

Accident Companion

BENEFITS (per person, per accidental injury)	Option 1	Option 2	Option 3	Option 4
Hospital Confinement ¹ (one per Policy year)	\$2,500	\$5,000	\$7,500	\$10,000
Emergency Treatment ² (within 72 hours of Injury)	\$250 per injury	\$500 per injury	\$750 per injury	\$1,000 per injury
Major Diagnostic Exam (one per Policy year at hospital or urgent care center)	\$250	\$500	\$750	\$1,000
Follow-up Treatment ³ (up to five visits per Policy year) OR Follow-up Physical Therapy ³ (up to five visits per Policy year)	\$50 per visit	\$100 per visit	\$100 per visit	\$100 per visit
MONTHLY PREMIUMS	\$7.50	\$15.00	\$21.50	\$28.00

RENEWABILITY: Your Policy is guaranteed renewable to age 65

Accident Companion At A Glance

- Pays a lump-sum cash benefit for accidental injuries even if benefits are also paid under Workers' Compensation², up to:
 - \$10,000 lump-sum cash benefit for accidental injuries that result in a hospital confinement
 - \$1,000 lump-sum cash benefit per injury for emergency treatment received in an ER or urgent care facility
 - \$1,000 lump-sum cash benefit for major diagnostic exam (one exam per Policy year)
 - \$100 lump-sum cash benefit per visit for follow-up treatment or physical therapy (up to five visits per Policy year)
- Benefits are paid directly to you - not your doctor or hospital
- Affordable premiums that do not increase as you get older with coverage starting at less than \$7⁵⁰ per month³

DID YOU KNOW?

1 in 8
persons seek medical
attention from an injury
each year.¹

Critical Accident Direct

DESCRIPTION

Pays a one-time lump sum cash benefit¹ for the conditions listed below. All qualifying injuries must be caused by an accident, independent of any other causes, and occur within 60 days of the accident.

- Quadriplegia: total paralysis of both upper and lower limbs²
- Paraplegia: total paralysis of lower limbs²
- Hemiplegia: total paralysis of upper and lower limbs on one side of body²
- Third degree burn to 10% of body
- Second degree burn to 20% of the body
- Coma
- Loss of sight in both eyes
- Loss of hearing in both ears

Family Security Benefit: Beginning with the next premium due date following the receipt of due proof of the death of the policy holder, we will waive premiums for a period of 12 months for covered dependents. During this premium waiver period, no increase in benefits or addition of eligible dependents, except newborns, will be considered. Provisions for termination of coverage for covered dependents will apply.

MONTHLY

PREMIUMS	\$10,000	\$15,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000
Male	\$2 ⁵⁰	\$3 ⁷⁵	\$5 ⁰⁰	\$7 ⁵⁰	\$10 ⁰⁰	\$12 ⁵⁰	\$15 ⁰⁰
Female	\$1 ⁵⁰	\$2 ²⁵	\$3 ⁰⁰	\$4 ⁵⁰	\$6 ⁰⁰	\$7 ⁵⁰	\$9 ⁰⁰
Dependent Child	\$2 ⁰⁰	\$3 ⁰⁰	\$4 ⁰⁰	\$6 ⁰⁰	\$8 ⁰⁰	\$10 ⁰⁰	\$12 ⁰⁰

RENEWABILITY: Your Policy is guaranteed renewable to age 75

Accident Direct

BENEFIT SCHEDULE¹

(per person, per Policy year)	\$5,000	\$15,000	\$20,000	\$25,000
14+ days: 100% of benefit	\$5,000	\$15,000	\$20,000	\$25,000
7 - 13 days: 60% of benefit	\$3,000	\$9,000	\$12,000	\$15,000
3 - 6 days: 30% of benefit	\$1,500	\$4,500	\$6,000	\$7,500
1 - 2 days: 15% of benefit surgery required	\$750	\$2,250	\$3,000	\$3,750
Common Accident Benefit when two or more covered persons are injured in the same accidental injury	Included	Included	Included	Included

