

**Reliance Standard Voluntary Plans**  
**Voluntary AD&D Insurance Premium Table**  
**Plan Holder: Araz Group DE, LLC dba, HealthEZ**

**Employee Bi-Weekly Premiums**

Benefit Amount	Premium	Benefit Amount	Premium	Benefit Amount	Premium	Benefit Amount	Premium	Benefit Amount	Premium
\$10,000	\$0.23	\$110,000	\$2.54	\$210,000	\$4.85	\$310,000	\$7.15	\$410,000	\$9.46
\$20,000	\$0.46	\$120,000	\$2.77	\$220,000	\$5.08	\$320,000	\$7.38	\$420,000	\$9.69
\$30,000	\$0.69	\$130,000	\$3.00	\$230,000	\$5.31	\$330,000	\$7.62	\$430,000	\$9.92
\$40,000	\$0.92	\$140,000	\$3.23	\$240,000	\$5.54	\$340,000	\$7.85	\$440,000	\$10.15
\$50,000	\$1.15	\$150,000	\$3.46	\$250,000	\$5.77	\$350,000	\$8.08	\$450,000	\$10.38
\$60,000	\$1.38	\$160,000	\$3.69	\$260,000	\$6.00	\$360,000	\$8.31	\$460,000	\$10.62
\$70,000	\$1.62	\$170,000	\$3.92	\$270,000	\$6.23	\$370,000	\$8.54	\$470,000	\$10.85
\$80,000	\$1.85	\$180,000	\$4.15	\$280,000	\$6.46	\$380,000	\$8.77	\$480,000	\$11.08
\$90,000	\$2.08	\$190,000	\$4.38	\$290,000	\$6.69	\$390,000	\$9.00	\$490,000	\$11.31
\$100,000	\$2.31	\$200,000	\$4.62	\$300,000	\$6.92	\$400,000	\$9.23	\$500,000	\$11.54

**Spouse Bi-Weekly Premiums**

Benefit Amount	Premium	Benefit Amount	Premium	Benefit Amount	Premium	Benefit Amount	Premium	Benefit Amount	Premium
\$5,000	\$0.09	\$55,000	\$1.02	\$105,000	\$1.94	\$155,000	\$2.86	\$205,000	\$3.78
\$10,000	\$0.18	\$60,000	\$1.11	\$110,000	\$2.03	\$160,000	\$2.95	\$210,000	\$3.88
\$15,000	\$0.28	\$65,000	\$1.20	\$115,000	\$2.12	\$165,000	\$3.05	\$215,000	\$3.97
\$20,000	\$0.37	\$70,000	\$1.29	\$120,000	\$2.22	\$170,000	\$3.14	\$220,000	\$4.06
\$25,000	\$0.46	\$75,000	\$1.38	\$125,000	\$2.31	\$175,000	\$3.23	\$225,000	\$4.15
\$30,000	\$0.55	\$80,000	\$1.48	\$130,000	\$2.40	\$180,000	\$3.32	\$230,000	\$4.25
\$35,000	\$0.65	\$85,000	\$1.57	\$135,000	\$2.49	\$185,000	\$3.42	\$235,000	\$4.34
\$40,000	\$0.74	\$90,000	\$1.66	\$140,000	\$2.58	\$190,000	\$3.51	\$240,000	\$4.43
\$45,000	\$0.83	\$95,000	\$1.75	\$145,000	\$2.68	\$195,000	\$3.60	\$245,000	\$4.52
\$50,000	\$0.92	\$100,000	\$1.85	\$150,000	\$2.77	\$200,000	\$3.69	\$250,000	\$4.62

**Dependent Children Premiums:** One rate and benefit amount for all eligible children in family, regardless of number

Benefit Amount	Bi-Weekly Premium
\$10,000	\$0.09