



## Machinists Custom Choices Supplemental Benefits

### Semi-Monthly Premiums

#### AETNA – ACCIDENT PLAN

AGE	Employee Only	Employee + Spouse	Employee + Child/ren	Full Family
ALL	\$8.95	\$15.49	\$15.49	\$22.32

#### FRONTLINE - ID THEFT

Member	HOUSEHOLD
1 <sup>st</sup> Year Free	\$6.35

#### AETNA – HOSPITAL INDEMNITY PLAN

BENEFIT OPTIONS	Employee Only	Employee + Spouse	Employee + Child/ren	Full Family
\$1000/\$150	\$6.47	\$14.51	\$10.95	\$18.24
\$1500/\$200	\$10.07	\$19.86	\$15.56	\$24.55
\$2500/\$250	\$15.05	\$33.49	\$25.42	\$42.24

#### GOODTRUST - WILL & ESTATE PLANNING

HOUSEHOLD
\$3.90

Includes Will, Trust & Directives with unlimited updates. Up to 4 adult family members can create their own plan.

#### CONTACT YOUR ENROLLMENT COORDINATOR:

Lupita Galvan

346-656-9142 - lgalvan@ebsworksite.com

#### AETNA – CRITICAL ILLNESS

Member is eligible for up to \$50,000 of coverage – **GUARANTEE ISSUE!** SPOUSE is eligible for the same amount of coverage as the Member. CHILDREN up to age 26 are covered for 50% of the Member's face amount at **no additional cost.**

Critical Illness Diagnosis Benefit	100% after 0 days
Subsequent Critical Illness Diagnosis Benefit (Diagnosis of a different Critical Illness)	100% after 0 days
Recurrence Critical Illness Diagnosis Benefit	100% after 180 days

CANCER (INVASIVE)	100%
HEART ATTACK (MYOCARDIAL INFRACTION)	100%
STROKE	100%
MAJOR ORGAN FAILURE	100%
END-STAGE RENAL FAILURE	100%
ALZHEIMER'S DISEASE	100%
LOU GEHRIG'S DISEASE (ALS)	100%

COMA	100%
BENIGN BRAIN TUMOR	100%
PARALYSIS	100%
TOTAL LOSS OF SIGHT	100%
TOTAL LOSS OF HEARING	100%
TOTAL LOSS OF SPEECH	100%
CARDIAC ARREST	100%

THIRD DEGREE BURNS	100%
<b>CHILDHOOD DISEASES</b>	
DOWN SYNDROME	100%
CYSTIC FIBROSIS	100%
SPINA BIFIDA	100%
CLEFT LIP/PALATE	100%
CEREBRAL PALSY	100%

CORONARY ARTERY CONDITION REQUIRING BYPASS SURGERY	50%
CORONARY ARTERY CONDITION REQUIRING ANGIOPLASTY	30%
CARCINOMA IN SITU (NON-INVASIVE)	30%

AGE	< 30		30-39		40-49		50-59		60 +	
AMOUNT	EE	FAMILY	EE	FAMILY	EE	FAMILY	EE	FAMILY	EE	FAMILY
\$5,000	\$1.71	\$3.59	\$2.65	\$5.46	\$4.60	\$9.39	\$8.06	\$16.38	\$13.61	\$27.50
\$10,000	\$2.66	\$5.59	\$4.51	\$9.30	\$8.41	\$17.16	\$15.37	\$31.16	\$26.46	\$53.41
\$15,000	\$3.61	\$7.60	\$6.40	\$13.16	\$12.25	\$24.92	\$22.67	\$45.94	\$39.33	\$79.30
\$20,000	\$4.57	\$9.59	\$8.26	\$17.01	\$16.06	\$32.70	\$29.97	\$60.71	\$52.17	\$105.20
\$25,000	\$5.52	\$11.59	\$10.14	\$20.85	\$19.89	\$40.48	\$37.27	\$75.47	\$65.03	\$131.10
\$30,000	\$6.45	\$13.60	\$12.03	\$24.70	\$23.73	\$48.26	\$44.57	\$90.25	\$77.87	\$157.00
\$35,000	\$7.41	\$15.60	\$13.89	\$28.56	\$27.54	\$56.03	\$51.87	\$105.02	\$90.72	\$182.91
\$40,000	\$8.36	\$17.59	\$15.78	\$32.40	\$31.38	\$63.81	\$59.17	\$119.80	\$103.57	\$208.80
\$45,000	\$9.31	\$19.60	\$17.64	\$36.25	\$35.19	\$71.57	\$66.47	\$134.57	\$116.42	\$234.70
\$50,000	\$10.27	\$21.60	\$19.52	\$40.10	\$39.06	\$79.35	\$73.78	\$149.35	\$129.26	\$260.61

**MANHATTAN LIFE – CANCER + Specified Diseases**

Includes Intensive Care Rider which provides \$625 per day – up to 45 days - if you go into a Hospital Intensive Care Unit (ICU.)

