



Presented by Allstate Benefits

Self-Funded Medical Plan Proposal

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**Proposal For:** Greenhouse Digital

This is not an insurance contract, nor does it guarantee coverage or effective date. Only the actual contract provisions will prevail. See the plan brochures for coverage and option details. This quote must be presented by a State-licensed agent and is subject to approval.

The Self-Funded Program through Allstate Benefits provides tools for employers owning small to mid-sized businesses to establish a self-funded health benefit plan for their employees. The benefit plan is established by the employer and is not an insurance product. For employers in the Self-Funded Program, stop-loss insurance is underwritten by: Integon National Insurance Company in NY; and National Health Insurance Company in WA, CO, and all other states where offered. Allstate Benefits is the marketing name used by these companies for the Self-Funded Program. These companies are subsidiaries of Allstate.

# about Allstate Benefits



## We're the name you know and trust. But we're not stuck in the past.

Allstate Benefits continues to move forward with new products and services to meet the needs of today's employers and today's workforce. We offer the best of both worlds: strength and stability, combined with energetic innovation. That's why we should be your carrier of choice.

### Our competitive advantage

We are proud to be part of The Allstate Corporation's family of businesses, one of the most recognized and trusted brands in the business. Allstate is an industry leader with a culture of diversity, equity, and inclusion.

### Group health products

Affordable and reliable major medical coverage options for employers with two to 500 employees.

### Self-funded plans for business

Our self-funded program includes stop-loss coverage, funding options depending on group size, and access to reference-based pricing, or national and local networks. With thousands of plan designs and experts to assist, employers can build the health benefit plan that meets their needs.

#### 49 U.S. states

Licensed in 49 U.S. states

#### Top 100 company

A 2022 Fortune 100 Company

#### A

Rating by AM Best<sup>1</sup>

#### 3.8 million

Policies in force

#### 1,300+ employees

working for you  
throughout the U.S.

#### Find us at the top

protecting 5 of the  
top 10 retailers<sup>2</sup>

<sup>1</sup> AM Best ratings reflect Best's opinion of relative financial strengths and operating performance. | <sup>2</sup> National Retail Federation STORES Top 100 Retailers Report (AHL).

Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation.

Stop-loss products are underwritten by: Integon National Insurance Company in NY and VT; and National Health Insurance Company in WA, CO, and all other states where offered.

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**Allstate**  
BENEFITS

## Plan/Rate Summary

Please review this proposal. If you are ready to move forward, contact your Licensed Agent or Sales Representative to discuss the next steps.

