

Local 501 (NY)	Lincoln (Local-Sponsored Plan)	Hartford (AA Plan)
Local #	501	
Lincoln GROUP ID	981411	
Situs	NY	
	Lincoln Accident Monthly Rate	Hartford (AA Plan) Accident Monthly Rate
Accident EE	6.88	4.08
Accident EE & SP	11.11	5.54
Accident EE & CH	12.39	5.71
Accident FAM	16.61	8.52
Accident	Lincoln Financial	Hartford (AA Plan)
Proposal Class	All Full-Time Employees	All Employees
Child Eligibility	PPACA	
Child Maximum To Age	26	26
Product Type	Off the Job (non-Occ)	Off Job
Portability	Included	Included
Emergency Care Benefit	Yes	Yes
Ambulance Transportation (\$)	225	200
Days between Accident and Transportation	90 days	90 days
Air Ambulance Transportation (\$)	1,125	750
Days between Accident and Air Transportation	90 days	72 hours
Emergency Care Treatment Benefits (\$)	150	50
Hours between Accident and Treatment	72 hours	72 hours
Major Diagnostic Exam (\$)	150	100
Days between Accident and Treatment	60 days	90 days
Initial Care Visit (\$)	75	25
Days between Accident and Treatment	60 days	90 days
X-Ray (\$)	30	50
Days between Accident and Treatment	60 days	90 days
Fractures and Dislocations Benefit	Yes	Yes
Maximum Surgical Payout	200%	200%
FRACTURES	90 days	90 days
Fingers (\$) Toes (\$)	100	100
Ankle (\$)	450	500
Arm (Elbow to Wrist) (\$)	450	500
Elbow (\$)	450	500
Foot (Except Toes) (\$)	450	500
Hand (Except Fingers) (\$)	450	500
Kneecap (\$)	450	500
Rib (\$)	450	200
Shoulder Blade (\$)	450	500
Vertebral Process	450	200
Wrist (\$)	450	250
Coccyx (\$) Collarbone (\$) Lower Jaw (\$) Sternum (\$)	525	100/250/250/250
Arm (Shoulder to Elbow) (\$) Bones of the Face (\$) Nose (\$) Upper Jaw (\$)	875	250/150/150/250
Leg (Knee to Ankle) (\$) Pelvis (\$) Skull Non-depressed (\$) Vertebral Body (\$)	1,750	300/500/250/300
Hip (\$) Leg (Hip to Knee) (\$)	2,625	1000
Skull Depressed (\$)	3,500	1500
Fracture Benefits (Surgical Treatment)	2x non-surgical benefit	N/A

Chip Fracture	25% of fracture benefit	25% of fracture benefit
DISLOCATIONS	90 days	90 days
Fingers (\$) Toes (\$)	100	75
Collarbone Acromio and Separation (\$) Elbow (\$) Hand (Except Fingers) (\$) Lower Jaw (\$) Shoulder (\$) Wrist (\$)	450	500
Ankle (\$) Collarbone Sternoclavicular (\$) Foot (Except Toes) (\$)	875	500
Knee (Except Kneecap) (\$)	1,750	900
Hip (\$)	2,625	1500
Surgical Treatment	2x non-surgical benefit	benefits for closed vs open dislocations
Partial Dislocation	25% of dislocation benefit	25% of dislocation benefit (closed)
Specific Injury Benefit	Yes	Yes
Blood, Plasma, Platelets (\$)	375	300
Days between Accident and Transfusion	90 days	90 days
2nd Degree Burns (\$): =<9%	100	0
2nd Degree Burns (\$): 10% - 18%	400	0
2nd Degree Burns (\$): 19% - 36%	600	<34% 500
2nd Degree Burns (\$): = >37%	1,000	500
Hours between Burn and Treatment	72 hours	72 hours
3rd Degree Burns (\$): =<9%	375	0
3rd Degree Burns (\$): 10% - 18%	1,125	0
3rd Degree Burns (\$): 19% - 36%	3,750	5000
3rd Degree Burns (\$): >37%	10,000	5000
Hours between Burn and Treatment	72 hours	72 hours
Skin Grafts (%)	25% of the burn benefit	50% of burn benefit
Concussion (\$)	150	150
Hours between Accident and Concussion Diagnosis	72 hours	72 hours
Dental Crown (\$)	150	100
Dental Extraction (\$)	75	50
Days between Accident and Dental Treatment	7 days	90 days
Eye-Surgical Repair (\$)	300	400
Eye-Removal of foreign object	150	200
Days between Accident and Eye Treatment	90 days	90 days
Laceration (\$) No Sutures	35	0
Laceration (\$) Up to 5cm	75	50
Laceration (\$) 5.1cm - 15.5cm	200	200
Laceration (\$) 15.6+cm	400	200
Hours between Laceration and Treatment	72 hours	72 hours
Severe Traumatic Brain Injury (\$)	Not Available in NY due to filing	N/A
Days between Traumatic Brain Injury and Treatment	N/A	N/A
Maximum Surgical Payout	200%	??
Days between Accident and Surgery	180 days	??
Arthroscopic (\$) Hernia (\$)	150	125/150
Repair of Ligaments, Tendons, Rotator Cuff (\$) Repair of Knee Cartilage (\$) Repair of Ruptured Disc (\$)	750	500
Cranial (\$)	1,125	N/A
Thoracic or Open Abdominal (\$)	1,500	1000
Other Surgical Repair Under Conscious Sedation (\$)	125	N/A
Other Surgical Repair Under General Anesthesia (\$)	225	N/A
Hospital and Ongoing Care Benefit	Yes	Yes
Physical, Occupational, and Chiropractic Therapy (\$)	35	25

