



# State of Massachusetts

## Voluntary Short Term Disability Insurance DI-902

- ✓ Employee can elect from \$300 to \$6,000 in \$100 increments, not to exceed 60% of basic weekly earnings
- ✓ **Portable** - Employees can continue coverage if they leave or retire
- ✓ Benefits are payable up to a **maximum of 3 months**
- ✓ Benefits begin on the 14<sup>th</sup> day of a disability due to a non-occupational accident
- ✓ Benefits begin on the 14<sup>th</sup> day of a disability due to a non-occupational sickness
- ✓ Guaranteed Renewable - Coverage remains in force to age 72, as long as premiums are paid
- ✓ **Maternity** - Covered the same as any other sickness when it begins 10 months after the plan's effective date
- ✓ **Rates don't increase as you age**
- ✓ Waiver of Premium - Waives premium if you remain disabled for 90 consecutive days during the benefit period
- ✓ 12 month/12 month Pre-Existing condition - if an insured becomes disabled because of a pre-existing condition, the disability is not covered if it begins during the first 12 months after the plan's effective date

| Ages     | Monthly Benefit | Weekly Cost | Monthly Benefit | Weekly Cost | Monthly Benefit | Weekly Cost |
|----------|-----------------|-------------|-----------------|-------------|-----------------|-------------|
| 18 to 49 | \$2,500         | \$10.75     | \$2,000         | \$8.60      | \$1,500         | \$6.45      |
| Ages     | Monthly Benefit | Weekly Cost | Monthly Benefit | Weekly Cost | Monthly Benefit | Weekly Cost |
| 50 to 59 | \$2,500         | \$12.75     | \$2,000         | \$10.20     | \$1,500         | \$7.65      |
| Ages     | Monthly Benefit | Weekly Cost | Monthly Benefit | Weekly Cost | Monthly Benefit | Weekly Cost |
| 60 to 67 | \$2,500         | \$16.75     | \$2,000         | \$13.40     | \$1,500         | \$10.05     |

## Universal Life Insurance IUL.205

- ✓ Permanent coverage will last for your **lifetime**
- ✓ **Portable** - Employees can continue coverage if they leave or retire
- ✓ Family coverage - Apply for our spouse, children and grandchildren even if you choose not to participate
- ✓ Access to **4% of death benefit each month for up to 25 months to help pay for home healthcare, assisted living, adult day care or nursing home services when conditions for payment are met**
- ✓ Death Benefit Restoration - **Fully restores the death benefit** reduced by long term care services
- ✓ Waiver of premium - Waives policy payments if your doctor determines you are totally disabled
- ✓ Accidental Death Benefit - **Doubles the death benefit** if death occurs by accident prior to age 75
- ✓ 2 Flavors to choose from:
  - ✓ Traditional Universal Life - Level benefit
  - ✓ Universal Life Events - Pays a higher death benefit during working years when expenses are high. At the latter of age 70 or the 15th policy anniversary, when financial needs are typically lower, the death benefit reduces to one-third.

### Trustmark Universal LifeEvents®

| Non-Smoker Rates - Defined Benefit |                |                |                |                |                |
|------------------------------------|----------------|----------------|----------------|----------------|----------------|
| Issue Age                          | \$25,000       | \$50,000       | \$75,000       | \$100,000      | \$150,000      |
|                                    | Weekly Premium |
| 35                                 | 4.93           | 9.01           | 13.09          | 17.16          | 25.32          |
| 45                                 | 7.82           | 14.75          | 21.68          | 28.61          | 42.46          |
| 55                                 | 13.22          | 25.50          | 37.78          | 50.06          | 74.62          |

### Trustmark Universal Life

| Non-Smoker Rates - Defined Benefit |                |                |                |                |                |
|------------------------------------|----------------|----------------|----------------|----------------|----------------|
| Issue Age                          | \$25,000       | \$50,000       | \$75,000       | \$100,000      | \$150,000      |
|                                    | Weekly Premium |
| 35                                 | 6.85           | 12.85          | 18.85          | 24.85          | 36.85          |
| 45                                 | 11.16          | 21.43          | 31.70          | 41.97          | 62.50          |
| 55                                 | 19.23          | 37.51          | 55.79          | 74.07          | 110.63         |



