Filing at a Glance

Company: Standard Security Life Insurance Company of New York

Product Name: SSL LMB 0106 3/09 rate filing
TOI: H14G Group Health - Hospital Indemnity
Sub-TOI: H14G.000 Health - Hospital Indemnity
Filing Type: Form

SERFF Tr Num: ICCI-126066550
SERFF Status: Closed
Co Tr Num: SSL LMB 0106 3/09
Co Status:
Author: Brenda Dawson
Date Submitted: 03/09/2009

State: ArkansasLH
State Tr Num: 41749
State Status: Filed-Closed
Reviewer(s): Rosalind Minor
Disposition Date: 03/11/2009
Disposition Status: Accepted For Informational Purposes
Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: SSL LMB 0106 3/09 rate filing
Project Number: SSL LMB 0106 3/09 rate filing
Requested Filing Mode:
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 03/11/2009

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Small and Large
Group Market Type: Employer
Explanation for Other Group Market Type:
State Status Changed: 03/11/2009
Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

See attached cover letter and actuarial memorandum and rates.

Company and Contact

Filing Contact Information

(This filing was made by a third party - insurancecomplianceconsultantsinc)

Brenda Dawson, Authorized Representative
3925 East State Street, Suite 200
Rockford, IL 61108

Brendadawson@inscompliance.com
(815) 316-6714 [Phone]
(815) 986-2355[FAX]

Filing Company Information

Standard Security Life Insurance Company of New York
485 Madison Avenue, 14th Floor
New York, NY 10022
(212) 355-4141 ext. [Phone]

CoCode: 69078
Group Code:
Group Name:
FEIN Number: 13-5679267

State of Domicile: New York
Company Type:
State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Standard Security Life Insurance Company of New York	$50.00	03/09/2009	26243169

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Rosalind Minor	03/11/2009	03/11/2009

SERFF Tracking Number:	*ICCI-126066550*	*State:*	*Arkansas*
Filing Company:	*Standard Security Life Insurance Company of New York*	*State Tracking Number:*	*41749*
Company Tracking Number:	*SSL LMB 0106 3/09*		
TOI:	*H14G Group Health - Hospital Indemnity*	*Sub-TOI:*	*H14G.000 Health - Hospital Indemnity*
Product Name:	*SSL LMB 0106 3/09 rate filing*		
Project Name/Number:	*SSL LMB 0106 3/09 rate filing/SSL LMB 0106 3/09 rate filing*		

Disposition

Disposition Date: 03/11/2009

Implementation Date:

Status: Accepted For Informational Purposes

Comment: This filing is accepted for Informational Purpose only. Our Department does not regulate group rates for approval.

Rate data does NOT apply to filing.

SERFF Tracking Number:	*ICCI-126066550*	*State:*	*Arkansas*
Filing Company:	*Standard Security Life Insurance Company of New York*	*State Tracking Number:*	*41749*
Company Tracking Number:	*SSL LMB 0106 3/09*		
TOI:	*H14G Group Health - Hospital Indemnity*	*Sub-TOI:*	*H14G.000 Health - Hospital Indemnity*
Product Name:	*SSL LMB 0106 3/09 rate filing*		
Project Name/Number:	*SSL LMB 0106 3/09 rate filing/SSL LMB 0106 3/09 rate filing*		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Filed	Yes
Supporting Document	Application	Filed	Yes
Supporting Document	Cover letter	Filed	Yes
Supporting Document	Authorization Letter	Filed	Yes
Supporting Document	Actuarial memorandum	Filed	No
Supporting Document	Certification of Compliance	Filed	Yes
Supporting Document	Fee schedule	Filed	Yes
Supporting Document	Rates	Filed	Yes

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Review Status:

Bypassed -Name: Flesch Certification — Filed — 03/11/2009

Bypass Reason: NA - this is a rate filing only

Comments:

Review Status:

Bypassed -Name: Application — Filed — 03/11/2009

Bypass Reason: NA this is a rate filing only.

Comments:

Review Status:

Satisfied -Name: Cover letter — Filed — 03/11/2009

Comments:

Attachment:

AR SSL Limited Benefit Plan Rate Filing 3-9-09.pdf

Review Status:

Satisfied -Name: Authorization Letter — Filed — 03/11/2009

Comments:

Attachment:

ICC Authorization letter SSL 2009.pdf

Review Status:

Satisfied -Name: Certification of Compliance — Filed — 03/11/2009

Comments:

Attachment:

AR Cert of Comp with Rule 19.pdf

Review Status:

Satisfied -Name: Fee schedule — Filed — 03/11/2009

Comments:

SERFF Tracking Number:	*ICCI-126066550*	*State:*	*Arkansas*
Filing Company:	*Standard Security Life Insurance Company of New York*	*State Tracking Number:*	*41749*
Company Tracking Number:	*SSL LMB 0106 3/09*		
TOI:	*H14G Group Health - Hospital Indemnity*	*Sub-TOI:*	*H14G.000 Health - Hospital Indemnity*
Product Name:	*SSL LMB 0106 3/09 rate filing*		
Project Name/Number:	*SSL LMB 0106 3/09 rate filing/SSL LMB 0106 3/09 rate filing*		

Attachment:

AR_Fee_Schedule minimed rate filing 3-9-09.pdf

Review Status:

Satisfied -Name: Rates

Filed 03/11/2009

Comments:

Attachment:

Fringe Rate Sheet.20090304.AR.pdf

INSURANCE
COMPLIANCE
CONSULTANTS, INC.

