

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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