



2025-2026
BENEFITS
GUIDE

July 1, 2025 – June 30, 2026



Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, family and way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your biological children, stepchildren, adopted children or children for whom you have legal custody to age 26. Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- ▶ **New Hires:** Coverage is effective on the first of the month following 30 days of full-time employment. If you miss enrolling on time, you won't be able to make changes for most benefits until the next annual Open Enrollment period.
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective July 1, 2025 - June 30, 2026.

When Coverage Ends

- ▶ Your coverage will terminate as of midnight on the last day of month following termination for medical, dental, and vision. Coverage for life, and AD&D terminates at midnight on the date of termination
- ▶ Coverage for dependent children will continue through the end of the month that they turn 26 regardless of student status for medical, dental, and vision.

Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualifying life event during the year. Following are examples of the most common qualifying life events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse or child
- ▶ You lose coverage under your spouse's plan
- ▶ You gain access to state coverage under Medicaid or The Children's Health Insurance Program

Making Changes

To change your benefit elections, you must contact Human Resources within 30 days of the qualifying life event. Be prepared to show documentation of the event, such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to change your elections.

Required Information—You will be required to enter a Social Security number (SSN) for all covered dependents when you enroll. The Affordable Care Act (ACA) requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

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How to Enroll or Make Changes

Enrolling is easy:

1. Go to www.petsuppliesplusbenefits.com to review benefit material
2. When you're ready to enroll, phone the Benefits Call Center at: (877) 282-0808
3. It's helpful to be in front of a computer when calling, if possible
4. The representative will enroll you over the phone

Medical

We are proud to offer you a choice of Blue Cross Blue Shield of Michigan medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

BCBSM PPO Plan

This plan gives you the freedom to seek care from any provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the network.

- ▶ The plan pays the full cost of qualified in-network preventive health care services.
- ▶ You pay the full cost of non-preventive health care services until you meet the **annual deductible**. You may also have to pay a fixed dollar amount (**copay**) for certain services.
- ▶ Once you meet the deductible, you pay a percentage of certain health care expenses (**coinsurance**) and the plan pays the rest.
- ▶ Once your deductible, copays and coinsurance add up to the **out-of-pocket maximum**, the plan pays the full cost of all qualified health care services for the rest of the year.

BCBSM HDHP PPO HSA Plan

The High-Deductible Health Plan (HDHP) works similarly to a traditional PPO:

- ▶ You may see any health care provider and still receive coverage, but will maximize your benefits and lower your out-of-pocket costs if you see an in-network provider.
- ▶ The plan pays the full cost of qualified in-network preventive health care services.
- ▶ You pay the full cost of non-preventive health care services until you meet the annual deductible. **NOTE: If you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.**
- ▶ Once you meet the deductible, you pay a percentage of your health care expenses (coinsurance) and the plan pays the rest.
- ▶ Once your deductible and coinsurance add up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the year. **NOTE: If you enroll one or more family members, you must meet the full FAMILY out-of-pocket maximum before the plan starts to pay covered services at 100% for any one individual.**



Health Savings Account

The HDHP comes with a type of savings account called a health savings account (HSA). The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

Here's how the HSA works:

- ▶ You contribute pre-tax funds to the HSA through automatic payroll deductions.
- ▶ Your contributions, may not exceed the annual IRS limit below.
- ▶ You can withdraw HSA funds, tax free, to pay for qualified health care expenses now or in the future. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.

HSA Contribution Limit	2025
Employee Only	\$4,300
Family (employee + 1 or more)	\$8,550
Catch-up (age 55+)	\$1,000

Important Notes:

- ▶ You must meet certain eligibility requirements to have an HSA: You must a) be at least 18 years old, b) be covered under a qualified HDHP, c) not be enrolled in Medicare and d) cannot be claimed as a dependent on another person's tax return. For more information, visit www.irs.gov/forms-pubs/about-publication-969.
- ▶ For a complete list of qualified health care expenses, visit www.irs.gov/forms-pubs/about-publication-502.
- ▶ Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.

Medical

We are proud to offer you a choice of Blue Cross Blue Shield of Michigan medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of the plans. Employees are encouraged to search for in-network providers by visiting the carrier website: bcbsm.com and follow the link to "Find a Doctor".

Key Medical Benefits	Simply Blue PPO	HDHP Simply Blue PPO HSA
	In-Network	In-Network
Deductible (per calendar year)		
Individual / Family	\$1,000 / \$2,000	\$3,500 / \$7,000
Out-of-Pocket Maximum (per calendar year)		
Individual / Family	\$6,350 / \$12,700	\$4,500 / \$9,000
Coinsurance		
	20%	20%
Annual Coinsurance Maximum	\$2,500 / \$5,000	N/A
Covered Services		
Office Visits (physician/specialist)	\$30 / \$50 copay	20% after deductible
Virtual Visits/Teladoc (must be medically necessary)	\$30 copay	20% after deductible
Routine Preventive Care	No charge	No charge
Outpatient Diagnostic (lab/X-ray)	20% after deductible	20% after deductible
Complex Imaging	20% after deductible	20% after deductible
Chiropractic and Osteopathic	\$30 copay per visit (12-visit combined max per member per calendar year)	20% after deductible (12-visit combined max per member per calendar year)
Ambulance	20% after deductible	20% after deductible
Emergency Room	\$150 copay per visit (waived if admitted)	20% after deductible
Urgent Care Facility	\$60 copay per visit	20% after deductible
Inpatient Hospital Stay	20% after deductible	20% after deductible
Outpatient Surgery	20% after deductible	20% after deductible
Prescription Drugs (Retail 30-day supply)		
Generic	\$15 copay	\$15 copay after deductible
Preferred Brand	\$30 copay	\$30 copay after deductible
Non-Preferred Brand	\$60 copay	\$60 copay after deductible
Mail order RX (90-day supply)		
Tiers 1, 2, and 3 only	2x copay	2x copay after copay

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Virtual Care 2024

Previously Blue Cross Online VisitsSM



WHAT IS VIRTUAL CARE?

Taking care of yourself and your family's health can be as easy as using your smartphone, tablet or computer for a virtual visit with a U.S. board-certified doctor or licensed therapist.

With **Virtual Care** by Teladoc Health®, you don't need an appointment for medical care, although an appointment for mental health visits is required

WHEN WOULD I USE 24/7 CARE?

When your primary care provider isn't available, you can talk to a U.S. board-certified doctor about minor illnesses such as:

- Sinus and respiratory infections
- Cold and flu
- Painful urination
- Eye irritation or redness
- Sore throat

If your life is at risk, call 911 or go to the nearest emergency room.

WHEN WOULD I USE MENTAL HEALTH?

You can have a virtual visit with a therapist or psychiatrist when you're struggling with challenges such as anxiety, depression and grief.

HOW DO I SIGN UP?

Visit bcbsm.com/virtualcare for a link to download the Teladoc Health app. You can also open the Blue Cross Blue Shield of Michigan mobile app, click *Find a Doctor* and then *Virtual Care*.

You'll need your Blue Cross member ID card. Remember to choose your health plan and enter your member ID number when updating or creating your account so your coverage is applied correctly.

If you have questions or need help with your Virtual Care account or an online visit, please call **1-800-835-2362**, 24/7.

HOW DO I HAVE A VIRTUAL VISIT?

1. Open the Teladoc Health app. Or open the Blue Cross app, click *Find a Doctor* and then *Virtual Care*.
2. Choose a service: *24/7 Care* or *Mental Health*.
3. Pick a doctor or begin a scheduled visit.
4. Meet with the doctor or therapist online.
5. Get a prescription, if appropriate, sent to your preferred pharmacy.
6. After your visit, you can share an optional visit summary with your primary care provider.

HOW LONG DOES A VISIT TAKE?

For medical visits, the average wait time is 10 minutes. Length of visits vary. Doctors will take as much time as necessary to address the issue, answer questions and determine next steps.

Therapy visits are scheduled for 45 minutes. Psychiatry visits are 30 to 40 minutes for the initial visit; follow-up visits are 15 minutes.

DO I NEED TO MAKE AN APPOINTMENT?

Medical care is available 24/7 without an appointment.

Mental health visits are available by appointment only. Licensed therapists and U.S. board-certified psychiatrists are available from 7 a.m. to 9 p.m. seven days a week.

HOW MUCH DOES IT COST?

Medical visits are \$65 or less. If you have a plan with a copay, it's generally equal to or less than what you pay for a primary care office visit.

Costs for mental health visits vary depending on the type of provider and the services you receive. Your out-of-pocket costs are based on your existing outpatient behavioral health benefits.

You'll see your cost before you start your visit. Be sure you've added your Blue Cross health plan information to your Virtual Care account.








Confidence comes with every card.®



know. compare. choose.

How to activate your online Blue Cross member account

Enjoy the convenience — and freedom — you get with your account:

-  Check your balance and plan's benefits.
-  Track your claims and explanation of benefits statements.
-  Find care and look up costs.
-  Get answers fast to questions about your plan with MIBlue Virtual AssistantSM, an interactive, automated chat feature.
-  Show your member ID card, and order more for family members on your plan.

Plus, you can get member discounts, health and well-being resources and more.

ACTIVATE YOUR ACCOUNT IN ONE OF THREE WAYS:

Go online.

1. Go to bcbsm.com/register and select *Register Now*.
2. Once your account is activated, you can set up one for each of your dependents.

Use our app.

1. Download the app from the App Store® or Google Play™ (search **BCBSM**).
2. Tap the  app and then *Register*.

Text us.

Text **REGISTER** to **222764** to start setting up your account.*

*Message and data rates may apply. Visit bcbsm.com for our *Terms and Conditions of Use* and *Privacy Practices*.

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Dental

Delta Dental PPO: This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in the network.

The following is a high-level overview of the coverage available.

Delta Dental DPPO			
Deductible (per plan year)			
Individual / Family	\$50 / \$150		
Benefit Maximum (per plan year; Preventive, Basic, and Major Services combined)			
Per Individual	\$1,000		
Covered Services			
	PPO Dentist	Premier Dentist	*Non-Participating Dentist
Preventive Services	No charge	No charge	No charge
Basic Services	Covered at 80% after deductible	Covered at 80% after deductible	Covered at 80% after deductible
Major Services	Covered at 50% after deductible	Covered at 50% after deductible	Covered at 50% after deductible
Orthodontia	Not covered	Not covered	Not covered

*You may be balance billed for services

Vision

Vision Service Provider (VSP)

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the network. The following is a high-level overview of the coverage available.



Key Vision Benefits	Vision Service Provider (VSP)		
	Frequency	In-Network	Out-of-Network Reimbursement
Exam	Every 12 months	\$10 copay	Up to \$45 less \$10 copay
Materials Copay (combined lenses and/or frames)		\$25	Responsible for difference between approved amount and provider's charge, after \$25 copay.
Lenses	Every 12 months	No charge after materials copay	Reimbursed up to approved amount less \$25 copay
Frames	Every 12 months	\$130 allowance	Up to \$130
Contact Lenses - Medically Necessary	Every 12 months	\$25 copay	Responsible for difference between approved amount and provider's charge, after \$25 copay.
Contact Lenses - Elective	Every 12 months	\$130 allowance	\$105 allowance

Life and AD&D

Life insurance provides your named beneficiary(ies) with a benefit after your death.

Accidental death and dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

This benefit is provided at no cost to you through Guardian.

Benefit Amount	
Employee	\$15,000
Benefit Reduction Schedule	
Age 65	35%
Age 70	50%

Cost of Benefits

Your contribution toward the cost of benefits are automatically deducted from you pay check before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Medical

Employee Cost (26 payrolls)		
	Simply Blue PPO	Simply Blue HDHP PPO
Single	\$133.71	\$54.12
Employee +1	\$320.90	\$250.02
Family	\$401.13	\$312.52

Dental

Employee Cost (26 payrolls)	
Single	\$4.77
Employee + Spouse	\$8.64
Employee + Child(ren)	\$10.58
Family	\$16.77

Vision

Employee Cost (26 payrolls)	
Single	\$1.76
Employee +1	\$3.52
Family	\$5.83

Aflac for US Retail Employees

Depend on us...so they can depend on you.

Aflac is designed to help you plan for the health care bumps that may be ahead and take some of the uncertainty and financial insecurity out of getting better.

After an accident or illness, you may have expenses you've never thought about. Can your finances handle them? It's reassuring to know that Aflac has a plan!

The Aflac group Accident Advantage Plus plan benefits:

- Transportation and Lodging benefits
- An Emergency Room Treatment Benefit
- A Rehabilitation Unit Benefit
- Coverage for certain serious conditions, such as coma and paralysis
- An Accidental-Death Benefit
- A Dismemberment Benefit

Accident Plan Features

- Coverage is guaranteed-issue (which means you may qualify for coverage without having to answer health questions).
- Benefits are paid directly to you, unless otherwise assigned.
- Benefits are paid regardless of any other medical insurance.
- Coverage may be continued (with certain stipulations). That means you can take it with you if you change jobs or retire.

The Aflac group Critical Illness plan offers:

- Critical Illness Benefit payable for:
 - Cancer
 - Heart Attack (Myocardial Infarction)
 - Stroke
 - Kidney Failure (End-Stage Renal Failure)
 - Major Organ Transplant
 - Bone Marrow Transplant (Stem Cell Transplant)
 - Sudden Cardiac Arrest
 - Coronary Artery Bypass Surgery
 - Non-Invasive Cancer
 - Skin Cancer

Critical Illness Features:

- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is available for you, your spouse, and dependent children.
- Coverage may be continued (with certain stipulations).
- That means you can take it with you if you change jobs or retire.



