



Benefit Connection Companion Plan
Group Supplemental Insurance

Proposal Date:

Rockwall Independent School District

This cost illustration is presented by:

Assumed Effective Date: September 01, 2017

State of Domicile: TX (requires state specific enrollment materials)

AVAILABLE ONLY TO GROUPS WITH 2 OR MORE ENROLLED LIVES

Employer Contributes to Employee Only Cost: _____ %
Employer Contributes to Dependent Cost: _____ %

Will Dual Plans be Offered (Yes or No): _____

\$1,500 Hospital Confinement Benefit
\$1,500 Outpatient I Benefit

	# of Lives	Monthly Rate*	HIP Fee***	Monthly Cost	Est. Monthly Cost	Payroll Deduction Factors** Payroll Period: Monthly # Pay Periods: 12
Under Age 40:						
Insured Only:		\$25.98	\$0.00	\$25.98	\$0.00	#VALUE!
Insured & Spouse		\$47.76	\$0.00	\$47.76	\$0.00	#VALUE!
Insured & Child(ren)		\$62.45	\$0.00	\$62.45	\$0.00	#VALUE!
Insured & Family		\$83.64	\$0.00	\$83.64	\$0.00	#VALUE!
Ages 40-49:						
Insured Only:		\$34.21	\$0.00	\$34.21	\$0.00	#VALUE!
Insured & Spouse		\$62.85	\$0.00	\$62.85	\$0.00	#VALUE!
Insured & Child(ren)		\$67.22	\$0.00	\$67.22	\$0.00	#VALUE!
Insured & Family		\$95.11	\$0.00	\$95.11	\$0.00	#VALUE!
Ages 50 & Above:						
Insured Only:		\$71.85	\$0.00	\$71.85	\$0.00	#VALUE!
Insured & Spouse		\$132.02	\$0.00	\$132.02	\$0.00	#VALUE!
Insured & Child(ren)		\$123.81	\$0.00	\$123.81	\$0.00	#VALUE!
Insured & Family		\$182.41	\$0.00	\$182.41	\$0.00	#VALUE!
Total Lives & Est. Monthly Cost:	0				\$0.00	

(A \$20 monthly billing fee applies if less than 5 enrolled lives)

COMPOSITE RATING NOT AVAILABLE DUE TO SIZE, EMPLOYER CONTRIBUTION LEVEL OR DUAL PLANS						
Composite Info	Total Lives	Composite Plan Rate	HIP Fee	Composite Monthly Cost	Est. Monthly Cost	Payroll Deduction Factors** Payroll Period: Monthly
Insured Only		N/A	N/A	N/A	N/A	N/A
Insured & Spouse		N/A	N/A	N/A	N/A	N/A
Insured & Child(ren)		N/A	N/A	N/A	N/A	N/A
Insured & Family		N/A	N/A	N/A	N/A	N/A

*Rates are "per employee per month or part thereof." **Payroll Deduction Factors represent employee's cost based on Employer Contribution Level.

Composite Plan Rates are indications only and are subject to change under the following conditions:

1) At the time of initial enrollment when final group make-up and plan selections are determined; 2) the increase or decrease in the number of Insureds covered under the contract exceeds 25% from inception to the annual anniversary date; or 3) the employer adds or deletes subsidiaries or affiliated companies or divisions.

The Composite Plan Rates may be changed on the next following Premium Due Date after either 2 or 3 shown above have occurred given at least 31 days advance written notice.

**The full monthly rate is payable regardless of the payroll deduction method used by the employer. Premiums are NOT pro-rated for partial periods of coverage.

***Health Insurance Providers Fee

The exact provisions governing the insurance are contained in the master policy issued to each group on form number GAPP-4200. This product is not available in all states.

This product is underwritten by Companion Life Insurance Company, Columbia, South Carolina.

NOT FOR USE WITH CONSUMER SALES

These rates are for agent and employer use only. If used with an employer, present with an approved marketing brochure that describes the benefits, exclusions and limitations of the policy.

We wish to bind coverage effective: _____ using: (circle one) AGE-BANDED RATES COMPOSITE RATES IF AVAILABLE

Signature of Employer's Authorized Representative: _____