Maximum Visits	6	10
Days between Accident and Treatment	365 days	90 days
Epidural / Cortisone Pain Management (\$)	75	N/A
Maximum Administration	1	N/A
Days between Accident and Treatment	90 days	N/A
Medical Mobility Devices (\$)	75	75
Days between Accident and Treatment	365 days	90 days
Maximum Number of Devices	3 devices	1 device
Physician Follow up Visits (\$)	75	20
Maximum Visits	2	3
Days between Accident and Treatment	365 days	90 days
Alternative Care / Rehab Facility Daily Confinement (\$)	150	100
Days between Accident and Confinement	180 days	90 days
Maximum Days Confinement	180 days	15 days
Accident Hospital Daily Confinement (\$)	200	100
Days between Accident and Confinement	180 days	90 days
Maximum Days Confinement	365 days	365 days
Wheelchair - Expected Use Less Than 1 Year (\$)	150	75
Wheelchair - Expected Use 1 Year or Longer (\$)	300	75
Days between Accident and Treatment	365 days	90 days
Accident Intensive Care Daily Confinement (\$)	400	200
Days between Accident and Confinement	30 days	30 days
Maximum Days Confinement	15 days	30 days
Prosthesis (\$)	750	500
Days between Accident and Treatment	365 days	??
Accident Hospital Admission (\$)	1,000	500
Days between Accident and Admission	180 days	90 days
Accident Intensive Care Admission (\$)	1,500	200 per day for 30 days
Days between Accident and Admission	30 days	30 days
Recovery Assistance Benefit	Yes	Yes
Family Care (\$)	Not Available in NY due to filing	N/A
Days between Accident and Family Care	N/A	N/A
Lodging (\$)	150	100
Days between Accident and Lodging	90 days	90 days
Travel Distance	100 miles	100 miles
Number of Nights	30 days	30 days
Transportation (\$)	300	200
Travel Distance	100 miles	100 miles
Number of Trips	3 trips	3 trips
Child Sports Injury Benefit Rider	Not Available in NY due to filing	N/A
Child Sports Injury Benefits (%)	N/A	N/A
Moving Vehicle Benefit Rider	Not Available in NY due to filing	N/A

