Employer Plan Summary for:
12548000 - Four B Corp., dba Balls Food Stores

Critical Illness

Coverage Details	
Symetra's voluntary critical illness insurance provides a lump sum payment if a covered condition is diagnosed after coverage takes effect for the individual. Covered conditions include critical illnesses and/or conditions, as specified below.	
Core Benefits	Invasive Cancer: 100%, Minor Cancer: 25%, Heart Attack: 100%, Stroke: 100%, Coronary Artery Disease Needing Surgery or Angioplasty: 25%, Severe Chronic Heart Failure Coverage (for Class 3 and 4): 100% for class 3, 100% for class 4, Major Organ Failure: 100%, Occupational HIV: 100%, Loss of Sight: 25%, Loss of Speech: 25%, Loss of Hearing: 25%, Paralysis: 100% (Covers Sickness and Accident), Severe Burns: 100%
Neurological Conditions	ALS/Other Motor Neuron Diseases: 100%, Advanced Alzheimers: 100%, Parkinson's Disease: 100%, Advanced Multiple Sclerosis: 25%, Coma: 100% (Covers Accident and Sickness), Huntington's Disease: 100%, Benign Brain Tumor: 100%
Childhood Conditions	Major Congenital Structural Abnormality: 100%, Congenital Metabolic Disorder: 100%, Congenital Chromosomal Abnormality: 100%, Chronic Medical Condition Commonly Diagnosed in Childhood: 100%
Other Benefits	COPD: 100%
Options	
Health Screening Benefit	Pays an annual benefit amount of $100 for x-ray and laboratory tests only incurred by the employee, spouse, or child.
Recurrence Benefit	Pays an additional benefit of 100% of the critical illness benefit when a specific critical illness recurs more than 6 month(s) after the first diagnosis. Each condition is payable an unlimited number of times unless otherwise specified in the certificate.
Waiver of Premium	None
Employee Benefit Amount(s)	
Critical Illness Employee Benefit: $5,000, $10,000, $15,000, $20,000, $25,000 or $30,000	
Guaranteed Issue Benefit: Up To $5,000, $10,000, $15,000, $20,000, $25,000 or $30,000	
Dependent Benefit Amount(s)	
Spouse Benefit: 50% of the benefit amount, Child Benefit: 50% of the benefit amount	
Definitions	
Guaranteed Issue	Guaranteed issue is the benefit amount available without the need for evidence of insurability at the time an individual is first eligible for coverage.

Evidence of Insurability	The guaranteed issue benefit amounts in our offering are available with no medical underwriting. EOI will not be required at initial open or annual enrollment. Outside of selecting coverage during an enrollment period, EOI will not be required during the plan year when an employee pursues coverage as a new employee or as an existing employee following an approved change in life status when said elections are made within 30 days of eligibility under the plan or the change in status.
Age-Based Benefit Amount Reductions	None
Lifetime Maximum Benefit Payout	No lifetime maximum
Benefit Waiting Period	None
Pre-Existing Condition	None
Continuation of Coverage	Included

Employee Eligibility: An employee must be actively at work, employed by the eligible group and performing for wage or profit all of the normal duties required of a job. The minimum number of 20 hours/week must be met.

If/when Critical Illness coverage is currently offered through a different carrier: The current participants of an existing plan will receive credit for time served under that policy as part of the Continuity with Prior Coverage feature found in Critical Illness policy offered by the Symetra Life Insurance Company. Symetra will rely on the Policyholder to confirm existing coverage status.

State variations may apply.

Critical Illness insurance policies are designed to provide benefits at a preselected, fixed-dollar amount, for specific critical illness conditions. Coverage may be subject to exclusions, limitations, reductions, and termination of benefit provisions. The policies do not satisfy the minimum essential coverage requirements of the Affordable Care Act. Critical Illness policies are insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004. Base policy form number is SBC-00535 in most states and is not available in all U.S. states or any U.S. territory.

