

# Plan Sheet

## DisabilityGuard™ Insurance

### INFORMATION INCLUDES:

- Benefits and options
- Premium rate tables
- Eligibility requirements
- Conditions and limitations

Because there's more to your life  
Help protect your income with DisabilityGuard™



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1-800-561-9401 [cdspi.com/disabilityguard](http://cdspi.com/disabilityguard)



DisabilityGuard™ Insurance is underwritten by  
**The Manufacturers Life Insurance Company (Manulife),**  
PO Box 4213 Stn A, Toronto, ON, M5W 5M3

# How DisabilityGuard™ Insurance Helps Protect Your Income

If you suffer a disabling illness or injury, the plan provides you with a monthly income benefit of up to \$25,000 to help replace your lost income. You can choose from four elimination periods (30-day, 60-day, 90-day and 120-day) or any combination of these elimination periods. Applicants between the ages of 55 to 64 can apply for up to \$15,000 of monthly income benefit.

Coverage continues until you reach age 75.

If you become disabled before age 63, your benefits continue until you recover or reach age 65 — whichever comes first. For disabilities occurring between age 63 and 75, you may receive up to a maximum of 24 consecutive monthly benefit payments

## OWN OCCUPATION

If a continuing total or residual disability prevents you from engaging in your own occupation (all occupation(s) in which you were engaged immediately prior to becoming disabled) this definition allows you to receive disability benefits even if you are able to earn income from a new occupation.

## RECEIVE AUTOMATIC COVERAGE FOR HIV AND HEPATITIS B AND C

A dentist who becomes infected with HIV or Hepatitis B or C (before age 65), and is required by the government or licensing authority to limit his or her practice, receives pro-rated benefits when a loss of income of 20 per cent or more has been suffered.

## PAY NO PREMIUMS WHEN TOTALLY DISABLED

In the case of a total disability lasting through your elimination period (before age 65), your premiums are waived if total disability continues and you are not working. In addition, you are reimbursed for all premiums paid during the elimination period.

## COVERAGE FOR TRANSPLANT DONOR AND DISFIGUREMENT SURGERY

DisabilityGuard™ provides coverage if you have been totally disabled for at least 30 days because you have donated part of your body to another person for transplant or have had surgery to correct a disfigurement. (Coverage must be in effect for at least six months and the elimination period must be satisfied.)

## PRO-RATED BENEFITS PAYABLE WHEN PARTIAL DISABILITY STRIKES

The Residual Disability Benefit provides pro-rated benefits when a partial disability limits your ability to work, resulting in a loss of income of at least 20 per cent.

If your disability is partial and results in more than a 20 per cent loss of income, you will receive at least 50 per cent of your maximum monthly income benefit for your first six monthly disability payments. Even if your income loss is less than 50 per cent, you will still receive 50 per cent of your monthly income benefit.

Benefit payments after the end of that six-month period will be calculated on the basis of your actual income loss.

## SURVIVOR BENEFIT

Your surviving spouse (or your estate in the absence of a surviving spouse) will receive a payment equal to three times the last disability benefit paid if you die while receiving DisabilityGuard™ benefits.

## Options†

### FUTURE INSURANCE GUARANTEE (FIG) OPTION

The FIG Option allows you to increase your coverage by 25 per cent, without evidence of good health at the time of increase (financial evidence will be required), annually on your birthday (subject to limits under the “Income Ratio Guide”). You must contact CDSPI to request an application form and submit it within 60 days\*. Also, you must be under age 55 and not on disability claim to exercise this option.

### COST OF LIVING ADJUSTMENT (COLA) OPTION

The COLA Option increases your benefit each year after you have been disabled for 12 months, by the increase in the Consumer Price Index, up to 8 per cent (compounding), to help protect your purchasing power during a lengthy disability — with no maximum on the number of annual increases or resulting benefit.

### RETIREMENT PROTECTION OPTION

This option can provide a \$500 or \$1,000 monthly contribution (depending on your annual income) during a total disability to an account set up for your retirement. It allows you to continue saving for your retirement when, because of your total disability, you do not have earned income which enables you to contribute to an RRSP or pension plan.

DISABILITYGUARD™ OPTIONS	APPLY UNDER AGE
COLA	65
FIG	55
Retirement Protection	55

† When applying for any of these options, medical evidence of good health must be provided.

## Conditions and Limitations

Details, terms, conditions and exclusions are set out in the certificate booklet for the DisabilityGuard™ Insurance plan. Please note:

- DisabilityGuard™ Insurance benefits are not payable for disabilities resulting from: intentionally self-inflicted injuries; war, whether declared or not, any act of war or act of terrorism, participation in a riot, civil commotion or insurrection; committing, attempting or provoking an assault or criminal offence other than an offence involving the operation of a motor vehicle or vessel

## INCOME RATIO GUIDE

ANNUAL EARNED INCOME (AFTER BUSINESS EXPENSES PRE-TAX)	MAXIMUM MONTHLY COVERAGE	ANNUAL EARNED INCOME (AFTER BUSINESS EXPENSES PRE-TAX)	MAXIMUM MONTHLY COVERAGE
\$ 65,000 - 69,999	\$ 3,500	\$500,000 - 509,999	\$14,500
70,000 - 74,999	3,800	510,000 - 519,999	14,800
75,000 - 79,999	4,000	520,000 - 529,999	15,000
80,000 - 84,999	4,300	530,000 - 539,999	15,300
85,000 - 89,999	4,400	540,000 - 549,999	15,500
90,000 - 94,999	4,700	550,000 - 559,999	15,800
95,000 - 99,999	4,900	560,000 - 569,999	16,100
100,000 - 109,999	5,100	570,000 - 579,999	16,300
110,000 - 119,999	5,500	580,000 - 589,999	16,500
120,000 - 129,999	5,900	590,000 - 599,999	16,800
130,000 - 139,999	6,300	600,000 - 609,999	17,000
140,000 - 149,999	6,700	610,000 - 619,999	17,200
150,000 - 159,999	7,000	620,000 - 629,999	17,400
160,000 - 169,999	7,400	630,000 - 639,999	17,600
170,000 - 179,999	7,700	640,000 - 649,999	17,800
180,000 - 189,999	8,000	650,000 - 659,999	18,000
190,000 - 199,999	8,200	660,000 - 669,999	18,300
200,000 - 209,999	8,500	670,000 - 679,999	18,500
210,000 - 219,999	8,700	680,000 - 689,999	18,800
220,000 - 229,999	8,900	690,000 - 699,999	19,000
230,000 - 239,999	9,100	700,000 - 709,999	19,300
240,000 - 249,999	9,400	710,000 - 719,999	19,500
250,000 - 259,999	9,700	720,000 - 729,999	19,700
260,000 - 269,999	10,000	730,000 - 739,999	19,900
270,000 - 279,999	10,200	740,000 - 749,999	20,100
280,000 - 289,999	10,500	750,000 - 759,999	20,300
290,000 - 299,999	10,700	760,000 - 769,999	20,500
300,000 - 309,999	11,000	770,000 - 779,999	20,700
310,000 - 319,999	11,300	780,000 - 789,999	20,900
320,000 - 329,999	11,400	790,000 - 799,999	21,100
330,000 - 339,999	11,600	800,000 - 809,999	21,300
340,000 - 349,999	11,900	810,000 - 819,999	21,500
350,000 - 359,999	12,000	820,000 - 829,999	21,700
360,000 - 369,999	12,200	830,000 - 839,999	21,900
370,000 - 379,999	12,400	840,000 - 849,999	22,100
380,000 - 389,999	12,500	850,000 - 859,999	22,300
390,000 - 399,999	12,700	860,000 - 869,999	22,500
400,000 - 409,999	12,800	870,000 - 879,999	22,800
410,000 - 419,999	13,000	880,000 - 889,999	23,000
420,000 - 429,999	13,100	890,000 - 899,999	23,200
430,000 - 439,999	13,200	900,000 - 909,999	23,400
440,000 - 449,999	13,300	910,000 - 919,999	23,700
450,000 - 459,999	13,600	920,000 - 929,999	23,900
460,000 - 469,999	13,800	930,000 - 939,999	24,200
470,000 - 479,999	14,000	940,000 - 949,999	24,400
480,000 - 489,999	14,200	950,000 - 959,999	24,700
490,000 - 499,999	14,400	960,000 - 969,999	25,000

*"Annual Earned Income" consists of income earned by you in any and all occupations and/or from any business or professional practice (excluding unearned or investment income such as pensions, interest, dividends, etc.) after deducting business expenses, but before income taxes. When using this guide, note that while the benefits for which you qualify are based on your pre-tax income, they are not designed to totally replace that income. They are intended to provide after-tax income close to what you may have had before your disability.*

*Dentists first starting to practise may qualify for a monthly amount of \$4,000 without proof of income. Dentists working full time with incomes less than \$70,000 will be given individual consideration for a monthly income benefit equal to 60 per cent of their pre-tax income. If you are a dental specialist in your first 2 years of practice after graduating from a specialty program, you may qualify for a monthly amount of \$6,000 without proof of income.*

*The maximum monthly income benefit listed in the table only applies at the time of new applications or exercise of a FIG Option; if your existing coverage currently exceeds these figures, increases in coverage will not be approved until your income has increased.*

## Insurance Limits

To determine the maximum benefit for which you may qualify, simply use the “Income Ratio Guide” table. You may apply for any amount of coverage up to your maximum, less any amount of disability coverage you have in force with another plan.

## Annual Premium Rates

Provincial taxes are extra where applicable under provincial laws. The elimination period — or periods — you choose should be tailored to suit your income and spending patterns. Remember, the longer you wait for your benefits to begin (in other words, the longer the elimination period you choose), the lower the premium you pay. You have the choice of step or level premium payments.

If you choose Step Premiums: Step Premiums are based on 5-year age bands and have a lower premium rate at the beginning that increases every five years when you move into the next age band. (For example, at age 40, you pay the same annual premium to age 44, and then you pay a different annual premium between the ages of 45-49, and so on.) Premiums are guaranteed until the January 1st following your 65th birthday. At that time, premiums for the next 5-year age band will be determined by the insurer and guaranteed for a 5-year period. At age 70, the premiums for the next 5-year age band will be determined and guaranteed for a 5-year period.

If you choose Level Premiums: Level Premiums remain level and are guaranteed until the January 1st following your 65th birthday, at which time premiums for the next 5-year age band will be determined by the insurer and guaranteed for a 5-year period. At age 70, the premiums for the next 5-year age band will be determined and guaranteed for a 5-year period.

### **PAY LOWER PREMIUMS WITH *HEALTHEDGE* RATES**

Dentists who are in excellent health and who maintain healthy lifestyles may receive special savings on DisabilityGuard™ Insurance with *HealthEdge* premiums. When you first apply for coverage, you will be considered for *HealthEdge* rates if you:

- Have not used any form of tobacco or tobacco cessation products in the past 12 months
- Have not used any form of illicit drug, or been treated for or advised to reduce alcohol or drug usage in the past seven years
- Have not been declined for life or health insurance or offered coverage on a modified basis in the past five years
- Do not plan to, and have not been advised to consult a physician or specialist or to have a diagnostic test or surgery performed (excluding routine physicals)
- Have not been disabled for a total of six months or more in the past five years
- Are not currently receiving (or intending to submit a claim for) disability benefits
- Have not received treatment for cancer (except basal cell carcinoma), coronary artery disease, stroke, diabetes, lung, liver or kidney disorder, HIV infection, AIDS, psychiatric disorder, any chronic pain disorder, recurrent back or neck pain, or any other significant medical disorder in the past five years

# HEALTHEDGE PREMIUMS

## Male Non-Smoker\*

### ELIMINATION PERIOD #1: 30 DAYS

Benefit begins 31<sup>st</sup> day of sickness or accident

#### PER \$100 OF MONTHLY BENEFITS

AGE	STEP			LEVEL		
	BASE	COLA	FIG	BASE	COLA	FIG
20	\$24.61	\$4.18	\$1.41	\$34.93	\$5.94	\$1.41
21	\$24.61	\$4.18	\$1.41	\$34.93	\$5.94	\$1.41
22	\$24.61	\$4.18	\$1.41	\$34.93	\$5.94	\$1.41
23	\$24.61	\$4.18	\$1.41	\$34.93	\$5.94	\$1.41
24	\$24.61	\$4.18	\$1.41	\$34.93	\$5.94	\$1.41
25	\$26.04	\$4.43	\$1.41	\$34.93	\$5.94	\$1.41
26	\$26.04	\$4.43	\$1.41	\$35.87	\$6.10	\$1.41
27	\$26.04	\$4.43	\$1.41	\$36.81	\$6.26	\$1.41
28	\$26.04	\$4.43	\$1.41	\$37.74	\$6.42	\$1.41
29	\$26.04	\$4.43	\$1.41	\$38.68	\$6.58	\$1.41
30	\$30.40	\$5.17	\$1.41	\$39.62	\$6.74	\$1.41
31	\$30.40	\$5.17	\$1.41	\$41.28	\$7.02	\$1.41
32	\$30.40	\$5.17	\$1.41	\$42.94	\$7.30	\$1.41
33	\$30.40	\$5.17	\$1.41	\$44.59	\$7.58	\$1.41
34	\$30.40	\$5.17	\$1.41	\$46.25	\$7.86	\$1.41
35	\$32.00	\$5.44	\$1.41	\$47.91	\$8.14	\$1.41
36	\$32.00	\$5.44	\$1.41	\$50.17	\$8.53	\$1.41
37	\$32.00	\$5.44	\$1.41	\$52.42	\$8.91	\$1.41
38	\$32.00	\$5.44	\$1.41	\$54.68	\$9.30	\$1.41
39	\$32.00	\$5.44	\$1.41	\$56.93	\$9.68	\$1.41
40	\$36.50	\$6.21	\$1.41	\$59.19	\$10.06	\$1.41
41	\$36.50	\$6.21	\$1.41	\$61.57	\$10.47	\$1.41
42	\$36.50	\$6.21	\$1.41	\$63.95	\$10.87	\$1.41
43	\$36.50	\$6.21	\$1.41	\$66.33	\$11.28	\$1.41
44	\$36.50	\$6.21	\$1.41	\$68.71	\$11.68	\$1.41
45	\$43.25	\$7.35	\$1.41	\$71.09	\$12.09	\$1.41
46	\$43.25	\$7.35	\$1.41	\$74.53	\$12.67	\$1.41
47	\$43.25	\$7.35	\$1.41	\$77.96	\$13.25	\$1.41
48	\$43.25	\$7.35	\$1.41	\$81.40	\$13.84	\$1.41
49	\$43.25	\$7.35	\$1.41	\$84.83	\$14.42	\$1.41
50	\$62.47	\$10.62	\$1.41	\$88.27	\$15.01	\$1.41
51	\$62.47	\$10.62	\$1.41	\$92.53	\$15.73	\$1.41
52	\$62.47	\$10.62	\$1.41	\$96.80	\$16.46	\$1.41
53	\$62.47	\$10.62	\$1.41	\$101.06	\$17.18	\$1.41
54	\$62.47	\$10.62	\$1.41	\$105.33	\$17.91	\$1.41
55	\$108.58	\$18.46	N/A	\$109.59	\$18.63	N/A
56	\$108.58	\$18.46	N/A	\$109.88	\$18.68	N/A
57	\$108.58	\$18.46	N/A	\$110.16	\$18.73	N/A
58	\$108.58	\$18.46	N/A	\$110.45	\$18.78	N/A
59	\$108.58	\$18.46	N/A	\$110.73	\$18.82	N/A
60	\$111.02	\$18.87	N/A	\$111.02	\$18.87	N/A
61	\$111.02	\$18.87	N/A	\$111.02	\$18.87	N/A
62	\$111.02	\$18.87	N/A	\$111.02	\$18.87	N/A
63	\$111.02	\$18.87	N/A	\$111.02	\$18.87	N/A
64	\$111.02	\$18.87	N/A	\$111.02	\$18.87	N/A

