

AN INSURANCE PROPOSAL

PREPARED FOR:

Tubac Fire District

March 5, 2021

Presented by:

Michael Cano

**The Mahoney Group - Tucson
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Tucson, Arizona 85741
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This summary of coverages is provided for convenience in reviewing policy highlights. It is not intended to embody all the details of coverage. Refer to carrier marketing materials and/or certificate of coverage for specific details, including exclusions and limitations.

Proposed Benefits for Tubac Fire District

EFFECTIVE DATE 5/1/2021

MARKET SURVEY

Quotations Requested:

Medical / Dental / Vision

Short Term Disability / Basic Life- AD&D / Voluntary Life- AD&D

√	All Savers	Decline	√	Delta Dental	Shown
√	Aetna ACA	Shown	√	Davis Vision	Shown
√	Aetna AFA	Decline	√	Guardian	Shown
√	BCBS & LFP	Current / Shown	√	Principal	Shown
√	Cigna	Decline	√	Reliance Standard	Decline
√	Humana	Shown	√	Standard	Shown
√	Humana LFP	Decline	√	Superior Vision	Shown
√	EMI	Shown	√	Metlife	Current
√	UnitedHealthcare	Shown	√	VSP	Current
			√	Harford	Shown
			√	Lincoln	Decline
			√	Sunlife	Decline

Proposed Benefits for Tubac Fire District

EFFECTIVE DATE 5/1/2021

MEDICAL		BCBSAZ PPO \$1,500-80/50% <small>Balanced Funding</small>			BCBSAZ PPO \$3,000-100/50% <small>HSA Balanced Funding</small>			BCBSAZ PPO \$1,500-90/50% <small>Everyday Health PPO SW NW</small>		BCBSAZ PPO \$3,250-90/50% <small>Everyday Health PPO SW NW</small>	
<i>Monthly Premium</i>	#	Current	Renewal	#	Current	Renewal		Fully Insured		Fully Insured	
Employee	10	\$391.72	\$396.43	2	\$347.38	\$351.35		\$503.36		\$455.96	
Employee & Spouse	2	\$755.44	\$764.87	1	\$666.77	\$674.70		\$1,006.72		\$911.91	
Employee & Children	4	\$737.25	\$746.44	3	\$650.80	\$658.54		\$981.55		\$889.11	
Family	6	\$1,228.27	\$1,243.83	2	\$1,081.96	\$1,095.06		\$1,661.09		\$1,504.65	
TOTAL MONTHLY PREMIUM	22	\$15,747	\$15,943	8	\$5,478	\$5,543		\$20,940		\$7,500	
COMBINED MONTHLY PREMIUM		Current \$21,225			Renewal \$21,486			BSBC FI= \$28,440			
ER Yearly HSA Contribution					\$1,200						
CY Deductible											
Individual		\$1,500 / \$3,000			\$3,000 / \$6,000			\$1,500 / \$2,000		\$3,250 / \$3,750	
Family		\$3,000 / \$6,000			\$6,000 / \$12,000			\$3,000 / \$4,000		\$6,500 / \$7,500	
Coinsurance											
Plan Pays After Deductible		80% / 50%			100% / 50%			90% / 50%		90% / 50%	
CY Out of Pocket Max											
Individual		\$5,500 / \$11,000			\$3,000 / \$6,000			\$6,250 / \$12,500		\$6,200 / \$12,500	
Family		\$11,000 / \$22,000			\$6,000 / \$12,000			\$12,500 / \$25,000		\$12,500 / \$25,000	
Lifetime Maximum		Unlimited			Unlimited			Unlimited		Unlimited	
Miscellaneous Services		In-Network			In-Network			In-Network		In-Network	
Office Visit											
PCP / SPC		\$25 / \$50 Copay			Deductible			\$25 / \$60 Copay		Deductible, then 10%	
Emergency Room		\$350 Copay			Deductible			Deductible, then 10%		Deductible, then 10%	
Urgent Care		\$60 Copay			Deductible			\$60 Copay		Deductible, then 10%	
Inpatient Hospital		Deductible, then 20%			Deductible			Deductible, then 10%		Deductible, then 10%	
Outpatient Surgery		Deductible, then 20%			Deductible			Deductible, then 10%		Deductible, then 10%	
Prescription Drugs											
Retail Pharmacy Copays		\$15 / \$55 / \$85 / \$150			Deductible			\$20 / \$70 / \$130 / 50%		Deductible, then 10%	
Mail Order Pharmacy Copays		3 Times Copay			Deductible			3 Times Copay		Deductible, then 10%	

