



Benefits Specific to Your Needs

Exclusively For

OKHEEI

Presented by:

Carrie J. Cox

Carrie.Cox@nfp.com

4811 Gaillardia Parkway

Suite 300

Oklahoma City, OK 73142

405-359-0594

April 14, 2021

Partner. Preserve. **Prosper.**[®]

Benefits Marketing Analysis

Finding the right fit for your needs

Markets Solicited

Voya
The Standard
SunLife
American Fidelity
Mutual Of Omaha
Unum
Trustmark

Results

Included
Included
Included
Included
Not Competitive
Not Competitive
No Competitive



Accident Program Analysis



OKHEEI

Accident

Effective Date: 1/1/2022

Benefits	Current / Renewal MetLife www.metlife.com	Current / Renewal MetLife www.metlife.com
Accidental Death	Low Plan	High Plan
Employee	\$40,000	\$60,000
Spouse	\$20,000	\$30,000
Child	\$8,000	\$12,000
Dismemberment		
Employee	\$500 - \$50,000	\$1,000 - \$100,000
Spouse	\$500 - \$50,000	\$1,000 - \$100,000
Child	\$500 - \$50,000	\$1,000 - \$100,000
Dislocation and Fracture		
Employee	\$100 - \$6,000	\$300 - \$9,000
Spouse	\$100 - \$6,000	\$300 - \$9,000
Child	\$100 - \$6,000	\$300 - \$9,000
Initial Hospital Confinement / ICU	\$1,000 - \$2,000	\$2,000 - \$3,000
Hospital Confinement (Per Day)	\$200	\$400
Intensive Care (Per Day)	\$400 (up to 31 days)	\$600 (up to 31 days)
Ambulance		
Regular Ambulance	\$300	\$400
Air Ambulance	\$1,000	\$1,200
Accident Physician Treatment	\$50	\$50
X-Ray	\$200	\$300
Emergency Room Service	\$100	\$150
Benefit Enhancements		
Lacerations	\$50 - \$400	\$75 - \$600
Burns	\$100 - \$10,000	\$150 - \$15,000
Skin Graft	50% burn benefit	50% burn benefit
Brain Injury Diagnosis		
Computed Tomography (CT) Scan and MRI	\$200	\$300
Paralysis	\$25,000 - \$50,000	\$50,000 - \$100,000
Coma with Respiratory Assistance	\$10,000	\$15,000
Open Abdominal or Thoracic Surgery	\$2,000	\$3,000
Tendon, Ligament, Rotator Cuff, or Knee Cartilage Surgery	\$150 - \$1,000	\$200 - \$1,500
Ruptured Disc Surgery	\$1,000	\$1,500
Eye Injury	\$300	\$400
General Anesthesia		
Blood and Plasma	\$400	\$500
Appliance	\$100 - \$1,000	\$200 - \$1,500
Medical Supplies		
Medicine		
Prosthesis	\$750 - \$1,500	\$1,000 - \$2,000
Physical Therapy	\$60	\$60
Rehabilitation Unit	\$200	\$300
Non-Local Transportation	\$400	\$600
Family Member Lodging	\$200	\$300
Post-Accident Transportation	\$400	\$600
Accident Follow-Up Treatment	\$50	\$50
Technology Subsidy	3%	3%
Guaranteed Issue (Yes/No)	Yes	Yes
Pre-Ex Limitation (Lookback)		
Outpatient Physician's Benefit Rider	Covered	Covered
Annual Wellness Benefit	\$100	\$100
Notes		

This benefit analysis is a brief outline of the services covered and should be used for illustrative purposes only. In case of a discrepancy between this analysis and the carrier's plan documents, the carrier's plan documents will prevail. I certify that I have read and understand this disclaimer _____.