Employer Plan Summary for:
12548000 - Four B Corp., dba Balls Food Stores

Critical Illness

Critical Illness Benefit
Critical Illness insurance provides a lump sum payment upon the first diagnosis of a covered condition once coverage is in effect.

Invasive Cancer
Invasive Cancer is defined as a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and invasion of neighboring tissue that is supported by histological evidence of malignancy. Invasive Cancer includes Leukemia, Lymphoma, Sarcoma, Malignant melanoma greater than 1mm in thickness, any type of breast cancer, or Multiple myeloma. Invasive Cancer must be diagnosed by a Specialist according to a Pathological or Clinical Diagnosis.

Minor Cancer (In Situ)
Minor Cancer (In Situ) is defined as a cancer wherein the tumor cells lie within the tissue of origin and have not spread to neighboring tissue. Non-Invasive Cancer includes: chronic lymphocytic leukemia that has not progressed beyond RAI Stage 0; Stage 1A (T1a) malignant melanoma (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without Clark level IV or level V invasion); or early prostate cancer classified as T1a or T1b (or equivalent staging) without lymph node or distant metastasis. The diagnosis must be confirmed with a report from a Specialist that includes the pathology report.

Heart Attack (Myocardial Infarction)
Heart Attack (Myocardial Infarction) is defined as the ischemic death of a portion of the heart muscle due to a blockage of one or more coronary arteries. The diagnosis must be made by a Specialist and based on serial measurement of cardiac biomarkers in the blood showing a pattern and to a level consistent with a diagnosis of Heart Attack (Myocardial Infarction) and any other diagnostic criteria to meet the clinically accepted definition for heart attack.

Stroke
Stroke is defined as an acute cerebrovascular incident resulting in irreversible death of brain tissue due to intra-cranial hemorrhage or cerebral infarction due to embolism or thrombosis in an intra-cranial vessel.
This event must result in neurological functional impairment with objective neurological abnormal signs on physical examination by a Specialist and the diagnosis must also be supported by findings on brain imaging and must be consistent with the diagnosis of a new Stroke.

Coronary Artery Disease Needing Surgery or Angioplasty
Coronary Artery Disease Needing Surgery or Angioplasty is defined as coronary artery disease with blockages in one or more coronary artery(s) demonstrated on cardiac catheterization coronary angiography that requires the Insured to undergo either coronary artery bypass surgery or coronary angioplasty. The Insured must require coronary bypass or angioplasty surgery intervention on the coronary artery(s) following clinically accepted cardiovascular surgery guidelines, either for prognostic benefit or for symptomatic coronary artery disease that cannot be adequately managed on optimal medical therapy.

Severe Chronic Heart Failure
Chronic Heart Failure is defined as a clinical syndrome that results from any structural or functional impairment of ventricular filling or ejection of blood from the heart that persists for more than 180 days. The diagnosis must be made by a Specialist and designated as a Class [III or] IV condition according to the New York Heart Association Functional Classification.

Major Organ Failure
Major Organ Failure is defined as the permanent failure or loss of one or more of the following organs: heart, liver, lung, or pancreas, that requires a surgical transplant of a human organ. A Specialist must determine that a transplant of one or a combination of the above mentioned organs is necessary to treat organ failure in the Insured and the Insured must be actively engaged in a course of treatment with the goal of eventual transplant. The transplant goal requirement is waived if the Insured is too ill to undergo transplant surgery, but surgery would otherwise be recommended due to the organ failure.

Occupational Human Immunodeficiency Virus (HIV)
Occupational Human Immunodeficiency Virus (HIV) Infection is defined as infection with the human immunodeficiency virus (HIV) resulting from an accidental Injury which exposed the Insured to HIV-contaminated blood or bodily fluids during the course of the duties of the Insured's normal occupation. The Accident causing the infection of HIV must have occurred in the United States or its territories and while covered under the Policy. In addition, the Insured must report the Accident to the employer within 24 hours of the Accident.

