

# Short-Term Disability Insurance



Elimination Periods: 14 day injury/14 day Sickness  
 Benefit Periods: 26 weeks  
 Benefit Amounts: \$250 per month – \$7,500 per month

Short-Term Disability Insurance Plan A Off-the-Job Accident / Sickness and 0% On-the-Job Accident OCCUPATION CLASS 3   GEORGIA WEEKLY PREMIUM TABLE			
AGE BAND	17 - 49	50 - 64	65 - 74
Off-the-Job Accident & Sickness Benefit	6 Months 14/14 EP	6 Months 14/14 EP	6 Months 14/14 EP
\$ 250.00	\$ 1.50	\$ 2.20	\$ 2.97
500.00	2.99	4.41	5.93
750.00	4.49	6.61	8.90
1,000.00	5.99	8.81	11.86
1,250.00	7.48	11.02	14.82
1,500.00	8.98	13.22	17.79
1,750.00	10.47	15.42	20.76
2,000.00	11.97	17.63	23.72
2,250.00	13.47	19.83	26.69
2,500.00	14.96	22.03	29.65
2,750.00	16.46	24.24	32.62
3,000.00	17.96	26.44	35.58
3,250.00	19.45	28.64	38.55
3,500.00	20.95	30.85	41.51
3,750.00	22.44	33.05	44.48
4,000.00	23.94	35.25	47.44
4,250.00	25.44	37.46	50.41
4,500.00	26.93	39.66	53.37
4,750.00	28.43	41.86	56.34
5,000.00	29.93	44.07	59.30
5,250.00	31.42	46.27	62.27
5,500.00	32.92	48.47	65.23
5,750.00	34.41	50.67	68.20
6,000.00	35.91	52.88	71.16
6,250.00	37.41	55.08	74.13
6,500.00	38.90	57.29	77.09
6,750.00	40.40	59.49	80.06
7,000.00	41.90	61.69	83.02
7,250.00	43.39	63.90	85.99
7,500.00	44.89	66.10	88.95



## PLAN HIGHLIGHTS

- Participation Requirement:** 5 Enrolled (insured) Lives.
- Replacement Coverage:** available up to policy limits if replacing existing coverage
- Pre-existing Condition Limitation:** 12/12 waiting period
- Partial Disability Benefit:** if you return to work, but earn less than 100% of your pre-disability income, you will receive 25% of your Total Disability Benefit for 3 months
- Waiver of Premium:** After 90 days of Total Disability
- Claim Payment:** Paid on a Semi-Monthly or Monthly basis on all eligible claims.
- Pregnancy Claims:** Covered the same as any other illness.
- Non-Occupational Coverage:** Off the job only.
- Spousal Coverage:** Available to be purchased as well.



**Ted Mengel**  
**President**  
 GMTA Insurance Management  
 404.314.6799



**John Shafer**  
**Benefits Specialist**  
 843.637.9983  
 john@gmta.org



# Group Term Life Insurance



## WEEKLY RATES

EMPLOYEE RATES								
AGE	RATE PER \$1,000	\$10,000.00	\$25,000.00	\$50,000.00	\$75,000.00	\$100,000.00	\$125,000.00	\$150,000.00
<25	\$ 0.026	\$ 0.26	\$ 0.65	\$ 1.29	\$ 1.94	\$ 2.58	\$ 3.23	\$ 3.88
25-29	0.023	0.23	0.58	1.17	1.75	2.33	2.91	3.50
30-34	0.025	0.25	0.63	1.27	1.90	2.54	3.17	3.81
35-39	0.033	0.33	0.83	1.65	2.48	3.30	4.13	4.95
40-44	0.050	0.50	1.25	2.50	3.76	5.01	6.26	7.51
45-49	0.077	0.77	1.92	3.84	5.76	7.68	9.61	11.53
50-54	0.121	1.21	3.03	6.07	9.10	12.14	15.17	18.21
55-59	0.196	1.96	4.90	9.80	14.70	19.59	24.49	29.39
60-64	0.258	2.58	6.45	12.89	19.33	25.78	32.22	38.67
65-69	0.435	4.35	10.86	21.73	32.59	43.45	54.32	65.18
70-74	0.839	8.39	20.98	41.97	62.95	83.93	104.91	125.90
75-79	1.564	15.64	39.10	78.20	117.30	156.39	195.49	234.59