MONTHLY PREMIUMS

Male	\$1 ²⁶	\$3 ⁷⁸	\$5 ⁰⁴	\$6 ³⁰
Female	96¢	\$2 ⁸⁸	\$3 ⁸⁴	\$4 ⁸⁰
Dependent Child(ren)	\$1 ¹²	\$3 ³⁵	\$4 ⁴⁶	\$5 ⁵⁸

RENEWABILITY: Your Policy is guaranteed renewable to age 65

ProtectFit Plus

Inpatient Hospital Confinement Benefit	Low Plan	High Plan
One-Time Lump-Sum Hospital Confinement	\$500	\$1,000
Daily Hospital Confinement: Limited to 365 days per accidental injury	\$150 per day	\$300 per day
One-Time Lump-Sum Intensive Care Hospital Confinement ¹	\$1,000	\$2,000
Daily Intensive Care Hospital Confinement: Limited to 15 days per accidental injury	\$250 per day	\$500 per day
Outpatient Emergency / Diagnostic Benefit	Low Plan	High Plan
Accidental Injury Emergency Treatment		
– You and/or your covered dependent spouse	\$100	\$150
– Your covered dependent children	\$50	\$100
Major Diagnostic Exam: CT Scan, MRI, EEG in hospital /urgent care	\$100	\$200
Lump Sum Accidental Injury Benefit	Low Plan	High Plan
Coma: For duration of 7 or more days from date of accidental injury	\$6,250	\$12,500
Paralysis: Subject to 30 day elimination period		
– Quadriplegia (4 limbs)	\$6,250	\$12,500
– Paraplegia (lower limbs)	\$3,125	\$6,250
Eye Injury Benefit		
– Surgical Repair	\$125	\$250
– Removal of a foreign body	\$35	\$65
Brain Concussion Benefit		
Miscellaneous Surgery Procedures : Limited to 1 surgery procedure per day		
Covered surgeries include: Repair of tendons/ligaments, torn rotator cuffs, ruptured discs, torn knee cartilages, Arthroscopy without surgery repair	\$325	\$625
Covered surgeries include: Open abdominal, cranial, hernia or thoracic surgery	\$625	\$1,250
Burn : Benefits graded based on percentage of body surface burned	2nd Degree / 3rd Degree	
– From lowest benefit: Less than 10% of body surface	\$35/\$75	\$75/\$175
– To highest benefit: 90% or more of body surface	\$625/\$6,250	\$1,250/ \$12,500
Skin Grafts : Maximum for all skin grafts combined	50% of lump-sum burn benefit paid	

MONTHLY PREMIUMS	Low Plan	High Plan
Individual	\$11	\$23
Couple	\$22	\$46
Individual + Child(ren)	\$27	\$58
Family	\$41	\$90

RENEWABILITY: Your Policy is guaranteed renewable to age 65.

Lump Sum Accidental Injury Benefit (continued)

	Low Plan	High Plan
Fracture : Limited to 1 benefit per fracture type		
– Highest benefit: Hip or skull, depressed	\$875	\$1,750
– Lowest benefit: Toe or tailbone	\$100	\$175

Dislocation : Limited to 2 dislocation benefits per insured person / accident

– Highest benefit: Hip	\$750	\$1,500
– Lowest benefit: Toe or finger	\$50	\$100

Laceration : that require suture, benefits graded on size of laceration

– Highest benefit: suture in excess of 12.6cm	\$250	\$500
– Lowest benefit: suture less than 7.5cm	\$35	\$65
– No suture required	\$25	\$35

Emergency Dental Repairs

– Broken teeth repaired with crown	\$150	\$300
– Broken teeth resulting in extraction	\$50	\$100

Follow-up / Restorative Benefit

	Low Plan	High Plan
Prosthesis	\$375	\$750
Blood Plasma / Platelets	\$100	\$200
Appliances	\$100	\$150
Hospital Rehabilitation Unit: up to 30 days per accidental injury / 60 days per Policy year	\$75 per day	\$150 per day

Accidental Injury Follow-Up Physical Therapy	\$25 per visit	\$35 per visit
OR Accidental Injury Follow-up Treatments		

