



**BlueCross BlueShield  
of Texas**

Quote ID: 4914530  
No. of Employees: 11  
County: Concho

City of Eden

Effective Date: 01/01/2024

Proposal #Quote2

Producer: ZESCH & PICKETT INSURANCE, L.L.P.

**Small Group Fully Insured Premium Proposal**

Printed: 10/06/2023  
Zip Code of Business: 76837  
Rating Area: 17

An In-Vitro benefit option is available for PPO and HMO plans. The In-Vitro plans have a higher total cost than the ones without In-Vitro. If a group offers multiple benefit plans and chooses to elect In-Vitro benefits, all plans must be from the In-Vitro selection.

**4 Tier Composite Rates**

**Blue Choice PPO Network**

Plan ID	Individual Deductible In-Network/Out-of-Network	Individual Out-of-Pocket Max In-Network/Out-of-Network	Coinsurance In-Network/Out-of-Network	Primary Care/Virtual Visit	Specialist Office Visit	ER Copay/Coinsurance Per ER Visit	Urgent Care Visit	In-Patient Deductible In-Network/Out-of-Network	Out-Patient Deductible In-Network/Out-of-Network	Pcd Dental In-Network/Out-of-Network	Non-Preferred Pharmacy	EO	ES	EC	EF	Total Monthly Health Cost
<b>PPO Plans</b>																
<b>Platinum</b>																
P9M1CHC	\$0/ \$5000	\$6300/ Unlimited	80%/50%	\$20/\$20	\$40	\$500/ 80%	\$75	DC// DC	DC// DC	70%/70%	\$10/\$20/\$70/ \$120/\$150/\$250	\$1,113.66	\$2,227.32	\$2,227.32	\$3,340.98	\$12,250.26
P620CHC	\$250/ \$500	\$1500/ Unlimited	80%/60%	\$30/\$30	\$60	\$300/ 80%	\$30	\$150/ \$250	\$100/ \$200	70%/70%	\$10/\$20/\$55/ \$95/\$150/\$250	\$1,158.08	\$2,316.16	\$2,316.16	\$3,474.24	\$12,738.88
P9K3CHC	\$500/ \$10000	\$1500/ Unlimited	80%/60%	\$30/\$30	\$60	\$300/ 80%	\$75	\$150/ \$250	\$100/ \$200	70%/70%	\$10/\$20/\$70/ \$120/\$150/\$250	\$1,154.66	\$2,309.32	\$2,309.32	\$3,463.98	\$12,701.26
P621CHC	\$1250/ \$2500	\$1250/ Unlimited	100%/80%	\$25/\$25	\$45	\$400/ 100%	\$25	\$150/ \$250	\$100/ \$200	100%/100%	\$10/\$20/\$55/ \$95/\$150/\$250	\$1,160.09	\$2,320.18	\$2,320.18	\$3,480.27	\$12,760.99
<b>Gold</b>																
G9K8CHC	\$1000/ \$2000	\$6250/ Unlimited	80%/60%	\$50/\$50	\$90	\$600/ 80%	\$100	\$150/ \$250	DC// \$200	70%/70%	\$10/\$20/\$70/ \$120/\$150/\$250	\$989.16	\$1,978.32	\$1,978.32	\$2,967.48	\$10,880.76
G654CHC	\$1250/ \$2500	\$5250/ Unlimited	80%/60%	\$45/\$45	\$90	\$600/ 80%	\$75	\$300/ \$400	\$250/ \$350	70%/70%	\$10/\$20/\$70/ \$120/\$150/\$250	\$989.63	\$1,979.26	\$1,979.26	\$2,968.89	\$10,885.93
G652CHC	\$1500/ \$3000	\$5250/ Unlimited	80%/60%	\$45/\$45	\$90	\$500/ 80%	\$100	DC// DC	DC// DC	70%/70%	\$10/\$20/\$70/ \$120/\$150/\$250	\$991.41	\$1,982.82	\$1,982.82	\$2,974.23	\$10,905.51
G653CHC	\$1500/ \$3000	\$6000/ Unlimited	80%/60%	\$40/\$40	\$80	\$500/ 80%	\$75	DC// DC	DC// DC	70%/70%	\$10/\$20/\$70/ \$120/\$150/\$250	\$984.56	\$1,969.12	\$1,969.12	\$2,953.68	\$10,830.16
G9K6CHC	\$2000/ \$4000	\$4000/ Unlimited	90%/70%	DC/DC	DC	DC// 90%	DC	DC// DC	DC// DC	70%/70%	80%/80%/70%/ 60%/60%/50%	\$973.21	\$1,946.42	\$1,946.42	\$2,919.63	\$10,705.31
G9L1CHC	\$2000/ \$4000	\$6000/ Unlimited	80%/70%	\$30/\$30	\$60	\$300/ 80%	\$75	\$150/ \$250	\$100/ \$200	70%/70%	\$10/\$20/\$70/ \$120/\$150/\$250	\$985.15	\$1,970.30	\$1,970.30	\$2,955.45	\$10,836.65
G9L7CHC	\$3000/ \$6000	\$8000/ Unlimited	90%/80%	\$30/\$30	\$50	\$300/ 90%	\$75	\$200/ \$400	\$150/ \$300	70%/70%	\$10/\$20/\$70/ \$120/\$150/\$250	\$971.32	\$1,942.64	\$1,942.64	\$2,913.96	\$10,684.52

