

2024 SUPPLEMENTAL INSURANCE BENEFITS GUIDE



Assumption Parish School Board



Insurance | Risk Management | Consulting





ASSUMPTION PARISH SCHOOLS

NEED TO FILE A
SUPPLEMENTAL
INSURANCE CLAIM?
OUR CLAIMS
SPECIALISTS ARE HERE
TO HELP!



CLAIMS SUPPORT SERVICES

- CLAIMS PREPARATION
- CLAIMS DOCUMENT SUBMISSION
- CLAIMS STATUS AND FOLLOW UP
- CLAIMS AND BENEFIT INQUIRIES

C O N T A C T U S

📞 844-880-6774 | M - F 8:30 AM - 5:00 PM
CENTRAL TIME

✉️ SUPPORT@AGMBENEFITS.COM



CONTACT INFORMATION

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources department.

BENEFIT	ADMINISTRATOR	PHONE	WEBSITE/EMAIL
Dental	Sun Life	800-442-7742	www.sunlife.com
Vision	Sun Life	800.877.7195	www.sunlife.com
Life and AD&D	Reliance Standard	800.392.5882	www.reliancestandard.com
Voluntary Life and AD&D	Reliance Standard	800.392.5882	www.reliancestandard.com
Short Term Disability	Reliance Standard	800.392.5882	www.reliancestandard.com
Long Term Disability	Reliance Standard	800.392.5882	www.reliancestandard.com
Accident Insurance	Transamerica	800.400.3042	www.tebcs.com
Critical Illness Insurance	Transamerica	800.400.3042	www.tebcs.com
Hospital Insurance	Transamerica	800.400.3042	www.tebcs.com
Permanent Life Insurance	Transamerica	800.400.3042	www.tebcs.com
HR Benefits Specialists	Carrie Griffin	985.369.7251	cgriffin@assumptionschools.com
Enrollment Center/Claims Support	Enrollment Center	844-880-6774	Support@AGMBenefits.com



BENEFITS OVERVIEW



Assumption Parish School Board is proud to offer a comprehensive benefits package to eligible, full-time salaried employees. The complete benefits package is briefly summarized in this booklet. In addition, there are voluntary benefits with reasonable group rates that you can purchase through payroll deductions.

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BENEFITS OFFERED

- Dental
- Vision
- Basic Life Insurance and (AD&D)
- Voluntary Life and AD&D
- Voluntary Short Term Disability
- Voluntary Long Term Disability
- Accident Insurance
- Critical Illness Insurance
- Hospital Indemnity Insurance
- Universal Life Insurance

ELIGIBILITY

You are benefits eligible if you are a full-time salaried employee (timesheet employees are not eligible.) If you participate in Assumption Parish School Board Benefits , you may also enroll:

- Your legal spouse
- Your biological or legally adopted child(ren) and stepchildren up to the age of 26
- Your child(ren) of any age who is physically or mentally incapable of self-support due to a mental or physical disability and who is totally dependent on you.

WHAT IS A QUALIFYING LIFE EVENT?

- Marriage
- Divorce or legal separation Birth or adoption of a child
- Loss of coverage due to a change in your or your spouse's employment or insurance status
- A dependent ceasing to meet eligibility requirements
- Gain or loss of access to state coverage under Medicaid

*Should you experience a qualifying event and need to make a change in your coverage, you must contact your Human Resources Department within 30 days of the event and complete the appropriate paperwork. If the insurance carrier is not notified within 30 days of the event, you will not be able to make a change and will be required to wait until the next open enrollment or another qualifying event, whichever comes first.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.



DENTAL BENEFITS

Administered by Sun Life

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Assumption Parish School Board dental benefit plan.

SERVICES	PPO PLAN OPTIONS	
	LOW PLAN- BASIC PLAN (IN-NETWORK AND OUT-OF-NETWORK)	HIGH PLAN- ENHANCED PLAN (IN-NETWORK AND OUT-OF-NETWORK)
Annual Deductible	\$50 per person; \$150 family limit	\$50 per person; \$150 family limit
Annual Benefit Maximum	\$1,000	\$1,000
Preventive Dental Services (oral evaluations, dental prophylaxis, fluoride treatments, sealants, full mouth x-rays, bite-wing x-rays, intraoral x-rays, space maintainers)	100%	100%
Basic Dental Services (palliative treatment, simple extractions, periodontal maintenance, amalgam restorations, composite and silicate restorations, surgical periodontics, endodontics: root canal therapy, general anesthesia)	80% after deductible	80% after deductible
Major Dental Services (inlays and onlays, crowns, crown buildup, full or partial dentures, fixed bridges, surgical implants)	0% after deductible	50% after deductible
Orthodontia Services	Not covered	50% to \$1,000 lifetime maximum (child under age 26)