3925 East State Street, Suite 200
Rockford, Illinois 61108

Phone: (815) 316-6714
FAX: (815) 986-2355

March 9, 2009

Honorable Julie Benafield Bowman
Insurance Commissioner
State of Arkansas
Arkansas Department of Insurance
1200 W. Third St.
Little Rock, AR 72201-1904

RE: STANDARD SECURITY LIFE INSURANCE COMPANY OF NEW YORK - NAIC# 69078
FEIN# 13-5679267
Rate Filing
Master Group Limited Benefit Health Insurance Policy – SSL LMB POL 0106
and Related Forms , *previously approved on July 10, 2006*

Dear Commissioner Benafield Bowman:

Insurance Compliance Consultants, Inc., is making this filing on behalf of Standard Security Life Insurance Company of New York. A filing authorization letter is attached. All correspondence should be addressed to Insurance Compliance Consultants, Inc., at the address shown above.

The purpose for this rate filing is to add additional plan options.

Your prompt review of this rate filing is greatly appreciated. If I can provide any additional information, please contact me at (815)316-6714, fax me at (815)316-6720, or e-mail me at Brendadawson@inscompliance.com . Thank you.

Sincerely,

Brenda Dawson

Brenda Dawson, FLMI, AIRC, ACS
Authorized Representative
Insurance Compliance Consultants, Inc.

STANDARD SECURITY
Life Insurance Company of New York

January 1, 2009

Mr. Brian Camling
President
Insurance Compliance Consultants, Inc.
3925 East State Street, Suite 200
Rockford, IL 61108

Dear Mr. Camling:

Please accept this letter as written confirmation that Insurance Compliance Consultants, Inc., has authority to file the attached form(s) or a state specific variation of it, and to act on behalf of Standard Security Life Insurance Company of New York regarding such filings, in all jurisdictions where this form(s) or a state specific variation of it is being filed. Standard Security may withdraw this authorization at any time, by giving notice to Insurance Compliance Consultants.

Sincerely,

Rachel Lipari

Certificate of Compliance with
Arkansas Rule and Regulation 19

Insurer: Standard Security Life Insurance Company of New York

Form Number(s): SSL LMB POL 0106

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirement of Rule and Regulation 19.

Signature of Company Officer

Rachel Lipari

Name

President
Title

March 9, 2009
Date

ARKANSAS
INSURANCE
DEPARTMENT
1200 West Third Street
Little Rock Arkansas 72201-1904
501-371-2600

Mike Pickens
Insurance Commissioner

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: **Standard Security Life Insurance Company**
Company NAIC Code: **69078**
Company Contact Person & Telephone # **Brenda Dawson, Insurance Compliance Consultants, Inc., (815) 316-6714**
Form Number(s): SSL LMB POL 0106

****
* INSURANCE DEPARTMENT USE ONLY *
* *
* ANALYST:_____ AMOUNT:_____ ROUTE SLIP:_____ *
****

ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LINE OF BUSINESS, UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and/or Disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing	* _____	x $50 =	_____
	**Retaliatory		_____
Life and/or Disability - Filing and review of each rate filing or loss ratio guarantee filing, per each insurer.	* 1	x $50 =	$50
	**Retaliatory		_____
Life and/or Disability Policy, Contract or Annuity Forms: Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form.	* _____	x $20 =	_____
	**Retaliatory		_____
Policy and contract forms, all lines, filing corrections in previously filed policy and contract forms.	* _____	x $20 =	_____
	**Retaliatory		_____
Life and/or Disability: Filing and review of Insurer's advertisements, per advertisement, per each insurer.	* _____	x $25 =	_____
	**Retaliatory		_____

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend an Insurer's Certificate of Authority.	*	x $400 =	_____
Filing to amend Certificate of Authority.	***	x $100 =	_____

*THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE AND REGULATION 57.

**THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-63-102, RETALIATORY TAX.

***THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. 23-61-401.

Standard Security Life Insurance Company of New York
Fringe Mini-med - Arkansas
Monthly Premium Rates by Benefit