Transportation Benefit

	Low Plan	High Plan
Emergency Air Ambulance	\$1,250	\$2,500
Emergency Ground/Water Ambulance	\$125	\$250

Accidental Death and Dismemberment Benefit

	Low Plan		High Plan	
	You or Spouse	Your Child(ren)	You or Spouse	Your Child(ren)
Death or loss must occur within 90 days of accidental injury				
Death	\$25,000	\$7,500	\$50,000	\$15,000
Common Carrier Death	\$75,000	\$12,500	\$150,000	\$25,000
Dismemberment:				
– Both arms and legs	\$25,000	\$7,500	\$50,000	\$15,000
– Two eyes, feet, hands, arms or legs	\$25,000	\$7,500	\$50,000	\$15,000
– One eye, foot, hand, arm or leg	\$6,250	\$1,750	\$12,500	\$3,500
– One or more fingers and/or toes	\$1,500	\$500	\$3,000	\$1,000
Monthly Disability Benefit				
Total disability within 60 days of accidental injury. Subject	Not available	Not available	\$500	Not available

Senior Premiere Vision

	Network Provider	Non-Network Provider
Eye Exam	100% , no copay	100% up to \$30, no copay
Corrective Spectacle Lenses	Standard uncoated plastic lenses, with \$10 copay • 100%	Standard uncoated plastic lenses, with \$10 copay • Single Vision: 100% up to \$35 • Bifocal: 100% up to \$55 • Trifocal: 100% up to \$90
Frames	\$10 copay with \$120 allowance	\$10 copay with \$60 allowance
Corrective Contact Lenses	\$10 copay with \$120 allowance	\$10 copay with \$120 allowance

ADDITIONAL SAVINGS FROM EYEMED

Frames	60% of retail
Lenses	Standard Scratch Resistance: \$15 • Standard Progressive Lenses: \$65 • Standard Polycarbonate: \$40 • Tints (Solid and Gradient): \$15 • UV Coating: \$15 • Premium Progressive Lenses: \$65+ (80% of retail) less \$120 allowance • Standard Anti-Reflective: \$45 • Nonprescription Glasses and Sunglasses: 80% of retail • Other Lens Options: 80% of retail
LASIK or PRK Vision Correction	15% off retail or 5% off promotional price

MONTHLY PREMIUMS

Individual	\$10.00
2 Persons	\$18.00

Premiere Vision

	Network Provider	Non-Network Provider
Eye Exam	00% , no copay	100% up to \$30, no copay
Corrective Spectacle Lenses	Standard uncoated plastic lenses, with \$10 copay • 100%	Standard uncoated plastic lenses, with \$10 copay • Single Vision: 100% up to \$35 • Bifocal: 100% up to \$55 • Trifocal: 100% up to \$90
Frames	\$10 copay with \$120 allowance	\$10 copay with \$60 allowance
Corrective Contact Lenses	\$10 copay with \$120 allowance	\$10 copay with \$120 allowance

ADDITIONAL SAVINGS FROM EYEMED

Frames	60% of retail
Lenses	Standard Scratch Resistance: \$15 • Standard Progressive Lenses: \$65 • Standard Polycarbonate: \$40 • Tints (Solid and Gradient): \$15 • UV Coating: \$15 • Premium Progressive Lenses: \$65+ (80% of retail) less \$120 allowance • Standard Anti-Reflective: \$45 • Nonprescription Glasses and Sunglasses: 80% of retail • Other Lens Options: 80% of retail
LASIK or PRK Vision Correction	15% off retail or 5% off promotional price

MONTHLY PREMIUMS

Individual	\$9.00
2 Persons	\$16.00
Family	\$25.00

[RENEWABILITY: Your Policy is guaranteed renewable](#)

CancerWise

BENEFIT OPTIONS

One-time benefits are payable under the Policy for first diagnosis of malignant internal tumor or malignant melanoma, per insured person. Pays \$500 if cancer is first diagnosed during the 30-day waiting period.

