

Voluntary Short-Term Disability Insurance*

McPherson College | All Eligible Employees | 941712

Protect your paycheck

Imagine you hurt your back, and your doctor recommends you stay home from work for four weeks. Or imagine you just delivered twins. You can't work, but you have bills to pay. Short-term disability replaces part of your income if you can't work for a short time due to a covered disability. You can use the weekly check to help pay everyday expenses, like your mortgage or rent, utilities, childcare and groceries.

How it works

Your employer is offering you and your coworkers this coverage as a group, at a group rate. You are responsible for paying a portion or all of the cost.

Choose the benefit that best meets your needs and your budget.

Benefits

	Choice 1
Weekly benefit after your claim is approved	Get a weekly check of \$25 to \$1,500 , in any \$25 increment you choose, to replace a portion of your income—up to 60% of your Total Weekly Earnings.
When benefits begin	Benefits begin as soon as 8 days from the date you are unable to work due to an injury and 8 days due to an illness.
Benefits may be paid for	Up to 12 weeks , as long as you are still unable to work due to a covered disability.
Additional plan information	This plan provides a benefit for a disabling illness (including pregnancy) or injury that is not work-related.



What did Short-Term Disability insurance mean for Joyce?

Joyce was out apple-picking when she fell off the ladder and broke her ankle. Her injury left her unable to work at her job while she had surgery and recovered at home.

- Joyce filed a claim with Sun Life. We reviewed her medical information and job description and approved her claim.
- Joyce started receiving her weekly benefit, which helped her pay rent, buy groceries and cover the co-pays for doctor visits.
- Six weeks later, Joyce was back at work

Top 5

Short-Term Disability diagnoses:

1. Maternity
2. Musculoskeletal
3. Injury
4. Digestive disorders
5. Cancer

Sun Life claims data, July 2018



Sun Life Assurance Company of Canada
sunlife.com
800-247-6875

	Choice 2
Weekly benefit after your claim is approved	Get a weekly check of \$25 to \$1,500 , in any \$25 increment you choose, to replace a portion of your income—up to 60% of your Total Weekly Earnings.
When benefits begin	Benefits begin as soon as 15 days from the date you are unable to work due to an injury and 15 days due to an illness, or after you've used your accumulated sick leave, whichever is greater.
Benefits may be paid for	Up to 11 weeks , as long as you are still unable to work due to a covered disability.
Additional plan information	This plan provides a benefit for a disabling illness (including pregnancy) or injury that is not work-related.

	Choice 3
Weekly benefit after your claim is approved	Get a weekly check of \$25 to \$1,500 , in any \$25 increment you choose, to replace a portion of your income—up to 60% of your Total Weekly Earnings.
When benefits begin	Benefits begin as soon as 31 days from the date you are unable to work due to an injury and 31 days due to an illness.
Benefits may be paid for	Up to 9 weeks , as long as you are still unable to work due to a covered disability.
Additional plan information	This plan provides a benefit for a disabling illness (including pregnancy) or injury that is not work-related.

*"1 in 4 workers will miss up to 3 months of work due to illness, injury or pregnancy during their career."***

Additional considerations

If I have other income	Income from other sources may reduce your benefit amount. These sources may include Social Security benefits, disability benefits from retirement, government plans or state disability income such as California SDI; other group disability plans; no-fault benefits, salary continuance or sick leave, and return-to-work earnings. For more information or to determine if Voluntary STD or Contributory STD is appropriate for you, contact your Benefits Administrator.
If I can work while disabled	Your plan is designed to encourage and support your return to work. If you are able to work part-time for example, you may receive part of your benefit while working.
If I become pregnant	Check with your employer to make sure you are eligible for benefits and let them know when you expect to be out of work on maternity leave. Typically a maternity claim is treated as an illness claim (see "When benefits begin" in the table).

Short-term disability FAQs

What if I have a pre-existing condition?

If you submit a claim within 12 months of your insurance taking effect, or 12 months following any increase in your amount of insurance, we will not pay any benefit for any pre-existing condition. A pre-existing condition includes anything you have sought treatment for in the 3 months prior to your insurance becoming effective. Treatment can include consultation, advice, care, services or a prescription for drugs or medicine.

How do I file a claim after becoming disabled?

