



Machinists Custom Choices Supplemental Benefits

Weekly Premiums

ACCIDENT PLAN- AETNA

AGE	Employee Only	Employee + Spouse	Employee + Child/ren	Full Family
ALL	\$4.41	\$8.16	\$10.03	\$13.78

IDENTITY THEFT PROTECTION

AGE	MEMBER EXCLUSIVE	Entire Household
ALL	1 st Year Free	\$2.93

CANCER PLAN - METLIFE

AGE	Employee Only	Employee + Child/ren	Full Family
18-44	\$7.31	\$8.68	\$15.46
45-59	\$12.37	\$14.71	\$25.32
60+	\$16.41	\$18.70	\$33.65

HOSPITAL INDEMNITY PLAN - AETNA

BENEFIT OPTIONS	Employee Only	Employee + Spouse	Employee + Child/ren	Full Family
\$1000/\$150	\$2.98	\$6.70	\$5.05	\$8.42
\$1500/\$200	\$4.65	\$9.16	\$7.18	\$11.33
\$2500/\$250	\$6.94	\$15.46	\$11.73	\$19.49

CRITICAL ILLNESS COVERAGE - AETNA

Critical Illness Diagnosis Benefit

Subsequent Critical Illness Diagnosis Benefit (*Diagnosis of a different Critical Illness*)

Recurrence Critical Illness Diagnosis Benefit

100% after 0 Days

100% after 0 Days

100% after 180 Days

Member is eligible for up to \$50,000 of coverage – **GUARANTEE ISSUE**

SPOUSE is eligible for the **same amount** of coverage as the Member.

CHILDREN to age 26 are covered for 50% of the Member's face amount at no additional cost.

CANCER (Invasive)	100%	COMA	100%	THIRD DEGREE BURNS	100%
HEART ATTACK (Myocardial Infarction)	100%	BENIGN BRAIN TUMOR	100%	CEREBRAL PALSY	100%
STROKE	100%	PARALYSIS	100%	DOWN SYNDROME	100%
MAJOR ORGAN FAILURE	100%	TOTAL LOSS OF SIGHT	100%	CYSTIC FIBROSIS	100%
END-STAGE RENAL FAILURE	100%	TOTAL LOSS OF HEARING	100%	SPINAL BIFFIDA	100%
ALZHEIMER'S DISEASE	100%	TOTAL LOSS OF SPEECH	100%	CLEFT LIP or CLEFT PALATE	100%
ADVANCED AMYOTROPHIC LATERAL SCLEROSIS (ALS)	100%				
CORONARY ARTERY CONDITION REQUIRING BYPASS SURGERY	50%				
CORONARY ARTERY CONDITION REQUIRING ANGIOPLASTY	30%				
CARCINOMA in situ (NON-INVASIVE)	30%				

AMOUNT	AGE < 30		30 - 39		40 - 49		50 - 59		60 +	
	EE	FAMILY	EE	FAMILY	EE	FAMILY	EE	FAMILY	EE	FAMILY
\$5,000	\$0.79	\$1.66	\$1.22	\$2.52	\$2.12	\$4.33	\$3.72	\$7.56	\$6.28	\$12.69
\$10,000	\$1.23	\$2.58	\$2.08	\$4.29	\$3.88	\$7.92	\$7.09	\$14.38	\$12.21	\$24.65
\$15,000	\$1.67	\$3.51	\$2.95	\$6.07	\$5.65	\$11.50	\$10.46	\$21.20	\$18.15	\$36.60
\$20,000	\$2.11	\$4.43	\$3.81	\$7.85	\$7.41	\$15.09	\$13.83	\$28.02	\$24.08	\$48.55
\$25,000	\$2.55	\$5.35	\$4.68	\$9.62	\$9.18	\$18.68	\$17.20	\$34.83	\$30.01	\$60.51
\$30,000	\$2.98	\$6.28	\$5.55	\$11.40	\$10.95	\$22.27	\$20.57	\$41.65	\$35.94	\$72.46
\$35,000	\$3.24	\$7.20	\$6.41	\$13.18	\$12.71	\$25.86	\$23.94	\$48.47	\$41.87	\$84.42
\$40,000	\$3.86	\$8.12	\$7.28	\$14.95	\$14.48	\$29.45	\$27.31	\$55.29	\$47.80	\$96.37
\$45,000	\$4.30	\$9.05	\$8.14	\$16.73	\$16.24	\$33.03	\$30.68	\$62.11	\$53.73	\$108.32
\$50,000	\$4.74	\$9.97	\$9.01	\$18.51	\$18.01	\$36.62	\$34.05	\$68.93	\$59.66	\$120.28

This document is for presentation purposes only. Rates and Benefits are determined by the Carrier's contracts. In the event of discrepancy, contracted rates will be applied.

