

# Alliance Alert

The Public Employee Benefits Alliance (PEBA) was created by a group of Texas Government leaders working together for over a year to develop strategies to manage the rising costs of healthcare benefits. PEBA was established in January 2006 and was created pursuant to Chapter 791 of the Texas government Code, the Purchasing Program Chapter 271 of the Texas Local government Code and all other applicable provisions of Texas Law. PEBA membership is open to all Texas local governments who pay an annual membership fee and execute a PEBA Participating Interlocal Agreement. However, local governments who are members of one of the political subdivision Pool will obtain automatic annual PEBA membership through the participating Pool. An additional per proposal fee will be established for proposal participation for all non-Pool members.

PEBA's mission is to support the individual members by providing: negotiation services to manage the spiraling cost of healthcare and related benefits, working together through the alliance procurement model to purchase healthcare and related benefits a competitive price, and provide contractual negotiations which will include vendor service accountability requirements. In order to accomplish this mission, PEBA makes a commitment to negotiate on behalf of the membership affordable, high-quality healthcare and related benefits and services.

**The Public Employee Benefits Alliance (PEBA) Board met on June 5, 2007 to review the responses received for the Critical Care (Catastrophic) Supplemental Benefit Proposal.** The Board made the decision to execute a PEBA Alliance agreement with AFLAC effective 10/01/07. The AFLAC Alliance agreement will be available to all active PEBA member groups who are current with their annual membership and proposal fees or are members of one of the Pools.

Below is an overview of the plan designs and pricing PEBA is offering through our Alliance with AFLAC. **If you are interested in accessing this contract or want to obtain more details on this opportunity, contact PEBA at (512) 719-6768.**

AFLAC is identified as the best partner for the PEBA membership due to their Critical Care Supplemental Benefit options.

<b>Plan 1</b>	
<b>Specified Health - Event Protection</b>	
<p><b>Primary specified health events covered by the Specified Health Event Protection policy include:</b></p> <ul style="list-style-type: none"> <li>▪ Coma</li> <li>▪ Stroke</li> <li>▪ Paralysis</li> <li>▪ Heart Attack</li> <li>▪ End-Stage Renal Failure</li> <li>▪ Major Third-Degree Burns</li> <li>▪ Persistent Vegetative State</li> <li>▪ Coronary Artery Bypass Surgery</li> <li>▪ Major Human Organ Transplant</li> </ul>	<p><b>Continuing Care Benefit*</b> AFLAC will pay \$125 each day a covered person is charged for receiving any of the following treatment</p> <ul style="list-style-type: none"> <li>▪ Dialysis</li> <li>▪ Hospice Care</li> <li>▪ Extended Care</li> <li>▪ Physician Visits</li> <li>▪ Speech Therapy</li> <li>▪ Physical Therapy</li> <li>▪ Home Health Care</li> <li>▪ Nursing Home Care</li> <li>▪ Respiratory Therapy</li> <li>▪ Occupational Therapy</li> <li>▪ Rehabilitation Therapy</li> <li>▪ Dietary Therapy/Consultation</li> </ul>
<p><b>\$5,000 First-Occurrence Benefit</b> AFLAC will pay \$5,000 for the named insured and spouse or \$7,500 for each dependent child covered under the policy</p> <p>This benefit is payable only once for each covered person and will be paid in addition to any other benefit in this policy.</p>	<p><b>Ambulance Benefit</b> AFLAC will pay \$250 if, due to a covered primary specified health event, a covered person requires ground ambulance transportation to or from a hospital. AFLAC will pay \$2,000 if, due to a covered primary specified health event, a covered person requires air ambulance transportation to or from a hospital</p>