All of the following conditions must be satisfied:

a. A blood test showing no HIV or HIV antibodies must be carried out within 14 days of the Accident.
b. Seroconversion must be proven with another HIV test within 180 days of the Accident, indicating presence of infection by HIV.

Loss of Sight
Loss of Sight is defined as permanent and irreversible loss of sight in both eyes. Loss of Sight is a Covered Critical Illness when it is due to an Accident or cataracts, glaucoma, macular degeneration, or similar disease. Loss of Sight is also a Covered Critical Illness if it is due to a congenital disorder in a covered newborn child. A Specialist must clinically confirm that the Insured’s corrected visual acuity is 20/200 or less or the field of vision is less than 20 degrees in both eyes.

Loss of Speech
Loss of Speech is defined as permanent loss of the ability to speak to the extent that the Insured is unintelligible to another person with normal hearing. Loss of Speech is a Covered Critical Illness when it is due to an Accident or Guillain Barre syndrome, Huntington’s disease chorea, or similar disease. Loss of Speech is also a Covered Critical Illness if it is due to a congenital disorder in a covered newborn child. The Insured must be able to demonstrate that the loss has been continuous for at least 180 days. The diagnosis of loss must be made by a Specialist.

Loss of Hearing
Loss of Hearing is defined as permanent reduction of hearing in both ears to a point that the Insured is unable to hear sounds at or below 90 decibels. Loss of Hearing is a Covered Critical Illness when it is due to an Accident or bacterial meningitis, Meniere's disease, or similar disease. Loss of Hearing is also a Covered Critical Illness if it is due to a congenital disorder in a covered newborn child. The diagnosis must be made by a Specialist as diagnosed by audiometric testing.

Paralysis
Paralysis is defined as damage to the brain or spinal cord caused by an [Accident or] Illness that results in quadriplegia, paraplegia, hemiplegia, or diplegia. There must be complete and permanent loss of use of two or more limbs that is present for a continuous period of at least 180 days.

Severe Burns
Severe Burns is defined as having sustained third degree burns. The third degree burns must cover at least 20% of the surface area of an insured's body.

Amyotrophic Lateral Sclerosis (ALS) and other Motor Neuron Diseases
Amyotrophic Lateral Sclerosis (ALS) and other Motor Neuron Diseases is defined as a definite diagnosis by a Specialist of spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis (ALS or Lou Gehrig's Disease) or primary lateral sclerosis.There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be permanent functional neurological impairment with objective evidence of motor dysfunction with muscle weakness that has persisted for a continuous period of at least 90 days.

Advanced Alzheimer's Disease
Advanced Alzheimer's Disease is defined as dementia due to Alzheimer's Disease, where there is progressive and permanent deterioration of memory and intellectual capacity.
The diagnosis of Alzheimer's disease must be confirmed by a Specialist and the diagnosis must be supported by clinically accepted standardized cognitive testing and neurological examination. There must be Advanced Alzheimer's Disease where there is significant reduction in mental and social functioning where the Insured is unable to perform independently, at least 2 of the following 6 "Activities of Daily Living" for a continuous period of at least 180 days:

Activities of Daily Living are defined as:
a. Bathing - washing oneself by sponge bath or in the tub or shower, including the task of getting into or out of the tub or shower.
b. Dressing - putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs;
c. Eating - feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by feeding tube or intravenously.
d. Transferring - moving into and out of bed or a wheelchair.
e. Toileting - getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
f. Continence - the ability to maintain control of bowel and bladder function or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for a catheter or colostomy bag).

Parkinson's Disease
Parkinson's Disease is defined as an unequivocal diagnosis of idiopathic Parkinson's disease. There must be resting tremor, rigidity, bradykinesia and gait disturbance compatible with the diagnosis of Parkinson's Disease as assessed by a Specialist.