### ELIMINATION PERIOD #2: 60 DAYS

Benefit begins 61<sup>st</sup> day of sickness or accident

#### PER \$100 OF MONTHLY BENEFITS

AGE	STEP			LEVEL		
	BASE	COLA	FIG	BASE	COLA	FIG
20	\$18.33	\$3.12	\$1.41	\$24.65	\$4.19	\$1.41
21	\$18.33	\$3.12	\$1.41	\$24.65	\$4.19	\$1.41
22	\$18.33	\$3.12	\$1.41	\$24.65	\$4.19	\$1.41
23	\$18.33	\$3.12	\$1.41	\$24.65	\$4.19	\$1.41
24	\$18.33	\$3.12	\$1.41	\$24.65	\$4.19	\$1.41
25	\$18.33	\$3.12	\$1.41	\$24.65	\$4.19	\$1.41
26	\$18.33	\$3.12	\$1.41	\$25.22	\$4.29	\$1.41
27	\$18.33	\$3.12	\$1.41	\$25.79	\$4.38	\$1.41
28	\$18.33	\$3.12	\$1.41	\$26.36	\$4.48	\$1.41
29	\$18.33	\$3.12	\$1.41	\$26.93	\$4.58	\$1.41
30	\$21.36	\$3.63	\$1.41	\$27.50	\$4.68	\$1.41
31	\$21.36	\$3.63	\$1.41	\$28.81	\$4.90	\$1.41
32	\$21.36	\$3.63	\$1.41	\$30.12	\$5.12	\$1.41
33	\$21.36	\$3.63	\$1.41	\$31.43	\$5.34	\$1.41
34	\$21.36	\$3.63	\$1.41	\$32.74	\$5.57	\$1.41
35	\$26.00	\$4.42	\$1.41	\$34.05	\$5.79	\$1.41
36	\$26.00	\$4.42	\$1.41	\$35.81	\$6.09	\$1.41
37	\$26.00	\$4.42	\$1.41	\$37.56	\$6.39	\$1.41
38	\$26.00	\$4.42	\$1.41	\$39.32	\$6.68	\$1.41
39	\$26.00	\$4.42	\$1.41	\$41.07	\$6.98	\$1.41
40	\$29.00	\$4.93	\$1.41	\$42.83	\$7.28	\$1.41
41	\$29.00	\$4.93	\$1.41	\$44.82	\$7.62	\$1.41
42	\$29.00	\$4.93	\$1.41	\$46.82	\$7.96	\$1.41
43	\$29.00	\$4.93	\$1.41	\$48.81	\$8.30	\$1.41
44	\$29.00	\$4.93	\$1.41	\$50.81	\$8.64	\$1.41
45	\$35.00	\$5.95	\$1.41	\$52.80	\$8.98	\$1.41
46	\$35.00	\$5.95	\$1.41	\$55.59	\$9.45	\$1.41
47	\$35.00	\$5.95	\$1.41	\$58.39	\$9.93	\$1.41
48	\$35.00	\$5.95	\$1.41	\$61.18	\$10.40	\$1.41
49	\$35.00	\$5.95	\$1.41	\$63.98	\$10.88	\$1.41
50	\$46.77	\$7.95	\$1.41	\$66.77	\$11.35	\$1.41
51	\$46.77	\$7.95	\$1.41	\$70.08	\$11.91	\$1.41
52	\$46.77	\$7.95	\$1.41	\$73.39	\$12.48	\$1.41
53	\$46.77	\$7.95	\$1.41	\$76.70	\$13.04	\$1.41
54	\$46.77	\$7.95	\$1.41	\$80.01	\$13.60	\$1.41
55	\$78.39	\$13.33	N/A	\$83.32	\$14.16	N/A
56	\$78.39	\$13.33	N/A	\$84.72	\$14.40	N/A
57	\$78.39	\$13.33	N/A	\$86.11	\$14.64	N/A
58	\$78.39	\$13.33	N/A	\$87.51	\$14.88	N/A
59	\$78.39	\$13.33	N/A	\$88.90	\$15.11	N/A
60	\$90.30	\$15.35	N/A	\$90.30	\$15.35	N/A
61	\$90.30	\$15.35	N/A	\$90.30	\$15.35	N/A
62	\$90.30	\$15.35	N/A	\$90.30	\$15.35	N/A
63	\$90.30	\$15.35	N/A	\$90.30	\$15.35	N/A
64	\$90.30	\$15.35	N/A	\$90.30	\$15.35	N/A

\* You are considered a non-smoker if you are in good health and have not used any form of tobacco or tobacco cessation products in the 12 months prior to applying for coverage.

# HEALTHEDGE PREMIUMS

## Male Non-Smoker\*

### ELIMINATION PERIOD #3: **90 DAYS**

Benefit begins 91<sup>st</sup> day of sickness or accident

#### PER \$100 OF MONTHLY BENEFITS

AGE	STEP			LEVEL		
	BASE	COLA	FIG	BASE	COLA	FIG
20	\$14.29	\$2.43	\$1.41	\$18.48	\$3.14	\$1.41
21	\$14.29	\$2.43	\$1.41	\$18.48	\$3.14	\$1.41
22	\$14.29	\$2.43	\$1.41	\$18.48	\$3.14	\$1.41
23	\$14.29	\$2.43	\$1.41	\$18.48	\$3.14	\$1.41
24	\$14.29	\$2.43	\$1.41	\$18.48	\$3.14	\$1.41
25	\$14.96	\$2.54	\$1.41	\$18.48	\$3.14	\$1.41
26	\$14.96	\$2.54	\$1.41	\$18.86	\$3.21	\$1.41
27	\$14.96	\$2.54	\$1.41	\$19.25	\$3.27	\$1.41
28	\$14.96	\$2.54	\$1.41	\$19.63	\$3.34	\$1.41
29	\$14.96	\$2.54	\$1.41	\$20.02	\$3.40	\$1.41
30	\$17.13	\$2.91	\$1.41	\$20.40	\$3.47	\$1.41
31	\$17.13	\$2.91	\$1.41	\$21.60	\$3.67	\$1.41
32	\$17.13	\$2.91	\$1.41	\$22.81	\$3.88	\$1.41
33	\$17.13	\$2.91	\$1.41	\$24.01	\$4.08	\$1.41
34	\$17.13	\$2.91	\$1.41	\$25.22	\$4.29	\$1.41
35	\$19.00	\$3.23	\$1.41	\$26.42	\$4.49	\$1.41
36	\$19.00	\$3.23	\$1.41	\$27.68	\$4.71	\$1.41
37	\$19.00	\$3.23	\$1.41	\$28.94	\$4.92	\$1.41
38	\$19.00	\$3.23	\$1.41	\$30.20	\$5.13	\$1.41
39	\$19.00	\$3.23	\$1.41	\$31.46	\$5.35	\$1.41
40	\$21.00	\$3.57	\$1.41	\$32.72	\$5.56	\$1.41
41	\$21.00	\$3.57	\$1.41	\$34.47	\$5.86	\$1.41
42	\$21.00	\$3.57	\$1.41	\$36.23	\$6.16	\$1.41
43	\$21.00	\$3.57	\$1.41	\$37.98	\$6.46	\$1.41
44	\$21.00	\$3.57	\$1.41	\$39.74	\$6.76	\$1.41
45	\$23.30	\$3.96	\$1.41	\$41.49	\$7.05	\$1.41
46	\$23.30	\$3.96	\$1.41	\$43.82	\$7.45	\$1.41
47	\$23.30	\$3.96	\$1.41	\$46.15	\$7.85	\$1.41
48	\$23.30	\$3.96	\$1.41	\$48.49	\$8.24	\$1.41
49	\$23.30	\$3.96	\$1.41	\$50.82	\$8.64	\$1.41
50	\$39.25	\$6.67	\$1.41	\$53.15	\$9.04	\$1.41
51	\$39.25	\$6.67	\$1.41	\$55.27	\$9.40	\$1.41
52	\$39.25	\$6.67	\$1.41	\$57.39	\$9.76	\$1.41
53	\$39.25	\$6.67	\$1.41	\$59.51	\$10.12	\$1.41
54	\$39.25	\$6.67	\$1.41	\$61.63	\$10.48	\$1.41
55	\$52.14	\$8.86	N/A	\$63.75	\$10.84	N/A
56	\$52.14	\$8.86	N/A	\$67.04	\$11.40	N/A
57	\$52.14	\$8.86	N/A	\$70.33	\$11.96	N/A
58	\$52.14	\$8.86	N/A	\$73.61	\$12.51	N/A
59	\$52.14	\$8.86	N/A	\$76.90	\$13.07	N/A
60	\$80.19	\$13.63	N/A	\$80.19	\$13.63	N/A
61	\$80.19	\$13.63	N/A	\$80.19	\$13.63	N/A
62	\$80.19	\$13.63	N/A	\$80.19	\$13.63	N/A
63	\$80.19	\$13.63	N/A	\$80.19	\$13.63	N/A
64	\$80.19	\$13.63	N/A	\$80.19	\$13.63	N/A

### ELIMINATION PERIOD #4: **120 DAYS**

Benefit begins 121<sup>st</sup> day of sickness or accident

#### PER \$100 OF MONTHLY BENEFITS

AGE	STEP			LEVEL		
	BASE	COLA	FIG	BASE	COLA	FIG
20	\$13.98	\$2.38	\$1.41	\$18.11	\$3.08	\$1.41
21	\$13.98	\$2.38	\$1.41	\$18.11	\$3.08	\$1.41
22	\$13.98	\$2.38	\$1.41	\$18.11	\$3.08	\$1.41
23	\$13.98	\$2.38	\$1.41	\$18.11	\$3.08	\$1.41
24	\$13.98	\$2.38	\$1.41	\$18.11	\$3.08	\$1.41
25	\$14.51	\$2.47	\$1.41	\$18.11	\$3.08	\$1.41
26	\$14.51	\$2.47	\$1.41	\$18.49	\$3.14	\$1.41
27	\$14.51	\$2.47	\$1.41	\$18.87	\$3.21	\$1.41
28	\$14.51	\$2.47	\$1.41	\$19.24	\$3.27	\$1.41
29	\$14.51	\$2.47	\$1.41	\$19.62	\$3.34	\$1.41
30	\$15.50	\$2.64	\$1.41	\$20.00	\$3.40	\$1.41
31	\$15.50	\$2.64	\$1.41	\$21.18	\$3.60	\$1.41
32	\$15.50	\$2.64	\$1.41	\$22.36	\$3.80	\$1.41
33	\$15.50	\$2.64	\$1.41	\$23.54	\$4.00	\$1.41
34	\$15.50	\$2.64	\$1.41	\$24.72	\$4.20	\$1.41
35	\$16.00	\$2.72	\$1.41	\$25.90	\$4.40	\$1.41
36	\$16.00	\$2.72	\$1.41	\$27.14	\$4.61	\$1.41
37	\$16.00	\$2.72	\$1.41	\$28.37	\$4.82	\$1.41
38	\$16.00	\$2.72	\$1.41	\$29.61	\$5.03	\$1.41
39	\$16.00	\$2.72	\$1.41	\$30.84	\$5.24	\$1.41
40	\$17.50	\$2.98	\$1.41	\$32.08	\$5.45	\$1.41
41	\$17.50	\$2.98	\$1.41	\$33.80	\$5.75	\$1.41
42	\$17.50	\$2.98	\$1.41	\$35.52	\$6.04	\$1.41
43	\$17.50	\$2.98	\$1.41	\$37.23	\$6.33	\$1.41
44	\$17.50	\$2.98	\$1.41	\$38.95	\$6.62	\$1.41
45	\$22.91	\$3.89	\$1.41	\$40.67	\$6.91	\$1.41
46	\$22.91	\$3.89	\$1.41	\$42.95	\$7.30	\$1.41
47	\$22.91	\$3.89	\$1.41	\$45.23	\$7.69	\$1.41
48	\$22.91	\$3.89	\$1.41	\$47.50	\$8.08	\$1.41
49	\$22.91	\$3.89	\$1.41	\$49.78	\$8.46	\$1.41
50	\$38.49	\$6.54	\$1.41	\$52.06	\$8.85	\$1.41
51	\$38.49	\$6.54	\$1.41	\$54.14	\$9.20	\$1.41
52	\$38.49	\$6.54	\$1.41	\$56.23	\$9.56	\$1.41
53	\$38.49	\$6.54	\$1.41	\$58.31	\$9.91	\$1.41
54	\$38.49	\$6.54	\$1.41	\$60.40	\$10.27	\$1.41
55	\$51.69	\$8.79	N/A	\$62.48	\$10.62	N/A
56	\$51.69	\$8.79	N/A	\$65.54	\$11.14	N/A
57	\$51.69	\$8.79	N/A	\$68.59	\$11.66	N/A
58	\$51.69	\$8.79	N/A	\$71.65	\$12.18	N/A
59	\$51.69	\$8.79	N/A	\$74.70	\$12.70	N/A
60	\$77.76	\$13.22	N/A	\$77.76	\$13.22	N/A
61	\$77.76	\$13.22	N/A	\$77.76	\$13.22	N/A
62	\$77.76	\$13.22	N/A	\$77.76	\$13.22	N/A
63	\$77.76	\$13.22	N/A	\$77.76	\$13.22	N/A
64	\$77.76	\$13.22	N/A	\$77.76	\$13.22	N/A

\* You are considered a non-smoker if you are in good health and have not used any form of tobacco or tobacco cessation products in the 12 months prior to applying for coverage.