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	<p>A licensed professional or licensed volunteer ambulance company must provide the ambulance service. This benefit will not be paid for more than two times per occurrence of a primary Specified Health Event. Ambulance benefits are not payable beyond the 180th day following the occurrence of a covered primary Specified Health Event. No lifetime maximum.</p>
<p><b>\$2,500 Reoccurrence Benefit</b> AFLAC will pay \$2,500</p> <p>AFLAC will pay \$2,500 if benefits have been paid to a covered person under the First-Occurrence Benefit and if such covered person is later diagnosed as having had a subsequent primary specified health event.</p> <p>For to be payable, the primary Specified Health Event must occur more than 180 days after the date the First-Occurrence Benefit or Reoccurrence Benefit became payable. No lifetime maximum.</p>	<p><b>Transportation Benefit</b> AFLAC will pay 50 cents per mile for noncommercial travel or the costs incurred for commercial travel</p> <p>If a covered person requires special medical treatment that has been prescribed by the local attending Physician for a covered Primary Specified Health Event, AFLAC will pay 50 cents (fifty cents) per mile for noncommercial travel or the costs incurred for commercial travel (coach class plane, train, or bus fare) for transportation of a covered person for the round-trip distance between the Hospital or medical facility and the residence of the covered person. This benefit is not payable for transportation by ambulance or air ambulance to the Hospital. Reimbursement will be made only for the method of transportation actually taken. This benefit will be paid only for the covered person for whom the special treatment is prescribed. If the special treatment is for a Dependent Child and commercial travel is necessary, we will pay this benefit for up to two adults to accompany the Dependent Child. The benefit amount payable is limited to \$1,500 (one thousand five hundred dollars) per occurrence of a covered Primary Specified Health Event. Transportation Benefits are not payable beyond the 180th day following the occurrence of a covered Primary Specified Health Event. <b>This benefit is not payable for transportation to any hospital located within a 50-mile radius of the residence of the covered person.</b> No lifetime maximum.</p>
<p><b>Hospital Confinement Benefit*</b> AFLAC will pay \$300 (includes confinements in a U.S. government hospital) AFLAC will pay \$300 per day for each day a covered person is charged as an inpatient.</p>	<p><b>Lodging Benefit</b> AFLAC will pay the charges incurred up to \$75 per day for lodging for you or any one adult family member when a covered person receives special medical treatment for a covered Primary Specified Health Event at a Hospital or medical facility. The Hospital, medical facility, and lodging must be more than 50 miles from the covered person's residence. This benefit is not payable for lodging occurring more than 24 hours prior to treatment or for lodging occurring more than 24 hours following treatment. This benefit is limited to 15 days per occurrence of a covered Primary Specified Health Event. Lodging Benefits are not payable beyond the 180th day following the occurrence of a covered Primary Specified Health Event. No lifetime maximum.</p>

