

# **ABC Company**

## Ancillary Marketing Summary Report

**Voluntary STD, Accident, Critical Illness, Hospital Indemnity, Whole Life and Universal Life**

Effective January 1, 2016

Broker: XYZ Broker

# ABC Company

## Group Voluntary Short Term Disability

	Unum	Allstate	Illinois Mutual	MetLife
<i>Short Term Disability Benefit Percentage</i>	60%	60%	60%	60%
<i>Maximum Monthly Benefit</i>	Individual	Individual	Individual	Group
<i>Increments</i>	\$5,000	\$5,000	\$5,000	\$4,333
<i>Partial/Residual Disability</i>	\$100	\$100	\$100	\$100
<i>Pre-Ex</i>	No	Yes	No	Yes
<i>Participation Requirement</i>	12/12	12/12	12/12	3/12
<i>Rate Guarantee</i>	5 Applications	3 Applications	2 Applications	30%
<i>Elimination Period</i>	N/A	N/A	N/A	12 Months
<i>Accident</i>	7, 14, 30	7, 14, 30	7, 14, 30	7, 14, 30
<i>Sickness</i>	7, 14, 30	7, 14, 30	7, 14, 30	7, 14, 30
<i>Definition of Disability</i>	And	And	And	Earnings
<i>Benefit Duration</i>	6 Months	6 Months	6 Months	6 Months
<i>Rates per \$100 Monthly Benefit 14 Day Wait</i>				
	<b>Per Month</b>	<b>Per Month</b>	<b>Per Month</b>	<b>Per Month</b>
<i>0-24</i>	\$3.52	\$2.82	\$2.19	\$1.66
<i>25-29</i>	\$3.52	\$2.82	\$2.19	\$1.66
<i>30-34</i>	\$3.52	\$2.82	\$2.19	\$1.66
<i>35-39</i>	\$3.52	\$2.82	\$2.19	\$1.66
<i>40-44</i>	\$3.52	\$2.82	\$2.19	\$1.66
<i>45-49</i>	\$3.52	\$2.82	\$2.19	\$1.66
<i>50-54</i>	\$4.69	\$3.20	\$2.93	\$2.52
<i>55-59</i>	\$4.69	\$3.20	\$2.93	\$3.55
<i>60-64</i>	\$4.69	\$4.70	\$4.00	\$4.26
<i>65-69</i>	\$4.69	\$4.70	N/A	\$4.56
<i>70+</i>	N/A	N/A	N/A	\$4.56