Cost Analysis	MetLife www.metlife.com	MetLife www.metlife.com		Voya Voya.com	Voya Voya.com
Rates - Monthly					
Employee Only	\$11.38	\$16.32		\$10.37	\$15.12
Employee + Spouse	\$22.17	\$31.50		\$18.53	\$27.30
Employee + Child(ren)	\$23.88	\$33.85		\$21.20	\$30.01
Family	\$29.62	\$42.42		\$29.36	\$42.19

Option 1 Voya Voya.com	Option 1 Voya Voya.com
Low Plan	High Plan
\$40,000	\$70,000
\$15,000	\$40,000
\$8,000	\$20,000
\$500 - \$50,000	\$1,000 - \$100,000
\$500 - \$50,000	\$1,000 - \$100,000
\$500 - \$50,000	\$1,000 - \$100,000
\$275 - \$7,700	\$350 - \$12,000
\$275 - \$7,700	\$350 - \$12,000
\$275 - \$7,700	\$350 - \$12,000
\$2,000	\$3,000
\$250	\$400
\$450 (up to 15 days)	\$600 (up to 15 days)
\$360	\$600
\$1,500	\$2,500
\$75	\$100
\$75	\$100
\$150	\$200
\$50 - \$480	\$75 - \$960
\$1,250 - \$15,000	\$1,750 - \$22,000
50% of Burn Benefit	50% of Burn Benefit
\$400	\$600
\$250	\$400
\$16,000 - \$24,000	\$20,000 - \$30,000
\$17,000	\$20,000
\$2,000	\$3,000
\$225 - \$1,225	\$280 - \$1,520
\$800	\$1,000
\$350	\$420
\$600	\$650
\$200	\$500
One: \$750 Two: \$1,200	One: \$1,500 Two: \$2,400
\$45	\$55
\$200	\$300
\$750	\$840
\$200	\$300
\$750	\$840
\$75	\$100
TBD	TBD
Yes	Yes
\$100*	\$100*
Additional 25% Sports Accident Benefit (Up to \$1,000)	Additional 25% Sports Accident Benefit (Up to \$1,000)
*\$100 Wellness Benefit EE/Sps; 50% Child (max \$200 all children) Two Year Rate Guarantee	*\$100 Wellness Benefit EE/Sps; 50% Child (max \$200 all children) Two Year Rate Guarantee

Option 2 The Standard Standard.com	Option 2 The Standard Standard.com
Enhanced	Premier
\$50,000	\$100,000
\$25,000	\$50,000
\$12,500	\$25,000
2% - 50%	2% - 50%
2% - 50%	2% - 50%
2% - 50%	2% - 50%
\$100 - \$8,000	\$200 - \$10,500
\$100 - \$8,000	\$200 - \$10,500
\$100 - \$8,000	\$200 - \$10,500
\$1,000 - \$750	\$1,500 - \$1000
200 up to 365 days	\$400 up to 365 days
\$200 (up to 15 days)	\$200 (up to 15 days)
\$300	\$600
\$800	\$1,500
\$50	\$60
\$50	\$60
\$150	\$200
\$75 - \$500	\$100 - \$800
\$200 - \$10,000	\$500 - \$15,000
25% of Burn Benefit	50% of Burn Benefit
\$200	\$300
15% - 50%	15% - 50%
\$7,500	\$15,000
\$1,500	\$2,000
\$750	\$1,000
\$750	\$1,000
\$200	\$300
\$300	\$600
\$100	\$200
\$100	\$200
\$500 - \$1000	\$1,000 - \$2,000
\$50	\$50
\$100	\$150
\$150	\$200
\$175	\$200
\$150	\$200
\$50	\$70
4%	4%
Yes	Yes
\$100	\$100
Organized Sports Rider	Organized Sports Rider

