.42	154.50	176.52	198.60	220.68
55	9.36	23.40	46.74	70.14	93.54	116.94	140.28	163.68	187.08	210.48	233.82
56	10.08	25.20	50.40	75.66	100.86	126.06	151.26	176.52	201.72	226.92	252.12
57	10.86	27.18	54.36	81.54	108.78	135.96	163.14	190.32	217.50	244.68	271.92
58	11.70	29.28	58.56	87.84	117.18	146.46	175.74	205.02	234.30	263.58	292.92
59	12.60	31.50	63.00	94.50	126.00	157.50	188.94	220.44	251.94	283.44	314.94
60	13.56	33.84	67.68	101.52	135.36	169.20	203.04	236.94	270.78	304.62	338.46
61	14.76	36.90	73.80	110.70	147.60	184.56	221.46	258.36	295.26	332.16	369.06
62	16.02	40.08	80.16	120.24	160.32	200.40	240.48	280.56	320.64	360.72	400.86
63	17.40	43.50	87.00	130.50	173.94	217.44	260.94	304.44	347.94	391.44	434.88
64	18.84	47.04	94.08	141.12	188.16	235.20	282.24	329.28	376.32	423.36	470.40
65	20.34	50.82	101.64	152.40	203.22	254.04	304.86	355.62	406.44	457.26	508.08
66	22.68	56.70	113.40	170.04	226.74	283.44	340.14	396.84	453.48	510.18	566.88
67	25.14	62.88	125.76	188.64	251.52	314.40	377.28	440.16	503.04	565.92	628.80
68	27.78	69.42	138.84	208.26	277.68	347.10	416.52	485.94	555.42	624.84	694.26
69	30.54	76.38	152.70	229.08	305.40	381.78	458.10	534.48	610.86	687.18	763.56
70	33.48	83.76	167.52	251.28	335.04	418.80	502.56	586.32	670.08	753.78	837.54