The Aflac coverage described here is subject to plan limitations, exclusions, definitions, and provisions. For detailed information, please see the plan brochures, as this material is intended to provide general summaries of the coverage. These overviews are subject to the terms, conditions, and limitations of the plans.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands.

Continental American Insurance Company • Columbia, South Carolina

Group Disability Advantage

A disabling illness or injury may be unpredictable.

We'll help make sure they don't affect your financial plans, too.

- Benefits are paid when you are sick or hurt and unable to work, up to 60 percent of your salary (up to 40% in states with state disability).
- Minimum and Maximum Total Monthly Benefit – \$300 to \$6,000.
- Premium payments are waived after 90 days of total disability (not available on 3 month benefit period).
- Partial Disability Benefit.

Disability Features:

- Benefits are paid directly to you unless you choose otherwise.
- Coverage is portable. That means you can take it with you if you change jobs (with certain stipulations).
- Payroll Deduction – Premiums are paid through convenient payroll deduction.
- Fast claims payment. Most claims are processed in about four days.

Group Term Life

You know it can be important to provide for your family in the future.

Get peace of mind right now

- Coverage available for 10-year planned level premium term(s).
- Qualified-issue coverage amounts
- Waiver of Premium (employee only) -- Prior to attained age 60, waives all plan premium after you are totally disabled for more than six consecutive months.

Term Life Features:

- Benefits are paid directly to your named beneficiary.
- Coverage is portable (with certain stipulations). That means you can take it With you if you change jobs or retire.
- Premiums are paid through convenient payroll deduction.
- Fast claims payment. Most claims are processed in about four business days.

**We've got you
under our wing.®**



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GROUP ACCIDENT⁺ INSURANCE
Policy Series CA7800

AC^G

Michigan

HIGH OPTION - NONOCCUPATIONAL PLAN	Biweekly (26pp/yr)
Employee	\$7.01
Employee and Spouse	\$11.43
Employee and Dependent Children	\$13.72
Family	\$18.14

Wellness Benefit included in Rates

Please Note: Premiums and benefits shown are accurate as of publication. They are subject to change.



**We've got you
under our wing.**

aflacgroupinsurance.com | 1.800.433.3036

Underwritten by:
Continental American Insurance Company
2801 Devine Street | Columbia, South Carolina 29205

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Group Critical Illness Advantage

Michigan - Biweekly (26pp/yr) Rates

NONTOBACCO - Employee										
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$ 1.81	\$ 2.92	\$ 4.02	\$ 5.13	\$ 6.24	\$ 7.35	\$ 8.45	\$ 9.56	\$ 10.67	\$ 11.78
30-39	\$ 2.56	\$ 4.41	\$ 6.27	\$ 8.13	\$ 9.99	\$ 11.84	\$ 13.70	\$ 15.56	\$ 17.42	\$ 19.27
40-49	\$ 4.39	\$ 8.09	\$ 11.78	\$ 15.47	\$ 19.17	\$ 22.86	\$ 26.55	\$ 30.25	\$ 33.94	\$ 37.64
50-59	\$ 7.95	\$ 15.20	\$ 22.45	\$ 29.70	\$ 36.95	\$ 44.21	\$ 51.46	\$ 58.71	\$ 65.96	\$ 73.21
60+	\$ 14.68	\$ 28.65	\$ 42.63	\$ 56.61	\$ 70.58	\$ 84.56	\$ 98.54	\$ 112.51	\$ 126.49	\$ 140.47

NONTOBACCO - Spouse									
Issue Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$ 1.81	\$ 2.36	\$ 2.92	\$ 3.47	\$ 4.02	\$ 4.58	\$ 5.13	\$ 5.68	\$ 6.24
30-39	\$ 2.56	\$ 3.49	\$ 4.41	\$ 5.34	\$ 6.27	\$ 7.20	\$ 8.13	\$ 9.06	\$ 9.99
40-49	\$ 4.39	\$ 6.24	\$ 8.09	\$ 9.93	\$ 11.78	\$ 13.63	\$ 15.47	\$ 17.32	\$ 19.17
50-59	\$ 7.95	\$ 11.58	\$ 15.20	\$ 18.83	\$ 22.45	\$ 26.08	\$ 29.70	\$ 33.33	\$ 36.95
60+	\$ 14.68	\$ 21.67	\$ 28.65	\$ 35.64	\$ 42.63	\$ 49.62	\$ 56.61	\$ 63.60	\$ 70.58

TOBACCO - Employee										
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$ 2.29	\$ 3.89	\$ 5.48	\$ 7.08	\$ 8.67	\$ 10.27	\$ 11.86	\$ 13.46	\$ 15.05	\$ 16.65
30-39	\$ 3.65	\$ 6.60	\$ 9.56	\$ 12.51	\$ 15.46	\$ 18.41	\$ 21.37	\$ 24.32	\$ 27.27	\$ 30.22
40-49	\$ 6.58	\$ 12.45	\$ 18.33	\$ 24.21	\$ 30.08	\$ 35.96	\$ 41.84	\$ 47.71	\$ 53.59	\$ 59.46
50-59	\$ 12.52	\$ 24.34	\$ 36.16	\$ 47.98	\$ 59.79	\$ 71.61	\$ 83.43	\$ 95.25	\$ 107.07	\$ 118.89
60+	\$ 22.66	\$ 44.62	\$ 66.59	\$ 88.55	\$ 110.51	\$ 132.47	\$ 154.43	\$ 176.39	\$ 198.36	\$ 220.32

TOBACCO - Spouse									
Issue Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$ 2.29	\$ 3.09	\$ 3.89	\$ 4.69	\$ 5.48	\$ 6.28	\$ 7.08	\$ 7.88	\$ 8.67
30-39	\$ 3.65	\$ 5.13	\$ 6.60	\$ 8.08	\$ 9.56	\$ 11.03	\$ 12.51	\$ 13.99	\$ 15.46
40-49	\$ 6.58	\$ 9.51	\$ 12.45	\$ 15.39	\$ 18.33	\$ 21.27	\$ 24.21	\$ 27.14	\$ 30.08
50-59	\$ 12.52	\$ 18.43	\$ 24.34	\$ 30.25	\$ 36.16	\$ 42.07	\$ 47.98	\$ 53.89	\$ 59.79
60+	\$ 22.66	\$ 33.64	\$ 44.62	\$ 55.60	\$ 66.59	\$ 77.57	\$ 88.55	\$ 99.53	\$ 110.51

Base Plan:

-With Cancer Benefit
 -\$50 Health Screening Benefit
 -\$250 Skin Cancer Benefit
 -With Additional Benefits
 (Loss of Sight, Speech, Hearing)
 (Coma, Burns, Paralysis)

Riders:

-No additional riders

Provisions:

-No Pre-Existing Condition Limitation
 -Add'l Separation Waiting Period: 6 Months
 -Re-Separation Waiting Period: 6 Months
 -Standard Portability
 -Rate Guarantee: 2 Years

Group Attributes:

-Situs State: MI
 -Eligible Lives: 251

Please Note: Premiums shown are accurate as of publication. They are subject to change.

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Product Code: CI160504-134043

Group Critical Illness Advantage

Michigan - Biweekly (26pp/yr) Buy Up Rates

NONTOBACCO - Employee										
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$1.11	\$2.22	\$3.32	\$4.43	\$5.54	\$6.65	\$7.75	\$8.86	\$9.97	\$11.08
30-39	\$1.86	\$3.71	\$5.57	\$7.43	\$9.29	\$11.14	\$13.00	\$14.86	\$16.72	\$18.57
40-49	\$3.69	\$7.39	\$11.08	\$14.77	\$18.47	\$22.16	\$25.85	\$29.55	\$33.24	\$36.94
50-59	\$7.25	\$14.50	\$21.75	\$29.00	\$36.25	\$43.51	\$50.76	\$58.01	\$65.26	\$72.51
60+	\$13.98	\$27.95	\$41.93	\$55.91	\$69.88	\$83.86	\$97.84	\$111.81	\$125.79	\$139.77

NONTOBACCO - Spouse									
Issue Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$1.11	\$1.66	\$2.22	\$2.77	\$3.32	\$3.88	\$4.43	\$4.98	\$5.54
30-39	\$1.86	\$2.79	\$3.71	\$4.64	\$5.57	\$6.50	\$7.43	\$8.36	\$9.29
40-49	\$3.69	\$5.54	\$7.39	\$9.23	\$11.08	\$12.93	\$14.77	\$16.62	\$18.47
50-59	\$7.25	\$10.88	\$14.50	\$18.13	\$21.75	\$25.38	\$29.00	\$32.63	\$36.25
60+	\$13.98	\$20.97	\$27.95	\$34.94	\$41.93	\$48.92	\$55.91	\$62.90	\$69.88

TOBACCO - Employee										
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$1.59	\$3.19	\$4.78	\$6.38	\$7.97	\$9.57	\$11.16	\$12.76	\$14.35	\$15.95
30-39	\$2.95	\$5.90	\$8.86	\$11.81	\$14.76	\$17.71	\$20.67	\$23.62	\$26.57	\$29.52
40-49	\$5.88	\$11.75	\$17.63	\$23.51	\$29.38	\$35.26	\$41.14	\$47.01	\$52.89	\$58.76
50-59	\$11.82	\$23.64	\$35.46	\$47.28	\$59.09	\$70.91	\$82.73	\$94.55	\$106.37	\$118.19
60+	\$21.96	\$43.92	\$65.89	\$87.85	\$109.81	\$131.77	\$153.73	\$175.69	\$197.66	\$219.62

TOBACCO - Spouse									
Issue Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$1.59	\$2.39	\$3.19	\$3.99	\$4.78	\$5.58	\$6.38	\$7.18	\$7.97
30-39	\$2.95	\$4.43	\$5.90	\$7.38	\$8.86	\$10.33	\$11.81	\$13.29	\$14.76
40-49	\$5.88	\$8.81	\$11.75	\$14.69	\$17.63	\$20.57	\$23.51	\$26.44	\$29.38
50-59	\$11.82	\$17.73	\$23.64	\$29.55	\$35.46	\$41.37	\$47.28	\$53.19	\$59.09
60+	\$21.96	\$32.94	\$43.92	\$54.90	\$65.89	\$76.87	\$87.85	\$98.83	\$109.81

Base Plan:

-With Cancer Benefit
 -Without Health Screening Benefit
 -Without Skin Cancer Benefit
 -With Additional Benefits
 (Loss of Sight, Speech, Hearing)
 (Coma, Burns, Paralysis)

Riders:

-No additional riders

Provisions:

-No Pre-Existing Condition Limitation
 -Add'l Separation Waiting Period: 6 Months
 -Re-Separation Waiting Period: 6 Months
 -Standard Portability
 -Rate Guarantee: 2 Years

Group Attributes:

-Situs State: MI
 -Eligible Lives: 251

Please Note: Premiums shown are accurate as of publication. They are subject to change.

Published: Jun-17 Series C21000 CI21000-170608-141243-F3zIqOII-037VjCh-35128

Product Code: CI170608-141243

GROUP DISABILITY INSURANCE

DI^G

Michigan - Biweekly (26pp/yr)

Benefit Summary: Non-Occupational Disability Income
Elimination Period: Accident Elimination Period: 0 Days
 Sickness Elimination Period: 7 Days
Benefit Duration: Maximum Benefit Period: 3 Months

Rates include: Alcoholism and Drug Addiction Limited Benefit.