Note: Dependent Coverage Children - Children to age 26



BENEFIT PLAN COST	MONTHLY
PPO Plan Options	
Dental Basic Plan Rates– Low Plan	
Employee	\$19.90
Employee + One	\$39.20
Employee + Child(ren)	\$51.46
Family	\$70.76
Dental Enhanced Plan Rates– High Plan	
Employee	\$29.82
Employee + One	\$59.52
Employee + Child(ren)	\$76.66
Family	\$106.32



VISION BENEFITS

Administered by Sun Life

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

SERVICE	IN-NETWORK (ANY VSP PROVIDER)	OUT-OF-NETWORK (ANY QUALIFIED NON-NETWORK PROVIDER OF YOUR CHOICE)
Eye Exam — once every 12 months	\$10 copay	Up to \$45

LENSES — ONCE EVERY 12 MONTHS

Single Vision Lenses	\$10 copay	Up to \$30
Lined Bifocal Lenses	\$10 copay	Up to \$50
Lined Trifocal Lenses	\$10 copay	Up to \$60
Lenticular Lenses	\$10 copay	Up to \$100
Frames — once every 24 months	\$150 allowance and 20% off the amount over your allowance; \$80 allowance at Costco®*	Up to \$70

CONTACT LENSES —ONCE EVERY 12 MONTHS IF YOU ELECT CONTACTS INSTEAD OF LENSES / FRAMES

Elective	\$150 allowance	Up to \$105
Fitting and Evaluation	\$60 allowance and 15% savings for your contact lens	Up to \$105
Medically Necessary	\$10 copay	Up to \$210

*Coverage with retail providers may be different. Check with Costco® and Walmart® for VSP member pricing. The Costco allowance is equivalent to the allowance at preferred providers and other retail providers. * Discounts are available on Laser Vision Corrections.



BENEFIT PLAN	MONTHLY
Vision Rates	
Employee	\$5.44
Employee + One	\$10.84
Employee + Child(ren)	\$10.04
Family	\$15.44

Locating a VSP Provider by calling 800-877-7195 or visit www.vsp.com.



LIFE INSURANCE

BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Insured by Reliance Standard

Employee Benefit Amount	Class 1: \$30,000 Class 2: \$15,000
AD&D Benefit Amount	Same as basic life benefit
Waiver of Premium	Included
Conversion	Included
Age Reductions	35% of the original amount at age 65 50% of the original amount at age 70– Terms at Retirement
Employee Basic and AD&D Coverage Rate per \$1,000	\$0.11
<i>Assumption Parish School Board's Basic will pay 50% of the employee basic life and AD&D plan option.</i>	
Spouse Benefit Amount	\$10,000
Child Benefit Amount 6 months to age 19	\$5,000
Child Benefit Amount 14 Days/Less than 6 Months	\$500
Waiver of Premium	Included
Monthly Rate per Dependent Unit	\$0.70
** Please note, employees must be enrolled in Basic Life to be eligible for dependent coverage. **	





LIFE INSURANCE

VOLUNTARY LIFE AND AD&D INSURANCE

Insured by Reliance Standard

You may purchase Voluntary life and AD&D insurance in addition to the company-provided coverage. You may also purchase voluntary life and AD&D insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage without answering medical questions if you enroll when you are first eligible. Late Entrants and those enrolling outside of initial eligibility are required to complete an evidence of Insurability form.

Employee Benefit Amount	\$10,000 to \$500,000 in \$10,000 increments, not to exceed 5X employee's basic annual earnings
AD&D Benefit Amount	Equals basic voluntary life benefit
Spouse	\$5,000 to \$150,000 in \$5,000 increments, not to exceed 50% of the employee's voluntary life amount.
Child(ren)	14 days but less than 6 months: \$500 - 6 months to age 26: \$10,000
Age Reductions	35% of the original amount at age 65 50% of the original amount at age 70
Guaranteed Issues	Employee: \$100,000 Spouse: \$50,000

Late entrants and those enrolling outside of initial eligibility are required to complete an Evidence of Insurability form.