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation,  
a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association



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**Blue Advantage HMO Network**

Plan ID	Individual Deductible In-Network/Out-of-Network	Individual Out-of-Pocket Max In-Network/Out-of-Network	Coinurance In-Network/Out-of-Network	Primary Care/Virtual Visit	Specialist Office Visit	ER Copay/Coinsurance Per ER Visit	Urgent Care Visit	In-Patient Deductible In-Network/Out-of-Network	Out-Patient Deductible In-Network/Out-of-Network	Per Dental In-Network/Out-of-Network	Non-Preferred Pharmacy	EO	ES	EC	EF	Total Monthly Health Cost
<b>HMO Plans</b>																
<b>Platinum</b>																
P9M1ADT	\$0//Not Covered	\$6300//Not Covered	80%/Not Covered	\$20/\$20	\$40	\$500//80%	\$75	DC//Not Covered	DC//Not Covered	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$725.08	\$1,450.16	\$1,450.16	\$2,175.24	\$7,975.88
P610ADT	\$250//Not Covered	\$1500//Not Covered	80%/Not Covered	\$30/\$30	\$60	\$300//80%	\$30	\$150//Not Covered	\$100//Not Covered	70%/70%	\$10/\$20/\$55/\$95/\$150/\$250	\$752.89	\$1,505.78	\$1,505.78	\$2,258.67	\$8,281.79
P9K3ADT	\$500//Not Covered	\$1500//Not Covered	80%/Not Covered	\$30/\$30	\$60	\$300//80%	\$75	\$150//Not Covered	\$100//Not Covered	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$751.81	\$1,503.62	\$1,503.62	\$2,255.43	\$8,269.91
P611ADT	\$1250//Not Covered	\$1250//Not Covered	100%/Not Covered	\$25/\$25	\$45	\$400//100%	\$25	\$150//Not Covered	\$100//Not Covered	100%/100%	\$10/\$20/\$55/\$95/\$150/\$250	\$754.90	\$1,509.80	\$1,509.80	\$2,264.70	\$8,303.90
<b>Gold</b>																
G665ADT	\$0//Not Covered	\$9100//Not Covered	100%/Not Covered	\$45/\$45	\$80	\$750//100%	\$35	\$250//Not Covered	\$200//Not Covered	100%/100%	\$10/\$20/\$70/\$120/\$150/\$250	\$685.34	\$1,370.68	\$1,370.68	\$2,056.02	\$7,538.74
G662ADT	\$1000//Not Covered	\$6250//Not Covered	80%/Not Covered	\$50/\$50	\$90	\$600//80%	\$100	\$150//Not Covered	DC//Not Covered	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$637.61	\$1,275.22	\$1,275.22	\$1,912.83	\$7,013.71
G9E5ADT	\$1250//Not Covered	\$2500//Not Covered	80%/Not Covered	\$45/\$45	\$90	\$600//80%	\$75	\$300//Not Covered	\$250//Not Covered	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$636.92	\$1,273.84	\$1,273.84	\$1,910.76	\$7,006.12
G663ADT	\$1500//Not Covered	\$2500//Not Covered	80%/Not Covered	\$45/\$45	\$90	\$500//80%	\$100	DC//Not Covered	DC//Not Covered	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$638.70	\$1,277.40	\$1,277.40	\$1,916.10	\$7,025.70
G9E3ADT	\$1500//Not Covered	\$6000//Not Covered	80%/Not Covered	\$40/\$40	\$80	\$500//80%	\$75	DC//Not Covered	DC//Not Covered	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$634.83	\$1,269.66	\$1,269.66	\$1,904.49	\$6,983.13
G661ADT	\$2000//Not Covered	\$4000//Not Covered	90%/Not Covered	DC/DC	DC	DC//90%	DC	DC//Not Covered	DC//Not Covered	70%/70%	80%/80%/70%/60%/50%	\$622.67	\$1,245.34	\$1,245.34	\$1,868.01	\$6,849.37
G664ADT	\$2000//Not Covered	\$6000//Not Covered	80%/Not Covered	\$30/\$30	\$60	\$300//80%	\$75	\$150//Not Covered	\$100//Not Covered	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$636.08	\$1,272.16	\$1,272.16	\$1,908.24	\$6,996.88
G9K7ADT	\$3000//Not Covered	\$8000//Not Covered	90%/Not Covered	\$30/\$30	\$50	\$300//90%	\$75	\$200//Not Covered	\$150//Not Covered	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$626.93	\$1,253.86	\$1,253.86	\$1,880.79	\$6,896.23
G9K5ADT	\$3000//Not Covered	\$8700//Not Covered	80%/Not Covered	\$0/\$0	\$80	DC//80%	\$150	DC//Not Covered	DC//Not Covered	70%/70%	\$10/\$20/\$70/\$120/\$150/\$250	\$618.81	\$1,237.62	\$1,237.62	\$1,856.43	\$6,806.91

