



## Sample Plan Designs

Underwritten by: Standard Security Life Insurance Company of New York

Benefits	Standard Plan		Select Plan		Premier Plan	
Doctor's Office Visit	\$50 per visit \$300 calendar year max		\$50 per visit \$300 calendar year max		\$60 per visit \$360 calendar year max	
Outpatient Diagnostic X-ray and Lab	Not Included		\$50 per day \$300 calendar year max		\$60 per day \$360 calendar year max	
Advanced Studies	Not Included		\$200 per day \$600 calendar year max		\$250 per day \$750 calendar year max	
Preventive Care	\$50 per visit \$150 calendar year max		\$50 per visit \$150 calendar year max		\$75 per visit \$225 calendar year max	
Surgical Benefit Inpatient Outpatient Outpatient Minor Outpatient Venipuncture	Not Included		\$850 overall max \$500 lump sum \$250 lump sum \$75 lump sum \$25 lump sum		\$1,600 overall max \$1,000 lump sum \$500 lump sum \$75 lump sum \$25 lump sum	
Anesthesiology	Not Included		\$125 lump sum		\$250 lump sum	
Emergency Room Indemnity Benefit for Illness Only	\$75 per visit \$300 calendar year max		\$100 per visit \$400 calendar year max		\$100 per visit \$400 calendar year max	
Daily In-Patient Hospital Benefit	\$100 per day		\$300 per day		\$500 per day	
Intensive Care Unit	\$200 per day		\$600 per day		\$1,000 per day	
Substance Abuse	\$50 per day		\$150 per day		\$250 per day	
Mental Illness Disorder	\$50 per day		\$150 per day		\$250 per day	
In-Patient Skilled Nursing Facility	\$50 per day		\$150 per day		\$250 per day	
Hospital Admission	Not Included		\$300 per confinement		\$500 per confinement	
Accident Coverage	\$300 max per occurrence		\$500 max per occurrence		\$1,000 max per occurrence	
AD&D Only (Employee)	\$10,000		\$10,000		\$25,000	
*Beech Street Viant Network	Included		Included		Included	
*Prescription and Health Savings Program	Included		Included		Included	
<b>Employer Paid Rates</b>	<b>Monthly</b>	<b>Weekly</b>	<b>Monthly</b>	<b>Weekly</b>	<b>Monthly</b>	<b>Weekly</b>
Employee	\$36.58	\$8.44	\$67.24	\$15.52	\$93.45	\$21.56
Employee Plus Child(ren)	\$53.60	\$12.37	\$100.30	\$23.15	\$142.40	\$32.86
Employee Plus Spouse	\$76.61	\$17.68	\$157.26	\$36.29	\$226.17	\$52.19
Family	\$81.47	\$18.80	\$165.51	\$38.20	\$239.61	\$55.30
<b>Voluntary Rates</b>	<b>Monthly</b>	<b>Weekly</b>	<b>Monthly</b>	<b>Weekly</b>	<b>Monthly</b>	<b>Weekly</b>
Employee	\$42.60	\$9.83	\$76.94	\$17.75	\$106.89	\$24.67
Employee Plus Child(ren)	\$63.38	\$14.63	\$115.97	\$26.76	\$164.52	\$37.97
Employee Plus Spouse	\$92.13	\$21.26	\$182.44	\$42.10	\$261.23	\$60.28
Family	\$98.21	\$22.66	\$192.69	\$44.47	\$277.90	\$64.13

\*These benefits are not underwritten by Standard Security Life Insurance Company of New York.

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