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<p><b>Secondary Specified Health Event Benefit</b>  AFLAC will pay \$250 for each covered person under the policy who has coronary angioplasty, with or without stents</p> <p>This benefit is limited to one Coronary Angioplasty per 30-day period. No lifetime maximum.</p>	
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<p><b>Plan 2</b>  <b>Specified Health - Event Protection</b></p>	
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<p><b>Benefits for Hospital Intensive Care Unit Confinements</b>  <b>Hospital Intensive Care Unit Benefit, AFLAC will pay:</b>  Confinement in a Hospital Intensive Care Unit: Sickness Injury  Days 1–7 \$ 700 per day, \$ 800 per day  Days 8–15 \$1,200 per day, \$1,300 per day This benefit is limited to 15 days per period of confinement.  No lifetime maximum.</p>	<p><b>Continuing Care Benefit</b>  AFLAC will pay \$125 each day a covered person is charged for receiving any of the following treatment from a licensed Physician:</p> <ul style="list-style-type: none"> <li>▪ Dialysis</li> <li>▪ Hospice Care</li> <li>▪ Extended Care</li> <li>▪ Physician Visits</li> <li>▪ Speech Therapy</li> <li>▪ Physical Therapy</li> <li>▪ Home Health Care</li> <li>▪ Nursing Home Care</li> <li>▪ Respiratory Therapy</li> <li>▪ Occupational Therapy</li> <li>▪ Rehabilitation Therapy</li> <li>▪ Dietary Therapy/Consultation</li> </ul> <p>Treatment is limited to 60 days for continuing care received within 180 days following the occurrence of the most recent covered Primary Specified Health Event. Daily maximum for this benefit is \$125 (one hundred twenty-five dollars) regardless of the number of treatments received.</p> <p>Benefits are not payable on the same day as the Hospital Confinement Benefit. If the Hospital Confinement Benefit and the Continuing Care Benefit are payable on the same day, only the highest eligible benefit will be paid. No lifetime maximum.</p>
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<p><b>First-Occurrence Benefit</b>  AFLAC will pay:  Named Insured/Spouse  \$5,000 per covered person lifetime Maximum</p> <p>Dependent Children  \$7,500 per covered person lifetime maximum</p> <p>This benefit is payable only once for each covered person and will be paid in addition to any other benefit in this policy.</p>	<p><b>Benefits for Primary Specified Health Events</b></p> <ul style="list-style-type: none"> <li>▪ Coma</li> <li>▪ Stroke</li> <li>▪ Paralysis</li> <li>▪ Heart Attack</li> <li>▪ End-Stage Renal Failure</li> <li>▪ Major Third-Degree Burns</li> <li>▪ Persistent Vegetative State</li> <li>▪ Coronary Artery Bypass Surgery</li> <li>▪ Major Human Organ Transplant</li> </ul>
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<p><b>Reoccurrence Benefit</b>  AFLAC will pay \$2,500 if benefits have been paid to a covered person under the First-Occurrence Benefit and if such covered person is later diagnosed as having had a subsequent primary specified health event.</p>	<p><b>Transportation Benefit</b>  AFLAC will pay 50 cents per mile for noncommercial travel or the costs incurred for commercial travel</p>
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<p>For the Hospital Confinement Benefit to be payable, the Primary Specified Health Event must occur more than 180 days after the date the Reoccurrence Benefit or Hospital Confinement Benefit became payable. No lifetime maximum.</p>	
<p><b>Confinement in a Step-Down Intensive Care Unit, AFLAC will pay:</b> Sickness Injury Days 1–15: (Step-Down Intensive Care Unit) \$350 per day</p> <p>This benefit is limited to 15 days per period of confinement. In addition, this benefit is also payable for confinement in a Hospital Intensive Care Unit after exhaustion of benefits payable under Confinement in a Hospital Intensive Care Unit. No lifetime maximum.</p> <p>Days 16–30: (Hospital Intensive Care Unit) \$350 per day</p>	<p><b>Lodging Benefit</b> AFLAC will pay the charges incurred up to \$75 per day for lodging for you or any one adult family member when a covered person receives special medical treatment</p>
<p><b>Benefits for Secondary Specified Health Events</b> AFLAC will pay \$250 for each covered person under the policy when he or she has a coronary angioplasty, with or without stents.</p> <p>This benefit is limited to one Coronary Angioplasty per 30-day period. No lifetime maximum.</p>	<p>Progressive Benefit for Hospital Intensive Care Unit/Step Down Intensive Care Unit Confinement</p> <p>Two dollars indemnity will accumulate for the Named Insured and the covered spouse for each calendar month the policy remains in force after the Effective Date. This accumulated indemnity, if any, will be paid in addition to the Hospital Intensive Care Unit Benefit A1 and A2 for each day of Hospital Intensive Care Unit confinement for which benefits under A1 or A2 are payable. This Progressive Benefit will cease to build on the policy anniversary date following the 65th birthday of a covered person. Any amount accrued at the time this benefit ceases to build for a covered person will continue to be added to the benefit amount for all Hospital Intensive Care Unit/Step-Down Hospital Intensive Care Unit confinements commencing prior to the policy anniversary date following the 70<sup>th</sup> birthday of the covered person. <b>THIS ACCUMULATED BENEFIT REDUCES AT AGE 70.</b> This accumulated benefit will be reduced by one-half for Hospital Intensive Care Unit/Step-Down Intensive Care Unit confinements commencing on or after the policy anniversary date following the 70<sup>th</sup> birthday of a covered person. This benefit is not applicable and will not accrue to any covered person who has attained age 65 prior to the Effective Date of the policy. The Named Insured and covered spouse, if any, are the only persons eligible for this benefit if One-Parent Family or Two-Parent Family coverage is in force. Dependent Children do not qualify for this benefit. When a spouse is added to an existing policy, this benefit will begin to accrue from the endorsement date adding such spouse, provided the spouse has not yet attained age 65.</p>
<p><b>Miscellaneous Benefits</b> <b>Major Human Organ Transplant Benefit</b> AFLAC will pay \$25,000 as a result of a major human organ transplant procedure when a covered person is confined in a hospital and receives one or more of the following human organs: Lung Liver Kidney Heart Pancreas</p>	<p><b>Hospital Confinement Benefit</b> (includes confinements in a U.S. government hospital) AFLAC will pay \$300 per day for each day a covered person is charged as an inpatient</p> <p>This benefit is limited to confinements for the treatment of a covered Primary Specified Health Event that occur within 500</p>