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Proposed Benefits for Tubac Fire District

EFFECTIVE DATE 5/1/2021

MEDICAL	#	BCBSAZ PPO \$1,500-80/50% <small>Balanced Funding</small>		#	BCBSAZ PPO \$3,000-100/50% <small>HSA Balanced Funding</small>		Aetna PPO \$1,500-80/50% <small>14045586</small>	Aetna PPO \$3,400-100/50% <small>14045588</small>
		Current	Renewal		Current	Renewal	Fully Insured	Fully Insured
<i>Monthly Premium</i>								
Employee	10	\$391.72	\$396.43	2	\$347.38	\$351.35	\$493.96	\$492.95
Employee & Spouse	2	\$755.44	\$764.87	1	\$666.77	\$674.70	\$987.92	\$985.89
Employee & Children	4	\$737.25	\$746.44	3	\$650.80	\$658.54	\$981.55	\$961.25
Family	6	\$1,228.27	\$1,243.83	2	\$1,081.96	\$1,095.06	\$1,630.07	\$1,626.72
TOTAL MONTHLY PREMIUM	22	\$15,747	\$15,943	8	\$5,478	\$5,543	\$20,622	\$8,109
COMBINED MONTHLY PREMIUM		Current \$21,225			Renewal \$21,486		BSBC FI= \$28,731	
ER Yearly HSA Contribution					\$1,200			
CY Deductible								
Individual		\$1,500 / \$3,000			\$3,000 / \$6,000		\$1,500 / \$ 3,000	\$3,400 / \$9,900
Family		\$3,000 / \$6,000			\$6,000 / \$12,000		\$5,000 / \$10,000	\$6,800 / \$19,800
Coinsurance								
Plan Pays After Deductible		80% / 50%			100% / 50%		80% / 50%	100% / 50%
CY Out of Pocket Max								
Individual		\$5,500 / \$11,000			\$3,000 / \$6,000		\$8,000 / Unlimited	\$6,900 / Unlimited
Family		\$11,000 / \$22,000			\$6,000 / \$12,000		\$16,000 / Unlimited	\$13,800 / Unlimited
Lifetime Maximum		Unlimited			Unlimited		Unlimited	Unlimited
Miscellaneous Services		In-Network			In-Network		In-Network	In-Network
Office Visit								
PCP / SPC		\$25 / \$50 Copay			Deductible		\$25 / \$50 Copay	Deductible
Emergency Room		\$350 Copay			Deductible		Deductible, then 20%	Deductible
Urgent Care		\$60 Copay			Deductible		\$60 Copay	Deductible
Inpatient Hospital		Deductible, then 20%			Deductible		Deductible, then 20%	Deductible
Outpatient Surgery		Deductible, then 20%			Deductible		Deductible, then 20%	Deductible
Prescription Drugs								
Retail Pharmacy Copays		\$15 / \$55 / \$85 / \$150			Deductible		\$15 / \$45 / \$100 / ~\$300	Deductible
Mail Order Pharmacy Copays		3 Times Copay			Deductible		2.5 Times Copay	Deductible, then 10%

Quoted rates are subject to change based on final enrollment and underwriting guidelines.