Plans quoted in this proposal: 2

Plan Name	Plan 1	Plan 2
Plan Type	Traditional	Traditional
Medical Plan Design	SELF-FUNDED PPO COPAY PLAN	SELF-FUNDED PPO COPAY PLAN
Individual Deductible	\$3,500 In-network/\$7,000 Out-of-network	\$5,000 In-network/\$10,000 Out-of-network
Family Deductible	\$7,000 In-network/\$14,000 Out-of-network	\$10,000 In-network/\$20,000 Out-of-network
Coinsurance	80% In-network/50% Out-of-network	80% In-network/50% Out-of-network
Total Ind Plan OOP Maximum	\$6,000 In-network/\$18,000 Out-of-network	\$7,150 In-network/\$21,450 Out-of-network
Total Fam Plan OOP Maximum	\$12,000 In-network/\$36,000 Out-of-network	\$14,300 In-network/\$42,900 Out-of-network
Family Deductible Accumulation Method	Embedded deductible	Embedded deductible
PCP/Specialist Visit	\$40/\$60 copay, then covered at 100%	\$40/\$60 copay, then covered at 100%
Telemedicine Vendor(s)	Reкуро Health Virtual Services, Vori Health	Reкуро Health Virtual Services, Vori Health
Reкуро Health Virtual Services	\$0 per visit for Virtual Urgent Care or Virtual Counseling visits	\$0 per visit for Virtual Urgent Care or Virtual Counseling visits
Vori Health Virtual Muscle and Joint Care Telemedicine	\$0 copay for initial evaluation \$0 copay for 12-month treatment plans for knee, lumbar spine, cervical spine, hip, and/or shoulder pain  Other Vori Health covered charges subject to deductible and coinsurance	\$0 copay for initial evaluation \$0 copay for 12-month treatment plans for knee, lumbar spine, cervical spine, hip, and/or shoulder pain  Other Vori Health covered charges subject to deductible and coinsurance
Urgent Care Visit	\$75 copay, then covered at 100%	\$75 copay, then covered at 100%
Medical Network	Cigna LocalPlus	Cigna LocalPlus
OP Surgery	Deductible and coinsurance	Deductible and coinsurance
Pharmacy Benefit Manager	CIGNA PBM	CIGNA PBM
Rx Coverage (Generic/Brand/Non-preferred brand)	\$20/\$50/\$75	\$20/\$50/\$75
DXL	Deductible and coinsurance	Deductible and coinsurance
ER Treatment	Deductible and coinsurance	Deductible and coinsurance
AME	N/A	N/A
Deductible and OOP Accrual Period	Calendar Year, deductible credit included	Calendar Year, deductible credit included
Run Out Period	6 months	6 months
Delayed Administration Fee	50%	50%
HSA Eligible	No	No
Wellness Program	No	No
Papa Caregiver	10 hours per employee per calendar year	10 hours per employee per calendar year
Cancer Coach by Osara Health	Included	Included
Dental	No	No
Vision	No	No
Total Cost	\$3,514.03	\$3,537.73

### Plan Selection Notes:

- Total plan out-of-pocket maximum includes deductible, coinsurance and any Rx or Medical copayments.

The Self-Funded Program through Allstate Benefits provides tools for employers owning small to mid-sized businesses to establish a self-funded health benefit plan for their employees. The benefit plan is established by the employer and is not an insurance product. For employers in the Self-Funded Program, stop-loss insurance is underwritten by: Integon National Insurance Company in NY; and National Health Insurance Company in WA, CO, and all other states where offered. Allstate Benefits is the marketing name used by these companies for the Self-Funded Program. These companies are subsidiaries of Allstate.

## Plan/Rate Summary

Please review this proposal. If you are ready to move forward, contact your Licensed Agent or Sales Representative to discuss the next steps.

Plans quoted in this proposal: 2

- This self-funded health benefit plan template meets Minimum Value.
- Plan includes Terminal Liability coverage for 48 months after the end of the plan year. A terminal liability coverage reserve fee will be taken at the end of the run-out, calculated as 5% of any remaining claim account surplus prior to any claim account refund. Terminal Liability coverage is not provided in cases of early termination.
- Recuro Health Virtual Services consultation fees will be submitted to the plan as claims at the then current contracted rate.
- Vori Health initial evaluation fees and treatment plans will be submitted to the plan as claims at the then current contracted rate.
- Vori Health Telemedicine charges on HSA eligible plans will be subject to member cost sharing if federal law is not extended to allow first dollar coverage for virtual service.
- Papa Caregiver hours are available for each calendar year while the plan is active and do not roll over.
- If claims are less than the aggregate deductible at the end of the run-out period, the employer may be eligible for a refund. Refund amounts, if any, are based on the refund selection at the time of issue or re-issue, as applicable. NOTE: Terminations prior to the end of the plan year will result in forfeiture of the remaining claim fund and no refund will be provided.