# ABC Company

Accident Insurance

	Unum	Allstate	Illinois Mutual	MetLife
<b>Plan:</b>	Non-Occupation & Occupational	Non-Occupation & Occupational	Non-Occupation & Occupational	Non-Occupation & Occupational
<b>Eligibility</b>	Employee, Spouse, Child	Employee, Spouse, Child	Employee, Spouse, Child	Employee, Spouse, Child
<b>Minimum # of Applications</b>	5 Applications	5 Applications	2 Applications	N/A
<b>Portability</b>	Included	Included	Included	Included
<b>Contributions</b>	Voluntary	Voluntary	Voluntary	Voluntary
<b>Initial Physician Visit</b>	\$75	\$100	\$40	\$50
<b>Follow-up Physician Visit</b>	\$75, Limit 2 Per Covered Injury	\$100	\$40	\$75
<b>Emergency Room Treatment</b>	\$150	\$200	\$160	\$50 - \$100
<b>Initial Hospitalization</b>	\$1,000	\$1,000	\$800	\$1,000
<b>Initial ICU Hospitalization</b>	\$1,500	\$1,000	\$800	\$2,000
<b>Intensive Care Confinement</b>	\$400 per day, Limit 15 days	\$400 per day, Limit 180 days	\$400	400, Limit 30 days
<b>Hospital Confinement</b>	\$200 per day, Limit 365 days	\$200 per day, Limit 365 days	\$200	\$200, Limit 365 days
<b>EE Accidental Death</b>	\$50,000	\$40,000	\$40,000	\$50,000
<b>SP Accidental Death</b>	\$20,000	\$20,000	\$10,000	\$25,000
<b>CH Accidental Death</b>	\$10,000	\$10,000	\$4,000	\$10,000
<b>EE Common Carrier Accident</b>	\$150,000	\$100,000	\$80,000	\$150,000
<b>SP Common Carrier Accident</b>	\$60,000	\$50,000	\$20,000	\$75,000
<b>CH Common Carrier Accident</b>	\$30,000	\$25,000	\$8,000	\$30,000
<b>Accidental Dismemberment</b>	\$750 - \$100,000	Up to \$40,000	\$360 - \$12,000	\$500 - \$50,000
<b>Ambulance: Ground</b>	\$400	\$200	\$240	\$300
<b>Ambulance: Air</b>	\$1,500	\$600	\$480	\$1,000
<b>Appliances (Wheelchair)</b>	\$100	\$250	\$80	\$100 - \$1,000
<b>Blood / Plasma</b>	\$400	\$600	\$240	\$400
<b>Burns</b>	\$1,000 - \$10,000 *Fixed amount based on surface area burned	\$200 < 15% of body surface \$1,000 > 15% of body surface	\$600 - 2nd Degree Covering at least 36% of body \$1,200 - 3rd Degree Covering between 9 and 35 inches \$8,000 - 3rd Degree Covering at least 35 square inches	\$100 - \$10,000
<b>Burns: Skin Grafting</b>	50% of total burn benefit for 2nd/3rd degree *Fixed amount based on surface area burned	50% of total burn benefit	25% of total burn benefit for 2nd/3rd degree	50% of Burn Benefit
<b>Coma</b>	\$10,000	\$20,000	\$8,000	\$10,000
<b>Concussion</b>	\$150	\$150	\$80	\$400
<b>Dislocation</b>	\$150 - \$6,000 *Based on joint and if repaired by open or closed reduction	up to \$4,000	\$80 - \$1,600	\$100 - \$6,000
<b>Eye Injury</b>	\$300	\$200	\$160	\$300
<b>Fractures</b>	\$75 - \$7,500	up to \$4,000	\$40 - \$2,000	\$100-\$6,000
<b>Medical Imaging Test</b>	\$200	\$200 for X-Ray, \$100 for CT scan or MRI	\$120	\$200
<b>Lacerations</b>	\$25 - \$600	\$100	\$20 - \$320	\$50-\$400
<b>Lodging (Family Members)</b>	\$150 per day, up to 30 days	\$200 per day	\$80	\$200 per day, up to 30 days
<b>Mileage</b>	\$0.40 per mile, must be 50+ miles from residence	N/A	N/A	N/A
<b>Transportation</b>	\$1,440 maximum per accident	\$500	\$240	\$400
<b>Paralysis</b>	\$15,000	\$30,000 for Quad / \$15,000 for Para	\$24,000 for Quad / \$12,000 for Para	\$50,000 for Quad / \$25,000 for Para
<b>Physical Therapy</b>	\$25 per day, up to 10 visits	\$60 per day	\$20 per day, up to 6 months	\$25 per day
<b>Chiropractic Care</b>	\$25 per visit - 3 visits per covered accident, per year	N/A	N/A	N/A
<b>Prosthesis</b>	One Device: \$750 Two+ Devices: \$1,500	One Device: \$1,000 Two+ Devices: \$2,000	\$400 \$800	One Device: \$750 Two+ Devices: \$1,500
<b>Rehabilitation Unit</b>	\$100 per day, up to 15 days per covered accident Max of 30 days per calendar year	\$200 per day	N/A	\$200 per day
<b>Surgical Procedures:</b>				
<b>Open Abdominal / Thoracic</b>	Surgery: \$1,500 Exploratory: \$150	\$2,000	Surgery: \$800 Exploratory: \$80	Surgery: \$2,000 Exploratory: \$80
<b>Tendons, Ligaments, Rotator Cuff, Knee Cartilage</b>	Surgery: \$1,200 Exploratory: \$150	Surgery: \$1,000 Exploratory: \$300	Surgery: \$480 Exploratory: \$80	Surgery: \$1,000 Exploratory: \$150
<b>Ruptured Disc Surgery</b>	\$800	\$1,000	\$320	\$1,000
<b>Arthroscopy</b>				
<b>Wellness Benefit</b>	\$50 benefit - once per calendar year	\$50 benefit - twice per calendar year, up to 4 times for Family	\$50 benefit - once per calendar year	N/A
<b>Rates</b>	Per Month	Per Month	Per Month	Per Month
<b>Employee</b>	\$17.77	\$13.70	\$14.73	\$27.71
<b>Employee / Spouse</b>	\$29.30	\$23.68	\$21.34	\$42.96
<b>Employee / Child</b>	\$32.08	\$29.12	\$26.89	\$50.06
<b>Employee / Spouse / Child</b>	\$43.61	\$37.90	\$33.50	\$66.70
	Monthly Rates with \$50 Wellness Benefit Included	Monthly Rates with \$50 Wellness Benefit Included	Monthly Rates with \$50 Wellness Benefit Included	
<b>Enrollment Method</b>	Face to Face	Face to Face	Face to Face	Face to Face