Term Life Employee Monthly Rates per \$1,000		Term Life Spouse Monthly Rates per \$1,000	
<25	\$0.035	<25	\$0.035
25-29	\$0.029	25-29	\$0.029
30-34	\$0.033	30-34	\$0.033
35-39	\$0.045	35-39	\$0.045
40-44	\$0.069	40-44	\$0.069
45-49	\$0.107	45-49	\$0.107
50-54	\$0.167	50-54	\$0.167
55-59	\$0.263	55-59	\$0.263
60-64	\$0.356	60-64	\$0.356
65-69	\$0.559	65-69	\$0.559
70-74	\$1.067	70-74	\$1.067
75-79	\$2.281	75-79	\$2.281
80+	\$5.073	80+	\$5.073

Term Life Child(ren) Per \$1,000

Child(ren)	\$0.079
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AD&D Monthly Rates per \$1,000

Employee	\$0.014
Spouse	\$0.014
Child(ren)	\$0.014

Please note that the above benefits description is a brief summary and may not include all the details in the policy proposal. Please refer to your contract for full benefit details.



DISABILITY INSURANCE

VOLUNTARY SHORT TERM DISABILITY INSURANCE

Assumption Parish School Board also provides disability insurance through Reliance Standard. This benefit replaces a portion of your income if you become disabled and are unable to work.

Voluntary Short-term Disability	HOW IT WORKS
Benefit Payout Percentage	You receive 60% of your income up to \$1,000 per week.
Maximum Weekly Benefit	\$1,000 per week
Elimination Period	Benefits begin after 14 calendar days of absence from work for Injury & Sickness.
Benefit Duration	11 Weeks
Pre-Existing Conditions (a medical illness or injury that you have before your disability coverage begins.)	3/12
Rates Per \$10 of weekly benefit	Chart Below

Employee Rates (Per \$10)	Current Rates
<25	\$0.550
25-29	\$0.520
30-34	\$0.510
35-39	\$0.440
40-44	\$0.400
45-49	\$0.440
50-54	\$0.490
55-59	\$0.550
60-64	\$0.620
65-69	\$0.680
70-74	\$0.680
75+	\$0.680



SAMPLE PREMIUM CALCULATION

Annual Salary Divided by 52	Weekly Earnings	STD Benefit% (.60%)	/10 (Max \$1,000)	STD RATE (Age Rate Above)	Monthly Premium
/ 52	_____	X _____	/ _____	X _____	= _____



DISABILITY INSURANCE

VOLUNTARY LONG TERM DISABILITY INSURANCE

Assumption Parish School Board also provides disability insurance through Reliance Standard. This benefit replaces a portion of your income if you become disabled and are unable to work.

Voluntary Long-term Disability	HOW IT WORKS
Benefit Payout Percentage	You receive 60% of your income up to \$5,000 per month.
Maximum Weekly Benefit	\$5,000 per month
Elimination Period	Benefits begin after 90 days of absence from work for Injury & Sickness.
Benefit Duration	Extended ADEA B
Pre-Existing Conditions (a medical illness or injury that you have before your disability coverage begins.)	3/12
Rates Per \$100 of Monthly covered payroll	Chart Below

Employee Rates (Per \$100)	Current Rates
<25	\$0.06
25-29	\$0.07
30-34	\$0.13
35-39	\$0.23
40-44	\$0.34
45-49	\$0.48
50-54	\$0.66
55-59	\$0.72
60-64	\$0.64
65-69	\$0.54
70-74	\$0.54
75+	\$0.54



SAMPLE PREMIUM CALCULATION

Monthly Earnings Maximum \$6,000	Rate (Age Rate Above)	Amount Divided by 100	Monthly Premium
\$ _____	X \$ _____	/ \$ _____	= \$ _____