Check with your employer to make sure you are eligible for benefits. Then, file a claim with Sun Life. We will ask for information from you about your doctor, your income, and your condition. We will ask for medical records and for your doctor to fill out a form about your condition and your expected recovery. You can download forms from our website.

How do I qualify for benefits?

You'll start receiving disability payments if you satisfy the Elimination Period (see "When benefits begin" in the table) and meet the definition of disability if you're insured when you become disabled.

How is my benefit taxed?

If you pay for your coverage all post-tax, your benefit will not be taxable income or tax reported by us to the IRS. If you pay for your coverage all pre-tax, or if you pay for part of your coverage post-tax and your employer pays for the rest, or if your employer pays the entire premium, some or all of your benefit amount will be taxable income, which will be tax reported on a Form W-2 and it may have FICA tax deductions that reduce the amount we pay you. Please consult with a tax advisor or your employer if you have any questions.

Read the important plan provisions section for more information including limitations and exclusions.

*In Vermont, the product name is Short-Term Income Replacement insurance when the Maximum Benefit Duration elected is less than 26 weeks.

**Realitycheckup.org, Council for Disability Awareness, 2018

Important plan provisions

The following coverage(s) do not constitute comprehensive health insurance (often referred to as “major medical coverage”) and do not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act. They do NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services.

To become insured, all persons must be actively at work and performing their regular duties at their usual place of business on the proposed effective date or their date of coverage will be deferred until they return to active work. Refer to the Certificate for details and similar requirements for dependent coverage.

Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

Short-Term Disability

We will not pay a benefit that is caused by, contributed to in any way or resulting from: intentionally self-inflicted injuries; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection. We will not pay a benefit for any accident or sickness covered by Workers’ Compensation or similar law; or for any work-related illness or injuries unless otherwise stated previously; or if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.).

Information about services offered

Value-added services are not insurance, are offered only on specific lines of coverage and carry a separate charge, which is added to the cost of the insurance. The cost is included in the total amount billed. The entities that provide the value-added services are not subcontractors of Sun Life and Sun Life is not responsible or liable for the care, services, or advice provided by them. Sun Life reserves the right to discontinue any of the Services at any time.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

Sun Life Financial companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, “Sun Life Financial” or “Sun Life”).

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 12-GP-01, 13-ADD-C-01, 15-GP-01, 15-LF-C-01, 15-ADD-C-01, 12-DI-C-01, 16-DI-C-01, TDBPOLICY-2006, TDI-POLICY, 12-AC-C-01, 16-AC-C-01, 12-SD-C-01, 16-SD-C-01, and 16-CAN-C-01.

© 2018 Sun Life Assurance Company of Canada, Wellesley Hills, MA 02481. All rights reserved. Sun Life Financial and the globe symbol are registered trademarks of Sun Life Assurance Company of Canada. Visit us at www.sunlife.com/us.

GVBH-EE-6701

SLPC 29219 08/18 (exp 08/20)



Rates - Choice 1

Employee - Coverage and **monthly** cost for Short Term Disability.

Rates are effective as of January 01, 2021.

The chart below shows possible coverage amounts and corresponding costs per month.

Find your age bracket (as of the effective date of coverage) to determine the associated cost for the coverage amount you choose.

