

*Over 50 Years of Service*

# AVMAGHLIT



Group Health & Life  
Insurance Trust Programs

## **RATE CHART**

November 1, 2010

The AVMA Group Health and  
Life Insurance Trust Office

3501 Frontage Road  
Tampa, FL 33607

**1.800.621.6360**

**[www.avmaghlit.org](http://www.avmaghlit.org)**

Broker/Administrator: HealthPlan Services

Claims Administrator: Harrington Health

Underwritten by New York Life Insurance Company  
51 Madison Avenue, New York, New York 10010

A Membership Service of the American Veterinary Medical Association

# LOOK FOR THE STATE AND ZIP CODE OF WHERE YOU RESIDE TO FIND YOUR RATING AREA:

## MAJOR MEDICAL PLANS AREA CHART

∅ All Health Plans are not available in these states. ▲ PPO Plan is not available. ● HSA Plan is not available. \* Separate Rate Chart

STATE	ZIP CODE	AREA	STATE	ZIP CODE	AREA	STATE	ZIP CODE	AREA	STATE	ZIP CODE	AREA
Alabama	350-352	10	Indiana	460-468, 471, 476-477, 479	5	Nevada	889-891	9	Tennessee	370-372, 375-376	6
	353-355, 357-358	7		469, 473-475, 478	3		892-899	11		373-374, 377-379	7
	360-361, 363-367, 369	7		470, 472	4	New Hampshire		∅		380-381	9
	356	8	Iowa	500-503	7					382-385	5
	359, 362	9		504-507, 516-529	5	New Mexico	870-888	5	Texas	750, 752, 760-762	9
	368	6		508-511	3					751, 753-755, 776-777	7
Alaska	994-999	12		512-515	4	New York	090-099, 140-143, 147-149	6		779-782, 790-791, 797	7
Arizona	850-853	9	Kansas	660-662	6		100-109, 111-114, 116	15		756-759, 765-769, 778	6
	854-857, 858-869	7		663-669, 673-679	7		110, 115, 117-119	14		785-789, 795-796, 798-799	6
Arkansas	716, 719	3		670-672	9		120-123, 127-129	5		763-764, 783-784, 792-794	5
	717-718, 720-723	5	Kentucky	400-402	6		124-126, 144-146	8		770-771	10
	724-729	4		403-429	5		130-139	7		772-775	11
California		*	Louisiana	700-702	9	North Carolina	270-274, 278, 286-289	3 ▲ ●	Utah	840-849	7
Colorado	800-803, 808-819	7		703-704	6		275-277, 284-285	5	Vermont		∅
	804-807	6		705, 707-711, 713-715	7		279, 283	4	Virginia	201, 220-223	10
Connecticut	060-069	7		706, 712	5	North Dakota	280-282	1		224-225, 230-237	6
Delaware	197-199	6	Maine		∅	Ohio		∅		226-227, 240-246	7
District of Columbia			Maryland	206, 219	6		430-436, 444-449, 458-459	7		228-229	4
Florida	200-205	10		207-209	10		437-443, 456-457	9	Washington	238-239	5
	320, 322	10		210-214	9	Oklahoma	450-455	6		247-254, 262-269	7
	321, 326, 334, 340-341	9		215-218	5					255-261	9
	323, 349	8	Massachusetts		∅		730-731, 741	7	Wisconsin	530-532	8
	324-325, 329, 335-337, 346	7	Michigan	480-482	12		732-739, 746-749	3		533-534, 539-540	7
	327-328, 338-339, 342	6		483, 488-492	9		740, 742-745	4		535-538	6
	347-348	6		484-485	11	Oregon	970-972	7		541-543	5
	330-333	13		486-487, 496-499	8		973-979	3		544-549	4
	343-345	5		493-495	7	Pennsylvania	150-154, 156, 162-165	9	Wyoming	820-831	5
Georgia	300-303, 399	7	Minnesota		*		155, 157-159, 161, 166-176	8	Puerto Rico		7
	304-309, 315-317	5	Mississippi	386-389	5		178-183, 195-196	8	Foreign		∅
	310-312	3		390-392, 395-397	2		160, 177, 184-188	7			
	313-314, 318-319, 398	4		393-394	4	Rhode Island	189-194	11			
Hawaii	967-969	7	Missouri	630-631, 640-641, 644-645	7	South Carolina	028-029	7			
Idaho	832-839	3		632-639	4		290-293, 295-296, 298-299	5			
Illinois	600-606	11		642-643, 646-659	5		294	4			
	607-608, 612-614, 618	9	Montana		*		297	1			
	625-627	9	Nebraska	680-682	6	South Dakota	570-575	3			
	609	7		683-699	3		576-579	4			
	610-611, 619-624, 628-629	6									
	615-617	8									

**THE RATES SHOWN IN THIS BROCHURE ARE THE GHLIT'S STANDARD RATES.**

**PLEASE NOTE:** Medical coverage will be issued regardless of health status, however, applicants will be medically underwritten for premium rates that they will be required to pay. An applicant could be required to pay up to 50% more than the standard rates that are shown in this brochure. For applicants that meet the preferred risk guidelines, the standard rates shown in this brochure will be reduced by 10%. Current renewal only MM rates for insureds age 65 and over are available from the Trust office upon request.

Charges for all Traditional Major Medical and PPO Plans (with the exception of the HSA Plans which are based on member's age only) are based on the Member's and Spouse's age (and gender for Traditional Plan Y, PPO, PPO Value and HSA Plans) at issue and on each November 1st. Charges are also determined by the number of dependent children covered and the area in which the member is located, according to Trust records on the 1st of the month preceding each billing due date. Semi-annual billing dates are May 1 and November 1.

- 1) Locate your ZIP Code and determine your rate area from the chart above.
- 2) Find the corresponding area factor from the Rate Area Factor Chart below.
- 3) Determine which medical plan design for which you would like to apply.
- 4) Find the chart for the corresponding plan on the following pages to determine your base rate.
- 5) Multiply your base rate by your rate area factor to determine your projected monthly premium.

### RATE AREA FACTOR CHART

Rate Area	Factor	Rate Area	Factor
1	0.70	10	1.15
2	0.75	11	1.20
3	0.80	12	1.25
4	0.85	13	1.30
5	0.90	14	1.35
6	0.95	15	1.40
7	1.00	16	1.45
8	1.05	17	1.50
9	1.10		

**Now, Simply Turn To The Major Medical Rate Charts For The Plan And Deductible You Prefer.**

### FOR ALL AVMA GHLIT PLANS, YOU MAY PAY MONTHLY (EFT only), QUARTERLY OR SEMI-ANNUALLY

Please note that the billing mode you select will be applicable to all your GHLIT coverages, whether new or existing. (except dental)

A monthly payment option is available. This option is only available with Electronic Funds Transfer (EFT) election. Premiums can be electronically withdrawn from your checking or savings account on a monthly basis. The monthly payment for non-major medical coverage is computed by dividing the semi-annual rates by 6. Changes to EFT can only occur on a billing cycle (February 1, May 1, August 1, or November 1) and must be received 45 days preceding the billing cycle date.

A quarterly payment option is available for each quarterly billing on February 1, May 1, August 1, and November 1. The quarterly payment is computed by taking the monthly rates and multiplying by three or dividing the annual rates by four and the semi-annual rates by two.

A semi-annual payment is computed by multiplying the monthly rates by six or dividing the annual rates by two. To change a billing option, the Trust office must be given notice 45 days preceding a renewal date.

# MONTHLY RATE CALCULATION SHEET

**Choose your lines of coverage using the check boxes below and determine the rates using the rate chart:**

## MEDICAL

Choose your rate area (using Major Medical Plans Area Chart) Area \_\_\_\_\_  
 Choose your rate area factor (using Rate Area Factor Chart) Rate Area Factor \_\_\_\_\_  
 Choose your medical plan:

- PPO Plan (In-Network Deductible Option):  Bronze Plan—\$1,000 Deductible (member only)  Optional Maternity Benefit  
 PPO Value Plans (In-Network Deductible Options):  Plan L—\$1,000 Deductible (member only)  Plan R—\$2,500 Deductible (member only)  Optional Maternity Benefit  
**High Deductible HSA-Qualified Plans:**  
 Plan S1—\$1,500 Deductible (member only)  Plan S1—\$3,000 Deductible (family)  
 Plan S2—\$2,600 Deductible (member only)  Plan S2—\$5,200 Deductible (family)  
 Plan S3—\$3,500 Deductible (member only)  Plan S3—\$7,000 Deductible (family)  
 Plan S4—\$5,000 Deductible (member only)  Plan S4—\$10,000 Deductible (family)

Traditional Plan:  Plan V—\$3,000 Deductible  Plan Y—\$5,000 Deductible

Estimated Monthly Premium Rate: (subject to medical underwriting)