# Chubb LBT Rates Bi-Weekly (26): Smoker

Issue Age	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$225,000	\$250,000
19	N/A	N/A	11.76	17.64	23.52	29.40	35.28	41.22	47.10	52.98	58.86
20	N/A	N/A	11.76	17.64	23.52	29.40	35.28	41.22	47.10	52.98	58.86
21	N/A	6.06	12.12	18.12	24.18	30.24	36.30	42.36	48.36	54.42	60.48
22	N/A	6.24	12.42	18.66	24.84	31.08	37.26	43.50	49.68	55.92	62.10
23	N/A	6.42	12.78	19.20	25.56	31.98	38.34	44.76	51.18	57.54	63.96
24	N/A	6.60	13.20	19.80	26.40	33.00	39.60	46.20	52.74	59.34	65.94
25	N/A	6.78	13.56	20.34	27.18	33.96	40.74	47.52	54.30	61.08	67.86
26	N/A	7.02	14.10	21.12	28.14	35.16	42.24	49.26	56.28	63.30	70.38
27	N/A	7.32	14.58	21.90	29.22	36.54	43.80	51.12	58.44	65.76	73.02
28	N/A	7.56	15.12	22.68	30.24	37.80	45.36	52.92	60.48	68.04	75.60
29	N/A	7.80	15.66	23.46	31.26	39.12	46.92	54.72	62.58	70.38	78.18
30	N/A	8.10	16.20	24.24	32.34	40.44	48.54	56.58	64.68	72.78	80.88
31	N/A	8.46	16.86	25.32	33.72	42.18	50.58	59.04	67.50	75.90	84.36
32	N/A	8.82	17.64	26.46	35.28	44.10	52.92	61.74	70.56	79.38	88.20
33	N/A	9.18	18.36	27.54	36.72	45.90	55.08	64.26	73.44	82.62	91.80
34	N/A	9.60	19.14	28.74	38.28	47.88	57.42	67.02	76.62	86.16	95.76
35	N/A	9.96	19.92	29.94	39.90	49.86	59.82	69.78	79.74	89.76	99.72
36	N/A	10.50	20.94	31.44	41.94	52.44	62.88	73.38	83.88	94.38	104.82
37	N/A	11.04	22.14	33.18	44.22	55.26	66.36	77.40	88.44	99.48	110.58
38	N/A	11.64	23.28	34.86	46.50	58.14	69.78	81.36	93.00	104.64	116.28
39	N/A	12.30	24.60	36.90	49.20	61.50	73.80	86.10	98.40	110.76	123.06
40	N/A	12.96	25.86	38.82	51.78	64.68	77.64	90.60	103.56	116.46	129.42
41	N/A	13.74	27.54	41.28	55.02	68.76	82.56	96.30	110.04	123.78	137.58
42	N/A	14.64	29.22	43.86	58.44	73.08	87.72	102.30	116.94	131.58	146.16
43	6.18	15.48	31.02	46.50	62.04	77.52	93.06	108.54	124.08	139.56	155.10
44	6.60	16.44	32.88	49.32	65.76	82.20	98.70	115.14	131.58	148.02	164.46
45	7.02	17.46	34.98	52.44	69.96	87.42	104.94	122.40	139.92	157.38	174.90
46	7.44	18.66	37.32	55.98	74.64	93.36	112.02	130.68	149.34	168.00	186.66
47	7.98	19.92	39.90	59.82	79.80	99.72	119.70	139.62	159.60	179.52	199.50
48	8.52	21.30	42.60	63.90	85.26	106.56	127.86	149.16	170.46	191.76	213.06
49	9.12	22.74	45.48	68.22	90.96	113.70	136.44	159.12	181.86	204.60	227.34
50	9.72	24.30	48.54	72.84	97.14	121.38	145.68	169.92	194.22	218.52	242.76
51	10.38	25.86	51.78	77.64	103.56	129.42	155.28	181.20	207.06	232.98	258.84
52	11.04	27.60	55.20	82.86	110.46	138.06	165.66	193.32	220.92	248.52	276.12
53	11.76	29.40	58.80	88.20	117.60	147.00	176.40	205.80	235.20	264.60	294.00
54	12.54	31.26	62.58	93.84	125.10	156.36	187.68	218.94	250.20	281.52	312.78
55	13.32	33.24	66.48	99.72	133.02	166.26	199.50	232.74	265.98	299.22	332.46
56	14.34	35.82	71.64	107.40	143.22	179.04	214.86	250.68	286.44	322.26	358.08
57	15.42	38.58	77.16	115.68	154.26	192.84	231.42	270.00	308.58	347.10	385.68
58	16.56	41.40	82.86	124.26	165.72	207.12	248.58	289.98	331.44	372.84	414.30
59	17.82	44.46	88.98	133.44	177.90	222.36	266.88	311.34	355.80	400.32	444.78
60	19.08	47.70	95.34	143.04	190.68	238.38	286.02	333.72	381.36	429.06	476.70
61	20.76	51.90	103.86	155.76	207.66	259.62	311.52	363.42	415.38	467.28	519.18
62	22.50	56.34	112.62	168.96	225.24	281.58	337.86	394.20	450.48	506.82	563.10
63	24.42	61.02	122.04	183.12	244.14	305.16	366.18	427.20	488.22	549.30	610.32
64	26.34	65.88	131.76	197.64	263.52	329.40	395.22	461.10	526.98	592.86	658.74
65	28.44	71.04	142.08	213.06	284.10	355.14	426.18	497.16	568.20	639.24	710.28
66	31.68	79.14	158.28	237.48	316.62	395.76	474.90	554.04	633.18	712.38	791.52
67	35.10	87.72	175.38	263.10	350.82	438.48	526.20	613.86	701.58	789.30	876.96
68	38.70	96.72	193.44	290.16	386.88	483.66	580.38	677.10	773.82	870.54	967.26
69	42.54	106.26	212.58	318.84	425.16	531.42	637.68	744.00	850.26	956.58	1,062.84
70	46.56	116.46	232.86	349.32	465.78	582.18	698.64	815.04	931.50	1,047.96	1,164.36



## LifeTime Benefit Term Exclusions

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If the insured commits suicide, while sane or insane, within two years from the Date of Issue, and while this Coverage is in force, We will pay in one sum to the Beneficiary, the amount of premiums paid for this Coverage.

## Additional Benefit Options

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### Child Term

Death Benefits available up to \$25,000. Guaranteed conversion to individual coverage at age 26—up to 5 times the benefit amount.

Premium is \$.97 per \$5,000 bi-weekly (26) covering all eligible dependent children. Max benefit is \$25,000.

## Chronic Illness Benefit Exclusions

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We will not pay Rider benefits for care that is received or loss incurred as a result of:

1. an intentionally self-inflicted injury, or attempted suicide; or
2. war or any act of war, if the cause of death occurs while the Insured is serving in the military, naval or air forces of any country, combination of countries or international organization, provided such death occurs while in such forces; or
3. treatment of the Insured's alcohol, drug or other chemical dependence, except if the drug dependency was sustained or acquired at the hands of a Physician, or except while under treatment for an injury or sickness; or
4. the Insured's commission of, or attempt to commit, a felony; or an injury that occurs because of the Insured's involvement in an illegal activity.