Hospital Admission First Day

	1st Day Benefit	Employee	Emp+1	Emp+Ch	Emp+Sp	3-Tier Fam	4-Tier Fam	Composite
Employer	$100	0.78	1.76	1.13	2.06	1.96	2.07	1.43
Paid	$200	1.58	3.56	2.29	4.16	3.95	4.19	2.89
SCA	$300	2.40	5.39	3.47	6.30	5.99	6.35	4.38
	$400	3.23	7.26	4.68	8.49	8.07	8.55	5.91
	$500	4.07	9.17	5.91	10.72	10.19	10.80	7.46
	$600	4.94	11.11	7.16	12.99	12.35	13.09	9.04
	$700	5.82	13.09	8.44	15.30	14.55	15.42	10.65
	$800	6.71	15.11	9.74	17.66	16.79	17.79	12.29
	$900	7.63	17.16	11.06	20.06	19.07	20.21	13.96
	$1,000	8.56	19.25	12.41	22.50	21.39	22.67	15.66
	$1,250	10.95	24.64	15.88	28.80	27.37	29.02	20.04
	$1,500	13.45	30.25	19.50	35.36	33.61	35.63	24.61
	$1,750	16.04	36.10	23.26	42.19	40.11	42.51	29.36
	$2,000	18.74	42.17	27.18	49.29	46.86	49.67	34.30
Partial	$100	1.04	2.35	1.51	2.74	2.61	2.76	1.91
Employer	$200	2.11	4.74	3.06	5.54	5.27	5.59	3.86
Paid	$300	3.19	7.19	4.63	8.40	7.99	8.46	5.85
	$400	4.30	9.68	6.24	11.32	10.76	11.40	7.87
	$500	5.43	12.22	7.88	14.29	13.58	14.40	9.94
	$600	6.58	14.81	9.55	17.32	16.46	17.45	12.05
	$700	7.76	17.45	11.25	20.40	19.39	20.56	14.20
	$800	8.95	20.14	12.98	23.55	22.38	23.72	16.38
	$900	10.17	22.88	14.75	26.75	25.42	26.95	18.61
	$1,000	11.41	25.67	16.54	30.00	28.52	30.23	20.88
	$1,250	14.60	32.85	21.17	38.40	36.50	38.69	26.72
	$1,500	17.93	40.34	25.99	47.15	44.82	47.51	32.81
	$1,750	21.39	48.13	31.02	56.26	53.48	56.68	39.14
	$2,000	24.99	56.23	36.23	65.72	62.47	66.22	45.73
Voluntary	$100	1.30	2.93	1.89	3.43	3.26	3.46	2.39
	$200	2.63	5.93	3.82	6.93	6.59	6.98	4.82
	$300	3.99	8.98	5.79	10.50	9.98	10.58	7.31
	$400	5.38	12.10	7.80	14.14	13.45	14.25	9.84
	$500	6.79	15.28	9.85	17.86	16.98	18.00	12.43
	$600	8.23	18.52	11.93	21.65	20.58	21.81	15.06
	$700	9.70	21.82	14.06	25.50	24.24	25.70	17.75
	$800	11.19	25.18	16.23	29.43	27.98	29.66	20.48
	$900	12.71	28.60	18.43	33.43	31.78	33.69	23.26
	$1,000	14.26	32.09	20.68	37.50	35.65	37.79	26.10
	$1,250	18.25	41.06	26.46	48.00	45.62	48.36	33.40
	$1,500	22.41	50.42	32.49	58.94	56.02	59.38	41.01
	$1,750	26.74	60.16	38.77	70.32	66.85	70.86	48.93
	$2,000	31.24	70.28	45.29	82.15	78.09	82.78	57.16

Hospital Inpatient and Skilled Nursing Facility - 30 Day Max Benefit

	Daily Benefit	Employee	Emp+1	Emp+Ch	Emp+Sp	3-Tier Fam	4-Tier Fam	Composite
Employer	$100	2.91	6.55	4.22	7.65	7.27	7.71	5.32
Paid	$200	5.88	13.23	8.52	15.46	14.70	15.58	10.76
SCA	$300	8.91	20.05	12.92	23.43	22.27	23.61	16.30
	$400	12.00	27.00	17.40	31.56	30.00	31.80	21.96
	$500	15.15	34.09	21.97	39.85	37.88	40.15	27.73
	$600	18.36	41.32	26.63	48.30	45.91	48.66	33.61
	$700	21.64	48.68	31.37	56.90	54.09	57.34	39.59
	$800	24.97	56.18	36.21	65.67	62.42	66.17	45.69
	$900	28.36	63.82	41.13	74.60	70.91	75.16	51.91
	$1,000	31.82	71.59	46.14	83.68	79.55	84.32	58.23
	$1,250	40.72	91.62	59.04	107.09	101.80	107.91	74.52
	$1,500	50.00	112.50	72.50	131.50	125.00	132.50	91.50
	$1,750	59.66	134.23	86.51	156.90	149.15	158.10	109.18
	$2,000	69.70	156.82	101.06	183.30	174.24	184.70	127.55
Partial	$100	3.88	8.73	5.62	10.20	9.70	10.28	7.10
Employer	$200	7.84	17.64	11.37	20.61	19.60	20.77	14.34
Paid	$300	11.88	26.73	17.22	31.24	29.70	31.48	21.74
	$400	16.00	36.00	23.20	42.08	40.00	42.40	29.28
	$500	20.20	45.45	29.29	53.13	50.51	53.54	36.97
	$600	24.48	55.09	35.50	64.40	61.21	64.88	44.81
	$700	28.85	64.91	41.83	75.87	72.12	76.45	52.79
	$800	33.29	74.91	48.27	87.56	83.23	88.23	60.93
	$900	37.82	85.09	54.84	99.46	94.55	100.22	69.21
	$1,000	42.42	95.45	61.52	111.58	106.06	112.42	77.64