	\$20,000	\$30,000	\$40,000	\$50,000
30 Year Old Male	\$8.26	\$12.38	\$16.51	\$20.64
30 Year Old Female	\$7.46	\$11.20	\$14.93	\$18.66
40 Year Old Male	\$14.14	\$21.20	\$28.27	\$35.34
40 Year Old Female	\$11.28	\$16.92	\$22.56	\$28.20
Dependent Male Child	\$2.42	\$3.66	\$4.85	\$6.06
Dependent Female Child	\$2.71	\$4.07	\$5.42	\$6.78

[RENEWABILITY: Your Policy is guaranteed renewable to age 65](#)

Dental

BENEFITS - Network Provider	Basic	Premiere
Covered Services	Preventive, diagnostic, restorative and adjunctive services	Preventive, diagnostic, restorative, adjunctive, endodontics, periodontics, prosthodontics and oral surgery services
• Type I	100% No waiting period	100% No waiting period
• Type II	50% Six month waiting period	80% Six month waiting period
• Type III	Not covered	60% 12 month waiting period
Calendar year deductible (Applies to Type II and III only)	\$100 per person - Three max per family	\$50 per person - Three max per family
Calendar year maximum	\$1,000 per person \$5,000 per family	\$1,200 per person \$6,000 per family

MONTHLY PREMIUMS

Adult	\$19.00	\$39.00
Child	\$16.00	\$28.00
Senior	\$21.00	\$43.00

Type III - Covered Services Premiere plan only include the following services with a 12 month waiting period, unless stated otherwise:

Restorative:

• Inlays and onlays (and recementing, once every 12 months after a six month waiting period) • Crowns; cast posts and core buildups • Pin retention in addition to restoration - up to 2 procedures every 12 months • Sedative fillings

Endodontics:

• Pulp caps; therapeutic pulpotomy; pupal therapy • Root canal or endodontic therapy

Oral Surgery:

• Extraction of erupted tooth; removal of impacted tooth • Tooth transplantation • Alveoplasty • Removal of cyst/tumor 1.25cm and greater • Incision and drainage of abscess

Prosthodontics:

• Complete and partial dentures- once every five years for complete dentures to replace missing/broken teeth • Adjustment and repair of dentures

Periodontics:

• Gingivectomy/gingivoplasty - once every 36 months • Gingival flap procedure and osseous surgery - each limited to once every 36 months • Soft tissue graft procedures • Periodontal scaling and root planning - limited to 4 separate quadrants every two years • Full-mouth debridement to enable evaluation and diagnosis- once every 36 months

Type III service for Premiere plan only are covered at 60% in-network and 50% non-network.

Type I Premiere and Basic plans include the following services

Preventive:

• Prophylaxis- once every six months • Topical fluoride - once every 12 months, up to age 16 • Sealants- once every 36 months, up to age 16

Diagnostic:

• Oral evaluations- once every six months • Bitewing X-rays- once every 12 months • Vertical bitewings- once every 36 months • Diagnostic casts

Type I - services for Premiere and Basic plans are covered at 100% in-network and 80% non-network

Type II - Premiere and Basic plans include the following services with a 6 month waiting period:

Preventive:

• Space maintainers- up to age six

Diagnostic:

• Intraoral films, extraoral films and panoramic film - once every 36 months

Restorative:

• Amalgam, primary or permanent and resin-based composite

Adjunctive:

• Palliative (emergency) treatment of pain • Fixed partial denture sectioning • Local anesthesia • Analgesia - up to age 13 • Inhalation of nitrous oxide • Occlusion analysis and occlusion adjustment

Type II services for Premiere plan are covered at 80% in-network and 60% non-network. Type II services for Basic plan are covered at 50% for both in-network and non-network

[RENEWABILITY: Your Policy is guaranteed renewable](#)

Simplified Issue Convertible Term Life Insurance

Simplified Issue Convertible Term Life Insurance Policy

Key Policy Features:

- 10- and 20-year term options available
- Fixed premiums during the initial term period. Renewable to age 95.
- Fast and easy application process with no medical exam
- Critical Condition Advanced Living Benefit available on the 10-year term option

Availability:

Issue Ages:

- 25-65 for 10-year Term Life
- 25-55 for 20-year Term Life

Death Benefit:

- \$25,000 - \$200,000 for all Issue ages

[Brochure](#)

Option 1

Available for Death Benefit amounts up to \$200,000 for issue ages 25–49

- Type A Conditions: pays 100% of selected Death Benefit amount
- Type B Conditions: pays up to 25% of selected Death Benefit amount

Available for Death Benefit amounts up to \$50,000 for issue ages 50–65

- For Type A Conditions: pays 100% of selected Death Benefit amount
- For Type B Conditions: pays up to 25% of selected Death Benefit amount

Option 2

Available for Death Benefit amounts up to \$200,000 for issue ages 25–65

- Type A Conditions: pays 50% of selected Death Benefit amount
- Type B Conditions: pays up to 12.5% of selected Death Benefit amount

Qualifying Events	Option 1 – % of Death Benefit Payable	Option 2 – % of Death Benefit Payable
Type A Conditions:		
Advanced Alzheimer's Disease	100%	50%
Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)	100%	50%
Coma	100%	50%
End-Stage Renal Failure	100%	50%
Heart Attack	100%	50%
Hemiplegia	100%	50%
Life-Threatening Cancer	100%	50%
Paraplegia	100%	50%
Quadriplegia	100%	50%
Second-Degree Burn	100%	50%
Stroke	100%	50%
Third-Degree Burn	100%	50%
Major Organ Transplant	100%	50%
Type B Conditions:		
Benign Brain Tumor	25%	12.5%
Cancer In Situ	25%	12.5%
Coronary Bypass	25%	12.5%

Final Expense Whole Life Insurance

Key Policy Features:

- Fixed premiums that will never increase
- Non-cancellable as long as premiums are paid¹
- Cash value that accumulates on a tax-deferred basis and may be borrowed against (policy loans will reduce the death benefit)
- Simple application process with no medical exam. Just answer a few health questions with your agent then complete a brief telephone interview to confirm your answers

Availability:

Issue Ages:

- 45-85 Level Benefit Plan
- 50-85 Graded Benefit Plan

Death Benefit:

- Ages 45-80: \$3,000 - \$35,000
- Ages 81-85: \$2,000 - \$35,000

Two Plan Types

Depending on your age and health, you may qualify for one of two plans.

Level Benefit Plan

Provides an immediate full death benefit and an accelerated benefit for terminal illness. You can receive 50% of the death benefit if you are diagnosed as having a terminal medical condition with a life expectancy of 12 months or less.

Graded Benefit Plan

For non-accidental death, the benefit during the first Policy year is 30% of the death benefit, 70% in the second year, and 100% thereafter. The full death benefit will be paid for accidental death in all years.

Optional Accidental Death Benefit

- Double your Death Benefit if death occurs as a result of an accident.
- Triple your Death Benefit if the accident occurs while riding as a fare-paying passenger on a common carrier such as a commercial airliner, train, bus, boat or ship, subway or streetcar.
- Benefit terminates at age 100; other conditions, exclusions and limitations apply. Refer to the policy with attached rider for details.

Hospital Confinement Direct

Hospital Confinement Direct At A Glance

- Pays up to a **\$1,000 daily cash benefit** per hospital confinement resulting from a covered illness or injury even if benefits are also paid under Workers' Compensation²
- Waiver of Premium benefit included
- Benefits paid directly to you - not your doctor or hospital
- Affordable premiums that do not increase as you get older with coverage **starting at \$6²⁶ per month³**

[RENEWABILITY: Your Policy is guaranteed renewable to age 65](#)