<input type="checkbox"/> Member	\$ _____ (base rate)	X	\$ _____ (rate area factor)	\$ _____
<input type="checkbox"/> Spouse/Domestic Partner	\$ _____ (base rate)	X	\$ _____ (rate area factor)	\$ _____
<input type="checkbox"/> Child(ren)	\$ _____ (base rate)	X	\$ _____ (rate area factor)	\$ _____
<input type="checkbox"/> Optional Maternity Benefit:	\$125 (if selected – PPO and PPO Value only)			\$ _____

**Medical Insurance Subtotal** \$ \_\_\_\_\_

## LIFE INSURANCE (subject to medical underwriting)

- Super Preferred Non-Smoker\*  Preferred Non-Smoker\*  Non-Smoker\*  Preferred Smoker\*  Smoker\*
- 10-Year Level Term  20-Year Level Term
- |  |                 |   |          |
|--|-----------------|---|----------|
| <input type="checkbox"/> Member                  | Coverage Amount | \$ _____ (\$100,000 to \$1,000,000 in \$1,000 increments) ÷ 1,000 X \$ _____ (annual rate per \$1,000) ÷ 12 | \$ _____ |
| <input type="checkbox"/> Spouse/Domestic Partner | Coverage Amount | \$ _____ (\$100,000 to \$1,000,000 in \$1,000 increments) ÷ 1,000 X \$ _____ (annual rate per \$1,000) ÷ 12 | \$ _____ |
| <input type="checkbox"/> Child(ren)              | Coverage Amount | \$ _____ (\$5,000 or \$10,000 per child for one or more children) ÷ 1,000 X \$ _____ ÷ 12                   | \$ _____ |

\*Smoker means anyone who has used a nicotine or tobacco product within the last 24 months.

**Life Insurance Subtotal** \$ \_\_\_\_\_

## LONG TERM DISABILITY (choose one plan, plus desired options)

- Net Monthly Earnings \$ \_\_\_\_\_  Plan 2 (30 day waiting period)  Plan 3 (90 day waiting period)  Plan 4 (180 day waiting period)
- |   |                 |  |          |
|---|-----------------|--|----------|
|   | Coverage Amount | \$ _____ (\$1,000 to \$10,000 in \$100 increments) ÷ 100 X \$ _____ (semi-annual rate per \$100) ÷ 6 | \$ _____ |
| (not to exceed 60% of net monthly earnings)                 |                 |  |          |
| <input type="checkbox"/> LTD Options (check all that apply) |                 |  |          |
| <input type="checkbox"/> Future Purchase Option             | Coverage Amount | \$ _____ ÷ 100 X \$ _____ (rate per \$100) ÷ 6   | \$ _____ |
| <input type="checkbox"/> Cost of Living Adjustment          | Coverage Amount | \$ _____ ÷ 100 X \$ _____ (rate per \$100) ÷ 6   | \$ _____ |
| <input type="checkbox"/> Own Occupation Plus                | Coverage Amount | \$ _____ ÷ 100 X \$ _____ (rate per \$100) ÷ 6   | \$ _____ |

**Long Term Disability Subtotal** \$ \_\_\_\_\_

## BASIC PROTECTION PACKAGE\*

(\$29 semi-annual cost)

\*Must have or purchase minimum of \$1,000 Long Term Disability

**Basic Protection Subtotal** \$ \_\_\_\_\_

## SHORT TERM DISABILITY (choose one plan)

- |   |                 |   |          |
|---|-----------------|---|----------|
| <input type="checkbox"/> Plan 1 (1st/8th day) <input type="checkbox"/> Plan 2 (30 days) | Coverage Amount | \$ _____ (\$200 to \$5,000 in \$100 increments) ÷ 100 X \$ _____ (semi-annual rate per \$100) ÷ 6 | \$ _____ |
|---|-----------------|---|----------|

**Short Term Disability Subtotal** \$ \_\_\_\_\_

# MONTHLY RATE CALCULATION SHEET CONT.



## HOSPITAL INDEMNITY

- Member** Coverage Amount \$ (\$100 to \$400 daily benefit in \$50 increments) ÷ 50 \$ \_\_\_\_\_
- Spouse/Domestic Partner** Coverage Amount \$ (\$100 to \$400 daily benefit in \$50 increments) ÷ 50 \$ \_\_\_\_\_
- Child(ren)** Coverage Amount \$ (\$100 to \$200 daily benefit in \$50 increments) ÷ 50 \$ \_\_\_\_\_

**Hospital Indemnity Subtotal** \$ \_\_\_\_\_

## PROFESSIONAL OVERHEAD EXPENSE (choose one plan)

- Plan 1** (15 days/1 yr. max.)  **Plan 2** (30 days/2 yr. max.) Coverage Amount \$ (\$300 to \$30,000 in \$100 increments) ÷ 100 X \$ (semi-annual rate per \$100) ÷ 6 \$ \_\_\_\_\_

**Overhead Expense Subtotal** \$ \_\_\_\_\_

## LARGE SCALE AD&D

- Member** Coverage Amount \$ (\$10,000 to \$200,000 in \$10,000 increments) ÷ 10,000 X \$3.60 ÷ 6 \$ \_\_\_\_\_
- Spouse/Domestic Partner** Coverage Amount \$ (\$10,000 to \$100,000 in \$10,000 increments; not to exceed member) ÷ 10,000 X \$3.60 ÷ 6 \$ \_\_\_\_\_

**AD&D Subtotal** \$ \_\_\_\_\_

## Monthly Insurance Subtotal

(add all subtotals together) \$ \_\_\_\_\_

### Billing Options (choose one and calculate total payment)

- Monthly-EFT only** Monthly Subtotal \$ \_\_\_\_\_ = \$ \_\_\_\_\_ Monthly Total
- Quarterly** Monthly Subtotal \$ \_\_\_\_\_ X 3 = \$ \_\_\_\_\_ Quarterly Total
- Semi-Annually** Monthly Subtotal \$ \_\_\_\_\_ X 6 = \$ \_\_\_\_\_ Semi-Annual Total

Final rates/benefits are determined by medical underwriting. Do not drop current coverage until underwriting is complete. This is not an application.

## BRONZE PPO PLAN MONTHLY STANDARD RATES<sup>†</sup>

\$1,000 Deductible (In-Network)

Optional Maternity Benefit Additional \$125/Month

Member/ Spouse* Age	Base Rates (Area 7 – 1.00 Factor)			
	Male	Female	3 Child(ren) or less	4 + Children
Under 30	\$321	\$370	\$340	\$407
30-34	\$373	\$422	\$340	\$407
35-39	\$418	\$471	\$340	\$407
40-44	\$481	\$535	\$340	\$407
45-49	\$580	\$628	\$340	\$407
50-54	\$702	\$728	\$340	\$407
55-59	\$937	\$931	\$340	\$407
60-64	\$1,206	\$1,153	\$340	\$407

## PPO VALUE PLAN L MONTHLY STANDARD RATES<sup>†</sup>

\$1,000 Deductible (In-Network)

Optional Maternity Benefit Additional \$125/Month

Member/ Spouse* Age	Base Rates (Area 7 – 1.00 Factor)			
	Male	Female	3 Child(ren) or less	4 + Children
Under 30	\$209	\$242	\$220	\$264
30-34	\$244	\$276	\$220	\$264
35-39	\$273	\$307	\$220	\$264
40-44	\$315	\$350	\$220	\$264
45-49	\$378	\$409	\$220	\$264
50-54	\$458	\$474	\$220	\$264
55-59	\$612	\$605	\$220	\$264
60-64	\$784	\$750	\$220	\$264

## PPO VALUE PLAN R MONTHLY STANDARD RATES<sup>†</sup>

\$2,500 Deductible (In-Network)

Optional Maternity Benefit Additional \$125/Month

Member/ Spouse* Age	Base Rates (Area 7 – 1.00 Factor)			
	Male	Female	3 Child(ren) or less	4 + Children
Under 30	\$172	\$196	\$183	\$216
30-34	\$201	\$227	\$183	\$216
35-39	\$224	\$255	\$183	\$216
40-44	\$257	\$286	\$183	\$216
45-49	\$309	\$337	\$183	\$216
50-54	\$376	\$392	\$183	\$216
55-59	\$503	\$497	\$183	\$216
60-64	\$645	\$616	\$183	\$216

\*Also includes domestic partner.

†NOTE: The insurance company has the right to change rates on a class-wide basis.