Annual Salary Range	Monthly Benefit	AGE 18-49	AGE 50-64	AGE 65-74	Annual Salary Range	Monthly Benefit	Age 18-49	Age 50-64	Age 65-74
\$9,000 to \$9,999	\$ 400	\$ 5.89	\$ 6.32	\$ 7.48	\$76,000 to \$77,999	\$ 3,800	\$ 55.95	\$ 59.98	\$ 71.03
\$10,000 to \$11,999	\$ 500	\$ 7.36	\$ 7.89	\$ 9.35	\$78,000 to \$79,999	\$ 3,900	\$ 57.42	\$ 61.56	\$ 72.90
\$12,000 to \$13,999	\$ 600	\$ 8.83	\$ 9.47	\$ 11.22	\$80,000 to \$81,999	\$ 4,000	\$ 58.89	\$ 63.14	\$ 74.77
\$14,000 to \$15,999	\$ 700	\$ 10.31	\$ 11.05	\$ 13.08	\$82,000 to \$83,999	\$ 4,100	\$ 60.36	\$ 64.71	\$ 76.64
\$16,000 to \$17,999	\$ 800	\$ 11.78	\$ 12.63	\$ 14.95	\$84,000 to \$85,999	\$ 4,200	\$ 61.84	\$ 66.29	\$ 78.50
\$18,000 to \$19,999	\$ 900	\$ 13.25	\$ 14.20	\$ 16.82	\$86,000 to \$87,999	\$ 4,300	\$ 63.31	\$ 67.88	\$ 80.38
\$20,000 to \$21,999	\$ 1,000	\$ 14.72	\$ 15.79	\$ 18.70	\$88,000 to \$89,999	\$ 4,400	\$ 64.78	\$ 69.45	\$ 82.25
\$22,000 to \$23,999	\$ 1,100	\$ 16.20	\$ 17.37	\$ 20.56	\$90,000 to \$91,999	\$ 4,500	\$ 66.25	\$ 71.03	\$ 84.12
\$24,000 to \$25,999	\$ 1,200	\$ 17.67	\$ 18.94	\$ 22.43	\$92,000 to \$93,999	\$ 4,600	\$ 67.73	\$ 72.61	\$ 85.98
\$26,000 to \$27,999	\$ 1,300	\$ 19.14	\$ 20.52	\$ 24.30	\$94,000 to \$95,999	\$ 4,700	\$ 69.20	\$ 74.19	\$ 87.85
\$28,000 to \$29,999	\$ 1,400	\$ 20.61	\$ 22.10	\$ 26.17	\$96,000 to \$97,999	\$ 4,800	\$ 70.67	\$ 75.76	\$ 89.72
\$30,000 to \$31,999	\$ 1,500	\$ 22.08	\$ 23.67	\$ 28.04	\$98,000 to \$99,999	\$ 4,900	\$ 72.14	\$ 77.35	\$ 91.60
\$32,000 to \$33,999	\$ 1,600	\$ 23.56	\$ 25.25	\$ 29.90	\$100,000 to \$101,999	\$ 5,000	\$ 73.62	\$ 78.93	\$ 93.46
\$34,000 to \$35,999	\$ 1,700	\$ 25.03	\$ 26.84	\$ 31.78	\$102,000 to \$103,999	\$ 5,100	\$ 75.09	\$ 80.50	\$ 95.33
\$36,000 to \$37,999	\$ 1,800	\$ 26.50	\$ 28.41	\$ 33.65	\$104,000 to \$105,999	\$ 5,200	\$ 76.56	\$ 82.08	\$ 97.20
\$38,000 to \$39,999	\$ 1,900	\$ 27.97	\$ 29.99	\$ 35.52	\$106,000 to \$107,999	\$ 5,300	\$ 78.03	\$ 83.66	\$ 99.07
\$40,000 to \$41,999	\$ 2,000	\$ 29.45	\$ 31.57	\$ 37.38	\$108,000 to \$109,999	\$ 5,400	\$ 79.50	\$ 85.23	\$ 100.94
\$42,000 to \$43,999	\$ 2,100	\$ 30.92	\$ 33.15	\$ 39.25	\$110,000 to \$111,999	\$ 5,500	\$ 80.98	\$ 86.81	\$ 102.80
\$44,000 to \$45,999	\$ 2,200	\$ 32.39	\$ 34.72	\$ 41.12	\$112,000 to \$113,999	\$ 5,600	\$ 82.45	\$ 88.40	\$ 104.68
\$46,000 to \$47,999	\$ 2,300	\$ 33.86	\$ 36.31	\$ 43.00	\$114,000 to \$115,999	\$ 5,700	\$ 83.92	\$ 89.97	\$ 106.55
\$48,000 to \$49,999	\$ 2,400	\$ 35.34	\$ 37.89	\$ 44.86	\$116,000 to \$117,999	\$ 5,800	\$ 85.39	\$ 91.55	\$ 108.42
\$50,000 to \$51,999	\$ 2,500	\$ 36.81	\$ 39.46	\$ 46.73	\$118,000 to \$119,999	\$ 5,900	\$ 86.87	\$ 93.13	\$ 110.28
\$52,000 to \$53,999	\$ 2,600	\$ 38.28	\$ 41.04	\$ 48.60	\$120,000 or more	\$ 6,000	\$ 88.34	\$ 94.71	\$ 112.15
\$54,000 to \$55,999	\$ 2,700	\$ 39.75	\$ 42.62	\$ 50.47					
\$56,000 to \$57,999	\$ 2,800	\$ 41.22	\$ 44.19	\$ 52.34					
\$58,000 to \$59,999	\$ 2,900	\$ 42.70	\$ 45.77	\$ 54.20					
\$60,000 to \$61,999	\$ 3,000	\$ 44.17	\$ 47.36	\$ 56.08					
\$62,000 to \$63,999	\$ 3,100	\$ 45.64	\$ 48.93	\$ 57.95					
\$64,000 to \$65,999	\$ 3,200	\$ 47.11	\$ 50.51	\$ 59.82					
\$66,000 to \$67,999	\$ 3,300	\$ 48.59	\$ 52.09	\$ 61.68					
\$68,000 to \$69,999	\$ 3,400	\$ 50.06	\$ 53.67	\$ 63.55					
\$70,000 to \$71,999	\$ 3,500	\$ 51.53	\$ 55.24	\$ 65.42					
\$72,000 to \$73,999	\$ 3,600	\$ 53.00	\$ 56.83	\$ 67.30					
\$74,000 to \$75,999	\$ 3,700	\$ 54.48	\$ 58.41	\$ 69.16					

* Monthly Benefits shown represent a 60% Income Replacement

Please Note: Premiums shown are accurate as of publication. They are subject to change.



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Underwritten by:
 Continental American Insurance Company
 2801 Devine Street | Columbia, South Carolina 29206

Published: May-16 DI160504-142944 --- RB1-MI-DI50-26PP-NONOC-PLB-AA-XAP - ZZXX48148
 Rates valid for residents of all states EXCEPT CA, HI, NJ, NY, PR, RI

Product Code: DI160504-142944

GROUP DISABILITY INSURANCE

DI^G

Michigan - Biweekly (26pp/yr)

Benefit Summary: Non-Occupational Disability Income
Elimination Period: Accident Elimination Period: 0 Days
 Sickness Elimination Period: 7 Days
Benefit Duration: Maximum Benefit Period: 3 Months

Rates include: Alcoholism and Drug Addiction Limited Benefit.

Annual Salary Range	Monthly Benefit	AGE 18-49	AGE 50-64	AGE 65-74	Annual Salary Range	Monthly Benefit	Age 18-49	Age 50-64	Age 65-74
\$9,000 to \$11,999	\$ 300	\$ 4.42	\$ 4.73	\$ 5.60	\$111,000 to \$113,999	\$ 3,700	\$ 54.48	\$ 58.41	\$ 69.16
\$12,000 to \$14,999	\$ 400	\$ 5.89	\$ 6.32	\$ 7.48	\$114,000 to \$116,999	\$ 3,800	\$ 55.95	\$ 59.98	\$ 71.03
\$15,000 to \$17,999	\$ 500	\$ 7.36	\$ 7.89	\$ 9.35	\$117,000 to \$119,999	\$ 3,900	\$ 57.42	\$ 61.56	\$ 72.90
\$18,000 to \$20,999	\$ 600	\$ 8.83	\$ 9.47	\$ 11.22	\$120,000 to \$122,999	\$ 4,000	\$ 58.89	\$ 63.14	\$ 74.77
\$21,000 to \$23,999	\$ 700	\$ 10.31	\$ 11.05	\$ 13.08	\$123,000 to \$125,999	\$ 4,100	\$ 60.36	\$ 64.71	\$ 76.64
\$24,000 to \$26,999	\$ 800	\$ 11.78	\$ 12.63	\$ 14.95	\$126,000 to \$128,999	\$ 4,200	\$ 61.84	\$ 66.29	\$ 78.50
\$27,000 to \$29,999	\$ 900	\$ 13.25	\$ 14.20	\$ 16.82	\$129,000 to \$131,999	\$ 4,300	\$ 63.31	\$ 67.88	\$ 80.38
\$30,000 to \$32,999	\$ 1,000	\$ 14.72	\$ 15.79	\$ 18.70	\$132,000 to \$134,999	\$ 4,400	\$ 64.78	\$ 69.45	\$ 82.25
\$33,000 to \$35,999	\$ 1,100	\$ 16.20	\$ 17.37	\$ 20.56	\$135,000 to \$137,999	\$ 4,500	\$ 66.25	\$ 71.03	\$ 84.12
\$36,000 to \$38,999	\$ 1,200	\$ 17.67	\$ 18.94	\$ 22.43	\$138,000 to \$140,999	\$ 4,600	\$ 67.73	\$ 72.61	\$ 85.98
\$39,000 to \$41,999	\$ 1,300	\$ 19.14	\$ 20.52	\$ 24.30	\$141,000 to \$143,999	\$ 4,700	\$ 69.20	\$ 74.19	\$ 87.85
\$42,000 to \$44,999	\$ 1,400	\$ 20.61	\$ 22.10	\$ 26.17	\$144,000 to \$146,999	\$ 4,800	\$ 70.67	\$ 75.76	\$ 89.72
\$45,000 to \$47,999	\$ 1,500	\$ 22.08	\$ 23.67	\$ 28.04	\$147,000 to \$149,999	\$ 4,900	\$ 72.14	\$ 77.35	\$ 91.60
\$48,000 to \$50,999	\$ 1,600	\$ 23.56	\$ 25.25	\$ 29.90	\$150,000 to \$152,999	\$ 5,000	\$ 73.62	\$ 78.93	\$ 93.46
\$51,000 to \$53,999	\$ 1,700	\$ 25.03	\$ 26.84	\$ 31.78	\$153,000 to \$155,999	\$ 5,100	\$ 75.09	\$ 80.50	\$ 95.33
\$54,000 to \$56,999	\$ 1,800	\$ 26.50	\$ 28.41	\$ 33.65	\$156,000 to \$158,999	\$ 5,200	\$ 76.56	\$ 82.08	\$ 97.20
\$57,000 to \$59,999	\$ 1,900	\$ 27.97	\$ 29.99	\$ 35.52	\$159,000 to \$161,999	\$ 5,300	\$ 78.03	\$ 83.66	\$ 99.07
\$60,000 to \$62,999	\$ 2,000	\$ 29.45	\$ 31.57	\$ 37.38	\$162,000 to \$164,999	\$ 5,400	\$ 79.50	\$ 85.23	\$ 100.94
\$63,000 to \$65,999	\$ 2,100	\$ 30.92	\$ 33.15	\$ 39.25	\$165,000 to \$167,999	\$ 5,500	\$ 80.98	\$ 86.81	\$ 102.80
\$66,000 to \$68,999	\$ 2,200	\$ 32.39	\$ 34.72	\$ 41.12	\$168,000 to \$170,999	\$ 5,600	\$ 82.45	\$ 88.40	\$ 104.68
\$69,000 to \$71,999	\$ 2,300	\$ 33.86	\$ 36.31	\$ 43.00	\$171,000 to \$173,999	\$ 5,700	\$ 83.92	\$ 89.97	\$ 106.55
\$72,000 to \$74,999	\$ 2,400	\$ 35.34	\$ 37.89	\$ 44.86	\$174,000 to \$176,999	\$ 5,800	\$ 85.39	\$ 91.55	\$ 108.42
\$75,000 to \$77,999	\$ 2,500	\$ 36.81	\$ 39.46	\$ 46.73	\$177,000 to \$179,999	\$ 5,900	\$ 86.87	\$ 93.13	\$ 110.28
\$78,000 to \$80,999	\$ 2,600	\$ 38.28	\$ 41.04	\$ 48.60	\$180,000 or more	\$ 6,000	\$ 88.34	\$ 94.71	\$ 112.15
\$81,000 to \$83,999	\$ 2,700	\$ 39.75	\$ 42.62	\$ 50.47					
\$84,000 to \$86,999	\$ 2,800	\$ 41.22	\$ 44.19	\$ 52.34					
\$87,000 to \$89,999	\$ 2,900	\$ 42.70	\$ 45.77	\$ 54.20					
\$90,000 to \$92,999	\$ 3,000	\$ 44.17	\$ 47.36	\$ 56.08					
\$93,000 to \$95,999	\$ 3,100	\$ 45.64	\$ 48.93	\$ 57.95					
\$96,000 to \$98,999	\$ 3,200	\$ 47.11	\$ 50.51	\$ 59.82					
\$99,000 to \$101,999	\$ 3,300	\$ 48.59	\$ 52.09	\$ 61.68					
\$102,000 to \$104,999	\$ 3,400	\$ 50.06	\$ 53.67	\$ 63.55					
\$105,000 to \$107,999	\$ 3,500	\$ 51.53	\$ 55.24	\$ 65.42					
\$108,000 to \$110,999	\$ 3,600	\$ 53.00	\$ 56.83	\$ 67.30					

* Monthly Benefits shown represent a 40% Income Replacement

Please Note: Premiums shown are accurate as of publication. They are subject to change.



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Underwritten by:
Continental American Insurance Company
2801 Devine Street | Columbia, South Carolina 29205

Published: May-16 DI160504-142944 --- RB1-MI-DI50-26PP-NONOC-PLB-AA-XAP - ZZXX48148
 Rates valid for residents of CA, HI, NJ, NY, PR, RI

Product Code: DI160504-142944

GROUP TERM LIFE INSURANCE

TL^G

US Retail Pet Supplies Plus - Biweekly (26pp/yr)

