FREESTONE COUNTY PROPOSED PLANS 10.1.2026

Effective 10.1.2026	Renewal		PROPOSED PLANS	PROPOSED PLANS	PROPOSED PLANS	PROPOSED PLANS
	Curative	Curative	Scott & White HMO w/ Nonstop	Scott & White PPO w/ Nonstop	Scott & White PPO	Scott & White HMO
PLAN NAME	PPO Plan	PPO Plan	CEP6QBQ2	UHB6HTY2	UHB6J2G2	SM6QB152
NETWORK	When Compliant w/ Baseline Visit	When Non-Compliant with Baseline visit	BSW Premier HMO	BSW Access PPO	BSW Access PPO	BSW Premier HMO
In Network / Out Network						
COINSURANCE LEVEL	0%	80% / 50%	80% / N/A	100% / N/A		80% / N/A
LIFETIME MAXIMUM	Unlimited	Unlimited	Unlimited	Unlimited		Unlimited
CALENDAR YEAR DEDUCTIBLE			NS BEN $9,200 IND/ $18,400 FAM	NS BEN $8,300 IND/ $16,600 FAM		
- Individual	$0 / $0	$5,000 / $10,000	$7,500 /	$7,950 / $15,900	$2500/$5000	$0 /
- Family	$0 / $0	$10,000 / $20,000	$15,000 /	$15,900 / $31,800		$0 /
OUT-OF-POCKET						
- Individual	$0 / $0	$7,500 / $15,000	$9,200 /	$8,300 / $24,900	$6,500/$13,000	$3,000 /
- Family	$0 / $0	$15,000 / $30,000	$18,400 /	$16,600 / 49,800		$6,000 /
OFFICE VISIT COPAY						
Primary Care/Specialist/Urgent Care	$0	$25 / $50 / 20% after Deductible	$15 / $45 / 20% after Deductible	100% after Deductible	$15 / $45 / 20% after Deductible	$15 / $15 / $50
PREVENTATIVE CARE	100% of allowable amount	100% of allowable amount	100% of allowable amount	100% of allowable amount		100% of allowable amount
INPATIENT HOSPITALIZATION	$0	20% after Deductible	20% after Deductible	100% after deductible		$750 copay/per admission
EMERGENCY ROOM CARE	$0	20% after Deductible	$250/visit + 20% copay	100% after deductible		$250 copay/per visit
OUTPATIENT SURGERY Facility Fee	$0	20% after Deductible	20% after Deductible	100% after deductible		$250 copay/visit
OUTPATIENT SURGERY Physician / Surgeon	$0	20% after Deductible	20% after deductible	100% after deductible		No charge
MATERNITY Office Visits	$0	20% after Deductible	20% after Deductible	100% after deductible		$15 copay/visit
MATERNITY	$0	20% after Deductible	20% after deductible	100% after deductible		$750 copay /admission
PRESCRIPTION DRUGS						
CALENDAR YEAR DEDUCTIBLE	None	None	None	None		None
RETAIL for 30-day supply:						
Generic	$0	$50 after Deductible	$10	100% after deductible		100% after deductible
Preferred Brand	$0	$50 after Deductible	$50	100% after deductible		100% after deductible
Non-Preferred Brand	$50 / $250	$100 for Brand & Generic	$115	100% after deductible		100% after deductible
Specialty	Preferred Specialty $0 / Non-Preferred Specialty $50/$250	25% after Deductible for Specialty	$100 / $175 / $350	100% after deductible		100% after deductible
MAIL ORDER for 90-day supply:						
Generic/Preferred/Non-Preferred			$25 / $125 / $345	100% after deductible	$0/$10/$50/$115	100% after deductible
Employee Count						
Employee Only	90		90	90	90	90
Employee + Spouse	6		6	6	6	6
Employee + Child(ren)	7		7	7	7	7
Employee + Family	1		1	1	1	1
Monthly Premium						
Employee Only	$1,221.23		$876.87	$1,112.83	$1,065.43	$1,048.47
Employee + Spouse	$2,397.27		$1,674.41	$2,151.49	$2,091.45	$2,058.15
Employee + Child(ren)	$1,852.60		$1,347.49	$1,741.37	$1,616.26	$1,590.53
Employee + Family	$3,173.97		$2,272.89	$2,992.38	~~$2,091.45~~ 2769	$2,724.98
Monthly Total	$140,436.49		$100,670.08	$128,245.61	$121,842.67	
Annual Total	$1,685,237.88		$1,208,040.96	$1,538,947.32		

Employee Benefits Marketing Analysis

00+000Client Profile

Freestone County	
Address	118 East Commerce Street
	Fairfield, TX 75840
Broker Name/Producer Name	Anco / Brian Stallones
Account Manager/ RFP Contact	Gwen Engel
Lines of Coverage	Dental PPO, Vision, Voluntary Short-Term Disability, Voluntary Long-Term Disability, Basic Life & AD&D, Voluntary Life & AD&D, Accident, Critical Illness, Hospital Indemnity, Cancer Coverage
Number of Eligible Lives	118
Effective Date	10/1/2026

000000Rates and benefit plan information shown in this guide are illustrative. Should the information summarized differ from the underlying plan details specified in the insu