Multiple Sclerosis
Multiple Sclerosis is defined as a diagnosis made by a Specialist of definite Multiple Sclerosis.
Both of the following two (2) criteria must be present:
1. There must be permanent functional neurological impairment with objective evidence of motor or sensory dysfunction, which must have persisted for a continuous period of at least 180 days.
2. The diagnosis must also be confirmed with objective neurological investigations, such as lumbar puncture, evoked visual responses, evoked auditory responses and MRI evidence of lesions of the central nervous system.

Coma
Coma is defined as a state of profound unconsciousness from which an Insured cannot be aroused to consciousness by external or internal stimulation, as determined by a Doctor as the result of an [Accident] [or] Illness.
This diagnosis must be supported by evidence of all the following:
a. No response to external stimuli for at least 96 hours.
b. Life support measures are necessary to sustain life.
c. Brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

Huntington's Disease
Huntington's Disease is defined as a neurodegenerative genetic disorder that affects muscle coordination and leads to cognitive decline and psychiatric problems. The diagnosis must be documented by symptoms and verified by the presence of the genetic defect via genetic testing.

Benign Brain Tumor
Benign Brain Tumor is defined as a non-malignant tumor that is located in the cranial vault and limited to the brain, meninges, cranial nerves, or pituitary gland. The Benign Brain Tumor must require surgery or radiation treatment or cause irreversible objective neurological deficits.

Major Congenital Structural Anomaly
Major Congenital Structural Anomaly is defined as a structural malformation that arises in utero and results in significant medical, social or cosmetic consequences for the affected individual, and requires medical treatment. Examples of Major Congenital Structural Anomalies include, but are not limited to, complex congenital heart disease, spina bifida (excluding occulta), cleft lip/palate, anencephaly, omphalocele, and club foot.
A Major Congenital Structural Anomaly must be diagnosed and named by a Specialist according to clinically accepted diagnostic criteria. The Specialist must establish a treatment plan specific to the condition.

Congenital Metabolic Disorder

Congenital Metabolic Disorder is defined as a genetic or inherited disorder resulting from an enzyme defect in biochemical and metabolic pathways affecting proteins, fats, carbohydrates metabolism or impaired organelle function presenting as complicated medical conditions involving several human organ systems. Examples of Congenital Metabolic Disorders include, but are not limited to, phenylalanine hydroxylase deficiency, Niemann-Pick, Tay Sachs, Gaucher's Disease, phenylketonuria, and cystic fibrosis.

A Congenital Metabolic Disorder must be diagnosed and named by a Specialist according to clinically accepted diagnostic criteria. The Specialist must establish a treatment plan specific to the condition.

Congenital Chromosomal Abnormality

Congenital Chromosomal Abnormality is defined as a congenital abnormality present at birth in the number or structure of chromosomes, other than those causing Congenital Metabolic Disorders, which leads to conditions requiring medical treatment. Examples of Other Chromosomal Abnormalities include, but are not limited to, Down syndrome, DiGeorge syndrome, Turner syndrome, sickle cell disease, achondroplasia, fragile X, hemophilia, neurofibromatosis, muscular dystrophy, Prader Willi, and glucose-6-posophate dehydrogenase deficiency (G6PD). The diagnosis of a Congenital Chromosomal Abnormality must be diagnosed and named by a Specialist according to clinically accepted diagnostic criteria. The Specialist must establish a treatment plan specific to the condition.

Chronic Medical Condition Commonly Diagnosed in Childhood

Chronic Medical Condition Commonly Diagnosed in Childhood is defined as a named condition requiring ongoing medical treatment that is expected to persist for at least five years following diagnosis. Examples of Chronic Medical Conditions Commonly Diagnosed in Childhood include, but are not limited to, epilepsy, human growth hormone deficiency, bronchopulmonary dysplasia, cerebral palsy, scoliosis, asthma, and Type 1 Diabetes.