Non Tobacco - 10 Year Term - Employee

Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18	\$ 1.20	\$ 1.65	\$ 2.09	\$ 2.54	\$ 2.97	\$ 3.42	\$ 3.86	\$ 4.29	\$ 4.74	\$ 5.17
19	\$ 1.20	\$ 1.65	\$ 2.09	\$ 2.54	\$ 2.97	\$ 3.42	\$ 3.86	\$ 4.29	\$ 4.74	\$ 5.17
20	\$ 1.20	\$ 1.65	\$ 2.09	\$ 2.54	\$ 2.97	\$ 3.42	\$ 3.86	\$ 4.29	\$ 4.74	\$ 5.17
21	\$ 1.20	\$ 1.65	\$ 2.09	\$ 2.54	\$ 2.97	\$ 3.42	\$ 3.86	\$ 4.29	\$ 4.74	\$ 5.17
22	\$ 1.20	\$ 1.65	\$ 2.09	\$ 2.54	\$ 2.97	\$ 3.42	\$ 3.86	\$ 4.29	\$ 4.74	\$ 5.17
23	\$ 1.20	\$ 1.65	\$ 2.09	\$ 2.54	\$ 2.97	\$ 3.42	\$ 3.86	\$ 4.29	\$ 4.74	\$ 5.17
24	\$ 1.20	\$ 1.66	\$ 2.09	\$ 2.55	\$ 2.98	\$ 3.44	\$ 3.87	\$ 4.31	\$ 4.76	\$ 5.19
25	\$ 1.21	\$ 1.67	\$ 2.10	\$ 2.56	\$ 3.00	\$ 3.46	\$ 3.90	\$ 4.34	\$ 4.79	\$ 5.23
26	\$ 1.23	\$ 1.68	\$ 2.14	\$ 2.59	\$ 3.05	\$ 3.50	\$ 3.96	\$ 4.41	\$ 4.87	\$ 5.32
27	\$ 1.24	\$ 1.70	\$ 2.17	\$ 2.63	\$ 3.10	\$ 3.57	\$ 4.03	\$ 4.49	\$ 4.96	\$ 5.42
28	\$ 1.25	\$ 1.73	\$ 2.21	\$ 2.70	\$ 3.16	\$ 3.65	\$ 4.13	\$ 4.60	\$ 5.09	\$ 5.57
29	\$ 1.26	\$ 1.76	\$ 2.25	\$ 2.75	\$ 3.24	\$ 3.74	\$ 4.23	\$ 4.72	\$ 5.22	\$ 5.71
30	\$ 1.28	\$ 1.79	\$ 2.30	\$ 2.81	\$ 3.31	\$ 3.82	\$ 4.33	\$ 4.84	\$ 5.35	\$ 5.86
31	\$ 1.30	\$ 1.81	\$ 2.34	\$ 2.86	\$ 3.39	\$ 3.91	\$ 4.43	\$ 4.96	\$ 5.49	\$ 6.00
32	\$ 1.31	\$ 1.85	\$ 2.38	\$ 2.92	\$ 3.46	\$ 4.01	\$ 4.56	\$ 5.09	\$ 5.63	\$ 6.17
33	\$ 1.33	\$ 1.89	\$ 2.46	\$ 3.02	\$ 3.58	\$ 4.14	\$ 4.70	\$ 5.27	\$ 5.83	\$ 6.39
34	\$ 1.35	\$ 1.95	\$ 2.54	\$ 3.12	\$ 3.72	\$ 4.30	\$ 4.88	\$ 5.48	\$ 6.07	\$ 6.66
35	\$ 1.39	\$ 2.01	\$ 2.62	\$ 3.24	\$ 3.86	\$ 4.47	\$ 5.10	\$ 5.70	\$ 6.32	\$ 6.94
36	\$ 1.43	\$ 2.07	\$ 2.73	\$ 3.38	\$ 4.03	\$ 4.67	\$ 5.33	\$ 5.99	\$ 6.64	\$ 7.29
37	\$ 1.46	\$ 2.16	\$ 2.84	\$ 3.53	\$ 4.23	\$ 4.92	\$ 5.60	\$ 6.30	\$ 6.99	\$ 7.68
38	\$ 1.51	\$ 2.25	\$ 2.99	\$ 3.72	\$ 4.47	\$ 5.20	\$ 5.94	\$ 6.69	\$ 7.42	\$ 8.16
39	\$ 1.56	\$ 2.34	\$ 3.13	\$ 3.93	\$ 4.71	\$ 5.50	\$ 6.29	\$ 7.07	\$ 7.86	\$ 8.66
40	\$ 1.61	\$ 2.46	\$ 3.31	\$ 4.15	\$ 5.00	\$ 5.84	\$ 6.68	\$ 7.54	\$ 8.39	\$ 9.23
41	\$ 1.68	\$ 2.59	\$ 3.49	\$ 4.40	\$ 5.31	\$ 6.22	\$ 7.12	\$ 8.03	\$ 8.94	\$ 9.85
42	\$ 1.75	\$ 2.71	\$ 3.69	\$ 4.66	\$ 5.64	\$ 6.60	\$ 7.58	\$ 8.55	\$ 9.53	\$ 10.49
43	\$ 1.80	\$ 2.84	\$ 3.87	\$ 4.91	\$ 5.95	\$ 6.99	\$ 8.01	\$ 9.05	\$ 10.08	\$ 11.12
44	\$ 1.88	\$ 2.98	\$ 4.09	\$ 5.20	\$ 6.31	\$ 7.42	\$ 8.53	\$ 9.63	\$ 10.74	\$ 11.85
45	\$ 1.96	\$ 3.15	\$ 4.33	\$ 5.52	\$ 6.71	\$ 7.90	\$ 9.08	\$ 10.26	\$ 11.46	\$ 12.65
46	\$ 2.04	\$ 3.31	\$ 4.59	\$ 5.86	\$ 7.13	\$ 8.40	\$ 9.67	\$ 10.94	\$ 12.22	\$ 13.49
47	\$ 2.13	\$ 3.48	\$ 4.84	\$ 6.20	\$ 7.56	\$ 8.91	\$ 10.27	\$ 11.64	\$ 12.98	\$ 14.34
48	\$ 2.21	\$ 3.67	\$ 5.11	\$ 6.56	\$ 7.99	\$ 9.45	\$ 10.89	\$ 12.33	\$ 13.78	\$ 15.23
49	\$ 2.31	\$ 3.84	\$ 5.38	\$ 6.90	\$ 8.44	\$ 9.97	\$ 11.52	\$ 13.05	\$ 14.59	\$ 16.12
50	\$ 2.40	\$ 4.03	\$ 5.66	\$ 7.30	\$ 8.93	\$ 10.56	\$ 12.19	\$ 13.82	\$ 15.45	\$ 17.09
51	\$ 2.50	\$ 4.23	\$ 5.97	\$ 7.71	\$ 9.43	\$ 11.16	\$ 12.90	\$ 14.62	\$ 16.36	\$ 18.10
52	\$ 2.62	\$ 4.47	\$ 6.32	\$ 8.16	\$ 10.01	\$ 11.86	\$ 13.71	\$ 15.56	\$ 17.41	\$ 19.25
53	\$ 2.75	\$ 4.72	\$ 6.69	\$ 8.67	\$ 10.64	\$ 12.62	\$ 14.60	\$ 16.58	\$ 18.54	\$ 20.52
54	\$ 2.89	\$ 5.00	\$ 7.12	\$ 9.23	\$ 11.35	\$ 13.46	\$ 15.59	\$ 17.70	\$ 19.81	\$ 21.93
55	\$ 3.03	\$ 5.31	\$ 7.56	\$ 9.84	\$ 12.10	\$ 14.38	\$ 16.64	\$ 18.90	\$ 21.17	\$ 23.43
56	\$ 3.22	\$ 5.67	\$ 8.12	\$ 10.55	\$ 13.01	\$ 15.46	\$ 17.90	\$ 20.36	\$ 22.81	\$ 25.25
57	\$ 3.42	\$ 6.07	\$ 8.70	\$ 11.35	\$ 14.00	\$ 16.65	\$ 19.30	\$ 21.93	\$ 24.58	\$ 27.23
58	\$ 3.62	\$ 6.47	\$ 9.34	\$ 12.20	\$ 15.05	\$ 17.90	\$ 20.76	\$ 23.62	\$ 26.47	\$ 29.33
59	\$ 3.84	\$ 6.93	\$ 9.99	\$ 13.08	\$ 16.15	\$ 19.22	\$ 22.31	\$ 25.37	\$ 28.45	\$ 31.53
60	\$ 3.89	\$ 7.01	\$ 10.13	\$ 13.24	\$ 16.37	\$ 19.48	\$ 22.60	\$ 25.73	\$ 28.84	\$ 31.96
61	\$ 4.12	\$ 7.48	\$ 10.82	\$ 14.18	\$ 17.53	\$ 20.89	\$ 24.23	\$ 27.58	\$ 30.94	\$ 34.29
62	\$ 4.38	\$ 7.99	\$ 11.61	\$ 15.22	\$ 18.83	\$ 22.44	\$ 26.05	\$ 29.67	\$ 33.28	\$ 36.89
63	\$ 4.68	\$ 8.59	\$ 12.49	\$ 16.41	\$ 20.32	\$ 24.23	\$ 28.14	\$ 32.04	\$ 35.95	\$ 39.87
64	\$ 5.01	\$ 9.25	\$ 13.49	\$ 17.72	\$ 21.97	\$ 26.20	\$ 30.44	\$ 34.68	\$ 38.92	\$ 43.15
65	\$ 5.37	\$ 9.96	\$ 14.56	\$ 19.15	\$ 23.75	\$ 28.34	\$ 32.95	\$ 37.54	\$ 42.14	\$ 46.73
66	\$ 5.77	\$ 10.78	\$ 15.78	\$ 20.79	\$ 25.79	\$ 30.80	\$ 35.79	\$ 40.80	\$ 45.80	\$ 50.81
67	\$ 6.24	\$ 11.72	\$ 17.19	\$ 22.67	\$ 28.15	\$ 33.62	\$ 39.10	\$ 44.57	\$ 50.04	\$ 55.52
68	\$ 6.76	\$ 12.76	\$ 18.75	\$ 24.74	\$ 30.75	\$ 36.74	\$ 42.73	\$ 48.72	\$ 54.72	\$ 60.71
69	\$ 7.35	\$ 13.92	\$ 20.49	\$ 27.06	\$ 33.64	\$ 40.21	\$ 46.79	\$ 53.35	\$ 59.93	\$ 66.50
70	\$ 8.04	\$ 15.30	\$ 22.57	\$ 29.83	\$ 37.09	\$ 44.36	\$ 51.63	\$ 58.90	\$ 66.16	\$ 73.42

Employee Rates Include: Additional Benefits for Accidental Death, Waiver of Premium (Issue Ages 18 - 59)



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Underwritten by:
Continental American Insurance Company

2801 Dunes Street | Columbia, South Carolina 29205

GROUP TERM LIFE INSURANCE



US Retail Pet Supplies Plus - Biweekly (26pp/yr) Non Tobacco - 10 Year Term - Employee