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<p>Transplant procedures involving more than one major organ will be considered to be one organ transplant procedure. After benefits for the recipient have been paid, we will pay the actual charges incurred for any medical expenses of the donor to the extent that benefits remain and are available under this benefit.</p> <p>This benefit is not payable for transplants involving mechanical or nonhuman organs and is limited to one procedure per 180-day period. No lifetime maximum.</p>	<p>days following the occurrence of the most recent covered Primary Specified Health Event. No lifetime maximum.</p> <p>Hospital Confinement Benefits are payable for only one covered Primary Specified Health Event at a time per covered person. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.</p>
<p><b>Ambulance Benefit</b>  AFLAC will pay \$250 if, due to a covered primary specified health event or confinement in a hospital intensive care unit or a step down intensive care unit for a covered sickness or injury.</p> <p>AFLAC will pay \$2,000 if air ambulance transportation is required due to a covered primary specified health event for a covered sickness or injury or confinement</p>	

**Waiver of Premium Benefit**

Employed: If you, due to a Primary Specified Health Event, are completely unable to do all of the usual and customary duties of your occupation for a period of 90 continuous days, AFLAC will waive, from month to month, any premiums falling due during your continued inability. For premiums to be waived, AFLAC will require an employer's statement and a Physician's statement of your inability to perform said duties, and may each month thereafter require a Physician's statement that total inability continues.

Not Employed: If you, due to a Primary Specified Health Event, are completely unable to perform three or more of the Activities of Daily Living (ADLs) without the assistance of another person for a period of 90 continuous days, AFLAC will waive, from month to month, any premiums falling due during your continued inability. For premiums to be waived, AFLAC will require a Physician's statement of your inability to perform said activities, and may each month thereafter require a Physician's statement that total inability continues.

If you die and your spouse becomes the new named insured, premiums will start again and be due on the first premium due date after the change. The new named insured will then be eligible for this benefit if the need arises.

While this benefit is being paid, AFLAC may ask for and use an independent consultant to determine whether you can perform an ADL.

**Continuation of Coverage Benefit**

AFLAC will waive all monthly premiums due for the policy and riders for two months if you meet all of the following conditions:

1. Your policy has been in force for at least six months;
2. We have received premiums for at least six consecutive months;
3. Your premiums have been paid through payroll deduction;
4. You or your employer has notified us in writing within 30 days of the date your premium payments ceased due to your leaving employment; and
5. You re-establish premium payments through:
  - a. your new employer's payroll deduction process, or
  - b. direct payment to AFLAC.

You will again become eligible to receive this benefit after:

1. You re-establish your premium payments through payroll deduction for a period of at least six months, and
2. We receive premiums for at least six consecutive months.

"Payroll deduction" means your premium is remitted to AFLAC for you by your employer through a payroll deduction process

Guaranteed-Renewable

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**Premiums**

Premiums are subject to change.

**Optional First-Occurrence Building Benefit Rider Summary Page  
Rider A71050**

**First-Occurrence Building Benefit Rider**

The First-Occurrence Benefit will be increased by \$500 on each rider anniversary date while the rider remains in force. (The amount of the monthly increase will be determined on a pro rata basis.) This benefit will be paid under the same terms as the First-Occurrence Benefit. This benefit will cease to build for each covered person on the anniversary date of the rider following the covered person's 65th birthday or at the time of a primary specified health event for that covered person, whichever occurs first. However, regardless of the age of the covered person on the effective date of the rider, this benefit will accrue for a period of at least five years unless a primary specified health event is diagnosed prior to the fifth year of coverage.

This First-Occurrence Building Benefit Rider is a part of the policy and is subject to all policy provisions unless modified herein.

The effective date of the rider is the effective date of the policy or the effective date of the rider as stated on the Policy Schedule, if later.

The rider will terminate if the policy to which it is attached terminates, when the benefit has been paid to all covered persons as described in the First-Occurrence Benefit listed in your policy, or if the premium for the rider is not paid.

**Optional Primary Specified Health Event Recovery Benefit Rider Summary Page Rider A71051**

**Primary Specified Health Event Recovery Benefit Rider**

AFLAC will pay \$500 per month while a covered person remains in primary specified health event recovery upon receipt of written proof of loss from that person's physician. For periods of primary specified health event recovery less than one month, we will pay a pro rata benefit. Lifetime maximum of six months per covered person.