## HIGH DEDUCTIBLE (HSA-QUALIFIED) PLAN S1 — MONTHLY STANDARD RATES†

Member Age	Base Rates (Area 7 – 1.00 Factor)					
	Individual Plan \$1,500 Deductible		Family Plan \$3,000 Deductible			
	Male Member	Female Member	Member & Spouse*	Male Member & Child(ren)	Female Member & Child(ren)	Member, Spouse* & Child(ren)
Under 30	\$218	\$272	\$445	\$367	\$412	\$640
30-34	\$253	\$308	\$502	\$398	\$437	\$697
35-39	\$282	\$328	\$540	\$419	\$458	\$735
40-44	\$326	\$363	\$628	\$457	\$484	\$821
45-49	\$388	\$420	\$734	\$515	\$541	\$936
50-54	\$474	\$491	\$846	\$573	\$589	\$1,041
55-59	\$644	\$637	\$1,151	\$722	\$718	\$1,359
60-64	\$858	\$821	\$1,470	\$902	\$874	\$1,679

## HIGH DEDUCTIBLE (HSA-QUALIFIED) PLAN S2 — MONTHLY STANDARD RATES†

Member Age	Base Rates (Area 7 – 1.00 Factor)					
	Individual Plan \$2,600 Deductible		Family Plan \$5,200 Deductible			
	Male Member	Female Member	Member & Spouse*	Male Member & Child(ren)	Female Member & Child(ren)	Member, Spouse* & Child(ren)
Under 30	\$165	\$207	\$335	\$280	\$313	\$484
30-34	\$194	\$234	\$380	\$301	\$335	\$529
35-39	\$212	\$249	\$408	\$322	\$350	\$557
40-44	\$249	\$276	\$478	\$348	\$370	\$624
45-49	\$295	\$321	\$557	\$389	\$410	\$710
50-54	\$359	\$374	\$642	\$437	\$449	\$791
55-59	\$488	\$483	\$875	\$550	\$548	\$1,033
60-64	\$649	\$624	\$1,113	\$687	\$664	\$1,273

\*Also includes domestic partner.

†NOTE: The insurance company has the right to change rates on a class-wide basis.

## HIGH DEDUCTIBLE (HSA-QUALIFIED) PLAN S3 — MONTHLY STANDARD RATES†

Member Age	Base Rates (Area 7 – 1.00 Factor)					
	Individual Plan \$3,500 Deductible		Family Plan \$7,000 Deductible			
	Male Member	Female Member	Member & Spouse*	Male Member & Child(ren)	Female Member & Child(ren)	Member, Spouse* & Child(ren)
Under 30	\$147	\$184	\$299	\$248	\$277	\$431
30-34	\$172	\$209	\$338	\$269	\$297	\$470
35-39	\$189	\$223	\$362	\$283	\$308	\$494
40-44	\$220	\$245	\$421	\$307	\$326	\$552
45-49	\$260	\$284	\$495	\$346	\$364	\$630
50-54	\$319	\$331	\$570	\$387	\$399	\$702
55-59	\$433	\$429	\$777	\$489	\$485	\$917
60-64	\$579	\$552	\$989	\$611	\$588	\$1,131

## HIGH DEDUCTIBLE (HSA-QUALIFIED) PLAN S4 — MONTHLY STANDARD RATES†

Member Age	Base Rates (Area 7 – 1.00 Factor)					
	Individual Plan \$5,000 Deductible		Family Plan \$10,000 Deductible			
	Male Member	Female Member	Member & Spouse*	Male Member & Child(ren)	Female Member & Child(ren)	Member, Spouse* & Child(ren)
Under 30	\$140	\$174	\$287	\$236	\$261	\$411
30-34	\$164	\$198	\$322	\$255	\$281	\$446
35-39	\$180	\$212	\$348	\$270	\$293	\$472
40-44	\$211	\$233	\$403	\$292	\$309	\$526
45-49	\$250	\$270	\$472	\$331	\$347	\$602
50-54	\$306	\$317	\$545	\$369	\$379	\$669
55-59	\$413	\$409	\$739	\$463	\$461	\$872
60-64	\$551	\$526	\$945	\$577	\$561	\$1,078

\*Also includes domestic partner.

†NOTE: The insurance company has the right to change rates on a class-wide basis.

**TRADITIONAL INDEMNITY (HSA-QUALIFIED)  
PLAN V — MONTHLY STANDARD RATES<sup>†</sup>  
\$3,000 Deductible (Individual)**

Member/ Spouse* Age	Base Rates (Area 7–1.00 Factor)			
	Member	Spouse*	3 Child(ren) or less	4 + Children
Under 30	\$326	\$323	\$276	\$329
30-34	\$365	\$362	\$276	\$329
35-39	\$395	\$394	\$276	\$329
40-44	\$451	\$470	\$276	\$329
45-49	\$529	\$552	\$276	\$329
50-54	\$618	\$629	\$276	\$329
55-59	\$842	\$854	\$276	\$329
60-64	\$1,098	\$1,098	\$276	\$329

**TRADITIONAL INDEMNITY PLAN Y — MONTHLY STANDARD RATES<sup>†</sup>  
\$5,000 Deductible (Individual)**

Member/ Spouse* Age	Base Rates (Area 7–1.00 Factor)			
	Male	Female	3 Child(ren) or less	4 + Children
Under 30	\$164	\$205	\$157	\$189
30-34	\$185	\$223	\$157	\$189
35-39	\$209	\$243	\$157	\$189
40-44	\$245	\$271	\$157	\$189
45-49	\$289	\$316	\$157	\$189
50-54	\$355	\$370	\$157	\$189
55-59	\$481	\$476	\$157	\$189
60-64	\$624	\$596	\$157	\$189

\*Also includes domestic partner.

<sup>†</sup>NOTE: The insurance company has the right to change rates on a class-wide basis.

# DISABILITY INCOME PROTECTION

## CURRENT SEMI-ANNUAL CHARGES EFFECTIVE NOVEMBER 1, 2010<sup>†</sup>

### BASIC PROTECTION PACKAGE

A semi-annual premium of \$29 covers the cost of the decreasing term life insurance, AD&D, and rabies prophylaxis benefit regardless of which disability plan you select. You must also purchase at least \$1,000 of long term monthly disability income at the premiums shown below. The total cost of the decreasing term life insurance, AD&D and rabies prophylaxis benefit is the same regardless of which disability plan you select. The costs shown for disability coverage do not include a charge for these coverages.

### LONG TERM MONTHLY DISABILITY INCOME—SEMI-ANNUAL RATES<sup>†</sup> \$1,000 to \$10,000 (in \$100 units)

PLAN 2 30 day waiting period				
Member Age At Issue	MONTHLY DISABILITY INCOME Amount	OPTIONAL BENEFITS Each \$100 of Benefits		
	Each \$100	Future Purchase Option	Cost of Living Adj.	Own Occupation Plus
under 31	11	1.10	4.00	1.00
31-40	13	1.30	5.00	1.15
41-50	17	1.70	6.00	1.55
51-60	23	**	5.00	2.05
61-65	36	**	2.00	3.25
66 & over	48	**	*	4.30

PLAN 3 90 day waiting period				
Member Age At Issue	MONTHLY DISABILITY INCOME Amount	OPTIONAL BENEFITS Each \$100 of Benefits		
	Each \$100	Future Purchase Option	Cost of Living Adj.	Own Occupation Plus
under 31	9	.90	4.00	.80
31-40	11	1.10	5.00	1.00
41-50	14	1.40	6.00	1.25
51-60	18	**	5.00	1.60
61-65	29	**	2.00	2.60
66 & over	40	**	*	3.60

PLAN 4 180 day waiting period				
Member Age At Issue	MONTHLY DISABILITY INCOME Amount	OPTIONAL BENEFITS Each \$100 of Benefits		
	Each \$100	Future Purchase Option	Cost of Living Adj.	Own Occupation Plus
under 31	8	.80	4.00	.70
31-40	10	1.00	5.00	.90
41-50	13	1.30	6.00	1.10
51-60	16	**	5.00	1.45
61-65	25	**	2.00	2.25
66 & over	35	**	*	3.10

NOTE: THE CHARGES SHOWN FOR EACH \$100 UNIT OF DISABILITY INCOME AND THE OPTIONAL BENEFITS ARE BASED ON THE MEMBER'S AGE AT TIME THE UNIT IS ISSUED. RENEWAL CHARGES DO NOT INCREASE WITH AGE.

\* No charge for the Cost of Living Adjustment Option after Age 64 as the Monthly Disability Income Benefit.

\*\* No charge for Purchase Option after age 50 as option expires at age 51.

## SHORT TERM MONTHLY INCOME PLAN—SEMI-ANNUAL RATES<sup>†</sup>

\$200 to \$5,000 (in \$100 Units). Benefits continue only during the first six months of disability.

Each \$100 of benefit Member's Age At Issue					
PLAN	Under 31	31-40	41-50	51-60	61-65
1 (1st/8th Day)	\$7.50	\$8.25	\$10.00	\$12.00	\$17.00
2 (30 Days)	\$4.00	\$4.75	\$ 6.00	\$ 8.00	\$12.00

## PROFESSIONAL OVERHEAD EXPENSE INSURANCE— SEMI-ANNUAL RATES<sup>†</sup>

Choice of two plans, \$300 to \$30,000 Monthly Maximum Benefit (in \$100 Units). Charges are based on member's age at issue and each November 1.