Issue Age	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000	\$80,000	\$85,000	\$90,000	\$95,000	\$100,000
18	\$ 5.63	\$ 6.06	\$ 6.51	\$ 6.94	\$ 7.38	\$ 7.83	\$ 8.26	\$ 8.71	\$ 9.14	\$ 9.59
19	\$ 5.63	\$ 6.06	\$ 6.51	\$ 6.94	\$ 7.38	\$ 7.83	\$ 8.26	\$ 8.71	\$ 9.14	\$ 9.59
20	\$ 5.63	\$ 6.06	\$ 6.51	\$ 6.94	\$ 7.38	\$ 7.83	\$ 8.26	\$ 8.71	\$ 9.14	\$ 9.59
21	\$ 5.63	\$ 6.06	\$ 6.51	\$ 6.94	\$ 7.38	\$ 7.83	\$ 8.26	\$ 8.71	\$ 9.14	\$ 9.59
22	\$ 5.63	\$ 6.06	\$ 6.51	\$ 6.94	\$ 7.38	\$ 7.83	\$ 8.26	\$ 8.71	\$ 9.14	\$ 9.59
23	\$ 5.63	\$ 6.06	\$ 6.51	\$ 6.94	\$ 7.38	\$ 7.83	\$ 8.26	\$ 8.71	\$ 9.14	\$ 9.59
24	\$ 5.65	\$ 6.08	\$ 6.54	\$ 6.97	\$ 7.41	\$ 7.86	\$ 8.29	\$ 8.75	\$ 9.18	\$ 9.62
25	\$ 5.69	\$ 6.13	\$ 6.59	\$ 7.02	\$ 7.47	\$ 7.92	\$ 8.37	\$ 8.82	\$ 9.25	\$ 9.70
26	\$ 5.78	\$ 6.23	\$ 6.70	\$ 7.14	\$ 7.60	\$ 8.05	\$ 8.51	\$ 8.96	\$ 9.42	\$ 9.87
27	\$ 5.90	\$ 6.35	\$ 6.83	\$ 7.29	\$ 7.75	\$ 8.23	\$ 8.68	\$ 9.16	\$ 9.61	\$ 10.08
28	\$ 6.06	\$ 6.53	\$ 7.02	\$ 7.49	\$ 7.96	\$ 8.45	\$ 8.93	\$ 9.41	\$ 9.89	\$ 10.37
29	\$ 6.22	\$ 6.70	\$ 7.20	\$ 7.69	\$ 8.18	\$ 8.68	\$ 9.17	\$ 9.67	\$ 10.16	\$ 10.66
30	\$ 6.37	\$ 6.88	\$ 7.39	\$ 7.89	\$ 8.40	\$ 8.91	\$ 9.42	\$ 9.93	\$ 10.44	\$ 10.95
31	\$ 6.53	\$ 7.05	\$ 7.58	\$ 8.10	\$ 8.62	\$ 9.15	\$ 9.66	\$ 10.19	\$ 10.72	\$ 11.24
32	\$ 6.71	\$ 7.25	\$ 7.79	\$ 8.32	\$ 8.86	\$ 9.40	\$ 9.94	\$ 10.49	\$ 11.02	\$ 11.57
33	\$ 6.95	\$ 7.52	\$ 8.08	\$ 8.64	\$ 9.20	\$ 9.76	\$ 10.33	\$ 10.89	\$ 11.45	\$ 12.01
34	\$ 7.24	\$ 7.83	\$ 8.43	\$ 9.01	\$ 9.60	\$ 10.19	\$ 10.77	\$ 11.36	\$ 11.96	\$ 12.54
35	\$ 7.56	\$ 8.18	\$ 8.80	\$ 9.40	\$ 10.03	\$ 10.64	\$ 11.27	\$ 11.88	\$ 12.49	\$ 13.11
36	\$ 7.94	\$ 8.60	\$ 9.26	\$ 9.89	\$ 10.55	\$ 11.20	\$ 11.86	\$ 12.50	\$ 13.16	\$ 13.82
37	\$ 8.37	\$ 9.06	\$ 9.76	\$ 10.45	\$ 11.14	\$ 11.83	\$ 12.52	\$ 13.21	\$ 13.91	\$ 14.59
38	\$ 8.90	\$ 9.64	\$ 10.38	\$ 11.11	\$ 11.85	\$ 12.58	\$ 13.33	\$ 14.06	\$ 14.80	\$ 15.55
39	\$ 9.44	\$ 10.23	\$ 11.02	\$ 11.80	\$ 12.59	\$ 13.38	\$ 14.17	\$ 14.96	\$ 15.75	\$ 16.53
40	\$ 10.08	\$ 10.92	\$ 11.78	\$ 12.62	\$ 13.46	\$ 14.31	\$ 15.15	\$ 15.99	\$ 16.85	\$ 17.69
41	\$ 10.75	\$ 11.66	\$ 12.57	\$ 13.49	\$ 14.39	\$ 15.30	\$ 16.20	\$ 17.12	\$ 18.02	\$ 18.93
42	\$ 11.47	\$ 12.44	\$ 13.42	\$ 14.38	\$ 15.35	\$ 16.33	\$ 17.29	\$ 18.27	\$ 19.24	\$ 20.22
43	\$ 12.15	\$ 13.18	\$ 14.23	\$ 15.26	\$ 16.30	\$ 17.33	\$ 18.37	\$ 19.40	\$ 20.44	\$ 21.46
44	\$ 12.95	\$ 14.06	\$ 15.18	\$ 16.28	\$ 17.39	\$ 18.49	\$ 19.60	\$ 20.71	\$ 21.81	\$ 22.92
45	\$ 13.82	\$ 15.02	\$ 16.21	\$ 17.39	\$ 18.59	\$ 19.76	\$ 20.95	\$ 22.15	\$ 23.33	\$ 24.51
46	\$ 14.76	\$ 16.03	\$ 17.30	\$ 18.56	\$ 19.85	\$ 21.11	\$ 22.39	\$ 23.65	\$ 24.93	\$ 26.19
47	\$ 15.71	\$ 17.06	\$ 18.42	\$ 19.78	\$ 21.13	\$ 22.49	\$ 23.85	\$ 25.20	\$ 26.56	\$ 27.92
48	\$ 16.68	\$ 18.12	\$ 19.58	\$ 21.01	\$ 22.45	\$ 23.90	\$ 25.35	\$ 26.80	\$ 28.24	\$ 29.69
49	\$ 17.65	\$ 19.18	\$ 20.72	\$ 22.25	\$ 23.79	\$ 25.32	\$ 26.86	\$ 28.39	\$ 29.92	\$ 31.46
50	\$ 18.72	\$ 20.35	\$ 21.98	\$ 23.60	\$ 25.24	\$ 26.86	\$ 28.51	\$ 30.13	\$ 31.77	\$ 33.39
51	\$ 19.82	\$ 21.56	\$ 23.29	\$ 25.02	\$ 26.76	\$ 28.48	\$ 30.22	\$ 31.95	\$ 33.68	\$ 35.42
52	\$ 21.10	\$ 22.95	\$ 24.80	\$ 26.63	\$ 28.48	\$ 30.33	\$ 32.17	\$ 34.02	\$ 35.87	\$ 37.72
53	\$ 22.50	\$ 24.47	\$ 26.46	\$ 28.44	\$ 30.40	\$ 32.38	\$ 34.36	\$ 36.33	\$ 38.31	\$ 40.29
54	\$ 24.05	\$ 26.16	\$ 28.28	\$ 30.39	\$ 32.51	\$ 34.63	\$ 36.74	\$ 38.85	\$ 40.97	\$ 43.10
55	\$ 25.71	\$ 27.97	\$ 30.25	\$ 32.51	\$ 34.76	\$ 37.04	\$ 39.30	\$ 41.58	\$ 43.84	\$ 46.10
56	\$ 27.70	\$ 30.14	\$ 32.60	\$ 35.05	\$ 37.49	\$ 39.95	\$ 42.39	\$ 44.83	\$ 47.29	\$ 49.73
57	\$ 29.88	\$ 32.53	\$ 35.18	\$ 37.81	\$ 40.46	\$ 43.11	\$ 45.76	\$ 48.41	\$ 51.04	\$ 53.69
58	\$ 32.19	\$ 35.04	\$ 37.90	\$ 40.75	\$ 43.60	\$ 46.47	\$ 49.32	\$ 52.17	\$ 55.03	\$ 57.89
59	\$ 34.61	\$ 37.69	\$ 40.76	\$ 43.83	\$ 46.91	\$ 49.99	\$ 53.07	\$ 56.14	\$ 59.21	\$ 62.29
60	\$ 35.08	\$ 38.20	\$ 41.33	\$ 44.44	\$ 47.56	\$ 50.68	\$ 53.80	\$ 56.91	\$ 60.04	\$ 63.16
61	\$ 37.64	\$ 40.99	\$ 44.35	\$ 47.70	\$ 51.05	\$ 54.40	\$ 57.75	\$ 61.11	\$ 64.46	\$ 67.80
62	\$ 40.50	\$ 44.11	\$ 47.73	\$ 51.33	\$ 54.94	\$ 58.55	\$ 62.16	\$ 65.77	\$ 69.39	\$ 73.00
63	\$ 43.78	\$ 47.69	\$ 51.60	\$ 55.50	\$ 59.41	\$ 63.32	\$ 67.24	\$ 71.15	\$ 75.05	\$ 78.96
64	\$ 47.40	\$ 51.63	\$ 55.88	\$ 60.11	\$ 64.35	\$ 68.59	\$ 72.83	\$ 77.06	\$ 81.31	\$ 85.54
65	\$ 51.33	\$ 55.92	\$ 60.52	\$ 65.12	\$ 69.71	\$ 74.31	\$ 78.90	\$ 83.50	\$ 88.09	\$ 92.70
66	\$ 55.81	\$ 60.82	\$ 65.82	\$ 70.82	\$ 75.83	\$ 80.83	\$ 85.84	\$ 90.84	\$ 95.85	\$ 100.84
67	\$ 60.99	\$ 66.47	\$ 71.95	\$ 77.42	\$ 82.90	\$ 88.37	\$ 93.85	\$ 99.32	\$ 104.79	\$ 110.27
68	\$ 66.70	\$ 72.70	\$ 78.70	\$ 84.69	\$ 90.69	\$ 96.68	\$ 102.67	\$ 108.67	\$ 114.66	\$ 120.65
69	\$ 73.08	\$ 79.65	\$ 86.23	\$ 92.79	\$ 99.37	\$ 105.94	\$ 112.52	\$ 119.09	\$ 125.66	\$ 132.23
70	\$ 80.69	\$ 87.95	\$ 95.22	\$ 102.49	\$ 109.75	\$ 117.02	\$ 124.28	\$ 131.54	\$ 138.81	\$ 146.08

Employee Rates Include: Additional Benefits for Accidental Death, Waiver of Premium (Issue Ages 18 - 59)



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Underwritten by:
Continental American Insurance Company
2001 Dwayne Street | Columbia, South Carolina 29205

GROUP TERM LIFE INSURANCE



US Retail Pet Supplies Plus - Biweekly (26pp/yr) Tobacco - 10 Year Term - Employee

Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18	\$ 1.58	\$ 2.39	\$ 3.19	\$ 4.00	\$ 4.81	\$ 5.62	\$ 6.43	\$ 7.23	\$ 8.04	\$ 8.85
19	\$ 1.58	\$ 2.39	\$ 3.19	\$ 4.00	\$ 4.81	\$ 5.62	\$ 6.43	\$ 7.23	\$ 8.04	\$ 8.85
20	\$ 1.58	\$ 2.39	\$ 3.19	\$ 4.00	\$ 4.81	\$ 5.62	\$ 6.43	\$ 7.23	\$ 8.04	\$ 8.85
21	\$ 1.58	\$ 2.39	\$ 3.19	\$ 4.00	\$ 4.81	\$ 5.62	\$ 6.43	\$ 7.23	\$ 8.04	\$ 8.85
22	\$ 1.58	\$ 2.39	\$ 3.19	\$ 4.00	\$ 4.81	\$ 5.62	\$ 6.43	\$ 7.23	\$ 8.04	\$ 8.85
23	\$ 1.58	\$ 2.40	\$ 3.20	\$ 4.03	\$ 4.84	\$ 5.66	\$ 6.47	\$ 7.27	\$ 8.09	\$ 8.91
24	\$ 1.59	\$ 2.42	\$ 3.23	\$ 4.06	\$ 4.88	\$ 5.71	\$ 6.52	\$ 7.34	\$ 8.16	\$ 8.98
25	\$ 1.61	\$ 2.46	\$ 3.29	\$ 4.13	\$ 4.97	\$ 5.82	\$ 6.66	\$ 7.50	\$ 8.34	\$ 9.17
26	\$ 1.63	\$ 2.50	\$ 3.35	\$ 4.22	\$ 5.08	\$ 5.95	\$ 6.80	\$ 7.66	\$ 8.53	\$ 9.39
27	\$ 1.65	\$ 2.54	\$ 3.42	\$ 4.32	\$ 5.20	\$ 6.09	\$ 6.98	\$ 7.86	\$ 8.75	\$ 9.63
28	\$ 1.68	\$ 2.61	\$ 3.51	\$ 4.43	\$ 5.35	\$ 6.27	\$ 7.17	\$ 8.08	\$ 9.01	\$ 9.92
29	\$ 1.71	\$ 2.67	\$ 3.61	\$ 4.56	\$ 5.50	\$ 6.46	\$ 7.40	\$ 8.35	\$ 9.30	\$ 10.24
30	\$ 1.75	\$ 2.73	\$ 3.71	\$ 4.70	\$ 5.67	\$ 6.66	\$ 7.63	\$ 8.60	\$ 9.59	\$ 10.57
31	\$ 1.78	\$ 2.78	\$ 3.79	\$ 4.78	\$ 5.79	\$ 6.80	\$ 7.80	\$ 8.81	\$ 9.82	\$ 10.82
32	\$ 1.81	\$ 2.85	\$ 3.88	\$ 4.92	\$ 5.96	\$ 7.01	\$ 8.04	\$ 9.07	\$ 10.11	\$ 11.15
33	\$ 1.85	\$ 2.94	\$ 4.02	\$ 5.11	\$ 6.20	\$ 7.28	\$ 8.36	\$ 9.45	\$ 10.53	\$ 11.62
34	\$ 1.91	\$ 3.04	\$ 4.19	\$ 5.33	\$ 6.47	\$ 7.61	\$ 8.74	\$ 9.89	\$ 11.03	\$ 12.17
35	\$ 1.97	\$ 3.17	\$ 4.37	\$ 5.58	\$ 6.78	\$ 7.97	\$ 9.17	\$ 10.37	\$ 11.57	\$ 12.77
36	\$ 2.04	\$ 3.32	\$ 4.59	\$ 5.86	\$ 7.13	\$ 8.40	\$ 9.68	\$ 10.95	\$ 12.22	\$ 13.50
37	\$ 2.13	\$ 3.49	\$ 4.84	\$ 6.21	\$ 7.57	\$ 8.93	\$ 10.28	\$ 11.64	\$ 13.00	\$ 14.37
38	\$ 2.23	\$ 3.69	\$ 5.15	\$ 6.61	\$ 8.07	\$ 9.53	\$ 10.99	\$ 12.45	\$ 13.90	\$ 15.37
39	\$ 2.34	\$ 3.91	\$ 5.48	\$ 7.05	\$ 8.63	\$ 10.19	\$ 11.76	\$ 13.33	\$ 14.90	\$ 16.48
40	\$ 2.46	\$ 4.16	\$ 5.85	\$ 7.54	\$ 9.25	\$ 10.94	\$ 12.62	\$ 14.32	\$ 16.01	\$ 17.70
41	\$ 2.61	\$ 4.43	\$ 6.27	\$ 8.09	\$ 9.93	\$ 11.76	\$ 13.59	\$ 15.42	\$ 17.26	\$ 19.08
42	\$ 2.74	\$ 4.71	\$ 6.68	\$ 8.65	\$ 10.63	\$ 12.59	\$ 14.56	\$ 16.53	\$ 18.51	\$ 20.47
43	\$ 2.88	\$ 4.98	\$ 7.09	\$ 9.19	\$ 11.30	\$ 13.41	\$ 15.50	\$ 17.62	\$ 19.73	\$ 21.83
44	\$ 3.02	\$ 5.28	\$ 7.54	\$ 9.80	\$ 12.06	\$ 14.32	\$ 16.58	\$ 18.84	\$ 21.09	\$ 23.35
45	\$ 3.19	\$ 5.62	\$ 8.04	\$ 10.45	\$ 12.88	\$ 15.30	\$ 17.72	\$ 20.13	\$ 22.56	\$ 24.98
46	\$ 3.38	\$ 5.98	\$ 8.59	\$ 11.20	\$ 13.80	\$ 16.40	\$ 19.01	\$ 21.61	\$ 24.22	\$ 26.82
47	\$ 3.58	\$ 6.37	\$ 9.18	\$ 11.98	\$ 14.77	\$ 17.58	\$ 20.39	\$ 23.19	\$ 25.99	\$ 28.80
48	\$ 3.77	\$ 6.76	\$ 9.76	\$ 12.75	\$ 15.74	\$ 18.73	\$ 21.74	\$ 24.73	\$ 27.73	\$ 30.72
49	\$ 3.95	\$ 7.15	\$ 10.33	\$ 13.52	\$ 16.71	\$ 19.90	\$ 23.09	\$ 26.28	\$ 29.47	\$ 32.65
50	\$ 4.17	\$ 7.56	\$ 10.96	\$ 14.37	\$ 17.76	\$ 21.16	\$ 24.56	\$ 27.96	\$ 31.35	\$ 34.76
51	\$ 4.39	\$ 8.01	\$ 11.64	\$ 15.27	\$ 18.88	\$ 22.51	\$ 26.13	\$ 29.75	\$ 33.38	\$ 37.00
52	\$ 4.65	\$ 8.52	\$ 12.40	\$ 16.27	\$ 20.13	\$ 24.01	\$ 27.89	\$ 31.77	\$ 35.64	\$ 39.51
53	\$ 4.92	\$ 9.08	\$ 13.22	\$ 17.38	\$ 21.53	\$ 25.69	\$ 29.83	\$ 33.99	\$ 38.14	\$ 42.30
54	\$ 5.23	\$ 9.68	\$ 14.15	\$ 18.60	\$ 23.06	\$ 27.51	\$ 31.98	\$ 36.44	\$ 40.90	\$ 45.34
55	\$ 5.54	\$ 10.31	\$ 15.08	\$ 19.85	\$ 24.62	\$ 29.39	\$ 34.16	\$ 38.93	\$ 43.70	\$ 48.47
56	\$ 5.94	\$ 11.12	\$ 16.29	\$ 21.45	\$ 26.62	\$ 31.81	\$ 36.97	\$ 42.14	\$ 47.31	\$ 52.49
57	\$ 6.39	\$ 12.00	\$ 17.60	\$ 23.21	\$ 28.83	\$ 34.45	\$ 40.05	\$ 45.66	\$ 51.28	\$ 56.89
58	\$ 6.84	\$ 12.93	\$ 19.01	\$ 25.10	\$ 31.17	\$ 37.26	\$ 43.33	\$ 49.42	\$ 55.50	\$ 61.58
59	\$ 7.34	\$ 13.91	\$ 20.49	\$ 27.06	\$ 33.63	\$ 40.20	\$ 46.77	\$ 53.35	\$ 59.92	\$ 66.49
60	\$ 7.46	\$ 14.14	\$ 20.83	\$ 27.51	\$ 34.19	\$ 40.87	\$ 47.56	\$ 54.25	\$ 60.93	\$ 67.62
61	\$ 7.97	\$ 15.17	\$ 22.36	\$ 29.56	\$ 36.76	\$ 43.96	\$ 51.15	\$ 58.35	\$ 65.55	\$ 72.75
62	\$ 8.55	\$ 16.32	\$ 24.10	\$ 31.87	\$ 39.65	\$ 47.42	\$ 55.20	\$ 62.97	\$ 70.75	\$ 78.52
63	\$ 9.21	\$ 17.65	\$ 26.09	\$ 34.54	\$ 42.97	\$ 51.41	\$ 59.85	\$ 68.29	\$ 76.73	\$ 85.18
64	\$ 9.94	\$ 19.11	\$ 28.28	\$ 37.44	\$ 46.62	\$ 55.78	\$ 64.95	\$ 74.13	\$ 83.29	\$ 92.46
65	\$ 10.67	\$ 20.57	\$ 30.47	\$ 40.36	\$ 50.26	\$ 60.16	\$ 70.06	\$ 79.95	\$ 89.85	\$ 99.75
66	\$ 11.36	\$ 21.94	\$ 32.53	\$ 43.11	\$ 53.70	\$ 64.28	\$ 74.86	\$ 85.44	\$ 96.03	\$ 106.61
67	\$ 12.15	\$ 23.52	\$ 34.90	\$ 46.27	\$ 57.66	\$ 69.03	\$ 80.41	\$ 91.79	\$ 103.16	\$ 114.54
68	\$ 12.99	\$ 25.22	\$ 37.43	\$ 49.65	\$ 61.88	\$ 74.10	\$ 86.32	\$ 98.53	\$ 110.76	\$ 122.98
69	\$ 13.91	\$ 27.03	\$ 40.17	\$ 53.29	\$ 66.43	\$ 79.55	\$ 92.69	\$ 105.82	\$ 118.95	\$ 132.08
70	\$ 14.96	\$ 29.14	\$ 43.32	\$ 57.51	\$ 71.69	\$ 85.88	\$ 100.06	\$ 114.25	\$ 128.43	\$ 142.62