**Definitions**

**Primary Specified Health Event Recovery:** A covered person will be considered in specified health event recovery if he or she continues to be under the active care and treatment by a physician for a covered primary specified health event OR if he or she is unable to engage in the duties of his or her regular occupation due to a covered primary specified health event. Primary specified health event includes heart attack, stroke, coronary artery bypass surgery, end-stage renal failure, major human organ transplant, major third-degree burns, persistent vegetative state, coma, or paralysis occurring after the effective date of the rider.

The Primary Specified Health Event Recovery Benefit Rider is a part of the policy and is subject to all policy provisions unless modified herein.

The effective date of the rider is the effective date of the policy or the effective date of the rider as stated in the Policy Schedule, if later.

The rider will terminate if the policy to which it is attached terminates or if the premiums for the rider are not paid.

**Limitations and Exclusions**

Benefits for a primary specified health event that is caused by a pre-existing condition will not be covered unless the primary specified health event occurs more than 30 days after the effective date. Benefits are payable for only one covered primary specified health event at a time per covered person.

The rider does not cover losses or confinements caused by or resulting from any loss sustained or contracted due, directly or indirectly, to a covered person's being intoxicated or under the influence of alcohol, drugs, or any narcotic unless administered on the advice of a physician and taken according to the physician's instructions (the term intoxicated refers to that condition as defined by the law of the jurisdiction in which the injury or cause of the loss occurred); participating in any sport or sporting activity for wage, compensation, or profit; intentionally self-inflicting bodily injury or attempting suicide; or being exposed to war or any act of war, declared or undeclared, or actively serving in any of the armed forces or units auxiliary thereto, including the National Guard or Reserve.

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## Plan 1 (Policy Series A71100)

	Ages	Mthly	Qtrly	Semi-Annual	Annual	8-month	9-month	10-month	Bi-Weekly	Semi-Mthly	Wkly
Individual	18-35	\$9.10	\$27.30	\$54.60	\$109.20	\$13.65	\$12.13	\$10.92	\$4.20	\$4.55	\$2.10
	34-45	\$14.17	\$42.51	\$85.02	\$170.04	\$21.26	\$18.89	\$17.00	\$6.54	\$7.09	\$3.27
	46-55	\$19.63	\$58.89	\$117.78	\$235.56	\$29.45	\$26.17	\$23.56	\$9.06	\$9.82	\$4.53
	56-70	\$26.52	\$79.56	\$159.12	\$318.24	\$39.78	\$35.36	\$31.82	\$12.24	\$13.26	\$6.12

One-Parent Family	18-35	\$10.14	\$30.42	\$60.84	\$121.68	\$15.21	\$13.52	\$12.17	\$4.68	\$5.07	\$2.34
	34-45	\$14.69	\$44.07	\$88.14	\$176.28	\$22.04	\$19.59	\$17.63	\$6.78	\$7.35	\$3.39
	46-55	\$20.28	\$60.84	\$121.68	\$243.36	\$30.42	\$27.04	\$24.34	\$9.36	\$10.14	\$4.68
	56-70	\$27.17	\$81.51	\$163.02	\$326.04	\$40.76	\$36.23	\$32.60	\$12.54	\$13.59	\$6.27

Insured Spouse	18-35	\$13.00	\$39.00	\$78.00	\$156.00	\$19.50	\$17.33	\$15.60	\$6.00	\$6.50	\$3.00
	34-45	\$21.71	\$65.13	\$130.26	\$260.52	\$32.57	\$28.95	\$26.05	\$10.02	\$10.86	\$5.01
	46-55	\$32.50	\$97.50	\$195.00	\$390.00	\$48.75	\$43.33	\$39.00	\$15.00	\$16.25	\$7.50
	56-70	\$47.71	\$143.13	\$286.26	\$572.52	\$71.57	\$63.61	\$57.25	\$22.02	\$23.86	\$11.01

Two-Parent Family	18-35	\$15.08	\$45.24	\$90.48	\$180.96	\$22.62	\$20.11	\$18.10	\$6.96	\$7.54	\$3.48
	34-45	\$23.92	\$71.76	\$143.52	\$287.04	\$35.88	\$31.89	\$28.70	\$11.04	\$11.96	\$5.52
	46-55	\$35.36	\$106.08	\$212.16	\$424.32	\$53.04	\$47.15	\$42.43	\$16.32	\$17.68	\$8.16
	56-70	\$50.96	\$152.88	\$305.76	\$611.52	\$76.44	\$67.95	\$61.15	\$23.52	\$25.48	\$11.76