00+000Carrier Financial Ratings

Carrier	S&P	A.M. Best	Moody's
BCBS of TX	A+	A+	N/A
Equitable	A+	A	A1
Guardian	AA+	A++	Aa2
Lincoln Financial	A+	A	A1
Mutual of Omaha	A+	A+	A1
Principal	A+	A+	A1
Prudential	AA-	A+	Aa3
SunLife	AA	A+	Aa3
Symetra	A	A	A1
United Healthcare	A+	A	A3
Unum	A+	A	A2

000000Rates and benefit plan information shown in this guide are illustrative. Should the information summarized differ from the underlying plan details specified in the insu

00+000Carrier Response

Carrier	Dental PPO	Vision	Voluntary Short-Term Disability	Voluntary Long-Term Disability	Basic Life & AD&D	Voluntary Life & AD&D	Accident	Critical Illness	Cancer Coverage	Hospital Indemnity
BCBS of TX	DTQ								Not Offered	DTQ
Equitable	Incumbent	Incumbent	X	Incumbent	Incumbent	Incumbent	Incumbent	Incumbent	Not Offered	X
Guardian	DTQ									
Lincoln Financial	DTQ	X	X	X	X	X	X	X	N/A	X
Mutual of Omaha	DTQ		X	X	X	X	DTQ		Not Offered	DTQ
Principal	DTQ									
Prudential	Not Offered	Not Offered	DTQ						Not Offered	DTQ
SunLife	X	X	X	X	X	X	X	X	X	X
Symetra	N/A	N/A	X	X	X	X	X	X	Not Offered	X
United Healthcare	DTQ								Not Offered	DTQ
Unum	X	X	X	X	X	X	X	X	Not Offered	X

000000Rates and benefit plan information shown in this guide are illustrative. Should the information summarized differ from the underlying plan details specified in the insu

Carrier	Notes
Equitable	*FICA Match and W-2 services included
Guardian	*Declined to quote
Lincoln Financial	*Declined to quote dental as they were not competitive. *Savings with Acc/HI: 5% bundle discount available on ER paid Life and LTD with Acc, CI and HI bundle. If 2 worksite lines sell, the Life rates is $0.119 and the LTD rates is $0.305. *Rates are contingent upon a package sale; an adjustment to the rates may be necessary if coverage is split. *Carrier provided an additional STD and LTD quote with composite rates, see proposal for details. *EAP included *Voluntary Life required Spouse participation, the greater of 5 spouses or 10% of the participating employees. In addition, premium must total at least $100 per month. *FICA Match Service included on all new LTD plans *Vision must be sold with at least one additional line of coverage. *On Vol Life, unable to offer child AD&D, carrier enhanced the life benefit to help offset difference. *Alternate ER Paid LTD plan included, please see revised proposal
Mutual of Omaha	*Declined to quote dental, vision and worksite as they are not competitive. *UW has stipulations on the life and disability proposals released; elected officials working FT s W2 employees will be eligible for life and disability, elected officials who are just "actively eligible" will be eligible for only Life/VTL and won't be eligible for disability. *District judges have very low salary, it is assumed they are not working FT; they are classed out in the Life to "actively eligible.". *All elected officials added in the future that are not W2 will be excluded for disability. *Rates based on package pricing *Enhanced EAP included with 3 face to face visits. *GI amts for Vol Life/ADD assume a participation rate of at least 25%. *VSTD and VLTD include FICA Payment and W2 Preparation.
Principal	*Declined to quote
Prudential	*Declined to quote
SunLife	*EAP with 3 face to face visits included
Symetra	*STD assumes and requires participation of 25% and a One-Time open enrollment. *Multi-Line Discounts outlined within quote, see proposal for details.
Unum	*Proposed rates may assume sale of at least one other line of coverage. *EAP included *Dental plan is based on participation, not contributions. When it's ER paid, we assume 80+% participation, which applies the maximum discounting.

00+000Compensation, Subsidies, Credits

Coverage	Inforce Commission	Requested Commission	Equitable	Lincoln Financial	Mutual of Omaha	SunLife	Symetra	Unum
Dental PPO	Flat 10%	Flat 10%	N/A	N/A	N/A	Flat 10%	N/A	Flat 10%
Vision	Flat 10%	Flat 10%	N/A	Flat 7%	N/A	Flat 10%	N/A	Flat 10%
Voluntary Short-Term Disability	New Coverage	New Coverage	Flat 15%	Flat 15%	Flat 15%	Flat 15%	Flat 15%	Flat 15%
Voluntary Long-Term Disability	Flat 10%	Flat 10%	N/A	Flat 10%	Flat 15%	Flat 10%	Flat 10%	Flat 10%
Basic Life & AD&D	Flat 15%	Flat 15%	N/A	Flat 15%	Flat 15%	Flat 15%	Flat 15%	Flat 15%
Voluntary Life & AD&D	Flat 15%	Flat 15%	N/A	Flat 15%	Flat 15%	Flat 15%	Flat 15%	Flat 15%
Accident	Flat 20%	Flat 20%	N/A	Flat 20%	N/A	Flat 20%	Flat 20%	Flat 15% 5% paid ongoing
Critical Illness	Flat 20%	Flat 20%	N/A	Flat 20%	N/A	Flat 20%	Flat 20%	Flat 15% 5% paid ongoing
Cancer Coverage	New Coverage	Flat 20%	N/A	N/A	N/A	Flat 20%	N/A	N/A
Hospital Indemnity	New Coverage	Flat 20%	Flat 20%	Flat 20%	N/A	Flat 20%	Flat 20%	Flat 15% 5% paid ongoing