Standard Security Life Insurance Company of New York
Fringe Mini-med - Arkansas
Monthly Premium Rates by Benefit

	$1,250	54.29	122.16	78.72	142.79	135.73	143.88	99.36
	$1,500	66.67	150.00	96.67	175.33	166.67	176.67	122.00
	$1,750	79.55	178.98	115.34	209.20	198.86	210.80	145.57
	$2,000	92.93	209.09	134.75	244.40	232.32	246.26	170.06
Voluntary	**$100**	4.85	10.91	7.03	12.75	12.12	12.85	8.87
	$200	9.80	22.05	14.21	25.77	24.49	25.96	17.93
	$300	14.85	33.41	21.53	39.05	37.12	39.35	27.17
	$400	20.00	45.00	29.00	52.60	50.00	53.00	36.60
	$500	25.25	56.82	36.62	66.41	63.13	66.92	46.21
	$600	30.61	68.86	44.38	80.49	76.52	81.11	56.01
	$700	36.06	81.14	52.29	94.84	90.15	95.56	65.99
	$800	41.62	93.64	60.34	109.45	104.04	110.28	76.16
	$900	47.27	106.36	68.55	124.33	118.18	125.27	86.51
	$1,000	53.03	119.32	76.89	139.47	132.58	140.53	97.05
	$1,250	67.87	152.70	98.41	178.49	169.67	179.85	124.20
	$1,500	83.33	187.50	120.83	219.17	208.33	220.83	152.50
	$1,750	99.43	223.72	144.18	261.51	248.58	263.49	181.96
	$2,000	116.16	261.36	168.43	305.51	290.40	307.83	212.58

Hospital Inpatient and Skilled Nursing Facility - 10 Day Max Benefit

	Daily Benefit	Employee	Emp+1	Emp+Ch	Emp+Sp	3-Tier Fam	4-Tier Fam	Composite
Employer Paid SCA	**$100**	2.51	5.64	3.63	6.59	6.26	6.64	4.58
	$200	5.06	11.39	7.34	13.31	12.66	13.41	9.26
	$300	7.67	17.26	11.12	20.18	19.18	20.33	14.04
	$400	10.33	23.25	14.98	27.18	25.83	27.38	18.91
	$500	13.05	29.36	18.92	34.31	32.62	34.57	23.88
	$600	15.81	35.58	22.93	41.59	39.53	41.90	28.94
	$700	18.63	41.92	27.02	49.00	46.58	49.37	34.09
	$800	21.50	48.38	31.18	56.55	53.75	56.98	39.35
	$900	24.42	54.95	35.41	64.24	61.06	64.72	44.70
	$1,000	27.40	61.65	39.73	72.06	68.50	72.61	50.14
	$1,250	35.06	78.89	50.84	92.22	87.66	92.92	64.17
	$1,500	43.06	96.87	62.43	113.23	107.64	114.10	78.79
	$1,750	51.37	115.59	74.49	135.11	128.43	136.14	94.01
	$2,000	60.02	135.04	87.02	157.84	150.04	159.04	109.83
Partial Employer Paid	**$100**	3.34	7.52	4.84	8.78	8.35	8.85	6.11
	$200	6.75	15.19	9.79	17.75	16.87	17.89	12.35
	$300	10.23	23.01	14.83	26.90	25.57	27.11	18.72
	$400	13.78	31.00	19.98	36.24	34.44	36.51	25.21
	$500	17.40	39.14	25.22	45.75	43.49	46.10	31.83
	$600	21.08	47.44	30.57	55.45	52.71	55.87	38.58
	$700	24.84	55.89	36.02	65.33	62.10	65.83	45.46
	$800	28.67	64.50	41.57	75.40	71.67	75.97	52.46
	$900	32.57	73.27	47.22	85.65	81.41	86.30	59.59
	$1,000	36.53	82.20	52.97	96.08	91.33	96.81	66.85
	$1,250	46.75	105.19	67.79	122.96	116.88	123.89	85.56
	$1,500	57.41	129.17	83.24	150.98	143.52	152.13	105.05
	$1,750	68.50	154.12	99.32	180.15	171.24	181.52	125.35
	$2,000	80.02	180.05	116.03	210.46	200.05	212.06	146.44
Voluntary	**$100**	4.18	9.39	6.05	10.98	10.44	11.06	7.64
	$200	8.44	18.98	12.23	22.19	21.09	22.36	15.44
	$300	12.79	28.77	18.54	33.63	31.97	33.88	23.40
	$400	17.22	38.75	24.97	45.29	43.06	45.64	31.52
	$500	21.74	48.93	31.53	57.19	54.36	57.62	39.79
	$600	26.35	59.30	38.21	69.31	65.89	69.84	48.23
	$700	31.05	69.87	45.03	81.67	77.63	82.29	56.82
	$800	35.84	80.63	51.96	94.25	89.59	94.96	65.58
	$900	40.71	91.59	59.02	107.06	101.77	107.87	74.49
	$1,000	45.66	102.75	66.21	120.10	114.16	121.01	83.57
	$1,250	58.44	131.49	84.74	153.70	146.10	154.87	106.94
	$1,500	71.76	161.46	104.05	188.72	179.40	190.16	131.32
	$1,750	85.62	192.65	124.15	225.18	214.05	226.90	156.69
	$2,000	100.03	225.06	145.04	263.07	250.07	265.07	183.05