DAILY BENEFITS PER CONFINEMENT	\$250 ¹	\$500	\$750	\$1,000
Hospital Confinement Benefit²				
• 1 - 5 days: 100% of daily benefit	\$250	\$500	\$750	\$1,000
• 6 - 10 days: 50% of daily benefit	\$125	\$250	\$375	\$500
• 11 - 365 days	\$100 per day	\$100 per day	\$100 per day	\$100 per day
ICU/CCU Confinement Benefit² (paid in lieu of Hospital Confinement Benefit)				
• 1 - 2 days: 200% of daily benefit	\$500	\$1,000	\$1,500	\$2,000
• 3 - 10 days: 100% of daily benefit	\$250	\$500	\$750	\$1,000
• 11 - 30 days: 50% of daily benefit	\$125	\$250	\$375	\$500
• 31 - 365 days	\$100 per day	\$100 per day	\$100 per day	\$100 per day
WAIVER OF PREMIUM BENEFIT				
After a period of hospital confinement for at least 30 consecutive days, this additional benefit waives the monthly premium, up to the maximum period payable, with no interruption in coverage. Premium payments must resume within 31 days of the expiration of the waiver of premium benefit to continue coverage. Once premiums resume, any new hospital confinements are subject to a 30 day continued confinement without discharge, before premiums are waived.				
MONTHLY PREMIUMS				
30 Year Old Female	\$4 ⁹⁹	\$7 ⁹⁸	\$11 ⁹⁷	\$15 ⁹⁶
30 Year Old Male	\$6 ³⁶	\$10 ¹⁷	\$15 ²⁵	\$20 ³⁴
45 Year Old Female	\$9 ⁸⁸	\$15 ⁸⁰	\$23 ⁷⁰	\$31 ⁶⁰
45 Year Old Male	\$12 ⁸¹	\$20 ⁴⁹	\$30 ⁷⁴	\$40 ⁹⁹

Fixed Indemnity Direct

DAILY BENEFITS ¹	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Availability	Ages 1 - 83			Ages 1 - 64		
Hospital Confinement (Maximum 365 days per confinement.)						
Without Surgery	\$100	\$250	\$500	\$1,000	\$2,000	\$3,000
With Surgery	\$200	\$500	\$750	\$1,500	\$2,500	\$3,500
ICU/CCU Confinement (Paid in lieu of hospital confinement benefit. Maximum 30 days per confinement. ²)						
	\$200	\$500	\$1,000	\$2,000	\$4,000	\$6,000
Outpatient Surgery (Maximum three days per calendar year.)						
	\$350	\$500	\$750	\$1,500	\$2,500	\$3,500
Continuous Care (Paid in lieu of hospital confinement or ICU/CCU confinement benefit. Care must begin within seven days of a hospital confinement. Maximum 30 days per calendar year.)						
	\$50	\$125	\$250	\$250	\$250	\$250
Emergency Room (Maximum two days per calendar year.)						
	\$50	\$50	\$50	\$75	\$100	\$150
Outpatient X-Ray and Laboratory Procedures (Maximum five days per calendar year.)						
	\$50	\$50	\$50	\$100	\$100	\$100
Outpatient Diagnostic Imaging Procedures (Maximum two days per calendar year.)						
	\$100	\$250	\$250	\$500	\$500	\$500
Ambulance (Ground, water or air. Paid up to a maximum \$2,400 per lifetime.)						
	\$100	\$200	\$200	\$200	\$200	\$200
Physician Office Visit (Maximum four days per calendar year.)						
	Not Available in Plans 1, 2 or 3			\$75	\$75	\$75

• [RENEWABILITY: Your Policy is guaranteed renewable to age 85](#)