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

# Basic Life

## Plan design and rates

### Employee Basic Life, AD&D, and Dependent Life plan design

Employee Basic Life	
Eligible employees	All Full-Time United States Employees working in the United States who are scheduled to work a minimum of 30 hours per week
Effective Date	January 1, 2024
	<b>Class 1</b>
Class description	All Eligible Employees
Waiting Period	30 days of employment
Benefit amount	Flat \$10,000
Maximum benefit	\$10,000
Guaranteed Issue amount	\$10,000
Contributions	Noncontributory
Participation requirement	100%

Employee Basic AD&D	
Eligible employees	All Full-Time United States Employees working in the United States who are scheduled to work a minimum of 30 hours per week
Effective Date	January 1, 2024
	<b>Class 1</b>
Class description	All Eligible Employees
Benefit amount	Flat \$10,000
Maximum benefit	\$10,000
Compulsory coverage	Yes
Contributions	Noncontributory
Participation requirement	100%

Dependent Basic Life					
Eligible employees	All Full-Time United States Employees working in the United States who are scheduled to work a minimum of 30 hours per week				
Effective Date	January 1, 2024				
	<b>Class 1</b>				
Class description	All Eligible Employees				
Spouse benefit amount	\$5,000				
Spouse termination age	N/A				
Spouse Guaranteed Issue amount	Up to the maximum benefit				
Child benefit amount	\$2,000				
Full child benefit begins	6 months				
Child benefit by age	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">birth to 14 days</td> <td style="width: 50%;">\$0</td> </tr> <tr> <td>14 days to 6 months</td> <td>\$500</td> </tr> </table>	birth to 14 days	\$0	14 days to 6 months	\$500
birth to 14 days	\$0				
14 days to 6 months	\$500				
Child eligibility	Unmarried dependent children from 14 days to age 25				
Maximum % of employee coverage	50%				
Contributions	Noncontributory				

Group Basic Life and AD&D coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01.