# HEALTHEDGE PREMIUMS

## Female Non-Smoker\*

### ELIMINATION PERIOD #1: 30 DAYS

Benefit begins 31<sup>st</sup> day of sickness or accident

#### PER \$100 OF MONTHLY BENEFITS

AGE	STEP			LEVEL		
	BASE	COLA	FIG	BASE	COLA	FIG
20	\$29.94	\$5.09	\$1.41	\$55.01	\$9.35	\$1.41
21	\$29.94	\$5.09	\$1.41	\$55.19	\$9.38	\$1.41
22	\$29.94	\$5.09	\$1.41	\$55.37	\$9.41	\$1.41
23	\$29.94	\$5.09	\$1.41	\$55.54	\$9.44	\$1.41
24	\$29.94	\$5.09	\$1.41	\$55.72	\$9.47	\$1.41
25	\$41.59	\$7.07	\$1.41	\$55.90	\$9.50	\$1.41
26	\$41.59	\$7.07	\$1.41	\$58.22	\$9.90	\$1.41
27	\$41.59	\$7.07	\$1.41	\$60.55	\$10.29	\$1.41
28	\$41.59	\$7.07	\$1.41	\$62.87	\$10.69	\$1.41
29	\$41.59	\$7.07	\$1.41	\$65.20	\$11.08	\$1.41
30	\$44.96	\$7.64	\$1.41	\$67.52	\$11.48	\$1.41
31	\$44.96	\$7.64	\$1.41	\$69.62	\$11.84	\$1.41
32	\$44.96	\$7.64	\$1.41	\$71.72	\$12.19	\$1.41
33	\$44.96	\$7.64	\$1.41	\$73.82	\$12.55	\$1.41
34	\$44.96	\$7.64	\$1.41	\$75.92	\$12.91	\$1.41
35	\$62.54	\$10.63	\$1.41	\$78.02	\$13.26	\$1.41
36	\$62.54	\$10.63	\$1.41	\$79.55	\$13.52	\$1.41
37	\$62.54	\$10.63	\$1.41	\$81.07	\$13.78	\$1.41
38	\$62.54	\$10.63	\$1.41	\$82.60	\$14.04	\$1.41
39	\$62.54	\$10.63	\$1.41	\$84.12	\$14.30	\$1.41
40	\$69.63	\$11.84	\$1.41	\$85.65	\$14.56	\$1.41
41	\$69.63	\$11.84	\$1.41	\$87.39	\$14.86	\$1.41
42	\$69.63	\$11.84	\$1.41	\$89.13	\$15.15	\$1.41
43	\$69.63	\$11.84	\$1.41	\$90.86	\$15.45	\$1.41
44	\$69.63	\$11.84	\$1.41	\$92.60	\$15.74	\$1.41
45	\$72.85	\$12.39	\$1.41	\$94.34	\$16.04	\$1.41
46	\$72.85	\$12.39	\$1.41	\$97.06	\$16.50	\$1.41
47	\$72.85	\$12.39	\$1.41	\$99.79	\$16.96	\$1.41
48	\$72.85	\$12.39	\$1.41	\$102.51	\$17.43	\$1.41
49	\$72.85	\$12.39	\$1.41	\$105.24	\$17.89	\$1.41
50	\$95.41	\$16.22	\$1.41	\$107.96	\$18.35	\$1.41
51	\$95.41	\$16.22	\$1.41	\$110.02	\$18.70	\$1.41
52	\$95.41	\$16.22	\$1.41	\$112.08	\$19.05	\$1.41
53	\$95.41	\$16.22	\$1.41	\$114.14	\$19.40	\$1.41
54	\$95.41	\$16.22	\$1.41	\$116.20	\$19.75	\$1.41
55	\$101.40	\$17.24	N/A	\$118.26	\$20.10	N/A
56	\$101.40	\$17.24	N/A	\$123.02	\$20.91	N/A
57	\$101.40	\$17.24	N/A	\$127.78	\$21.72	N/A
58	\$101.40	\$17.24	N/A	\$132.54	\$22.53	N/A
59	\$101.40	\$17.24	N/A	\$137.30	\$23.34	N/A
60	\$142.06	\$24.15	N/A	\$142.06	\$24.15	N/A
61	\$142.06	\$24.15	N/A	\$142.06	\$24.15	N/A
62	\$142.06	\$24.15	N/A	\$142.06	\$24.15	N/A
63	\$142.06	\$24.15	N/A	\$142.06	\$24.15	N/A
64	\$142.06	\$24.15	N/A	\$142.06	\$24.15	N/A

### ELIMINATION PERIOD #2: 60 DAYS

Benefit begins 61<sup>st</sup> day of sickness or accident

#### PER \$100 OF MONTHLY BENEFITS

AGE	STEP			LEVEL		
	BASE	COLA	FIG	BASE	COLA	FIG
20	\$18.55	\$3.15	\$1.41	\$39.54	\$6.72	\$1.41
21	\$18.55	\$3.15	\$1.41	\$39.54	\$6.72	\$1.41
22	\$18.55	\$3.15	\$1.41	\$39.54	\$6.72	\$1.41
23	\$18.55	\$3.15	\$1.41	\$39.54	\$6.72	\$1.41
24	\$18.55	\$3.15	\$1.41	\$39.54	\$6.72	\$1.41
25	\$29.36	\$4.99	\$1.41	\$39.54	\$6.72	\$1.41
26	\$29.36	\$4.99	\$1.41	\$41.45	\$7.05	\$1.41
27	\$29.36	\$4.99	\$1.41	\$43.36	\$7.37	\$1.41
28	\$29.36	\$4.99	\$1.41	\$45.28	\$7.70	\$1.41
29	\$29.36	\$4.99	\$1.41	\$47.19	\$8.02	\$1.41
30	\$31.96	\$5.43	\$1.41	\$49.10	\$8.35	\$1.41
31	\$31.96	\$5.43	\$1.41	\$50.72	\$8.62	\$1.41
32	\$31.96	\$5.43	\$1.41	\$52.34	\$8.90	\$1.41
33	\$31.96	\$5.43	\$1.41	\$53.96	\$9.17	\$1.41
34	\$31.96	\$5.43	\$1.41	\$55.58	\$9.45	\$1.41
35	\$43.02	\$7.31	\$1.41	\$57.20	\$9.72	\$1.41
36	\$43.02	\$7.31	\$1.41	\$58.47	\$9.94	\$1.41
37	\$43.02	\$7.31	\$1.41	\$59.74	\$10.16	\$1.41
38	\$43.02	\$7.31	\$1.41	\$61.01	\$10.37	\$1.41
39	\$43.02	\$7.31	\$1.41	\$62.28	\$10.59	\$1.41
40	\$50.21	\$8.54	\$1.41	\$63.55	\$10.80	\$1.41
41	\$50.21	\$8.54	\$1.41	\$65.01	\$11.05	\$1.41
42	\$50.21	\$8.54	\$1.41	\$66.48	\$11.30	\$1.41
43	\$50.21	\$8.54	\$1.41	\$67.94	\$11.55	\$1.41
44	\$50.21	\$8.54	\$1.41	\$69.41	\$11.80	\$1.41
45	\$53.40	\$9.08	\$1.41	\$70.87	\$12.05	\$1.41
46	\$53.40	\$9.08	\$1.41	\$73.10	\$12.43	\$1.41
47	\$53.40	\$9.08	\$1.41	\$75.33	\$12.81	\$1.41
48	\$53.40	\$9.08	\$1.41	\$77.57	\$13.19	\$1.41
49	\$53.40	\$9.08	\$1.41	\$79.80	\$13.57	\$1.41
50	\$71.88	\$12.22	\$1.41	\$82.03	\$13.95	\$1.41
51	\$71.88	\$12.22	\$1.41	\$83.71	\$14.23	\$1.41
52	\$71.88	\$12.22	\$1.41	\$85.39	\$14.52	\$1.41
53	\$71.88	\$12.22	\$1.41	\$87.06	\$14.80	\$1.41
54	\$71.88	\$12.22	\$1.41	\$88.74	\$15.09	\$1.41
55	\$80.01	\$13.60	N/A	\$90.42	\$15.37	N/A
56	\$80.01	\$13.60	N/A	\$93.37	\$15.87	N/A
57	\$80.01	\$13.60	N/A	\$96.32	\$16.37	N/A
58	\$80.01	\$13.60	N/A	\$99.26	\$16.87	N/A
59	\$80.01	\$13.60	N/A	\$102.21	\$17.38	N/A
60	\$105.16	\$17.88	N/A	\$105.16	\$17.88	N/A
61	\$105.16	\$17.88	N/A	\$105.16	\$17.88	N/A
62	\$105.16	\$17.88	N/A	\$105.16	\$17.88	N/A
63	\$105.16	\$17.88	N/A	\$105.16	\$17.88	N/A
64	\$105.16	\$17.88	N/A	\$105.16	\$17.88	N/A

\* You are considered a non-smoker if you are in good health and have not used any form of tobacco or tobacco cessation products in the 12 months prior to applying for coverage.

# HEALTHEDGE PREMIUMS

## Female Non-Smoker\*

**ELIMINATION PERIOD #3: 90 DAYS**  
Benefit begins 91<sup>st</sup> day of sickness or accident  
**PER \$100 OF MONTHLY BENEFITS**

**ELIMINATION PERIOD #4: 120 DAYS**  
Benefit begins 121<sup>st</sup> day of sickness or accident  
**PER \$100 OF MONTHLY BENEFITS**

AGE	STEP			LEVEL		
	BASE	COLA	FIG	BASE	COLA	FIG
20	\$17.19	\$2.92	\$1.41	\$30.99	\$5.27	\$1.41
21	\$17.19	\$2.92	\$1.41	\$31.24	\$5.31	\$1.41
22	\$17.19	\$2.92	\$1.41	\$31.48	\$5.35	\$1.41
23	\$17.19	\$2.92	\$1.41	\$31.73	\$5.39	\$1.41
24	\$17.19	\$2.92	\$1.41	\$31.97	\$5.44	\$1.41
25	\$24.07	\$4.09	\$1.41	\$32.22	\$5.48	\$1.41
26	\$24.07	\$4.09	\$1.41	\$33.59	\$5.71	\$1.41
27	\$24.07	\$4.09	\$1.41	\$34.97	\$5.94	\$1.41
28	\$24.07	\$4.09	\$1.41	\$36.34	\$6.18	\$1.41
29	\$24.07	\$4.09	\$1.41	\$37.72	\$6.41	\$1.41
30	\$26.00	\$4.42	\$1.41	\$39.09	\$6.65	\$1.41
31	\$26.00	\$4.42	\$1.41	\$40.54	\$6.89	\$1.41
32	\$26.00	\$4.42	\$1.41	\$41.98	\$7.14	\$1.41
33	\$26.00	\$4.42	\$1.41	\$43.43	\$7.38	\$1.41
34	\$26.00	\$4.42	\$1.41	\$44.87	\$7.63	\$1.41
35	\$34.95	\$5.94	\$1.41	\$46.32	\$7.87	\$1.41
36	\$34.95	\$5.94	\$1.41	\$47.46	\$8.07	\$1.41
37	\$34.95	\$5.94	\$1.41	\$48.60	\$8.26	\$1.41
38	\$34.95	\$5.94	\$1.41	\$49.75	\$8.46	\$1.41
39	\$34.95	\$5.94	\$1.41	\$50.89	\$8.65	\$1.41
40	\$40.00	\$6.80	\$1.41	\$52.03	\$8.85	\$1.41
41	\$40.00	\$6.80	\$1.41	\$53.35	\$9.07	\$1.41
42	\$40.00	\$6.80	\$1.41	\$54.68	\$9.30	\$1.41
43	\$40.00	\$6.80	\$1.41	\$56.00	\$9.52	\$1.41
44	\$40.00	\$6.80	\$1.41	\$57.33	\$9.75	\$1.41
45	\$43.97	\$7.48	\$1.41	\$58.65	\$9.97	\$1.41
46	\$43.97	\$7.48	\$1.41	\$60.53	\$10.29	\$1.41
47	\$43.97	\$7.48	\$1.41	\$62.41	\$10.61	\$1.41
48	\$43.97	\$7.48	\$1.41	\$64.28	\$10.93	\$1.41
49	\$43.97	\$7.48	\$1.41	\$66.16	\$11.25	\$1.41
50	\$59.19	\$10.06	\$1.41	\$68.04	\$11.57	\$1.41
51	\$59.19	\$10.06	\$1.41	\$69.50	\$11.82	\$1.41
52	\$59.19	\$10.06	\$1.41	\$70.97	\$12.06	\$1.41
53	\$59.19	\$10.06	\$1.41	\$72.43	\$12.31	\$1.41
54	\$59.19	\$10.06	\$1.41	\$73.90	\$12.56	\$1.41
55	\$62.63	\$10.65	N/A	\$75.36	\$12.81	N/A
56	\$62.63	\$10.65	N/A	\$78.97	\$13.42	N/A
57	\$62.63	\$10.65	N/A	\$82.57	\$14.04	N/A
58	\$62.63	\$10.65	N/A	\$86.18	\$14.65	N/A
59	\$62.63	\$10.65	N/A	\$89.78	\$15.26	N/A
60	\$93.39	\$15.88	N/A	\$93.39	\$15.88	N/A
61	\$93.39	\$15.88	N/A	\$93.39	\$15.88	N/A
62	\$93.39	\$15.88	N/A	\$93.39	\$15.88	N/A
63	\$93.39	\$15.88	N/A	\$93.39	\$15.88	N/A
64	\$93.39	\$15.88	N/A	\$93.39	\$15.88	N/A

AGE	STEP			LEVEL		
	BASE	COLA	FIG	BASE	COLA	FIG
20	\$16.86	\$2.87	\$1.41	\$30.37	\$5.16	\$1.41
21	\$16.86	\$2.87	\$1.41	\$30.61	\$5.20	\$1.41
22	\$16.86	\$2.87	\$1.41	\$30.85	\$5.25	\$1.41
23	\$16.86	\$2.87	\$1.41	\$31.10	\$5.29	\$1.41
24	\$16.86	\$2.87	\$1.41	\$31.34	\$5.33	\$1.41
25	\$23.33	\$3.97	\$1.41	\$31.58	\$5.37	\$1.41
26	\$23.33	\$3.97	\$1.41	\$32.93	\$5.60	\$1.41
27	\$23.33	\$3.97	\$1.41	\$34.28	\$5.83	\$1.41
28	\$23.33	\$3.97	\$1.41	\$35.62	\$6.06	\$1.41
29	\$23.33	\$3.97	\$1.41	\$36.97	\$6.29	\$1.41
30	\$24.10	\$4.10	\$1.41	\$38.32	\$6.51	\$1.41
31	\$24.10	\$4.10	\$1.41	\$39.67	\$6.74	\$1.41
32	\$24.10	\$4.10	\$1.41	\$41.03	\$6.97	\$1.41
33	\$24.10	\$4.10	\$1.41	\$42.38	\$7.20	\$1.41
34	\$24.10	\$4.10	\$1.41	\$43.74	\$7.44	\$1.41
35	\$33.89	\$5.76	\$1.41	\$45.09	\$7.67	\$1.41
36	\$33.89	\$5.76	\$1.41	\$46.22	\$7.86	\$1.41
37	\$33.89	\$5.76	\$1.41	\$47.35	\$8.05	\$1.41
38	\$33.89	\$5.76	\$1.41	\$48.48	\$8.24	\$1.41
39	\$33.89	\$5.76	\$1.41	\$49.61	\$8.43	\$1.41
40	\$38.86	\$6.61	\$1.41	\$50.74	\$8.63	\$1.41
41	\$38.86	\$6.61	\$1.41	\$52.05	\$8.85	\$1.41
42	\$38.86	\$6.61	\$1.41	\$53.37	\$9.07	\$1.41
43	\$38.86	\$6.61	\$1.41	\$54.68	\$9.30	\$1.41
44	\$38.86	\$6.61	\$1.41	\$56.00	\$9.52	\$1.41
45	\$42.84	\$7.28	\$1.41	\$57.31	\$9.74	\$1.41
46	\$42.84	\$7.28	\$1.41	\$59.17	\$10.06	\$1.41
47	\$42.84	\$7.28	\$1.41	\$61.03	\$10.37	\$1.41
48	\$42.84	\$7.28	\$1.41	\$62.88	\$10.69	\$1.41
49	\$42.84	\$7.28	\$1.41	\$64.74	\$11.01	\$1.41
50	\$57.86	\$9.84	\$1.41	\$66.60	\$11.32	\$1.41
51	\$57.86	\$9.84	\$1.41	\$68.05	\$11.57	\$1.41
52	\$57.86	\$9.84	\$1.41	\$69.50	\$11.82	\$1.41
53	\$57.86	\$9.84	\$1.41	\$70.95	\$12.06	\$1.41
54	\$57.86	\$9.84	\$1.41	\$72.40	\$12.31	\$1.41
55	\$62.06	\$10.55	N/A	\$73.85	\$12.55	N/A
56	\$62.06	\$10.55	N/A	\$77.19	\$13.12	N/A
57	\$62.06	\$10.55	N/A	\$80.54	\$13.69	N/A
58	\$62.06	\$10.55	N/A	\$83.88	\$14.26	N/A
59	\$62.06	\$10.55	N/A	\$87.23	\$14.83	N/A
60	\$90.57	\$15.40	N/A	\$90.57	\$15.40	N/A
61	\$90.57	\$15.40	N/A	\$90.57	\$15.40	N/A
62	\$90.57	\$15.40	N/A	\$90.57	\$15.40	N/A
63	\$90.57	\$15.40	N/A	\$90.57	\$15.40	N/A
64	\$90.57	\$15.40	N/A	\$90.57	\$15.40	N/A

\* You are considered a non-smoker if you are in good health and have not used any form of tobacco or tobacco cessation products in the 12 months prior to applying for coverage.



