

# AIG Rate Sheet

## COVERAGE OPTIONS AND AMOUNTS OF INSURANCE

### **OPTION 1**- Member Only Coverage

You may choose one of the following amounts of insurance: \$25,000, \$50,000, \$100,000, \$150,000, \$200,00, \$250,000, \$300,00, \$350,000, \$400,000, \$450,000 or \$500,00. Your Principal Sum equals the amount of insurance you choose subject to the reduction schedule described later in this brochure.

### **Option 2** - Member and Spouse Only Coverage

You may choose an amount of insurance for yourself as described in Option 1 above. Your Spouse's Principal Sum will equal 100% of your Principal Sum. *(Cost for Coverage = Option 1 + Option 2)*

### **Option 3** - Member and Spouse Only Coverage

You may choose an amount of insurance for yourself as described in Option 1 above. Your Spouse's Principal Sum will equal 50% of your Principal Sum. *(Cost for Coverage = Option 1 + Option 3)*

### **Option 4** - Member and Dependant Child(ren) Only Coverage

You may choose an amount of insurance for yourself as described in Option 1 above. Each covered dependent child(rens) Principal Sum will equal 15% of your Principal Sum up to a maximum of \$30,000. *(Cost for Coverage = Option 1 + Option 4)*

### **Option 5** - Member, Spouse and Dependant Child(ren) Family Coverage

You may choose an amount of insurance for yourself as described in Option 1 above. Your Spouse's Principal Sum will equal 100% of your Principal Sum. Each covered dependent child(rens) Principal Sum will equal 15% of your Principal Sum up to a maximum of \$30,000. *(Cost for Coverage = Option 1 + Option 2+ option 4)*

### **OPTION 6**- Member, Spouse and Dependant Child(ren) Family Coverage

You may choose an amount of insurance for yourself as described in Option 1 above. Your Spouse's Principal Sum will equal 50% of your Principal Sum. Each covered dependent child(rens) Principal Sum will equal 15% of your Principal Sum up to a maximum of \$30,000. *(Cost for Coverage = Option 1 + Option 3+ Option 4)*

## AIG Rate Sheet Continued

<b>Benefit Amount</b>	<b>Member Option 1</b>	<b>Spouse Option 2</b>	<b>Spouse Option 3</b>	<b>Child(ren) Option 4</b>
Rate **	\$0.035	\$0.035	\$0.018	\$0.0074
\$500,000	\$17.50	\$8.75*	\$8.75	\$1.50*
\$450,000	\$15.75	\$8.75*	\$7.88	\$1.50*
\$400,000	\$14.00	\$8.75*	\$7.00	\$1.50*
\$350,000	\$12.25	\$8.75*	\$6.13	\$1.50*
\$300,000	\$10.50	\$8.75*	\$5.25	\$1.50*
\$250,000	\$8.75	\$8.75	\$4.38	\$1.50*
\$200,000	\$7.00	\$7.00	\$3.50	\$1.50*
\$150,000	\$5.25	\$5.25	\$2.63	\$1.12
\$100,000	\$3.50	\$3.50	\$1.75	\$0.75
\$50,000	\$1.75	\$1.75	\$0.88	\$0.37
\$25,000	\$0.88	\$0.88	\$0.44	\$0.18

**PLEASE NOTE:** Dependents cannot be covered without the member. If a member and Spouse are both eligible to enroll for coverage under the Plan, one, but not both, may purchase the Family Coverage. The other spouse may elect Option 1 coverage only.

\*Spouse and child(ren) coverages are a percentage of your benefit amount and cannot exceed \$250,000 for your spouse and \$30,000 for each child(ren).

\*\*Rate is per \$1,000 of coverage monthly.