

2010 Rates	Sun Life (Option 1)			Sun Life (Option 2)			Sun Life (Option 3)			Sun Life (Option 4)		
Benefit	Volume	Rate	Total	Volume	Rate	Total	Volume	Rate	Total	Volume	Rate	Total
LIFE (per \$1000)	25.00	0.183	\$4.58	25.00	0.183	\$4.58	25.00	0.183	\$4.58	25.00	0.183	\$4.58
AD&D (per \$1000)	25.00	0.043	\$1.08	25.00	0.043	\$1.08	25.00	0.043	\$1.08	25.00	0.043	\$1.08
DEP. LIFE Spouse	1	1.790	\$1.79	1	3.580	\$3.58	1	1.790	\$1.79	1	3.580	\$3.58
STD (per \$10)	N/A			N/A			N/A			N/A		
LTD (per \$100)	12.50	2.367	\$29.59	12.50	2.367	\$29.59	12.50	2.367	\$29.59	12.50	2.367	\$29.59
HEALTHCARE												
Single	0	0	\$0.00	1	58.13	\$58.13	0	0	\$0.00	1	45.91	\$45.91
Family	0	0	\$0.00	1	176.96	\$176.96	0	0	\$0.00	1	139.8	\$139.80
vision	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
DENTALCARE												
Single	1	36.80	\$36.80	1	39.05	\$39.05	1	29.43	\$29.43	1	32.02	\$32.02
Family	1	100.92	\$100.92	1	107.34	\$107.34	1	80.72	\$80.72	1	88.00	\$88.00
TPA Admin. Fee	Included			Included			Included			Included		
Single Rate	\$72.04			\$132.42			\$64.67			\$113.17		
Family Rate	\$137.95			\$323.12			\$117.75			\$266.62		
Carrier	Sun Life Option 1			Sun Life Option 2			Sun Life Option 3			Sun Life Option 4		
Benefit Comparison												
Life	Flat Amount \$25,000.00			Flat Amount \$25,000.00			Flat Amount \$25,000.00			Flat Amount \$25,000.00		
AD&D	\$25,000			\$25,000			\$25,000			\$25,000		
Dep. Life	\$5,000 Spouse / \$2,500 Child			\$10,000 Spouse / \$5000 Child			\$5,000 Spouse / \$2,500 Child			\$10,000 Spouse / \$5000 Child		
Critical Disease	N/A			N/A			N/A			N/A		
STD	N/A			N/A			N/A			N/A		
LTD												
Benefit Amount	60% (Maximum \$1,700)			60% (Maximum \$1,700)			60% (Maximum \$1,700)			60% (Maximum \$1,700)		
Waiting Period	120 Days			120 Days			120 Days			120 Days		
Duration	To Age 65			To Age 65			To Age 65			To Age 65		
cola	0%			0%			0%			0%		
Healthcare				(Option B)						(Option B)		
deductible	N/A			\$50.00 Single / \$100.00 Family			N/A			\$50.00 Single / \$100.00 Family		
overall	N/A			100% co-insurance (after ded)			N/A			100% co-insurance (after ded)		
drugs	N/A			100%			N/A			80%		
drug type	N/A			Reimbursement			N/A			Reimbursement		
parameds	N/A			Full			N/A			Full		
paramed Max.	N/A			\$300			N/A			\$300		
hospital	N/A			Semi-private			N/A			Semi-private		
Visioncare	N/A			N/A			N/A			N/A		
Dentalcare												
deductible	None			None			None			None		
basic	100%			100%			80%			80%		
major	N/A			50%			N/A			50%		
maximums	Unlimited			Basic- Unlimited/ Major -\$1,000			Unlimited			Basic- Unlimited/ Major -\$1,000		
ortho	N/A			N/A			N/A			N/A		
ortho max.	N/A			N/A			N/A			N/A		
recall exams	6 months			6 months			6 months			6 months		
Renewal	12 months			12 months			12 months			12 months		

Please Mark Your Selection