

## RATE SHEET DISCLAIMER

The rate information provided in this guide is subject to change at any time by your employer and/or the plan provider. The rate information included herein, does not guarantee coverage or change or otherwise interpret the terms of the specific plan documentation, available at [London] ISD Benefits Website, which may include additional exclusions and limitations and may require an application for coverage to determine eligibility for the health benefit plan. To the extent the information provided in this summary is inconsistent with the specific plan documentation, the provisions of the specific plan documentation will govern in all cases.

Dental		
	Low	High
Employee Only	\$ 17.96	\$ 33.20
Employee and Spouse	\$ 35.90	\$ 63.86
Employee and Children)	\$ 39.43	\$ 65.61
Employee and Family	\$ 57.38	\$ 92.53

Emergency Medical transport		
	Emergent Plus	Platinum
Employee Only	\$14.00	\$24.50
Employee and Family	\$14.00	\$32.50

Vision		
	Low	High
Employee Only	\$ 6.50	\$ 20.00
Employee and Spouse	\$ 12.00	\$ 39.00
Employee and Children)	\$ 14.00	\$ 44.00
Employee and Family	\$ 22.00	\$ 54.00

Telehealth	
	Per Month
Employee	\$ 8.00
Employee and Family	\$16.00

Hospital Indemnity		
	Low	High
Employee Only	\$ 16.57	\$ 30.78
Employee and Spouse	\$ 31.45	\$ 62.19
Employee and Children)	\$ 25.44	\$ 48.47
Employee and Family	\$ 40.32	\$ 79.88

Identity Theft Monitoring – Elite Plan	
Employee Only	\$7.00
Employee and Family	\$14.00

Accident		
	Low	High
Employee Only	\$ 6.94	\$10.73
Employee and Spouse	\$ 10.92	\$16.89
Employee and Children)	\$ 11.52	\$17.82
Employee and Family	\$ 17.59	\$29.08

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Voluntary Life and AD&D (per \$10,000)			
Age	Employee	Age	Spouse
0	\$0.048	0	\$0.048
30	\$0.067	30	\$0.067
35	\$0.076	35	\$0.076
40	\$0.095	40	\$0.095
45	\$0.143	45	\$0.143
50	\$0.228	50	\$0.228
55	\$0.371	55	\$0.371
60	\$0.561	60	\$0.561
65	\$1.083	65	\$1.083
70	\$1.758	70	\$1.758
75	\$2.48	75	\$2.48

Children Voluntary Life	
To age 26	
\$10,000.00	\$0.16

Critical Illness (per \$5,000)	
18	\$ 2.60
30	\$ 4.24
40	\$ 6.46
50	\$ 11.82
60	\$ 31.83

Cancer		
Tier	Low	High
Employee Only	\$ 15.00	\$ 27.92
Employee and Spouse	\$ 28.46	\$ 53.10
Employee and Children)	\$ 18.78	\$ 34.80
Employee and Family	\$ 31.16	\$ 58.66

Long Term Disability	
Percent of Salary	Per \$100 Monthly Benefit
7/7	\$ 3.32
14/14	\$ 2.82
30/30	\$ 2.44
60/60	\$ 1.99
90/90	\$ 1.15
180/180	\$ 0.84