# State of Massachusetts

## Accident Insurance A-607

- ✓ **Guaranteed Issue** - No medical questions. Spouse must answer a disability question
- ✓ **Portable** - Employees can continue coverage if they leave or retire
- ✓ **Family coverage** - Spouses ages 18 to 80, children under age 26, who are unmarried and living at home
- ✓ **Health Screening Benefit** - \$100 for a screening test, every calendar year for each insured.
- ✓ **Guaranteed renewable** - Coverage remains in force for life, as long as premiums are paid
- ✓ **Level premiums** - Rates do not increase with age
- ✓ **No limitations** for pre-existing conditions

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## Accident Insurance Provides 24-Hour Coverage

| Benefit   | Amount                         |
|---|--------------------------------|
| <b>Initial Care</b>                                   |                                |
| <b>Hospital Benefits</b>                              |                                |
| Admission Benefit (per admission)                     | \$2,000                        |
| Confinement Benefit (per day up to 365 days)          | \$400                          |
| ICU Benefit (per day up to 15 days)                   | \$600                          |
| <b>Emergency Room Treatment</b>                       | \$200                          |
| <b>Ambulance</b>                                      |                                |
| Ground  | \$200                          |
| Air   | \$1,000                        |
| <b>Initial Doctor's Office Visit</b>                  | \$100                          |
| <b>Lodging</b> (per night up to 30 days per accident) | \$200                          |
| <b>Surgery Benefit</b>                                |                                |
| Open, abdominal, thoracic                             | \$2,000                        |
| Exploratory   | \$200                          |
| <b>Blood, Plasma and Platelets</b>                    | \$600                          |
| <b>Emergency Dental Benefit</b>                       |                                |
| Extraction  | \$100                          |
| Crown   | \$300                          |
| <b>Follow-Up Care</b>                                 |                                |
| <b>Accident Follow-Up Treatment</b>                   | \$100                          |
| <b>Physical Therapy</b>                               |                                |
| Up to six visits per person per accident              | \$50                           |
| <b>Appliance</b>                                      | \$200                          |
| <b>Transportation</b>                                 |                                |
| 100+ miles, up to three trips                         | \$475                          |
| <b>Prosthetic Device or Artificial Limb</b>           |                                |
| More than one   | \$2,000                        |
| One   | \$1,000                        |
| <b>Skin Grafts</b>                                    | 25% of applicable burn benefit |
| <b>Catastrophic Accident</b>                          |                                |
| Employee  | \$100,000                      |
| Spouse <sup>3</sup>                                   | \$50,000                       |
| Child   | \$50,000                       |

| Benefit   | Amount                             |
|---|------------------------------------|
| <b>Injuries</b>   |                                    |
| <b>Fractures</b>  |                                    |
| Open reduction  | Up to \$10,000                     |
| Closed reduction  | Up to \$5,000                      |
| Chips   | 25% of applicable closed reduction |
| <b>Dislocations</b>   |                                    |
| Open reduction  | Up to \$8,000                      |
| Closed reduction  | Up to \$4,000                      |
| <b>Laceration</b>   | Up to \$800                        |
| <b>Burns</b>  |                                    |
| Flat amount for:  |                                    |
| Third-degree 35 or more sq. in.   | \$15,000                           |
| Third-degree 9-34 sq. in.   | \$2,250                            |
| Second-degree for 36% or more of body   | \$1,125                            |
| <b>Concussion</b>   | \$200                              |
| <b>Eye Injury</b>   |                                    |
| Requires surgery or removal of foreign body   | \$400                              |
| <b>Herniated Disc</b>   | \$800                              |
| <b>Loss of Finger, Toe, Hand, Foot or Sight</b>                                       |                                    |
| Loss of both hands, feet, sight of both eyes or any combination of two or more losses | \$15,000                           |
| Loss of one hand, foot or sight of one eye  | \$7,500                            |
| Loss of two or more fingers, toes or any combination of two or more losses            | \$1,500                            |
| Loss of one finger or one toe   | \$750                              |
| <b>Tendon/Ligament/Rotator Cuff Injury</b>  |                                    |
| Repair of more than one   | \$1,200                            |
| Repair of one   | \$800                              |
| Exploratory surgery without repair  | \$200                              |
| <b>Torn Knee Cartilage</b>  | \$1000                             |
| Exploratory surgery   | \$200                              |
| <b>Health Screening Benefit</b>   |                                    |
| <b>One Per Person Per Year</b>  | \$100                              |
| Routine health screening tests  |                                    |