# ABC Company

Critical Illness Insurance

	Unum	Allstate	Illinois Mutual	MetLife
<b>Plan:</b>	Critical Illness with Cancer Rider	Critical Illness with Cancer Rider	Critical Illness with Cancer Rider	Critical Illness with Cancer Rider
<b>Eligibility</b>	Employee, Spouse, Child	Employee, Spouse, Child	Employee, Spouse, Child	Employee, Spouse, Child
<b>Minimum Enrollment</b>	5 Applications	5 Applications	2 Applications	N/A
<b>Portability</b>	Included			Included
<b>Reductions</b>	50% at age 70	50% at age 70	50% at age 70	50% at age 70
<b>Pre-Existing Condition Limitation</b>	12/12	12/12	12/12	3/6 excluding Heart Attack & Stroke
<b>Wellness Benefit</b>	\$50	\$100	\$100	\$50 to \$100
<b>Benefit Options</b>				
<b>Employee</b>	\$5,000 to \$50,000	\$10,000 or \$20,000	\$5,000 to \$50,000	\$10,000 or \$20,000
<b>Spouse</b>	\$5,000 or \$30,000	100% of Employee Amount	50% of Employee Amount	100% of Employee Amount
<b>Child</b>	25% of Employee Amount	50% of Employee Amount	25% of Employee Amount	100% of Employee Amount
<b>Guarantee Issue</b>				
<b>Employee</b>	\$10,000	All Amounts are GI		All Amounts are GI
<b>Spouse</b>	\$5,000	All Amounts are GI		All Amounts are GI
<b>Child</b>	All Amounts are GI	All Amounts are GI		All Amounts are GI
<b>Category 1</b>				
<b>Heart Attack, Heart Failure, Stroke</b>	100% of benefit amount selected	100% of benefit amount selected	100% of benefit amount selected	100% of benefit amount selected
<b>Heart Transplant</b>	100% of benefit amount selected	100% of benefit amount selected	100% of benefit amount selected	100% of benefit amount selected
<b>Coronary Bypass Surgery</b>	25% of benefit amount selected	25% of benefit amount selected	25% of benefit amount selected	100% of benefit amount selected
<b>Coronary Angioplasty</b>	N/A	N/A	10%	N/A
<b>Category 2</b>				
<b>Blindness</b>	100% of benefit amount selected	100% of benefit amount selected	N/A	N/A
<b>Major Organ Failure (excluding heart failure)</b>	100% of benefit amount selected	100% of benefit amount selected	100% of benefit amount selected	100% of benefit amount selected
<b>End Stage Kidney Disease</b>	100% of benefit amount selected	100% of benefit amount selected	100% of benefit amount selected	100% of benefit amount selected
<b>Paralysis (excluding paralysis from stroke)</b>	100% of benefit amount selected	100% of benefit amount selected	50% of benefit amount selected	N/A
<b>ALS</b>	N/A	25% of benefit amount selected	N/A	100% of benefit amount selected
<b>Multiple Sclerosis</b>	N/A	N/A	N/A	25% of benefit amount selected
<b>Coma</b>	100% of benefit amount selected	N/A	100% of benefit amount selected	N/A
<b>Burns</b>			100% of benefit amount selected	
<b>Loss of Sight, Hearing or Speech</b>			100% of benefit amount selected	
<b>Parkinson's</b>	N/A	25% of benefit amount selected	N/A	N/A
<b>Major Organ Transplant (other than heart)</b>	100% of benefit amount selected	100% of benefit amount selected	100% of benefit amount selected	100% of benefit amount selected
<b>Category 3</b>				
<b>Invasive Cancer</b>	100% of benefit amount selected	100% of benefit amount selected	100% of benefit amount selected	100% of benefit amount selected
<b>Cancer in situ (has not spread to other areas)</b>	25% of benefit amount selected	25% of benefit amount selected	25% of benefit amount selected	25% of benefit amount selected
<b>Additional Occurrence Benefit</b>	N/A	N/A	N/A	Cancer, Heart Attack, Stroke, Artery Bypass
<b>Recurrence Benefit</b>	N/A	N/A	N/A	Full amount
<b>Additional Covered Conditions for Children</b>	Yes	No	Yes	No
	Cleft Lip or Palate		N/A	
	Cerebral Palsy		Congenital Heart Disease	
	Cystic Fibrosis		Cerebral Palsy	
	Down Syndrome		Cystic Fibrosis	
	Spina Bifida		Down Syndrome	
			Spina Bifida	
			Muscular Dystrophy	
			Type 1 Diabetes	
			Pyloric Stenosis	
<b>Cost per \$10,000 with Cancer and Wellness Benefit</b>	<b>Per Month</b>	<b>Per Month</b>	<b>Per Month</b>	<b>Per Month</b>
<b>20 Year Old Employee - Non-tobacco</b>	\$7.40	\$9.30	\$6.55	\$7.60
<b>30 Year Old Employee - Non-tobacco</b>	\$9.90	\$13.09	\$10.15	\$10.70
<b>40 Year Old Employee - Non-tobacco</b>	\$17.70	\$20.31	\$19.25	\$23.20
<b>50 Year Old Employee - Non-tobacco</b>	\$30.80	\$32.51	\$33.05	\$44.60
<b>60 Year Old Employee - Non-tobacco</b>	\$50.80	\$49.97	\$54.95	\$70.00
<b>Enrollment Method</b>	Face to Face	Face to Face	Face to Face	Face to Face