Employee Rates Include: Additional Benefits for Accidental Death, Waiver of Premium (Issue Ages 18 - 59)



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Underwritten by:
Continental American Insurance Company
2801 Devine Street | Columbia, South Carolina 29906

GROUP TERM LIFE INSURANCE



US Retail Pet Supplies Plus - Biweekly (26pp/yr) Tobacco - 10 Year Term - Employee

Issue Age	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000	\$80,000	\$85,000	\$90,000	\$95,000	\$100,000
18	\$ 9.66	\$ 10.47	\$ 11.28	\$ 12.08	\$ 12.89	\$ 13.70	\$ 14.51	\$ 15.31	\$ 16.12	\$ 16.93
19	\$ 9.66	\$ 10.47	\$ 11.28	\$ 12.08	\$ 12.89	\$ 13.70	\$ 14.51	\$ 15.31	\$ 16.12	\$ 16.93
20	\$ 9.66	\$ 10.47	\$ 11.28	\$ 12.08	\$ 12.89	\$ 13.70	\$ 14.51	\$ 15.31	\$ 16.12	\$ 16.93
21	\$ 9.66	\$ 10.47	\$ 11.28	\$ 12.08	\$ 12.89	\$ 13.70	\$ 14.51	\$ 15.31	\$ 16.12	\$ 16.93
22	\$ 9.66	\$ 10.47	\$ 11.28	\$ 12.08	\$ 12.89	\$ 13.70	\$ 14.51	\$ 15.31	\$ 16.12	\$ 16.93
23	\$ 9.73	\$ 10.54	\$ 11.35	\$ 12.16	\$ 12.97	\$ 13.79	\$ 14.61	\$ 15.43	\$ 16.23	\$ 17.04
24	\$ 9.81	\$ 10.63	\$ 11.46	\$ 12.27	\$ 13.09	\$ 13.92	\$ 14.74	\$ 15.57	\$ 16.38	\$ 17.19
25	\$ 10.02	\$ 10.86	\$ 11.71	\$ 12.55	\$ 13.38	\$ 14.23	\$ 15.06	\$ 15.91	\$ 16.75	\$ 17.59
26	\$ 10.25	\$ 11.11	\$ 11.98	\$ 12.84	\$ 13.70	\$ 14.56	\$ 15.42	\$ 16.29	\$ 17.15	\$ 18.00
27	\$ 10.53	\$ 11.41	\$ 12.30	\$ 13.18	\$ 14.06	\$ 14.95	\$ 15.83	\$ 16.72	\$ 17.61	\$ 18.50
28	\$ 10.83	\$ 11.75	\$ 12.67	\$ 13.58	\$ 14.50	\$ 15.41	\$ 16.32	\$ 17.25	\$ 18.16	\$ 19.06
29	\$ 11.19	\$ 12.14	\$ 13.09	\$ 14.04	\$ 14.98	\$ 15.94	\$ 16.87	\$ 17.83	\$ 18.77	\$ 19.72
30	\$ 11.56	\$ 12.53	\$ 13.52	\$ 14.50	\$ 15.47	\$ 16.46	\$ 17.44	\$ 18.42	\$ 19.40	\$ 20.37
31	\$ 11.83	\$ 12.82	\$ 13.84	\$ 14.85	\$ 15.85	\$ 16.86	\$ 17.86	\$ 18.87	\$ 19.88	\$ 20.87
32	\$ 12.19	\$ 13.23	\$ 14.27	\$ 15.30	\$ 16.34	\$ 17.38	\$ 18.42	\$ 19.47	\$ 20.50	\$ 21.53
33	\$ 12.71	\$ 13.79	\$ 14.87	\$ 15.96	\$ 17.04	\$ 18.12	\$ 19.22	\$ 20.30	\$ 21.38	\$ 22.47
34	\$ 13.31	\$ 14.44	\$ 15.59	\$ 16.73	\$ 17.86	\$ 19.00	\$ 20.14	\$ 21.28	\$ 22.43	\$ 23.56
35	\$ 13.97	\$ 15.18	\$ 16.38	\$ 17.57	\$ 18.78	\$ 19.98	\$ 21.18	\$ 22.38	\$ 23.58	\$ 24.79
36	\$ 14.76	\$ 16.04	\$ 17.32	\$ 18.59	\$ 19.86	\$ 21.12	\$ 22.41	\$ 23.67	\$ 24.95	\$ 26.22
37	\$ 15.72	\$ 17.07	\$ 18.43	\$ 19.79	\$ 21.15	\$ 22.50	\$ 23.87	\$ 25.23	\$ 26.59	\$ 27.94
38	\$ 16.83	\$ 18.29	\$ 19.75	\$ 21.19	\$ 22.66	\$ 24.12	\$ 25.58	\$ 27.04	\$ 28.49	\$ 29.96
39	\$ 18.04	\$ 19.62	\$ 21.19	\$ 22.75	\$ 24.33	\$ 25.89	\$ 27.47	\$ 29.04	\$ 30.61	\$ 32.18
40	\$ 19.40	\$ 21.09	\$ 22.80	\$ 24.49	\$ 26.18	\$ 27.88	\$ 29.57	\$ 31.26	\$ 32.96	\$ 34.64
41	\$ 20.93	\$ 22.75	\$ 24.59	\$ 26.43	\$ 28.25	\$ 30.09	\$ 31.91	\$ 33.75	\$ 35.58	\$ 37.41
42	\$ 22.44	\$ 24.42	\$ 26.39	\$ 28.35	\$ 30.34	\$ 32.31	\$ 34.27	\$ 36.25	\$ 38.22	\$ 40.19
43	\$ 23.94	\$ 26.04	\$ 28.15	\$ 30.26	\$ 32.36	\$ 34.47	\$ 36.57	\$ 38.68	\$ 40.79	\$ 42.88
44	\$ 25.61	\$ 27.87	\$ 30.13	\$ 32.38	\$ 34.65	\$ 36.90	\$ 39.16	\$ 41.41	\$ 43.68	\$ 45.93
45	\$ 27.40	\$ 29.82	\$ 32.25	\$ 34.66	\$ 37.09	\$ 39.50	\$ 41.93	\$ 44.36	\$ 46.77	\$ 49.19
46	\$ 29.43	\$ 32.04	\$ 34.64	\$ 37.24	\$ 39.86	\$ 42.45	\$ 45.07	\$ 47.67	\$ 50.27	\$ 52.88
47	\$ 31.59	\$ 34.39	\$ 37.20	\$ 40.00	\$ 42.80	\$ 45.60	\$ 48.40	\$ 51.20	\$ 54.00	\$ 56.81
48	\$ 33.72	\$ 36.71	\$ 39.71	\$ 42.70	\$ 45.69	\$ 48.69	\$ 51.68	\$ 54.68	\$ 57.67	\$ 60.67
49	\$ 35.85	\$ 39.03	\$ 42.22	\$ 45.41	\$ 48.59	\$ 51.78	\$ 54.97	\$ 58.16	\$ 61.34	\$ 64.54
50	\$ 38.15	\$ 41.56	\$ 44.95	\$ 48.34	\$ 51.75	\$ 55.13	\$ 58.54	\$ 61.94	\$ 65.34	\$ 68.73
51	\$ 40.62	\$ 44.25	\$ 47.88	\$ 51.49	\$ 55.11	\$ 58.73	\$ 62.36	\$ 65.99	\$ 69.60	\$ 73.22
52	\$ 43.39	\$ 47.26	\$ 51.14	\$ 55.01	\$ 58.88	\$ 62.76	\$ 66.63	\$ 70.50	\$ 74.38	\$ 78.26
53	\$ 46.44	\$ 50.60	\$ 54.76	\$ 58.91	\$ 63.06	\$ 67.21	\$ 71.37	\$ 75.52	\$ 79.68	\$ 83.82
54	\$ 49.81	\$ 54.27	\$ 58.73	\$ 63.18	\$ 67.64	\$ 72.10	\$ 76.55	\$ 81.01	\$ 85.47	\$ 89.94
55	\$ 53.24	\$ 58.01	\$ 62.79	\$ 67.55	\$ 72.32	\$ 77.09	\$ 81.86	\$ 86.63	\$ 91.40	\$ 96.17
56	\$ 57.66	\$ 62.82	\$ 68.01	\$ 73.18	\$ 78.34	\$ 83.51	\$ 88.69	\$ 93.86	\$ 99.03	\$ 104.19
57	\$ 62.50	\$ 68.11	\$ 73.73	\$ 79.34	\$ 84.94	\$ 90.56	\$ 96.17	\$ 101.79	\$ 107.40	\$ 113.00
58	\$ 67.66	\$ 73.74	\$ 79.82	\$ 85.90	\$ 91.98	\$ 98.06	\$ 104.14	\$ 110.22	\$ 116.31	\$ 122.38
59	\$ 73.06	\$ 79.63	\$ 86.21	\$ 92.78	\$ 99.35	\$ 105.92	\$ 112.49	\$ 119.07	\$ 125.64	\$ 132.21
60	\$ 74.30	\$ 80.99	\$ 87.68	\$ 94.35	\$ 101.04	\$ 107.72	\$ 114.41	\$ 121.09	\$ 127.78	\$ 134.47
61	\$ 79.94	\$ 87.14	\$ 94.35	\$ 101.55	\$ 108.75	\$ 115.94	\$ 123.14	\$ 130.34	\$ 137.54	\$ 144.73
62	\$ 86.30	\$ 94.07	\$ 101.85	\$ 109.62	\$ 117.39	\$ 125.17	\$ 132.94	\$ 140.72	\$ 148.49	\$ 156.27
63	\$ 93.62	\$ 102.06	\$ 110.50	\$ 118.93	\$ 127.37	\$ 135.81	\$ 144.26	\$ 152.70	\$ 161.14	\$ 169.58
64	\$ 101.63	\$ 110.80	\$ 119.98	\$ 129.14	\$ 138.31	\$ 147.48	\$ 156.65	\$ 165.81	\$ 174.99	\$ 184.16
65	\$ 109.65	\$ 119.54	\$ 129.45	\$ 139.35	\$ 149.24	\$ 159.14	\$ 169.04	\$ 178.94	\$ 188.83	\$ 198.73
66	\$ 117.20	\$ 127.78	\$ 138.37	\$ 148.96	\$ 159.54	\$ 170.13	\$ 180.71	\$ 191.30	\$ 201.88	\$ 212.46
67	\$ 125.91	\$ 137.29	\$ 148.68	\$ 160.05	\$ 171.43	\$ 182.80	\$ 194.18	\$ 205.55	\$ 216.93	\$ 228.31
68	\$ 135.20	\$ 147.43	\$ 159.65	\$ 171.86	\$ 184.09	\$ 196.31	\$ 208.53	\$ 220.76	\$ 232.97	\$ 245.19
69	\$ 145.21	\$ 158.34	\$ 171.48	\$ 184.60	\$ 197.74	\$ 210.86	\$ 224.00	\$ 237.12	\$ 250.26	\$ 263.39
70	\$ 156.80	\$ 170.98	\$ 185.17	\$ 199.36	\$ 213.54	\$ 227.72	\$ 241.91	\$ 256.09	\$ 270.28	\$ 284.46

