

2017-144 Voluntary Benefits Consultant

Accident

Attachment D

Please do not present multiple plans. If the high and low options are determined to be appropriate, adjustments may be made at the time of implementation.

CARRIER NAME:

ACCIDENT			
	Existing Benefits Plan	QUOTE FOR PLAN WHICH MOST CLOSELY MATCHES EXISTING BENEFITS	PLAN DESIGN YOU RECOMMEND
Plan Name	Accident Plan 1 GA		
Contract Chassis	Individual		
Underwriting			
Covered Benefits			
Accident Life and Limb Related Benefits			
Accidental Death	Insured: \$25000 Spouse: \$10000 Child(ren) \$5000		
Common Carrier Accidental Death	\$500.00		
Dismemberment	750-15000		
Prosthesis	500- 1000		
Fractures	Up to 5000		
Chip Fracture			
Reduction in Benefit for Closed Fractures	Up to 2500		
Dislocation	Up to 5000		
Partial Dislocation			
Reduction in Benefit for Closed Dislocations	Up to 2500		
Reduction in Benefits Based on Age			
Hospital Related Benefits			
Hospital Admission	\$750.00		
Daily Hospital Confinement	\$200.00		
Intensive Care	\$400.00		
Ambulance	100 and 500 Air		
Accident Physicians Treatment	\$50.00		
X-ray			
Urgent Care			

Emergency Room Services	\$150.00		
Sickness/ Hospital Confinement	\$100.00		
Surgery Benefits			
Open Abdominal or Thoracic Surgery	\$1,000		
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	\$500		
Ruptured Disc Surgery	\$400		
Eye Surgery	\$200		
Miscellaneous Outpatient Surgery			
General Anesthesia			
Medical Benefits			
Health Screening / Wellness	\$50 per year 2 for family		
Blood and Plasma	\$300		
Appliances	\$100		
Medical Supplies			
Medicine			
Recovery, Transportation and Housing Benefits			
Physical, Occupational, Speech Therapy	\$25 per treatment up to 6		
Rehabilitation Unit			
Accident Follow-Up Treatment	\$50 one visit		
Modification Benefit - primary home or vehicle			
Non-Local Transportation	\$300 per trip up to 3 trips		
Post-Accident Transportation			
Family Member Lodging	\$100 per night up to 30 days		
Miscellaneous Benefits			
Lacerations			
Burns	\$750 to \$10000		
Skin Graft			
Brain Injury Diagnosis	\$100		
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)			
Paralysis			

Coma			
Pain Management (Epidural Injection)			
Broken Tooth Benefit	\$50-\$150		
Monthly Rates			
Employee	\$22.50		
Employee & Spouse	\$33.05		
Employee & Child	\$35.75		
Family	\$46.00		

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Cancer

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CARRIER NAME:

CANCER			
	Existing Benefits Plan	QUOTE FOR PLAN WHICH MOST CLOSELY MATCHES EXISTING BENEFITS	PLAN DESIGN YOU RECOMMEND
Plan Name	Cancer 1000		
Contract Type	Level 2 (most employees have this style plan)		
Covered Conditions			
Cancer			
Cancer - Carcinoma In-Situ			
Skin Cancer	\$300		
Other Diseases Rider	YES		
Waiting Period			
Continuous Hospital Confinement	\$200		
Extended Benefits	\$400		
Government or Charity Hospital	\$200		
Private Duty Nursing Services	\$150		
Extended Care Facility			
Skilled Nursing Facility	\$100 a day		
At Home Nursing	\$75 per day up to greater of 30 days /cal yr or 2x days confined in hosp		
Hospice Care (Freestanding Hospice Care Center or Hospice Care Team)	\$70 per day		
Radiation and Chemotherapy	\$200 per treatment administered or per day prescription no monthly limit. Self injected\$1600 mon,Pump\$800 monthly, Topical\$800monthly,Oral\$800 monthly		

Blood, Plasma and Platelets	\$200 up to \$10,000 per calendar year		
Medical Imaging	\$250 per study \$500 per calendar yr		
Hematological Drugs			
Surgery Inpatient	up to \$3000 on sugical schedule		
Surgery Outpatient	up to \$3000 on sugical schedule		
Anesthesia	25% of surgical schedule		
Ambulatory Surgical Center	\$200/ \$600 per calendar year		
Second Surgical Opinion	\$300		
Bone Marrow or Stem Cell Transplant	\$10,000 Stem CellTransplant per lifetime, Bine marrow Stem Cell Donation Benefit per liftetime-\$1,000. Peripheral Stem Cell TransplantLifetime-\$5,000		
Inpatient Drugs and Medicine			
Physician's Attendance			
Ambulance Benefit	\$200 Regular \$1000 Air		
Non-local Transportation (70+ miles)	\$0.50 per mile		
Outpatient Lodging	\$75		
Family Member Lodging and Transportation	\$0.50		
Physical or Speech Therapy			
New or Experimental Treatment	\$300 per day \$10,000 Lifetime		
Prosthesis	\$3000 / 4600 lifetime		
Hair Prosthesis	\$200 per calendar year		
Non-Surgical External Breast Prosthesis	\$350 per year		
Breast Reconstructive Surgery	up to \$2500 on sugical schedule		
Comfort/Anti-Nausea	\$40 a day \$80 monthly max		
Waiver of Premium	Yes		
Cancer Screening	\$75		
Cancer Initial Diagnosis (First Occurrence) Rider	\$5000		

