



Hillsborough County

Rate sheet prepared for Bradley J. Shattuck, BeneCom Corporation.
Payroll premium rates are biweekly. The rates shown on this insert page are for illustration purposes only; they do not imply coverage. For more information about policy/plan benefits and limitations, please refer to the accompanying product brochure for each insurance policy/plan listed below.

DENTAL ESSENTIALS (Series A82100)

| | INDIVIDUAL | | ONE-PARENT FAMILY | | INSURED/SPOUSE | | TWO-PARENT FAMILY | |
|-------|------------|---------|-------------------|---------|----------------|---------|-------------------|---------|
| Ages | Premium | Total | Premium | Total | Premium | Total | Premium | Total |
| 18-70 | \$10.74 | \$10.74 | \$18.78 | \$18.78 | \$18.90 | \$18.90 | \$27.06 | \$27.06 |

PERSONAL ACCIDENT INDEMNITY (Series A-34200)

| | INDIVIDUAL | | ONE-PARENT FAMILY | | INSURED/SPOUSE | | TWO-PARENT FAMILY | |
|-------|------------|--------|-------------------|---------|----------------|---------|-------------------|---------|
| Ages | Premium | Total | Premium | Total | Premium | Total | Premium | Total |
| 18-64 | \$7.89 | \$7.89 | \$13.11 | \$13.11 | \$11.22 | \$11.22 | \$16.61 | \$16.61 |

PERSONAL SICKNESS INDEMNITY (Series A-45200)

| | INDIVIDUAL | | | ONE-PARENT FAMILY | | | INSURED/SPOUSE | | | TWO-PARENT FAMILY | | |
|-------|------------|---------|---------|-------------------|---------|---------|----------------|---------|---------|-------------------|---------|---------|
| Ages | Premium | Rider* | Total | Premium | Rider* | Total | Premium | Rider* | Total | Premium | Rider* | Total |
| 18-39 | \$9.69 | \$4.43 | \$14.12 | \$16.20 | \$6.65 | \$22.85 | \$17.77 | \$8.86 | \$26.63 | \$19.34 | \$10.94 | \$30.28 |
| 40-49 | \$10.52 | \$5.12 | \$15.64 | \$16.52 | \$6.92 | \$23.44 | \$18.69 | \$9.83 | \$28.52 | \$20.58 | \$11.63 | \$31.91 |
| 50-59 | \$13.15 | \$7.20 | \$20.35 | \$18.92 | \$7.89 | \$26.81 | \$23.58 | \$13.43 | \$37.01 | \$25.43 | \$14.12 | \$39.55 |
| 60-70 | \$18.69 | \$10.66 | \$29.35 | \$23.35 | \$11.22 | \$34.57 | \$32.77 | \$21.18 | \$53.95 | \$33.92 | \$21.74 | \$55.66 |

*3 Units of Optional Hospital (Rider Series A45050) (\$250 per unit selected)

PERSONAL CANCER PROTECTOR (Series A-59100 and Series A-59300)

| Level 1 | INDIVIDUAL (Guarantee Issue) | | | ONE-PARENT FAMILY (Underwriting Required) | | | TWO-PARENT FAMILY (Underwriting Required) | | |
|---------|---------------------------------|--------|--------|--|--------|---------|--|--------|---------|
| Ages | Premium | BBR* | Total | Premium | BBR* | Total | Premium | BBR* | Total |
| 18-70 | \$7.34 | \$1.40 | \$8.74 | \$9.18 | \$2.10 | \$11.28 | \$11.77 | \$3.00 | \$14.77 |

| Level 3 | INDIVIDUAL | | | ONE-PARENT FAMILY | | | TWO-PARENT FAMILY | | |
|---------|------------|--------|---------|-------------------|--------|---------|-------------------|--------|---------|
| Ages | Premium | BBR* | Total | Premium | BBR* | Total | Premium | BBR* | Total |
| 18-70 | \$11.95 | \$1.40 | \$13.35 | \$15.46 | \$2.10 | \$17.56 | \$21.00 | \$3.00 | \$24.00 |

*BBR—Building Benefit Rider (5 units)

CRITICAL CARE AND RECOVERY (Series A71200)

| | INDIVIDUAL | | | ONE-PARENT FAMILY | | | INSURED/SPOUSE | | | TWO-PARENT FAMILY | | |
|-------|------------|--------|---------|-------------------|--------|---------|----------------|--------|---------|-------------------|--------|---------|
| Ages | Premium | BBR* | Total | Premium | BBR* | Total | Premium | BBR* | Total | Premium | BBR* | Total |
| 18-35 | \$7.56 | \$1.08 | \$8.64 | \$12.96 | \$1.14 | \$14.10 | \$14.58 | \$2.16 | \$16.74 | \$16.56 | \$2.22 | \$18.78 |
| 36-45 | \$10.80 | \$1.98 | \$12.78 | \$15.24 | \$2.10 | \$17.34 | \$18.96 | \$3.96 | \$22.92 | \$21.00 | \$4.08 | \$25.08 |
| 46-55 | \$14.70 | \$2.34 | \$17.04 | \$19.62 | \$2.40 | \$22.02 | \$25.50 | \$4.68 | \$30.18 | \$28.08 | \$4.74 | \$32.82 |
| 56-70 | \$18.96 | \$2.58 | \$21.54 | \$25.80 | \$2.70 | \$28.50 | \$35.52 | \$5.16 | \$40.68 | \$38.58 | \$5.28 | \$43.86 |

*Building Benefit Rider A71050 (per \$500 unit)

HOSPITAL PROTECTION (Series A46200 and Series A46300)

| Level 2 | INDIVIDUAL | | ONE-PARENT FAMILY | | INSURED/SPOUSE | | TWO-PARENT FAMILY | |
|---------|------------|---------|-------------------|---------|----------------|---------|-------------------|---------|
| Ages | Premium | Total | Premium | Total | Premium | Total | Premium | Total |
| 18-39 | \$12.00 | \$12.00 | \$17.34 | \$17.34 | \$23.82 | \$23.82 | \$29.16 | \$29.16 |
| 40-49 | \$15.84 | \$15.84 | \$18.24 | \$18.24 | \$30.36 | \$30.36 | \$33.06 | \$33.06 |
| 50-59 | \$20.34 | \$20.34 | \$22.62 | \$22.62 | \$38.94 | \$38.94 | \$42.00 | \$42.00 |
| 60-70 | \$24.60 | \$24.60 | \$32.10 | \$32.10 | \$47.88 | \$47.88 | \$55.14 | \$55.14 |

| Level 3 | INDIVIDUAL | | ONE-PARENT FAMILY | | INSURED/SPOUSE | | TWO-PARENT FAMILY | |
|---------|------------|---------|-------------------|---------|----------------|---------|-------------------|---------|
| Ages | Premium | Total | Premium | Total | Premium | Total | Premium | Total |
| 18-39 | \$13.68 | \$13.68 | \$19.38 | \$19.38 | \$27.18 | \$27.18 | \$33.06 | \$33.06 |
| 40-49 | \$18.12 | \$18.12 | \$20.94 | \$20.94 | \$34.98 | \$34.98 | \$37.56 | \$37.56 |
| 50-59 | \$23.22 | \$23.22 | \$25.86 | \$25.86 | \$44.52 | \$44.52 | \$47.16 | \$47.16 |
| 60-70 | \$28.08 | \$28.08 | \$35.70 | \$35.70 | \$54.60 | \$54.60 | \$61.98 | \$61.98 |

Coverage is underwritten by American Family Life Assurance Company of Columbus
Worldwide Headquarters: Columbus, Georgia 31999