Each \$100 of maximum monthly benefit. Member's age at issue and each November 1.					
PLAN	Under 40	40-49	50-59	60-69	70 & Over
1 (15 day waiting period/1 year maximum benefit period)	\$3.00	\$4.50	\$8.00	\$12.00	\$22.50
2 (30 day waiting period/2 years maximum benefit period)	\$3.30	\$4.95	\$8.80	\$13.20	\$24.75

## LARGE SCALE ACCIDENTAL DEATH AND DISMEMBERMENT— SEMI-ANNUAL RATES<sup>†</sup>

\$10,000 to \$200,000 (\$10,000 Units) for member and up to \$100,000 for spouse/domestic partner but not exceeding member coverage—**\$3.60 for each \$10,000.**

### HOSPITAL INDEMNITY

Charges are based on member and spouse's/domestic partner's age at issue and on each November 1. Members may request varying amounts of daily benefits for their dependents, but not more than member's amount.

\*\*\* Available at renewal only.

#### Member's Age

Under 35  
35-39  
40-44  
45-49  
50-54  
55-59  
60-64  
65-69\*\*\*  
70-74\*\*\*  
75-79\*\*\*  
80+Over\*\*\*

### Hospital Indemnity Plan Monthly Rates Each \$50 of Benefit \$100 Min./\$400 Max.

Member	Spouse/ Domestic Partner		Children
	Member	Domestic Partner	
Under 35	\$4.00	\$4.00	\$4.75
35-39	\$4.50	\$4.50	\$4.75
40-44	\$4.75	\$4.75	\$4.75
45-49	\$5.50	\$5.50	\$4.75
50-54	\$6.00	\$6.00	\$4.75
55-59	\$7.25	\$7.25	\$4.75
60-64	\$8.50	\$8.50	\$4.75
65-69***	\$12.00	\$12.00	\$4.75
70-74***	\$16.50	\$16.50	\$4.75
75-79***	\$22.50	\$22.50	\$4.75
80+Over***	\$36.25	\$36.25	\$4.75

## 10 YEAR AND 20 YEAR LEVEL TERM LIFE INSURANCE— ANNUAL RATES<sup>†</sup>

MEMBER \$100,000 to \$1,000,000 (\$10,000 Units). Refer to rates on following pages.

SPOUSE/DOMESTIC PARTNER \$100,000 to \$1,000,000 (\$10,000 Units), but not more than 100% of the amount for the member. Refer to rates on following pages.

CHILDREN \$5,000 per child—\$12.00 for one or more children  
\$10,000 per child—\$24.00 for one or more children

Charges shown are gender specific annual rates per \$1,000 and are determined based on age at issue. Rates are expected to remain level for 10 or 20 years but are not guaranteed.

# AVMA GHLIT 10-YR. LEVEL PREMIUM RATES†

EXPECTED TO REMAIN LEVEL FOR 10 YEARS

**Face Amounts \$100,000-\$240,000  
ANNUAL RATE PER \$1,000 OF FACE AMOUNT**

Issue Age	MALE					FEMALE				
	Super Preferred NS	Preferred NS	Non-Smoker	Preferred Smoker	Smoker	Super Preferred NS	Preferred NS	Non-Smoker	Preferred Smoker	Smoker
20	\$0.88	\$0.93	\$1.07	\$2.21	\$2.54	\$0.81	\$0.89	\$0.91	\$1.55	\$1.60
21	0.88	0.93	1.07	2.21	2.54	0.81	0.89	0.91	1.55	1.60
22	0.88	0.93	1.07	2.21	2.54	0.81	0.89	0.91	1.55	1.60
23	0.88	0.93	1.07	2.21	2.54	0.81	0.89	0.91	1.55	1.60
24	0.88	0.93	1.07	2.21	2.54	0.81	0.89	0.91	1.55	1.60
25	0.88	0.93	1.07	2.21	2.54	0.81	0.89	0.91	1.55	1.60
26	0.88	0.93	1.07	2.21	2.55	0.81	0.89	0.92	1.59	1.64
27	0.89	0.93	1.07	2.21	2.55	0.82	0.89	0.93	1.62	1.69
28	0.89	0.93	1.08	2.22	2.56	0.82	0.89	0.95	1.65	1.72
29	0.90	0.93	1.08	2.22	2.56	0.83	0.89	0.96	1.68	1.77
30	0.90	0.93	1.08	2.22	2.57	0.83	0.89	0.97	1.71	1.82
31	0.90	0.95	1.09	2.28	2.65	0.83	0.90	0.98	1.79	1.90
32	0.90	0.96	1.10	2.35	2.72	0.84	0.91	1.00	1.86	1.98
33	0.90	0.97	1.12	2.42	2.80	0.84	0.92	1.01	1.94	2.07
34	0.90	0.98	1.13	2.49	2.88	0.85	0.93	1.03	2.02	2.15
35	0.90	0.99	1.14	2.55	2.95	0.85	0.95	1.04	2.09	2.24
36	0.93	1.02	1.19	2.68	3.11	0.87	0.97	1.09	2.24	2.42
37	0.97	1.05	1.23	2.80	3.27	0.89	0.99	1.13	2.37	2.59
38	0.99	1.09	1.28	2.92	3.41	0.92	1.02	1.19	2.52	2.76
39	1.02	1.12	1.32	3.05	3.57	0.95	1.04	1.23	2.66	2.94
40	1.05	1.16	1.37	3.17	3.73	0.97	1.06	1.28	2.80	3.12
41	1.09	1.21	1.45	3.41	4.03	1.01	1.12	1.37	3.07	3.45
42	1.13	1.25	1.52	3.65	4.34	1.06	1.19	1.45	3.33	3.77
43	1.17	1.30	1.61	3.90	4.65	1.10	1.25	1.54	3.59	4.10
44	1.21	1.34	1.68	4.14	4.96	1.16	1.31	1.63	3.85	4.42
45	1.25	1.40	1.76	4.38	5.26	1.20	1.38	1.71	4.12	4.75
46	1.34	1.50	1.89	4.78	5.74	1.28	1.47	1.83	4.29	5.23
47	1.44	1.62	2.03	5.18	6.23	1.35	1.58	1.94	4.47	5.70
48	1.53	1.72	2.15	5.57	6.71	1.44	1.67	2.07	4.65	6.18
49	1.63	1.84	2.29	5.96	7.19	1.51	1.77	2.18	4.83	6.67
50	1.72	1.94	2.42	6.36	7.68	1.60	1.87	2.30	5.01	7.14
51	1.90	2.13	2.65	6.98	8.43	1.70	2.00	2.45	5.64	7.78
52	2.08	2.33	2.88	7.60	9.20	1.81	2.11	2.58	6.26	8.41
53	2.26	2.52	3.10	8.23	9.95	1.92	2.24	2.73	6.89	9.05
54	2.44	2.72	3.33	8.85	10.72	2.03	2.35	2.87	7.51	9.68
55	2.61	2.91	3.56	9.47	11.48	2.13	2.48	3.01	8.14	10.31
56	2.87	3.20	3.91	10.42	12.64	2.31	2.69	3.28	9.01	11.19
57	3.12	3.49	4.25	11.36	13.81	2.49	2.91	3.54	9.88	12.08
58	3.37	3.78	4.60	12.32	14.97	2.66	3.12	3.81	10.75	12.96
59	3.62	4.06	4.95	13.26	16.14	2.84	3.34	4.07	11.62	13.84
60	3.87	4.36	5.29	14.21	17.30	3.01	3.55	4.34	12.50	14.71
61	4.13	4.65	5.64	15.15	18.47	3.19	3.76	4.60	13.37	15.59
62	4.38	4.94	5.99	16.10	19.64	3.37	3.98	4.86	14.24	16.46
63	4.63	5.23	6.33	17.05	20.80	3.54	4.19	5.13	15.11	17.36
64	4.88	5.51	6.68	18.00	21.97	3.72	4.41	5.40	15.98	18.24
65	5.32	6.03	7.30	19.89	24.30	3.97	4.75	5.86	17.87	20.80
66	5.71	6.46	7.82	21.36	26.16	4.21	5.02	6.23	19.28	22.38
67	6.12	6.90	8.37	22.97	28.14	4.47	5.36	6.63	20.81	24.06
68	6.53	7.41	8.96	24.69	30.28	4.72	5.67	7.05	22.48	25.92
69	7.00	7.92	9.62	26.57	32.57	5.01	6.03	7.52	24.27	27.89

†NOTE: The insurance company has the right to change rates on a class-wide basis.