OKHEEI

Accident

Effective Date: 1/1/2022

Benefits	Option 3 Sunlife	Option 3 Sunlife	Option 4 American Fidelity	
	Sunlife.ca	Sunlife.ca	www.americanfidelity.com	www.americanfidelity.com
Accidental Death	Low Plan	High Plan	Low Plan	High Plan
Employee	\$50,000	\$75,000	\$50,000	\$100,000
Spouse	50% of employee benefit	50% of employee benefit	\$50,000	\$100,000
Child	25% of employee benefit	25% of employee benefit	\$25,000	\$30,000
Dismemberment				
Employee	\$500 - \$50,000	\$1,000 - \$100,000		
Spouse	50% of employee benefit	50% of employee benefit		
Child	20% of employee benefit	20% of employee benefit		
Dislocation and Fracture				
Employee	\$90 - \$6,000	\$175 - \$10,000	\$25 - \$3000	\$25 - \$3000
Spouse	\$90 - \$6,000	\$175 - \$10,000	\$25 - \$3000	\$25 - \$3000
Child	\$90 - \$6,000	\$175 - \$10,000	\$25 - \$3000	\$25 - \$3000
Initial Hospital Confinement	\$1,000 - \$2,000	\$2,000 - \$3,000	\$500	\$1,000
Hospital Confinement (Per Day)	\$200 - \$400	\$400 - \$600	\$100	\$200
Intensive Care (Per Day)	\$400 (up to 14 days)	\$750 (up to 14 days)	\$300 up to 15 days	\$500 up to 15 days
Ambulance				
Regular Ambulance	\$300	\$400	\$300	\$300
Air Ambulance	\$1,000	\$1,500	\$1,500	\$1,500
Accident Physician Treatment	\$25	\$50		
X-Ray	\$200	\$300	\$50	\$100
Emergency Room Service	\$100	\$150	\$150	\$200
Benefit Enhancements				
Lacerations	\$20 - \$400	\$35 - \$700		
Burns	\$200 - \$10,000	\$400 - \$20,000		
Skin Graft	50% of Burn Benefit	50% of Burn Benefit		
Brain Injury Diagnosis	\$300	\$300		
Computed Tomography (CT) Scan and MRI	\$200	\$300	\$200	\$200
Paralysis	\$12,500 - \$25,000	\$25,000 - \$50,000		
Coma with Respiratory Assistance	\$5,000	\$10,000		
Open Abdominal or Thoracic Surgery	\$625	\$1,250		
Tendon, Ligament, Rotator Cuff, or Knee Cartilage Surgery	\$300	\$625	\$500 - \$750	\$500 - \$750
Ruptured Disc Surgery	\$300	\$625		
Eye Surgery	\$300	\$400	\$250	\$250
General Anesthesia	\$150	\$300		
Blood and Plasma	\$100	\$200		
Appliance	\$400	\$500		
Medical Supplies			\$100	\$100
Medicine				
Prosthesis	\$250	\$500		
Physical Therapy	\$25	\$40	\$25 up to 8 visits	\$25 up to 8 visits
Rehabilitation Unit	\$200	\$200		
Non-Local Transportation	\$250	\$500	\$300	\$600
Family Member Lodging	\$200	\$200	\$100	\$100
Post-Accident Transportation	\$250	\$500		
Accident Follow-Up Treatment	\$50	\$50	\$50 up to 4 visits	\$50 up to 4 visits
Technology Subsidy	3%	3%		
Guaranteed Issue (Yes/No)	Yes	Yes		
Pre-Ex Limitation (Lookback)				
Outpatient Physician's Benefit Rider				
Annual Wellness Benefit	\$100	\$100	12 Month Wait - \$50	12 Month Wait - \$75
Notes	Three Year Rate Guarantee	Three Year Rate Guarantee	Two Year Rate Guarantee	Two Year Rate Guarantee

This benefit analysis is a brief outline of the services covered and should be used for illustrative purposes only. In case of a discrepancy between this analysis and the carrier's plan documents, the carrier's plan documents will prevail. I certify that I have read and understand this disclaimer _____.

Cost Analysis	Sunlife	Sunlife	American Fidelity	
	Sunlife.ca	Sunlife.ca	www.americanfidelity.com	www.americanfidelity.com
Rates - Monthly				
Employee Only	\$9.04	\$13.19	\$19.90	\$26.10
Employee + Spouse	\$14.57	\$20.89	\$28.30	\$34.90
Employee + Child(ren)	\$17.45	\$24.88	\$31.50	\$41.00
Family	\$22.98	\$32.58	\$39.90	\$49.80

Critical Illness Program Analysis



OKHEEI
Critical Illness
Effective Date:

1/1/2022

Benefits	Current MetLife www.metlife.com	Renewal MetLife www.metlife.com	Option 1 Voya Voya.com	Option 2 The Standard Standard.com	Option 3 Sunlife Sunlife.ca	Option 1 American Fidelity AmericanFidelity.com
Employee Benefit Amount	\$15,000 or \$30,000 GI 3X multiplier	\$15,000 or \$30,000 GI 3X multiplier	\$15,000 or \$30,000 GI 5X multiplier	\$15,000 or \$30,000 GI Unlimited	\$15,000 or \$30,000 GI 1 X multiplier	\$15,000 or \$30,000 GI 1X multiplier
Spouse Benefit Amount	100% of employee benefit amount	100% of employee benefit amount	Up to 100% of Employee Benefit Amount	Up to 100% of Employee Benefit Amount	Up to 100% of Employee Benefit Amount	50% of Employee Benefit Amount up to \$15,000
Child(ren) Benefit Amount	100% of employee benefit amount	100% of employee benefit amount	Up to 100% of Employee Benefit Amount	Covered at 100% of Employee Benefit	Up to 100% of Employee Benefit Amount	25% of Employee Benefit Amount
Initial Critical Illness						
Heart Attack	100%	100%	100%	100%	100%	100%
Stroke	100%	100%	100%	100%	100%	100%
Coronary Artery By-Pass Surgery	100%	100%	100%	25%	25%	N/A
Major Organ Transplant	100%	100%	100%	100%	100%	100%
Alzheimer's Disease	100%	100%	100%	25%		N/A
End Stage Renal Failure	100%	100%	100%	100%	100%	100%
Optional Cancer Critical Illness Benefit						
Carcinoma In Situ	25%	25%	25%	25%	25%	N/A
Invasive Cancer	100%	100%	100%	100%	100%	N/A
Optional Wellness Benefit	\$100	\$100	Employee/Spouse: \$100	\$100	\$100	\$50
Technology Subsidy	Yes with offer of worksite	Yes with offer of worksite	2% (maybe 3%)	4%	3%	\$0
Guaranteed Issue (Yes/No)	Yes - 3 Years	Yes - 3 Years	Yes	Yes	Yes	3 medical questions
Waiting Period	No	No	None	None	None	Determined by Employer
Pre-Ex Limitation (Lookback)	Waived	Waived	None	None	None	12/12
Notes:			Enhanced Cancer: Benign brain tumor 100%; Skin cancer 10%; Bone marrow transplant 25%; Stem cell transplant 25%	Child coverage is automatic. A separate premium is not required	Supplemental Contitions Include - Adv. ALS or Lou Gehrigs, Adv Alzheimers, Adv Parkinsons Three Year Rate Guarantee	Other Illness Rider cost \$1 per \$1000 of coverage
			Four Year Rate Guarantee			

This benefit analysis is a brief outline of the services covered and should be used for illustrative purposes only. In case of a discrepancy between this analysis and the carrier's plan documents, the carrier's plan documents will prevail. I certify that I have read and understand this disclaimer _____.