ACCIDENT INSURANCE

Administered by Transamerica

	Accident Insurance Situs State: LA
Issue Ages	Employee: Actively at Work; Age 18+ Spouse: Age 18+ Child: Under Age 26
Guaranteed Issue	Yes
Hour / Off Job	Off Job
Hospital Admission	\$1,200
Hospital ICU Admission	\$2,400
Admission Benefit Payments	Either Admission or ICU Admission Benefit is Payable Once Per Covered Accident
Hospital Confinement Per Day	\$180 (Up to 365 Days, Beginning Day 1)
Hospital ICU Confinement Per Day	\$360 (Up to 15 Days, Beginning Day 1)
Confinement Benefit Payments	Confinement and ICU Confinement Benefits Can Be Paid Simultaneously
Emergency Room	\$150
Non-Emergency Room Care	\$75 Physician's Office / \$150 Urgent Care
Ambulance Ground / Air	\$300 / \$900
Physical Therapy	\$50 (Up to 10 Visits)
Single Fractures / Dislocations	Up to \$6,000 / Up to \$6,000
Lacerations	Up to \$875
Employee Accidental Death, Dismemberment & Catastrophic Benefits	Up to \$50,000
Wellness	\$50 Per Insured Per Calendar Year (EE/SP Only)
Portability	Active Employees Can Convert Coverage Even if the Group Master Policy Terminates or is Replaced; Converted Policies Premium Will Be based on Resident State, Age and Class of Risk at Time of Conversion and the Type/Amount of Insurance Provided; Converted Policies Remain Active Until Policyholder Terminates Coverage or No Longer Pays Premiums
Miscellaneous	\$180 Step-Down Unit Benefit (Up to 5 Days Per Accident); \$180 Observation Room Benefit (Up to 2 Days Per Accident); \$50 Mental Health Care (Up to 5 Days Per Accident); Survivor Benefits
Rates	Monthly Premium
Employee Only	\$9.43
Employee & Spouse	\$16.84
Employee & Children	\$19.81
Family	\$27.22

CRITICAL ILLNESS INSURANCE

Administered by Transamerica

	Critical Illness Situs State: LA
Issue Ages	Employee: Actively at Work; Age 18+ Spouse: Age 18+ Child: Birth to Age 25
Guaranteed Issue Maximum	Employee: Up to \$30,000 Spouse: 100% of Employee Coverage Amount Child: 50% of Employee Coverage Amount
Children Coverage	Additional
Pre-Existing Condition Limitations*	None
Covered Critical Illnesses	Cancer, Heart Attack, Stroke, Major Organ Transplant (Excludes Bone Marrow), End Stage Renal Failure
Other Covered Critical Illnesses	Covered At 100% Coronary Invasive, Sudden Cardiac Arrest, Bone Marrow Transplant Covered At 25% Coronary Artery Disease Requiring Bypass Grafts, Carcinoma in Situ Covered At 10% Coronary Artery Disease Requiring Angioplasty/ Stent, TIA
Same Illness Diagnosis (Recurrence)	100% Recurrence (90 Day Separation Period)
Different Illness Diagnosis	1 x Each Illness (30 Day Separation Period)
Maximum Benefit	1 x Each Illness, 1 x Recurrence Each Illness
Benefit Reduction	None
Wellness	\$50 Per Insured Per Calendar Year
Portability	Active Employees Can Convert Coverage Even if the Group Master Policy Terminates or is Replaced; Converted Policies Premium Will Be based on Resident State, Age and Class of Risk at Time of Conversion and the Type/Amount of Insurance Provided; Converted Policies Remain Active Until Policyholder Terminates Coverage or No Longer Pays Premiums
Miscellaneous	\$750 Skin Cancer Benefit (1x Per Lifetime)

*Diagnosis Look-Back Periods, Treatment/Symptom Free Duration Requirements, Waived Pre-Ex Definitions and Other Restrictions May Apply. The Policy and Certificate Provide Complete Definitions Regarding Eligibility of Any Claim.