# AVMA GHLIT 10-YR. LEVEL PREMIUM RATES†

EXPECTED TO REMAIN LEVEL FOR 10 YEARS

**Face Amounts \$250,000-\$490,000  
ANNUAL RATE PER \$1,000 OF FACE AMOUNT**

Issue Age	MALE					FEMALE				
	Super Preferred NS	Preferred NS	Non-Smoker	Preferred Smoker	Smoker	Super Preferred NS	Preferred NS	Non-Smoker	Preferred Smoker	Smoker
20	\$0.58	\$0.62	\$0.72	\$1.61	\$1.89	\$0.44	\$0.49	\$0.56	\$1.07	\$1.13
21	0.58	0.62	0.72	1.61	1.89	0.44	0.49	0.56	1.07	1.13
22	0.58	0.62	0.72	1.61	1.89	0.44	0.49	0.56	1.07	1.13
23	0.58	0.62	0.72	1.61	1.89	0.44	0.49	0.56	1.07	1.13
24	0.58	0.62	0.72	1.61	1.89	0.44	0.49	0.56	1.07	1.13
25	0.58	0.62	0.72	1.61	1.89	0.44	0.49	0.56	1.07	1.13
26	0.58	0.62	0.72	1.61	1.90	0.45	0.49	0.57	1.10	1.19
27	0.58	0.62	0.72	1.62	1.91	0.45	0.50	0.58	1.13	1.23
28	0.59	0.62	0.74	1.62	1.92	0.46	0.50	0.59	1.18	1.28
29	0.59	0.62	0.74	1.63	1.93	0.46	0.51	0.60	1.21	1.31
30	0.59	0.62	0.74	1.63	1.94	0.47	0.51	0.61	1.24	1.37
31	0.59	0.63	0.75	1.69	2.02	0.48	0.53	0.63	1.31	1.45
32	0.59	0.64	0.77	1.75	2.08	0.48	0.54	0.65	1.39	1.53
33	0.59	0.66	0.78	1.82	2.15	0.49	0.55	0.66	1.46	1.62
34	0.59	0.67	0.80	1.88	2.22	0.49	0.56	0.68	1.53	1.70
35	0.59	0.68	0.81	1.94	2.29	0.50	0.57	0.70	1.61	1.79
36	0.62	0.70	0.85	2.06	2.44	0.53	0.59	0.75	1.75	1.96
37	0.65	0.74	0.89	2.17	2.58	0.55	0.62	0.80	1.90	2.14
38	0.67	0.76	0.95	2.30	2.72	0.57	0.64	0.84	2.05	2.32
39	0.70	0.79	0.99	2.42	2.87	0.59	0.67	0.89	2.19	2.50
40	0.74	0.81	1.03	2.53	3.01	0.61	0.69	0.93	2.34	2.69
41	0.78	0.86	1.11	2.75	3.30	0.65	0.75	1.02	2.60	3.01
42	0.82	0.91	1.19	2.98	3.57	0.69	0.81	1.10	2.87	3.33
43	0.86	0.98	1.27	3.20	3.85	0.75	0.86	1.20	3.13	3.66
44	0.90	1.03	1.34	3.43	4.13	0.79	0.92	1.28	3.39	3.98
45	0.95	1.08	1.43	3.65	4.41	0.83	0.98	1.37	3.65	4.31
46	1.04	1.19	1.55	4.02	4.85	0.90	1.07	1.48	3.86	4.79
47	1.12	1.29	1.68	4.39	5.29	0.98	1.16	1.60	4.06	5.27
48	1.22	1.39	1.81	4.75	5.73	1.04	1.25	1.70	4.27	5.74
49	1.30	1.49	1.93	5.11	6.17	1.11	1.33	1.82	4.47	6.23
50	1.40	1.60	2.06	5.48	6.62	1.19	1.43	1.93	4.68	6.70
51	1.56	1.79	2.28	6.05	7.31	1.28	1.53	2.07	5.28	7.34
52	1.73	1.96	2.51	6.62	8.00	1.38	1.64	2.22	5.89	7.98
53	1.91	2.15	2.73	7.19	8.69	1.47	1.74	2.35	6.49	8.61
54	2.08	2.33	2.96	7.76	9.39	1.56	1.85	2.50	7.10	9.25
55	2.25	2.52	3.18	8.33	10.08	1.66	1.95	2.64	7.70	9.88
56	2.49	2.79	3.52	9.20	11.13	1.82	2.15	2.89	8.56	10.76
57	2.73	3.08	3.85	10.06	12.19	1.97	2.34	3.14	9.42	11.63
58	2.98	3.35	4.18	10.93	13.24	2.13	2.54	3.40	10.28	12.51
59	3.22	3.63	4.52	11.79	14.30	2.29	2.73	3.65	11.14	13.38
60	3.47	3.91	4.85	12.66	15.35	2.45	2.93	3.91	12.00	14.26
61	3.71	4.18	5.19	13.53	16.40	2.60	3.13	4.16	12.86	15.13
62	3.95	4.46	5.52	14.40	17.46	2.76	3.32	4.41	13.72	16.00
63	4.20	4.74	5.85	15.27	18.51	2.92	3.52	4.67	14.58	16.87
64	4.44	5.02	6.18	16.13	19.57	3.08	3.71	4.92	15.45	17.75
65	4.77	5.40	6.69	17.72	21.56	3.23	3.92	5.28	17.15	20.16
66	5.13	5.81	7.20	19.08	23.23	3.43	4.17	5.64	18.54	21.72
67	5.52	6.23	7.71	20.54	25.02	3.66	4.47	6.01	20.05	23.39
68	5.92	6.72	8.28	22.11	26.94	3.89	4.76	6.42	21.69	25.19
69	6.37	7.21	8.90	23.81	29.01	4.14	5.08	6.85	23.46	27.14

# AVMA GHLIT 10-YR. LEVEL PREMIUM RATES†

EXPECTED TO REMAIN LEVEL FOR 10 YEARS

**Face Amounts \$500,000-\$990,000  
ANNUAL RATE PER \$1,000 OF FACE AMOUNT**

Issue Age	MALE					FEMALE				
	Super Preferred NS	Preferred NS	Non-Smoker	Preferred Smoker	Smoker	Super Preferred NS	Preferred NS	Non-Smoker	Preferred Smoker	Smoker
20	\$0.42	\$0.45	\$0.59	\$1.35	\$1.63	\$0.28	\$0.34	\$0.41	\$0.78	\$0.85
21	0.42	0.45	0.59	1.35	1.63	0.28	0.34	0.41	0.78	0.85
22	0.42	0.45	0.59	1.35	1.63	0.28	0.34	0.41	0.78	0.85
23	0.42	0.45	0.59	1.35	1.63	0.28	0.34	0.41	0.78	0.85
24	0.42	0.45	0.59	1.35	1.63	0.28	0.34	0.41	0.78	0.85
25	0.42	0.45	0.59	1.35	1.63	0.28	0.34	0.41	0.78	0.85
26	0.42	0.45	0.59	1.37	1.64	0.28	0.34	0.42	0.81	0.89
27	0.42	0.45	0.59	1.38	1.65	0.29	0.35	0.43	0.84	0.93
28	0.42	0.46	0.60	1.38	1.67	0.29	0.35	0.45	0.88	0.98
29	0.42	0.46	0.60	1.39	1.68	0.30	0.36	0.46	0.91	1.03
30	0.42	0.46	0.60	1.40	1.69	0.30	0.36	0.47	0.95	1.07
31	0.42	0.46	0.61	1.46	1.76	0.32	0.37	0.49	1.02	1.14
32	0.42	0.46	0.63	1.52	1.83	0.33	0.37	0.51	1.08	1.22
33	0.43	0.47	0.64	1.59	1.90	0.33	0.38	0.53	1.16	1.30
34	0.43	0.47	0.66	1.65	1.96	0.34	0.38	0.55	1.22	1.37
35	0.43	0.47	0.67	1.71	2.04	0.35	0.39	0.57	1.29	1.45
36	0.45	0.49	0.72	1.83	2.17	0.37	0.42	0.61	1.43	1.61
37	0.46	0.51	0.77	1.94	2.32	0.39	0.45	0.66	1.55	1.77
38	0.48	0.55	0.82	2.06	2.46	0.42	0.48	0.70	1.69	1.93
39	0.49	0.57	0.86	2.17	2.60	0.44	0.51	0.76	1.82	2.10
40	0.51	0.59	0.91	2.29	2.74	0.46	0.55	0.80	1.95	2.27
41	0.57	0.65	0.99	2.51	3.01	0.50	0.60	0.88	2.19	2.56
42	0.62	0.71	1.07	2.73	3.29	0.55	0.65	0.97	2.44	2.86
43	0.66	0.78	1.14	2.95	3.57	0.60	0.71	1.05	2.67	3.15
44	0.71	0.84	1.23	3.17	3.84	0.64	0.77	1.13	2.91	3.44
45	0.77	0.90	1.30	3.39	4.12	0.68	0.82	1.22	3.15	3.74
46	0.85	1.01	1.43	3.75	4.55	0.75	0.90	1.33	3.35	4.17
47	0.93	1.11	1.56	4.11	4.98	0.81	0.99	1.46	3.55	4.61
48	1.03	1.23	1.69	4.47	5.41	0.88	1.06	1.58	3.76	5.04
49	1.11	1.33	1.83	4.83	5.84	0.95	1.14	1.70	3.96	5.48
50	1.20	1.44	1.95	5.19	6.27	1.01	1.23	1.82	4.16	5.90
51	1.35	1.62	2.17	5.74	6.94	1.10	1.33	1.95	4.69	6.49
52	1.51	1.80	2.39	6.30	7.61	1.20	1.44	2.10	5.23	7.06
53	1.67	1.98	2.63	6.87	8.28	1.28	1.53	2.24	5.78	7.63
54	1.83	2.16	2.85	7.42	8.96	1.38	1.64	2.38	6.31	8.20
55	1.98	2.34	3.07	7.98	9.63	1.47	1.74	2.52	6.85	8.78
56	2.21	2.61	3.40	8.83	10.66	1.62	1.92	2.77	7.62	9.57
57	2.44	2.89	3.74	9.67	11.69	1.76	2.10	3.02	8.40	10.36
58	2.66	3.15	4.08	10.52	12.72	1.92	2.29	3.28	9.18	11.15
59	2.89	3.42	4.42	11.36	13.74	2.07	2.47	3.53	9.95	11.95
60	3.11	3.70	4.76	12.21	14.77	2.22	2.65	3.78	10.73	12.74
61	3.33	3.97	5.09	13.06	15.80	2.36	2.82	4.03	11.51	13.52
62	3.56	4.24	5.43	13.90	16.83	2.51	3.00	4.28	12.29	14.32
63	3.78	4.50	5.78	14.75	17.86	2.67	3.19	4.54	13.06	15.11
64	4.01	4.78	6.11	15.59	18.89	2.81	3.37	4.79	13.84	15.91
65	4.45	5.34	6.74	17.34	20.99	3.06	3.68	5.25	15.55	18.21
66	4.81	5.78	7.27	18.70	22.66	3.28	3.95	5.63	16.86	19.64
67	5.22	6.27	7.85	20.19	24.49	3.54	4.24	6.05	18.27	21.20
68	5.65	6.80	8.48	21.80	26.43	3.80	4.55	6.50	19.81	22.89
69	6.12	7.39	9.16	23.53	28.54	4.07	4.90	6.99	21.49	24.72