The Chronic Medical Condition Commonly Diagnosed in Childhood must be diagnosed by a Specialist based on the appropriate clinically accepted criteria for the named condition. The condition must be severe, which means the condition meets at least one of the following criteria:

a. A condition requiring medical treatment for a minimum of 12 consecutive months, where treatment includes prescribed oral, inhaled, injected, or infused medication taken on a regular schedule and excluding antibiotic prophylaxis.

b. A condition that requires physical, speech, or occupational therapy for a minimum of 12 consecutive months.

c. A condition that requires bracing or other ongoing prescribed non-surgical treatment for a minimum of 12 consecutive months.

d. Asthma that requires daily use of inhaled corticosteroids and at least one other long-acting inhaled drug for a minimum of 12 consecutive months.

The Specialist must establish a treatment plan specific to the condition.

Severe COPD

COPD is defined as a chronic lung disease that persists for more than 180 days, characterized by obstruction of lung airflow that interferes with normal breathing and is not fully reversible.

Diagnosis of Severe COPD must be made by a Specialist through the use of a post-bronchodilator spirometry test, which results in a GOLD classification of airflow limitation severity level of III or IV.

Health Screening Benefit

The Health Screening Benefit will be paid once per year, per covered Insured, when one or more of the following exams, X-rays, laboratory tests are administered to during a Calendar Year. A Health Screening Benefit is payable once per covered Insured during a Calendar Year, regardless of the number of exams, X-rays, laboratory tests administered during that year.

1. Tests to Screen for Cancer:

(a) Biopsy
(b) Bone marrow testing
(c) Breast ultrasound
(d) CA 125 (blood test for ovarian cancer)
(e) CA 15-3 (blood test for breast cancer)
(f) CEA (blood test for colon cancer)
(g) Colonoscopy
(h) Flexible sigmoidscopy
(i) Hemoccult stool specimen
(j) Mammogram
(k) Pap test
(l) PSA (prostate-specific antigen tests)
(m) Serum protein electrophoresis (blood test for myeloma)
(n) Thermography

2. Tests to screen for Heart-related Disease

(a) Blood test for triglycerides
(b) Chest x-ray
(c) Serum cholesterol test to determine HDL/LDL level
(d) Stress test on a bicycle or treadmill

3. Test to screen for Organ-related Disease

(a) Fasting blood glucose test

Continuation of Coverage During Temporary Absence

Coverage may continue beyond the day it would otherwise cease under the termination provisions if the insured is absent from work due to any of the following reasons. In no event will coverage continue beyond the maximum time shown below for any temporary absence. If the insured is eligible to continue coverage for more than one reason, the periods of continuation will run concurrently. The continuation periods may not be applied consecutively. Continuation of coverage is subject to the payment of required premium.

Illness or Injury

If absent from work due to illness or injury, all coverage may be continued for a period of 6 consecutive months from the date last actively at work.

Personal Leave of Absence

If on a documented leave of absence, all coverage may be continued for up to 2 months following the date last actively at work. If the leave terminates prior to the agreed upon date, this continuation will cease immediately.

Family Medical Leave of Absence
If You are on a leave of absence approved in accordance with the federal Family and Medical Leave Act of 1993 and any amendments to it (FMLA) or a similar state law, all of Your coverage may be continued for up to 3 months following the date You were last Actively at Work. If the leave terminates prior to the agreed upon date, this continuation will cease immediately.

Military Leave of Absence
If You are on a military leave of absence taken in accordance with the federal Uniformed Services Employment and Reemployment Rights Act of 1994 and any amendments to it (USERRA), all of Your coverage may be continued for up to 12 weeks following the date You were last Actively at Work. If the leave terminates prior to the agreed upon date, this continuation will cease immediately.

Sabbatical
If You are on an employer-approved sabbatical, all of Your coverage may be continued for up to 2 months following the date You were last Actively at Work. If the sabbatical terminates prior to the agreed upon date, this continuation will cease immediately.

Temporary Layoff
If You are temporarily laid off by the Employer due to lack of work, all of Your coverage may be continued for up to 2 months following the date You were last Actively at Work. If the layoff becomes permanent, this continuation will cease immediately.