MONTHLY PREMIUMS ¹	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
30 Year Old Male						
Non-Tobacco	\$18 ⁸¹	\$27 ⁴⁶	\$38 ⁴³	\$91 ⁰⁹	\$128 ¹⁷	\$165 ⁸¹
Tobacco	\$26 ³³	\$38 ⁴⁴	\$53 ⁸⁰	\$127 ⁵³	\$179 ⁴⁴	\$232 ¹³
30 Year Old Female						
Non-Tobacco	\$34 ⁴⁸	\$50 ³⁴	\$70 ⁴⁵	\$167 ⁰¹	\$234 ⁹⁸	\$303 ⁹⁹
Tobacco	\$46 ⁵⁴	\$67 ⁹⁶	\$95 ¹¹	\$225 ⁴⁶	\$317 ²³	\$410 ³⁸
45 Year Old Male						
Non-Tobacco	\$31 ⁶²	\$46 ¹⁷	\$64 ⁶²	\$153 ¹⁸	\$215 ⁵²	\$278 ⁸¹
Tobacco	\$44 ²⁷	\$64 ⁶⁴	\$90 ⁴⁷	\$214 ⁴⁵	\$301 ⁷³	\$390 ³⁴
45 Year Old Female						
Non-Tobacco	\$38 ⁸⁸	\$56 ⁷⁷	\$79 ⁴⁶	\$188 ³⁵	\$265 ⁰²	\$342 ⁸⁴
Tobacco	\$52 ⁴⁹	\$76 ⁶⁵	\$107 ²⁷	\$254 ²⁸	\$357 ⁷⁷	\$462 ⁸³
65 Year Old Male						
Non-Tobacco	\$74 ²⁹	\$108 ⁴⁷	\$151 ⁸¹	Not Available		
Tobacco	\$104 ⁰⁰	\$151 ⁸⁶	\$212 ⁵⁴			
65 Year Old Female						
Non-Tobacco	\$75 ⁹⁷	\$109 ⁶¹	\$153 ⁴⁰	Not Available		
Tobacco	\$101 ³⁴	\$147 ⁹⁷	\$207 ⁰⁹			
Dependent Child ²	\$14 ²⁷	\$25 ⁸²	\$41 ⁶⁹	\$107 ⁸¹	\$165 ⁵⁷	\$224 ²⁶

Metal Gap Plan

SureBridge Metal Gap At A Glance

- Helps to fill gaps left by Bronze, Silver and Gold level ACA compliant health insurance plans
- Pays a lump-sum cash benefit even if benefits are also paid under Workers' Compensation², up to:
 - \$6,000 for hospital confinement
 - \$3,000 for outpatient surgery
 - \$500 for Emergency Room treatment related to an injury
- Benefits are paid directly to you - not your doctor or hospital
- Available at affordable rates
- Applying is simple and can be completed in minutes

DID YOU KNOW?

~**70%** of people at least somewhat agree they **regularly underestimate the total cost of an injury or illness**, including medical, household and out-of-pocket expenses.²

RENEWABILITY: The Policy is guaranteed renewable to age 65

Metal Gap Benefits

Designed to coordinate with:	Gold	Silver	Bronze
Benefits (per person, per calendar year)*	Plan A	Plan B	Plan C
Hospital Confinement (Lump Sum)	\$2,000	\$4,000	\$6,000
Outpatient Surgery	\$1,000	\$2,000	\$3,000
Emergency Room (Injury only)	\$250	\$350	\$500

Note: Maximum benefit per person, in a calendar year is equal to the Hospital Confinement benefit. Maximum benefit per family, in a calendar year is equal to 2 times the Hospital Confinement benefit. | * Subject to 30-day waiting period for sickness; 0 days for injury. For MD, MO and ND, all references to Waiting Period are removed.

Monthly Premiums

30 Year Old Non-Tobacco Male	\$17 ⁷⁹	\$34 ⁴⁷	\$51 ⁵³
30 Year Old Tobacco Male	\$21 ³⁵	\$41 ³⁶	\$61 ⁸⁴
30 Year Old Non-Tobacco Female	\$32 ⁶²	\$63 ²⁰	\$94 ⁴⁶
30 Year Old Tobacco Female	\$39 ¹⁴	\$75 ⁸⁴	\$113 ³⁵
45 Year Old Non-Tobacco Male	\$29 ⁹¹	\$57 ⁹⁷	\$86 ⁶⁴
45 Year Old Tobacco Male	\$35 ⁸⁹	\$69 ⁵⁶	\$103 ⁹⁷
45 Year Old Non-Tobacco Female	\$36 ⁷⁸	\$71 ²⁸	\$106 ⁵⁴
45 Year Old Tobacco Female	\$44 ¹⁴	\$85 ⁵⁴	\$127 ⁸⁵
Dependent Child (0-17 years of age)	\$24 ⁸³	\$47 ⁸³	\$71 ⁴⁴