†NOTE: The insurance company has the right to change rates on a class-wide basis.

**AVMA GHLIT**  
**10-YR. LEVEL PREMIUM RATES†**  
 EXPECTED TO REMAIN LEVEL FOR 10 YEARS

**Face Amount \$1,000,000**  
**ANNUAL RATE PER \$1,000 OF FACE AMOUNT**

Issue Age	MALE					FEMALE				
	Super Preferred NS	Preferred NS	Non-Smoker	Preferred Smoker	Smoker	Super Preferred NS	Preferred NS	Non-Smoker	Preferred Smoker	Smoker
20	\$0.33	\$0.40	\$0.53	\$1.27	\$1.53	\$0.22	\$0.26	\$0.35	\$0.69	\$0.77
21	0.33	0.40	0.53	1.27	1.53	0.22	0.26	0.35	0.69	0.77
22	0.33	0.40	0.53	1.27	1.53	0.22	0.26	0.35	0.69	0.77
23	0.33	0.40	0.53	1.27	1.53	0.22	0.26	0.35	0.69	0.77
24	0.33	0.40	0.53	1.27	1.53	0.22	0.26	0.35	0.69	0.77
25	0.33	0.40	0.53	1.27	1.53	0.22	0.26	0.35	0.69	0.77
26	0.33	0.40	0.53	1.28	1.54	0.23	0.27	0.36	0.72	0.81
27	0.33	0.40	0.53	1.28	1.55	0.23	0.27	0.37	0.76	0.85
28	0.34	0.40	0.54	1.29	1.58	0.24	0.28	0.38	0.80	0.90
29	0.34	0.40	0.54	1.29	1.59	0.24	0.28	0.39	0.83	0.93
30	0.34	0.40	0.54	1.30	1.60	0.25	0.29	0.40	0.86	0.98
31	0.34	0.40	0.55	1.37	1.67	0.26	0.30	0.42	0.92	1.06
32	0.35	0.40	0.57	1.43	1.73	0.26	0.30	0.44	1.00	1.13
33	0.35	0.41	0.58	1.48	1.81	0.27	0.32	0.45	1.06	1.21
34	0.36	0.41	0.60	1.54	1.87	0.27	0.32	0.47	1.13	1.29
35	0.36	0.41	0.61	1.61	1.94	0.28	0.33	0.49	1.20	1.37
36	0.38	0.44	0.65	1.72	2.08	0.30	0.36	0.54	1.32	1.52
37	0.40	0.46	0.70	1.84	2.22	0.33	0.39	0.59	1.46	1.69
38	0.41	0.49	0.75	1.96	2.36	0.36	0.41	0.63	1.59	1.84
39	0.43	0.51	0.80	2.08	2.50	0.38	0.44	0.68	1.72	2.00
40	0.45	0.55	0.84	2.19	2.64	0.40	0.47	0.72	1.85	2.15
41	0.49	0.61	0.92	2.40	2.91	0.44	0.53	0.81	2.08	2.45
42	0.55	0.67	1.00	2.63	3.17	0.48	0.58	0.89	2.32	2.73
43	0.59	0.72	1.08	2.84	3.44	0.53	0.64	0.98	2.55	3.02
44	0.64	0.79	1.16	3.06	3.71	0.57	0.69	1.06	2.79	3.31
45	0.68	0.85	1.24	3.27	3.98	0.61	0.75	1.14	3.02	3.60
46	0.77	0.96	1.37	3.61	4.40	0.67	0.83	1.26	3.22	4.02
47	0.85	1.05	1.48	3.97	4.82	0.74	0.90	1.38	3.42	4.45
48	0.95	1.16	1.61	4.32	5.23	0.81	0.99	1.48	3.63	4.87
49	1.03	1.25	1.72	4.67	5.65	0.87	1.06	1.60	3.83	5.29
50	1.11	1.35	1.85	5.02	6.07	0.93	1.14	1.71	4.03	5.71
51	1.27	1.53	2.07	5.57	6.72	1.02	1.24	1.85	4.55	6.28
52	1.42	1.70	2.28	6.10	7.38	1.10	1.34	1.98	5.06	6.84
53	1.58	1.88	2.50	6.65	8.03	1.19	1.44	2.13	5.59	7.39
54	1.72	2.05	2.71	7.18	8.69	1.27	1.54	2.27	6.10	7.95
55	1.88	2.23	2.93	7.73	9.35	1.35	1.64	2.40	6.62	8.51
56	2.09	2.48	3.26	8.55	10.33	1.50	1.82	2.65	7.37	9.28
57	2.30	2.74	3.58	9.37	11.33	1.65	1.98	2.89	8.13	10.05
58	2.52	2.99	3.90	10.19	12.32	1.79	2.16	3.14	8.87	10.80
59	2.73	3.26	4.22	11.00	13.31	1.93	2.33	3.38	9.63	11.57
60	2.94	3.51	4.55	11.82	14.30	2.08	2.51	3.62	10.38	12.34
61	3.15	3.76	4.87	12.64	15.29	2.23	2.69	3.86	11.14	13.10
62	3.36	4.02	5.20	13.46	16.29	2.37	2.86	4.11	11.90	13.87
63	3.58	4.27	5.51	14.28	17.27	2.51	3.03	4.36	12.64	14.64
64	3.79	4.54	5.84	15.10	18.27	2.66	3.20	4.60	13.40	15.40
65	4.28	5.10	6.48	16.82	20.35	2.93	3.55	5.08	15.09	17.68
66	4.64	5.53	6.99	18.17	21.98	3.17	3.83	5.48	16.39	19.08
67	5.04	6.02	7.57	19.63	23.74	3.40	4.13	5.90	17.79	20.62
68	5.48	6.52	8.17	21.20	25.63	3.67	4.44	6.35	19.29	22.27
69	5.96	7.09	8.85	22.89	27.69	3.96	4.78	6.82	20.94	24.05