Temporary Production Shutdown
If You are not at work due to a temporary production shutdown by the Employer, all of Your coverage may be continued for up to 2 months following the date You were last Actively at Work. If the production shutdown becomes permanent, this continuation will cease immediately.

Labor Strike/Labor Dispute
If You are not at work due to a labor strike or dispute, all of Your coverage may be continued for up to 1 month following the date You were last Actively at Work. If the labor strike or dispute ends earlier, this continuation will cease immediately.

Portability/ Post-Termination Continuation of Coverage:
Allows coverage to continue for an unlimited period of time following termination of employment or loss of eligibility. Review the certificate of coverage to understand full details of this provision.

If there is any conflict between this proposal and the policy issued, the terms of the policy will prevail.

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Rates for:

12548000 - Four B Corp., dba Balls Food Stores

Critical Illness

Employee Benefit Amount(s)
Critical Illness Employee Benefit: $5,000, $10,000, $15,000, $20,000, $25,000 or $30,000
Guaranteed Issue Benefit: Up To $5,000, $10,000, $15,000, $20,000, $25,000 or $30,000
Dependent Benefit Amount(s)
Spouse Benefit: 50% of the benefit amount, Child Benefit: 50% of the benefit amount

Cost is dependent upon how much coverage is selected and the age of the insured as of the effective date. Because attained age rating applies, premiums may increase due to age changes upon the start of the next policy year.

Monthly 4-Tier Premium Rates--Non-Tobacco

	Employee Attained Age	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000
Employee Only	24 and Under	$3.10	$6.20	$9.30	$12.40	$15.50	$18.60
	25-29	$3.10	$6.20	$9.30	$12.40	$15.50	$18.60
	30-34	$5.40	$10.80	$16.20	$21.60	$27.00	$32.40
	35-39	$5.40	$10.80	$16.20	$21.60	$27.00	$32.40
	40-44	$10.15	$20.30	$30.45	$40.60	$50.75	$60.90
	45-49	$10.15	$20.30	$30.45	$40.60	$50.75	$60.90
	50-54	$17.90	$35.80	$53.70	$71.60	$89.50	$107.40
	55-59	$17.90	$35.80	$53.70	$71.60	$89.50	$107.40
	60-64	$30.35	$60.70	$91.05	$121.40	$151.75	$182.10
	65-69	$30.35	$60.70	$91.05	$121.40	$151.75	$182.10
	70-74	$48.55	$97.10	$145.65	$194.20	$242.75	$291.30
	75-79	$63.65	$127.30	$190.95	$254.60	$318.25	$381.90
	80 and Over	$72.15	$144.30	$216.45	$288.60	$360.75	$432.90
	Employee Attained Age	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000
Employee + Spouse	24 and Under	$4.38	$8.75	$13.13	$17.50	$21.88	$26.28
	25-29	$4.38	$8.75	$13.13	$17.50	$21.88	$26.28
	30-34	$8.10	$16.20	$24.30	$32.40	$40.50	$48.60
	35-39	$8.10	$16.20	$24.30	$32.40	$40.50	$48.60
	40-44	$15.23	$30.45	$45.68	$60.90	$76.13	$91.38
	45-49	$15.23	$30.45	$45.68	$60.90	$76.13	$91.38
	50-54	$26.85	$53.70	$80.55	$107.40	$134.25	$161.10
	55-59	$26.85	$53.70	$80.55	$107.40	$134.25	$161.10
	60-64	$45.28	$90.55	$135.83	$181.10	$226.38	$271.68
	65-69	$45.28	$90.55	$135.83	$181.10	$226.38	$271.68
	70-74	$72.58	$145.15	$217.73	$290.30	$362.88	$435.48
	75-79	$95.23	$190.45	$285.68	$380.90	$476.13	$571.38
	80 and Over	$107.95	$215.90	$323.85	$431.80	$539.75	$647.70

Monthly 4-Tier Premium Rates--Non-Tobacco (Continued)

