

Premium Rates and Benefits — *Professional*

(Professional or Combined)

Plan#	Medical Benefit	Death Benefit	Deductible	Limited Coverage Premium
P01	\$2,500.00	\$2,500.00	\$500.00	\$640.00
P02	\$2,500.00	\$2,500.00	\$1,000.00	\$610.00
P03	\$2,500.00	\$2,500.00	\$1,500.00	\$580.00
P04	\$2,500.00	\$2,500.00	\$2,000.00	\$530.00
P05	\$5,000.00	\$5,000.00	\$500.00	\$760.00
P06	\$5,000.00	\$5,000.00	\$1,000.00	\$720.00
P07	\$5,000.00	\$5,000.00	\$1,500.00	\$680.00
P08	\$7,500.00	\$7,500.00	\$500.00	\$830.00
P09	\$7,500.00	\$7,500.00	\$1,000.00	\$780.00
P10	\$7,500.00	\$7,500.00	\$1,500.00	\$750.00
P11	\$7,500.00	\$7,500.00	\$2,000.00	\$420.00
P12	\$5,000.00	\$50,000.00	\$250.00	\$1,430.00
P13	\$5,000.00	\$50,000.00	\$500.00	\$1,350.00
P14	\$5,000.00	\$50,000.00	\$1,000.00	\$1,280.00
P15	\$10,000.00	\$10,000.00	\$500.00	\$1,170.00
P16	\$10,000.00	\$10,000.00	\$1,000.00	\$1,110.00
P17	\$10,000.00	\$10,000.00	\$1,500.00	\$1,050.00
P18	\$20,000.00	\$20,000.00	\$500.00	\$2,080.00
P19	\$20,000.00	\$20,000.00	\$1,000.00	\$1,970.00
P20	\$20,000.00	\$20,000.00	\$1,500.00	\$1,870.00
P21	\$20,000.00	\$20,000.00	\$2,000.00	\$1,680.00
P22	\$20,000.00	\$20,000.00	\$2,500.00	\$1,600.00
P23	\$20,000.00	\$20,000.00	\$5,000.00	\$1,360.00
P24	\$20,000.00	\$50,000.00	\$500.00	\$2,270.00
P25	\$20,000.00	\$50,000.00	\$1,000.00	\$2,150.00
P26	\$20,000.00	\$50,000.00	\$1,500.00	\$2,050.00
P27	\$20,000.00	\$50,000.00	\$2,000.00	\$1,950.00
P28	\$20,000.00	\$50,000.00	\$2,500.00	\$1,850.00
P29	\$20,000.00	\$50,000.00	\$5,000.00	\$1,580.00

Plan#	Medical Benefit	Death Benefit	Deductible	Limited Coverage Premium
P30	\$25,000.00	\$20,000.00	\$500.00	\$2,870.00
P31	\$25,000.00	\$20,000.00	\$1,000.00	\$2,730.00
P32	\$25,000.00	\$20,000.00	\$1,500.00	\$2,590.00
P33	\$25,000.00	\$20,000.00	\$2,000.00	\$2,460.00
P34	\$25,000.00	\$20,000.00	\$2,500.00	\$2,220.00
P35	\$25,000.00	\$20,000.00	\$5,000.00	\$1,880.00
P36	\$25,000.00	\$25,000.00	\$500.00	\$3,020.00
P37	\$25,000.00	\$25,000.00	\$1,000.00	\$2,870.00
P38	\$25,000.00	\$25,000.00	\$1,500.00	\$2,730.00
P39	\$25,000.00	\$25,000.00	\$2,000.00	\$2,450.00
P40	\$25,000.00	\$25,000.00	\$2,500.00	\$2,330.00
P41	\$25,000.00	\$25,000.00	\$5,000.00	\$1,980.00
P42	\$50,000.00	\$50,000.00	\$500.00	\$5,170.00
P43	\$50,000.00	\$50,000.00	\$1,000.00	\$4,910.00
P44	\$50,000.00	\$50,000.00	\$1,500.00	\$4,660.00
P45	\$50,000.00	\$50,000.00	\$2,000.00	\$4,190.00
P46	\$50,000.00	\$50,000.00	\$2,500.00	\$3,980.00
P47	\$50,000.00	\$50,000.00	\$5,000.00	\$3,170.00
P48	\$50,000.00	\$100,000.00	\$500.00	\$5,330.00
P49	\$50,000.00	\$100,000.00	\$1,000.00	\$5,070.00
P50	\$50,000.00	\$100,000.00	\$1,500.00	\$4,810.00
P51	\$50,000.00	\$100,000.00	\$2,000.00	\$4,330.00
P52	\$50,000.00	\$100,000.00	\$2,500.00	\$4,130.00
P53	\$50,000.00	\$100,000.00	\$5,000.00	\$3,500.00
P54	\$100,000.00	\$100,000.00	\$500.00	\$6,420.00
P55	\$100,000.00	\$100,000.00	\$1,000.00	\$7,000.00
P56	\$100,000.00	\$100,000.00	\$1,500.00	\$6,650.00
P57	\$100,000.00	\$100,000.00	\$2,000.00	\$5,960.00
P58	\$100,000.00	\$100,000.00	\$2,500.00	\$5,680.00
P59	\$100,000.00	\$100,000.00	\$5,000.00	\$4,830.00

NOTE: In the State of Nevada, coverage is issued on a primary basis.

The premiums listed above are for policies with limitations for hospital, emergency room, outpatient diagnostic and physiotherapy benefits per the Participant Accident Insurance Coverage description.

You can choose to purchase comprehensive coverage without these limitations for additional premium. Please see the application for premium calculations.