GROUP SHORT TERM DISABILITY - UNUM

***COVERAGE WILL BEGIN ON POLICY DATE**

Employees choose, in increments of \$25, up to 65% of weekly earnings from ALL SOURCES. Elimination Period: 7 days – Benefits are payable up to 25 weeks for an **off the job** accident or illness. Pre-existing Condition Limitation – For claims filed in the first 12 months of coverage, there will be a look back period of 3 months from the **policy date**, for pre-existing conditions.

Weekly Benefit:	\$200	\$250	\$300	\$350	\$400	\$450	\$500	\$525	\$550	\$575	\$600
Age											
<40	3.86	4.77	5.68	6.60	7.51	8.42	9.34	9.80	10.25	10.71	11.17
40-49	4.56	5.65	6.74	7.83	8.92	10.01	11.10	11.65	12.19	12.74	13.28
50-59	5.18	6.43	7.68	8.92	10.17	11.42	12.66	13.28	13.91	14.53	15.15
60+	6.22	7.73	9.23	10.74	12.25	13.75	15.26	16.01	16.76	17.52	18.27

GROUP LONG TERM DISABILITY -UNUM

***COVERAGE WILL BEGIN ON POLICY DATE**

Employees choose up to 65% of monthly earnings from ALL SOURCES. Elimination Period: 6 months – Benefits are payable up to 5 years for an **on or off the job** accident or illness. Pre-existing Condition Limitation – For claims filed in the first 12 months of coverage, there will be a look back period of 3 months from the **policy date**, for pre-existing conditions.

Monthly Benefit:	\$500	\$800	\$1,000	\$1,300	\$1,500	\$1,700	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000	\$4,500	\$5,000
Age													
<40	0.56	0.78	0.93	1.15	1.29	1.44	1.65	2.02	2.38	2.74	3.11	3.47	3.83
40-49	1.19	1.78	2.17	2.77	3.16	3.55	4.15	5.13	6.12	7.11	8.09	9.08	10.07
50-59	2.07	3.19	3.94	5.06	5.81	6.56	7.68	9.55	11.42	13.28	15.15	17.02	18.89
60+	3.78	5.93	7.37	9.52	10.95	12.38	14.53	18.11	21.70	25.28	28.86	32.44	36.03

GROUP TERM LIFE INSURANCE - BML

***TERM LIFE COVERAGE BEGINS ON POLICY DATE**

AGE	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
18- 34	\$0.68	\$1.04	\$1.39	\$1.73	\$2.08	\$2.43	\$2.77	\$3.12	\$3.46
35 - 39	\$1.02	\$1.53	\$2.03	\$2.54	\$3.05	\$3.56	\$4.06	\$4.57	\$5.08
40 - 44	\$1.39	\$2.08	\$2.77	\$3.46	\$4.16	\$4.85	\$5.54	\$6.23	\$6.93
45 - 49	\$2.22	\$3.33	\$4.43	\$5.54	\$6.65	\$7.76	\$8.86	\$9.97	\$11.08
50 - 54	\$3.60	\$5.40	\$7.20	\$9.00	\$10.80	\$12.60	\$14.40	\$16.20	\$18.00

AGE 55 + MAXIMUM ISSUE AMOUNT \$30,000

AGE	\$10,000	\$20,000	\$30,000
55 - 59	\$2.93	\$5.86	\$8.79
60 - 64	\$4.27	\$8.54	\$12.81
65 - 69	\$7.11	\$14.22	\$21.33

Elect coverage for the spouse at half of the employee’s amount.
 Age 55+ maximum \$10,000 spouse. Child Term Rider \$10,000 available (\$.42 weekly) covers to age 19— age 26 for students.
 Prices will remain the same throughout your employment.

WHOLE LIFE + LONG TERM CARE RIDER - UNUM

The Whole Life plan enables you to build a cash reserve for yourself, your spouse, your children, and grandchildren. Offers affordable coverage at locked in premium rates that never increase.

LIFETIME BENEFIT TERM + LONG TERM CARE RIDER - CHUBB

Family protection. Life insurance premiums will never increase. While the policy is in force, the death benefit is guaranteed for the longer of 25 years or through age 70. Guaranteed benefits – after age 70. ***Coverage begins on policy date**

AGE 25

Volume of Coverage	\$30,000	\$50,000	\$100,000
Weekly premium	\$6.69	\$11.16	\$22.30

AGE 25

Volume of Coverage	\$30,000	\$50,000	\$100,000
Weekly premium	\$3.66	\$6.11	\$12.23

AGE 35

Volume of Coverage	\$30,000	\$50,000	\$100,000
Weekly premium	\$9.09	\$15.14	\$30.26

AGE 35

Volume of Coverage	\$30,000	\$50,000	\$100,000
Weekly premium	\$5.39	\$8.99	\$17.97