Standard Security Life Insurance Company of New York
Fringe Mini-med - Arkansas
Monthly Premium Rates by Benefit

Emergency Room Visit

	Max Per Visit / Yearly Max	Employee	Emp+1	Emp+Ch	Emp+Sp	3-Tier Fam	4-Tier Fam	Composite
Employer Paid SCA	$75 / $300	2.55	5.89	4.08	6.71	6.63	7.01	4.72
	$100 / $400	3.57	8.25	5.71	9.39	9.28	9.82	6.60
	$125 / $500	4.68	10.80	7.48	12.30	12.16	12.86	8.65
	$150 / $600	5.87	13.55	9.38	15.43	15.25	16.13	10.85
	$175 / $700	7.14	16.49	11.42	18.78	18.57	19.64	13.21
	$200 / $800	8.50	19.64	13.60	22.36	22.10	23.38	15.73
	$225 / $900	9.95	22.97	15.91	26.16	25.86	27.35	18.40
	$250 / $1,000	11.48	26.51	18.36	30.18	29.84	31.56	21.23
	$275 / $1,100	13.09	30.24	20.95	34.43	34.04	36.00	24.22
	$300 / $1,200	14.79	34.17	23.67	38.90	38.46	40.67	27.36
Partial Employer Paid	$75 / $300	3.40	7.85	5.44	8.94	8.84	9.35	6.29
	$100 / $400	4.76	11.00	7.62	12.52	12.38	13.09	8.81
	$125 / $500	6.23	14.40	9.97	16.39	16.21	17.14	11.53
	$150 / $600	7.82	18.07	12.51	20.57	20.33	21.51	14.47
	$175 / $700	9.52	21.99	15.23	25.04	24.75	26.18	17.61
	$200 / $800	11.33	26.18	18.13	29.81	29.47	31.17	20.97
	$225 / $900	13.26	30.63	21.22	34.88	34.48	36.47	24.53
	$250 / $1,000	15.30	35.35	24.48	40.24	39.78	42.08	28.31
	$275 / $1,100	17.45	40.32	27.93	45.90	45.38	48.00	32.29
	$300 / $1,200	19.72	45.56	31.55	51.87	51.27	54.23	36.48
Voluntary	$75 / $300	4.25	9.82	6.80	11.18	11.05	11.69	7.86
	$100 / $400	5.95	13.75	9.52	15.65	15.47	16.36	11.01
	$125 / $500	7.79	18.00	12.47	20.49	20.26	21.43	14.42
	$150 / $600	9.78	22.58	15.64	25.71	25.42	26.88	18.08
	$175 / $700	11.90	27.49	19.04	31.30	30.94	32.73	22.02
	$200 / $800	14.17	32.73	22.67	37.26	36.84	38.96	26.21
	$225 / $900	16.58	38.29	26.52	43.59	43.10	45.58	30.67
	$250 / $1,000	19.13	44.18	30.60	50.30	49.73	52.60	35.38
	$275 / $1,100	21.82	50.40	34.91	57.38	56.73	60.00	40.36
	$300 / $1,200	24.65	56.94	39.44	64.83	64.09	67.79	45.61