# BASIC PREMIUMS

## Male Non-Smoker\*

### ELIMINATION PERIOD #1: **30 DAYS**

Benefit begins 31<sup>st</sup> day of sickness or accident

#### PER \$100 OF MONTHLY BENEFITS

AGE	STEP			LEVEL		
	BASE	COLA	FIG	BASE	COLA	FIG
20	\$27.54	\$4.68	\$1.79	\$37.94	\$6.45	\$1.79
21	\$27.54	\$4.68	\$1.79	\$37.94	\$6.45	\$1.79
22	\$27.54	\$4.68	\$1.79	\$37.94	\$6.45	\$1.79
23	\$27.54	\$4.68	\$1.79	\$37.94	\$6.45	\$1.79
24	\$27.54	\$4.68	\$1.79	\$37.94	\$6.45	\$1.79
25	\$29.10	\$4.95	\$1.79	\$37.94	\$6.45	\$1.79
26	\$29.10	\$4.95	\$1.79	\$38.74	\$6.59	\$1.79
27	\$29.10	\$4.95	\$1.79	\$39.54	\$6.72	\$1.79
28	\$29.10	\$4.95	\$1.79	\$40.33	\$6.86	\$1.79
29	\$29.10	\$4.95	\$1.79	\$41.13	\$6.99	\$1.79
30	\$32.87	\$5.59	\$1.79	\$41.93	\$7.13	\$1.79
31	\$32.87	\$5.59	\$1.79	\$44.40	\$7.55	\$1.79
32	\$32.87	\$5.59	\$1.79	\$46.88	\$7.97	\$1.79
33	\$32.87	\$5.59	\$1.79	\$49.35	\$8.39	\$1.79
34	\$32.87	\$5.59	\$1.79	\$51.83	\$8.81	\$1.79
35	\$34.00	\$5.78	\$1.79	\$54.30	\$9.23	\$1.79
36	\$34.00	\$5.78	\$1.79	\$56.90	\$9.67	\$1.79
37	\$34.00	\$5.78	\$1.79	\$59.50	\$10.11	\$1.79
38	\$34.00	\$5.78	\$1.79	\$62.09	\$10.56	\$1.79
39	\$34.00	\$5.78	\$1.79	\$64.69	\$11.00	\$1.79
40	\$37.48	\$6.37	\$1.79	\$67.29	\$11.44	\$1.79
41	\$37.48	\$6.37	\$1.79	\$70.91	\$12.05	\$1.79
42	\$37.48	\$6.37	\$1.79	\$74.52	\$12.67	\$1.79
43	\$37.48	\$6.37	\$1.79	\$78.14	\$13.28	\$1.79
44	\$37.48	\$6.37	\$1.79	\$81.75	\$13.90	\$1.79
45	\$44.12	\$7.50	\$1.79	\$85.37	\$14.51	\$1.79
46	\$44.12	\$7.50	\$1.79	\$90.80	\$15.44	\$1.79
47	\$44.12	\$7.50	\$1.79	\$96.24	\$16.36	\$1.79
48	\$44.12	\$7.50	\$1.79	\$101.67	\$17.28	\$1.79
49	\$44.12	\$7.50	\$1.79	\$107.11	\$18.21	\$1.79
50	\$74.83	\$12.72	\$1.79	\$112.54	\$19.13	\$1.79
51	\$74.83	\$12.72	\$1.79	\$118.75	\$20.19	\$1.79
52	\$74.83	\$12.72	\$1.79	\$124.95	\$21.24	\$1.79
53	\$74.83	\$12.72	\$1.79	\$131.16	\$22.30	\$1.79
54	\$74.83	\$12.72	\$1.79	\$137.36	\$23.35	\$1.79
55	\$125.28	\$21.30	N/A	\$143.57	\$24.41	N/A
56	\$125.28	\$21.30	N/A	\$148.73	\$25.28	N/A
57	\$125.28	\$21.30	N/A	\$153.89	\$26.16	N/A
58	\$125.28	\$21.30	N/A	\$159.05	\$27.04	N/A
59	\$125.28	\$21.30	N/A	\$164.21	\$27.92	N/A
60	\$169.37	\$28.79	N/A	\$169.37	\$28.79	N/A
61	\$169.37	\$28.79	N/A	\$169.37	\$28.79	N/A
62	\$169.37	\$28.79	N/A	\$169.37	\$28.79	N/A
63	\$169.37	\$28.79	N/A	\$169.37	\$28.79	N/A
64	\$169.37	\$28.79	N/A	\$169.37	\$28.79	N/A

### ELIMINATION PERIOD #2: **60 DAYS**

Benefit begins 61<sup>st</sup> day of sickness or accident

#### PER \$100 OF MONTHLY BENEFITS

AGE	STEP			LEVEL		
	BASE	COLA	FIG	BASE	COLA	FIG
20	\$19.23	\$3.27	\$1.79	\$26.20	\$4.45	\$1.79
21	\$19.23	\$3.27	\$1.79	\$26.20	\$4.45	\$1.79
22	\$19.23	\$3.27	\$1.79	\$26.20	\$4.45	\$1.79
23	\$19.23	\$3.27	\$1.79	\$26.20	\$4.45	\$1.79
24	\$19.23	\$3.27	\$1.79	\$26.20	\$4.45	\$1.79
25	\$20.14	\$3.42	\$1.79	\$26.20	\$4.45	\$1.79
26	\$20.14	\$3.42	\$1.79	\$26.75	\$4.55	\$1.79
27	\$20.14	\$3.42	\$1.79	\$27.30	\$4.64	\$1.79
28	\$20.14	\$3.42	\$1.79	\$27.85	\$4.73	\$1.79
29	\$20.14	\$3.42	\$1.79	\$28.40	\$4.83	\$1.79
30	\$22.96	\$3.90	\$1.79	\$28.95	\$4.92	\$1.79
31	\$22.96	\$3.90	\$1.79	\$30.66	\$5.21	\$1.79
32	\$22.96	\$3.90	\$1.79	\$32.37	\$5.50	\$1.79
33	\$22.96	\$3.90	\$1.79	\$34.08	\$5.79	\$1.79
34	\$22.96	\$3.90	\$1.79	\$35.79	\$6.08	\$1.79
35	\$26.84	\$4.56	\$1.79	\$37.50	\$6.38	\$1.79
36	\$26.84	\$4.56	\$1.79	\$39.29	\$6.68	\$1.79
37	\$26.84	\$4.56	\$1.79	\$41.08	\$6.98	\$1.79
38	\$26.84	\$4.56	\$1.79	\$42.87	\$7.29	\$1.79
39	\$26.84	\$4.56	\$1.79	\$44.66	\$7.59	\$1.79
40	\$35.10	\$5.97	\$1.79	\$46.45	\$7.90	\$1.79
41	\$35.10	\$5.97	\$1.79	\$48.94	\$8.32	\$1.79
42	\$35.10	\$5.97	\$1.79	\$51.44	\$8.74	\$1.79
43	\$35.10	\$5.97	\$1.79	\$53.93	\$9.17	\$1.79
44	\$35.10	\$5.97	\$1.79	\$56.43	\$9.59	\$1.79
45	\$37.12	\$6.31	\$1.79	\$58.92	\$10.02	\$1.79
46	\$37.12	\$6.31	\$1.79	\$62.79	\$10.67	\$1.79
47	\$37.12	\$6.31	\$1.79	\$66.66	\$11.33	\$1.79
48	\$37.12	\$6.31	\$1.79	\$70.52	\$11.99	\$1.79
49	\$37.12	\$6.31	\$1.79	\$74.39	\$12.65	\$1.79
50	\$52.89	\$8.99	\$1.79	\$78.26	\$13.30	\$1.79
51	\$52.89	\$8.99	\$1.79	\$82.45	\$14.02	\$1.79
52	\$52.89	\$8.99	\$1.79	\$86.63	\$14.73	\$1.79
53	\$52.89	\$8.99	\$1.79	\$90.82	\$15.44	\$1.79
54	\$52.89	\$8.99	\$1.79	\$95.00	\$16.15	\$1.79
55	\$86.69	\$14.74	N/A	\$99.19	\$16.86	N/A
56	\$86.69	\$14.74	N/A	\$102.72	\$17.46	N/A
57	\$86.69	\$14.74	N/A	\$106.25	\$18.06	N/A
58	\$86.69	\$14.74	N/A	\$109.79	\$18.66	N/A
59	\$86.69	\$14.74	N/A	\$113.32	\$19.26	N/A
60	\$116.85	\$19.86	N/A	\$116.85	\$19.86	N/A
61	\$116.85	\$19.86	N/A	\$116.85	\$19.86	N/A
62	\$116.85	\$19.86	N/A	\$116.85	\$19.86	N/A
63	\$116.85	\$19.86	N/A	\$116.85	\$19.86	N/A
64	\$116.85	\$19.86	N/A	\$116.85	\$19.86	N/A

\* You are considered a non-smoker if you are in good health and have not used any form of tobacco or tobacco cessation products in the 12 months prior to applying for coverage.

# BASIC PREMIUMS

## Male Non-Smoker\*

**ELIMINATION PERIOD #3: 90 DAYS**  
Benefit begins 91<sup>st</sup> day of sickness or accident  
**PER \$100 OF MONTHLY BENEFITS**

**ELIMINATION PERIOD #4: 120 DAYS**  
Benefit begins 121<sup>st</sup> day of sickness or accident  
**PER \$100 OF MONTHLY BENEFITS**

AGE	STEP			LEVEL		
	BASE	COLA	FIG	BASE	COLA	FIG
20	\$14.98	\$2.55	\$1.79	\$19.44	\$3.30	\$1.79
21	\$14.98	\$2.55	\$1.79	\$19.44	\$3.30	\$1.79
22	\$14.98	\$2.55	\$1.79	\$19.44	\$3.30	\$1.79
23	\$14.98	\$2.55	\$1.79	\$19.44	\$3.30	\$1.79
24	\$14.98	\$2.55	\$1.79	\$19.44	\$3.30	\$1.79
25	\$16.20	\$2.75	\$1.79	\$19.44	\$3.30	\$1.79
26	\$16.20	\$2.75	\$1.79	\$19.85	\$3.37	\$1.79
27	\$16.20	\$2.75	\$1.79	\$20.26	\$3.44	\$1.79
28	\$16.20	\$2.75	\$1.79	\$20.66	\$3.51	\$1.79
29	\$16.20	\$2.75	\$1.79	\$21.07	\$3.58	\$1.79
30	\$18.75	\$3.19	\$1.79	\$21.48	\$3.65	\$1.79
31	\$18.75	\$3.19	\$1.79	\$22.75	\$3.87	\$1.79
32	\$18.75	\$3.19	\$1.79	\$24.01	\$4.08	\$1.79
33	\$18.75	\$3.19	\$1.79	\$25.28	\$4.30	\$1.79
34	\$18.75	\$3.19	\$1.79	\$26.54	\$4.51	\$1.79
35	\$22.00	\$3.74	\$1.79	\$27.81	\$4.73	\$1.79
36	\$22.00	\$3.74	\$1.79	\$29.14	\$4.95	\$1.79
37	\$22.00	\$3.74	\$1.79	\$30.46	\$5.18	\$1.79
38	\$22.00	\$3.74	\$1.79	\$31.79	\$5.40	\$1.79
39	\$22.00	\$3.74	\$1.79	\$33.11	\$5.63	\$1.79
40	\$25.00	\$4.25	\$1.79	\$34.44	\$5.85	\$1.79
41	\$25.00	\$4.25	\$1.79	\$36.29	\$6.17	\$1.79
42	\$25.00	\$4.25	\$1.79	\$38.13	\$6.48	\$1.79
43	\$25.00	\$4.25	\$1.79	\$39.98	\$6.80	\$1.79
44	\$25.00	\$4.25	\$1.79	\$41.82	\$7.11	\$1.79
45	\$28.00	\$4.76	\$1.79	\$43.67	\$7.42	\$1.79
46	\$28.00	\$4.76	\$1.79	\$46.54	\$7.91	\$1.79
47	\$28.00	\$4.76	\$1.79	\$49.40	\$8.40	\$1.79
48	\$28.00	\$4.76	\$1.79	\$52.27	\$8.89	\$1.79
49	\$28.00	\$4.76	\$1.79	\$55.13	\$9.37	\$1.79
50	\$40.35	\$6.86	\$1.79	\$58.00	\$9.86	\$1.79
51	\$40.35	\$6.86	\$1.79	\$61.10	\$10.39	\$1.79
52	\$40.35	\$6.86	\$1.79	\$64.20	\$10.91	\$1.79
53	\$40.35	\$6.86	\$1.79	\$67.31	\$11.44	\$1.79
54	\$40.35	\$6.86	\$1.79	\$70.41	\$11.97	\$1.79
55	\$64.26	\$10.93	N/A	\$73.51	\$12.50	N/A
56	\$64.26	\$10.93	N/A	\$76.13	\$12.94	N/A
57	\$64.26	\$10.93	N/A	\$78.74	\$13.39	N/A
58	\$64.26	\$10.93	N/A	\$81.36	\$13.83	N/A
59	\$64.26	\$10.93	N/A	\$83.97	\$14.28	N/A
60	\$86.59	\$14.72	N/A	\$86.59	\$14.72	N/A
61	\$86.59	\$14.72	N/A	\$86.59	\$14.72	N/A
62	\$86.59	\$14.72	N/A	\$86.59	\$14.72	N/A
63	\$86.59	\$14.72	N/A	\$86.59	\$14.72	N/A
64	\$86.59	\$14.72	N/A	\$86.59	\$14.72	N/A

