



**International  
Medical  
Insurance**

Enclosed are the enrollment forms and a brief description of the benefits for the WorldWide Expatriate International Medical Plan. This plan is underwritten by Capital Life Insurance Company, Limited. For a full set of policy wording, visit our website at [www.wiggins.com](http://www.wiggins.com)

To be eligible for this plan, you will be part of a group sponsored by WorldWide Expatriate Association, Inc. (WEA). As a plan participant, you will have access to the health insurance plan benefits and assistance services.

As plan administrator, Wiggins & Company will be performing certain services including, but not limited to:

- a.) Billing and collection of monthly premium.
- b.) Collection of eligibility information including enrollment and record changes.
- c.) Distribution of Policy information and Identification Cards and certificates of coverage.
- d.) Administration of rate or benefit changes.

You may contact us at the following numbers:

Phone: 214-827-7830      800-222-3002  
Fax: 214-827-1534  
E-mail: [insurance@wiggins.com](mailto:insurance@wiggins.com)

Please return the forms, along with the first monthly premium, payable to **Wiggins & Company**, to:

[Buyhealthplan.com](http://Buyhealthplan.com)  
23592 Windsong #55-J  
Aliso Viejo, CA USA 92656

Thank you for your business.



## **WorldWide Expatriate Association International Medical Coverage Summary**

The WorldWide Expatriate Association Plan is designed to provide long-term coverage and requires medical evidence of insurability. If you plan on remaining overseas for less than a 12-month period, please contact us and we can discuss a more appropriate policy for your needs. Premiums are payable monthly, semi-annually, or annually with coverage inception and termination dates on the first day of a month. **Application for coverage is not a guarantee of coverage issue.** All applications are subject to underwriting approval, and coverage may be declined or riders for specific conditions applied for individuals that are applying for this coverage. The effective date will be the date requested on the application, or the 1<sup>st</sup> of the month of approval, whichever is later. **This plan is NOT COBRA or HIPAA compliant, and any pre-existing conditions can be considered for underwriting.**

### **Eligibility – Two Plan Options**

**1. The STANDARD PLAN is designed for those living outside the U.S. who desires worldwide benefits, including U.S. benefits.** Anyone of any nationality, not living in the U.S., may apply for the Standard Plan. Persons living in the U.S., who anticipate leaving may apply for coverage. For those individuals, coverage will begin on the day they leave the U.S. Visits to the U.S. are permitted; however, if the primary insured stays longer than 30 continuous days, they **MUST** notify the plan administrator. **The “U.S.” rate then applies from the time of arrival until they leave.** The Standard Plan includes the assistance service package and is available with a choice of a \$250, \$500, \$1,000, \$2,500, or \$5,000 deductible.

Persons insured in the plan that change residency from other countries to the U.S., may maintain coverage for up to 12 months from the date of moving. Within the 12-month period, if the insured moves out of the U.S., the plan may be maintained continuously.

**2. The LIMITED PLAN is designed for those who may seek medical treatment world wide, NOT including in the U.S. There are NO BENEFITS for medical expenses incurred in the U.S.** Anyone of any nationality, living in any country, may apply for the Limited Plan. This plan may be appropriate for persons who will not be coming to the U.S. for business or holiday, or who are participants in U.S. medical insurance plans and need coverage outside the U.S. Future medical insurance needs should be considered before applying for the Limited Plan, as changing from the Limited Plan to the Standard Plan will require new individual medical evidence of insurability. Any medical conditions present at the time of underwriting will be considered, and a change of plans may or may not be allowed by the company. The Limited Plan includes the assistance service package and is available with a choice of a \$250, \$500, \$1,000, \$2,500, or \$5,000 deductible.

Coverage in both plans may be maintained until the insured person's 70<sup>th</sup> birthday, subject to U.S. residency limitations in the Standard Plan. Dependent children are eligible until their 19<sup>th</sup> birthday, or until their 23<sup>rd</sup> birthday if they are unmarried full-time students supported by the primary insured.

### **The Company**

This plan is provided through Capital Life Insurance Company, Limited.