**Some Specified Disease include:**

Amyotrophic Lateral Sclerosis	Lyme Disease	Myasthenia Gravis
Cystic Fibrosis	Meningitis	Rabies
Epilepsy	Multiple Sclerosis	Sickle Cell Anemia
Lupus Erythematosus	Muscular Dystrophy	Tetanus

**NEW BASE PLAN**

AGE	Employee Only	Employee + Child/ren	Full Family
18-44	\$13.14	\$15.61	\$27.80
45-59	\$22.23	\$26.45	\$45.52
60+	\$29.49	\$33.62	\$60.49

**PREMIER PLAN**

AGE	Employee Only	Employee + Child/ren	Full Family
18-44	\$19.32	\$22.96	\$40.88
45-59	\$32.69	\$38.90	\$66.94
60+	\$43.37	\$49.44	\$88.95

**UNUM – GROUP SHORT TERM DISABILITY (Full-Time Employees)**

\*Coverage will begin on policy date.

Employees choose, in increments of \$25, up to 25% of weekly earnings, **pays in addition to the 50% from The City of Long Beach.**

Elimination Period: 7 days – Benefits are payable up to 25 weeks for an off the job accident or illness. Pre-existing Condition Limitation – For claims filed in the first 12 months of coverage, there will be a look back period of 3 months from the policy date, for pre-existing conditions.

Pre-existing conditions are not covered in the first 12 months of your policy from the policy date.

Weekly Benefit	\$100	\$150	\$200	\$250	\$300	\$350	\$400	\$450	\$500	\$550	\$600
AGE											
<40	\$2.85	\$4.05	\$5.25	\$6.45	\$7.66	\$8.86	\$10.06	\$11.26	\$12.47	\$13.67	\$14.87
40-49	\$3.37	\$4.83	\$6.29	\$7.75	\$9.22	\$10.68	\$12.14	\$13.60	\$15.07	\$16.53	\$17.99
50-59	\$4.08	\$5.90	\$7.72	\$9.54	\$11.36	\$13.18	\$15.00	\$16.82	\$18.64	\$20.46	\$22.28
60+	\$6.29	\$9.22	\$12.14	\$15.07	\$17.99	\$20.92	\$23.84	\$26.77	\$29.69	\$32.62	\$35.54

**BML – GROUP TERM LIFE INSURANCE + AD&D**

\*Coverage will begin on policy date.

Member &amp; Spouse ages 18-69. Spouse can select half of the employee's amount up to 25K.

10K Child Term Rider (\$0.91) covers to age 19— age 26 for students. Prices will remain the same throughout your employment.

AGE	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
18-34	\$0.76	\$1.50	\$2.25	\$3.00	\$3.75	\$4.50	\$5.25	\$6.00	\$6.75	\$7.50
35-39	\$1.11	\$2.20	\$3.30	\$4.40	\$5.50	\$6.60	\$7.70	\$8.80	\$9.90	\$11.00
40-44	\$1.50	\$3.01	\$4.49	\$6.00	\$7.49	\$9.00	\$10.49	\$12.00	\$13.49	\$15.00
45-49	\$2.41	\$4.80	\$7.20	\$9.60	\$12.00	\$14.40	\$16.80	\$19.20	\$21.60	\$24.00
50-54	\$3.90	\$7.80	\$11.70	\$15.60	\$19.50	\$23.40	\$27.30	\$31.20	\$35.10	\$39.00
55-59	\$6.34	\$12.69	\$19.05	\$25.39	\$31.74	\$38.09	\$46.63	\$50.81	\$57.16	\$63.48
60-64	\$9.25	\$18.50	\$27.75	\$37.00	\$46.24	\$55.51	\$64.74	\$73.99	\$83.24	\$92.50
65-69	\$15.40	\$30.80	\$46.21	\$61.60	\$77.00	\$92.41	\$107.79	\$123.20	\$138.60	\$154.00

**BML – ELOP WHOLE LIFE**

AGE	\$30,000	\$50,000	\$100,000
25	\$12.37	\$19.85	\$38.52
35	\$18.20	\$29.55	\$57.92
45	\$28.45	\$46.63	\$92.08
55	\$46.84	\$77.26	\$153.38
65	\$74.51	\$123.48	\$245.85

Member &amp; Spouse ages 18-69. Spouse coverage up to 30K. Children 25K up to age 26.

Grandchildren 25K up to age 16. Coverage effective on signature date. Premiums will never increase. Includes Striker Waiver. Optional AD&amp;D rider &amp; Child Term Life rider. Endows at age 95.

\*Non-Tobacco rate examples

**CHUBB – LIFETIME BENEFIT TERM + LTC**

AGE	\$30,000	\$50,000	\$100,000
25	\$8.26	\$13.26	\$26.50
35	\$11.68	\$19.48	\$38.96
45	\$19.76	\$32.93	\$65.87
55	\$37.55	\$62.57	\$125.17
65	\$82.14	\$136.91	\$273.82

Member &amp; Spouse ages 19-69. Spouse coverage 50% of member's amount – up to 30K. Children 10K term rider (\$2.08) - up to age 26. Coverage effective on signature date. Premiums will never increase. While policy is in force, the death benefit is guaranteed for the longer of 25 years or through age 70. Guaranteed benefits after age 70. \*Non-Tobacco rate examples