Employee Rates Include: Additional Benefits for Accidental Death, Waiver of Premium (Issue Ages 18 - 59)



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GROUP TERM LIFE INSURANCE

TL^G

US Retail Pet Supplies Plus - Biweekly (26pp/yr)

Non Tobacco - 10 Year Term - Spouse

Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18	\$ 0.43	\$ 0.88	\$ 1.32	\$ 1.77	\$ 2.20	\$ 2.65	\$ 3.09	\$ 3.52	\$ 3.97	\$ 4.40
19	\$ 0.43	\$ 0.88	\$ 1.32	\$ 1.77	\$ 2.20	\$ 2.65	\$ 3.09	\$ 3.52	\$ 3.97	\$ 4.40
20	\$ 0.43	\$ 0.88	\$ 1.32	\$ 1.77	\$ 2.20	\$ 2.65	\$ 3.09	\$ 3.52	\$ 3.97	\$ 4.40
21	\$ 0.43	\$ 0.88	\$ 1.32	\$ 1.77	\$ 2.20	\$ 2.65	\$ 3.09	\$ 3.52	\$ 3.97	\$ 4.40
22	\$ 0.43	\$ 0.88	\$ 1.32	\$ 1.77	\$ 2.20	\$ 2.65	\$ 3.09	\$ 3.52	\$ 3.97	\$ 4.40
23	\$ 0.43	\$ 0.88	\$ 1.32	\$ 1.77	\$ 2.20	\$ 2.65	\$ 3.09	\$ 3.52	\$ 3.97	\$ 4.40
24	\$ 0.43	\$ 0.89	\$ 1.32	\$ 1.78	\$ 2.21	\$ 2.67	\$ 3.10	\$ 3.54	\$ 3.99	\$ 4.42
25	\$ 0.44	\$ 0.90	\$ 1.33	\$ 1.79	\$ 2.23	\$ 2.69	\$ 3.13	\$ 3.57	\$ 4.02	\$ 4.46
26	\$ 0.46	\$ 0.91	\$ 1.37	\$ 1.82	\$ 2.28	\$ 2.73	\$ 3.19	\$ 3.64	\$ 4.10	\$ 4.55
27	\$ 0.47	\$ 0.93	\$ 1.40	\$ 1.86	\$ 2.33	\$ 2.80	\$ 3.26	\$ 3.72	\$ 4.19	\$ 4.65
28	\$ 0.48	\$ 0.96	\$ 1.44	\$ 1.93	\$ 2.39	\$ 2.88	\$ 3.36	\$ 3.83	\$ 4.32	\$ 4.80
29	\$ 0.49	\$ 0.99	\$ 1.48	\$ 1.98	\$ 2.47	\$ 2.97	\$ 3.46	\$ 3.95	\$ 4.45	\$ 4.94
30	\$ 0.51	\$ 1.02	\$ 1.53	\$ 2.04	\$ 2.54	\$ 3.05	\$ 3.56	\$ 4.07	\$ 4.58	\$ 5.09
31	\$ 0.53	\$ 1.04	\$ 1.57	\$ 2.09	\$ 2.62	\$ 3.14	\$ 3.66	\$ 4.19	\$ 4.72	\$ 5.23
32	\$ 0.54	\$ 1.08	\$ 1.61	\$ 2.15	\$ 2.69	\$ 3.24	\$ 3.79	\$ 4.32	\$ 4.86	\$ 5.40
33	\$ 0.56	\$ 1.12	\$ 1.69	\$ 2.25	\$ 2.81	\$ 3.37	\$ 3.93	\$ 4.50	\$ 5.06	\$ 5.62
34	\$ 0.58	\$ 1.18	\$ 1.77	\$ 2.35	\$ 2.95	\$ 3.53	\$ 4.11	\$ 4.71	\$ 5.30	\$ 5.89
35	\$ 0.62	\$ 1.24	\$ 1.85	\$ 2.47	\$ 3.09	\$ 3.70	\$ 4.33	\$ 4.93	\$ 5.55	\$ 6.17
36	\$ 0.66	\$ 1.30	\$ 1.96	\$ 2.61	\$ 3.26	\$ 3.90	\$ 4.56	\$ 5.22	\$ 5.87	\$ 6.52
37	\$ 0.69	\$ 1.39	\$ 2.07	\$ 2.76	\$ 3.46	\$ 4.15	\$ 4.83	\$ 5.53	\$ 6.22	\$ 6.91
38	\$ 0.74	\$ 1.48	\$ 2.22	\$ 2.95	\$ 3.70	\$ 4.43	\$ 5.17	\$ 5.92	\$ 6.65	\$ 7.39
39	\$ 0.79	\$ 1.57	\$ 2.36	\$ 3.16	\$ 3.94	\$ 4.73	\$ 5.52	\$ 6.30	\$ 7.09	\$ 7.89
40	\$ 0.84	\$ 1.69	\$ 2.54	\$ 3.38	\$ 4.23	\$ 5.07	\$ 5.91	\$ 6.77	\$ 7.62	\$ 8.46
41	\$ 0.91	\$ 1.82	\$ 2.72	\$ 3.63	\$ 4.54	\$ 5.45	\$ 6.35	\$ 7.26	\$ 8.17	\$ 9.08
42	\$ 0.98	\$ 1.94	\$ 2.92	\$ 3.89	\$ 4.87	\$ 5.83	\$ 6.81	\$ 7.78	\$ 8.76	\$ 9.72
43	\$ 1.03	\$ 2.07	\$ 3.10	\$ 4.14	\$ 5.18	\$ 6.22	\$ 7.24	\$ 8.28	\$ 9.31	\$ 10.35
44	\$ 1.11	\$ 2.21	\$ 3.32	\$ 4.43	\$ 5.54	\$ 6.65	\$ 7.76	\$ 8.86	\$ 9.97	\$ 11.08
45	\$ 1.19	\$ 2.38	\$ 3.56	\$ 4.75	\$ 5.94	\$ 7.13	\$ 8.31	\$ 9.49	\$ 10.69	\$ 11.88
46	\$ 1.27	\$ 2.54	\$ 3.82	\$ 5.09	\$ 6.36	\$ 7.63	\$ 8.90	\$ 10.17	\$ 11.45	\$ 12.72
47	\$ 1.36	\$ 2.71	\$ 4.07	\$ 5.43	\$ 6.79	\$ 8.14	\$ 9.50	\$ 10.87	\$ 12.21	\$ 13.57
48	\$ 1.44	\$ 2.90	\$ 4.34	\$ 5.79	\$ 7.22	\$ 8.68	\$ 10.12	\$ 11.56	\$ 13.01	\$ 14.46
49	\$ 1.54	\$ 3.07	\$ 4.61	\$ 6.13	\$ 7.67	\$ 9.20	\$ 10.75	\$ 12.28	\$ 13.82	\$ 15.35
50	\$ 1.63	\$ 3.26	\$ 4.89	\$ 6.53	\$ 8.16	\$ 9.79	\$ 11.42	\$ 13.05	\$ 14.68	\$ 16.32
51	\$ 1.73	\$ 3.46	\$ 5.20	\$ 6.94	\$ 8.66	\$ 10.39	\$ 12.13	\$ 13.85	\$ 15.59	\$ 17.33
52	\$ 1.85	\$ 3.70	\$ 5.55	\$ 7.39	\$ 9.24	\$ 11.09	\$ 12.94	\$ 14.79	\$ 16.64	\$ 18.48
53	\$ 1.98	\$ 3.95	\$ 5.92	\$ 7.90	\$ 9.87	\$ 11.85	\$ 13.83	\$ 15.81	\$ 17.77	\$ 19.75
54	\$ 2.12	\$ 4.23	\$ 6.35	\$ 8.46	\$ 10.58	\$ 12.69	\$ 14.82	\$ 16.93	\$ 19.04	\$ 21.16
55	\$ 2.13	\$ 4.28	\$ 6.41	\$ 8.56	\$ 10.69	\$ 12.84	\$ 14.97	\$ 17.10	\$ 19.25	\$ 21.38
56	\$ 2.31	\$ 4.62	\$ 6.93	\$ 9.23	\$ 11.55	\$ 13.86	\$ 16.16	\$ 18.48	\$ 20.79	\$ 23.09
57	\$ 2.50	\$ 5.00	\$ 7.48	\$ 9.98	\$ 12.48	\$ 14.98	\$ 17.48	\$ 19.96	\$ 22.46	\$ 24.96
58	\$ 2.69	\$ 5.38	\$ 8.09	\$ 10.78	\$ 13.47	\$ 16.16	\$ 18.86	\$ 21.56	\$ 24.25	\$ 26.94
59	\$ 2.90	\$ 5.81	\$ 8.70	\$ 11.61	\$ 14.51	\$ 17.41	\$ 20.32	\$ 23.21	\$ 26.11	\$ 29.02
60	\$ 3.12	\$ 6.24	\$ 9.36	\$ 12.47	\$ 15.60	\$ 18.71	\$ 21.83	\$ 24.96	\$ 28.07	\$ 31.19
61	\$ 3.35	\$ 6.71	\$ 10.05	\$ 13.41	\$ 16.76	\$ 20.12	\$ 23.46	\$ 26.81	\$ 30.17	\$ 33.52
62	\$ 3.61	\$ 7.22	\$ 10.84	\$ 14.45	\$ 18.06	\$ 21.67	\$ 25.28	\$ 28.90	\$ 32.51	\$ 36.12
63	\$ 3.91	\$ 7.82	\$ 11.72	\$ 15.64	\$ 19.55	\$ 23.46	\$ 27.37	\$ 31.27	\$ 35.18	\$ 39.10
64	\$ 4.24	\$ 8.48	\$ 12.72	\$ 16.95	\$ 21.20	\$ 25.43	\$ 29.67	\$ 33.91	\$ 38.15	\$ 42.38
65	\$ 4.60	\$ 9.19	\$ 13.79	\$ 18.38	\$ 22.98	\$ 27.57	\$ 32.18	\$ 36.77	\$ 41.37	\$ 45.96
66	\$ 5.00	\$ 10.01	\$ 15.01	\$ 20.02	\$ 25.02	\$ 30.03	\$ 35.02	\$ 40.03	\$ 45.03	\$ 50.04
67	\$ 5.47	\$ 10.95	\$ 16.42	\$ 21.90	\$ 27.38	\$ 32.85	\$ 38.33	\$ 43.80	\$ 49.27	\$ 54.75
68	\$ 5.99	\$ 11.99	\$ 17.98	\$ 23.97	\$ 29.98	\$ 35.97	\$ 41.96	\$ 47.95	\$ 53.95	\$ 59.94
69	\$ 6.58	\$ 13.15	\$ 19.72	\$ 26.29	\$ 32.87	\$ 39.44	\$ 46.02	\$ 52.58	\$ 59.16	\$ 65.73
70	\$ 7.27	\$ 14.53	\$ 21.80	\$ 29.06	\$ 36.32	\$ 43.59	\$ 50.86	\$ 58.13	\$ 65.39	\$ 72.65

Spouse Rates Include: Additional Benefits for Accidental Death



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GROUP TERM LIFE INSURANCE



US Retail Pet Supplies Plus - Biweekly (26pp/yr)