# AVMA GHLIT 20-YR. LEVEL PREMIUM RATES†

EXPECTED TO REMAIN LEVEL FOR 20 YEARS

**Face Amounts \$100,000-\$240,000  
ANNUAL RATE PER \$1,000 OF FACE AMOUNT**

Issue Age	MALE					FEMALE				
	Super Preferred NS	Preferred NS	Non-Smoker	Preferred Smoker	Smoker	Super Preferred NS	Preferred NS	Non-Smoker	Preferred Smoker	Smoker
20	\$1.04	\$1.11	\$1.40	\$2.95	\$3.50	\$0.88	\$0.97	\$1.14	\$2.09	\$2.39
21	1.04	1.11	1.40	2.95	3.50	0.88	0.97	1.14	2.09	2.39
22	1.04	1.11	1.40	2.95	3.50	0.88	0.97	1.14	2.09	2.39
23	1.04	1.11	1.40	2.95	3.50	0.88	0.97	1.14	2.09	2.39
24	1.04	1.11	1.40	2.95	3.50	0.88	0.97	1.14	2.09	2.39
25	1.04	1.11	1.40	2.95	3.50	0.88	0.97	1.14	2.09	2.39
26	1.04	1.11	1.40	2.95	3.50	0.88	0.97	1.14	2.09	2.39
27	1.04	1.11	1.40	2.95	3.50	0.88	0.97	1.14	2.09	2.39
28	1.04	1.11	1.40	2.95	3.50	0.88	0.97	1.14	2.09	2.39
29	1.04	1.11	1.40	2.95	3.50	0.88	0.97	1.14	2.09	2.39
30	1.04	1.11	1.40	2.95	3.50	0.88	0.97	1.14	2.09	2.39
31	1.06	1.14	1.44	3.10	3.68	0.90	1.00	1.18	2.24	2.58
32	1.08	1.17	1.48	3.26	3.86	0.92	1.03	1.22	2.39	2.76
33	1.10	1.20	1.52	3.41	4.04	0.94	1.05	1.26	2.55	2.94
34	1.12	1.23	1.55	3.57	4.22	0.96	1.08	1.30	2.70	3.13
35	1.14	1.27	1.59	3.72	4.39	0.97	1.11	1.35	2.85	3.31
36	1.20	1.32	1.67	3.96	4.69	1.00	1.14	1.41	3.08	3.61
37	1.26	1.37	1.75	4.20	4.98	1.03	1.17	1.47	3.32	3.90
38	1.33	1.43	1.83	4.44	5.28	1.06	1.20	1.53	3.56	4.20
39	1.39	1.48	1.91	4.68	5.57	1.09	1.24	1.59	3.80	4.50
40	1.46	1.53	2.00	4.92	5.86	1.12	1.27	1.65	4.03	4.79
41	1.53	1.63	2.15	5.36	6.43	1.20	1.37	1.80	4.44	5.29
42	1.60	1.74	2.30	5.81	6.99	1.28	1.47	1.94	4.85	5.80
43	1.67	1.84	2.46	6.26	7.55	1.36	1.58	2.09	5.26	6.30
44	1.74	1.94	2.61	6.70	8.12	1.44	1.68	2.23	5.67	6.80
45	1.81	2.04	2.77	7.15	8.68	1.52	1.78	2.38	6.08	7.30
46	2.00	2.26	3.04	7.83	9.50	1.64	1.94	2.57	6.26	7.99
47	2.19	2.47	3.32	8.51	10.32	1.77	2.09	2.77	6.44	8.68
48	2.37	2.69	3.59	9.19	11.13	1.90	2.25	2.96	6.62	9.37
49	2.56	2.91	3.86	9.87	11.95	2.02	2.40	3.16	6.81	10.06
50	2.75	3.12	4.14	10.54	12.77	2.15	2.56	3.35	6.99	10.75
51	3.09	3.50	4.60	11.57	14.01	2.34	2.78	3.63	8.30	11.72
52	3.44	3.87	5.06	12.60	15.25	2.54	3.00	3.90	9.61	12.69
53	3.78	4.25	5.52	13.63	16.49	2.73	3.23	4.18	10.93	13.67
54	4.13	4.62	5.98	14.65	17.74	2.93	3.45	4.46	12.24	14.64
55	4.42	4.92	6.40	16.02	19.44	3.01	3.51	4.56	11.48	15.84
56	4.93	5.46	7.08	17.59	21.34	3.32	3.90	5.05	13.45	17.18
57	5.41	6.06	7.76	19.15	23.24	3.63	4.29	5.52	15.37	18.49
58	5.91	6.60	8.45	20.70	25.11	3.95	4.70	6.04	17.30	19.85
59	6.39	7.21	9.13	22.25	27.02	4.30	5.10	6.51	19.21	21.17

†NOTE: The insurance company has the right to change rates on a class-wide basis.

# AVMA GHLIT 20-YR. LEVEL PREMIUM RATES†

EXPECTED TO REMAIN LEVEL FOR 20 YEARS

**Face Amounts \$250,000-\$490,000  
ANNUAL RATE PER \$1,000 OF FACE AMOUNT**

Issue Age	MALE					FEMALE				
	Super Preferred NS	Preferred NS	Non-Smoker	Preferred Smoker	Smoker	Super Preferred NS	Preferred NS	Non-Smoker	Preferred Smoker	Smoker
20	\$0.77	\$0.82	\$1.07	\$2.34	\$2.82	\$0.54	\$0.62	\$0.82	\$1.68	\$1.98
21	0.77	0.82	1.07	2.34	2.82	0.54	0.62	0.82	1.68	1.98
22	0.77	0.82	1.07	2.34	2.82	0.54	0.62	0.82	1.68	1.98
23	0.77	0.82	1.07	2.34	2.82	0.54	0.62	0.82	1.68	1.98
24	0.77	0.82	1.07	2.34	2.82	0.54	0.62	0.82	1.68	1.98
25	0.77	0.82	1.07	2.34	2.82	0.54	0.62	0.82	1.68	1.98
26	0.77	0.82	1.07	2.34	2.82	0.54	0.62	0.82	1.68	1.98
27	0.77	0.82	1.07	2.34	2.82	0.54	0.62	0.82	1.68	1.98
28	0.77	0.82	1.07	2.34	2.82	0.54	0.62	0.82	1.68	1.98
29	0.77	0.82	1.07	2.34	2.82	0.54	0.62	0.82	1.68	1.98
30	0.77	0.82	1.07	2.34	2.82	0.54	0.62	0.82	1.68	1.98
31	0.78	0.85	1.11	2.49	2.98	0.56	0.65	0.86	1.82	2.16
32	0.80	0.89	1.15	2.63	3.15	0.58	0.67	0.90	1.97	2.34
33	0.81	0.92	1.18	2.77	3.31	0.60	0.70	0.94	2.12	2.52
34	0.82	0.95	1.22	2.92	3.48	0.62	0.73	0.99	2.27	2.70
35	0.83	0.99	1.26	3.06	3.65	0.64	0.76	1.03	2.42	2.88
36	0.89	1.03	1.34	3.28	3.92	0.68	0.79	1.09	2.66	3.18
37	0.96	1.08	1.42	3.51	4.19	0.71	0.83	1.16	2.89	3.47
38	1.02	1.13	1.50	3.73	4.46	0.74	0.86	1.22	3.13	3.77
39	1.08	1.18	1.58	3.95	4.73	0.77	0.89	1.28	3.37	4.07
40	1.14	1.23	1.66	4.17	5.00	0.80	0.92	1.35	3.61	4.36
41	1.22	1.33	1.82	4.59	5.52	0.87	1.02	1.49	4.01	4.86
42	1.29	1.43	1.97	5.00	6.03	0.94	1.11	1.63	4.41	5.35
43	1.37	1.53	2.12	5.42	6.55	1.01	1.21	1.77	4.81	5.85
44	1.44	1.63	2.27	5.83	7.06	1.09	1.30	1.91	5.21	6.34
45	1.52	1.73	2.43	6.24	7.58	1.16	1.39	2.05	5.61	6.84
46	1.69	1.94	2.69	6.87	8.32	1.27	1.53	2.24	5.81	7.52
47	1.87	2.15	2.96	7.50	9.07	1.38	1.67	2.42	6.02	8.20
48	2.05	2.35	3.22	8.12	9.82	1.49	1.81	2.61	6.22	8.88
49	2.23	2.56	3.49	8.75	10.56	1.61	1.94	2.80	6.43	9.56
50	2.41	2.76	3.75	9.37	11.31	1.72	2.08	2.99	6.63	10.24
51	2.74	3.13	4.20	10.32	12.45	1.89	2.28	3.26	7.89	11.20
52	3.07	3.49	4.65	11.26	13.58	2.07	2.48	3.53	9.16	12.16
53	3.40	3.85	5.10	12.21	14.72	2.24	2.68	3.80	10.42	13.11
54	3.74	4.21	5.54	13.16	15.86	2.41	2.88	4.07	11.69	14.07
55	3.87	4.35	5.80	14.24	17.22	2.40	2.85	4.07	10.89	15.09
56	4.37	4.88	6.46	15.69	18.97	2.68	3.20	4.53	12.79	16.42
57	4.83	5.47	7.13	17.11	20.69	2.96	3.54	4.99	14.65	17.72
58	5.31	5.98	7.81	18.54	22.42	3.24	3.90	5.49	16.50	19.04
59	5.79	6.57	8.46	19.98	24.16	3.53	4.26	5.94	18.35	20.34