000000Rates and benefit plan information shown in this guide are illustrative. Should the information summarized differ from the underlying plan details specified in the insu

00+000Financial Summary

Dental PPO	Equitable - Current	Lincoln Financial	Mutual of Omaha	SunLife	Symetra	Unum
Annual Premium	$50,777			$55,409		$50,090
Variance to current				*9%*		*-1%*

Vision	Equitable - Current	Lincoln Financial	Mutual of Omaha	SunLife	Symetra	Unum
Annual Premium	$7,830	$8,210		$8,276		$7,663
Variance to current		*5%*		*6%*		*-2%*

Basic Life/AD&D	Equitable - Current	Lincoln Financial	Mutual of Omaha	SunLife	Symetra	Unum
Annual Premium	$8,091	$7,090	$6,224	$6,738	$4,871	$8,389
Variance to current		*-12%*	*-23%*	*-17%*	*-40%*	*4%*

Total	Current	Lincoln Financial	Mutual of Omaha	SunLife	Symetra	Unum
Total Annual Premium	$66,699	$15,300	$6,224	$70,423	$4,871	$66,142
Variance to current		*-77%*	*-91%*	*6%*	*-93%*	*-1%*

** If a carrier cannot offer or declined to quote a line of coverage, the applicable current or renewal premium is assumed.*

000000Rates and benefit plan information shown in this guide are illustrative. Should the information summarized differ from the underlying plan details specified in the insur

00+000Dental PPO

Carrier Name	Equitable - Current		SunLife		Unum	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Individual Deductible	$50	$50	$50	$50	$50	$50
Family Deductible	$150	$150	$150	$150	$150	$150
Waived for Preventive	Yes		Yes		Yes	
Deductible - Calendar Year or Lifetime	Calendar Year		Calendar Year		Calendar Year	
Annual Maximum	$2,500		$2,500		$2,500	
Preventive - Type 1	100%	100%	100%	100%	100%	100%
Basic - Type 2	80%	80%	80%	80%	80%	80%
Major - Type 3	50%	50%	50%	50%	50%	50%
Ortho - Type 4	50%		50%		50%	
Ortho Age Limit	Adult & Child(ren)		Adult & Child(ren)		Adult & Child(ren)	
Ortho Maximum	$1,500		$1,500		$1,500	
Composite (White) Fillings	Basic - Including Posterior		Basic - Including Posterior		Basic - Including Posterior	
Endodontics	Major		Major		Major	
Periodontics - Non-Surgical	Major		Major		Major	
Periodontics - Surgical	Basic		Major		Major	
Oral Surgery (Simple)	Basic		Basic		Basic	
Oral Surgery (Complex)	Major		Major		Basic	
Implants	Major		Major		Major	
Out-of-Network Reimbursement	95th UCR		95th UCR		95th UCR	
Maximum Rollover	Not Included		Not Included		Included	
Waiting Periods	None		None		None	
Employer Contribution	100% Employer Paid - EO		100% Employer Paid		100% Employer Paid	
Participation Requirement	Assumes Current		107 participating or 91.5%		91%	
Rate Guarantee / Rate Caps	RG through 9/30/2027		2 years		1 year	
Rate Summary *Enrollment illustrated from SunLife proposal*	**Current**					
Employee Only	**79**	$27.98	$30.53		$28.01	
Employee & Spouse	**15**	$57.13	$62.35		$55.36	
Employee & Child	**6**	$68.62	$74.88		$67.78	
Full Family	**7**	$107.48	$117.29		$103.47	
Monthly Premium		$4,231	$4,617		$4,174	
Annual Premium		$50,777	$55,409		$50,090	
Variance to current			***9%***		***-1%***	

000000Rates and benefit plan information shown in this guide are illustrative. Should the information summarized differ from the underlying plan details specified in the insura

00+000Vision

Carrier Name		Equitable - Current	Lincoln Financial	SunLife	Unum
		In-Network Copays & Allowances	In-Network Copays & Allowances	In-Network Copays & Allowances	In-Network Copays & Allowances
Network		VSP Choice	Spectera	VSP Choice	EyeMed Insight
Exam Copay		$10	$10	$10	$10
Materials Copay		$25	$25	$25	$25
Frequency - Exam / Lenses / Frames		12/12/24	12/12/24	12/12/24	12/12/24
Single Lenses - After Copay/Allowance		Covered in full after copay	Covered in full after copay	Covered in full after copay	Covered in full after copay
Bifocal Lenses - After Copay/Allowance					
Trifocal Lenses - After Copay/Allowance					
Frames - After Copay		$130	$130	$130	$130
Contacts (Elective)		$130	$125	$130	$130
Employer Contribution		Voluntary	Voluntary	Voluntary	Voluntary
Participation Requirement		Assumes Current	2 lives	85 participating or 72.6%	72%
Rate Guarantee		RG through 9/30/2027	2 years	2 years	4 years
Rate Summary *Enrollment illustrated from SunLife proposal*		Current			
Employee Only	57	$5.41	$5.67	$5.72	$5.25
Employee & Spouse	19	$10.81	$11.34	$11.42	$10.51
Employee & Child	4	$11.57	$12.13	$12.22	$11.83
Full Family	5	$18.50	$19.40	$19.55	$18.47
Monthly Premium		$653	$684	$690	$639
Annual Premium		$7,830	$8,210	$8,276	$7,663
Variance to current			***5%***	***6%***	***-2%***