AGE	STEP			LEVEL		
	BASE	COLA	FIG	BASE	COLA	FIG
20	\$14.68	\$2.49	\$1.79	\$19.05	\$3.24	\$1.79
21	\$14.68	\$2.49	\$1.79	\$19.05	\$3.24	\$1.79
22	\$14.68	\$2.49	\$1.79	\$19.05	\$3.24	\$1.79
23	\$14.68	\$2.49	\$1.79	\$19.05	\$3.24	\$1.79
24	\$14.68	\$2.49	\$1.79	\$19.05	\$3.24	\$1.79
25	\$15.70	\$2.67	\$1.79	\$19.05	\$3.24	\$1.79
26	\$15.70	\$2.67	\$1.79	\$19.45	\$3.31	\$1.79
27	\$15.70	\$2.67	\$1.79	\$19.85	\$3.37	\$1.79
28	\$15.70	\$2.67	\$1.79	\$20.25	\$3.44	\$1.79
29	\$15.70	\$2.67	\$1.79	\$20.65	\$3.51	\$1.79
30	\$18.17	\$3.09	\$1.79	\$21.05	\$3.58	\$1.79
31	\$18.17	\$3.09	\$1.79	\$22.29	\$3.79	\$1.79
32	\$18.17	\$3.09	\$1.79	\$23.53	\$4.00	\$1.79
33	\$18.17	\$3.09	\$1.79	\$24.78	\$4.21	\$1.79
34	\$18.17	\$3.09	\$1.79	\$26.02	\$4.42	\$1.79
35	\$21.50	\$3.66	\$1.79	\$27.26	\$4.63	\$1.79
36	\$21.50	\$3.66	\$1.79	\$28.56	\$4.86	\$1.79
37	\$21.50	\$3.66	\$1.79	\$29.86	\$5.08	\$1.79
38	\$21.50	\$3.66	\$1.79	\$31.16	\$5.30	\$1.79
39	\$21.50	\$3.66	\$1.79	\$32.46	\$5.52	\$1.79
40	\$24.50	\$4.17	\$1.79	\$33.76	\$5.74	\$1.79
41	\$24.50	\$4.17	\$1.79	\$35.57	\$6.05	\$1.79
42	\$24.50	\$4.17	\$1.79	\$37.38	\$6.35	\$1.79
43	\$24.50	\$4.17	\$1.79	\$39.19	\$6.66	\$1.79
44	\$24.50	\$4.17	\$1.79	\$41.00	\$6.97	\$1.79
45	\$27.50	\$4.68	\$1.79	\$42.81	\$7.28	\$1.79
46	\$27.50	\$4.68	\$1.79	\$45.62	\$7.75	\$1.79
47	\$27.50	\$4.68	\$1.79	\$48.42	\$8.23	\$1.79
48	\$27.50	\$4.68	\$1.79	\$51.23	\$8.71	\$1.79
49	\$27.50	\$4.68	\$1.79	\$54.03	\$9.19	\$1.79
50	\$39.48	\$6.71	\$1.79	\$56.84	\$9.66	\$1.79
51	\$39.48	\$6.71	\$1.79	\$59.88	\$10.18	\$1.79
52	\$39.48	\$6.71	\$1.79	\$62.92	\$10.70	\$1.79
53	\$39.48	\$6.71	\$1.79	\$65.95	\$11.21	\$1.79
54	\$39.48	\$6.71	\$1.79	\$68.99	\$11.73	\$1.79
55	\$62.96	\$10.70	N/A	\$72.03	\$12.25	N/A
56	\$62.96	\$10.70	N/A	\$74.60	\$12.68	N/A
57	\$62.96	\$10.70	N/A	\$77.16	\$13.12	N/A
58	\$62.96	\$10.70	N/A	\$79.73	\$13.55	N/A
59	\$62.96	\$10.70	N/A	\$82.29	\$13.99	N/A
60	\$84.86	\$14.43	N/A	\$84.86	\$14.43	N/A
61	\$84.86	\$14.43	N/A	\$84.86	\$14.43	N/A
62	\$84.86	\$14.43	N/A	\$84.86	\$14.43	N/A
63	\$84.86	\$14.43	N/A	\$84.86	\$14.43	N/A
64	\$84.86	\$14.43	N/A	\$84.86	\$14.43	N/A

\* You are considered a non-smoker if you are in good health and have not used any form of tobacco or tobacco cessation products in the 12 months prior to applying for coverage.

## BASIC PREMIUMS Female Non-Smoker\*

**ELIMINATION PERIOD #1: 30 DAYS**  
Benefit begins 31<sup>st</sup> day of sickness or accident  
**PER \$100 OF MONTHLY BENEFITS**

AGE	STEP			LEVEL		
	BASE	COLA	FIG	BASE	COLA	FIG
20	\$34.61	\$5.88	\$1.79	\$63.72	\$10.83	\$1.79
21	\$34.61	\$5.88	\$1.79	\$64.23	\$10.92	\$1.79
22	\$34.61	\$5.88	\$1.79	\$64.74	\$11.01	\$1.79
23	\$34.61	\$5.88	\$1.79	\$65.25	\$11.09	\$1.79
24	\$34.61	\$5.88	\$1.79	\$65.76	\$11.18	\$1.79
25	\$47.24	\$8.03	\$1.79	\$66.27	\$11.27	\$1.79
26	\$47.24	\$8.03	\$1.79	\$69.10	\$11.75	\$1.79
27	\$47.24	\$8.03	\$1.79	\$71.93	\$12.23	\$1.79
28	\$47.24	\$8.03	\$1.79	\$74.76	\$12.71	\$1.79
29	\$47.24	\$8.03	\$1.79	\$77.59	\$13.19	\$1.79
30	\$48.86	\$8.31	\$1.79	\$80.42	\$13.67	\$1.79
31	\$48.86	\$8.31	\$1.79	\$83.35	\$14.17	\$1.79
32	\$48.86	\$8.31	\$1.79	\$86.29	\$14.67	\$1.79
33	\$48.86	\$8.31	\$1.79	\$89.22	\$15.17	\$1.79
34	\$48.86	\$8.31	\$1.79	\$92.16	\$15.67	\$1.79
35	\$63.57	\$10.81	\$1.79	\$95.09	\$16.17	\$1.79
36	\$63.57	\$10.81	\$1.79	\$98.21	\$16.70	\$1.79
37	\$63.57	\$10.81	\$1.79	\$101.33	\$17.23	\$1.79
38	\$63.57	\$10.81	\$1.79	\$104.45	\$17.76	\$1.79
39	\$63.57	\$10.81	\$1.79	\$107.57	\$18.29	\$1.79
40	\$84.33	\$14.34	\$1.79	\$110.69	\$18.82	\$1.79
41	\$84.33	\$14.34	\$1.79	\$113.56	\$19.31	\$1.79
42	\$84.33	\$14.34	\$1.79	\$116.43	\$19.79	\$1.79
43	\$84.33	\$14.34	\$1.79	\$119.30	\$20.28	\$1.79
44	\$84.33	\$14.34	\$1.79	\$122.17	\$20.77	\$1.79
45	\$104.57	\$17.78	\$1.79	\$125.04	\$21.26	\$1.79
46	\$104.57	\$17.78	\$1.79	\$127.63	\$21.70	\$1.79
47	\$104.57	\$17.78	\$1.79	\$130.22	\$22.14	\$1.79
48	\$104.57	\$17.78	\$1.79	\$132.81	\$22.58	\$1.79
49	\$104.57	\$17.78	\$1.79	\$135.40	\$23.02	\$1.79
50	\$120.52	\$20.49	\$1.79	\$137.99	\$23.46	\$1.79
51	\$120.52	\$20.49	\$1.79	\$140.86	\$23.95	\$1.79
52	\$120.52	\$20.49	\$1.79	\$143.73	\$24.43	\$1.79
53	\$120.52	\$20.49	\$1.79	\$146.59	\$24.92	\$1.79
54	\$120.52	\$20.49	\$1.79	\$149.46	\$25.41	\$1.79
55	\$130.90	\$22.25	N/A	\$152.33	\$25.90	N/A
56	\$130.90	\$22.25	N/A	\$158.38	\$26.92	N/A
57	\$130.90	\$22.25	N/A	\$164.43	\$27.95	N/A
58	\$130.90	\$22.25	N/A	\$170.47	\$28.98	N/A
59	\$130.90	\$22.25	N/A	\$176.52	\$30.01	N/A
60	\$182.57	\$31.04	N/A	\$182.57	\$31.04	N/A
61	\$182.57	\$31.04	N/A	\$182.57	\$31.04	N/A
62	\$182.57	\$31.04	N/A	\$182.57	\$31.04	N/A
63	\$182.57	\$31.04	N/A	\$182.57	\$31.04	N/A
64	\$182.57	\$31.04	N/A	\$182.57	\$31.04	N/A

**ELIMINATION PERIOD #2: 60 DAYS**  
Benefit begins 61<sup>st</sup> day of sickness or accident  
**PER \$100 OF MONTHLY BENEFITS**

AGE	STEP			LEVEL		
	BASE	COLA	FIG	BASE	COLA	FIG
20	\$24.17	\$4.11	\$1.79	\$43.98	\$7.48	\$1.79
21	\$24.17	\$4.11	\$1.79	\$44.33	\$7.54	\$1.79
22	\$24.17	\$4.11	\$1.79	\$44.68	\$7.60	\$1.79
23	\$24.17	\$4.11	\$1.79	\$45.03	\$7.66	\$1.79
24	\$24.17	\$4.11	\$1.79	\$45.38	\$7.71	\$1.79
25	\$33.08	\$5.62	\$1.79	\$45.73	\$7.77	\$1.79
26	\$33.08	\$5.62	\$1.79	\$47.69	\$8.11	\$1.79
27	\$33.08	\$5.62	\$1.79	\$49.64	\$8.44	\$1.79
28	\$33.08	\$5.62	\$1.79	\$51.60	\$8.77	\$1.79
29	\$33.08	\$5.62	\$1.79	\$53.55	\$9.10	\$1.79
30	\$35.00	\$5.95	\$1.79	\$55.51	\$9.44	\$1.79
31	\$35.00	\$5.95	\$1.79	\$57.85	\$9.83	\$1.79
32	\$35.00	\$5.95	\$1.79	\$60.19	\$10.23	\$1.79
33	\$35.00	\$5.95	\$1.79	\$62.53	\$10.63	\$1.79
34	\$35.00	\$5.95	\$1.79	\$64.87	\$11.03	\$1.79
35	\$44.50	\$7.56	\$1.79	\$67.21	\$11.43	\$1.79
36	\$44.50	\$7.56	\$1.79	\$69.62	\$11.84	\$1.79
37	\$44.50	\$7.56	\$1.79	\$72.04	\$12.25	\$1.79
38	\$44.50	\$7.56	\$1.79	\$74.45	\$12.66	\$1.79
39	\$44.50	\$7.56	\$1.79	\$76.87	\$13.07	\$1.79
40	\$60.29	\$10.25	\$1.79	\$79.28	\$13.48	\$1.79
41	\$60.29	\$10.25	\$1.79	\$81.36	\$13.83	\$1.79
42	\$60.29	\$10.25	\$1.79	\$83.44	\$14.18	\$1.79
43	\$60.29	\$10.25	\$1.79	\$85.51	\$14.54	\$1.79
44	\$60.29	\$10.25	\$1.79	\$87.59	\$14.89	\$1.79
45	\$71.43	\$12.14	\$1.79	\$89.67	\$15.24	\$1.79
46	\$71.43	\$12.14	\$1.79	\$91.99	\$15.64	\$1.79
47	\$71.43	\$12.14	\$1.79	\$94.31	\$16.03	\$1.79
48	\$71.43	\$12.14	\$1.79	\$96.63	\$16.43	\$1.79
49	\$71.43	\$12.14	\$1.79	\$98.95	\$16.82	\$1.79
50	\$84.21	\$14.31	\$1.79	\$101.27	\$17.22	\$1.79
51	\$84.21	\$14.31	\$1.79	\$104.09	\$17.69	\$1.79
52	\$84.21	\$14.31	\$1.79	\$106.90	\$18.17	\$1.79
53	\$84.21	\$14.31	\$1.79	\$109.72	\$18.65	\$1.79
54	\$84.21	\$14.31	\$1.79	\$112.53	\$19.13	\$1.79
55	\$102.53	\$17.43	N/A	\$115.35	\$19.61	N/A
56	\$102.53	\$17.43	N/A	\$118.98	\$20.23	N/A
57	\$102.53	\$17.43	N/A	\$122.60	\$20.84	N/A
58	\$102.53	\$17.43	N/A	\$126.23	\$21.46	N/A
59	\$102.53	\$17.43	N/A	\$129.85	\$22.08	N/A
60	\$133.48	\$22.69	N/A	\$133.48	\$22.69	N/A
61	\$133.48	\$22.69	N/A	\$133.48	\$22.69	N/A
62	\$133.48	\$22.69	N/A	\$133.48	\$22.69	N/A
63	\$133.48	\$22.69	N/A	\$133.48	\$22.69	N/A
64	\$133.48	\$22.69	N/A	\$133.48	\$22.69	N/A

\* You are considered a non-smoker if you are in good health and have not used any form of tobacco or tobacco cessation products in the 12 months prior to applying for coverage.

## BASIC PREMIUMS Female Non-Smoker\*

**ELIMINATION PERIOD #3: 90 DAYS**  
Benefit begins 91<sup>st</sup> day of sickness or accident  
**PER \$100 OF MONTHLY BENEFITS**

AGE	STEP			LEVEL		
	BASE	COLA	FIG	BASE	COLA	FIG
20	\$18.05	\$3.07	\$1.79	\$32.61	\$5.54	\$1.79
21	\$18.05	\$3.07	\$1.79	\$32.87	\$5.59	\$1.79
22	\$18.05	\$3.07	\$1.79	\$33.13	\$5.63	\$1.79
23	\$18.05	\$3.07	\$1.79	\$33.39	\$5.68	\$1.79
24	\$18.05	\$3.07	\$1.79	\$33.65	\$5.72	\$1.79
25	\$27.93	\$4.75	\$1.79	\$33.91	\$5.76	\$1.79
26	\$27.93	\$4.75	\$1.79	\$35.36	\$6.01	\$1.79
27	\$27.93	\$4.75	\$1.79	\$36.80	\$6.26	\$1.79
28	\$27.93	\$4.75	\$1.79	\$38.25	\$6.50	\$1.79
29	\$27.93	\$4.75	\$1.79	\$39.69	\$6.75	\$1.79
30	\$30.00	\$5.10	\$1.79	\$41.14	\$6.99	\$1.79
31	\$30.00	\$5.10	\$1.79	\$43.35	\$7.37	\$1.79
32	\$30.00	\$5.10	\$1.79	\$45.56	\$7.74	\$1.79
33	\$30.00	\$5.10	\$1.79	\$47.76	\$8.12	\$1.79
34	\$30.00	\$5.10	\$1.79	\$49.97	\$8.50	\$1.79
35	\$38.27	\$6.51	\$1.79	\$52.18	\$8.87	\$1.79
36	\$38.27	\$6.51	\$1.79	\$53.57	\$9.11	\$1.79
37	\$38.27	\$6.51	\$1.79	\$54.96	\$9.34	\$1.79
38	\$38.27	\$6.51	\$1.79	\$56.36	\$9.58	\$1.79
39	\$38.27	\$6.51	\$1.79	\$57.75	\$9.82	\$1.79
40	\$45.78	\$7.78	\$1.79	\$59.14	\$10.05	\$1.79
41	\$45.78	\$7.78	\$1.79	\$60.60	\$10.30	\$1.79
42	\$45.78	\$7.78	\$1.79	\$62.07	\$10.55	\$1.79
43	\$45.78	\$7.78	\$1.79	\$63.53	\$10.80	\$1.79
44	\$45.78	\$7.78	\$1.79	\$65.00	\$11.05	\$1.79
45	\$48.22	\$8.20	\$1.79	\$66.46	\$11.30	\$1.79
46	\$48.22	\$8.20	\$1.79	\$68.79	\$11.69	\$1.79
47	\$48.22	\$8.20	\$1.79	\$71.12	\$12.09	\$1.79
48	\$48.22	\$8.20	\$1.79	\$73.44	\$12.49	\$1.79
49	\$48.22	\$8.20	\$1.79	\$75.77	\$12.88	\$1.79
50	\$61.77	\$10.50	\$1.79	\$78.10	\$13.28	\$1.79
51	\$61.77	\$10.50	\$1.79	\$80.80	\$13.74	\$1.79
52	\$61.77	\$10.50	\$1.79	\$83.50	\$14.20	\$1.79
53	\$61.77	\$10.50	\$1.79	\$86.21	\$14.66	\$1.79
54	\$61.77	\$10.50	\$1.79	\$88.91	\$15.11	\$1.79
55	\$85.51	\$14.54	N/A	\$91.61	\$15.57	N/A
56	\$85.51	\$14.54	N/A	\$93.34	\$15.87	N/A
57	\$85.51	\$14.54	N/A	\$95.06	\$16.16	N/A
58	\$85.51	\$14.54	N/A	\$96.79	\$16.45	N/A
59	\$85.51	\$14.54	N/A	\$98.51	\$16.75	N/A
60	\$100.24	\$17.04	N/A	\$100.24	\$17.04	N/A
61	\$100.24	\$17.04	N/A	\$100.24	\$17.04	N/A
62	\$100.24	\$17.04	N/A	\$100.24	\$17.04	N/A
63	\$100.24	\$17.04	N/A	\$100.24	\$17.04	N/A
64	\$100.24	\$17.04	N/A	\$100.24	\$17.04	N/A