	Employee Attained Age	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000
Employee + Child(ren)	24 and Under	$5.30	$10.60	$15.90	$21.20	$26.50	$31.80
	25-29	$5.30	$10.60	$15.90	$21.20	$26.50	$31.80
	30-34	$7.60	$15.20	$22.80	$30.40	$38.00	$45.60
	35-39	$7.60	$15.20	$22.80	$30.40	$38.00	$45.60
	40-44	$12.35	$24.70	$37.05	$49.40	$61.75	$74.10
	45-49	$12.35	$24.70	$37.05	$49.40	$61.75	$74.10
	50-54	$20.10	$40.20	$60.30	$80.40	$100.50	$120.60
	55-59	$20.10	$40.20	$60.30	$80.40	$100.50	$120.60
	60-64	$32.55	$65.10	$97.65	$130.20	$162.75	$195.30
	65-69	$32.55	$65.10	$97.65	$130.20	$162.75	$195.30
	70-74	$50.75	$101.50	$152.25	$203.00	$253.75	$304.50
	75-79	$65.85	$131.70	$197.55	$263.40	$329.25	$395.10
	80 and Over	$74.35	$148.70	$223.05	$297.40	$371.75	$446.10
	Employee Attained Age	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000
Family	24 and Under	$6.58	$13.15	$19.73	$26.30	$32.88	$39.48
	25-29	$6.58	$13.15	$19.73	$26.30	$32.88	$39.48
	30-34	$10.30	$20.60	$30.90	$41.20	$51.50	$61.80
	35-39	$10.30	$20.60	$30.90	$41.20	$51.50	$61.80
	40-44	$17.43	$34.85	$52.28	$69.70	$87.13	$104.58
	45-49	$17.43	$34.85	$52.28	$69.70	$87.13	$104.58
	50-54	$29.05	$58.10	$87.15	$116.20	$145.25	$174.30
	55-59	$29.05	$58.10	$87.15	$116.20	$145.25	$174.30
	60-64	$47.48	$94.95	$142.43	$189.90	$237.38	$284.88
	65-69	$47.48	$94.95	$142.43	$189.90	$237.38	$284.88
	70-74	$74.78	$149.55	$224.33	$299.10	$373.88	$448.68
	75-79	$97.43	$194.85	$292.28	$389.70	$487.13	$584.58
	80 and Over	$110.15	$220.30	$330.45	$440.60	$550.75	$660.90

Rates include Health Screening benefit for Employee, Spouse, and Child.

Monthly 4-Tier Premium Rates--Tobacco

	Employee Attained Age	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000
Employee Only--Tobacco	24 and Under	$3.20	$6.40	$9.60	$12.80	$16.00	$19.20
	25-29	$3.20	$6.40	$9.60	$12.80	$16.00	$19.20
	30-34	$7.80	$15.60	$23.40	$31.20	$39.00	$46.80
	35-39	$7.80	$15.60	$23.40	$31.20	$39.00	$46.80
	40-44	$17.70	$35.40	$53.10	$70.80	$88.50	$106.20
	45-49	$17.70	$35.40	$53.10	$70.80	$88.50	$106.20
	50-54	$35.60	$71.20	$106.80	$142.40	$178.00	$213.60
	55-59	$35.60	$71.20	$106.80	$142.40	$178.00	$213.60
	60-64	$63.10	$126.20	$189.30	$252.40	$315.50	$378.60
	65-69	$63.10	$126.20	$189.30	$252.40	$315.50	$378.60
	70-74	$100.50	$201.00	$301.50	$402.00	$502.50	$603.00
	75-79	$117.00	$238.00	$357.00	$476.00	$595.00	$702.00
	80 and Over	$128.20	$256.40	$384.60	$512.80	$641.00	$769.20

Monthly 4-Tier Premium Rates--Tobacco (Continued)