October 6, 2023

Case ID: 2293308

rev. 06090615 GGOT-1288

## Basic Life rates

Coverage	Total employees	Monthly rate	Total estimated monthly volume	Total estimated monthly premium	Total estimated annual premium
Employee Basic Life	11	\$0.298	\$110,000	\$33	\$393
Employee Basic AD&D	11	\$0.040	\$110,000	\$4	\$53
Dependent Basic Life	11	\$2.413	NA	\$27	\$318
<b>Total estimated premium</b>				<b>\$64</b>	<b>\$764</b>
Rate basis: Per \$1,000 of volume					
Sequence Number: 13					

## Included in this plan:

- A flat 10% broker commission
- 24-month rate guarantee from the Effective Date
- Employee age reductions: All coverage amounts reduce to 67% at age 65, 50% at age 70.
- Spouse age reductions: None
- Waiver of Premium: For employees with an approved disability prior to age 65, premium is waived until age 65 or for 12 months (whichever is later). For employees disabled on or after age 65 but prior to age 70, premium is waived for 12 months. There is an Elimination Period of 6 months which must be satisfied before the waiver of premium begins. The definition of Total Disability is disabled from any occupation.

Waiver of premium is provided on the following benefits: Employee Basic Life.

- Portability: Coverage may be ported upon termination of active employment.
- Conversion Privilege
- A choice of one Value-Added Service: Self Care+, Emergency Travel Assistance & ID Theft, or Online Will Preparation & Claimant Support Services.<sup>2</sup>
- Coverage will be continued on a premium-paying basis for a period of 1 month during a layoff.
- Coverage will be continued on a premium-paying basis for a period of 1 month during a leave of absence approved by the policyholder.
- Coverage will be continued on a premium-paying basis for a period of 12 months during a period of injury or sickness.
- Earnings definition: Earnings are defined as the current earnings reported by the employer. Earnings include deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account. Earnings do not include commissions, bonuses, overtime, or any other compensation.
- 24-hour AD&D coverage
- Special AD&D benefits:
  - Air Bag
  - Bereavement Counselling
  - Business Travel
  - Dependent Education-Child
  - Dependent Education-Spouse
  - Helmet
  - Seat Belt

Group Basic Life and AD&D coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01.

# Group Dental

## Class

All Eligible Employees

## Plan design and rates

### Plan design summary

Dental plan overview	
<b>Eligible Employees:</b>	All Full-Time United States Employees working in the United States who are scheduled to work a minimum of 20 hours per week
<b>Effective Date:</b>	January 1, 2024
<b>Plan type</b>	PPO
<b>Dental PPO Network</b>	Sun Life Dental Network <sup>SM</sup>
<b>In-Network Reimbursement</b>	Sun Life Dental Network <sup>SM</sup>
<b>Out-of-Network Reimbursement</b>	90th Percentile of the Usual and Customary Charge
<b>Orthodontic coverage (Type IV)</b>	This plan includes Child Only Orthodontic coverage. A person must be covered under a Dental Plan to be eligible for Orthodontic coverage
<b>Dependent Coverage Children</b>	Children to age 26
<b>Open enrollment at Issue and each Annual Enrollment</b>	Yes
<b>Employee coverage contributions</b>	100% Employer paid
<b>Dependent coverage contributions</b>	Employee pays for a portion or all of the cost of Dependent coverage

The listed coinsurance percentages shown below represent the portion of Sun Life's allowable charge for which the plan will be responsible. Network providers agree to accept the network's allowable charge for covered services as payment in full. If covered employees or their eligible dependents receive services from a non-network provider, Sun Life will apply the coinsurance percentages shown below to 90th Percentile of the usual and customary charge for covered services and they will be responsible for the difference up to the provider's charge.