**ELIMINATION PERIOD #4: 120 DAYS**  
Benefit begins 121<sup>st</sup> day of sickness or accident  
**PER \$100 OF MONTHLY BENEFITS**

AGE	STEP			LEVEL		
	BASE	COLA	FIG	BASE	COLA	FIG
20	\$17.75	\$3.02	\$1.79	\$31.96	\$5.43	\$1.79
21	\$17.75	\$3.02	\$1.79	\$32.22	\$5.48	\$1.79
22	\$17.75	\$3.02	\$1.79	\$32.47	\$5.52	\$1.79
23	\$17.75	\$3.02	\$1.79	\$32.73	\$5.56	\$1.79
24	\$17.75	\$3.02	\$1.79	\$32.98	\$5.61	\$1.79
25	\$27.08	\$4.60	\$1.79	\$33.24	\$5.65	\$1.79
26	\$27.08	\$4.60	\$1.79	\$34.66	\$5.89	\$1.79
27	\$27.08	\$4.60	\$1.79	\$36.07	\$6.13	\$1.79
28	\$27.08	\$4.60	\$1.79	\$37.49	\$6.37	\$1.79
29	\$27.08	\$4.60	\$1.79	\$38.90	\$6.61	\$1.79
30	\$29.50	\$5.02	\$1.79	\$40.32	\$6.85	\$1.79
31	\$29.50	\$5.02	\$1.79	\$42.49	\$7.22	\$1.79
32	\$29.50	\$5.02	\$1.79	\$44.65	\$7.59	\$1.79
33	\$29.50	\$5.02	\$1.79	\$46.82	\$7.96	\$1.79
34	\$29.50	\$5.02	\$1.79	\$48.98	\$8.33	\$1.79
35	\$37.62	\$6.40	\$1.79	\$51.15	\$8.70	\$1.79
36	\$37.62	\$6.40	\$1.79	\$52.51	\$8.93	\$1.79
37	\$37.62	\$6.40	\$1.79	\$53.87	\$9.16	\$1.79
38	\$37.62	\$6.40	\$1.79	\$55.24	\$9.39	\$1.79
39	\$37.62	\$6.40	\$1.79	\$56.60	\$9.62	\$1.79
40	\$44.96	\$7.64	\$1.79	\$57.96	\$9.85	\$1.79
41	\$44.96	\$7.64	\$1.79	\$59.39	\$10.10	\$1.79
42	\$44.96	\$7.64	\$1.79	\$60.83	\$10.34	\$1.79
43	\$44.96	\$7.64	\$1.79	\$62.26	\$10.58	\$1.79
44	\$44.96	\$7.64	\$1.79	\$63.70	\$10.83	\$1.79
45	\$47.32	\$8.04	\$1.79	\$65.13	\$11.07	\$1.79
46	\$47.32	\$8.04	\$1.79	\$67.41	\$11.46	\$1.79
47	\$47.32	\$8.04	\$1.79	\$69.69	\$11.85	\$1.79
48	\$47.32	\$8.04	\$1.79	\$71.98	\$12.24	\$1.79
49	\$47.32	\$8.04	\$1.79	\$74.26	\$12.62	\$1.79
50	\$60.56	\$10.30	\$1.79	\$76.54	\$13.01	\$1.79
51	\$60.56	\$10.30	\$1.79	\$79.19	\$13.46	\$1.79
52	\$60.56	\$10.30	\$1.79	\$81.84	\$13.91	\$1.79
53	\$60.56	\$10.30	\$1.79	\$84.49	\$14.36	\$1.79
54	\$60.56	\$10.30	\$1.79	\$87.14	\$14.81	\$1.79
55	\$83.82	\$14.25	N/A	\$89.79	\$15.26	N/A
56	\$83.82	\$14.25	N/A	\$91.48	\$15.55	N/A
57	\$83.82	\$14.25	N/A	\$93.17	\$15.84	N/A
58	\$83.82	\$14.25	N/A	\$94.86	\$16.13	N/A
59	\$83.82	\$14.25	N/A	\$96.55	\$16.41	N/A
60	\$98.24	\$16.70	N/A	\$98.24	\$16.70	N/A
61	\$98.24	\$16.70	N/A	\$98.24	\$16.70	N/A
62	\$98.24	\$16.70	N/A	\$98.24	\$16.70	N/A
63	\$98.24	\$16.70	N/A	\$98.24	\$16.70	N/A
64	\$98.24	\$16.70	N/A	\$98.24	\$16.70	N/A

\* You are considered a non-smoker if you are in good health and have not used any form of tobacco or tobacco cessation products in the 12 months prior to applying for coverage.

# BASIC PREMIUMS

## Male Smoker

### ELIMINATION PERIOD #1: **30 DAYS**

Benefit begins 31<sup>st</sup> day of sickness or accident

#### PER \$100 OF MONTHLY BENEFITS

AGE	STEP			LEVEL		
	BASE	COLA	FIG	BASE	COLA	FIG
20	\$35.80	\$6.09	\$1.97	\$49.32	\$8.38	\$1.97
21	\$35.80	\$6.09	\$1.97	\$49.32	\$8.38	\$1.97
22	\$35.80	\$6.09	\$1.97	\$49.32	\$8.38	\$1.97
23	\$35.80	\$6.09	\$1.97	\$49.32	\$8.38	\$1.97
24	\$35.80	\$6.09	\$1.97	\$49.32	\$8.38	\$1.97
25	\$37.82	\$6.43	\$1.97	\$49.32	\$8.38	\$1.97
26	\$37.82	\$6.43	\$1.97	\$50.36	\$8.56	\$1.97
27	\$37.82	\$6.43	\$1.97	\$51.40	\$8.74	\$1.97
28	\$37.82	\$6.43	\$1.97	\$52.43	\$8.91	\$1.97
29	\$37.82	\$6.43	\$1.97	\$53.47	\$9.09	\$1.97
30	\$42.73	\$7.26	\$1.97	\$54.51	\$9.27	\$1.97
31	\$42.73	\$7.26	\$1.97	\$57.73	\$9.81	\$1.97
32	\$42.73	\$7.26	\$1.97	\$60.94	\$10.36	\$1.97
33	\$42.73	\$7.26	\$1.97	\$64.16	\$10.91	\$1.97
34	\$42.73	\$7.26	\$1.97	\$67.37	\$11.45	\$1.97
35	\$44.20	\$7.51	\$1.97	\$70.59	\$12.00	\$1.97
36	\$44.20	\$7.51	\$1.97	\$73.97	\$12.57	\$1.97
37	\$44.20	\$7.51	\$1.97	\$77.34	\$13.15	\$1.97
38	\$44.20	\$7.51	\$1.97	\$80.72	\$13.72	\$1.97
39	\$44.20	\$7.51	\$1.97	\$84.10	\$14.30	\$1.97
40	\$46.80	\$7.96	\$1.97	\$87.48	\$14.87	\$1.97
41	\$46.80	\$7.96	\$1.97	\$92.18	\$15.67	\$1.97
42	\$46.80	\$7.96	\$1.97	\$96.88	\$16.47	\$1.97
43	\$46.80	\$7.96	\$1.97	\$101.58	\$17.27	\$1.97
44	\$46.80	\$7.96	\$1.97	\$106.28	\$18.07	\$1.97
45	\$55.30	\$9.40	\$1.97	\$110.98	\$18.87	\$1.97
46	\$55.30	\$9.40	\$1.97	\$118.05	\$20.07	\$1.97
47	\$55.30	\$9.40	\$1.97	\$125.11	\$21.27	\$1.97
48	\$55.30	\$9.40	\$1.97	\$132.17	\$22.47	\$1.97
49	\$55.30	\$9.40	\$1.97	\$139.24	\$23.67	\$1.97
50	\$97.27	\$16.54	\$1.97	\$146.30	\$24.87	\$1.97
51	\$97.27	\$16.54	\$1.97	\$154.37	\$26.24	\$1.97
52	\$97.27	\$16.54	\$1.97	\$162.44	\$27.61	\$1.97
53	\$97.27	\$16.54	\$1.97	\$170.51	\$28.99	\$1.97
54	\$97.27	\$16.54	\$1.97	\$178.57	\$30.36	\$1.97
55	\$162.87	\$27.69	N/A	\$186.64	\$31.73	N/A
56	\$162.87	\$27.69	N/A	\$193.35	\$32.87	N/A
57	\$162.87	\$27.69	N/A	\$200.06	\$34.01	N/A
58	\$162.87	\$27.69	N/A	\$206.77	\$35.15	N/A
59	\$162.87	\$27.69	N/A	\$213.47	\$36.29	N/A
60	\$220.18	\$37.43	N/A	\$220.18	\$37.43	N/A
61	\$220.18	\$37.43	N/A	\$220.18	\$37.43	N/A
62	\$220.18	\$37.43	N/A	\$220.18	\$37.43	N/A
63	\$220.18	\$37.43	N/A	\$220.18	\$37.43	N/A
64	\$220.18	\$37.43	N/A	\$220.18	\$37.43	N/A

### ELIMINATION PERIOD #2: **60 DAYS**

Benefit begins 61<sup>st</sup> day of sickness or accident

#### PER \$100 OF MONTHLY BENEFITS

AGE	STEP			LEVEL		
	BASE	COLA	FIG	BASE	COLA	FIG
20	\$25.00	\$4.25	\$1.97	\$34.06	\$5.79	\$1.97
21	\$25.00	\$4.25	\$1.97	\$34.06	\$5.79	\$1.97
22	\$25.00	\$4.25	\$1.97	\$34.06	\$5.79	\$1.97
23	\$25.00	\$4.25	\$1.97	\$34.06	\$5.79	\$1.97
24	\$25.00	\$4.25	\$1.97	\$34.06	\$5.79	\$1.97
25	\$26.19	\$4.45	\$1.97	\$34.06	\$5.79	\$1.97
26	\$26.19	\$4.45	\$1.97	\$34.78	\$5.91	\$1.97
27	\$26.19	\$4.45	\$1.97	\$35.49	\$6.03	\$1.97
28	\$26.19	\$4.45	\$1.97	\$36.21	\$6.15	\$1.97
29	\$26.19	\$4.45	\$1.97	\$36.92	\$6.28	\$1.97
30	\$29.85	\$5.07	\$1.97	\$37.64	\$6.40	\$1.97
31	\$29.85	\$5.07	\$1.97	\$39.86	\$6.78	\$1.97
32	\$29.85	\$5.07	\$1.97	\$42.08	\$7.15	\$1.97
33	\$29.85	\$5.07	\$1.97	\$44.30	\$7.53	\$1.97
34	\$29.85	\$5.07	\$1.97	\$46.53	\$7.91	\$1.97
35	\$32.50	\$5.53	\$1.97	\$48.75	\$8.29	\$1.97
36	\$32.50	\$5.53	\$1.97	\$51.08	\$8.68	\$1.97
37	\$32.50	\$5.53	\$1.97	\$53.40	\$9.08	\$1.97
38	\$32.50	\$5.53	\$1.97	\$55.73	\$9.47	\$1.97
39	\$32.50	\$5.53	\$1.97	\$58.06	\$9.87	\$1.97
40	\$35.81	\$6.09	\$1.97	\$60.39	\$10.27	\$1.97
41	\$35.81	\$6.09	\$1.97	\$63.63	\$10.82	\$1.97
42	\$35.81	\$6.09	\$1.97	\$66.87	\$11.37	\$1.97
43	\$35.81	\$6.09	\$1.97	\$70.11	\$11.92	\$1.97
44	\$35.81	\$6.09	\$1.97	\$73.35	\$12.47	\$1.97
45	\$43.08	\$7.32	\$1.97	\$76.60	\$13.02	\$1.97
46	\$43.08	\$7.32	\$1.97	\$81.62	\$13.88	\$1.97
47	\$43.08	\$7.32	\$1.97	\$86.65	\$14.73	\$1.97
48	\$43.08	\$7.32	\$1.97	\$91.68	\$15.59	\$1.97
49	\$43.08	\$7.32	\$1.97	\$96.71	\$16.44	\$1.97
50	\$68.76	\$11.69	\$1.97	\$101.74	\$17.30	\$1.97
51	\$68.76	\$11.69	\$1.97	\$107.18	\$18.22	\$1.97
52	\$68.76	\$11.69	\$1.97	\$112.62	\$19.15	\$1.97
53	\$68.76	\$11.69	\$1.97	\$118.06	\$20.07	\$1.97
54	\$68.76	\$11.69	\$1.97	\$123.51	\$21.00	\$1.97
55	\$112.70	\$19.16	N/A	\$128.95	\$21.92	N/A
56	\$112.70	\$19.16	N/A	\$133.54	\$22.70	N/A
57	\$112.70	\$19.16	N/A	\$138.13	\$23.48	N/A
58	\$112.70	\$19.16	N/A	\$142.72	\$24.26	N/A
59	\$112.70	\$19.16	N/A	\$147.31	\$25.04	N/A
60	\$151.90	\$25.82	N/A	\$151.91	\$25.82	N/A
61	\$151.90	\$25.82	N/A	\$151.91	\$25.82	N/A
62	\$151.90	\$25.82	N/A	\$151.91	\$25.82	N/A
63	\$151.90	\$25.82	N/A	\$151.91	\$25.82	N/A
64	\$151.90	\$25.82	N/A	\$151.91	\$25.82	N/A