Proposed Benefits for Tubac Fire District

EFFECTIVE DATE 5/1/2021

MEDICAL	#	BCBSAZ PPO \$1,500-80/50% <small>Balanced Funding</small>		#	BCBSAZ PPO \$3,000-100/50% <small>HSA Balanced Funding</small>		EMI PPO \$1,500-80/50%		EMI HSA \$3,000-100/50%	
		Current	Renewal		Current	Renewal	Fully Insured		Fully Insured	
Employee	10	\$391.72	\$396.43	2	\$347.38	\$351.35	\$384.57	\$384.57	\$335.13	\$384.57
Employee & Spouse	2	\$755.44	\$764.87	1	\$666.77	\$674.70	\$807.57	\$807.57	\$703.75	\$807.57
Employee & Children	4	\$737.25	\$746.44	3	\$650.80	\$658.54	\$730.67	\$730.67	\$636.72	\$730.67
Family	6	\$1,228.27	\$1,243.83	2	\$1,081.96	\$1,095.06	\$1,230.60	\$1,230.60	\$1,072.39	\$1,230.60
TOTAL MONTHLY PREMIUM	22	\$15,747	\$15,943	8	\$5,478	\$5,543	\$15,767		\$5,429	
COMBINED MONTHLY PREMIUM		Current \$21,225			Renewal \$21,486		EMI= \$21,196			
ER Yearly HSA Contribution					\$1,200					
CY Deductible										
Individual		\$1,500 / \$3,000			\$3,000 / \$6,000		\$1,500 / \$3,000		\$3,000 / \$6,000	
Family		\$3,000 / \$6,000			\$6,000 / \$12,000		\$3,000 / \$6,000		\$6,000 / \$12,000	
Coinsurance <small>Plan Pays After Deductible</small>		80% / 50%			100% / 50%		80% / 50%		100% / 50%	
CY Out of Pocket Max										
Individual		\$5,500 / \$11,000			\$3,000 / \$6,000		\$3,500 / \$7,000		\$3,000 / \$6,000	
Family		\$11,000 / \$22,000			\$6,000 / \$12,000		\$7,000 / \$14,000		\$10,000 / \$20,000	
Lifetime Maximum		Unlimited			Unlimited		Unlimited		Unlimited	
Miscellaneous Services		In-Network			In-Network		In-Network		In-Network	
Office Visit <small>PCP / SPC</small>		\$25 / 50 Copay			Deductible		\$25 / \$40 Copay		Deductible	
Emergency Room		\$350 Copay			Deductible		\$250 Copay		Deductible	
Urgent Care		\$60 Copay			Deductible		\$50 Copay		Deductible	
Inpatient Hospital		Deductible, then 20%			Deductible		Deductible, then 20%		Deductible	
Outpatient Surgery		Deductible, then 20%			Deductible		Deductible, then 20%		Deductible	
Prescription Drugs										
Retail Pharmacy Copays		\$15 / \$55 / \$85 / \$150			Deductible		\$10 \$30 / \$60 / 25%		Deductible	
Mail Order Pharmacy Copays		3 Times Copay			Deductible		3 Times Copay		Deductible	

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Proposed Benefits for Tubac Fire District

EFFECTIVE DATE 5/1/2021

MEDICAL	#	BCBSAZ PPO \$1,500-80/50% <small>Balanced Funding</small>		#	BCBSAZ PPO \$3,000-100/50% <small>HSA Balanced Funding</small>		Humana PPO \$1,500-80/50% <small>NPOS 21 Copay Opt 6</small>	Humana HSA \$2,900-90/50% <small>NPOS 21 Save HSA Opt 4</small>
		Current	Renewal		Current	Renewal	Fully Insured	Fully Insured
<i>Monthly Premium</i>								
Employee	10	\$391.72	\$396.43	2	\$347.38	\$351.35	\$520.20	\$493.53
Employee & Spouse	2	\$755.44	\$764.87	1	\$666.77	\$674.70	\$1,040.40	\$987.06
Employee & Children	4	\$737.25	\$746.44	3	\$650.80	\$658.54	\$1,014.39	\$962.39
Family	6	\$1,228.27	\$1,243.83	2	\$1,081.96	\$1,095.06	\$1,716.67	\$1,628.65
TOTAL MONTHLY PREMIUM	22	\$15,747	\$15,943	8	\$5,478	\$5,543	\$21,640	\$8,119
COMBINED MONTHLY PREMIUM		Current \$21,225			Renewal \$21,486		Humana= \$29,759	
ER Yearly HSA Contribution					\$1,200			
CY Deductible								
Individual		\$1,500 / \$3,000			\$3,000 / \$6,000		\$1,500 / \$6,000	\$2,900 / \$11,600
Family		\$3,000 / \$6,000			\$6,000 / \$12,000		\$3,000 / \$12,000	\$5,800 / \$23,200
Coinsurance <small>Plan Pays After Deductible</small>		80% / 50%			100% / 50%		80% / 50%	90% / 50%
CY Out of Pocket Max								
Individual		\$5,500 / \$11,000			\$3,000 / \$6,000		\$5,000 / \$20,000	\$5,450 / \$21,800
Family		\$11,000 / \$22,000			\$6,000 / \$12,000		\$10,000 / \$40,000	\$10,900 / \$43,600
Lifetime Maximum		Unlimited			Unlimited		Unlimited	Unlimited
Miscellaneous Services		In-Network			In-Network		In-Network	In-Network
Office Visit <small>PCP / SPC</small>		\$25 / 50 Copay			Deductible		\$40 / \$80 Copay	Deductible, then 10%
Emergency Room		\$350 Copay			Deductible		\$500 Copay	Deductible, then 10%
Urgent Care		\$60 Copay			Deductible		\$100 Copay	Deductible, then 10%
Inpatient Hospital		Deductible, then 20%			Deductible		Deductible, then 20%	Deductible, then 10%
Outpatient Surgery		Deductible, then 20%			Deductible		Deductible, then 20%	Deductible, then 10%
Prescription Drugs								
Retail Pharmacy Copays		\$15 / \$55 / \$85 / \$150			Deductible		\$5 / \$15 / \$75 / \$150	Deductible, then 10%
Mail Order Pharmacy Copays		3 Times Copay			Deductible		2.5 Times Copay	Deductible, then 10%