000000Rates and benefit plan information shown in this guide are illustrative. Should the information summarized differ from the underlying plan details specified in the insur

00+000Short-Term Disability

Carrier Name	Equitable	Lincoln Financial	SunLife
Eligibility / Class Description	All Active FTE	All Full-Time Employees	All Eligible Employees
Benefit Amount	60%	60%	60%
Maximum Amount	$1,500	$1,500	$1,500
Elimination Period - Accident	7 days	7 days	7 days
Elimination Period - Illness	7 days	7 days	7 days
Benefit Duration	12 weeks	12 weeks	12 weeks
Pre-existing Condition	None	None	None
Definition of Earnings	Base Salary	Salary + Comm	Base Salary
Employer Contribution	100% Employer Paid	100% Employer Paid	100% Employer Paid
Rate Guarantee	2 years	3 years	2 years
Rate Summary *Covered Benefit illustrated from Lincoln Proposal*	*Volume illustrated from carrier proposal*	Option 2	
Covered Benefit	$67,109	$67,109	$67,109
Rate per $10	$0.387	$0.342	$0.388
Monthly Premium	$2,597	$2,295	$2,604
Annual Premium	$31,165	$27,542	$31,246

*No current coverage

000000Rates and benefit plan information shown in this guide are illustrative. Should the information summarized differ from the underlying plan details specified in the insu

00+000Voluntary Short-Term Disability

Carrier Name	Equitable	Lincoln Financial	Mutual of Omaha	SunLife	Symetra	Unum
Eligibility / Class Description	All Active FTE	All Full-Time Employees	All Actively Working Employees	All Eligible Employees	All Active Full-Time Employees	All Full-Time Employees
Benefit Amount	60%	60%	60%	60%	60%	60%
Maximum Amount	$1,500	$1,500	$1,500	$1,500	$1,500	$1,500
Elimination Period - Accident	7 days	7 days	7 days	7 days	7 days	7 days
Elimination Period - Illness	7 days	7 days	7 days	7 days	7 days	7 days
Benefit Duration	12 weeks	12 weeks	12 weeks	12 weeks	12 weeks	12 weeks
Pre-existing Condition	6/12	3/6	3/6	3/12	3/6	3/12
Definition of Earnings	Base Salary	Salary + Comm	Base Salary	Base Salary	Base Salary	Base Salary
Employer Contribution	Voluntary	Voluntary	Voluntary	Voluntary	Voluntary	Voluntary
Participation Requirement	Greater of 4 lives or 20%	Greater of 10 lives or 15%	15%	25%	25%	Greater of 10 lives or 20%
Rate Guarantee	2 years	3 years	2 years	2 years	2 years	2 years
mmary per $10 covered benefit		Option 1				
Age						
<20	$0.556	$0.579	$0.430	$0.586	$0.444	$0.350
20-24	$0.556	$0.579	$0.430	$0.586	$0.444	$0.350
25-29	$0.613	$0.579	$0.430	$0.632	$0.510	$0.680
30-34	$0.685	$0.579	$0.430	$0.571	$0.479	$0.900
35-39	$0.565	$0.579	$0.440	$0.441	$0.383	$0.720
40-44	$0.511	$0.604	$0.450	$0.436	$0.357	$0.580
45-49	$0.563	$0.621	$0.460	$0.452	$0.387	$0.640
50-54	$0.691	$0.632	$0.550	$0.495	$0.436	$0.800
55-59	$0.859	$0.647	$0.650	$0.680	$0.526	$0.990
60-64	$1.040	$0.701	$0.790	$0.768	$0.582	$1.250
65-69	$1.128	$0.726	$0.850	$0.772	$0.759	$1.510
70-74	$1.128	$0.755	$0.950	$0.761	$0.991	$1.510
75+	$1.128	$0.755	$0.950	$0.761	$0.991	$1.510

*No current coverage

000000Rates and benefit plan information shown in this guide are illustrative. Should the information summarized differ from the underlying plan details specified in the insur