# ABC Company

## Hospital Indemnity

	<b>Unum</b>	<b>Allstate</b>	<b>Illinois Mutual</b>	<b>MetLife</b>
<i>Plan:</i>	Hospital Indemnity	Hospital Indemnity	Product Not Available	Census Needed to Quote
<i>Eligibility</i>	Employee, Spouse, Child	Employee, Spouse, Child		
<i>Minimum Enrollment</i>	5 Applications	10 Applications		
<i>Portability</i>	Included	Included		
<i>Pre-Existing Condition Limitation</i>	12/12	12/12		
<i>Wellness Benefit</i>	\$50	\$100		
<i>Benefit Options</i>				
<i>Hospital Admission</i>	\$1,000 per insured, per calendar year	\$1,200		
<i>Daily Hospital Confinement</i>	\$100 per day, 15 day maximum	\$200 per day, 30 day maximum		
<i>Daily Intensive Care Confinement</i>		\$200 per day, 30 day maximum		
<i>Employee Cost - Age-Banded</i>	<b>Per Month</b>	<b>Per Month</b>		
<i>17-49</i>	<b>\$14.21</b>	<b>\$24.31</b>		
<i>50-59</i>	<b>\$19.98</b>	<b>\$24.31</b>		
<i>60-64</i>	<b>\$28.50</b>	<b>\$24.31</b>		
<i>65+</i>	<b>\$40.94</b>	<b>\$24.31</b>		
<i>Enrollment Method</i>	Face to Face	Face to Face		

# ABC Company

Whole Life Insurance

	Unum	MetLife	Trustmark	All-State
<b>Plan:</b>	Whole Life	Whole Life	Universal Life	Universal Life
<b>Eligibility</b>	Employee, Spouse & Child	Employee, Spouse & Child		Employee, Spouse & Child
<b>Minimum # of Applications</b>	5 Applications	N/A		5 Applications
<b>Portability</b>	Yes	Yes		Yes
<b>Guaranteed Renewable</b>	To age 120	To age 120		To age 95
<b>Cash Value Interest Rate</b>	4.5%			Minimum of 4%
<b>Option for Paid Up Policy</b>	Age 70	Later of Age 65 or 20 Years		Yes, Reduced Paid Up
<b>Employee</b>				
<b>Increments</b>	\$1,000	\$1,000		\$1,000
<b>Maximum Benefit</b>	\$300,000	\$250,000		\$250,000
<b>Minimum Benefit</b>	\$2,000	\$10,000 < 50 or \$5,000 > 50		\$10,000
<b>Guarantee Issue</b>	up to \$12 for Employee	\$75,000 < 40 \$50,000 - 40 - 49 \$25,000 - 50 - 59 \$15,000 - 60 - 70		Conditional GI - \$150,000
<b>Spouse</b>				
<b>Increments</b>	\$1,000	\$1,000		\$1,000
<b>Maximum Benefit</b>	\$75,000	\$75,000		\$150,000
<b>Minimum Benefit</b>	\$2,000	\$10,000 < 50 or \$5,000 > 50		\$10,000
<b>Guarantee Issue</b>	Up to \$3 for Spouse	N/A		Conditional GI - \$100,000
<b>Stand-alone Spouse Policy Available</b>	Yes	Yes		Yes
<b>Child</b>				
<b>Increments</b>	\$1,000	\$1,000		\$1,000
<b>Maximum Benefit</b>	\$25,000	\$25,000		\$150,000
<b>Minimum Benefit</b>	\$5,000	\$10,000		\$10,000
<b>Guarantee Issue</b>	N/A	N/A		Conditional GI - \$3 Per Week
<b>Stand-alone Child Policy Available</b>	Yes (Child or Grandchild)	Yes (Child or Grandchild)		
<b>Issue Ages</b>				
<b>Employee &amp; Spouse</b>	15 - 80	17 - 70		0 - 65 Years Old
<b>Children</b>	14 Days to 26 Years Old	15 Days to 26 Years Old		0 - 65 Years Old
<b>Employee Cost, Non-Smoker - \$10,000</b>				
	Per Month	Per Month	Per Month	Per Month
<b>Age 25</b>	\$8.52	\$9.84		\$3.55
<b>Age 35</b>	\$13.45	\$14.04		\$5.37
<b>Age 45</b>	\$24.13	\$23.70		\$8.61
<b>Enrollment Method</b>	Face to Face	Face to Face		Face to Face