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Proposed Benefits for Tubac Fire District

EFFECTIVE DATE 5/1/2021

MEDICAL	#	BCBSAZ PPO \$1,500-80/50% <small>Balanced Funding</small>		#	BCBSAZ PPO \$3,000-100/50% <small>HSA Balanced Funding</small>		UHC PPO \$1,500-80/50% <small>CDIW Choice Plus</small>	UHC HSA \$4,000-100/50% <small>BRHG Choice Plus</small>
		Current	Renewal		Current	Renewal	Fully Insured	Fully Insured
<i>Monthly Premium</i>								
Employee	10	\$391.72	\$396.43	2	\$347.38	\$351.35	\$468.27	\$483.29
Employee & Spouse	2	\$755.44	\$764.87	1	\$666.77	\$674.70	\$936.54	\$966.58
Employee & Children	4	\$737.25	\$746.44	3	\$650.80	\$658.54	\$913.13	\$942.42
Family	6	\$1,228.27	\$1,243.83	2	\$1,081.96	\$1,095.06	\$1,545.29	\$1,594.85
TOTAL MONTHLY PREMIUM	22	\$15,747	\$15,943	8	\$5,478	\$5,543	\$19,480	\$7,950
COMBINED MONTHLY PREMIUM		Current	\$21,225		Renewal	\$21,486	UHC=	\$27,430
ER Yearly HSA Contribution					\$1,200			
CY Deductible								
Individual		\$1,500 / \$3,000			\$3,000 / \$6,000		\$1,500 / \$10,000	\$4,000 / \$10,000
Family		\$3,000 / \$6,000			\$6,000 / \$12,000		\$3,000 / \$20,000	\$8,000 / \$20,000
Coinsurance <small>Plan Pays After Deductible</small>		80% / 50%			100% / 50%		80% / 50%	100% / 50%
CY Out of Pocket Max								
Individual		\$5,500 / \$11,000			\$3,000 / \$6,000		\$8,150 / \$20,000	\$5,000 / \$20,000
Family		\$11,000 / \$22,000			\$6,000 / \$12,000		\$16,300 / \$40,000	\$10,000 / \$40,000
Lifetime Maximum		Unlimited			Unlimited		Unlimited	Unlimited
Miscellaneous Services		In-Network			In-Network		In-Network	In-Network
Office Visit <small>PCP / SPC</small>		\$25 / 50 Copay			Deductible		\$30 / \$50 Copay	Deductible
Emergency Room		\$350 Copay			Deductible		Deductible, then 20%	Deductible
Urgent Care		\$60 Copay			Deductible		\$25 Copay	Deductible
Inpatient Hospital		Deductible, then 20%			Deductible		Deductible, then 20%	Deductible
Outpatient Surgery		Deductible, then 20%			Deductible		Deductible, then 20%	Deductible
Prescription Drugs								
Retail Pharmacy Copays		\$15 / \$55 / \$85 / \$150			Deductible		\$10 / \$35 / \$90 / 50%	Deductible
Mail Order Pharmacy Copays		3 Times Copay			Deductible		2.5 Times Copay	2.5 Times Copay