00+000Voluntary Long-Term Disability

Carrier Name	Equitable - Current	Lincoln Financial	Mutual of Omaha	SunLife	Symetra	Unum
Eligibility / Class Description	All Eligible Employees	All Full-Time Employees	All Actively Working Employees	All Eligible Employees	All Active Full-Time Employees	All Full-Time Employees
Benefit Percent	60%	60%	60%	60%	60%	60%
Maximum Amount	$6,000	$6,000	$6,000	$6,000	$6,000	$6,000
Definition of Disability	2 year own occ	2 year own occ	2 year own occ	2 year own occ	2 year own occ	2 year own occ
	Loss of duties AND earnings	Loss of duties AND earnings	Loss of duties AND earnings	Loss of duties AND earnings	Loss of duties AND earnings	Loss of duties AND earnings
Gainful Earnings Test - Own Occupation	80%	95%	99%	80%	80%	80%
Gainful Earnings Test - Any Occupation	80%	85%	85%	80%	80%	80%
Elimination Period	90 days	90 days	90 days	90 days	90 days	90 days
Benefit Duration	ADEA1 w/ SSNRA	Later of Age 65 or SSNRA	RBD to SSNRA	SSNRA	SSNRA	SSNRA
Definition of Earnings	Base Salary	Base Salary	Base Salary	Base Salary	Base Salary	Base Salary
Special Conditions Limitations	24 months	No limit	No limit	No limit	No limit	No limit
Mental Illness	24 months	24 months	24 months	24 months	24 months	24 months
Substance Abuse	24 months	24 months	24 months	24 months	24 months	24 months
Pre-existing Condition	12/12	12/12	6/12	12/12	12/12	12/12
Rehab (mandatory or enhanced)	Mandatory w/ Enhanced	Mandatory w/ Enhanced	Mandatory w/ Enhanced	Mandatory w/ Enhanced	Mandatory w/ Enhanced	Voluntary w/ Enhanced
Employer Contribution	Voluntary	Voluntary	Voluntary	Voluntary	Voluntary	Voluntary
Participation Requirement	Assumes Current	Greater of 10 lives or 22%	25%	25%	22%	Greater of 10 lives or 20%
Rate Guarantee	RG through 9/30/2027	3 years	2 years	2 years	3 years	2 years
Rate Summary per $100 Covered Payroll	Current	Option 1				
Age						
<20	$0.254	$0.359	$0.190	$0.199	$0.152	$0.110
20-24	$0.254	$0.359	$0.190	$0.199	$0.152	$0.110
25-29	$0.359	$0.359	$0.270	$0.199	$0.215	$0.180
30-34	$0.491	$0.491	$0.370	$0.282	$0.295	$0.240
35-39	$0.827	$0.827	$0.620	$0.386	$0.496	$0.340
40-44	$1.468	$1.468	$1.100	$0.649	$0.881	$0.750
45-49	$1.551	$1.551	$1.160	$1.153	$0.931	$1.370
50-54	$1.666	$1.666	$1.250	$1.218	$1.000	$1.720
55-59	$2.119	$2.119	$1.580	$1.308	$1.271	$2.030
60-64	$2.840	$2.840	$2.130	$1.664	$1.704	$1.660
65-69	$2.872	$2.872	$2.150	$2.230	$1.723	$1.700
70-74	$2.872	$2.872	$2.150	$2.255	$1.723	$1.380
75+	$2.872	$2.872	$2.150	$2.255	$1.723	$1.380

000000Rates and benefit plan information shown in this guide are illustrative. Should the information summarized differ from the underlying plan details specified in the insura

Carrier Name	Equitable - Current	Lincoln Financial	Mutual of Omaha	SunLife	Symetra	Unum
Eligibility / Class Description	All Eligible Employees	All Full-Time Employees	Class 1: All Actively Working Employees Class 2: All Actively Eligible Elected Officials	All Eligible Employees	All Active Full-Time Employees	All Full-Time Employees
Benefit Amount	$20,000	$20,000	$20,000	$20,000	$20,000	$20,000
Guarantee Issue	$20,000	$20,000	$20,000	$20,000	$20,000	$20,000
Age Reduction Schedule	35% at 70 40% at 75 75% at 80 80% at 85 90% at 90	35% at 70 60% at 75 75% at 80 80% at 85 90% at 90	35% at 70 40% at 75 75% at 80 80% at 85 90% at 90	35% at 70 40% at 75 75% at 80 80% at 85 90% at 90	35% at 70 40% at 75 75% at 80 80% at 85 90% at 90	35% at 70 40% at 75 75% at 80 80% at 85
Definition of Earnings	N/A	N/A	N/A	N/A	N/A	N/A
Portability (with or w/o EOI)	Not Included	Included	Not Included	Not Included	Not Included	Included
Employer Contribution	100% Employer Paid	100% Employer Paid	100% Employer Paid	100% Employer Paid	100% Employer Paid	100% Employer Paid
Rate Guarantee	RG through 9/30/2027	3 years	2 years	2 years	3 years	2 years
Notes				**Below rates includes Combined EE Basic Life and EAP Business Class* **Standalone EE Basic Life rate: $0.185* **Standalone EAP Business Class rate: $0.044*		
Rate Summary *Volume illustrated from Sun Life proposal*	Current					
Insured Volume	$2,255,000	$2,255,000	$2,255,000	$2,255,000	$2,255,000	$2,255,000
Life Rate per $1,000	$0.279	$0.242	$0.210	$0.229	$0.160	$0.280
AD&D Rate per $1,000	$0.020	$0.020	$0.020	$0.020	$0.020	$0.030
Monthly Premium	$674	$591	$519	$561	$406	$699
Annual Premium	$8,091	$7,090	$6,224	$6,738	$4,871	$8,389
Variance to current		***-12%***	***-23%***	***-17%***	***-40%***	***4%***

000000Rates and benefit plan information shown in this guide are illustrative. Should the information summarized differ from the underlying plan details specified in the insura