Cancer Initial Diagnosis Progressive Benefit			
Cancer Progressive Value Payment Rider	After the waiting period and when internal cancer is first diagnosed, we will pay a progressive payment of \$50 for each month your rider has been in force after the waiting period and before internal (not skin) cancer is first diagnosed		
Cancer Hospital Progressive Benefit			
Intensive Care Unit			
ICU Ambulance Coverage			
Guarantee Issue			
Issue Ages			
Renewability			
Pre-existing Condition Limitation			
Portability	YES		
Benefit Reduction			
Minimum Participation Requirement			
Please note that premiums include rider for progressive value, first occurrence, and other diseases	<u>Please note that premiums include rider for progressive value, first occurrence, and other diseases</u>		
Monthly Premium Non-Age Band'			
Employee	\$31.20		
Employee & Spouse	\$51.75		
Employee & Child	\$34.75		
Family	\$51.75		

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Critical Illness

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Critical Illness

CARRIER NAME:

CRITICAL ILLNESS

	Existing Benefits Plan	QUOTE FOR PLAN WHICH MOST CLOSELY MATCHES EXISTING BENEFITS	PLAN DESIGN YOU RECOMMEND
Contract Type	Individual		
Coverage Amount	\$10000 or \$20000		
Benefit Reduction at Certain Age			
Guaranteed Issue			
Pre-Existing Conditions			
Covered Conditions			
Heart Attack	100%		
Stroke	100%		
Major Organ Transplant	100%		
End Stage Renal Failure	100%		
Paralysis			
Coronary Artery Bypass	25%		
Cancer			
Carcinoma in Situ			
Coma			
Complete Blindness	100%		
Complete Loss of Hearing			
Benign Brain Tumor			
Advanced Alzheimer's Disease			
Advanced Parkinson's Disease			
Benefit Conditions			
Additional Occurrences	25% of the face amount up to the Max Benefit		
Second Event			
Enhanced Benefits			

Wellness			
Wellness Benefit			
Portability	yes		
Waiver of Premium			
Monthly Non-Tobacco Rates			
\$10,000*			
< 25	2.60		
25-29	3.40		
30-34	4.30		
35-39	6.90		
40-44	8.70		
45-49	11.90		
50-54	16.00		
55-59	20.20		
60-64	25.70		
65-69	29.40		
70-74	none		
75-79	none		
80+	none		

*\$20,000 Benefit Premium is double \$10,000

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Hospital

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Hospital

CARRIER NAME:

H/I BENEFIT

	Existing Benefits Plan	QUOTE FOR PLAN WHICH MOST CLOSELY MATCHES EXISTING BENEFITS	PLAN DESIGN YOU RECOMMEND
Contract Type	Individual		
First Day admission benefit amount	\$1000 or \$1500		
Limit to # of occurrences	per confinement		
Daily Hospital confinement benefit amount			
Max # of Days			
Hospital Intensive Care Benefit			
Max # of Days			
Rehabilitation Unit Benefit	\$100 (up to 15 days)		
Outpatient Surgical Benefit	\$500/\$1000 (CY Max=\$3000)		
Pregnancy Waiting Period			
Pregnancy (Normal and Complication covered)	yes		
Pre-Existing Conditions			
Wellness			
Wellness Benefit	\$50 (1 test per year/2 per family)		
Portability			
Waiver of Premium	Yes after 30 days continuous hospital stay		
Monthly Premium Non-Age Band'			
	Age-Band	\$1,000	\$1, 500
Employee	17-49	18.50	23.90
	50-59	25.60	33.10
	60-64	33.40	43.15
	65-74	41.90	54.15

Employee + Spouse	17-49	39.65	51.30		
	50-59	54.70	70.80		
	60-64	72.70	94.40		
	65-74	91.05	117.80		
Employee + Child(ren)	17-49	31.55	40.85		
	50-59	38.10	49.30		
	60-64	46.80	60.60		
	65-74	58.60	75.85		
Family	17-49	48.05	62.15		
	50-59	62.10	80.35		
	60-64	78.90	102.05		
	65-74	98.80	127.80		

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Permanent Life

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Permanent Life Comparison

Universal Life Insurance Comparison

Carrier Name		
Plan name		
Group Contract		
AM Best Rating		
Product Type- Universal Life with LTC	1	
Rate Guarantee	2	
Cash Value Maturity	3	
Coverage Effective Date	4	
Mnimum Guaranteed Interest Rate	5	
Paid Up Option Available	7	
Minimum Benefit Weekly premium amount	8	
Maximum Benefit	9	
Portability	10	
Issue Ages	11	
Spouse Eligibility	12	
Child Eligibility	13	
Actively at Work	14	
Guaranteed Issue for new elections	15	
Underwriting considerations for existing policy holders	16	
Contingent Issue	17	
Application Questions	18	
Minimum Case Size	20	
Available Riders	21	
	22	
	23	
	24	
	25	
	26	

	27	
	28	
\$10/week, Non-tobacco- Quote with LTC rider	Age	Benefit Amounts
	27	
	37	
	47	
	57	
		Guaranteed Cash Value at Age 65
	27	
	37	
	47	
	57	
Explain LTC rider payout		

Company Name: _____

Representative: _____

Printed Name/Title: _____

Date: _____