### **The Administrator**

Wiggins & Company has been a principal supplier and administrator of international employee benefit plans and insurance to individuals, corporations and government agencies since 1965. Specific inquiries may be directed to:

**Wiggins & Company**  
5910 North Central Expressway, Suite 1080  
Dallas, Texas 75206 USA

**Voice:** 214-827-7830 or 800-222-3002  
**Fax:** 214-827-1534  
**E-mail:** [insurance@wiggins.com](mailto:insurance@wiggins.com)  
**Web:** <http://www.wiggins.com>

## **Medical Assistance Services**

The service features, which are included in the plan, are as important as the insured benefits for those areas of the world where limited medical treatment facilities are available. A partial list of benefits includes:

**Medical Referrals:** Provides worldwide 24 hour, toll free or collect telephone access to assist you in locating a appropriate medical care, including medical advisors who provide consultative and advisory medical services, which include review and analysis of the quality of medical care.

**Emergency Medical Evacuation:** Provides for the coordination and payment of a medically supervised evacuation to the nearest facilities capable of providing appropriate care in the event you or your eligible dependents are involved in an accident or suffer an unforeseen illness that is emergent, requires immediate medical attention, and adequate medical facilities are not available in the immediate area.

**Transportation After Initial Evacuation:** Provides for coordination and payment of a one-way economy airfare to the point of origin following emergency evacuation and stabilization. If medically necessary, and subject to approval by the company, **Capital Life** will pay for a medically supervised return to your permanent residence or, if appropriate, to a health care facility near your permanent residence.

**Confinement Visitation:** Provides coordination of travel arrangements and an economy round trip airfare to the place of hospitalization at the evacuation destination for the person chosen by you or your eligible dependent if you or your eligible dependents are abroad or traveling alone and are hospitalized for more than 7 days following an emergency medical evacuation.

**Return of Dependent Children:** Provides coordination of travel arrangements and a one-way economy airfare to their place of residence for your children left unattended as a result of your accident or illness. A qualified attendant will be provided if required.

**Repatriation of Mortal Remains:** Provides for assistance in obtaining the necessary clearances for cremation or the return of your or your eligible dependent's mortal remains in the event that you or your eligible dependent die while abroad, including coordination and payment of the expenses associated with cremation or preparation and the return of the remains.

**Emergency Medication, Vaccine, and Blood Transfers:** Provides for the coordination and dispatching of medications, vaccines or blood upon the prescribed physician's authorization if legally permissible. You or your eligible dependent will be responsible for any medication, vaccine or blood, and transportation costs.

**Hospital Deposit & Emergency Cash Advance:** Provides for the coordination of a wire transfer or other guarantee of payment or any required emergency hospital admittance deposit, and, in the event of an emergency, the coordination of a cash advance of your or your eligible dependent's funds, if the company has secured payment from you or your eligible dependents' or has obtained you or your eligible dependents' guarantee to reimburse the company.

**Legal Referral Assistance:** Provides for identification of attorneys as well as assistance in obtaining Bail Bonds or other legal instruments, should you or your eligible dependents require legal assistance. You or your eligible dependents would be responsible for any contracted legal fees.

**Translation Services:** Provides immediate translation assistance or referral to local interpreter services.

**Please note that the company must coordinate all services provided in the list above. All evacuations are at the discretion of the company, and any non-approved evacuation may be denied for coverage.**

# The Standard Plan

**Benefits:** All benefits and premiums shown in U.S. dollars

**Lifetime Maximum Benefit per Insured Person**

**\$3,000,000**

**Deductibles and Out of Pocket Limits:**

All deductibles in this plan description are shown as individual deductibles. There are a maximum of 3 deductibles per family. Out of pocket limits only apply to coverage in the U.S. Benefits in the U.S. are paid at 80% up to \$10,000 of total medical expenses. After \$10,000 of U.S. medical expenses are reached, the plan pays 100% to the plan maximum. As with the deductible, there are a maximum of 3 out of pocket limits per family.

Individual Deductible

\$250  
\$500  
\$1,000  
\$2,500  
\$5,000

U.S. Individual Out-of-pocket limits, including the deductible, for the **Standard Plan**

\$2,250  
\$2,500  
\$3,000  
\$4,500  
\$7,000

**Pre-certification**

It is highly recommended that you pre-certify all medical visits with the company, including for treatment outside the United States. Pre-certification can help control the cost of medical care for you as the company can negotiate directly with the medical providers to obtain the best possible rates for your treatments. Pre-certification connects the company directly with the medical provider, which can eliminate any confusion over acceptance of insurance, and can allow the company to be billed directly for your medical services if your provider allows it. This prevents high up front cost, and potential delays in reimbursement of claims due to problems with paperwork.