00+000Voluntary Life & AD&D

Carrier Name	Equitable - Current		Lincoln Financial		Mutual of Omaha		SunLife		Symetra		Unum	
Eligibility / Class Description	All Eligible Employees		All Full-Time Employees		Class 1: All Actively Working Employees Class 2: All Actively Eligible Elected Officials		All Eligible Employees		All Active Full-Time Employees		All Full-Time Employees	
Benefit Description - EE	$10,000 increments		$10,000 increments		$10,000 increments		$10,000 increments		$10,000 increments		$10,000 increments	
Benefit Maximum - EE	5X BAE or $500,000, whichever is less		5X BAE or $500,000		$500,000		$500,000 or 5X annual earnings, whichever is less		$500,000 or 5X annual earnings, whichever is less		5X annual earnings or $500,000	
Guarantee Issue - EE	$150,000		$150,000		$150,000		$150,000		3X BAE or $150,000, whichever is less		$150,000	
Benefit Description - SP	$5,000 increments		$5,000 increments		$5,000 increments		$5,000 increments		$5,000 increments		$5,000 increments	
Benefit Maximum - SP	$250,000		$250,000		$250,000		$150,000		$250,000		$250,000	
Amount Not To Exceed	100% of EE Amount		100% of EE Amount		100% of EE Amount		50% of EE Amount		100% of EE Amount		N/A	
Guarantee Issue - SP	$25,000		$25,000		$25,000		$25,000		$25,000		$25,000	
Benefit Description & Ages - CH	Birth to 6 months: $500 6+ months to age 26: $1,000 increments		Birth to 6 months: $1,000 6+ months to age 26: $20,000		Birth to age 26: $1,000 increments		Birth to 6 months: $500 6+ months to age 26: $1,000 increments		Birth to age 26: $1,000 increments		Birth to 6 months: $1,000 6+ months to age 26: $2,000 increments	
Student Status Requirement	Not Included		Not Included		Not Included		Not Included		Not Included		Not Included	
Benefit Maximum - CH	$10,000		$20,000		$10,000		$10,000		$10,000		$10,000	
Amount Not To Exceed	N/A		N/A		100% of EE Amount		50% of EE Amount		N/A		N/A	
Definition of Earnings	Base Salary		Base Salary		N/A		Base Salary		Base Salary		Base Salary	
AD&D Included	Included		Included - EE & SP Only		Included		Included		Included		Included	
AD&D Tied to Vol Life Election	Yes		Yes		Yes		Yes		Yes		Client Level Decision	
Age Reductions	35% at 65 50% at 70		35% at 65 50% at 70		35% at 65 50% at 70		35% at 65 50% at 70		35% at 65 50% at 70		35% at 65 50% at 70	
Portability	Included		Included		Included		Included		Included		Included	
Participation Requirement	Assumes Current		Greater of 10 lives or 25%		Greater of 5 lives or 44%		20%		44%		Greater of 10 lives or 44%	
Rate Guarantee	RG through 9/30/2027		3 years		2 years		2 years		3 years		2 years	
Rate Summary per $1,000	Current											
Age	**Table I Rates**	**Employee**	**Spouse**	**Employee**	**Spouse**	**Employee**	**Spouse**	**Employee**	**Spouse**	**Employee**	**Spouse**	**Employee**	**Spouse**
<20	**$0.05**	$0.104	$0.104	$0.104	$0.104	$0.090	$0.104	$0.104	$0.104	$0.083	$0.083	$0.063	$0.063
20-24	**$0.05**	$0.104	$0.104	$0.104	$0.104	$0.090	$0.104	$0.104	$0.104	$0.083	$0.083	$0.063	$0.063
25-29	**$0.06**	$0.104	$0.104	$0.104	$0.104	$0.090	$0.104	$0.104	$0.104	$0.083	$0.083	$0.075	$0.075
30-34	**$0.08**	$0.104	$0.103	$0.104	$0.103	$0.090	$0.103	$0.104	$0.104	$0.083	$0.083	$0.110	$0.110
35-39	**$0.09**	$0.134	$0.132	$0.134	$0.132	$0.120	$0.132	$0.134	$0.134	$0.107	$0.107	$0.157	$0.157
40-44	**$0.10**	$0.193	$0.189	$0.193	$0.189	$0.170	$0.189	$0.193	$0.193	$0.154	$0.154	$0.226	$0.226
45-49	**$0.15**	$0.315	$0.309	$0.315	$0.309	$0.280	$0.309	$0.315	$0.315	$0.252	$0.252	$0.354	$0.354
50-54	**$0.23**	$0.460	$0.452	$0.460	$0.452	$0.410	$0.452	$0.460	$0.460	$0.368	$0.368	$0.497	$0.497
55-59	**$0.43**	$0.731	$0.719	$0.731	$0.719	$0.650	$0.719	$0.731	$0.731	$0.585	$0.585	$0.761	$0.761
60-64	**$0.66**	$1.124	$1.105	$1.124	$1.105	$1.000	$1.105	$1.124	$1.124	$0.899	$0.899	$0.957	$0.957
65-69	**$1.27**	$1.687	$1.652	$1.687	$1.652	$1.520	$1.652	$1.687	$1.687	$1.350	$1.350	$1.178	$1.178
70-74	**$2.06**	$3.392	$1.652	$3.392	$1.652	$3.060	$3.877	$3.392	Terms at 70	$2.714	$2.714	$2.158	$2.158
75+	**$2.06**	$7.353	$1.652	$7.353	$1.652	$6.610	$3.877	$7.353	N/A	$5.882	$5.882	$7.631	$7.631
Child	**N/A**	$0.214		$0.107		$0.214		$0.214		$0.214		$0.200	
												Straddles Table I Rates	
EE AD&D	**N/A**	$0.039		$0.039		$0.039		$0.042		$0.039		$0.040	
SP AD&D		$0.041		$0.041		$0.041		$0.035		$0.041		$0.040	
CH AD&D		$0.072		N/A		$0.072		$0.042		$0.072		$0.050	