Weekly coverage amounts	Age and cost										
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$25	1.74	1.74	1.72	1.43	1.43	1.64	1.89	2.02	2.37	2.37	2.37
\$50	3.49	3.49	3.45	2.85	2.85	3.28	3.79	4.04	4.75	4.75	4.75
\$75	5.23	5.23	5.17	4.28	4.28	4.91	5.68	6.06	7.12	7.12	7.12
\$100	6.97	6.97	6.89	5.70	5.70	6.55	7.57	8.08	9.49	9.49	9.49
\$125	8.71	8.71	8.61	7.13	7.13	8.19	9.46	10.10	11.86	11.86	11.86
\$150	10.46	10.46	10.34	8.55	8.55	9.83	11.36	12.12	14.24	14.24	14.24
\$175	12.20	12.20	12.06	9.98	9.98	11.46	13.25	14.14	16.61	16.61	16.61
\$200	13.94	13.94	13.78	11.40	11.40	13.10	15.14	16.16	18.98	18.98	18.98
\$225	15.68	15.68	15.50	12.83	12.83	14.74	17.03	18.18	21.35	21.35	21.35
\$250	17.43	17.43	17.23	14.25	14.25	16.38	18.93	20.20	23.73	23.73	23.73
\$275	19.17	19.17	18.95	15.68	15.68	18.01	20.82	22.22	26.10	26.10	26.10
\$300	20.91	20.91	20.67	17.10	17.10	19.65	22.71	24.24	28.47	28.47	28.47
\$325	22.65	22.65	22.39	18.53	18.53	21.29	24.60	26.26	30.84	30.84	30.84
\$350	24.40	24.40	24.12	19.95	19.95	22.93	26.50	28.28	33.22	33.22	33.22
\$375	26.14	26.14	25.84	21.38	21.38	24.56	28.39	30.30	35.59	35.59	35.59
\$400	27.88	27.88	27.56	22.80	22.80	26.20	30.28	32.32	37.96	37.96	37.96
\$425	29.62	29.62	29.28	24.23	24.23	27.84	32.17	34.34	40.33	40.33	40.33
\$450	31.37	31.37	31.01	25.65	25.65	29.48	34.07	36.36	42.71	42.71	42.71
\$475	33.11	33.11	32.73	27.08	27.08	31.11	35.96	38.38	45.08	45.08	45.08
\$500	34.85	34.85	34.45	28.50	28.50	32.75	37.85	40.40	47.45	47.45	47.45
\$525	36.59	36.59	36.17	29.93	29.93	34.39	39.74	42.42	49.82	49.82	49.82
\$550	38.34	38.34	37.90	31.35	31.35	36.03	41.64	44.44	52.20	52.20	52.20
\$575	40.08	40.08	39.62	32.78	32.78	37.66	43.53	46.46	54.57	54.57	54.57
\$600	41.82	41.82	41.34	34.20	34.20	39.30	45.42	48.48	56.94	56.94	56.94
\$625	43.56	43.56	43.06	35.63	35.63	40.94	47.31	50.50	59.31	59.31	59.31
\$650	45.31	45.31	44.79	37.05	37.05	42.58	49.21	52.52	61.69	61.69	61.69
\$675	47.05	47.05	46.51	38.48	38.48	44.21	51.10	54.54	64.06	64.06	64.06
\$700	48.79	48.79	48.23	39.90	39.90	45.85	52.99	56.56	66.43	66.43	66.43
\$725	50.53	50.53	49.95	41.33	41.33	47.49	54.88	58.58	68.80	68.80	68.80
\$750	52.28	52.28	51.68	42.75	42.75	49.13	56.78	60.60	71.18	71.18	71.18
\$775	54.02	54.02	53.40	44.18	44.18	50.76	58.67	62.62	73.55	73.55	73.55
\$800	55.76	55.76	55.12	45.60	45.60	52.40	60.56	64.64	75.92	75.92	75.92
\$825	57.50	57.50	56.84	47.03	47.03	54.04	62.45	66.66	78.29	78.29	78.29
\$850	59.25	59.25	58.57	48.45	48.45	55.68	64.35	68.68	80.67	80.67	80.67
\$875	60.99	60.99	60.29	49.88	49.88	57.31	66.24	70.70	83.04	83.04	83.04
\$900	62.73	62.73	62.01	51.30	51.30	58.95	68.13	72.72	85.41	85.41	85.41
\$925	64.47	64.47	63.73	52.73	52.73	60.59	70.02	74.74	87.78	87.78	87.78
\$950	66.22	66.22	65.46	54.15	54.15	62.23	71.92	76.76	90.16	90.16	90.16
\$975	67.96	67.96	67.18	55.58	55.58	63.86	73.81	78.78	92.53	92.53	92.53
\$1,000	69.70	69.70	68.90	57.00	57.00	65.50	75.70	80.80	94.90	94.90	94.90
\$1,025	71.44	71.44	70.62	58.43	58.43	67.14	77.59	82.82	97.27	97.27	97.27
\$1,050	73.19	73.19	72.35	59.85	59.85	68.78	79.49	84.84	99.65	99.65	99.65
\$1,075	74.93	74.93	74.07	61.28	61.28	70.41	81.38	86.86	102.02	102.02	102.02