SPOUSAL RATES			
AGE	RATE PER \$1,000	\$10,000.00	\$20,000.00
<25	\$ 0.032	\$ 0.32	\$ 0.65
25-29	0.029	0.29	0.58
30-34	0.032	0.32	0.63
35-39	0.041	0.41	0.83
40-44	0.063	0.63	1.25
45-49	0.096	0.96	1.92
50-54	0.152	1.52	3.03
55-59	0.245	2.45	4.90
60-64	0.322	3.22	6.45
65-69	0.543	5.43	10.86
70-74	1.049	10.49	20.98
75-79	1.955	19.55	39.10

CHILD RATES	
Per Child \$1,000	\$ 0.028

ACCIDENTAL DEATH, DISMEMBERMENT AND PARALYSIS	
RATE PER \$1,000	
EMPLOYEE	SPOUSE
\$ 0.0152	\$ 0.0118



### PLAN HIGHLIGHTS

- Member Coverage:** from \$10,000 to \$250,000 in \$5,000 increments, or up to 5x salary, whatever is less.
- Spousal Benefit:** up to \$20,000 not to exceed 50% of employee amount.
- Child Benefit:** \$5,000 or \$10,000 available
- Accelerated Benefit:** pays 50% of the face amount of the policy up to \$100,000 upon diagnosis of a terminal illness.
- Seat Belt Benefit:** increases the AD&D benefit by 10% if the covered person's accidental death was the result of an accident and the person was wearing a seatbelt.
- Air Bag Benefit:** increases the Accidental Death benefit by 5% if the Accidental Death was caused by an accident where the airbag deployed.



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**President**  
 GMTA Insurance Management  
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 john@gmta.org



# Critical Illness Insurance



## WEEKLY RATES Cost per \$1,000

AGE	MALE NO TOBACCO	MALE TOBACCO	FEMALE NO TOBACCO	FEMALE TOBACCO
18-24	\$ 0.05	\$ 0.06	\$ 0.06	\$ 0.08
25-29	0.06	0.08	0.07	0.09
30-34	0.07	0.12	0.09	0.14
35-39	0.11	0.18	0.14	0.21
40-44	0.16	0.29	0.18	0.28
45-49	0.27	0.45	0.26	0.43
50-54	0.42	0.68	0.39	0.66
55-59	0.66	1.01	0.59	0.95
60-64	0.91	1.51	0.80	1.35
65-69	1.23	2.10	1.18	1.81
70-74	1.62	3.16	1.46	2.78
75-79	2.09	4.50	1.84	3.96
80-84	2.93	6.19	2.58	5.45



### PLAN HIGHLIGHTS

- Benefits Paid for:** Cancer, Heart Attack, Stroke, Heart Transplant, Coronary Artery Bypass Surgery, Angioplasty, Aortic Surgery, Heart Valve Replacement or Repair, Major Organ Transplant, Coma, Paralysis, and End Stage Renal Failure
- Face Amount Available:** \$5,000 - \$500,000
- Recurrence Benefit<sup>1</sup>:** Benefits are paid if the illness recurs more than 18 months after the first occurrence.
- Multiple Benefits:** Benefits can be paid for multiple covered illnesses (up to 3 times total lifetime).



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1. After receiving full benefits for Category 2 or 3 Critical Illness, 25% of the Initial Benefit paid for recurrence. No more than 2 recurrences more than 18 months apart. Must not exceed maximum benefit amount.