000000Rates and benefit plan information shown in this guide are illustrative. Should the information summarized differ from the underlying plan details specified in the insura

00+000Accident

Carrier Name	Equitable - Current	Lincoln Financial	SunLife	Symetra	Unum
Coverage Type	Off Job Only	Off Job Only	On & Off Job	Off Job Only	Off Job Only
Hospital Admission	$1,000	$1,000	$1,000	$1,000	$1,000
ICU Admission	$2,000	$2,000	$2,000	$2,000	$2,000
Daily Hospital Confinement	$250	$250	$250	$250	$250
Daily ICU Confinement	$500	$500	$500	$500	$500
Ambulance - Air	$1,000	$1,000	$1,000	$1,000	$1,000
Ambulance - Ground	$200	$200	$200	$200	$200
Emergency & Office Visits					
Emergency Treatment (ER)	$100	$100	$100	$150	$100
Urgent Care	$100	$100	$100	$150	$75
Initial Physician's Office Visit	$50	$100	$100	$150	$75
Additional Benefits					
Dislocations	Up to $5,000	Up to $2,500	Up to $4,000	Up to $3,000	Up to $5,000
Fractures	Up to $6,000	Up to $3,000	Up to $6,000	Up to $3,000	Up to $4,500
Enhanced Benefit for Organized Sports-Related Accident	Not Included	Included	Not Included	Included	Included
Portability	Included	Included	Included	Included	Included
Wellness	$50	$50	$50	$50	$50
Age Reductions	Not Included	None	None	None	None
Participation Requirement	Assumes Current	15%	5 lives	Greater of 25 lives or 10%	Greater of 10 lives or 5%
Rate Guarantee	RG through 9/30/2027	3 years	3 years	3 years	3 years
Rate Summary	Current				
Employee	$6.41	$7.57	$8.08	$6.40	$10.50
Employee + Spouse	$10.75	$12.70	$12.60	$10.76	$19.03
Employee + Child	$12.80	$15.12	$14.80	$12.80	$25.92
Family	$17.14	$20.24	$19.32	$17.14	$34.45

000000Rates and benefit plan information shown in this guide are illustrative. Should the information summarized differ from the underlying plan details specified in the insur

00+000Critical Illness

Carrier Name	Equitable - Current	Lincoln Financial	SunLife	Symetra	Unum
Benefit Amount - EE	$5,000 increments	$5,000 increments	$10,000 increments	$5,000 increments	$5,000 increments
Maximum Amount - EE	$20,000	$20,000	$40,000	$20,000	$20,000
Guarantee Issue - EE	$20,000	$20,000	$40,000	$20,000	$20,000
Benefit Amount - SP	$5,000	$5,000 increments	$5,000 increments	$5,000 increments	100% of EE benefit amt
Maximum Amount - SP	$20,000, not to exceed 100% of EE benefit amt	$20,000, not to exceed 100% of EE benefit amt	$40,000	$20,000, not to exceed 100% of EE benefit amt	100% of EE benefit amt
Guarantee Issue - SP	$20,000	$20,000	$40,000	$20,000	$20,000
Child Benefit Amount	25% of EE benefit amt	25% of EE benefit amt	$5,000 increments, up to $20,000, not to exceed 50% of EE benefit amt	25% of EE benefit amt	100% of EE benefit amt
Invasive Cancer	100%	100%	100%	100%	100%
Non-Invasive Cancer	25%	25%	25%	50%	25%
Cat. 1 Vascular - Heart Attack	100%	100%	100%	100%	100%
Cat. 1 Vascular - Stroke	100%	100%	100%	100%	100%
Kidney Failure	100%	100%	100%	100%	100%
Maximum Payout	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum
Occurrence of a Different Illness (Covered / Waiting Period)	Included	Included - 3 months	Included - no waiting period	Included - no waiting period	Included - no waiting period
Additional Occurrence of Same Illness (Covered / Waiting Period)	Included	Included - 6 months	Included - 6 months	Included - 6 months	Included - 180 days
Age Reduction	None	None	None	None	None
Pre-Existing Condition	3/12	None	None	None	3/12
Portability	Included	Included	Included	Included	Included
Wellness Benefit	$50	$50	$50	$50	$50
Participation Requirement	Assumes Current	15%	5 lives or 15%	25 lives or 10%	Greater of 10 lives or 5%
Rate Guarantee	RG through 9/30/2027	3 years	3 years	3 years	3 years
Age Basis (Issue or Attained)	Attained Age	Attained Age	Attained Age	Attained Age	Attained Age
Rate Summary	Current				
	Per $1,000 Unit Rate	Per $1,000 Unit Rate	Per $1,000 Unit Rate	Per $1,000 Unit Rate	Per $1,000 Unit Rate
At Attained Age Of	Employee / Spouse / Child(ren)	Employee / Spouse / Child(ren)	Employee / Spouse / Child(ren)	Employee / Spouse / Child(ren)	Employee / Spouse / Child(ren)
25	$0.430 / $0.430 / Included with EE cost	$0.653 / $0.591 / Included with EE cost	$0.390 / $0.390 / $0.130	$0.430 / $0.430 / Included with EE cost	$0.600 / $0.600 / Included with EE cost
35	$0.430 / $0.430	$0.653 / $0.591	$0.590 / $0.590	$0.430 / $0.430	$0.810 / $0.810
45	$1.070 / $1.070	$1.625 / $1.470	$1.090 / $1.090	$1.070 / $1.070	$1.320 / $1.320
55	$2.190 / $2.190	$3.327 / $3.010	$2.080 / $2.080	$2.190 / $2.190	$2.440 / $2.440
65	$3.430 / $3.430	$5.210 / $4.714	$3.230 / $3.230	$3.430 / $3.430	$4.920 / $4.920
Rider Charge	N/A	N/A	N/A	N/A	N/A