Stop-Loss Insurance and Financial Details		
	Plan 1	Plan 2
Specific Attachment Point	\$10,000.00	\$10,000.00
Annual Aggregate Attachment Point	\$10,000.20	\$10,000.20
<b>Monthly Bill Medical</b>		
Employee	\$450.52	\$453.56
Employee + Spouse	\$1,351.55	\$1,360.65
Employee + Child	\$1,126.29	\$1,133.88
Family	\$1,711.95	\$1,723.49
Stop-loss Premium	\$1,798.74	\$1,867.07
Admin, Sales and General Expenses	\$881.94	\$837.31
Claims Account	\$833.35	\$833.35
Total	\$3,514.03	\$3,537.73

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### Self-Funded Dental Plan Options (Allied TPA only)

**Self-funded dental is only available with medical coverage and is not a standalone product.** The tables below illustrate the differences between dental plans and show pricing based on two separate network options. One dental plan and network may be purchased per employer. **Rates are subject to change based on enrollment.**

Key Features	Dental Plan Designs (only available with medical)			
	Value Plan	Select Plan	Premier Plan	Choice Plan****
Individual Deductible^	\$100 (\$100)	\$100 (\$100)	\$50 (\$50)	\$100
Preventive Services*	100% (60%) No Deductible	100% (70%) No Deductible	100% (70%) No Deductible	100% No Deductible
Basic Services**	80% (50%)	80% (60%)	90% (70%)	80%
Major Services***	Not covered	50% (40%)	50% (40%)	50%
Orthodontics	Not covered	Not covered	Not covered	Not covered
Annual Maximum	\$1,500	\$1,500	\$1,500	\$1,500
Benefit Waiting Period	None	None	None	None

Tiered Rates	Dental Portion of Cost - Aetna Dental® Administrators			No Network
	Value Plan	Select Plan	Premier Plan	Choice Plan
EE	\$34.69	\$47.14	\$53.00	\$72.33
ES	\$104.05	\$141.39	\$158.97	\$216.97
EC	\$86.71	\$117.83	\$132.48	\$180.80
Fam	\$131.80	\$179.09	\$201.36	\$274.81
Total Dental Cost †	\$270.56	\$367.65	\$413.36	\$564.13

Tiered Rates	Dental Portion of Cost - Cigna Dental PPO SA			No Network
	Value Plan	Select Plan	Premier Plan	Choice Plan
EE	\$34.60	\$47.07	\$52.93	\$72.33
ES	\$103.75	\$141.20	\$158.76	\$216.97
EC	\$86.47	\$117.67	\$132.30	\$180.80
Fam	\$131.41	\$178.84	\$201.08	\$274.81
Total Dental Cost †	\$269.81	\$367.12	\$412.80	\$564.13

#### Key

† Total Dental Cost is calculated off the census information from the quote. The official quote may have minor rounding differences.

^ ( ) Out of network value

\* Routine exams, cleanings (6 months), fluoride treatments, sealants, bitewing x rays

\*\* Minor Restorative Services Fillings, extractions, etc.

\*\*\* Replacement of prosthodontics, dentures, crowns, and inlays, endodontic procedures, periodontics procedures, major restorative procedures, oral surgery

\*\*\*\* No network used for Out of Network (OON) and Choice Plans

The Self-Funded Program through Allstate Benefits provides tools for employers owning small to mid-sized businesses to establish a self-funded health benefit plan for their employees. The benefit plan is established by the employer and is not an insurance product. For employers in the Self-Funded Program, stop-loss insurance is underwritten by: Integon National Insurance Company in NY; and National Health Insurance Company in WA, CO, and all other states where offered. Allstate Benefits is the marketing name used by these companies for the Self-Funded Program. These companies are subsidiaries of Allstate.

## Self-Funded Dental with Vision Package Design (Allied TPA only)

Dental Selection - Must be selected with Vision	Vision Selection - Must be selected with Dental
<b>Plan:</b> Value Plan, Select Plan, Premier Plan, or Choice Plan	<b>Plan:</b> Essential Plan, Essential Plus Plan, or Preferred Plan
<b>Network:</b> Aetna Dental Administrators, Cigna Dental PPO SA, or No Network	<b>Network:</b> VSP® Choice

### Dental Plans and Rates

Self-funded dental with vision is only available with medical coverage and are not standalone products. The tables below illustrate the differences between dental and vision plans and show pricing based on network options. One dental plan and network must be purchased with one vision plan per employer. Rates are subject to change based on enrollment.