## Calendar Year Deductible

Procedure Type	In-Network Deductible	Out-of-Network Deductible
Type I Preventive Services	Not applicable	
Type II Basic Services	\$50 individual / \$150 family	\$50 individual / \$150 family
Type III Major Services		
Type IV Ortho Services	Not applicable	

Deductible values are combined between In-Network and Out-of-Network.

## Coinsurance

	In-Network	Out-of-Network
Type I Preventive Services	100%	100%
Type II Basic Services	80%	80%
Type III Major Services	50%	50%
Type IV Ortho Services	50%	50%

## Benefit Waiting Periods

- A Late Entrant Benefit Waiting Period of 12 months for Type III Major Services will apply to employees who enroll in this dental plan more than 31 days after becoming eligible.
- A Late Entrant Benefit Waiting Period of 12 months for Type IV Orthodontic Services will apply to employees who enroll in this dental plan more than 31 days after becoming eligible.

## Calendar Year Maximum Benefit

	In-Network	Out-of-Network
Types I, II and III (Preventive, Basic and Major) Services	\$1,500 per person	\$1,500 per person
Type IV Ortho Services	\$1,000 lifetime per child under age 26	\$1,000 lifetime per child under age 26

This plan includes Preventive Max Waiver®, which makes regular dental checkups easy by not counting Type I Preventive expenses toward the annual plan maximum. This leaves more coverage for employees and their covered dependents when they need it most, encouraging employees to maintain good oral health with routine care.

## Covered expenses

<b>Type I Preventive covered dental expenses</b>	<b>Coverage limitations</b>
Oral Evaluations	1 in any 6 consecutive months
Dental Prophylaxis (Cleanings)	1 per 6 months - is limited to 1 of these services in any 6 consecutive month period
Fluoride Treatments	Covered Persons under age 14 1 in any 6 consecutive months
Sealants	Covered Persons under age 14 Once per tooth per 36 consecutive months on permanent first and second molars
Full Mouth X-Rays	1 in 60 consecutive months
Bite-Wing X-Rays	1 in 12 consecutive months
Space Maintainers	Covered Persons under age 19 Once per tooth in any 3 year period
<b>Type II Basic covered dental expenses</b>	<b>Coverage limitations</b>
Palliative Treatment	Paid as a separate benefit only if no treatment, except x-rays, was rendered during the visit
Periodontal Maintenance	Periodontal Maintenance following active Periodontal Therapy - 1 per 6 months.
Amalgam Restorations	Once per tooth surface in any 24 consecutive months
Composite and Silicate Restorations	Once per tooth surface in any 24 consecutive months and excluding posterior teeth
Periodontics (Non-Surgical): Scaling and Root Planing	Once per 24 consecutive months per area of the mouth
Surgical Periodontics	Once per 36 consecutive months per area of the mouth
<b>Type III Major covered dental expenses</b>	<b>Coverage limitations</b>
Inlays and Onlays	Covered if tooth cannot be restored by fillings Once per tooth in any 10 years period
Crowns	Covered if tooth cannot be restored by filling or other means Once per tooth in any 10 years period
Crown Buildup	Once per 10 years
Full or Partial Dentures	Once in any 10 years
Fixed Bridges	Once in any 10 years
Endodontics: Root Canal Therapy	Root Canal Therapy is limited to 1 time per tooth in any consecutive 24 months period
Oral Surgery: Surgical Extraction of Erupted and Impacted Teeth	Multiple surgical services on 1 area of the mouth will be based on the most inclusive procedure
General Anesthesia	Benefits payable as a separate expense only when required for the surgical extraction of an impacted tooth
<b>Type IV Orthodontic covered expenses</b>	<b>Coverage limitations</b>
Orthodontic Treatment	Orthodontic treatment is limited to the Dependent Children or student age listed above

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01 and 16-DEN-C-01.