# AVMA GHLIT 20-YR. LEVEL PREMIUM RATES†

EXPECTED TO REMAIN LEVEL FOR 20 YEARS

**Face Amounts \$500,000-\$990,000  
ANNUAL RATE PER \$1,000 OF FACE AMOUNT**

Issue Age	MALE					FEMALE				
	Super Preferred NS	Preferred NS	Non-Smoker	Preferred Smoker	Smoker	Super Preferred NS	Preferred NS	Non-Smoker	Preferred Smoker	Smoker
20	\$0.59	\$0.67	\$0.94	\$2.12	\$2.58	\$0.40	\$0.47	\$0.68	\$1.42	\$1.70
21	0.59	0.67	0.94	2.12	2.58	0.40	0.47	0.68	1.42	1.70
22	0.59	0.67	0.94	2.12	2.58	0.40	0.47	0.68	1.42	1.70
23	0.59	0.67	0.94	2.12	2.58	0.40	0.47	0.68	1.42	1.70
24	0.59	0.67	0.94	2.12	2.58	0.40	0.47	0.68	1.42	1.70
25	0.59	0.67	0.94	2.12	2.58	0.40	0.47	0.68	1.42	1.70
26	0.59	0.67	0.94	2.12	2.58	0.40	0.47	0.68	1.42	1.70
27	0.59	0.67	0.94	2.12	2.58	0.40	0.47	0.68	1.42	1.70
28	0.59	0.67	0.94	2.12	2.58	0.40	0.47	0.68	1.42	1.70
29	0.59	0.67	0.94	2.12	2.58	0.40	0.47	0.68	1.42	1.70
30	0.59	0.67	0.94	2.12	2.58	0.40	0.47	0.68	1.42	1.70
31	0.61	0.69	0.98	2.27	2.75	0.42	0.49	0.73	1.56	1.87
32	0.63	0.70	1.02	2.41	2.91	0.44	0.51	0.77	1.70	2.04
33	0.64	0.72	1.06	2.56	3.07	0.46	0.53	0.82	1.84	2.21
34	0.66	0.73	1.10	2.70	3.24	0.48	0.55	0.86	1.98	2.38
35	0.67	0.75	1.14	2.84	3.40	0.50	0.58	0.91	2.12	2.55
36	0.71	0.79	1.22	3.06	3.67	0.53	0.62	0.97	2.35	2.82
37	0.74	0.83	1.30	3.29	3.94	0.56	0.66	1.04	2.57	3.10
38	0.78	0.87	1.39	3.51	4.20	0.59	0.70	1.11	2.80	3.38
39	0.81	0.91	1.47	3.73	4.47	0.63	0.74	1.17	3.03	3.66
40	0.85	0.95	1.55	3.95	4.74	0.66	0.78	1.24	3.25	3.94
41	0.94	1.06	1.70	4.36	5.24	0.73	0.87	1.38	3.63	4.40
42	1.03	1.18	1.85	4.77	5.75	0.80	0.96	1.52	4.01	4.87
43	1.11	1.30	2.01	5.18	6.26	0.87	1.04	1.66	4.39	5.33
44	1.20	1.42	2.16	5.59	6.76	0.94	1.13	1.80	4.76	5.79
45	1.29	1.54	2.31	6.00	7.27	1.01	1.22	1.94	5.14	6.26
46	1.46	1.75	2.58	6.62	8.01	1.12	1.35	2.13	5.34	6.90
47	1.63	1.96	2.85	7.23	8.74	1.22	1.48	2.32	5.54	7.54
48	1.80	2.17	3.12	7.85	9.47	1.33	1.61	2.51	5.74	8.18
49	1.97	2.38	3.38	8.47	10.21	1.44	1.74	2.70	5.94	8.82
50	2.14	2.59	3.65	9.09	10.94	1.55	1.88	2.89	6.14	9.46
51	2.45	2.94	4.10	10.02	12.05	1.71	2.07	3.16	7.32	10.36
52	2.76	3.30	4.55	10.95	13.17	1.88	2.26	3.43	8.50	11.26
53	3.07	3.65	5.00	11.89	14.28	2.04	2.45	3.70	9.68	12.16
54	3.38	4.00	5.44	12.82	15.40	2.21	2.64	3.97	10.86	13.06
55	3.54	4.19	5.73	13.98	16.80	2.26	2.65	4.00	10.12	14.07
56	4.00	4.75	6.42	15.40	18.50	2.50	2.97	4.48	11.89	15.27
57	4.43	5.29	7.10	16.80	20.21	2.76	3.28	4.93	13.64	16.53
58	4.88	5.80	7.76	18.21	21.93	3.06	3.66	5.42	15.36	17.76
59	5.34	6.32	8.43	19.61	23.62	3.32	3.98	5.87	17.13	19.03

†NOTE: The insurance company has the right to change rates on a class-wide basis.

**AVMA GHLIT**  
**20-YR. LEVEL PREMIUM RATES†**  
 EXPECTED TO REMAIN LEVEL FOR 20 YEARS

**Face Amount \$1,000,000**  
**ANNUAL RATE PER \$1,000 OF FACE AMOUNT**

Issue Age	MALE					FEMALE				
	Super Preferred NS	Preferred NS	Non-Smoker	Preferred Smoker	Smoker	Super Preferred NS	Preferred NS	Non-Smoker	Preferred Smoker	Smoker
20	\$0.51	\$0.61	\$0.88	\$2.02	\$2.47	\$0.35	\$0.42	\$0.62	\$1.33	\$1.60
21	0.51	0.61	0.88	2.02	2.47	0.35	0.42	0.62	1.33	1.60
22	0.51	0.61	0.88	2.02	2.47	0.35	0.42	0.62	1.33	1.60
23	0.51	0.61	0.88	2.02	2.47	0.35	0.42	0.62	1.33	1.60
24	0.51	0.61	0.88	2.02	2.47	0.35	0.42	0.62	1.33	1.60
25	0.51	0.61	0.88	2.02	2.47	0.35	0.42	0.62	1.33	1.60
26	0.51	0.61	0.88	2.02	2.47	0.35	0.42	0.62	1.33	1.60
27	0.51	0.61	0.88	2.02	2.47	0.35	0.42	0.62	1.33	1.60
28	0.51	0.61	0.88	2.02	2.47	0.35	0.42	0.62	1.33	1.60
29	0.51	0.61	0.88	2.02	2.47	0.35	0.42	0.62	1.33	1.60
30	0.51	0.61	0.88	2.02	2.47	0.35	0.42	0.62	1.33	1.60
31	0.53	0.63	0.92	2.16	2.63	0.37	0.44	0.67	1.47	1.77
32	0.55	0.64	0.96	2.30	2.79	0.39	0.46	0.71	1.60	1.94
33	0.58	0.66	1.00	2.43	2.94	0.41	0.48	0.76	1.74	2.10
34	0.60	0.67	1.04	2.57	3.10	0.43	0.50	0.80	1.88	2.27
35	0.62	0.69	1.08	2.71	3.26	0.45	0.52	0.84	2.01	2.43
36	0.65	0.73	1.16	2.93	3.52	0.48	0.56	0.91	2.23	2.70
37	0.69	0.78	1.24	3.15	3.78	0.52	0.60	0.97	2.45	2.97
38	0.73	0.82	1.31	3.36	4.05	0.55	0.64	1.04	2.67	3.24
39	0.76	0.86	1.39	3.58	4.31	0.58	0.68	1.10	2.89	3.51
40	0.80	0.91	1.47	3.80	4.57	0.61	0.72	1.17	3.11	3.78
41	0.89	1.02	1.62	4.19	5.06	0.68	0.81	1.30	3.48	4.24
42	0.97	1.13	1.77	4.59	5.55	0.75	0.89	1.44	3.84	4.69
43	1.06	1.24	1.92	4.99	6.04	0.81	0.98	1.57	4.21	5.14
44	1.14	1.36	2.06	5.38	6.53	0.88	1.07	1.71	4.58	5.59
45	1.23	1.47	2.21	5.78	7.02	0.94	1.15	1.84	4.95	6.04
46	1.39	1.67	2.47	6.38	7.73	1.05	1.28	2.03	5.14	6.65
47	1.56	1.87	2.73	6.97	8.44	1.15	1.40	2.21	5.34	7.27
48	1.72	2.07	2.99	7.57	9.15	1.25	1.53	2.40	5.54	7.89
49	1.88	2.28	3.25	8.17	9.86	1.36	1.66	2.58	5.74	8.50
50	2.05	2.48	3.51	8.76	10.57	1.46	1.78	2.77	5.93	9.12
51	2.34	2.82	3.94	9.66	11.64	1.62	1.97	3.03	7.07	9.99
52	2.64	3.16	4.38	10.56	12.71	1.78	2.15	3.29	8.20	10.85
53	2.94	3.50	4.81	11.45	13.78	1.94	2.33	3.55	9.33	11.72
54	3.24	3.84	5.24	12.35	14.85	2.10	2.51	3.81	10.46	12.59
55	3.46	4.08	5.57	13.47	16.27	2.11	2.54	3.89	9.72	13.57
56	3.85	4.54	6.19	14.82	17.90	2.37	2.88	4.35	11.45	14.76
57	4.29	5.09	6.86	16.21	19.52	2.66	3.17	4.79	13.17	15.94
58	4.69	5.57	7.49	17.55	21.12	2.92	3.49	5.24	14.81	17.11
59	5.12	6.12	8.15	18.90	22.74	3.20	3.78	5.68	16.51	18.31