000000Rates and benefit plan information shown in this guide are illustrative. Should the information summarized differ from the underlying plan details specified in the insura

00+000Cancer Coverage

Carrier Name	SunLife	
	Level 1	Level 2
Diagnosis Benefit	N/A	$5,000
Initial Diagnosis Waiting Period	N/A	
Radiation Therapy / Chemotherapy	Up to $400	Up to $1,000
Blood/Plasma/Platelets	$50	$50
Hospice	$100	$100
Hospital Confinement	$200	$400
ICU Confinement	Combined with Hospital Confinement	
Skin Cancer	Biopsy Only: $100 Reconstructive surgery following excision: $250 Excision of a skin cancer with no flap or graft: $375 Excision of a skin cancer with flap or graft: $600	
Surgical Benefit	Anesthesia: Up to $1,815 Surgical: Up to $5,500	
Pre-Existing Condition	12/12	
Portability	Included	
Wellness	$50	$75
Waiver of Premium	Not Included	
Participation Requirement	10% or 5 lives	
Rate Guarantee	3 years	

Rate Summary	Level 1 Ages Thru 49	Level Ages 50-59	Level 1 Ages 60-64	Level 1 Ages 65+	Level 2 Ages Thru 49	Level 2 Ages 50-59	Level 2 Ages 60-64	Level 2 Ages 65+
Employee	$11.76	$14.50	$23.12	$30.96	$27.62	$34.06	$54.32	$72.74
Employee + Spouse	$20.00	$24.65	$39.29	$52.62	$46.96	$57.90	$92.34	$123.65
Employee + Child	$12.91	$15.65	$24.27	$32.11	$30.38	$36.82	$57.08	$75.50
Family	$21.15	$25.80	$40.44	$53.77	$49.72	$60.66	$95.10	$126.41

*No current coverage

000000Rates and benefit plan information shown in this guide are illustrative. Should the information summarized differ from the underlying plan details specified in the insur

00+000Hospital Indemnity

Carrier Name	Equitable	Lincoln Financial	SunLife	Symetra	Unum
Hospital Admission	$1,000	$1,000	$1,000	$1,000	$1,000
ICU Admission	$1,000	$2,000	$1,000	$1,000	$1,000
Hospital Confinement	$200	$200	$200	$200	$200
ICU Confinement	$250	$400	$200	$400	$200
Pre-existing Condition	None	None	None	None	None
Portability	Included	Included	Included	Included	Included
Wellness	$50	$50	$50	$50	$50
Participation Requirement	Greater of 5 lives or 10%	15%	5 lives	25 lives or 10%	Greater of 10 lives or 5%
Rate Guarantee	3 years	3 years	3 years	3 years	3 years
Rate Summary					
Employee	$16.49	$34.73	$22.23	$17.50	$28.06
Employee + Spouse	$34.82	$74.18	$41.36	$40.94	$54.58
Employee + Child	$27.44	$52.74	$34.26	$37.27	$40.96
Family	$45.78	$96.01	$53.39	$50.56	$67.48

*No current coverage

000000Rates and benefit plan information shown in this guide are illustrative. Should the information summarized differ from the underlying plan details specified in the insu

00+000Medical Transport

Carrier Name	MASA Emergent Plus	MASA Emergent Premier	MASA Platinum
Emergency Ground Ambulance Coverage	Included	Included	Included
Emergency Air Ambulance Coverage	Included	Included	Included
Hospital to Hospital Ambulance Coverage	Included	Included	Included
Repatriation to Hospital Near Home Coverage	Included	Included	Included
Post Admission Continued Care Transportation Coverage		Included	
Sick While Away From Home Expense Protection		Included	
Minor Return Transportation Coverage		Included	Included
Pet Return Transportation Coverage		Included	Included
Patient Return Transportation Coverage			Included
Companion Transportation Coverage			Included
Companion Return Transportation Coverage			Included
Hospital Visitor Transportation Coverage			Included
Mortal Remains Transportation Coverage			Included
Vehicle & RV Return Coverage			Included
Organ Retrieval & Organ Recipient Transportation Coverage			Included
Participation Requirement	10 enrolled employees regardless of group size	10 enrolled employees regardless of group size	10 enrolled employees regardless of group size
Rate Guarantee	24 months	24 months	24 months
Composite Rate Summary			
Family	$14.00	$19.00	$39.00

*Please refer to the proposal for benefit limitations and eligibility guidelines/requirements by state. Not all plans are offered in all states.
*Voluntary coverage is not available for employees in NY, NJ, and WA.

000000Rates and benefit plan information shown in this guide are illustrative. Should the information summarized differ from the underlying plan details specified in the insu