Doctor's Office Visits

	Max Per Visit / Yearly Max	Employee	Emp+1	Emp+Ch	Emp+Sp	3-Tier Fam	4-Tier Fam	Composite
Employer Paid SCA	$10 / $40	1.56	3.60	2.50	4.10	4.06	4.29	2.89
	$15 / $60	2.34	5.42	3.75	6.17	6.10	6.45	4.34
	$20 / $80	3.13	7.24	5.01	8.24	8.14	8.61	5.80
	$25 / $100	3.92	9.06	6.28	10.32	10.20	10.79	7.26
	$30 / $120	4.72	10.90	7.55	12.41	12.27	12.97	8.73
	$35 / $140	5.52	12.74	8.82	14.51	14.34	15.17	10.20
	$40 / $160	6.32	14.59	10.11	16.61	16.42	17.37	11.68
	$45 / $180	7.12	16.45	11.39	18.73	18.51	19.58	13.17
	$50 / $200	7.93	18.31	12.68	20.85	20.61	21.80	14.66
	$55 / $220	8.81	20.34	14.09	23.16	22.90	24.22	16.29
	$60 / $240	9.70	22.41	15.52	25.52	25.23	26.68	17.95
	$65 / $260	10.61	24.52	16.98	27.91	27.60	29.19	19.64
	$70 / $280	11.54	26.66	18.47	30.35	30.01	31.74	21.35
	$75 / $300	12.48	28.84	19.98	32.83	32.46	34.33	23.10
	$80 / $320	13.44	31.06	21.51	35.36	34.95	36.97	24.87
	$85 / $340	14.42	33.31	23.07	37.92	37.49	39.65	26.68
	$90 / $360	15.41	35.60	24.66	40.53	40.07	42.38	28.51
	$95 / $380	16.42	37.92	26.27	43.18	42.68	45.15	30.37
	$100 / $400	17.44	40.28	27.90	45.86	45.34	47.96	32.26
	$105 / $420	18.48	42.68	29.56	48.60	48.04	50.81	34.18
	$110 / $440	19.53	45.12	31.25	51.37	50.78	53.71	36.13
	$115 / $460	20.60	47.59	32.96	54.18	53.56	56.66	38.11
	$120 / $480	21.69	50.10	34.70	57.04	56.39	59.64	40.12
	$125 / $500	22.79	52.64	36.46	59.94	59.25	62.67	42.16
	$130 / $520	23.91	55.23	38.25	62.88	62.16	65.75	44.23
	$135 / $540	25.04	57.84	40.07	65.86	65.11	68.86	46.33
	$140 / $560	26.19	60.50	41.90	68.88	68.09	72.02	48.45
	$145 / $580	27.36	63.19	43.77	71.95	71.12	75.23	50.61
	$150 / $600	28.54	65.92	45.66	75.05	74.20	78.48	52.79
	$10 / $60	1.84	4.24	2.94	4.83	4.77	5.05	3.40
	$15 / $90	2.76	6.37	4.41	7.25	7.17	7.59	5.10
	$20 / $120	3.69	8.51	5.90	9.69	9.58	10.14	6.82
	$25 / $150	4.62	10.66	7.39	12.14	12.00	12.69	8.54
	$30 / $180	5.55	12.82	8.88	14.60	14.43	15.26	10.27
	$35 / $210	6.49	14.99	10.38	17.07	16.87	17.84	12.00
	$40 / $240	7.43	17.16	11.89	19.54	19.32	20.43	13.75

Standard Security Life Insurance Company of New York
Fringe Mini-med - Arkansas
Monthly Premium Rates by Benefit