OKHEEI

Critical Illness

Effective Date: 1/1/2022

Cost Analysis

		MetLife www.metlife.com		MetLife www.metlife.com		Voya Voya.com		The Standard Standard.com		Sunlife Sunlife.ca		American Fidelity AmericanFidelity.com	
EE Rate (Monthly) Per \$1,000	Age Bands	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
	< 25	\$0.41	\$0.50	\$0.41	\$0.50	\$0.37	\$0.44	\$0.46	\$0.48	\$0.35	\$0.44	\$0.40	\$0.44
	25-29	\$0.43	\$0.52	\$0.43	\$0.52	\$0.40	\$0.47	\$0.46	\$0.48	\$0.41	\$0.48	\$0.40	\$0.47
	30-34	\$0.53	\$0.70	\$0.53	\$0.70	\$0.46	\$0.62	\$0.61	\$0.71	\$0.47	\$0.63	\$0.63	\$0.62
	35-39	\$0.67	\$0.95	\$0.67	\$0.95	\$0.60	\$0.88	\$0.61	\$0.71	\$0.62	\$0.85	\$0.63	\$0.88
	40-44	\$0.95	\$1.46	\$0.95	\$1.46	\$0.89	\$1.25	\$1.05	\$1.50	\$0.83	\$1.26	\$1.14	\$1.25
	45-49	\$1.32	\$2.12	\$1.32	\$2.12	\$1.19	\$1.90	\$1.05	\$1.50	\$1.12	\$1.98	\$1.14	\$1.90
	50-54	\$1.82	\$3.02	\$1.82	\$3.02	\$1.80	\$2.69	\$1.92	\$3.41	\$1.62	\$2.90	\$1.14	\$2.69
	55-59	\$2.48	\$4.22	\$2.48	\$4.22	\$2.15	\$3.43	\$1.92	\$3.41	\$2.23	\$3.99	\$1.87	\$3.43
	60-64	\$3.44	\$5.94	\$3.44	\$5.94	\$2.99	\$3.98	\$4.13	\$6.80	\$3.06	\$5.25	\$1.87	\$3.98
	65-69	\$4.92	\$8.62	\$4.92	\$8.62	\$3.38	\$4.21	\$4.13	\$6.80	\$4.37	\$7.60	\$3.07	\$4.21
	70+	\$7.06	\$12.42	\$7.06	\$12.42	\$4.44	\$5.90	\$5.70	\$11.90	\$5.84	\$9.44	\$3.07	\$5.90
EE + Spouse Rate	< 25	\$0.74	\$0.87	\$0.74	\$0.87	\$4.44	\$5.90	\$5.70	\$11.90	\$5.84	\$9.44		
	25-29	\$0.77	\$0.91	\$0.77	\$0.91	\$4.44	\$5.90	\$5.70	\$11.90	\$5.84	\$9.44		
	30-34	\$0.92	\$1.18	\$0.92	\$1.18	\$4.44	\$5.90	\$5.70	\$11.90	\$5.84	\$9.44		
	35-39	\$1.14	\$1.57	\$1.14	\$1.57	\$0.35	\$0.42	\$0.46	\$0.48	\$0.35	\$0.44	\$0.38	\$0.42
	40-44	\$1.57	\$2.34	\$1.57	\$2.34	\$0.36	\$0.43	\$0.46	\$0.48	\$0.41	\$0.48	\$0.38	\$0.43
	45-49	\$2.13	\$3.35	\$2.13	\$3.35	\$0.43	\$0.55	\$0.61	\$0.71	\$0.47	\$0.63	\$0.64	\$0.55
	50-54	\$2.91	\$4.76	\$2.91	\$4.76	\$0.52	\$0.68	\$0.61	\$0.71	\$0.62	\$0.85	\$0.64	\$0.68
	55-59	\$3.95	\$6.64	\$3.95	\$6.64	\$0.62	\$0.95	\$1.05	\$1.50	\$0.83	\$1.26	\$1.26	\$0.95
	60-64	\$5.45	\$9.34	\$5.45	\$9.34	\$0.83	\$1.17	\$1.05	\$1.50	\$1.12	\$1.98	\$1.26	\$1.17
	65-69	\$7.77	\$13.52	\$7.77	\$13.52	\$1.07	\$1.82	\$1.92	\$3.41	\$1.62	\$2.90	\$2.35	\$1.82
EE + Children Rate	< 25	\$0.78	\$0.86	\$0.78	\$0.86	\$1.54	\$2.64	\$1.92	\$3.41	\$2.23	\$3.99	\$2.35	\$2.64
	25-29	\$0.79	\$0.89	\$0.79	\$0.89	\$2.12	\$3.89	\$4.13	\$6.80	\$3.06	\$5.25	\$4.51	\$3.89
	30-34	\$0.89	\$1.07	\$0.89	\$1.07	\$3.31	\$4.16	\$4.13	\$6.80	\$4.37	\$7.60	\$4.51	\$4.16
	35-39	\$1.04	\$1.32	\$1.04	\$1.32	\$4.35	\$5.79	\$5.70	\$11.90	\$5.84	\$9.44	\$8.64	\$5.79
	40-44	\$1.32	\$1.83	\$1.32	\$1.83	\$4.35	\$5.79	\$5.70	\$11.90	\$5.84	\$9.44	\$8.64	\$5.79
	45-49	\$1.69	\$2.49	\$1.69	\$2.49	\$4.35	\$5.79	\$5.70	\$11.90	\$5.84	\$9.44	\$12.65	\$5.79
	50-54	\$2.18	\$3.39	\$2.18	\$3.39	\$4.35	\$5.79	\$5.70	\$11.90	\$5.84	\$9.44	\$12.65	\$5.79
	55-59	\$2.85	\$4.59	\$2.85	\$4.59	Included	Included	Included	Included	\$0.11	\$0.11	Included	Included
	60-64	\$3.81	\$6.31	\$3.81	\$6.31	N/A	N/A	N/A	N/A			N/A	N/A
	65-69	\$5.29	\$8.98	\$5.29	\$8.98	N/A	N/A	N/A	N/A			N/A	N/A
EE + Family Rate	< 25	\$1.11	\$1.23	\$1.11	\$1.23								
	25-29	\$1.13	\$1.28	\$1.13	\$1.28								
	30-34	\$1.29	\$1.55	\$1.29	\$1.55								
	35-39	\$1.51	\$1.94	\$1.51	\$1.94								
	40-44	\$1.94	\$2.71	\$1.94	\$2.71								
	45-49	\$2.50	\$3.72	\$2.50	\$3.72								
	50-54	\$3.28	\$5.12	\$3.28	\$5.12								
	55-59	\$4.32	\$7.01	\$4.32	\$7.01								
	60-64	\$5.82	\$9.70	\$5.82	\$9.70								
	65-69	\$8.14	\$13.88	\$8.14	\$13.88								
	70+	\$11.39	\$19.68	\$11.39	\$19.68								