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Proposed Dental Benefits for Tubac Fire District

EFFECTIVE DATE 5/01/2021

DENTAL	#	Metlife PPO Plan			Delta Dental PPO Plan	Guardian PPO Plan	Principal PPO Plan	Standard PPO Plan
		Current	Renewal	Negotiated Rate				
Employee	12	\$30.51	\$30.51	\$29.59	\$30.73	\$27.72	\$25.12	\$25.70
Employee + Spouse	1	\$65.23	\$65.23	\$63.27	\$64.58	\$56.28	\$51.27	\$53.79
Employee + Children	5	\$65.59	\$65.59	\$63.62	\$68.59	\$71.04	\$60.94	\$64.57
Family	7	\$106.80	\$106.80	\$103.60	\$106.44	\$106.24	\$91.37	\$92.02
TOTAL MONTHLY PREMIUM	25	\$1,507	\$1,507	\$1,462	\$1,521	\$1,488	\$1,297	\$1,329
Plan Designs								
<i>~In-Network/Out-of-Network</i>								
CY Deductible								
Individual			\$50 / \$50		\$50 / \$50	\$50 / \$50	\$50 / \$50	\$50 / \$50
Family			\$150 / \$150		\$150 / \$150	\$150 / \$150	\$150 / \$150	\$150 / \$150
Deductible Waived for Type I			Yes / Yes		Yes / Yes	Yes / Yes	Yes / Yes	Yes / Yes
CY Maximum Benefit			\$2,000		\$2,000	\$2,000	\$2,000	\$2,000
Coinsurance								
Type I - Preventative			100% / 100%		100% / 100%	100% / 100%	100% / 100%	100% / 100%
Type II - Basic			80% / 80%		80% / 80%	100% / 100%	80% / 80%	80% / 80%
Type III - Major			50% / 50%		50% / 50%	60% / 650%	50% / 50%	50% / 50%
Endodontics			Basic		Basic	Basic	Basic	Basic
Periodontics			Basic		Basic	Basic	Basic	Basic
Waiting Periods			None		None	None	None	None
Out of Network Reimbursement			R&C 90th Percentile		Fee Schedule	R&C 90th Percentile	R&C 90th Percentile	R&C 90th Percentile

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Proposed Vision Benefits for Tubac Fire District

EFFECTIVE DATE 05/01/2021

VISION	#	VSP		Superior	Davis Vision	Delta Vision	Guardian	MetLife	Principal	Standard
		Current	Renewal							
<i>Monthly Premium</i>										
Employee	12	\$7.60	\$7.99	\$6.73	\$4.94	\$8.16	\$7.60	\$7.37	\$5.81	\$8.80
Employee + Spouse	1	\$12.16	\$12.78	\$10.76	\$9.87	\$16.32	\$12.16	\$14.77	\$12.70	\$17.03
Employee + Children	5	\$12.42	\$13.04	\$10.99	\$10.37	\$15.91	\$12.42	\$12.51	\$13.10	\$15.20
Family	7	\$20.02	\$21.03	\$17.72	\$14.44	\$24.88	\$20.02	\$20.63	\$21.44	\$23.43
TOTAL MONTHLY PREMIUM	25	\$306	\$321	\$271	\$222	\$368	\$306	\$310.17	\$298	\$363
<i>Plan Designs ~In-Network</i>										
Exam Copay		\$10		\$10	\$10	\$10	\$10	\$10	\$10	\$10
Material Copay		\$10		\$10	\$10	\$0	\$10	\$10	\$10	\$10
Frame Retail Allowance		\$150		\$150	\$150	\$120	\$150	\$150	\$150	\$150
Spectacle Lenses ~Standard		Covered in Full after Copay		Covered in Full After	Covered in Full After	Covered in Full After	Covered in Full After	Covered in Full After	Covered in Full After	Covered in Full After
Contact Lenses Retail Allowance Elective Medically Necessary		\$150 Covered		\$150 Covered	\$150 Covered	\$80 Covered	\$150 Covered	\$150 Covered	\$150 Covered	\$150 Covered
Contact Lens Fit, Eval, Follow-up ~Standard		Up to \$60 Copay		Up to \$30 Copay	15% Discount	Up to \$55 Copay	15% Discount	Up to \$60 Copay	Up to \$50 Copay	Up to \$60 Copay
Frequencies										
Exams		12 Months		12 Months	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months
Lenses		12 Months		12 Months	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months
Frames		24 Months		24 Months	24 Months	24 Months	24 Months	24 Months	24 Months	24 Months
Contact Lenses ~In lieu of eyeglasses		12 Months		12 Months	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months