Key Features	STEP ONE: PICK ONE DENTAL PLAN			
	Value Plan	Select Plan	Premier Plan	Choice Plan****
Individual Deductible^	\$100 (\$100)	\$100 (\$100)	\$50 (\$50)	\$100
Preventive Services*	100% (60%) No Deductible	100% (70%) No Deductible	100% (70%) No Deductible	100% No Deductible
Basic Services**	80% (50%)	80% (60%)	90% (70%)	80%
Major Services***	Not covered	50% (40%)	50% (40%)	50%
Orthodontics	Not covered	Not covered	Not covered	Not covered
Annual Maximum	\$1,500	\$1,500	\$1,500	\$1,500
Benefit Waiting Period	None	None	None	None

\* Routine exams, cleanings (6 months), fluoride treatments, sealants, bitewing x rays

\*\* Minor Restorative Services Fillings, extractions, etc.

\*\*\* Replacement of prosthodontics, dentures, crowns, and inlays, endodontic procedures, periodontics procedures, major restorative procedures, oral surgery

\*\*\*\* No network used for Out of Network (OON) and Choice Plans

^ ( ) Out of network value

Tiered Rates	Dental Portion of Cost - Aetna Dental® Administrators			No Network
	Value Plan	Select Plan	Premier Plan	Choice Plan
EE	\$34.69	\$47.14	\$53.00	\$72.33
ES	\$104.05	\$141.39	\$158.97	\$216.97
EC	\$86.71	\$117.83	\$132.48	\$180.80
Fam	\$131.80	\$179.09	\$201.36	\$274.81
Total Dental Cost †	\$270.56	\$367.65	\$413.36	\$564.13

Tiered Rates	Dental Portion of Cost - Cigna Dental PPO SA			No Network
	Value Plan	Select Plan	Premier Plan	Choice Plan
EE	\$34.60	\$47.07	\$52.93	\$72.33
ES	\$103.75	\$141.20	\$158.76	\$216.97
EC	\$86.47	\$117.67	\$132.30	\$180.80
Fam	\$131.41	\$178.84	\$201.08	\$274.81
Total Dental Cost †	\$269.81	\$367.12	\$412.80	\$564.13

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## Self-Funded Dental with Vision Package Design (Allied TPA only)

Dental Selection - Must be selected with Vision	Vision Selection - Must be selected with Dental
<b>Plan:</b> Value Plan, Select Plan, Premier Plan, or Choice Plan	<b>Plan:</b> Essential Plan, Essential Plus Plan, or Preferred Plan
<b>Network:</b> Aetna Dental Administrators, Cigna Dental PPO SA, or No Network	<b>Network:</b> VSP® Choice

† Total Dental Cost is calculated off the census information from the quote. The official quote may have minor rounding differences.

## Vision Plans and Rates

Self-funded dental with vision is only available with medical coverage and are not standalone products. The tables below illustrate the differences between dental and vision plans and show pricing based on network options. One dental plan and network must be purchased with one vision plan per employer. Rates are subject to change based on enrollment.

Key Features	STEP TWO: PICK ONE VISION PLAN		
	Essential Plan	Essential Plus Plan	Preferred Plan
Eye Exam* <sup>1</sup>	\$10 copayment then Plan pays 100%	\$10 copayment then Plan pays 100%	\$10 copayment then Plan pays 100%
Eyewear Materials			
Lenses*	\$25 copayment then Plan pays 100% <sup>2</sup>	\$25 copayment then Plan pays 100% <sup>1</sup>	\$10 copayment then Plan pays 100% <sup>1</sup>
Frames*	Plan pays up to \$150 allowance	Plan pays up to \$150 allowance	Plan pays up to \$175 allowance
Elective Contact Lenses* <sup>++</sup>	Plan pays up to \$150 allowance	Plan pays up to \$150 allowance	Plan pays up to \$175 allowance
Contact Lens Fitting Fee* <sup>1</sup>	After maximum \$60 copayment then Plan pays 100%	After maximum \$60 copayment then Plan pays 100%	After maximum \$60 copayment then Plan pays 100%
Benefit Waiting Period	None	None	None