Hospital Indemnity Program Analysis



OKHEEI**Hospital Indemnity**

Effective Date: 1/1/2022

Benefits	Current / Renewal		Option 1 Voya Low Plan Voya.com	Option 1 Voya High Plan Voya.com	Option 2 The Standard Low Plan Standard.com	Option 2 The Standard High Plan Standard.com
	MetLife Low Plan www.metlife.com	MetLife High Plan www.metlife.com				
Hospital Benefits						
Hospital Admission	\$500	\$1,000	\$600	\$1,200	\$1,000	\$2,000
ICU Hospital Admission	\$500	\$1,000	\$1,200	\$2,400	\$500	\$1,000
Hospital Confinement	\$100 (10 days per year)	\$200 (10 days per year)	\$100 (up to 10 days)*	\$200 (up to 10 days)*	\$100 (15 days per year)	\$200 (15 days per year)
ICU Hospital Confinement	\$100 (10 days per year)	\$200 (10 days per year)	\$200 (up to 10 days)*	\$400 (up to 10 days)*	\$200 (15 days per year)	\$400 (15 days per year)
Rehab	\$100	\$200	\$50 (up to 10 days)*	\$100 (up to 10 days)*	None	None
Pre-Existing Condition	None	None	None	None	None	None
Pregnancy	Included	Included	Included	Included	Included	Included
Age Reduction	25% at age 65; 50% at age 70	25% at age 65; 50% at age 70	None	None	None	None
Portability	Included	Included	Included	Included	Included	Included
Rate Guarantee	Three Years	Three Years	Four Years	Four Years	Three Years	Three Years
Coverage Type	24 hour Coverage	24 hour Coverage	24 Hour	24 Hour	24 Hour	24 Hour
Technology Subsidy	3% currently	3% currently	TBD	TBD	4%	4%
Guarantee Issue (Yes/No)	Yes	Yes	Yes	Yes	Yes	Yes
Pre-Ex Limitation (Lookback)	None	None	None	None	None	None
Notes:			*Benefit begins on day 2	*Benefit begins on day 2	\$50 Health Screening	\$50 Health Screening

This benefit analysis is a brief outline of the services covered and should be used for illustrative purposes only. In case of a discrepancy between this analysis and the carrier's plan documents, the carrier's plan documents will prevail. I certify that I have read and understand this disclaimer _____.