CRITICAL ILLNESS INSURANCE

Administered by Transamerica

PLAN OPTION 1 MONTHLY NON-TOBACCO ISSUE AGE RATES		CI12.2022.06.PROD,AWS.LA.0.00.NS		
ISSUE AGE	\$10,000	\$20,000	\$30,000	
EMPLOYEE - PLAN OPTION 1				
18-29	\$6.74	\$9.25	\$11.77	
30-39	\$9.96	\$15.42	\$20.87	
40-49	\$16.56	\$28.62	\$40.67	
50-59	\$31.34	\$58.16	\$84.99	
60-64	\$54.17	\$103.75	\$153.33	
65+	\$74.62	\$143.17	\$211.72	
EMPLOYEE AND SPOUSE - PLAN OPTION 1				
18-29	\$11.08	\$16.07	\$21.08	
30-39	\$17.47	\$28.32	\$39.17	
40-49	\$30.83	\$55.06	\$79.28	
50-59	\$60.93	\$115.24	\$169.55	
60-64	\$106.88	\$207.00	\$307.11	
65+	\$147.77	\$285.94	\$424.11	
EMPLOYEE AND CHILDREN - PLAN OPTION 1				
18-29	\$9.85	\$13.44	\$17.04	
30-39	\$13.07	\$19.61	\$26.14	
40-49	\$19.67	\$32.81	\$45.94	
50-59	\$34.45	\$62.35	\$90.26	
60-64	\$57.28	\$107.94	\$158.60	
65+	\$77.73	\$147.36	\$216.99	
EMPLOYEE AND FAMILY - PLAN OPTION 1				
18-29	\$14.19	\$20.26	\$26.35	
30-39	\$20.58	\$32.51	\$44.44	
40-49	\$33.94	\$59.25	\$84.55	
50-59	\$64.04	\$119.43	\$174.82	
60-64	\$109.99	\$211.19	\$312.38	
65+	\$150.88	\$290.13	\$429.38	
PLAN OPTION 1 MONTHLY TOBACCO ISSUE AGE RATES		CI12.2022.06.PROD,AWS.LA.0.00.NS		
ISSUE AGE	\$10,000	\$20,000	\$30,000	
EMPLOYEE - PLAN OPTION 1				
18-29	\$7.87	\$11.50	\$15.14	
30-39	\$13.68	\$22.85	\$32.02	
40-49	\$25.39	\$46.26	\$67.14	
50-59	\$48.65	\$92.79	\$136.93	
60-64	\$82.30	\$160.00	\$237.71	
65+	\$111.87	\$217.68	\$323.48	

CRITICAL ILLNESS INSURANCE

Administered by Transamerica

EMPLOYEE AND SPOUSE - PLAN OPTION 1			
18-29	\$13.27	\$20.45	\$27.65
30-39	\$24.73	\$42.83	\$60.94
40-49	\$48.23	\$89.84	\$131.45
50-59	\$95.41	\$184.20	\$272.99
60-64	\$162.84	\$318.90	\$474.97
65+	\$221.78	\$433.96	\$646.13
EMPLOYEE AND CHILDREN - PLAN OPTION 1			
18-29	\$10.98	\$15.69	\$20.41
30-39	\$16.79	\$27.04	\$37.29
40-49	\$28.50	\$50.45	\$72.41
50-59	\$51.76	\$96.98	\$142.20
60-64	\$85.41	\$164.19	\$242.98
65+	\$114.98	\$221.87	\$328.75
EMPLOYEE AND FAMILY - PLAN OPTION 1			
18-29	\$16.38	\$24.64	\$32.92
30-39	\$27.84	\$47.02	\$66.21
40-49	\$51.34	\$94.03	\$136.72
50-59	\$98.52	\$188.39	\$278.26
60-64	\$165.95	\$323.09	\$480.24
65+	\$224.89	\$438.15	\$651.40

HOSPITAL INDEMNITY INSURANCE

Administered by Transamerica

	Hospital Select II - H.S.A. Plan Situs State: LA	Hospital Select II - Non-H.S.A. Plan Situs State: LA
Issue Ages	Employee: Actively at Work; Age 18+ Spouse: Age 18+ Child: Under Age 26	Employee: Actively at Work; Age 18+ Spouse: Age 18+ Child: Under Age 26
Guaranteed Issue	Yes	Yes
Pre-Existing Condition Limitations*	None	None
Hospital Admission	\$1,000	\$1,000
Hospital ICU Admission	Payable Under Hospital Admission	Payable Under Hospital Admission
Admission Benefit Payments	Either Admission or ICU Admission Benefit is Payable Once Per Calendar Year	Either Admission or ICU Admission Benefit is Payable Once Per Calendar Year
Hospital Confinement Per Day	\$150 (Up to 31 Days Per Confinement, Beginning Day 2)	\$150 (Up to 31 Days Per Confinement, Beginning Day 2)
Hospital ICU Confinement Per Day	\$150 (Up to 10 Days Per Calendar Year, Beginning Day 2)	\$150 (Up to 10 Days Per Calendar Year, Beginning Day 2)
Confinement Benefit Payments	Confinement and ICU Confinement Benefit Can Be Paid Simultaneously Per Covered Accident / Illness	Confinement and ICU Confinement Benefit Can Be Paid Simultaneously Per Covered Accident / Illness
Pregnancy	Covered	Covered
Wellness	None	None
Portability	Active Employees Can Convert Coverage Until the Group Master Policy Terminates or is Replaced; Converted Policies Premium Will Be based on Resident State, Age and Class of Risk at Time of Conversion and the Type/Amount of Insurance Provided; Converted Policies Remain Active Until Policyholder Terminates Coverage or No Longer Pays Premiums	Active Employees Can Convert Coverage Until the Group Master Policy Terminates or is Replaced; Converted Policies Premium Will Be based on Resident State, Age and Class of Risk at Time of Conversion and the Type/Amount of Insurance Provided; Converted Policies Remain Active Until Policyholder Terminates Coverage or No Longer Pays Premiums
Miscellaneous	None	\$150 Off-The-Job Accidental Injury Indemnity Benefit Rider (1x Per Accident, 5x Per Calendar Year); \$700 Inpatient Surgery (1x Per Calendar Year); \$350 Outpatient Surgery (1x Per Calendar Year); \$70 Minor Outpatient Surgery (1x Per Calendar Year)
Rates	Monthly Premium	Monthly Premium
	Rates Not Banded	Rates Not Banded
Employee Only	\$18.54	\$40.59
Employee & Spouse	\$39.57	\$83.29
Employee & Children	\$27.30	\$63.60
Family	\$44.83	\$98.17