Rates

Weekly coverage amounts	Age and cost										
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$1,100	76.67	76.67	75.79	62.70	62.70	72.05	83.27	88.88	104.39	104.39	104.39
\$1,125	78.41	78.41	77.51	64.13	64.13	73.69	85.16	90.90	106.76	106.76	106.76
\$1,150	80.16	80.16	79.24	65.55	65.55	75.33	87.06	92.92	109.14	109.14	109.14
\$1,175	81.90	81.90	80.96	66.98	66.98	76.96	88.95	94.94	111.51	111.51	111.51
\$1,200	83.64	83.64	82.68	68.40	68.40	78.60	90.84	96.96	113.88	113.88	113.88
\$1,225	85.38	85.38	84.40	69.83	69.83	80.24	92.73	98.98	116.25	116.25	116.25
\$1,250	87.13	87.13	86.13	71.25	71.25	81.88	94.63	101.00	118.63	118.63	118.63
\$1,275	88.87	88.87	87.85	72.68	72.68	83.51	96.52	103.02	121.00	121.00	121.00
\$1,300	90.61	90.61	89.57	74.10	74.10	85.15	98.41	105.04	123.37	123.37	123.37
\$1,325	92.35	92.35	91.29	75.53	75.53	86.79	100.30	107.06	125.74	125.74	125.74
\$1,350	94.10	94.10	93.02	76.95	76.95	88.43	102.20	109.08	128.12	128.12	128.12
\$1,375	95.84	95.84	94.74	78.38	78.38	90.06	104.09	111.10	130.49	130.49	130.49
\$1,400	97.58	97.58	96.46	79.80	79.80	91.70	105.98	113.12	132.86	132.86	132.86
\$1,425	99.32	99.32	98.18	81.23	81.23	93.34	107.87	115.14	135.23	135.23	135.23
\$1,450	101.07	101.07	99.91	82.65	82.65	94.98	109.77	117.16	137.61	137.61	137.61
\$1,475	102.81	102.81	101.63	84.08	84.08	96.61	111.66	119.18	139.98	139.98	139.98
\$1,500	104.55	104.55	103.35	85.50	85.50	98.25	113.55	121.20	142.35	142.35	142.35

Rates - Choice 2

Employee - Coverage and **monthly** cost for Short Term Disability.

Rates are effective as of January 01, 2021.

The chart below shows possible coverage amounts and corresponding costs per month.

Find your age bracket (as of the effective date of coverage) to determine the associated cost for the coverage amount you choose.