Cost Analysis	MetLife		Voya	Voya	The Standard	The Standard
	www.metlife.com	www.metlife.com	Voya.com	Voya.com	Standard.com	Standard.com
Rates - Monthly						
Employee Only	\$10.34	\$20.69	\$8.96	\$17.59	\$13.10	\$25.36
Employee + Spouse	\$21.01	\$42.03	\$17.83	\$35.32	\$22.48	\$43.28
Employee + Child(ren)	\$17.08	\$34.16	\$14.59	\$28.84	\$18.48	\$35.64
Family	\$27.75	\$55.50	\$23.46	\$46.57	\$32.94	\$63.72

Mutual of Omaha does not offer Hospital Indemnity Plans therefore were removed as a carrier to consider
BCBS does not offer Hospital Indemnity Plans plus their rates were much higher than current therefore were removed
as a carrier to consider

OKHEEI**Hospital Indemnity**

Effective Date: 1/1/2022

Benefits

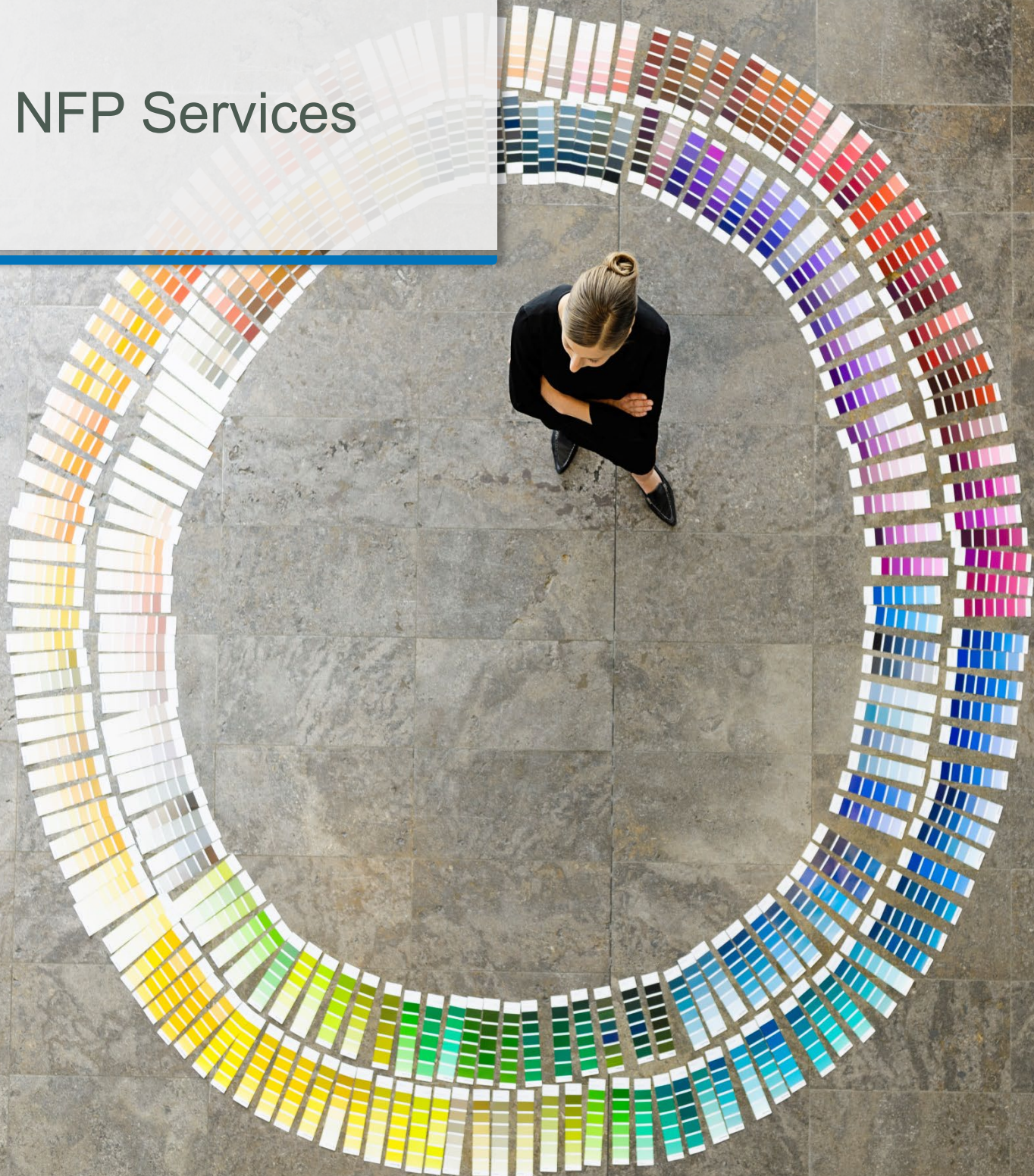
	Option 3 Sunlife Low Plan Sunlife.ca	Option 3 Sunlife High Plan Sunlife.ca	Option 4 American Fidelity Basic Plan Voya.com	Option 4 American Fidelity Enhanced Plan Voya.com
Hospital Benefits				
Hospital Admission	\$500	\$1,000	\$500	\$1,000
ICU Hospital Admission	\$500	\$1,000	\$500	\$1,000
Hospital Confinement	\$100 (up to 10 days)	\$200 (up to 10 days)	\$100 up to 30 days	\$150 up to 30 days
ICU Hospital Confinement	\$100 (up to 10 days)	\$200 (up to 10 days)	\$200 up to 10 days	\$300 up to 10 days
Rehab	Not Included	Not Included	\$50 up to 10 days	\$75 up to 10 days
Pre-Existing Condition	None	None	Yes	Yes
Pregnancy	Included	Included	?	?
Age Reduction	None	None	None	None
Portability	Included	Included	Included	Included
Rate Guarantee	Three Years	Three Years	?	?
Coverage Type	24 Hour	24 Hour		
Technology Subsidy	3%	3%	None	None
Guarantee Issue (Yes/No)	Yes	Yes	3 medical questions	3 medical questions
Pre-Ex Limitation (Lookback)	None	None	12/12	12/12
Notes:				