## Plan 2 (Policy Series A71200)

	Ages	Mthly	Qtrly	Semi-Annual	Annual	8-month	9-month	10-month	Bi-Weekly	Semi-Mthly	Wkly
Individual	18-35	\$16.38	\$49.14	\$98.28	\$196.56	\$24.57	\$21.84	\$19.66	\$7.56	\$8.19	\$3.78
	34-45	\$23.40	\$70.20	\$140.40	\$280.80	\$35.10	\$31.20	\$28.08	\$10.80	\$11.70	\$5.40
	46-55	\$31.85	\$95.55	\$191.10	\$382.20	\$47.78	\$42.47	\$38.22	\$14.70	\$15.93	\$7.35
	56-70	\$41.08	\$123.24	\$246.48	\$492.96	\$61.62	\$54.77	\$49.30	\$18.96	\$20.54	\$9.48

One-Parent Family	18-35	\$28.08	\$84.24	\$168.48	\$336.96	\$42.12	\$37.44	\$33.70	\$12.96	\$14.04	\$6.48
	34-45	\$33.02	\$99.06	\$198.12	\$396.24	\$49.53	\$44.03	\$39.62	\$15.24	\$16.51	\$7.62
	46-55	\$42.51	\$127.53	\$255.06	\$510.12	\$63.77	\$56.68	\$51.01	\$19.62	\$21.26	\$9.81
	56-70	\$55.90	\$167.70	\$335.04	\$670.80	\$83.85	\$74.53	\$67.08	\$25.80	\$27.95	\$12.90

Insured Spouse	18-35	\$31.59	\$94.77	\$189.54	\$379.08	\$47.39	\$42.12	\$37.91	\$14.58	\$15.80	\$7.29
	34-45	\$41.08	\$123.24	\$246.48	\$492.96	\$61.62	\$54.77	\$49.30	\$18.96	\$20.54	\$9.48
	46-55	\$55.25	\$165.75	\$331.50	\$663.00	\$82.88	\$73.67	\$66.30	\$25.50	\$27.63	\$12.75
	56-70	\$76.96	\$230.88	\$461.76	\$923.52	\$115.44	\$102.61	\$92.35	\$35.52	\$38.48	\$17.76

Two-Parent Family	18-35	\$35.88	\$107.64	\$215.28	\$430.56	\$53.82	\$47.84	\$43.06	\$16.56	\$17.94	\$8.28
	34-45	\$45.50	\$136.50	\$273.00	\$546.00	\$68.25	\$60.67	\$54.60	\$21.00	\$22.75	\$10.50
	46-55	\$60.84	\$182.52	\$365.04	\$730.08	\$91.26	\$81.12	\$73.01	\$28.08	\$30.42	\$14.04
	56-70	\$83.59	\$250.77	\$501.54	\$1,003.08	\$125.39	\$111.45	\$100.31	\$38.58	\$41.80	\$19.29

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## A71050 Specified Health Event Building Benefit Rider

	Ages	Mthly	Qtrly	Semi-Annual	Annual	8-month	9-month	10-month	Bi-Weekly	Semi-Mthly	Wkly
Individual	18-35	\$2.34	\$7.02	\$14.04	\$28.08	\$3.51	\$3.12	\$2.81	\$1.08	\$1.17	\$0.54
	34-45	\$4.29	\$12.87	\$25.74	\$51.48	\$6.44	\$5.72	\$5.15	\$1.98	\$2.15	\$0.99
	46-55	\$5.07	\$15.21	\$30.42	\$60.84	\$7.61	\$6.76	\$6.08	\$2.34	\$2.54	\$1.17
	56-70	\$5.59	\$16.77	\$33.54	\$67.08	\$8.39	\$7.45	\$6.71	\$2.58	\$2.80	\$1.29

One-Parent Family	18-35	\$2.47	\$7.41	\$14.82	\$29.64	\$3.71	\$3.29	\$2.96	\$1.14	\$1.24	\$0.57
	34-45	\$4.55	\$13.65	\$27.30	\$54.60	\$6.83	\$6.07	\$5.46	\$2.10	\$2.28	\$1.05
	46-55	\$5.20	\$15.60	\$31.20	\$62.40	\$7.80	\$6.93	\$6.24	\$2.40	\$2.60	\$1.20
	56-70	\$5.85	\$17.55	\$35.10	\$70.20	\$8.78	\$7.80	\$7.02	\$2.70	\$2.93	\$1.35