# BASIC PREMIUMS

## Male Smoker

### ELIMINATION PERIOD #3: **90 DAYS**

Benefit begins 91<sup>st</sup> day of sickness or accident

#### PER \$100 OF MONTHLY BENEFITS

AGE	STEP			LEVEL		
	BASE	COLA	FIG	BASE	COLA	FIG
20	\$19.47	\$3.31	\$1.97	\$25.27	\$4.30	\$1.97
21	\$19.47	\$3.31	\$1.97	\$25.27	\$4.30	\$1.97
22	\$19.47	\$3.31	\$1.97	\$25.27	\$4.30	\$1.97
23	\$19.47	\$3.31	\$1.97	\$25.27	\$4.30	\$1.97
24	\$19.47	\$3.31	\$1.97	\$25.27	\$4.30	\$1.97
25	\$21.06	\$3.58	\$1.97	\$25.27	\$4.30	\$1.97
26	\$21.06	\$3.58	\$1.97	\$25.80	\$4.39	\$1.97
27	\$21.06	\$3.58	\$1.97	\$26.33	\$4.48	\$1.97
28	\$21.06	\$3.58	\$1.97	\$26.86	\$4.57	\$1.97
29	\$21.06	\$3.58	\$1.97	\$27.39	\$4.66	\$1.97
30	\$24.38	\$4.14	\$1.97	\$27.92	\$4.75	\$1.97
31	\$24.38	\$4.14	\$1.97	\$29.57	\$5.03	\$1.97
32	\$24.38	\$4.14	\$1.97	\$31.22	\$5.31	\$1.97
33	\$24.38	\$4.14	\$1.97	\$32.86	\$5.59	\$1.97
34	\$24.38	\$4.14	\$1.97	\$34.51	\$5.87	\$1.97
35	\$28.60	\$4.86	\$1.97	\$36.15	\$6.15	\$1.97
36	\$28.60	\$4.86	\$1.97	\$37.88	\$6.44	\$1.97
37	\$28.60	\$4.86	\$1.97	\$39.60	\$6.73	\$1.97
38	\$28.60	\$4.86	\$1.97	\$41.32	\$7.03	\$1.97
39	\$28.60	\$4.86	\$1.97	\$43.05	\$7.32	\$1.97
40	\$32.50	\$5.53	\$1.97	\$44.77	\$7.61	\$1.97
41	\$32.50	\$5.53	\$1.97	\$47.17	\$8.02	\$1.97
42	\$32.50	\$5.53	\$1.97	\$49.57	\$8.43	\$1.97
43	\$32.50	\$5.53	\$1.97	\$51.97	\$8.84	\$1.97
44	\$32.50	\$5.53	\$1.97	\$54.37	\$9.24	\$1.97
45	\$36.40	\$6.19	\$1.97	\$56.77	\$9.65	\$1.97
46	\$36.40	\$6.19	\$1.97	\$60.50	\$10.28	\$1.97
47	\$36.40	\$6.19	\$1.97	\$64.22	\$10.92	\$1.97
48	\$36.40	\$6.19	\$1.97	\$67.95	\$11.55	\$1.97
49	\$36.40	\$6.19	\$1.97	\$71.67	\$12.18	\$1.97
50	\$51.02	\$8.67	\$1.97	\$75.40	\$12.82	\$1.97
51	\$51.02	\$8.67	\$1.97	\$79.43	\$13.50	\$1.97
52	\$51.02	\$8.67	\$1.97	\$83.47	\$14.19	\$1.97
53	\$51.02	\$8.67	\$1.97	\$87.50	\$14.87	\$1.97
54	\$51.02	\$8.67	\$1.97	\$91.53	\$15.56	\$1.97
55	\$83.54	\$14.20	N/A	\$95.56	\$16.25	N/A
56	\$83.54	\$14.20	N/A	\$98.96	\$16.82	N/A
57	\$83.54	\$14.20	N/A	\$102.36	\$17.40	N/A
58	\$83.54	\$14.20	N/A	\$105.77	\$17.98	N/A
59	\$83.54	\$14.20	N/A	\$109.17	\$18.56	N/A
60	\$112.57	\$19.14	N/A	\$112.57	\$19.14	N/A
61	\$112.57	\$19.14	N/A	\$112.57	\$19.14	N/A
62	\$112.57	\$19.14	N/A	\$112.57	\$19.14	N/A
63	\$112.57	\$19.14	N/A	\$112.57	\$19.14	N/A
64	\$112.57	\$19.14	N/A	\$112.57	\$19.14	N/A

### ELIMINATION PERIOD #4: **120 DAYS**

Benefit begins 121<sup>st</sup> day of sickness or accident

#### PER \$100 OF MONTHLY BENEFITS

AGE	STEP			LEVEL		
	BASE	COLA	FIG	BASE	COLA	FIG
20	\$19.08	\$3.24	\$1.97	\$24.77	\$4.21	\$1.97
21	\$19.08	\$3.24	\$1.97	\$24.77	\$4.21	\$1.97
22	\$19.08	\$3.24	\$1.97	\$24.77	\$4.21	\$1.97
23	\$19.08	\$3.24	\$1.97	\$24.77	\$4.21	\$1.97
24	\$19.08	\$3.24	\$1.97	\$24.77	\$4.21	\$1.97
25	\$20.41	\$3.47	\$1.97	\$24.77	\$4.21	\$1.97
26	\$20.41	\$3.47	\$1.97	\$25.29	\$4.30	\$1.97
27	\$20.41	\$3.47	\$1.97	\$25.81	\$4.39	\$1.97
28	\$20.41	\$3.47	\$1.97	\$26.33	\$4.48	\$1.97
29	\$20.41	\$3.47	\$1.97	\$26.85	\$4.56	\$1.97
30	\$23.62	\$4.02	\$1.97	\$27.37	\$4.65	\$1.97
31	\$23.62	\$4.02	\$1.97	\$28.98	\$4.93	\$1.97
32	\$23.62	\$4.02	\$1.97	\$30.59	\$5.20	\$1.97
33	\$23.62	\$4.02	\$1.97	\$32.21	\$5.48	\$1.97
34	\$23.62	\$4.02	\$1.97	\$33.82	\$5.75	\$1.97
35	\$28.10	\$4.78	\$1.97	\$35.44	\$6.02	\$1.97
36	\$28.10	\$4.78	\$1.97	\$37.13	\$6.31	\$1.97
37	\$28.10	\$4.78	\$1.97	\$38.82	\$6.60	\$1.97
38	\$28.10	\$4.78	\$1.97	\$40.51	\$6.89	\$1.97
39	\$28.10	\$4.78	\$1.97	\$42.20	\$7.17	\$1.97
40	\$31.20	\$5.30	\$1.97	\$43.89	\$7.46	\$1.97
41	\$31.20	\$5.30	\$1.97	\$46.24	\$7.86	\$1.97
42	\$31.20	\$5.30	\$1.97	\$48.59	\$8.26	\$1.97
43	\$31.20	\$5.30	\$1.97	\$50.95	\$8.66	\$1.97
44	\$31.20	\$5.30	\$1.97	\$53.30	\$9.06	\$1.97
45	\$35.10	\$5.97	\$1.97	\$55.65	\$9.46	\$1.97
46	\$35.10	\$5.97	\$1.97	\$59.30	\$10.08	\$1.97
47	\$35.10	\$5.97	\$1.97	\$62.95	\$10.70	\$1.97
48	\$35.10	\$5.97	\$1.97	\$66.60	\$11.32	\$1.97
49	\$35.10	\$5.97	\$1.97	\$70.24	\$11.94	\$1.97
50	\$50.03	\$8.51	\$1.97	\$73.89	\$12.56	\$1.97
51	\$50.03	\$8.51	\$1.97	\$77.84	\$13.23	\$1.97
52	\$50.03	\$8.51	\$1.97	\$81.79	\$13.90	\$1.97
53	\$50.03	\$8.51	\$1.97	\$85.74	\$14.58	\$1.97
54	\$50.03	\$8.51	\$1.97	\$89.69	\$15.25	\$1.97
55	\$81.85	\$13.92	N/A	\$93.64	\$15.92	N/A
56	\$81.85	\$13.92	N/A	\$96.97	\$16.49	N/A
57	\$81.85	\$13.92	N/A	\$100.31	\$17.05	N/A
58	\$81.85	\$13.92	N/A	\$103.65	\$17.62	N/A
59	\$81.85	\$13.92	N/A	\$106.98	\$18.19	N/A
60	\$110.32	\$18.75	N/A	\$110.32	\$18.75	N/A
61	\$110.32	\$18.75	N/A	\$110.32	\$18.75	N/A
62	\$110.32	\$18.75	N/A	\$110.32	\$18.75	N/A
63	\$110.32	\$18.75	N/A	\$110.32	\$18.75	N/A
64	\$110.32	\$18.75	N/A	\$110.32	\$18.75	N/A

# BASIC PREMIUMS

## Female Smoker

### ELIMINATION PERIOD #1: **30 DAYS**

Benefit begins 31<sup>st</sup> day of sickness or accident

#### PER \$100 OF MONTHLY BENEFITS

AGE	STEP			LEVEL		
	BASE	COLA	FIG	BASE	COLA	FIG
20	\$44.99	\$7.65	\$1.97	\$82.84	\$14.08	\$1.97
21	\$44.99	\$7.65	\$1.97	\$83.50	\$14.19	\$1.97
22	\$44.99	\$7.65	\$1.97	\$84.16	\$14.31	\$1.97
23	\$44.99	\$7.65	\$1.97	\$84.83	\$14.42	\$1.97
24	\$44.99	\$7.65	\$1.97	\$85.49	\$14.53	\$1.97
25	\$61.41	\$10.44	\$1.97	\$86.15	\$14.65	\$1.97
26	\$61.41	\$10.44	\$1.97	\$89.83	\$15.27	\$1.97
27	\$61.41	\$10.44	\$1.97	\$93.51	\$15.90	\$1.97
28	\$61.41	\$10.44	\$1.97	\$97.19	\$16.52	\$1.97
29	\$61.41	\$10.44	\$1.97	\$100.87	\$17.15	\$1.97
30	\$63.52	\$10.80	\$1.97	\$104.55	\$17.77	\$1.97
31	\$63.52	\$10.80	\$1.97	\$108.36	\$18.42	\$1.97
32	\$63.52	\$10.80	\$1.97	\$112.17	\$19.07	\$1.97
33	\$63.52	\$10.80	\$1.97	\$115.99	\$19.72	\$1.97
34	\$63.52	\$10.80	\$1.97	\$119.80	\$20.37	\$1.97
35	\$82.64	\$14.05	\$1.97	\$123.62	\$21.01	\$1.97
36	\$82.64	\$14.05	\$1.97	\$127.67	\$21.70	\$1.97
37	\$82.64	\$14.05	\$1.97	\$131.73	\$22.39	\$1.97
38	\$82.64	\$14.05	\$1.97	\$135.79	\$23.08	\$1.97
39	\$82.64	\$14.05	\$1.97	\$139.84	\$23.77	\$1.97
40	\$109.62	\$18.64	\$1.97	\$143.90	\$24.46	\$1.97
41	\$109.62	\$18.64	\$1.97	\$147.63	\$25.10	\$1.97
42	\$109.62	\$18.64	\$1.97	\$151.36	\$25.73	\$1.97
43	\$109.62	\$18.64	\$1.97	\$155.09	\$26.37	\$1.97
44	\$109.62	\$18.64	\$1.97	\$158.82	\$27.00	\$1.97
45	\$135.95	\$23.11	\$1.97	\$162.55	\$27.63	\$1.97
46	\$135.95	\$23.11	\$1.97	\$165.92	\$28.21	\$1.97
47	\$135.95	\$23.11	\$1.97	\$169.29	\$28.78	\$1.97
48	\$135.95	\$23.11	\$1.97	\$172.65	\$29.35	\$1.97
49	\$135.95	\$23.11	\$1.97	\$176.02	\$29.92	\$1.97
50	\$156.67	\$26.63	\$1.97	\$179.39	\$30.50	\$1.97
51	\$156.67	\$26.63	\$1.97	\$183.12	\$31.13	\$1.97
52	\$156.67	\$26.63	\$1.97	\$186.84	\$31.76	\$1.97
53	\$156.67	\$26.63	\$1.97	\$190.57	\$32.40	\$1.97
54	\$156.67	\$26.63	\$1.97	\$194.30	\$33.03	\$1.97
55	\$170.18	\$28.93	N/A	\$198.03	\$33.66	N/A
56	\$170.18	\$28.93	N/A	\$205.89	\$35.00	N/A
57	\$170.18	\$28.93	N/A	\$213.75	\$36.34	N/A
58	\$170.18	\$28.93	N/A	\$221.62	\$37.67	N/A
59	\$170.18	\$28.93	N/A	\$229.48	\$39.01	N/A
60	\$237.34	\$40.35	N/A	\$237.34	\$40.35	N/A
61	\$237.34	\$40.35	N/A	\$237.34	\$40.35	N/A
62	\$237.34	\$40.35	N/A	\$237.34	\$40.35	N/A
63	\$237.34	\$40.35	N/A	\$237.34	\$40.35	N/A
64	\$237.34	\$40.35	N/A	\$237.34	\$40.35	N/A

### ELIMINATION PERIOD #2: **60 DAYS**

Benefit begins 61<sup>st</sup> day of sickness or accident

#### PER \$100 OF MONTHLY BENEFITS

AGE	STEP			LEVEL		
	BASE	COLA	FIG	BASE	COLA	FIG
20	\$31.42	\$5.34	\$1.97	\$57.17	\$9.72	\$1.97
21	\$31.42	\$5.34	\$1.97	\$57.63	\$9.80	\$1.97
22	\$31.42	\$5.34	\$1.97	\$58.08	\$9.87	\$1.97
23	\$31.42	\$5.34	\$1.97	\$58.54	\$9.95	\$1.97
24	\$31.42	\$5.34	\$1.97	\$58.99	\$10.03	\$1.97
25	\$43.00	\$7.31	\$1.97	\$59.45	\$10.11	\$1.97
26	\$43.00	\$7.31	\$1.97	\$61.99	\$10.54	\$1.97
27	\$43.00	\$7.31	\$1.97	\$64.53	\$10.97	\$1.97
28	\$43.00	\$7.31	\$1.97	\$67.08	\$11.40	\$1.97
29	\$43.00	\$7.31	\$1.97	\$69.62	\$11.84	\$1.97
30	\$45.50	\$7.74	\$1.97	\$72.16	\$12.27	\$1.97
31	\$45.50	\$7.74	\$1.97	\$75.21	\$12.78	\$1.97
32	\$45.50	\$7.74	\$1.97	\$78.25	\$13.30	\$1.97
33	\$45.50	\$7.74	\$1.97	\$81.29	\$13.82	\$1.97
34	\$45.50	\$7.74	\$1.97	\$84.33	\$14.34	\$1.97
35	\$55.93	\$9.51	\$1.97	\$87.37	\$14.85	\$1.97
36	\$55.93	\$9.51	\$1.97	\$90.51	\$15.39	\$1.97
37	\$55.93	\$9.51	\$1.97	\$93.65	\$15.92	\$1.97
38	\$55.93	\$9.51	\$1.97	\$96.79	\$16.45	\$1.97
39	\$55.93	\$9.51	\$1.97	\$99.93	\$16.99	\$1.97
40	\$78.38	\$13.32	\$1.97	\$103.06	\$17.52	\$1.97
41	\$78.38	\$13.32	\$1.97	\$105.77	\$17.98	\$1.97
42	\$78.38	\$13.32	\$1.97	\$108.47	\$18.44	\$1.97
43	\$78.38	\$13.32	\$1.97	\$111.17	\$18.90	\$1.97
44	\$78.38	\$13.32	\$1.97	\$113.87	\$19.36	\$1.97
45	\$92.86	\$15.79	\$1.97	\$116.57	\$19.82	\$1.97
46	\$92.86	\$15.79	\$1.97	\$119.59	\$20.33	\$1.97
47	\$92.86	\$15.79	\$1.97	\$122.60	\$20.84	\$1.97
48	\$92.86	\$15.79	\$1.97	\$125.62	\$21.36	\$1.97
49	\$92.86	\$15.79	\$1.97	\$128.64	\$21.87	\$1.97
50	\$109.47	\$18.61	\$1.97	\$131.65	\$22.38	\$1.97
51	\$109.47	\$18.61	\$1.97	\$135.31	\$23.00	\$1.97
52	\$109.47	\$18.61	\$1.97	\$138.97	\$23.63	\$1.97
53	\$109.47	\$18.61	\$1.97	\$142.63	\$24.25	\$1.97
54	\$109.47	\$18.61	\$1.97	\$146.29	\$24.87	\$1.97
55	\$133.28	\$22.66	N/A	\$149.96	\$25.49	N/A
56	\$133.28	\$22.66	N/A	\$154.67	\$26.29	N/A
57	\$133.28	\$22.66	N/A	\$159.38	\$27.10	N/A
58	\$133.28	\$22.66	N/A	\$164.10	\$27.90	N/A
59	\$133.28	\$22.66	N/A	\$168.81	\$28.70	N/A
60	\$173.52	\$29.50	N/A	\$173.52	\$29.50	N/A
61	\$173.52	\$29.50	N/A	\$173.52	\$29.50	N/A
62	\$173.52	\$29.50	N/A	\$173.52	\$29.50	N/A
63	\$173.52	\$29.50	N/A	\$173.52	\$29.50	N/A
64	\$173.52	\$29.50	N/A	\$173.52	\$29.50	N/A