Tobacco - 10 Year Term - Spouse

Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18	\$ 0.81	\$ 1.62	\$ 2.42	\$ 3.23	\$ 4.04	\$ 4.85	\$ 5.66	\$ 6.46	\$ 7.27	\$ 8.08
19	\$ 0.81	\$ 1.62	\$ 2.42	\$ 3.23	\$ 4.04	\$ 4.85	\$ 5.66	\$ 6.46	\$ 7.27	\$ 8.08
20	\$ 0.81	\$ 1.62	\$ 2.42	\$ 3.23	\$ 4.04	\$ 4.85	\$ 5.66	\$ 6.46	\$ 7.27	\$ 8.08
21	\$ 0.81	\$ 1.62	\$ 2.42	\$ 3.23	\$ 4.04	\$ 4.85	\$ 5.66	\$ 6.46	\$ 7.27	\$ 8.08
22	\$ 0.81	\$ 1.62	\$ 2.42	\$ 3.23	\$ 4.04	\$ 4.85	\$ 5.66	\$ 6.46	\$ 7.27	\$ 8.08
23	\$ 0.81	\$ 1.63	\$ 2.43	\$ 3.26	\$ 4.07	\$ 4.89	\$ 5.70	\$ 6.50	\$ 7.32	\$ 8.14
24	\$ 0.82	\$ 1.65	\$ 2.46	\$ 3.29	\$ 4.11	\$ 4.94	\$ 5.75	\$ 6.57	\$ 7.39	\$ 8.21
25	\$ 0.84	\$ 1.69	\$ 2.52	\$ 3.36	\$ 4.20	\$ 5.05	\$ 5.89	\$ 6.73	\$ 7.57	\$ 8.40
26	\$ 0.86	\$ 1.73	\$ 2.58	\$ 3.45	\$ 4.31	\$ 5.18	\$ 6.03	\$ 6.89	\$ 7.76	\$ 8.62
27	\$ 0.88	\$ 1.77	\$ 2.65	\$ 3.55	\$ 4.43	\$ 5.32	\$ 6.21	\$ 7.09	\$ 7.98	\$ 8.86
28	\$ 0.91	\$ 1.84	\$ 2.74	\$ 3.66	\$ 4.58	\$ 5.50	\$ 6.40	\$ 7.31	\$ 8.24	\$ 9.15
29	\$ 0.94	\$ 1.90	\$ 2.84	\$ 3.79	\$ 4.73	\$ 5.69	\$ 6.63	\$ 7.58	\$ 8.53	\$ 9.47
30	\$ 0.98	\$ 1.96	\$ 2.94	\$ 3.93	\$ 4.90	\$ 5.89	\$ 6.86	\$ 7.83	\$ 8.82	\$ 9.80
31	\$ 1.01	\$ 2.01	\$ 3.02	\$ 4.01	\$ 5.02	\$ 6.03	\$ 7.03	\$ 8.04	\$ 9.05	\$ 10.05
32	\$ 1.04	\$ 2.08	\$ 3.11	\$ 4.15	\$ 5.19	\$ 6.24	\$ 7.27	\$ 8.30	\$ 9.34	\$ 10.38
33	\$ 1.08	\$ 2.17	\$ 3.25	\$ 4.34	\$ 5.43	\$ 6.51	\$ 7.59	\$ 8.68	\$ 9.76	\$ 10.85
34	\$ 1.14	\$ 2.27	\$ 3.42	\$ 4.56	\$ 5.70	\$ 6.84	\$ 7.97	\$ 9.12	\$ 10.26	\$ 11.40
35	\$ 1.20	\$ 2.40	\$ 3.60	\$ 4.81	\$ 6.01	\$ 7.20	\$ 8.40	\$ 9.60	\$ 10.80	\$ 12.00
36	\$ 1.27	\$ 2.55	\$ 3.82	\$ 5.09	\$ 6.36	\$ 7.63	\$ 8.91	\$ 10.18	\$ 11.45	\$ 12.73
37	\$ 1.36	\$ 2.72	\$ 4.07	\$ 5.44	\$ 6.80	\$ 8.16	\$ 9.51	\$ 10.87	\$ 12.23	\$ 13.60
38	\$ 1.46	\$ 2.92	\$ 4.38	\$ 5.84	\$ 7.30	\$ 8.76	\$ 10.22	\$ 11.68	\$ 13.13	\$ 14.60
39	\$ 1.57	\$ 3.14	\$ 4.71	\$ 6.28	\$ 7.86	\$ 9.42	\$ 10.99	\$ 12.56	\$ 14.13	\$ 15.71
40	\$ 1.69	\$ 3.39	\$ 5.08	\$ 6.77	\$ 8.48	\$ 10.17	\$ 11.85	\$ 13.55	\$ 15.24	\$ 16.93
41	\$ 1.84	\$ 3.66	\$ 5.50	\$ 7.32	\$ 9.16	\$ 10.99	\$ 12.82	\$ 14.65	\$ 16.49	\$ 18.31
42	\$ 1.97	\$ 3.94	\$ 5.91	\$ 7.88	\$ 9.86	\$ 11.82	\$ 13.79	\$ 15.76	\$ 17.74	\$ 19.70
43	\$ 2.11	\$ 4.21	\$ 6.32	\$ 8.42	\$ 10.53	\$ 12.64	\$ 14.73	\$ 16.85	\$ 18.96	\$ 21.06
44	\$ 2.25	\$ 4.51	\$ 6.77	\$ 9.03	\$ 11.29	\$ 13.55	\$ 15.81	\$ 18.07	\$ 20.32	\$ 22.58
45	\$ 2.42	\$ 4.85	\$ 7.27	\$ 9.68	\$ 12.11	\$ 14.53	\$ 16.95	\$ 19.36	\$ 21.79	\$ 24.21
46	\$ 2.61	\$ 5.21	\$ 7.82	\$ 10.43	\$ 13.03	\$ 15.63	\$ 18.24	\$ 20.84	\$ 23.45	\$ 26.05
47	\$ 2.81	\$ 5.60	\$ 8.41	\$ 11.21	\$ 14.00	\$ 16.81	\$ 19.62	\$ 22.42	\$ 25.22	\$ 28.03
48	\$ 3.00	\$ 5.99	\$ 8.99	\$ 11.98	\$ 14.97	\$ 17.96	\$ 20.97	\$ 23.96	\$ 26.96	\$ 29.95
49	\$ 3.18	\$ 6.38	\$ 9.56	\$ 12.75	\$ 15.94	\$ 19.13	\$ 22.32	\$ 25.51	\$ 28.70	\$ 31.88
50	\$ 3.40	\$ 6.79	\$ 10.19	\$ 13.60	\$ 16.99	\$ 20.39	\$ 23.79	\$ 27.19	\$ 30.58	\$ 33.99
51	\$ 3.62	\$ 7.24	\$ 10.87	\$ 14.50	\$ 18.11	\$ 21.74	\$ 25.36	\$ 28.98	\$ 32.61	\$ 36.23
52	\$ 3.88	\$ 7.75	\$ 11.63	\$ 15.50	\$ 19.36	\$ 23.24	\$ 27.12	\$ 31.00	\$ 34.87	\$ 38.74
53	\$ 4.15	\$ 8.31	\$ 12.45	\$ 16.61	\$ 20.76	\$ 24.92	\$ 29.06	\$ 33.22	\$ 37.37	\$ 41.53
54	\$ 4.46	\$ 8.91	\$ 13.38	\$ 17.83	\$ 22.29	\$ 26.74	\$ 31.21	\$ 35.67	\$ 40.13	\$ 44.57
55	\$ 4.50	\$ 9.00	\$ 13.50	\$ 18.00	\$ 22.50	\$ 27.00	\$ 31.50	\$ 36.00	\$ 40.50	\$ 45.00
56	\$ 4.88	\$ 9.76	\$ 14.64	\$ 19.51	\$ 24.39	\$ 29.28	\$ 34.15	\$ 39.03	\$ 43.91	\$ 48.79
57	\$ 5.30	\$ 10.59	\$ 15.88	\$ 21.17	\$ 26.47	\$ 31.77	\$ 37.06	\$ 42.35	\$ 47.65	\$ 52.94
58	\$ 5.73	\$ 11.47	\$ 17.21	\$ 22.95	\$ 28.68	\$ 34.42	\$ 40.15	\$ 45.90	\$ 51.63	\$ 57.37
59	\$ 6.20	\$ 12.40	\$ 18.60	\$ 24.80	\$ 31.00	\$ 37.20	\$ 43.40	\$ 49.60	\$ 55.80	\$ 62.00
60	\$ 6.69	\$ 13.37	\$ 20.06	\$ 26.74	\$ 33.42	\$ 40.10	\$ 46.79	\$ 53.48	\$ 60.16	\$ 66.85
61	\$ 7.20	\$ 14.40	\$ 21.59	\$ 28.79	\$ 35.99	\$ 43.19	\$ 50.38	\$ 57.58	\$ 64.78	\$ 71.98
62	\$ 7.78	\$ 15.55	\$ 23.33	\$ 31.10	\$ 38.88	\$ 46.65	\$ 54.43	\$ 62.20	\$ 69.98	\$ 77.75
63	\$ 8.44	\$ 16.88	\$ 25.32	\$ 33.77	\$ 42.20	\$ 50.64	\$ 59.08	\$ 67.52	\$ 75.96	\$ 84.41
64	\$ 9.17	\$ 18.34	\$ 27.51	\$ 36.67	\$ 45.85	\$ 55.01	\$ 64.18	\$ 73.36	\$ 82.52	\$ 91.69
65	\$ 9.90	\$ 19.80	\$ 29.70	\$ 39.59	\$ 49.49	\$ 59.39	\$ 69.29	\$ 79.18	\$ 89.08	\$ 98.98
66	\$ 10.59	\$ 21.17	\$ 31.76	\$ 42.34	\$ 52.93	\$ 63.51	\$ 74.09	\$ 84.67	\$ 95.26	\$ 105.84
67	\$ 11.38	\$ 22.75	\$ 34.13	\$ 45.50	\$ 56.89	\$ 68.26	\$ 79.64	\$ 91.02	\$ 102.39	\$ 113.77
68	\$ 12.22	\$ 24.45	\$ 36.66	\$ 48.88	\$ 61.11	\$ 73.33	\$ 85.55	\$ 97.76	\$ 109.99	\$ 122.21
69	\$ 13.14	\$ 26.26	\$ 39.40	\$ 52.52	\$ 65.66	\$ 78.78	\$ 91.92	\$ 105.05	\$ 118.18	\$ 131.31
70	\$ 14.19	\$ 28.37	\$ 42.55	\$ 56.74	\$ 70.92	\$ 85.11	\$ 99.29	\$ 113.48	\$ 127.66	\$ 141.85

Spouse Rates Include: Additional Benefits for Accidental Death



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GROUP TERM LIFE INSURANCE

TL^G

US Retail Pet Supplies Plus - Biweekly (26pp/yr) Dependent Children Rates

All Children	Face Amounts				
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
Ages 15 Days to 25 Years	\$1.15	\$2.31	\$3.46	\$4.62	\$5.77

Please Note: Premiums shown are accurate as of publication. They are subject to change.



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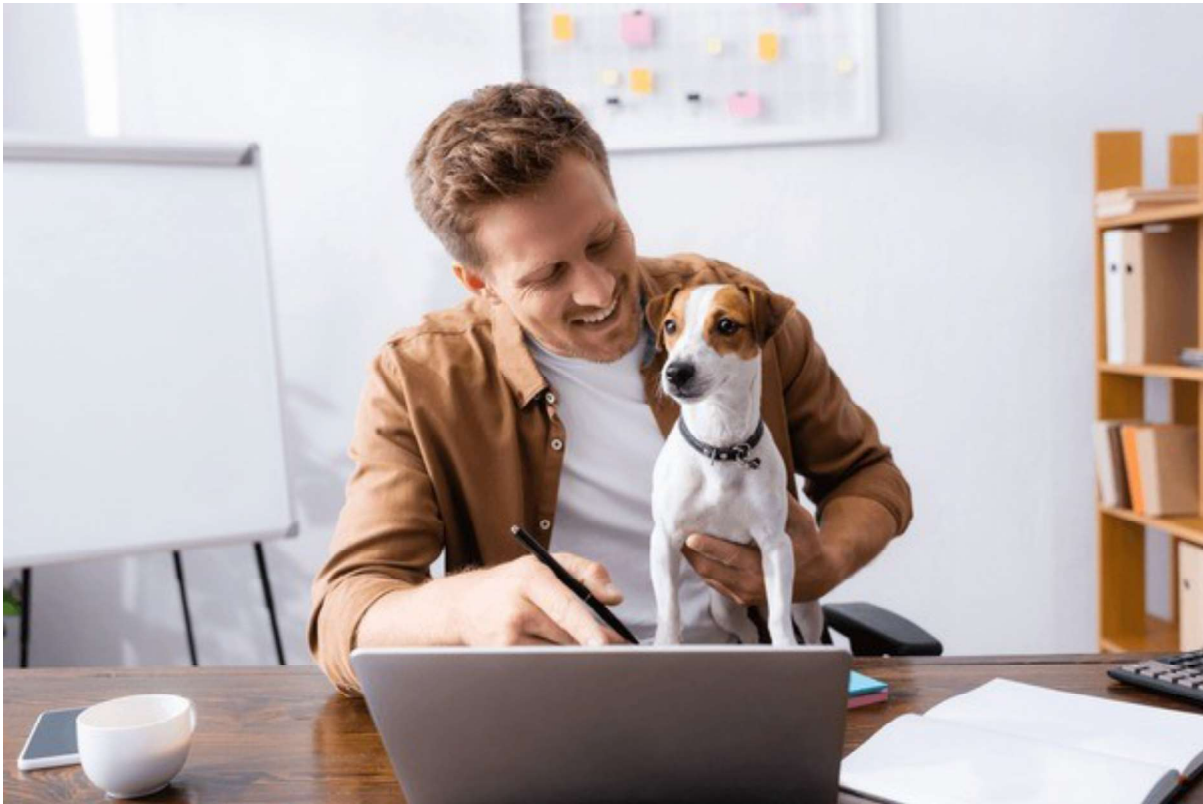
Published: 26-May-17

TL170526-130635 --- RB1-MI-TL9100-26PP-ADD-WOP - ZZXX17545

Product Code: TL170526-130635

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Blue Cross Blue Shield of MI	877-671-2583	www.bcbsmi.com
Dental	Delta Dental of MI	800-482-8915	www.deltadentalmi.com
Vision	VSP	800-877-7195	www.vsp.com
Life/AD&D and Long-Term Disability	Guardian	888-482-7342	www.guardiananytime.com
Accident, Critical Illness, Short-Term Disability, and Term Life	Aflac	800-433-3036	www.aflacgroupinsurance.com
Human Resources	Steffanie Southland	616-201-1733	SSouthland@askpsp.com
Benefit Enrollment	Benefits Call Center SMBO	877-282-0808	



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