	$45 / $270	8.38	19.35	13.40	22.03	21.78	23.03	15.50
	$50 / $300	9.33	21.54	14.92	24.53	24.25	25.65	17.25
	$55 / $330	10.36	23.93	16.58	27.25	26.94	28.49	19.17
	$60 / $360	11.41	26.37	18.26	30.02	29.68	31.39	21.12
	$65 / $390	12.49	28.85	19.98	32.84	32.47	34.34	23.10
	$70 / $420	13.58	31.37	21.73	35.71	35.30	37.34	25.12
	$75 / $450	14.69	33.93	23.50	38.63	38.19	40.39	27.17
	$80 / $480	15.82	36.54	25.31	41.60	41.12	43.50	29.26
	$85 / $510	16.96	39.19	27.14	44.61	44.10	46.65	31.38
	$90 / $540	18.13	41.88	29.01	47.68	47.14	49.86	33.54
	$95 / $570	19.31	44.61	30.90	50.79	50.22	53.11	35.73
	$100 / $600	20.52	47.39	32.83	53.96	53.34	56.42	37.96
	$105 / $630	21.74	50.22	34.78	57.17	56.52	59.78	40.22
	$110 / $660	22.98	53.08	36.77	60.43	59.74	63.19	42.51
	$115 / $690	24.24	55.99	38.78	63.74	63.02	66.65	44.84
	$120 / $720	25.52	58.94	40.82	67.10	66.34	70.17	47.20
	$125 / $750	26.81	61.93	42.90	70.51	69.71	73.73	49.60
	$130 / $780	28.13	64.97	45.00	73.97	73.13	77.35	52.03
	$135 / $810	29.46	68.05	47.14	77.48	76.60	81.01	54.50
	$140 / $840	30.81	71.18	49.30	81.04	80.11	84.73	57.00
	$145 / $870	32.18	74.34	51.49	84.64	83.68	88.50	59.54
	$150 / $900	33.57	77.55	53.72	88.30	87.29	92.32	62.11
Partial Employer Paid	**$10 / $40**	2.08	4.80	3.33	5.47	5.41	5.72	3.85
	$15 / $60	3.13	7.22	5.00	8.22	8.13	8.60	5.78
	$20 / $80	4.18	9.65	6.68	10.99	10.86	11.49	7.73
	$25 / $100	5.23	12.09	8.37	13.76	13.60	14.39	9.68
	$30 / $120	6.29	14.53	10.07	16.54	16.36	17.30	11.64
	$35 / $140	7.35	16.99	11.77	19.34	19.12	20.22	13.60
	$40 / $160	8.42	19.45	13.47	22.15	21.90	23.16	15.58
	$45 / $180	9.49	21.93	15.19	24.97	24.68	26.11	17.56
	$50 / $200	10.57	24.41	16.91	27.80	27.48	29.07	19.55
	$55 / $220	11.74	27.12	18.79	30.88	30.53	32.29	21.72
	$60 / $240	12.94	29.88	20.70	34.02	33.64	35.58	23.93
	$65 / $260	14.15	32.69	22.64	37.22	36.80	38.92	26.18
	$70 / $280	15.39	35.55	24.62	40.47	40.01	42.32	28.47
	$75 / $300	16.65	38.45	26.63	43.78	43.28	45.78	30.80
	$80 / $320	17.93	41.41	28.68	47.14	46.61	49.29	33.16
	$85 / $340	19.23	44.41	30.76	50.56	49.99	52.87	35.57
	$90 / $360	20.55	47.46	32.87	54.04	53.42	56.50	38.01
	$95 / $380	21.89	50.56	35.02	57.57	56.91	60.19	40.49
	$100 / $400	23.25	53.71	37.20	61.15	60.46	63.94	43.02
	$105 / $420	24.64	56.91	39.42	64.79	64.06	67.75	45.58
	$110 / $440	26.04	60.16	41.67	68.49	67.71	71.62	48.18
	$115 / $460	27.47	63.45	43.95	72.24	71.42	75.54	50.82
	$120 / $480	28.92	66.80	46.27	76.05	75.18	79.52	53.50
	$125 / $500	30.39	70.19	48.62	79.92	79.00	83.56	56.21
	$130 / $520	31.88	73.63	51.00	83.84	82.88	87.66	58.97
	$135 / $540	33.39	77.13	53.42	87.81	86.81	91.82	61.77
	$140 / $560	34.92	80.67	55.87	91.84	90.79	96.03	64.60
	$145 / $580	36.47	84.26	58.36	95.93	94.83	100.30	67.48
	$150 / $600	38.05	87.89	60.88	100.07	98.93	104.63	70.39
	$10 / $60	2.45	5.65	3.92	6.44	6.36	6.73	4.53
	$15 / $90	3.68	8.50	5.88	9.67	9.56	10.11	6.80
	$20 / $120	4.91	11.35	7.86	12.92	12.78	13.51	9.09
	$25 / $150	6.15	14.22	9.85	16.19	16.00	16.93	11.39
	$30 / $180	7.40	17.10	11.84	19.46	19.24	20.35	13.69
	$35 / $210	8.65	19.99	13.84	22.75	22.49	23.79	16.01
	$40 / $240	9.91	22.89	15.85	26.06	25.76	27.25	18.33
	$45 / $270	11.17	25.80	17.87	29.37	29.04	30.71	20.66
	$50 / $300	12.43	28.72	19.89	32.70	32.33	34.19	23.00
	$55 / $330	13.81	31.91	22.10	36.33	35.92	37.99	25.56
	$60 / $360	15.22	35.16	24.35	40.03	39.57	41.85	28.16
	$65 / $390	16.65	38.46	26.64	43.79	43.29	45.79	30.80
	$70 / $420	18.10	41.82	28.97	47.61	47.07	49.79	33.49
	$75 / $450	19.58	45.24	31.33	51.51	50.92	53.86	36.23
	$80 / $480	21.09	48.71	33.74	55.46	54.83	57.99	39.01
	$85 / $510	22.62	52.25	36.19	59.49	58.81	62.20	41.84
	$90 / $540	24.17	55.84	38.68	63.57	62.85	66.47	44.72
	$95 / $570	25.75	59.49	41.20	67.73	66.95	70.82	47.64
	$100 / $600	27.36	63.19	43.77	71.94	71.12	75.23	50.61
	$105 / $630	28.98	66.95	46.37	76.23	75.36	79.71	53.62
	$110 / $660	30.64	70.77	49.02	80.58	79.66	84.25	56.68

Standard Security Life Insurance Company of New York
Fringe Mini-med - Arkansas
Monthly Premium Rates by Benefit