	Employee Attained Age	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000
Employee + Spouse--Tobacco	24 and Under	$4.53	$9.05	$13.58	$18.10	$22.63	$27.18
	25-29	$4.53	$9.05	$13.58	$18.10	$22.63	$27.18
	30-34	$11.70	$23.40	$35.10	$46.80	$58.50	$70.20
	35-39	$11.70	$23.40	$35.10	$46.80	$58.50	$70.20
	40-44	$26.55	$53.10	$79.65	$106.20	$132.75	$159.30
	45-49	$26.55	$53.10	$79.65	$106.20	$132.75	$159.30
	50-54	$53.40	$106.80	$160.20	$213.60	$267.00	$320.40
	55-59	$53.40	$106.80	$160.20	$213.60	$267.00	$320.40
	60-64	$94.38	$188.75	$283.13	$377.50	$471.88	$566.28
	65-69	$94.38	$188.75	$283.13	$377.50	$471.88	$566.28
	70-74	$150.50	$301.00	$451.50	$602.00	$752.50	$903.00
	75-79	$176.23	$356.45	$534.68	$712.90	$891.13	$1,057.38
	80 and Over	$192.03	$384.05	$576.08	$768.10	$960.13	$1,152.18
	Employee Attained Age	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000
Employee + Child(ren)--Tobacco	24 and Under	$5.40	$10.80	$16.20	$21.60	$27.00	$32.40
	25-29	$5.40	$10.80	$16.20	$21.60	$27.00	$32.40
	30-34	$10.00	$20.00	$30.00	$40.00	$50.00	$60.00
	35-39	$10.00	$20.00	$30.00	$40.00	$50.00	$60.00
	40-44	$19.90	$39.80	$59.70	$79.60	$99.50	$119.40
	45-49	$19.90	$39.80	$59.70	$79.60	$99.50	$119.40
	50-54	$37.80	$75.60	$113.40	$151.20	$189.00	$226.80
	55-59	$37.80	$75.60	$113.40	$151.20	$189.00	$226.80
	60-64	$65.30	$130.60	$195.90	$261.20	$326.50	$391.80
	65-69	$65.30	$130.60	$195.90	$261.20	$326.50	$391.80
	70-74	$102.70	$205.40	$308.10	$410.80	$513.50	$616.20
	75-79	$119.20	$242.40	$363.60	$484.80	$606.00	$715.20
	80 and Over	$130.40	$260.80	$391.20	$521.60	$652.00	$782.40
	Employee Attained Age	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000
Family--Tobacco	24 and Under	$6.73	$13.45	$20.18	$26.90	$33.63	$40.38
	25-29	$6.73	$13.45	$20.18	$26.90	$33.63	$40.38
	30-34	$13.90	$27.80	$41.70	$55.60	$69.50	$83.40
	35-39	$13.90	$27.80	$41.70	$55.60	$69.50	$83.40
	40-44	$28.75	$57.50	$86.25	$115.00	$143.75	$172.50
	45-49	$28.75	$57.50	$86.25	$115.00	$143.75	$172.50
	50-54	$55.60	$111.20	$166.80	$222.40	$278.00	$333.60
	55-59	$55.60	$111.20	$166.80	$222.40	$278.00	$333.60
	60-64	$96.58	$193.15	$289.73	$386.30	$482.88	$579.48
	65-69	$96.58	$193.15	$289.73	$386.30	$482.88	$579.48
	70-74	$152.70	$305.40	$458.10	$610.80	$763.50	$916.20
	75-79	$178.43	$360.85	$541.28	$721.70	$902.13	$1,070.58
	80 and Over	$194.23	$388.45	$582.68	$776.90	$971.13	$1,165.38

Rates include Health Screening benefit for Employee, Spouse, and Child.

Critical Illness insurance policies are designed to provide benefits at a preselected, fixed-dollar amount, for specific critical illness conditions. Coverage may be subject to exclusions, limitations, reductions, and termination of benefit provisions. The policies do not satisfy the minimum essential coverage requirements of the Affordable Care Act. Critical Illness policies are insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004. Base policy form number is SBC-00535 in most states and is not available in all U.S. states or any U.S. territory.