\*In-network benefit

+Instead of glasses

^Limited to an annual supply

<sup>1</sup>Limited to 1 every 12 months

<sup>2</sup>Limited to 1 every 24 months

Tiered Rates	Vision Portion of Cost - VSP® Choice Network		
	Essential Plan	Essential Plus Plan	Preferred Plan
EE	\$13.39	\$13.90	\$15.79
ES	\$40.14	\$41.68	\$47.35
EC	\$33.45	\$34.73	\$39.46
Fam	\$50.84	\$52.79	\$59.97
Total Vision Cost †	\$104.40	\$108.39	\$123.13

† Total Vision Cost is calculated off the census information from the quote. The official quote may have minor rounding differences.

VSP is a registered trademark of Vision Service Plan. All other brands or marks are the property of their respective owners.

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## Employee Census

Business Name: Greenhouse Digital

Agent: Butch Zemar

Agent Phone: (708) 535-3006

Proposal Creation Date: 09/05/2025

County: WILL

State: IL ZIP 60423

Proposed Effective Date: 10/01/2025

Location Name: Location 1

Location Type: Main

SIC Code: 73700

HCR Indicator:

Size Category: S

Total Employees: 5

Total Employees Eligible: 5

Total Employees Enrolling: 5

Medical	Plan 1		Plan 2	
	Rate	Enrollment	Rate	Enrollment
Employee (EE)	\$450.52	4	\$453.56	4
Employee + Spouse (EE+SP)	\$1,351.55	0	\$1,360.65	0
Employee + Child (EE+CH)	\$1,126.29	0	\$1,133.88	0
Employee + Family (EE+FM)	\$1,711.95	1	\$1,723.49	1

Monthly Rate Breakdown by Employee			
Member Name	Medical Tier	Plan 1 Cost	Plan 2 Cost
Patricia Poloumpis F(60)	EE	\$450.52	\$453.56
Madelyn Young F(30), SP M(33), CH: 1	EF	\$1,711.95	\$1,723.49
Katlyn Walker F(30)	EE	\$450.52	\$453.56
Helen Tan F(25)	EE	\$450.52	\$453.56
Emma Wurzer F(24)	EE	\$450.52	\$453.56
Monthly Total		\$3,514.03	\$3,537.73

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Quote ID: H0492824

Proposal Date: 09/05/2025

Prepared For: Greenhouse Digital

Effective Date: 10/01/2025

State: IL

Sales Rep: Lonard, Zane

Broker: Zemar, Butch

Nippon products are stand alone and sold separately from Allstate Benefits products. Customized Nippon quotes are available through your Allstate Benefits ancillary specialist.

Dental	NLB Dental 1	NLB Dental 2	NLB Dental 3	NLB Dental 4
Employer Contribution	-	-	-	-
Prior Coverage (Takeover)	-	-	-	-
Dental Network	-	-	-	-
<b>Deductible</b>	<b>IN/OON</b>	<b>IN/OON</b>	<b>IN/OON</b>	<b>IN/OON</b>
Type I - Preventative	-	-	-	-
Type II - Basic	-	-	-	-
Type III - Major	-	-	-	-
<b>Coinsurance</b>	<b>IN/OON</b>	<b>IN/OON</b>	<b>IN/OON</b>	<b>IN/OON</b>
Type I - Preventative	-	-	-	-
Type II - Basic	-	-	-	-
Type III - Major	-	-	-	-
Annual Maximum (Combined)	-	-	-	-
Reimbursement (OON)	-	-	-	-
<b>4-Tier Rates</b>				
Employee Only	-	-	-	-
Employee & Spouse	-	-	-	-
Employee & Child(ren)	-	-	-	-
Family	-	-	-	-
<b>Enrollment</b>				
Employee Only	-	-	-	-
Employee & Spouse	-	-	-	-
Employee & Child(ren)	-	-	-	-
Family	-	-	-	-
Monthly Total Premium	-	-	-	-

