



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	1st Year Free	\$2.93

CANCER PLAN - METLIFE

AGE	Employee Only	Employee + Child/ren	Full Family
18-44	\$5.73	\$6.81	\$12.13
45-59	\$9.70	\$11.54	\$19.86
60+	\$12.87	\$14.67	\$26.39

HOSPITAL INDEMNITY PLAN - AETNA

AGE	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

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

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GROUP SHORT TERM DISABILITY

***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 12 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. Pre-existing conditions are not covered in the first 12 months of your policy from the policy date.

Weekly Benefit:	\$200	\$250	\$300	\$350	\$400	\$450	\$500	\$525	\$550	\$575	\$600
Age											
<40	\$2.90	\$3.58	\$4.25	\$4.93	\$5.60	\$6.28	\$6.95	\$7.29	\$7.63	\$7.96	\$8.30
40-49	\$3.61	\$4.46	\$5.31	\$6.16	\$7.01	\$7.86	\$8.72	\$9.14	\$9.57	\$9.99	\$10.42
50-59	\$4.06	\$5.03	\$5.99	\$6.96	\$7.93	\$8.89	\$9.86	\$10.34	\$10.82	\$11.31	\$11.79
60+	\$4.77	\$5.91	\$7.05	\$8.20	\$9.34	\$10.48	\$11.62	\$12.19	\$12.77	\$13.34	\$13.91

GROUP LONG TERM DISABILITY

***COVERAGE WILL BEGIN ON POLICY DATE**

Employees choose up to 65% of monthly earnings from ALL SOURCES. **Elimination Period:** 90 days – 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.

Pre-existing conditions are not covered in the first 12 months of your policy from the policy date.

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	\$1.00	\$1.48	\$1.80	\$2.28	\$2.60	\$2.92	\$3.40	\$4.20	\$5.00	\$5.80	\$6.60	\$7.40	\$8.20
40-49	\$1.91	\$2.94	\$3.63	\$4.66	\$5.34	\$6.03	\$7.05	\$8.77	\$10.48	\$12.19	\$13.91	\$15.62	\$17.33
50-59	\$3.24	\$5.07	\$6.29	\$8.11	\$9.33	\$10.55	\$12.37	\$15.41	\$18.46	\$21.50	\$24.54	\$27.58	\$30.63
60+	\$4.74	\$7.46	\$9.28	\$12.00	\$13.81	\$15.63	\$18.35	\$22.89	\$27.43	\$31.97	\$36.50	\$41.04	\$45.58

GROUP TERM LIFE INSURANCE

***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.

UNUM WHOLE LIFE INSURANCE + LONG-TERM CARE RIDER

The Whole Life plan enables you to build a cash reserve for yourself, your spouse, your children, and grandchildren. It is a sound way to protect your family without exceeding your present budget. Offers affordable coverage at locked in premium rates that never increase. Here are some features of our plan: Long Term Care Benefit, Death Benefit, Guaranteed Cash Value, and Guaranteed Interest Rate. *Rates are illustrative and for a non-smoker,. Includes LTC and LTC Restoration Rider

AGE 25

Volume of Coverage	\$20,000	\$30,000	\$40,000	\$50,000
Weekly premium	\$4.46	\$6.69	\$8.92	\$11.16
Cash Value at age 65	\$7,728	\$11,592	\$15,456	\$19,320

AGE 30

Volume of Coverage	\$20,000	\$30,000	\$40,000	\$50,000
Weekly premium	\$5.05	\$7.57	\$10.09	\$12.61
Cash Value at age 65	\$7,363	\$11,044	\$14,726	\$18,408

AGE 35

Volume of Coverage	\$20,000	\$30,000	\$40,000	\$50,000
Weekly premium	\$6.06	\$9.09	\$12.10	\$15.14
Cash Value at age 65	\$6,899	\$10,348	\$13,797	\$17,246

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