Weekly coverage amounts	Age and cost										
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$25	1.55	1.55	1.45	1.32	1.25	1.36	1.45	1.55	1.98	1.98	1.98
\$50	3.10	3.10	2.89	2.64	2.51	2.72	2.89	3.10	3.95	3.95	3.95
\$75	4.65	4.65	4.34	3.95	3.76	4.08	4.34	4.65	5.93	5.93	5.93
\$100	6.20	6.20	5.78	5.27	5.01	5.44	5.78	6.20	7.90	7.90	7.90
\$125	7.75	7.75	7.23	6.59	6.26	6.80	7.23	7.75	9.88	9.88	9.88
\$150	9.30	9.30	8.67	7.91	7.52	8.16	8.67	9.30	11.85	11.85	11.85
\$175	10.85	10.85	10.12	9.22	8.77	9.52	10.12	10.85	13.83	13.83	13.83
\$200	12.40	12.40	11.56	10.54	10.02	10.88	11.56	12.40	15.80	15.80	15.80
\$225	13.95	13.95	13.01	11.86	11.27	12.24	13.01	13.95	17.78	17.78	17.78
\$250	15.50	15.50	14.45	13.18	12.53	13.60	14.45	15.50	19.75	19.75	19.75
\$275	17.05	17.05	15.90	14.49	13.78	14.96	15.90	17.05	21.73	21.73	21.73
\$300	18.60	18.60	17.34	15.81	15.03	16.32	17.34	18.60	23.70	23.70	23.70
\$325	20.15	20.15	18.79	17.13	16.28	17.68	18.79	20.15	25.68	25.68	25.68
\$350	21.70	21.70	20.23	18.45	17.54	19.04	20.23	21.70	27.65	27.65	27.65
\$375	23.25	23.25	21.68	19.76	18.79	20.40	21.68	23.25	29.63	29.63	29.63
\$400	24.80	24.80	23.12	21.08	20.04	21.76	23.12	24.80	31.60	31.60	31.60
\$425	26.35	26.35	24.57	22.40	21.29	23.12	24.57	26.35	33.58	33.58	33.58
\$450	27.90	27.90	26.01	23.72	22.55	24.48	26.01	27.90	35.55	35.55	35.55
\$475	29.45	29.45	27.46	25.03	23.80	25.84	27.46	29.45	37.53	37.53	37.53
\$500	31.00	31.00	28.90	26.35	25.05	27.20	28.90	31.00	39.50	39.50	39.50
\$525	32.55	32.55	30.35	27.67	26.30	28.56	30.35	32.55	41.48	41.48	41.48
\$550	34.10	34.10	31.79	28.99	27.56	29.92	31.79	34.10	43.45	43.45	43.45
\$575	35.65	35.65	33.24	30.30	28.81	31.28	33.24	35.65	45.43	45.43	45.43
\$600	37.20	37.20	34.68	31.62	30.06	32.64	34.68	37.20	47.40	47.40	47.40
\$625	38.75	38.75	36.13	32.94	31.31	34.00	36.13	38.75	49.38	49.38	49.38
\$650	40.30	40.30	37.57	34.26	32.57	35.36	37.57	40.30	51.35	51.35	51.35
\$675	41.85	41.85	39.02	35.57	33.82	36.72	39.02	41.85	53.33	53.33	53.33
\$700	43.40	43.40	40.46	36.89	35.07	38.08	40.46	43.40	55.30	55.30	55.30
\$725	44.95	44.95	41.91	38.21	36.32	39.44	41.91	44.95	57.28	57.28	57.28
\$750	46.50	46.50	43.35	39.53	37.58	40.80	43.35	46.50	59.25	59.25	59.25
\$775	48.05	48.05	44.80	40.84	38.83	42.16	44.80	48.05	61.23	61.23	61.23
\$800	49.60	49.60	46.24	42.16	40.08	43.52	46.24	49.60	63.20	63.20	63.20
\$825	51.15	51.15	47.69	43.48	41.33	44.88	47.69	51.15	65.18	65.18	65.18
\$850	52.70	52.70	49.13	44.80	42.59	46.24	49.13	52.70	67.15	67.15	67.15
\$875	54.25	54.25	50.58	46.11	43.84	47.60	50.58	54.25	69.13	69.13	69.13
\$900	55.80	55.80	52.02	47.43	45.09	48.96	52.02	55.80	71.10	71.10	71.10
\$925	57.35	57.35	53.47	48.75	46.34	50.32	53.47	57.35	73.08	73.08	73.08
\$950	58.90	58.90	54.91	50.07	47.60	51.68	54.91	58.90	75.05	75.05	75.05
\$975	60.45	60.45	56.36	51.38	48.85	53.04	56.36	60.45	77.03	77.03	77.03
\$1,000	62.00	62.00	57.80	52.70	50.10	54.40	57.80	62.00	79.00	79.00	79.00
\$1,025	63.55	63.55	59.25	54.02	51.35	55.76	59.25	63.55	80.98	80.98	80.98
\$1,050	65.10	65.10	60.69	55.34	52.61	57.12	60.69	65.10	82.95	82.95	82.95
\$1,075	66.65	66.65	62.14	56.65	53.86	58.48	62.14	66.65	84.93	84.93	84.93

Rates

Weekly coverage amounts	Age and cost										
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$1,100	68.20	68.20	63.58	57.97	55.11	59.84	63.58	68.20	86.90	86.90	86.90
\$1,125	69.75	69.75	65.03	59.29	56.36	61.20	65.03	69.75	88.88	88.88	88.88
\$1,150	71.30	71.30	66.47	60.61	57.62	62.56	66.47	71.30	90.85	90.85	90.85
\$1,175	72.85	72.85	67.92	61.92	58.87	63.92	67.92	72.85	92.83	92.83	92.83
\$1,200	74.40	74.40	69.36	63.24	60.12	65.28	69.36	74.40	94.80	94.80	94.80
\$1,225	75.95	75.95	70.81	64.56	61.37	66.64	70.81	75.95	96.78	96.78	96.78
\$1,250	77.50	77.50	72.25	65.88	62.63	68.00	72.25	77.50	98.75	98.75	98.75
\$1,275	79.05	79.05	73.70	67.19	63.88	69.36	73.70	79.05	100.73	100.73	100.73
\$1,300	80.60	80.60	75.14	68.51	65.13	70.72	75.14	80.60	102.70	102.70	102.70
\$1,325	82.15	82.15	76.59	69.83	66.38	72.08	76.59	82.15	104.68	104.68	104.68
\$1,350	83.70	83.70	78.03	71.15	67.64	73.44	78.03	83.70	106.65	106.65	106.65
\$1,375	85.25	85.25	79.48	72.46	68.89	74.80	79.48	85.25	108.63	108.63	108.63
\$1,400	86.80	86.80	80.92	73.78	70.14	76.16	80.92	86.80	110.60	110.60	110.60
\$1,425	88.35	88.35	82.37	75.10	71.39	77.52	82.37	88.35	112.58	112.58	112.58
\$1,450	89.90	89.90	83.81	76.42	72.65	78.88	83.81	89.90	114.55	114.55	114.55
\$1,475	91.45	91.45	85.26	77.73	73.90	80.24	85.26	91.45	116.53	116.53	116.53
\$1,500	93.00	93.00	86.70	79.05	75.15	81.60	86.70	93.00	118.50	118.50	118.50