Insured Spouse	18-35	\$4.68	\$14.04	\$28.08	\$56.16	\$7.02	\$6.24	\$5.62	\$2.16	\$2.34	\$1.08
	34-45	\$8.58	\$25.74	\$51.48	\$102.96	\$12.87	\$11.44	\$10.30	\$3.96	\$4.29	\$1.98
	46-55	\$10.14	\$30.42	\$60.84	\$121.68	\$15.21	\$13.52	\$12.17	\$4.68	\$5.07	\$2.34
	56-70	\$11.18	\$33.54	\$67.08	\$134.16	\$16.77	\$14.91	\$13.42	\$5.16	\$5.59	\$2.58

Two-Parent Family	18-35	\$4.81	\$14.43	\$28.86	\$57.72	\$7.22	\$6.41	\$5.77	\$2.22	\$2.41	\$1.11
	34-45	\$8.84	\$26.52	\$53.04	\$106.08	\$13.26	\$11.79	\$10.61	\$4.08	\$4.42	\$2.04
	46-55	\$10.27	\$30.81	\$61.62	\$123.24	\$15.41	\$13.69	\$12.32	\$4.74	\$5.14	\$2.37
	56-70	\$11.44	\$34.32	\$68.64	\$137.28	\$17.16	\$15.25	\$13.73	\$5.28	\$5.72	\$2.64

## A71051 Specified Health Event Recovery Rider

	Ages	Mthly	Qtrly	Semi-Annual	Annual	8-month	9-month	10-month	Bi-Weekly	Semi-Mthly	Wkly
Individual	18-35	\$1.17	\$3.51	\$7.02	\$14.04	\$1.76	\$1.56	\$1.40	\$0.54	\$0.59	\$0.27
	34-45	\$2.86	\$8.58	\$17.16	\$34.32	\$4.29	\$3.81	\$3.43	\$1.32	\$1.43	\$0.66
	46-55	\$4.68	\$14.04	\$28.08	\$56.16	\$7.02	\$6.24	\$5.62	\$2.16	\$2.34	\$1.08
	56-70	\$6.63	\$19.89	\$39.78	\$79.56	\$9.95	\$8.84	\$7.96	\$3.06	\$3.32	\$1.53

One-Parent Family	18-35	\$1.30	\$3.90	\$7.80	\$15.60	\$1.95	\$1.73	\$1.56	\$0.60	\$0.65	\$0.30
	34-45	\$2.86	\$8.58	\$17.16	\$34.32	\$4.29	\$3.81	\$3.43	\$1.32	\$1.43	\$0.66
	46-55	\$4.68	\$14.04	\$28.08	\$56.16	\$7.02	\$6.24	\$5.62	\$2.16	\$2.34	\$1.08
	56-70	\$6.76	\$20.28	\$40.56	\$81.12	\$10.14	\$9.01	\$8.11	\$3.12	\$3.38	\$1.56

Insured Spouse	18-35	\$2.34	\$7.02	\$14.04	\$28.08	\$3.51	\$3.12	\$2.81	\$1.08	\$1.17	\$0.54
	34-45	\$4.81	\$14.43	\$28.86	\$57.72	\$7.22	\$6.41	\$5.77	\$2.22	\$2.41	\$1.11
	46-55	\$8.06	\$24.18	\$48.36	\$96.72	\$12.09	\$10.75	\$9.67	\$3.72	\$4.03	\$1.86
	56-70	\$12.35	\$37.05	\$74.10	\$148.20	\$18.53	\$16.47	\$14.82	\$5.70	\$6.18	\$2.85

Two-Parent Family	18-35	\$2.47	\$7.41	\$14.82	\$29.64	\$3.71	\$3.29	\$2.96	\$1.14	\$1.24	\$0.57
	34-45	\$5.20	\$15.60	\$31.20	\$62.40	\$7.80	\$6.93	\$6.24	\$2.40	\$2.60	\$1.20
	46-55	\$8.71	\$26.13	\$52.26	\$104.52	\$13.07	\$11.61	\$10.45	\$4.02	\$4.36	\$2.01
	56-70	\$13.00	\$39.00	\$78.00	\$156.00	\$19.50	\$17.33	\$15.60	\$6.00	\$6.50	\$3.00