This benefit analysis is a brief outline of the services covered and should be used for illustrative purposes only. In case of a discrepancy between this analysis and the carrier's plan documents, the carrier's plan documents will prevail. I certify that I have read and understand this disclaimer _____.

Cost Analysis

	Sunlife Sunlife.ca	Sunlife Sunlife.ca	American Fidelity Voya.com	American Fidelity Voya.com
Rates - Monthly				
Employee Only	\$9.82	\$18.30	\$14.54	\$24.54
Employee + Spouse	\$19.77	\$38.56	\$27.76	\$46.80
Employee + Child(ren)	\$16.17	\$32.20	\$29.94	\$49.66
Family	\$26.12	\$52.46	\$43.16	\$71.95

NFP Services





NFP Property and Casualty

As an NFP client, you are eligible for a free P&C review. Ask your NFP professional for more details.

Why NFP?

Your insurance needs are unique and so is our ability to meet them. NFP's commercial industry expertise, vast size and scope, and personalized attention of our industry advisors — together they mean we can develop a risk management strategy that's right for your business.

We leverage our close relationships with premier carriers to provide you with top-quality coverage and competitive pricing. All of the knowledge and best practices we have at our fingertips make it possible for us to adjust your solutions and services as needed.

Coverage Expertise

- Workers Compensation
- Commercial Auto
- Property and General Liability
- Cyber Liability
- Business Interruption
- Product Liability
- Professional Liability / Management Liability / Employment Practices Liability
- Equipment Breakdown Coverage

P&C Services

- Risk Management Consulting
- Loss Control / Safety Services
- Claims Management
- Actuarial Services
- Insurance Program Forensic Audits
- Alternative Risk Transfers-Captives

NFP

(405) 359-0594

www.nfp.com