

Premium Worksheet



Rates and/or benefits may be changed on a class basis.

VOLUNTARY ACCIDENT INSURANCE		
Semi-monthly Premium Amount (Cost per Pay Period – 24/Year)		
COVERAGE TIER	PLAN 1	PLAN 2
Employee Only	\$4.39 (\$0.29 per day)	\$6.90 (\$0.45 per day)
Employee & Spouse	\$7.02 (\$0.46 per day)	\$11.04 (\$0.73 per day)
Employee & Child(ren)	\$7.62 (\$0.50 per day)	\$12.03 (\$0.79 per day)
Employee & Family	\$11.44 (\$0.75 per day)	\$18.05 (\$1.19 per day)

5962g NS 07/21 Accident Form Series includes GBD-2000, GBD-2300, or state equivalent.

VOLUNTARY HOSPITAL INDEMNITY INSURANCE		
Semi-monthly Premium Amount (Cost per Pay Period – 24/Year)		
COVERAGE TIER	PLAN 1	PLAN 2
Employee Only	\$7.75 (\$0.51 per day)	\$11.89 (\$0.78 per day)
Employee & Spouse	\$16.41 (\$1.08 per day)	\$25.53 (\$1.68 per day)
Employee & Child(ren)	\$14.45 (\$0.95 per day)	\$21.75 (\$1.43 per day)
Employee & Family	\$24.27 (\$1.60 per day)	\$37.10 (\$2.44 per day)

5962h NS 07/21 Hospital Income Plan Form Series includes GBD-2800, GBD-2900, or state equivalent.

The Buck's Got Your Back[®]

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This document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. **Benefits are subject to state availability. Policy terms and conditions vary by state.** Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.

GROUP CRITICAL ILLNESS INSURANCE PREMIUM WORKSHEET

For Employee of:

DINE DEVELOPMENT CORPORATION (Policyholder)



This worksheet will assist you in determining the premium for the coverage you elect for yourself and any dependent(s). The amounts presented below may vary from amount(s) provided to you when you enroll or from amount(s) you actually pay for the coverage due to rounding or changes in your age/how your age is calculated for purposes of this coverage.

A few important things to know:

- Employee and Spouse/Partner premiums are determined/calculated using the Employee's age as of the Policy Effective Date or as of the most recent Policy Anniversary (whichever is later).
- Premiums for Employee and Spouse/Partner coverage will increase over time as the Employee reaches the starting age of each subsequent age band.
- Please contact the Policyholder or your benefits administrator if questions or for additional information on premiums for this coverage.

CLASS & POLICY INFORMATION

Eligible Class(es): All Eligible Employees

Policy Situs/Issue State: Arizona

Policy Effective Date: January 1, 2026

Policy Anniversary: January 1

EMPLOYEE PREMIUMS (24 PREMIUM/PAYROLL DEDUCTIONS PER YEAR)

Coverage Amount	Age												
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
\$10,000	\$0.90	\$1.20	\$1.60	\$2.20	\$3.10	\$4.70	\$6.70	\$9.00	\$12.60	\$17.30	\$22.60	\$28.90	\$35.90
\$20,000	\$1.80	\$2.40	\$3.20	\$4.40	\$6.20	\$9.40	\$13.40	\$18.00	\$25.20	\$34.60	\$45.20	\$57.80	\$71.80
\$30,000	\$2.70	\$3.60	\$4.80	\$6.60	\$9.30	\$14.10	\$20.10	\$27.00	\$37.80	\$51.90	\$67.80	\$86.70	\$107.70

SPOUSE/PARTNER PREMIUMS (24 PREMIUM/PAYROLL DEDUCTIONS PER YEAR)

Coverage Amount	Age												
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
\$5,000	\$0.45	\$0.60	\$0.80	\$1.10	\$1.55	\$2.35	\$3.20	\$4.15	\$5.65	\$7.70	\$10.30	\$13.25	\$16.65
\$10,000	\$0.90	\$1.20	\$1.60	\$2.20	\$3.10	\$4.70	\$6.40	\$8.30	\$11.30	\$15.40	\$20.60	\$26.50	\$33.30
\$15,000	\$1.35	\$1.80	\$2.40	\$3.30	\$4.65	\$7.05	\$9.60	\$12.45	\$16.95	\$23.10	\$30.90	\$39.75	\$49.95

CHILD(REN) PREMIUMS (24 PREMIUM/PAYROLL DEDUCTIONS PER YEAR)

Coverage Amount	\$5,000	\$10,000	\$15,000
All Ages	\$0.90	\$1.80	\$2.70