**Timeline for filing claims:**

All claims must be filed with the company within 90 days of treatment. Any claims that are filed past that time can be denied.

|   | <b>Benefits Outside U.S.</b>   | <b>U.S. Benefits</b>  |
|---|--|---|
| <b>Hospital:</b>                        | Pre-certification and use of the PPO network is required for all Hospitalization and Outpatient care received in the U.S. or Canada. Benefits will be reduced by 50% otherwise. To check on a physician or facility go to <a href="http://www.globalsure.com/provinfo.asp">http://www.globalsure.com/provinfo.asp</a> .  |   |
| Inpatient:                              | 100% after deductible  | 80% after deductible  |
| Outpatient:                             | 100% after deductible  | 80% after deductible  |
| Emergency Room:                         | \$250 ER deductible over plan deductible, then 100% after deductible met   | \$250 ER deductible over plan deductible, then 80% after deductible met   |
| Organ Transplant Benefit                | 100% after deductible, subject to \$150,000 lifetime maximum   | 100% of the first \$500 then 80% after deductible, subject to \$150,000 lifetime maximum  |
| <b>Physicians:</b>                      | 100% after deductible  | 80% after deductible  |
| <b>Other Standard Medical Expenses:</b> | 100% after deductible  | 80% after deductible  |
| <b>Prescription Drugs:</b>              | 100% after deductible  | 80% after deductible. The plan includes a Prescription Drug Discount plan which can provide for an immediate savings of up to 20% when using participating pharmacies |
| <b>Maternity:</b>                       | Maternity is covered for an insured, spouse or dependents only. Any fertility/infertility services, tests, treatments and/or procedures of any kind will not be covered. Any pregnancy, delivery or postpartum care resulting from such fertility/infertility treatments is also excluded. Any child/children born to a mother who receives fertility/infertility treatments will be subject to underwriting and eligibility requirements. There is a 12 month wait period for any maternity claim on new policies |   |
| Benefits:                               | 100% after deductible  | 80% after deductible  |
| Limitations:                            | Maternity benefit is limited to \$10,000 per normal delivery and \$12,000 per Caesarian Section. Premature birth, congenital conditions and birth anomalies are subject to a \$50,000 lifetime max for newborns enrolled within 30 days of the date of birth.  |   |

# The Standard Plan

|   | <b>Benefits Outside U.S.</b>                        | <b>U.S. Benefits</b>                               |
|---|---|--|
| <b>Physical Exams:</b><br>(including mammograms for females over age 45)  | 100%, deductible waived<br>\$250 calendar year max. | 80%, deductible waived<br>\$250 calendar year max. |
| <b>Alcoholism, Drug Abuse and Mental Disorders:</b>   |   |  |
| Inpatient (30 day max):   | 80% after deductible                                | 80% after deductible                               |
| Outpatient (\$1,000 max per calendar year):   | 50% after deductible                                | 50% after deductible                               |
| Lifetime Maximum Benefit:   | \$25,000  | \$25,000   |
| <b>Emergency Medical Evacuation:</b>  | 100%  | 100%   |
| <b>Repatriation of Remains:</b>   | 100%  | 100%   |
| <b>Pre-existing Conditions:</b><br>Expenses for conditions treated three months preceding the coverage effective date will be limited to \$4,000 during the first 12 months of coverage.  |   |  |
| <b>Life Insurance and Accidental Death &amp; Dismemberment Options</b><br>\$10,000 Life and AD&D Insurance on primary insured is included.<br>Optional \$50,000 Life and AD&D in lieu of the standard \$10,000 on primary insured.<br>Optional 1x or 2x salary with a maximum of \$500,000 Life and AD&D in lieu of the standard \$10,000 on the primary insured. |   |  |
| <b>Optional Coverages:</b><br>All coverages listed below are <b>not</b> included in the basic cost of coverage, and must be selected on your application forms. If you do not elect these coverages at the time of enrollment, and decide to elect these coverages at a later date, underwriting will apply.  |   |  |
| <b>Dental:</b>  |   |  |
| Maximum Benefit (per Covered Person, per calendar year)   |   | \$1,000  |
| Deductible (3 per family)   |   | \$25   |
| <b>Benefit Payable:</b>   |   |  |
| Preventive Care (deductible waived)   |   | 100%   |
| Basic   |   | 80%  |
| Major   |   | 50%  |
| Orthodontia (Lifetime Maximum of \$1,000)   |   | 50%  |
| <b>Vision Benefits:</b>   |   |  |
| Maximum Benefit (per covered person, per calendar year)   |   | \$300  |
| <b>Benefit Payable:</b>   |   |  |
| Ophthalmology   |   | 100%   |
| Eyeglasses & Contacts   |   | 100%   |

## The Limited Plan

**Benefits** All benefits and premiums shown in U.S. dollars. There are no benefits provided in the United States.

**Lifetime Maximum Benefit per Insured Person**

**\$3,000,000**

**Deductibles** Per person per calendar year, maximum of 3 deductibles per family. Choice of \$250, \$500, \$1,000, \$2,500 or \$5,000.