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Proposed Ancillary Benefits For Tubac Fire District

SHORT TERM DISABILITY		METLIFE			Standard	Principal	The Hartford
<i>Monthly Premium</i>	#	Current	Renewal	Revised			
STD Rate Per \$10		\$0.406	\$0.406	\$0.394	\$0.340	NA	\$0.167
ESTIMATED MONTHLY PREMIUM	26	\$572	\$572	\$505	\$425	-	\$232
Estimated Volume		\$14,467			\$12,497	NA	\$13,899
Benefit Percentage of Earnings		66.67%			66.67%	NA	66.67%
Maximum Weekly Benefit		\$500			\$500	NA	\$500
Elimination Period		Benefits Begin on			Benefits Begin on	NA	Benefits Begin on
Injury		1st Day			1st Day	NA	15th Day
Illness		8th Day			8th Day	NA	15th Day
Maximum Benefit Duration		26 Weeks			26 Weeks	NA	24 Weeks
BASIC LIFE/AD&D		METLIFE			Standard	Principal	The Hartford
<i>Monthly Premium</i>	#	Current	Renewal	Revised			
Life/AD&D Rate Per \$1,000		\$0.281	\$0.281	\$0.274	\$0.194	\$0.231	\$0.039
ESTIMATED MONTHLY PREMIUM	26	\$372	\$372	\$361	\$276	\$260	\$306
Estimated Volume		\$1,294,000			\$1,429,150	\$1,382,500	\$1,382,500
Benefit Amount		1 Times Annual Salary			1 Times Annual Salary	1 Times Annual Salary	1 Times Annual Salary
Maximum Benefit		\$75,000			\$75,000	\$50,000	\$50,000
Age Reductions		35% at Age 65 50% at Age 70			65% @ 65, 50% @ 70, 35% @ 75	35% at Age 65 15% at Age 70	35% at Age 65 50% at Age 70
SUPPLEMENTAL LIFE/AD&D		METLIFE			Standard	Principal	The Hartford
<i>Monthly Premium</i>	#	Current	Renewal	Revised			
Life Rate Per \$1,000		Age Variable			Age Variable	Age Variable	Age Variable
0-29		\$0.084	\$0.084	\$0.084	\$0.084	\$0.105	\$0.101
30-34		\$0.096	\$0.096	\$0.096	\$0.084	\$0.115	\$0.073
35-39		\$0.109	\$0.109	\$0.109	\$0.096	\$0.167	\$0.084
40-44		\$0.164	\$0.164	\$0.164	\$0.109	\$0.261	\$0.118
46-49		\$0.259	\$0.259	\$0.259	\$0.184	\$0.428	\$0.177
50-54		\$0.412	\$0.412	\$0.412	\$0.259	\$0.683	\$0.288
55-59		\$0.646	\$0.646	\$0.646	\$0.412	\$1.057	\$0.443
60-64		\$0.971	\$0.971	\$0.971	\$0.646	\$1.630	\$0.627
65-69		\$1.560	\$1.560	\$1.560	\$0.971	\$2.666	\$0.774
70-74		\$2.950	\$2.950	\$2.950	\$1.560	\$4.481	\$1.108
75-99		\$2.950	\$2.950	\$2.950	\$2.950	\$4.481	\$1.903
AD&D Rate		\$0.039	\$0.039	\$0.039	\$0.039	\$0.430	\$0.039

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