# BASIC PREMIUMS

## Female Smoker

**ELIMINATION PERIOD #3: 90 DAYS**  
Benefit begins 91<sup>st</sup> day of sickness or accident  
**PER \$100 OF MONTHLY BENEFITS**

**ELIMINATION PERIOD #4: 120 DAYS**  
Benefit begins 121<sup>st</sup> day of sickness or accident  
**PER \$100 OF MONTHLY BENEFITS**

AGE	STEP			LEVEL		
	BASE	COLA	FIG	BASE	COLA	FIG
20	\$23.46	\$3.99	\$1.97	\$42.39	\$7.21	\$1.97
21	\$23.46	\$3.99	\$1.97	\$42.73	\$7.26	\$1.97
22	\$23.46	\$3.99	\$1.97	\$43.07	\$7.32	\$1.97
23	\$23.46	\$3.99	\$1.97	\$43.41	\$7.38	\$1.97
24	\$23.46	\$3.99	\$1.97	\$43.75	\$7.44	\$1.97
25	\$36.31	\$6.17	\$1.97	\$44.08	\$7.49	\$1.97
26	\$36.31	\$6.17	\$1.97	\$45.96	\$7.81	\$1.97
27	\$36.31	\$6.17	\$1.97	\$47.84	\$8.13	\$1.97
28	\$36.31	\$6.17	\$1.97	\$49.72	\$8.45	\$1.97
29	\$36.31	\$6.17	\$1.97	\$51.60	\$8.77	\$1.97
30	\$39.00	\$6.63	\$1.97	\$53.48	\$9.09	\$1.97
31	\$39.00	\$6.63	\$1.97	\$56.35	\$9.58	\$1.97
32	\$39.00	\$6.63	\$1.97	\$59.22	\$10.07	\$1.97
33	\$39.00	\$6.63	\$1.97	\$62.09	\$10.56	\$1.97
34	\$39.00	\$6.63	\$1.97	\$64.96	\$11.04	\$1.97
35	\$49.75	\$8.46	\$1.97	\$67.83	\$11.53	\$1.97
36	\$49.75	\$8.46	\$1.97	\$69.64	\$11.84	\$1.97
37	\$49.75	\$8.46	\$1.97	\$71.45	\$12.15	\$1.97
38	\$49.75	\$8.46	\$1.97	\$73.26	\$12.45	\$1.97
39	\$49.75	\$8.46	\$1.97	\$75.07	\$12.76	\$1.97
40	\$59.52	\$10.12	\$1.97	\$76.88	\$13.07	\$1.97
41	\$59.52	\$10.12	\$1.97	\$78.79	\$13.39	\$1.97
42	\$59.52	\$10.12	\$1.97	\$80.69	\$13.72	\$1.97
43	\$59.52	\$10.12	\$1.97	\$82.59	\$14.04	\$1.97
44	\$59.52	\$10.12	\$1.97	\$84.49	\$14.36	\$1.97
45	\$62.68	\$10.66	\$1.97	\$86.40	\$14.69	\$1.97
46	\$62.68	\$10.66	\$1.97	\$89.42	\$15.20	\$1.97
47	\$62.68	\$10.66	\$1.97	\$92.45	\$15.72	\$1.97
48	\$62.68	\$10.66	\$1.97	\$95.48	\$16.23	\$1.97
49	\$62.68	\$10.66	\$1.97	\$98.50	\$16.75	\$1.97
50	\$80.30	\$13.65	\$1.97	\$101.53	\$17.26	\$1.97
51	\$80.30	\$13.65	\$1.97	\$105.04	\$17.86	\$1.97
52	\$80.30	\$13.65	\$1.97	\$108.56	\$18.45	\$1.97
53	\$80.30	\$13.65	\$1.97	\$112.07	\$19.05	\$1.97
54	\$80.30	\$13.65	\$1.97	\$115.58	\$19.65	\$1.97
55	\$111.16	\$18.90	N/A	\$119.09	\$20.25	N/A
56	\$111.16	\$18.90	N/A	\$121.34	\$20.63	N/A
57	\$111.16	\$18.90	N/A	\$123.58	\$21.01	N/A
58	\$111.16	\$18.90	N/A	\$125.82	\$21.39	N/A
59	\$111.16	\$18.90	N/A	\$128.07	\$21.77	N/A
60	\$130.31	\$22.15	N/A	\$130.31	\$22.15	N/A
61	\$130.31	\$22.15	N/A	\$130.31	\$22.15	N/A
62	\$130.31	\$22.15	N/A	\$130.31	\$22.15	N/A
63	\$130.31	\$22.15	N/A	\$130.31	\$22.15	N/A
64	\$130.31	\$22.15	N/A	\$130.31	\$22.15	N/A

AGE	STEP			LEVEL		
	BASE	COLA	FIG	BASE	COLA	FIG
20	\$23.07	\$3.92	\$1.97	\$41.55	\$7.06	\$1.97
21	\$23.07	\$3.92	\$1.97	\$41.88	\$7.12	\$1.97
22	\$23.07	\$3.92	\$1.97	\$42.21	\$7.18	\$1.97
23	\$23.07	\$3.92	\$1.97	\$42.55	\$7.23	\$1.97
24	\$23.07	\$3.92	\$1.97	\$42.88	\$7.29	\$1.97
25	\$35.20	\$5.98	\$1.97	\$43.21	\$7.35	\$1.97
26	\$35.20	\$5.98	\$1.97	\$45.05	\$7.66	\$1.97
27	\$35.20	\$5.98	\$1.97	\$46.89	\$7.97	\$1.97
28	\$35.20	\$5.98	\$1.97	\$48.73	\$8.28	\$1.97
29	\$35.20	\$5.98	\$1.97	\$50.58	\$8.60	\$1.97
30	\$38.50	\$6.55	\$1.97	\$52.42	\$8.91	\$1.97
31	\$38.50	\$6.55	\$1.97	\$55.23	\$9.39	\$1.97
32	\$38.50	\$6.55	\$1.97	\$58.05	\$9.87	\$1.97
33	\$38.50	\$6.55	\$1.97	\$60.86	\$10.35	\$1.97
34	\$38.50	\$6.55	\$1.97	\$63.68	\$10.83	\$1.97
35	\$48.91	\$8.31	\$1.97	\$66.50	\$11.30	\$1.97
36	\$48.91	\$8.31	\$1.97	\$68.27	\$11.61	\$1.97
37	\$48.91	\$8.31	\$1.97	\$70.04	\$11.91	\$1.97
38	\$48.91	\$8.31	\$1.97	\$71.81	\$12.21	\$1.97
39	\$48.91	\$8.31	\$1.97	\$73.58	\$12.51	\$1.97
40	\$58.45	\$9.94	\$1.97	\$75.35	\$12.81	\$1.97
41	\$58.45	\$9.94	\$1.97	\$77.21	\$13.13	\$1.97
42	\$58.45	\$9.94	\$1.97	\$79.08	\$13.44	\$1.97
43	\$58.45	\$9.94	\$1.97	\$80.94	\$13.76	\$1.97
44	\$58.45	\$9.94	\$1.97	\$82.80	\$14.08	\$1.97
45	\$61.52	\$10.46	\$1.97	\$84.67	\$14.39	\$1.97
46	\$61.52	\$10.46	\$1.97	\$87.64	\$14.90	\$1.97
47	\$61.52	\$10.46	\$1.97	\$90.60	\$15.40	\$1.97
48	\$61.52	\$10.46	\$1.97	\$93.57	\$15.91	\$1.97
49	\$61.52	\$10.46	\$1.97	\$96.54	\$16.41	\$1.97
50	\$78.73	\$13.38	\$1.97	\$99.50	\$16.92	\$1.97
51	\$78.73	\$13.38	\$1.97	\$102.95	\$17.50	\$1.97
52	\$78.73	\$13.38	\$1.97	\$106.39	\$18.09	\$1.97
53	\$78.73	\$13.38	\$1.97	\$109.84	\$18.67	\$1.97
54	\$78.73	\$13.38	\$1.97	\$113.28	\$19.26	\$1.97
55	\$108.97	\$18.53	N/A	\$116.73	\$19.84	N/A
56	\$108.97	\$18.53	N/A	\$118.92	\$20.22	N/A
57	\$108.97	\$18.53	N/A	\$121.12	\$20.59	N/A
58	\$108.97	\$18.53	N/A	\$123.32	\$20.96	N/A
59	\$108.97	\$18.53	N/A	\$125.52	\$21.34	N/A
60	\$127.71	\$21.71	N/A	\$127.71	\$21.71	N/A
61	\$127.71	\$21.71	N/A	\$127.71	\$21.71	N/A
62	\$127.71	\$21.71	N/A	\$127.71	\$21.71	N/A
63	\$127.71	\$21.71	N/A	\$127.71	\$21.71	N/A
64	\$127.71	\$21.71	N/A	\$127.71	\$21.71	N/A



# RETIREMENT PROTECTION OPTION

## Annual Premiums

### STEP

90 DAY ELIMINATION PERIOD

### LEVEL

90 DAY ELIMINATION PERIOD

AGE	\$500 MONTHLY BENEFIT	\$1,000 MONTHLY BENEFIT*
20	\$81.73	\$163.45
21	\$81.73	\$163.45
22	\$81.73	\$163.45
23	\$81.73	\$163.45
24	\$81.73	\$163.45
25	\$81.73	\$163.45
26	\$81.73	\$163.45
27	\$81.73	\$163.45
28	\$81.73	\$163.45
29	\$81.73	\$163.45
30	\$81.73	\$163.45
31	\$81.73	\$163.45
32	\$81.73	\$163.45
33	\$81.73	\$163.45
34	\$81.73	\$163.45
35	\$119.45	\$238.87
36	\$119.45	\$238.87
37	\$119.45	\$238.87
38	\$119.45	\$238.87
39	\$119.45	\$238.87
40	\$119.45	\$238.87
41	\$119.45	\$238.87
42	\$119.45	\$238.87
43	\$119.45	\$238.87
44	\$119.45	\$238.87
45	\$119.45	\$364.59
46	\$119.45	\$364.59
47	\$119.45	\$364.59
48	\$119.45	\$364.59
49	\$119.45	\$364.59
50	\$182.30	\$364.59
51	\$182.30	\$364.59
52	\$182.30	\$364.59
53	\$182.30	\$364.59
54	\$182.30	\$364.59
55	\$194.87	\$389.74
56	\$194.87	\$389.74
57	\$194.87	\$389.74
58	\$194.87	\$389.74
59	\$194.87	\$389.74
60	\$194.87	\$389.74
61	\$194.87	\$389.74
62	\$194.87	\$389.74
63	\$194.87	\$389.74
64	\$194.87	\$389.74

AGE	\$500 MONTHLY BENEFIT	\$1,000 MONTHLY BENEFIT*
20	\$103.94	\$207.88
21	\$106.27	\$212.54
22	\$108.60	\$217.20
23	\$110.93	\$221.86
24	\$113.26	\$226.52
25	\$115.59	\$231.18
26	\$117.92	\$235.84
27	\$120.25	\$240.50
28	\$123.73	\$247.46
29	\$127.21	\$254.42
30	\$130.69	\$261.38
31	\$134.17	\$268.34
32	\$137.65	\$275.30
33	\$141.37	\$282.74
34	\$145.09	\$290.18
35	\$148.81	\$297.62
36	\$152.53	\$305.06
37	\$156.25	\$312.50
38	\$160.16	\$320.32
39	\$164.07	\$328.14
40	\$167.98	\$335.96
41	\$171.89	\$343.78
42	\$175.80	\$351.60
43	\$178.22	\$356.44
44	\$180.64	\$361.28
45	\$183.06	\$366.12
46	\$185.48	\$370.96
47	\$187.90	\$375.80
48	\$188.73	\$377.46
49	\$189.56	\$379.12
50	\$190.39	\$380.78
51	\$191.22	\$382.44
52	\$192.05	\$384.10
53	\$192.61	\$385.22
54	\$193.17	\$386.34
55	\$194.85	\$389.70
56	\$194.85	\$389.70
57	\$194.85	\$389.70
58	\$194.85	\$389.70
59	\$194.85	\$389.70
60	\$194.85	\$389.70
61	\$194.85	\$389.70
62	\$194.85	\$389.70
63	\$194.85	\$389.70
64	\$194.85	\$389.70

\* Applicable to applicants with annual incomes over \$100,000 pre-tax, after business expenses.

## Eligibility

You are eligible to apply for DisabilityGuard™ Insurance if you are a licensed dentist, resident in Canada, under age 65 working full-time, and who is a member of the CDA or a participating provincial or territorial dental association (in Quebec, only CDA members are eligible).

In order to qualify for coverage, medical evidence of good health and financial evidence must be provided. Coverage is subject to approval by the insurer.

### Facilitating The Application Process

All applications submitted will be reviewed promptly by the insurer. However, the process may be delayed if you do not submit all the information asked for and if all questions are not answered completely. After you submit your insurance application(s), routine blood and urinalysis tests may be required. These tests can be done at your home or office — wherever is convenient for you. A medical services company working on behalf of the insurer conducts the testing, which could include a medical exam by a physician depending on your age, the amount of coverage requested and your medical history. Arranging your test promptly after you are contacted will help speed up the application process.

*This information is presented for your general guidance. Precise details, terms and conditions (including restrictions and exclusions) are set out in the insurance contract for this plan.*