Rates - Choice 3

Employee - Coverage and **monthly** cost for Short Term Disability.

Rates are effective as of January 01, 2021.

The chart below shows possible coverage amounts and corresponding costs per month.

Find your age bracket (as of the effective date of coverage) to determine the associated cost for the coverage amount you choose.

Weekly coverage amounts	Age and cost										
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$25	0.93	0.93	0.91	0.80	0.82	0.85	1.04	1.04	1.27	1.27	1.27
\$50	1.86	1.86	1.82	1.61	1.65	1.69	2.07	2.07	2.54	2.54	2.54
\$75	2.79	2.79	2.72	2.41	2.47	2.54	3.11	3.11	3.80	3.80	3.80
\$100	3.72	3.72	3.63	3.21	3.29	3.38	4.14	4.14	5.07	5.07	5.07
\$125	4.65	4.65	4.54	4.01	4.11	4.23	5.18	5.18	6.34	6.34	6.34
\$150	5.58	5.58	5.45	4.82	4.94	5.07	6.21	6.21	7.61	7.61	7.61
\$175	6.51	6.51	6.35	5.62	5.76	5.92	7.25	7.25	8.87	8.87	8.87
\$200	7.44	7.44	7.26	6.42	6.58	6.76	8.28	8.28	10.14	10.14	10.14
\$225	8.37	8.37	8.17	7.22	7.40	7.61	9.32	9.32	11.41	11.41	11.41
\$250	9.30	9.30	9.08	8.03	8.23	8.45	10.35	10.35	12.68	12.68	12.68
\$275	10.23	10.23	9.98	8.83	9.05	9.30	11.39	11.39	13.94	13.94	13.94
\$300	11.16	11.16	10.89	9.63	9.87	10.14	12.42	12.42	15.21	15.21	15.21
\$325	12.09	12.09	11.80	10.43	10.69	10.99	13.46	13.46	16.48	16.48	16.48
\$350	13.02	13.02	12.71	11.24	11.52	11.83	14.49	14.49	17.75	17.75	17.75
\$375	13.95	13.95	13.61	12.04	12.34	12.68	15.53	15.53	19.01	19.01	19.01
\$400	14.88	14.88	14.52	12.84	13.16	13.52	16.56	16.56	20.28	20.28	20.28
\$425	15.81	15.81	15.43	13.64	13.98	14.37	17.60	17.60	21.55	21.55	21.55
\$450	16.74	16.74	16.34	14.45	14.81	15.21	18.63	18.63	22.82	22.82	22.82
\$475	17.67	17.67	17.24	15.25	15.63	16.06	19.67	19.67	24.08	24.08	24.08
\$500	18.60	18.60	18.15	16.05	16.45	16.90	20.70	20.70	25.35	25.35	25.35
\$525	19.53	19.53	19.06	16.85	17.27	17.75	21.74	21.74	26.62	26.62	26.62
\$550	20.46	20.46	19.97	17.66	18.10	18.59	22.77	22.77	27.89	27.89	27.89
\$575	21.39	21.39	20.87	18.46	18.92	19.44	23.81	23.81	29.15	29.15	29.15
\$600	22.32	22.32	21.78	19.26	19.74	20.28	24.84	24.84	30.42	30.42	30.42
\$625	23.25	23.25	22.69	20.06	20.56	21.13	25.88	25.88	31.69	31.69	31.69
\$650	24.18	24.18	23.60	20.87	21.39	21.97	26.91	26.91	32.96	32.96	32.96
\$675	25.11	25.11	24.50	21.67	22.21	22.82	27.95	27.95	34.22	34.22	34.22
\$700	26.04	26.04	25.41	22.47	23.03	23.66	28.98	28.98	35.49	35.49	35.49
\$725	26.97	26.97	26.32	23.27	23.85	24.51	30.02	30.02	36.76	36.76	36.76
\$750	27.90	27.90	27.23	24.08	24.68	25.35	31.05	31.05	38.03	38.03	38.03
\$775	28.83	28.83	28.13	24.88	25.50	26.20	32.09	32.09	39.29	39.29	39.29
\$800	29.76	29.76	29.04	25.68	26.32	27.04	33.12	33.12	40.56	40.56	40.56
\$825	30.69	30.69	29.95	26.48	27.14	27.89	34.16	34.16	41.83	41.83	41.83
\$850	31.62	31.62	30.86	27.29	27.97	28.73	35.19	35.19	43.10	43.10	43.10
\$875	32.55	32.55	31.76	28.09	28.79	29.58	36.23	36.23	44.36	44.36	44.36
\$900	33.48	33.48	32.67	28.89	29.61	30.42	37.26	37.26	45.63	45.63	45.63
\$925	34.41	34.41	33.58	29.69	30.43	31.27	38.30	38.30	46.90	46.90	46.90
\$950	35.34	35.34	34.49	30.50	31.26	32.11	39.33	39.33	48.17	48.17	48.17
\$975	36.27	36.27	35.39	31.30	32.08	32.96	40.37	40.37	49.43	49.43	49.43
\$1,000	37.20	37.20	36.30	32.10	32.90	33.80	41.40	41.40	50.70	50.70	50.70
\$1,025	38.13	38.13	37.21	32.90	33.72	34.65	42.44	42.44	51.97	51.97	51.97
\$1,050	39.06	39.06	38.12	33.71	34.55	35.49	43.47	43.47	53.24	53.24	53.24
\$1,075	39.99	39.99	39.02	34.51	35.37	36.34	44.51	44.51	54.50	54.50	54.50