### Type I/Preventive Services

- Cleanings
- Fluoride Treatment
- Oral Cancer Screening
- Preventive Exams
- Preventive X Rays
- Sealants

### Type II/Basic Services

- Crowns (stainless steel)
- Minor Oral Surgery
- Periodontal Prophylaxis
- Problem Focused Exams
- Problem Focused X Rays
- Restorations/Fillings
- Simple Extractions
- Space Maintainers

### Type III/Major Services

- Complex Oral Surgery
- Crowns (other than stainless steel)
- Dentures/Bridges/Repairs
- Endodontic
- General Anesthesia
- Implants
- Inlays/Onlays
- Surgical Periodontics and Appliances

## Basic Life

## NLB Life

Life Benefits	Flat \$25,000
Basic Life Rate	\$0.09 per \$1,000
Basic AD&D Rate	\$0.02 per \$1,000
Basic Life	\$10.75
Basic AD&D	\$3.00
Monthly Total Premium	\$13.75

## Vision

## NLB Vision PPO 1

If under 5 lives enrolled, Vision must be sold with another Nippon Life Benefits product

Vision Network	Eyemed Insight <b>IN/OON</b>	
Exam with dilation as necessary	\$10 Copay / \$30 Reimbursement	
<b>Eyeglass Lenses</b>		
Single Vision	\$10 Copay / \$15 Reimbursement	
Bifocal	\$10 Copay / \$23 Reimbursement	
Trifocal	\$10 Copay / \$40 Reimbursement	
Lenticular	\$10 Copay / \$40 Reimbursement	
Standard Progressive	\$75 Copay / \$23 Reimbursement	Pricing differs depending on which tier of Progressive lenses selected
<b>Frames</b>	\$150 Allowance / \$75 Reimbursement	
<b>Contact Lenses:</b>		
Conventional	\$150 Allowance / \$120 Reimbursement	
Disposable	\$150 Allowance / \$120 Reimbursement	
<b>Frequency</b>		
Examination	Once in 12 Months	
Lenses or Contact Lenses	Once in 12 Months	
Frames	Once in 12 Months	
Lens Options	Reduced Fixed Pricing	
<b>4-Tier Rates</b>		Rates quoted assume 70-74% participation for all eligible employees
Employee Only	\$6.81	
Employee & Spouse	\$14.98	
Employee & Child(ren)	\$14.30	
Family	\$26.56	
<b>Enrollment</b>	<b>Count</b>	
Employee Only	4	
Employee & Spouse	0	
Employee & Child(ren)	0	
Family	1	
Monthly Total Premium	\$53.80	

OON is reimbursement amount. Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider list to determine which participating providers have agreed to the discounted rate.

Contact your Allstate Benefits Ancillary Specialist for information on dental coverage discounts and adding STD and LTD to your proposal.

This proposal does not constitute a final offer. Plan features are subject to change without notice. Plan features, options, combinations, rates and benefits may vary by location. Exclusions and limitations apply. This proposal presents only a brief summary of the benefit plan being quoted. For a more detailed description of the benefits, limitations and exclusions, a sample booklet is available upon request. Premium rates shown/proposed are not guaranteed. Depending on coverage the rates are based on the information provided and other assumptions made in order to produce this proposal. Modifications to any assumption could cause an adjustment to the final rates. All quoted rates are subject to change or modification and are subject to final underwriting approval by Nippon Life Insurance Company of America. Coverage of New Hampshire residents are contingent upon final underwriting approval as well. Nippon Life Insurance Company of America® - marketing name Nippon Life Benefits®, NAIC number 81264, licensed & authorized in all states plus DC, except ME, NH or WY, domiciled in Iowa, with a principal place of business at 655 Third Avenue, 16th floor, NY, NY 10017-9113, Member Company of Nippon Life Insurance Company of Japan ("Nissay"). Nippon Life Benefits is responsible for its own financial condition and contractual obligations.