

IBEW - Florida

Colonial Supplemental Insurance Company

Accident Care Rates

| | Plan 1 Monthly | Plan 2 Monthly |
|---------------------|-----------------------|-----------------------|
| Named Insured | \$18.00 | \$15.00 |
| Employee and Spouse | \$24.00 | \$21.00 |
| One-Parent Family | \$30.00 | \$27.00 |
| Two-Parent Family | \$36.00 | \$33.00 |

Accident Care Optional Rider Rates

| | Sickness Hospital Confinement | Health Screening Rider |
|-------------------|--------------------------------------|-------------------------------|
| Named Insured | \$4.00 Monthly | \$1.75 Monthly |
| Employee & Spouse | \$8.00 Monthly | \$2.50 Monthly |
| One-Parent Family | \$6.00 Monthly | \$1.75 Monthly |
| Two-Parent Family | \$10.00 Monthly | \$2.50 Monthly |

* Plan 1 = On & Off Job Accident

* Plan 2 = Off Job Accident