Rates

Weekly coverage amounts	Age and cost										
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$1,100	40.92	40.92	39.93	35.31	36.19	37.18	45.54	45.54	55.77	55.77	55.77
\$1,125	41.85	41.85	40.84	36.11	37.01	38.03	46.58	46.58	57.04	57.04	57.04
\$1,150	42.78	42.78	41.75	36.92	37.84	38.87	47.61	47.61	58.31	58.31	58.31
\$1,175	43.71	43.71	42.65	37.72	38.66	39.72	48.65	48.65	59.57	59.57	59.57
\$1,200	44.64	44.64	43.56	38.52	39.48	40.56	49.68	49.68	60.84	60.84	60.84
\$1,225	45.57	45.57	44.47	39.32	40.30	41.41	50.72	50.72	62.11	62.11	62.11
\$1,250	46.50	46.50	45.38	40.13	41.13	42.25	51.75	51.75	63.38	63.38	63.38
\$1,275	47.43	47.43	46.28	40.93	41.95	43.10	52.79	52.79	64.64	64.64	64.64
\$1,300	48.36	48.36	47.19	41.73	42.77	43.94	53.82	53.82	65.91	65.91	65.91
\$1,325	49.29	49.29	48.10	42.53	43.59	44.79	54.86	54.86	67.18	67.18	67.18
\$1,350	50.22	50.22	49.01	43.34	44.42	45.63	55.89	55.89	68.45	68.45	68.45
\$1,375	51.15	51.15	49.91	44.14	45.24	46.48	56.93	56.93	69.71	69.71	69.71
\$1,400	52.08	52.08	50.82	44.94	46.06	47.32	57.96	57.96	70.98	70.98	70.98
\$1,425	53.01	53.01	51.73	45.74	46.88	48.17	59.00	59.00	72.25	72.25	72.25
\$1,450	53.94	53.94	52.64	46.55	47.71	49.01	60.03	60.03	73.52	73.52	73.52
\$1,475	54.87	54.87	53.54	47.35	48.53	49.86	61.07	61.07	74.78	74.78	74.78
\$1,500	55.80	55.80	54.45	48.15	49.35	50.70	62.10	62.10	76.05	76.05	76.05