

PRODUCT PRICING GUIDE FOR GROUPS OF 2-100 LIVES

| PLAN B \$15 Co-Pay 12/12/24 (Exam/Lenses/Frames) | | |
|--|------------------------------------|-----------|
| Non-Contributory Rates: | Contributory/Partial Contributory* | Voluntary |
| Employee Only: \$7.77 | \$8.64 | \$9.15 |
| Employee +1: \$11.66 | \$12.96 | \$13.27 |
| Family: \$18.09 | \$20.10 | \$23.80 |

| PLAN C \$10 Co-Pay 12/12/12 (Exam/Lenses/Frames) | | |
|--|------------------------------------|-----------|
| Non-Contributory Rates: | Contributory/Partial Contributory* | Voluntary |
| Employee Only: \$10.59 | \$11.74 | \$13.45 |
| Employee +1: \$15.55 | \$17.28 | \$19.49 |
| Family: \$26.96 | \$29.96 | \$34.94 |

*Partial Contributory is defined as Non-Contributory Employee/Contributory Dependents

Pricing for groups over 100 lives please contact the sales support department at: 800.243.2534 x 1 or email your census and proposal to: quotes.gb.ct@amwins.com

| | | | |
|--|---------|---------------------|-------------------|
| Total Number of Employees Only Coverage | _____ x | \$ _____ | = \$ _____ |
| Total Number of Employees with 1 Dep. Coverage | _____ x | \$ _____ | = \$ _____ |
| Total Number of Employees with Family Coverage | _____ x | \$ _____ | = \$ _____ |
| | | (Rate) | |
| | | *Administrative Fee | = \$ <u>20.00</u> |
| | | TOTAL | = \$ _____ |

* Administrative Fee Schedule: \$25 per month (100+ lives)

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