**Pre-certification**

It is highly recommended that you pre-certify all medical visits with the company, including for treatment outside the United States. Pre-certification can help control the cost of medical care for you as the company can negotiate directly with the medical providers to obtain the best possible rates for your treatments. Pre-certification connects the company directly with the medical provider, which can eliminate any confusion over acceptance of insurance, and can allow the company to be billed directly for your medical services if your provider allows it. This prevents high up front cost, and potential delays in reimbursement of claims due to problems with paperwork.

**Timeline for filing claims:**

All claims must be filed with the company within 90 days of treatment. Any claims that are filed past that time can be denied.

|  | <b>Benefits Outside U.S.</b>   |
|--|--|
| <b>Hospital:</b>   | Pre-certification and use of the PPO network is required for all Hospitalization and Outpatient care received in Canada. Benefits will be reduced by 50% otherwise. To check on a physician or facility go to <a href="http://www.globalsure.com/provinfo.asp">http://www.globalsure.com/provinfo.asp</a> .  |
| Inpatient:   | 100% after deductible  |
| Outpatient:  | 100% after deductible  |
| Emergency Room:  | 100% after deductible  |
| Organ Transplant Benefit   | 100% after deductible, subject to \$150,000 lifetime maximum   |
| <b>Physicians:</b>   | 100% after deductible  |
| <b>Other Standard Medical Expenses:</b>  | 100% after deductible  |
| <b>Prescription Drugs:</b>   | 100% after deductible  |
| <b>Maternity:</b>  | Maternity is covered for an insured, spouse or dependents only. Any fertility/infertility services, tests, treatments and/or procedures of any kind will not be covered. Any pregnancy, delivery or postpartum care resulting from such fertility/infertility treatments is also excluded. Any child/children born to a mother who receives fertility/infertility treatments will be subject to underwriting and eligibility requirements. There is a 12 month wait period for any maternity claim on new policies |
| Benefits:  | 100% after deductible  |
| Limitations:   | Maternity benefit is limited to \$10,000 per normal delivery and \$12,000 per Caesarian Section. Premature birth, congenital conditions and birth anomalies are subject to a \$50,000 lifetime max for newborns enrolled within 30 days of the date of birth.  |
| <b>Physical Exams</b><br>(including mammograms for females over age 45)  | 100%, deductible waived<br>\$250 calendar year max.  |
| <b>Alcoholism, Drug Abuse and Mental Disorders:</b>  |  |
| Inpatient (30 day max):  | 80% after deductible   |
| Outpatient (\$1,000 max per calendar year):  | 50% after deductible   |
| Lifetime Maximum Benefit:  | \$25,000   |
| <b>Emergency Medical Evacuation:</b>   | 100%   |
| <b>Repatriation of Remains:</b>  | 100%   |
| <b>Pre-existing Conditions:</b><br>Expenses for conditions treated three months preceding the coverage effective date will be limited to \$4,000 during the first 12 months of coverage. |  |

## The Limited Plan

### **Life Insurance and Accidental Death & Dismemberment Options**

\$10,000 Life and AD&D Insurance on primary insured is included.

Optional \$50,000 Life and AD&D in lieu of the standard \$10,000 on primary insured.

Optional 1x or 2x salary with a maximum of \$500,000 Life and AD&D in lieu of the standard \$10,000 on the primary insured.

### **Optional Coverages:**

All coverages listed below are **not** included in the basic cost of coverage, and must be selected on your application forms. If you do not elect these coverages at the time of enrollment, and decide to elect these coverages at a later date, underwriting will apply.