## BENEFITS INCLUDE

- ▶ Physician Office Visit
- ▶ Hospital Admission
- ▶ Hospital Confinement
- ▶ Hospital Intensive Care Unit
- ▶ Ground/Air Ambulance
- ▶ Emergency Room
- ▶ Diagnostic Exams
  - Lab
  - EKG
  - Other Tests
- ▶ Continuous Care
  - Skilled Nursing Facility
  - Rehabilitation Facility
  - Rehabilitation Unit
  - Home Health Care
  - Hospice Care
- ▶ Anesthesia/Surgery
  - Abdominal
  - Thoracic
  - Tendon
  - Ligament
  - Rotator Cuff
- ▶ Outpatient Diagnostics
  - X-ray
  - MRI
  - MRA
  - CAT Scan
  - PET Scan
  - CT Scan
- ▶ Wellness and Preventive Care
- ▶ Accidental Death
- ▶ Accidental Dismemberment
- ▶ Paralysis
- ▶ Prosthetics
- ▶ Coma
- ▶ Fractures
- ▶ Dislocations
- ▶ Burns
- ▶ Transportation
- ▶ Lodging

### DIAMOND PLAN BENEFITS

<b>Emergency Room:</b> <i>(per day, 3 per calendar year)</i>	\$125
<b>Hospital Confinement:</b> <i>(per day, 365 day maximum)</i>	\$250
<b>Hospital Admission:</b> <i>(per hospital confinement)</i>	\$2,000
<b>Daily Intensive Care:</b> <i>(per day, 30 day maximum)</i>	\$500
<b>Surgery:</b> <i>(per day)</i>	\$1,500
<b>Anesthesia:</b> <i>(per day)</i>	\$375
<b>Continuous Care:*</b> <i>(30 day maximum)</i>	\$150

\* Continuous Care means care received in a Skilled Nursing Facility, Rehabilitation Facility, Rehabilitation Unit or Home Health Care or Hospice. The Continuous Care must begin within 7 days following discharge from a hospital and be necessary to treat the same condition that caused the hospitalization. Benefits are payable for a period equal to the length of the preceding hospital stay not to exceed 30 days.



### PLAN HIGHLIGHTS

**Coverage Available:** ages 18-74  
Pays in addition to other coverages  
Spouse and Dependent coverage available

### DIAMOND PLAN WEEKLY RATES

<b>Employee:</b>	\$ 5.98
<b>Employee/Spouse:</b>	\$ 9.58
<b>Employee/Children:</b>	\$10.14
<b>Family:</b>	\$13.04



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## Why Purchase FlexCare Insurance?

One day in the hospital could cost you about as much – or more – than a month’s rent or a house note. In fact, a recent study shows that the average cost of a **one day hospital stay** will cost about **\$2,271**<sup>1</sup>. Even with insurance, you could end up paying about **\$1,000**<sup>2</sup> from your own pocket for things like copays, coinsurance, deductibles and other expenses insurance doesn’t cover. Are you prepared for that?



### PLAN HIGHLIGHTS

<b>Hospital Confinement Benefit:</b>	\$400/day for up to 365 days
<b>Hospital Admission Benefit:</b>	\$2,500
<b>Wellness Benefit:</b>	\$50 one time per year
<b>Rehabilitation Benefit:</b>	\$100 per day / 15 days per year
<b>Waiver of Premium:</b>	After 30 continuous days hospital confinement
<b>Doctors Visit:</b>	1 per year at \$75
<b>Prescription Drug Benefit:</b>	Generic \$10/\$20, Preferred \$30/\$60 Non-Preferred Discount

### WEEKLY RATES

<b>Employee:</b>	\$16.89
<b>Employee/Spouse:</b>	\$35.31
<b>Employee/Children:</b>	\$28.49
<b>Family:</b>	\$50.63



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1. Kaiser Family Foundation. Hospital Adjusted Expenses per Inpatient Day. <https://www.kff.org/health-costs/state-indicator/expenses-per-inpatient-day/>. Accessed 12 April 2018.

2. Fox, Maggie. (27 June 2016) Even with Insurance, A Hospital Stay will Cost You \$1,000 or More. <https://www.nbcnews.com/storyline/obamacare-deadline/even-insurance-hospital-stay-will-cost-you-1000-or-more-n599806>. Accessed 12 April 2018.

Underwritten by Standard Life and Accident Insurance Company. This Policy provides Limited Benefits. Policy Form SL-VERSEP14 is not available in all states and benefits may vary. The policy has specific terms and conditions relating to coverage, including limitations and exclusions.