Local 501 (NY) Local # Lincoln GROUP ID Situs	Lincoln (Local-Sponsored Plan)		Hartford (AA Plan)	
	501			
	981411 NY			
	Lincoln Critical Illness Monthly Rate	Hartford (AA Plan) Monthly Rate	Hartford (AA Plan) Monthly Rate	
Critical Illness EE	Unismoker, Issue Age, per \$10,000	Non-Smoker, per \$10,000	Smoker, per \$10,000	
Under 24	3.79	1.43	1.83	
25-29	5.94	1.43	1.83	
30-34	8.44	3.72	5.62	
35-39	11.08	3.72	5.62	
40-44	15.40	9.22	16.53	
45-49	18.53	9.22	16.53	
50-54	24.40	18.28	37.21	
55-59	31.96	18.28	37.21	
60-64	43.58	30.72	66.97	
65-69	61.36	30.72	66.97	
70+	94.09	-	-	
Critical Illness SP	Unismoker, Issue Age, per \$10,000	Non-Smoker, per \$10,000	Smoker, per \$10,000	
Under 24	3.79	0.68	0.9	
25-29	5.94	0.68	0.9	
30-34	8.44	1.82	2.89	
35-39	11.08	1.82	2.89	
40-44	15.40	4.68	8.8	
45-49	18.53	4.68	8.8	
50-54	24.40	9.62	20.03	
55-59	31.96	9.62	20.03	
60-64	43.58	16.33	36.11	
65-69	61.36	16.33	36.11	
70+	94.09	-	-	
Critical Illness CH	per \$1,000	Non-Smoker, per \$10,000	Smoker, per \$10,000	
	0.257	\$0.58	0.67	
Critical Illness	Lincoln Financial	Hartford (AA Plan)		
Proposal Class	All Full-Time Employees	All Full-Time Employees		
Child Eligibility	PPACA			
Child Maximum To Age	26	26		
Separation Period	Not Included due to NY Filing	??		
Recurrence Period for same covered condition, paid at 100% of applicable benefit	Not Included due to NY Filing	6 Months, only paid once per lifetime		
Age Reductions - (Applies to Issued Age)	None	50% at Age 70		
Primary GI Limit	30,000	20,000		
Spouse GI Limit	15,000	10,000		
Max Dependent % of EE Amt	50%	50%		
Coverage Groups	EE, SP and CH	EE, SP and CH		
Portability	Included	Included		
Pre-Existing Condition	None	12/12 pre-ex		
Benefit Structure - EE	Flat Options	Flat Options		
Option - Flat (\$)	10,000	10,000		
Option - Flat (\$)	20,000	20,000		
Option - Flat (\$)	30,000	N/A		
Benefit Structure - SP	Flat Options	50% of EE amount		
Option - Flat (\$)	5,000	5,000		
Option - Flat (\$)	10,000	10,000		
Option - Flat (\$)	15,000	N/A		
Benefit Structure - CH	Flat Options	50% of EE amount		
Option - Flat (\$)	5,000	5,000		

Option - Flat (\$)	10,000	10,000
Heart Attack - Option Included	Yes	Yes
Heart Attack %	100%	100%
Sudden Cardiac Death Included	Not Available in NY due to filing	No
Sudden Cardiac Death %	N/A	N/A
Stroke Included	Yes	Yes
Stroke %	100%	100%
Invasive Cancer Included	Yes	Yes
Invasive Cancer %	100%	100%
Renal (Kidney Failure) Included	Yes	Yes
End Stage Renal Failure %	100%	100%
Major Organ Failure Included	Yes	Yes
Major Organ Failure %	100%	100%
Childhood Conditions Included	Not Available in NY due to filing	Yes
Childhood Conditions %	N/A	100%
Cystic Fibrosis	N/A	100%
Down Syndrome	N/A	N/A
Muscular Dystrophy	N/A	100%
Spina Bifida	N/A	100%
Cleft Lip/Plate	N/A	N/A
Type 1 Diabetes	N/A	N/A
Cerebral Palsy	N/A	100%
Arterial/Vascular Disease Included	Yes	No
Arterial/Vascular Disease %	25%	N/A
Non-Invasive/In-situ Cancer Included	Yes	Yes
Non-Invasive/In-situ Cancer %	30%	25%
Skin Cancer (Lifetime) - Option Included	Yes	No, excluded
Skin Cancer (\$)	\$250	N/A
Health Assessment Option	Yes	Not Included
Health Assessment Option	Level \$50 each year	N/A
Include Advanced Alzheimer's (%)	Not Available in NY due to filing	Yes
Advanced Alzheimer's (%)	N/A	100%
Include Advanced Parkinsons (%)	Not Available in NY due to filing	Yes
Advanced Parkinsons (%)	N/A	25%
Include Advanced ALS/Lou Gehrig's Disease (%)	Not Available in NY due to filing	Yes
Advanced ALS/Lou Gehrig's Disease (%)	N/A	25%
Include Advanced MS (%)	Not Available in NY due to filing	Yes
Advanced MS %	N/A	25%
Include Advanced Huntington's Disease (%)	Not Available in NY due to filing	Not Included
Advanced Huntington's Disease %	N/A	N/A