#### **Dental:**

|   |         |
|---|---------|
| Maximum Benefit (per Covered Person, per calendar year) | \$1,000 |
| Deductible (3 per family)                               | \$25    |

#### **Benefit Payable:**

|   |      |
|---|------|
| Preventive Care (deductible waived)       | 100% |
| Basic                                     | 80%  |
| Major                                     | 50%  |
| Orthodontia (Lifetime Maximum of \$1,000) | 50%  |

#### **Vision Benefits:**

|   |       |
|---|-------|
| Maximum Benefit (per covered person, per calendar year) | \$300 |
|---|-------|

#### **Benefit Payable:**

|                       |      |
|-----------------------|------|
| Ophthalmology         | 100% |
| Eyeglasses & Contacts | 100% |



# WorldWide Expatriate Association Monthly Overseas Rate Sheet

Rates Effective January 1, 2004

## Individual Rates

### Standard Plan

|          | \$250 ded. | \$500 ded. | \$1000 ded. | \$2500 ded. | \$5000 ded. |
|----------|------------|------------|-------------|-------------|-------------|
| Under 30 | \$114      | \$101      | \$89        | \$82        | \$66        |
| 30-39    | \$151      | \$135      | \$118       | \$111       | \$88        |
| 40-49    | \$189      | \$168      | \$148       | \$138       | \$109       |
| 50-59    | \$317      | \$281      | \$244       | \$231       | \$183       |
| 60-69    | \$478      | \$423      | \$368       | \$346       | \$275       |

### Limited Plan

|          | \$250 ded. | \$500 ded. | \$1000 ded. | \$2500 ded. | \$5000 ded. |
|----------|------------|------------|-------------|-------------|-------------|
| Under 30 | \$87       | \$77       | \$68        | \$63        | \$51        |
| 30-39    | \$115      | \$103      | \$91        | \$86        | \$67        |
| 40-49    | \$143      | \$128      | \$113       | \$105       | \$83        |
| 50-59    | \$242      | \$215      | \$186       | \$176       | \$139       |
| 60-69    | \$382      | \$326      | \$283       | \$267       | \$211       |

## 2 Party Rates

### Standard Plan

|          | \$250 ded. | \$500 ded. | \$1000 ded. | \$2500 ded. | \$5000 ded. |
|----------|------------|------------|-------------|-------------|-------------|
| Under 30 | \$243      | \$215      | \$189       | \$177       | \$140       |
| 30-39    | \$323      | \$287      | \$252       | \$236       | \$187       |
| 40-49    | \$404      | \$359      | \$315       | \$295       | \$234       |
| 50-59    | \$678      | \$598      | \$520       | \$490       | \$389       |
| 60-69    | \$1011     | \$890      | \$769       | \$730       | \$579       |

### Limited Plan

|          | \$250 ded. | \$500 ded. | \$1000 ded. | \$2500 ded. | \$5000 ded. |
|----------|------------|------------|-------------|-------------|-------------|
| Under 30 | \$184      | \$164      | \$144       | \$136       | \$107       |
| 30-39    | \$245      | \$219      | \$192       | \$180       | \$142       |
| 40-49    | \$306      | \$273      | \$240       | \$225       | \$178       |
| 50-59    | \$513      | \$453      | \$393       | \$371       | \$294       |
| 60-69    | \$767      | \$677      | \$585       | \$556       | \$439       |

## Family Rates

### Standard Plan

|          | \$250 ded. | \$500 ded. | \$1000 ded. | \$2500 ded. | \$5000 ded. |
|----------|------------|------------|-------------|-------------|-------------|
| Under 30 | \$356      | \$316      | \$277       | \$259       | \$205       |
| 30-39    | \$475      | \$421      | \$369       | \$346       | \$274       |
| 40-49    | \$593      | \$526      | \$461       | \$431       | \$342       |
| 50-59    | \$919      | \$811      | \$703       | \$665       | \$527       |
| 60-69    | \$1353     | \$1202     | \$1038      | \$985       | \$781       |

### Limited Plan

|          | \$250 ded. | \$500 ded. | \$1000 ded. | \$2500 ded. | \$5000 ded. |
|----------|------------|------------|-------------|-------------|-------------|
| Under 30 | \$269      | \$238      | \$210       | \$196       | \$155       |
| 30-39    | \$358      | \$317      | \$277       | \$260       | \$207       |
| 40-49    | \$447      | \$396      | \$348       | \$325       | \$258       |
| 50-59    | \$693      | \$612      | \$531       | \$502       | \$398       |
| 60-69    | \$1035     | \$911      | \$787       | \$748       | \$592       |

### Dental/Vision Rates. Not based upon age.

| Individual | 2 Party | Family |
|------------|---------|--------|
| \$41       | \$79    | \$134  |

### Optional Additional Life Insurance & Accidental Death and Dismemberment- Employee Only

Options are available for a total of \$50,000, including the standard \$10,000, or 1 or 2 times salary to a maximum of \$500,000 total life insurance.