*Diagnosis Look-Back Periods, Treatment/Symptom Free Duration Requirements, Waived Pre-Ex Definitions and Other Restrictions May Apply. The Policy and Certificate Provide Complete Definitions Regarding Eligibility of Any Claim.

UNIVERSAL LIFE INSURANCE

Administered by Transamerica

	TransElite Universal Life Situs State: LA
Issue Ages	Employee: Actively at Work; Ages 16-80 Spouse: Ages 16-65 Child: Under Age 26
Guaranteed Issue - EE	Up to \$100,000 (Cannot Exceed 5x Annual Salary)
Guaranteed Issue - SP	Up to \$20,000
Guaranteed Issue - Child(ren)	Up to \$25,000
Waiver of Premium	Waives Premium Up to 6 Months Per 12-Month Period if the EE is Laid Off or on a Covered Strike, 3 Lay Offs/Strikes Per 12- Month Period, Terminates at Age 60
Future Purchase Option	None
Long Term Care Rider	<u>Accelerated Death Benefit For Chronic Condition Rider</u> : Accelerates a Portion of the Life Insurance Death Benefit (4% Up to 25 Months or Lump Sum Payment Equal to 20% of the Death Benefit) if the Insured Person is Diagnosed With a Covered Chronic Illness and in the Best Medical Judgement is Unable to Perform at Least Two Daily Activities for a Period of at Least 90 Days Without Human Assistance, or Has a Severe Cognitive Impairment that is Expected to be Permanent or Requires Supervision to Protect the Insured's Health or Safety; Benefits Are Paid Directly to the Insured; No Long-Term Care Licensed Caregiver Requirement For the Insured to Receive Benefits
Restoration of Benefits	None
Extension of Benefits	Accelerates 4% For Monthly Benefit or 5% of One-Time Lump-Sum Payment / Paid-Up Benefit of 25% of Face Amount
Accelerated Death Benefit Rider	None
Accidental Death Benefit Rider	None
Time Span of Coverage	Age 100
Portability	Active Employees Can Port Coverage Even if Group Master Policy Terminates or is Replaced; Ported Policies Remain Active Until Policyholder Terminates Coverage or No Longer Pays Premium
Miscellaneous	Optional Child Term Rider

UNIVERSAL LIFE INSURANCE

Administered by Transamerica

<i>TransElite®</i> Universal Life Insurance Rates - Non—tobacco With Riders WLR, CHR, EXT Death Benefit Option : A		
Age	\$30,000 Face Amount	
	Monthly Premiums	Guaranteed Cash Value at Age 65
16	N/A†	
17	N/A†	
18	N/A†	
19	N/A†	
20	N/A†	
21	N/A†	
22	N/A†	
23	N/A†	
24	N/A†	
25	N/A†	
26	\$17.53	\$1,188
27	\$18.20	\$1,356
28	\$18.86	\$1,575
29	\$19.81	\$1,729
30	\$20.59	\$1,879
31	\$21.53	\$2,030
32	\$22.49	\$2,242
33	\$23.49	\$2,385
34	\$24.46	\$2,533
35	\$25.44	\$2,678
36	\$26.70	\$2,805
37	\$28.25	\$2,891
38	\$29.66	\$3,031
39	\$31.30	\$3,108
40	\$33.17	\$3,154
41	\$35.10	\$3,164
42	\$36.86	\$3,261
43	\$39.01	\$3,242
44	\$40.96	\$3,256
45	\$43.10	\$3,229
46	\$46.03	\$3,325
47	\$49.06	\$3,403
48	\$52.38	\$3,422
49	\$55.64	\$3,461
50	\$59.24	\$3,440