## Dental rates and premium

	Dental and Orthodontia monthly rate
Employee only	\$22.16
Employee + spouse	\$44.01
Employee + child(ren)	\$65.92
Employee + Family	\$87.76

For illustration purposes, the total employees shown for each plan is based on data provided to us. Actual employee count will vary at final enrollment.

Sequence Number: 16

### Included in this plan:

- A Flat 10% broker commission
- 24-month rate guarantee from the Effective Date
- Rates assume this is the only dental plan being offered to employees in this class.



# Group Vision

All Eligible Employees

Plan design and rates

Plan 3 design summary

<b>Vision Plan Overview</b>	
Eligible Employees	All Full-Time United States Employees working in the United States Who Are Scheduled To Work A Minimum Of 20 Hours Per Week
Effective Date	January 1, 2024
Plan Type	Plan 3
Locating a VSP doctor	A listing is available at vsp.com or by calling 1.800.877.7195
Out-of-Network Providers	Members will receive a lesser benefit and should contact VSP at 1.800.877.7195 for more details.
Dependent Coverage Children	Children to age 26
Annual Enrollment Period	This plan includes an annual enrollment period, which provides an opportunity for late applicants to join the plan and allows for benefit changes.
Employee Coverage Contributions	100% Employer Paid
Dependent Coverage Contributions	Employee pays for a portion or all of the cost of Dependent coverage

Group Vision coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01.

## Plan 3 Covered Expenses

Vision Insurance Schedule - Full Service			
Benefit	Frequency	In-Network Member Cost	Out-of-Network Benefit
Exam Services WellVision Exam®	1 per 12 months	\$10	Up to \$45
Laser Vision Correction Discount	Once per eye per lifetime	<ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price.</li> <li>Discounts only available from contracted facilities.</li> </ul>	N/A
Lenses  Single Lined Bifocal Lined Trifocal Lenticular Necessary Contacts	1 per 12 months	\$25  (lenses and frame)	Up to \$30 Up to \$50 Up to \$60 Up to \$100 Up to \$210
Lens Enhancements  Standard progressive Premium progressive Custom progressive		No cost \$95 - \$105 copay \$150 - \$175 copay  Average savings of 20-25% on other lens enhancements	N/A
Frames <i>Includes a wide selection of frames at Walmart®.</i>	1 per 12 months	<ul style="list-style-type: none"> <li>\$200 for the frame of your choice and 20% off the amount over your allowance</li> <li>\$80 allowance at Costco®*</li> </ul>	Up to \$70
Elective Contact Lenses <i>Contact lenses are in place of lenses and frame.</i>	1 per 12 months	<ul style="list-style-type: none"> <li>Up to \$60 / 15% savings for your contact lens exam (fitting and evaluation)</li> <li>\$200 for contact lenses</li> </ul>	Up to \$105
Additional Glasses and Sunglasses Discount	20% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your exam. Or get 20% off from any VSP doctor within 12 months of your last exam.		N/A
Coverage with Retail Providers	*Coverage with retail providers may be different. Check with Costco® and Walmart® for VSP member pricing. The Costco allowance is equivalent to the allowance at preferred providers and other retail providers.		

Group Vision coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01.

## Vision Rates and Premium

	Vision monthly rate
Employee only	\$7.32
Employee + spouse	\$14.65
Employee + child(ren)	\$16.11
Employee, spouse + child(ren)	\$23.45

Sequence Number: 25

For illustration purposes, the total employee shown for each plan is based on data provided to us. Actual employee will vary at final enrollment.

Rates assume 11 eligible employees, with 9 participating or 81.8% participation. Upon sale, quoted rates and benefits may be adjusted based on achieved participation levels.

Sun Life reserves the right to adjust rates if final participation is more than 10% different from the participation provided at quote.

### Included in this Plan:

- A flat 10% broker commission
- 24-month rate guarantee from the Effective Date
- The rates quoted are based on the information provided to us at the time of proposal and reflect the risk presented and benefits requested at that time. Any change in our risk or any change in the benefits requested may result in a change of premium rates, a change in the plan offered, or a withdrawal of the proposal.

Group Vision coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01.