Made especially for the employees of…

NSU Florida
NOVA SOUTHEASTERN UNIVERSITY

2019 - 2020

SEMI-MONTHLY RATE SHEET (24 DEDUCTIONS/YR)

- **HOSPITAL CHOICE**
- **$2,000/$3,000** HOSPITAL CONFINEMENT BENEFIT/PERSON
- 23 MORE HOURS ***BENEFIT IS PAYABLE ONCE PER CALENDAR YR/PERSON**
- PHYSICIAN VISITS $25 PER VISIT - 3 INDIVIDUAL/6 FAMILY
- MEDICAL DIAGNOSTIC & IMAGING $150 TWO/YEAR PER PERSON
- SURGICAL BENEFIT FROM $50.00 TO $1,000.00
- DAILY HOSPITAL CONFINEMENT BENEFIT $100/DAY 365 DAY MAX.

$2,000 BENEFIT	EMPLOYEE	1- PARENT FAMILY	EMPLOYEE & SPOUSE	2-PARENT FAMILY
AGES 18-49	**$40.63**	**$55.84**	**$67.28**	**$70.34**
AGES 50-59	**$44.27**	**$58.06**	**$77.42**	**$79.90**
AGES 60-75	**$49.41**	**$63.13**	**$87.43**	**$91.60**

$3,000 BENEFIT	EMPLOYEE	1- PARENT FAMILY	EMPLOYEE & SPOUSE	2-PARENT FAMILY
AGES 18-49	**$54.02**	**$71.70**	**$88.28**	**$91.33**
AGES 50-59	**$57.66**	**$73.98**	**$99.33**	**$101.74**
AGES 60-75	**$63.97**	**$79.05**	**$112.19**	**$116.36**

Joe Evans

BENEFIT ADMIN – HR CONSULTING

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***BIG** Enough to Serve…small enough to care!*

CANCER PROTECTION ASSURANCE – OPTION 3

- **$6,000** 1ST OCCURRENCE BENEFIT
- UP TO $600.00 PER DAY HOSPITAL CONFINEMENT
- ADDITIONAL OPINION $400/PERSON LIFETIME
- $400.00 PER MONTH FOR RADIATION THERAPY
- HORMONAL THERAPY $40 ONCE PER CALENDAR MONTH
- **$100.00 WELLNESS BENEFIT PER COVERED PERSON**

EMP.	1-PARENT FAMILY	EMP. & SPOUSE	2-PARENT FAMILY
$30.47	$30.47	$53.97	$53.97

ACCIDENT INDEMNITY ADVANTAGE – OPTION 4

- 24-HOUR COVERAGE FOR YOU &/OR YOUR FAMILY
- ON & OFF-THE-JOB & ANYWHERE IN THE WORLD!
- $1,500.00 INITIAL ACCIDENT HOSPITALIZATION
- $300.00 ACCIDENTAL HOSPITAL CONFINEMENT/DAY
- $35.00 TO $12,500.00 ACCIDENT-SPECIFIC INJURIES
- INCLUDES UP TO $250,000 ACCIDENTAL LIFE
- **$60.00 WELLNESS BENEFIT PER YEAR**

EMP.	1-PARENT FAMILY	EMP. & SPOUSE	FAMILY
$12.81	$21.46	$20.48	$30.94

SHORT-TERM DISABILITY

DISABILITY DUE TO PREGNANCY & CHILDBIRTH IS PAYABLE TO THE SAME EXTENT AS A COVERED SICKNESS AFTER YOUR SHORT-TERM DISABILITY HAS BEEN IN FORCE FOR **TEN** (**10**) MONTHS. THE MAXIMUM BENEFIT PERIOD ALLOWED FOR CHILDBIRTH IS SIX WEEKS FOR NON-CESAREAN DELIVERY AND EIGHT WEEKS FOR CESAREAN DELIVERY LESS THE ELIMINATION PERIOD.

OFF-THE-JOB ACCIDENT & SICKNESS BENEFIT SHOWN.	DISABILITY INCOME	0-Day Wait Accident 7-Day Wait Sickness Age 18 - 49	0-Day Wait Accident 7-Day Wait Sickness Age 50 - 64	0-Day Wait Accident 7-Day Wait Sickness Age 65 - 74	0-Day Wait Accident 7-Day Wait Sickness Age 18 - 49	0-Day Wait Accident 7-Day Wait Sickness Age 50 - 64	0-Day Wait Accident 7-Day Wait Sickness Age 65 - 74
ANNUAL INCOME	MONTHLY BENEFIT	3-MONTH BENEFIT	3-MONTH BENEFIT	3-MONTH BENEFIT	6-MONTH BENEFIT	6-MONTH BENEFIT	6-MONTH BENEFIT
20,000 – 21,999	$1,000	$11.05	$11.70	$14.30	$14.30	$15.60	$19.50
22,000 – 23,999	$1,100	$12.16	$12.87	$15.73	$15.73	$17.16	$21.45
24,000 – 25,999	$1,200	$13.26	$14.04	$17.16	$17.16	$18.72	$23.40
26,000 – 27,999	$1,300	$14.37	$15.21	$18.59	$18.59	$20.28	$25.35
28,000 – 29,999	$1,400	$15.47	$16.38	$20.02	$20.02	$21.84	$27.30
30,000 – 31,999	$1,500	$16.58	$17.55	$21.45	$21.45	$23.40	$29.25
32,000 +	PLEASE	ASK	JOE	FOR	PRICING.	-	-

30-Year-old Male Non-Smoker 10-year Term	40-Year-old Male Non-Smoker 10-year Term	50-Year-old Male Non-Smoker 10-year Term	30-Year-old Male Smoker 10-year Term	40-Year-old Male Smoker 10-year Term	50-Year-old Male Smoker 10-year Term
$100,000	$100,000	$100,000	$100,000	$100,000	$100,000
$7.60 per paycheck	$10.20 per paycheck	$21.10 per paycheck	$10.70 per paycheck	$19.30 per paycheck	$52.40 per paycheck

TERM LIFE RATES SHOWN

4 IN 10 ADULTS HAVE NO LIFE INSURANCE

WHOLE LIFE AVAILABLE

Have questions or wish to enroll…Please call anytime – Thank you! (954) 560-6000

THOUGH YOU RECEIVE GROUP RATES, THESE ARE YOUR INDIVIDUAL POLICIES TO KEEP SHOULD YOU CHANGE YOUR PROFESSION/PLACE OF WORK AND THE RATE STAYS THE SAME. ALSO, THERE MAY BE MEDICAL UNDERWRITING QUESTIONS BASED ON THE POLICY(IES) YOU CHOOSE.

YOU HAVE INSURANCE TO PROTECT YOUR HOME & AUTO, BUT ARE YOU INSURED?