UNIVERSAL LIFE INSURANCE

Administered by Transamerica

<i>TransElite®</i> Universal Life Insurance Rates - Nontobacco With Riders WLR, CHR, EXT Death Benefit Option A		
Age	\$30,000 Face Amount	
	Monthly Premiums	Guaranteed Cash Value at Age 65
51	\$62.94	\$3,398
52	\$66.79	\$3,345
53	\$71.20	\$3,214
54	\$75.35	\$3,122
55	\$79.60	\$2,936
56	\$85.64	\$2,495
57	\$91.90	\$1,949
58	\$98.36	\$1,478
59	\$105.05	\$1,019
60	\$112.71	\$557
61	\$120.62	\$245
62	\$129.50	\$0
63	\$138.97	\$0
64	\$149.03	\$0
65	\$157.08	
66	\$169.71	
67	\$181.99	
68	\$196.30	
69	\$210.34	
70	\$226.54	
71	\$241.69	
72	\$260.63	
73	\$280.25	
74	\$300.57	
75	\$324.80	
76	\$270.80	
77	\$287.46	
78	\$305.22	
79	\$323.89	
80	\$343.66	

UNIVERSAL LIFE INSURANCE

Administered by Transamerica

<i>TransElite</i> ® Universal Life Insurance Rates - Tobacco With Riders WLR, CHR, EXT Death Benefit Option : A		
Age	\$30,000 Face Amount	
	Monthly Premiums	Guaranteed Cash Value at Age 65
16	N/A†	
17	N/A†	
18	N/A†	
19	\$17.83	\$0
20	\$18.51	\$0
21	\$19.40	\$0
22	\$19.98	\$0
23	\$20.73	\$0
24	\$21.65	\$0
25	\$22.38	\$0
26	\$23.20	\$0
27	\$24.30	\$0
28	\$25.44	\$0
29	\$26.70	\$65
30	\$27.95	\$274
31	\$29.37	\$478
32	\$30.62	\$771
33	\$32.12	\$988
34	\$33.63	\$1,177
35	\$35.02	\$1,385
36	\$36.65	\$1,574
37	\$38.77	\$1,698
38	\$40.69	\$1,901
39	\$42.96	\$2,020
40	\$45.27	\$2,102
41	\$47.79	\$2,179
42	\$50.14	\$2,294
43	\$52.88	\$2,337
44	\$55.60	\$2,364
45	\$58.11	\$2,422
46	\$61.74	\$2,571
47	\$65.50	\$2,711
48	\$69.63	\$2,766
49	\$73.67	\$2,851
50	\$78.11	\$2,866

UNIVERSAL LIFE INSURANCE

Administered by Transamerica

TransElite® Universal Life Insurance Rates - Tobacco With Riders WLR, CHR, EXT Death Benefit Option : A		
Age	\$30,000 Face Amount	
	Monthly Premiums	Guaranteed Cash Value at Age 65
51	\$82.72	\$2,858
52	\$87.52	\$2,829
53	\$93.00	\$2,705
54	\$98.38	\$2,635
55	\$104.01	\$2,459
56	\$110.73	\$2,007
57	\$117.73	\$1,470
58	\$124.88	\$1,046
59	\$132.37	\$657
60	\$140.65	\$276
61	\$149.51	\$1
62	\$159.13	\$0
63	\$169.03	\$0
64	\$179.13	\$0
65	\$190.64	
66	\$205.28	
67	\$219.35	
68	\$235.90	
69	\$252.10	
70	\$270.83	
71	\$288.29	
72	\$310.54	
73	\$333.40	
74	\$356.96	
75	\$385.47	
76	\$314.00	
77	\$332.31	
78	\$351.62	
79	\$371.94	
80	\$393.36	



NOTES



NOTES



This benefit summary prepared by



Insurance | Risk Management | Consulting

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.