

CHARTIS 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, \$200,000, \$250,000, \$300,000, \$350,000, \$400,000, \$450,000 or \$500,000. Your Principal Sum equals the amount of insurance you choose subject to the reduction schedule described later in the 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)*

CHARTIS  **Rate Sheet** Continued

Benefit Amount	Member Option 1	Spouse Option 2	Spouse Option 3	Child(ren) Option 4
Rate **	\$0.0315	\$0.0315	\$0.0162	\$0.0067
\$500,000	\$15.75	\$7.88*	\$7.88	\$1.35*
\$450,000	\$14.18	\$7.88*	\$7.09	\$1.35*
\$400,000	\$12.60	\$7.88*	\$6.30	\$1.35*
\$350,000	\$11.03	\$7.88*	\$5.52	\$1.35*
\$300,000	\$9.45	\$7.88*	\$4.73	\$1.35*
\$250,000	\$7.88	\$7.88	\$3.94	\$1.35*
\$200,000	\$6.30	\$6.30	\$3.15	\$1.35
\$150,000	\$4.73	\$4.73	\$2.37	\$1.01
\$100,000	\$3.15	\$3.15	\$1.58	\$0.68
\$50,000	\$1.58	\$1.58	\$0.79	\$0.33
\$25,000	\$0.79	\$0.79	\$0.40	\$0.16

Rates include Administration costs

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.