Local 501 (NY)	Lincoln (Local-Sponsored Plan)	Aflac (NGP Plan)
Local #	501	
Lincoln GROUP ID	981411	
Situs	NY	
	Lincoln Critical Illness Monthly Rate	Aflac (NGP Plan)
Critical Illness EE	Unismoker, Issue Age, per \$10,000	Non-Smoker, per \$10,000 Smoker, per \$10,000
Under 24	3.79	6.46 8.25
25-29	5.94	6.46 8.25
30-34	8.44	9.35 13.38
35-39	11.08	9.35 13.38
40-44	15.40	16.58 24.61
45-49	18.53	16.58 24.61
50-54	24.40	30.72 47.53
55-59	31.96	30.72 47.53
60-64	43.58	56.67 86.06
65-69	61.36	56.67 86.06
70+	94.09	56.67 86.06
Critical Illness SP	Unismoker, Issue Age, per \$10,000	Non-Smoker, per \$10,000 Smoker, per \$10,000
Under 24	3.79	6.46 8.25
25-29	5.94	6.46 8.25
30-34	8.44	9.35 13.38
35-39	11.08	9.35 13.38
40-44	15.40	16.58 24.61
45-49	18.53	16.58 24.61
50-54	24.40	30.72 47.53
55-59	31.96	30.72 47.53
60-64	43.58	56.67 86.06
65-69	61.36	56.67 86.06
70+	94.09	56.67 86.06
Critical Illness CH	per \$1,000	
	0.257	
Critical Illness	Lincoln Financial	Aflac (limited information provided)
Proposal Class	All Full-Time Employees	
Child Eligibility	PPACA	
Child Maximum To Age	26	
Separation Period	Not Included due to NY Filing	6 months, 12 months for cancer
Recurrence Period for same covered condition, paid at 100% of applicable benefit	Not Included due to NY Filing	6 months, cancer diagnosis limitation
Age Reductions - (Applies to Issued Age)	None	
Primary GI Limit	30,000	15,000
Spouse GI Limit	15,000	10,000
Max Dependent % of EE Amt	50%	50% CH
Coverage Groups	EE, SP and CH	EE, SP, and CH
Portability	Included	Included
Pre-Existing Condition	None	limited to disease or sickness that first manifests while coverage is in force
Benefit Structure - EE	Flat Options	Flat Options
Option - Flat (\$)	10,000	5,000
Option - Flat (\$)	20,000	10,000
Option - Flat (\$)	30,000	15,000
Benefit Structure - SP	Flat Options	Flat Options
Option - Flat (\$)	5,000	5,000
Option - Flat (\$)	10,000	10,000
Option - Flat (\$)	15,000	15,000
Benefit Structure - CH	Flat Options	50% of EE amount
Option - Flat (\$)	5,000	2,500
Option - Flat (\$)	10,000	5,000
Heart Attack - Option Included	Yes	7,500
Heart Attack %	100%	100%
Sudden Cardiac Death Included	Not Available in NY due to filing	Yes
Sudden Cardiac Death %	N/A	100%

Stroke Included	Yes	Yes
Stroke %	100%	100%
Invasive Cancer Included	Yes	Yes
Invasive Cancer	100%	100%
Renal (Kidney Failure) Included	Yes	Yes
End Stage Renal Failure %	100%	100%
Major Organ Failure Included	Yes	Yes
Major Organ Failure %	100%	100%
Childhood Conditions Included	Not Available in NY due to filing	Not Included
Childhood Conditions	N/A	N/A
Cystic Fibrosis	N/A	N/A
Down Syndrome	N/A	N/A
Muscular Dystrophy	N/A	N/A
Spina Bifida	N/A	N/A
Cleft Lip/Plate	N/A	N/A
Type 1 Diabetes	N/A	N/A
Cerebral Palsy	N/A	N/A
Arterial/Vascular Disease Included	Yes	No
Arterial/Vascular Disease %	25%	N/A
Non-Invasive/In-situ Cancer Included	Yes	Yes
Non-Invasive/In-situ Cancer %	30%	25%
Skin Cancer (Lifetime) - Option Included	Yes	Yes
Skin Cancer (\$)	\$250	\$250
Health Assessment Option	Yes	Yes (EE, SP only)
Health Assessment Option	Level \$50 each year	Level \$50
Include Advanced Alzheimer's (%)	Not Available in NY due to filing	Yes
Advanced Alzheimer's (%)	N/A	100%
Include Advanced Parkinsons (%)	Not Available in NY due to filing	Yes
Advanced Parkinsons (%)	N/A	100%
Include Advanced ALS/Lou Gehrig's Disease (%)	Not Available in NY due to filing	Not Included
Advanced ALS/Lou Gehrig's Disease (%)	N/A	N/A
Include Advanced MS (%)	Not Available in NY due to filing	Not Included
Advanced MS %	N/A	N/A
Include Advanced Huntington's Disease (%)	Not Available in NY due to filing	Not Included
Advanced Huntington's Disease %	N/A	N/A