|   | Under 30                     | 30-39 | 40-49 | 50-59   | 60-69   |
|---|------------------------------|-------|-------|---------|---------|
| \$50,000 total Life & AD&D for the primary insured only:  | \$12                         | \$12  | \$20  | \$46.80 | \$92.40 |
|   | Rates per \$1000 of coverage |       |       |         |         |
| 1x or 2x salary Life & AD&D for the primary insured to \$500,000. For the final rate, take the total life amount and subtract 10,000. | \$.30                        | \$.30 | \$.50 | \$1.17  | \$2.31  |



## WorldWide Expatriate Association Monthly U.S. Rate Sheet

U.S. Rates apply after the primary insured has returned to the U.S. for longer than 30 consecutive days, or if the dependent spouse resides in the United States. The WEA plan cannot be made effective with a U.S. rate, as the coverage does not take effect until the primary insured leaves the country. This rate can apply for up to 12 months after the return to the United States. After 12 months in the United States, this plan will terminate.

The Limited Plan does not carry a U.S. rate, as there is no coverage allowed in the United States. The U.S. rate is 2 times the overseas rate.

Rates Effective January 1, 2004

### Individual Rates

#### Standard Plan

|                 | \$250 ded. | \$500 ded. | \$1000 ded. | \$2500 ded. | \$5000 ded. |
|-----------------|------------|------------|-------------|-------------|-------------|
| <b>Under 30</b> | \$228      | \$202      | \$178       | \$164       | \$132       |
| <b>30-39</b>    | \$302      | \$270      | \$236       | \$222       | \$176       |
| <b>40-49</b>    | \$378      | \$336      | \$296       | \$276       | \$218       |
| <b>50-59</b>    | \$634      | \$562      | \$488       | \$462       | \$366       |
| <b>60-69</b>    | \$956      | \$846      | \$736       | \$692       | \$550       |

### 2 Party Rates

#### Standard Plan

|                 | \$250 ded. | \$500 ded. | \$1000 ded. | \$2500 ded. | \$5000 ded. |
|-----------------|------------|------------|-------------|-------------|-------------|
| <b>Under 30</b> | \$486      | \$430      | \$378       | \$354       | \$280       |
| <b>30-39</b>    | \$646      | \$574      | \$504       | \$472       | \$374       |
| <b>40-49</b>    | \$808      | \$718      | \$630       | \$590       | \$468       |
| <b>50-59</b>    | \$1356     | \$1196     | \$1040      | \$980       | \$778       |
| <b>60-69</b>    | \$2022     | \$1780     | \$1538      | \$1460      | \$1158      |

### Family Rates

#### Standard Plan

|                 | \$250 ded. | \$500 ded. | \$1000 ded. | \$2500 ded. | \$5000 ded. |
|-----------------|------------|------------|-------------|-------------|-------------|
| <b>Under 30</b> | \$712      | \$632      | \$554       | \$518       | \$410       |
| <b>30-39</b>    | \$950      | \$842      | \$738       | \$692       | \$548       |
| <b>40-49</b>    | \$1186     | \$1052     | \$922       | \$862       | \$684       |
| <b>50-59</b>    | \$1838     | \$1622     | \$1406      | \$1330      | \$1054      |
| <b>60-69</b>    | \$2706     | \$2404     | \$2076      | \$1970      | \$1562      |

#### Dental/Vision Rates. Not based upon age.

| Individual | 2 Party | Family |
|------------|---------|--------|
| \$41       | \$79    | \$134  |

#### **Optional Additional Life Insurance & Accidental Death and Dismemberment- Employee Only**

Options are available for a total of \$50,000, including the standard \$10,000, or 1 or 2 times salary to a maximum of \$500,000 total life insurance.

|  | Under 30                            | 30-39 | 40-49 | 50-59   | 60-69   |
|--|-------------------------------------|-------|-------|---------|---------|
| <b>\$50,000 total Life &amp; AD&amp;D for the primary insured only:</b>  | \$12                                | \$12  | \$20  | \$46.80 | \$92.40 |
|  | <b>Rates per \$1000 of coverage</b> |       |       |         |         |
| <b>1x or 2x salary Life &amp; AD&amp;D for the primary insured to \$500,000. For the final rate, take the total life amount and subtract 10,000.</b> | \$.30                               | \$.30 | \$.50 | \$1.17  | \$2.31  |