	$115 / $690	32.32	74.65	51.71	84.99	84.02	88.87	59.79
	$120 / $720	34.02	78.59	54.43	89.47	88.45	93.56	62.94
	$125 / $750	35.75	82.58	57.20	94.02	92.95	98.31	66.13
	$130 / $780	37.50	86.63	60.00	98.63	97.50	103.13	69.38
	$135 / $810	39.28	90.74	62.85	103.31	102.13	108.02	72.67
	$140 / $840	41.08	94.90	65.73	108.05	106.82	112.98	76.00
	$145 / $870	42.91	99.12	68.66	112.86	111.57	118.00	79.38
	$150 / $900	44.76	103.40	71.62	117.73	116.38	123.10	82.81
Voluntary	**$10 / $40**	2.60	6.01	4.16	6.84	6.76	7.15	4.81
	$15 / $60	3.91	9.03	6.25	10.28	10.16	10.75	7.23
	$20 / $80	5.22	12.06	8.35	13.73	13.57	14.36	9.66
	$25 / $100	6.54	15.11	10.46	17.20	17.00	17.98	12.10
	$30 / $120	7.86	18.16	12.58	20.68	20.44	21.62	14.55
	$35 / $140	9.19	21.23	14.71	24.18	23.90	25.28	17.01
	$40 / $160	10.53	24.32	16.84	27.69	27.37	28.95	19.47
	$45 / $180	11.87	27.41	18.99	31.21	30.85	32.63	21.95
	$50 / $200	13.21	30.52	21.14	34.75	34.35	36.33	24.44
	$55 / $220	14.68	33.91	23.48	38.60	38.16	40.36	27.15
	$60 / $240	16.17	37.35	25.87	42.53	42.04	44.47	29.92
	$65 / $260	17.69	40.86	28.30	46.52	45.99	48.65	32.73
	$70 / $280	19.24	44.43	30.78	50.59	50.01	52.90	35.59
	$75 / $300	20.81	48.07	33.29	54.72	54.10	57.22	38.49
	$80 / $320	22.41	51.76	35.85	58.93	58.26	61.62	41.45
	$85 / $340	24.03	55.51	38.45	63.20	62.48	66.09	44.46
	$90 / $360	25.68	59.33	41.09	67.55	66.78	70.63	47.51
	$95 / $380	27.36	63.20	43.78	71.96	71.14	75.24	50.62
	$100 / $400	29.07	67.14	46.50	76.44	75.57	79.93	53.77
	$105 / $420	30.80	71.14	49.27	80.99	80.07	84.69	56.97
	$110 / $440	32.55	75.20	52.08	85.61	84.64	89.52	60.22
	$115 / $460	34.34	79.32	54.94	90.30	89.27	94.43	63.52
	$120 / $480	36.15	83.50	57.83	95.07	93.98	99.40	66.87
	$125 / $500	37.98	87.74	60.77	99.89	98.76	104.45	70.27
	$130 / $520	39.85	92.04	63.75	104.79	103.60	109.58	73.71
	$135 / $540	41.73	96.41	66.78	109.76	108.51	114.77	77.21
	$140 / $560	43.65	100.83	69.84	114.80	113.49	120.04	80.75
	$145 / $580	45.59	105.32	72.95	119.91	118.54	125.38	84.35
	$150 / $600	47.56	109.87	76.10	125.09	123.66	130.79	87.99
	$10 / $60	3.06	7.07	4.89	8.04	7.95	8.41	5.66
	$15 / $90	4.60	10.62	7.36	12.09	11.95	12.64	8.51
	$20 / $120	6.14	14.19	9.83	16.15	15.97	16.89	11.36
	$25 / $150	7.69	17.77	12.31	20.23	20.00	21.16	14.23
	$30 / $180	9.25	21.37	14.80	24.33	24.05	25.44	17.11
	$35 / $210	10.81	24.98	17.30	28.44	28.12	29.74	20.01
	$40 / $240	12.38	28.61	19.82	32.57	32.20	34.06	22.91
	$45 / $270	13.96	32.25	22.34	36.72	36.30	38.39	25.83
	$50 / $300	15.54	35.90	24.87	40.88	40.41	42.74	28.75
	$55 / $330	17.27	39.89	27.63	45.42	44.90	47.49	31.95
	$60 / $360	19.02	43.95	30.44	50.03	49.46	52.32	35.20
	$65 / $390	20.81	48.08	33.30	54.74	54.11	57.23	38.50
	$70 / $420	22.63	52.28	36.21	59.52	58.84	62.23	41.87
	$75 / $450	24.48	56.55	39.17	64.38	63.65	67.32	45.29
	$80 / $480	26.36	60.89	42.18	69.33	68.54	72.49	48.77
	$85 / $510	28.27	65.31	45.24	74.36	73.51	77.75	52.30
	$90 / $540	30.22	69.80	48.34	79.47	78.56	83.09	55.90
	$95 / $570	32.19	74.36	51.50	84.66	83.69	88.52	59.55
	$100 / $600	34.19	78.99	54.71	89.93	88.91	94.03	63.26
	$105 / $630	36.23	83.69	57.97	95.29	94.20	99.63	67.03
	$110 / $660	38.30	88.47	61.28	100.72	99.57	105.32	70.85
	$115 / $690	40.40	93.31	64.63	106.24	105.03	111.09	74.73
	$120 / $720	42.53	98.23	68.04	111.84	110.57	116.94	78.67
	$125 / $750	44.69	103.22	71.50	117.52	116.18	122.89	82.67
	$130 / $780	46.88	108.29	75.00	123.29	121.88	128.91	86.72
	$135 / $810	49.10	113.42	78.56	129.13	127.66	135.02	90.83
	$140 / $840	51.35	118.63	82.17	135.06	133.52	141.22	95.00
	$145 / $870	53.64	123.90	85.82	141.07	139.46	147.51	99.23
	$150 / $900	55.95	129.25	89.53	147.16	145.48	153.87	103.52

Standard Security Life Insurance Company of New York
Fringe Mini-med - Arkansas
Monthly Premium Rates by Benefit

Preventive Care

	Max Per Visit / Max Per Year	Employee	Emp+1	Emp+Ch	Emp+Sp	3-Tier Fam	4-Tier Fam	Composite
Employer	$50 / $150	1.66	3.84	2.66	4.37	4.32	4.57	3.07
Paid	$75 / $225	2.80	6.48	4.49	7.38	7.29	7.71	5.19
SCA	$100 / $300	4.16	9.60	6.65	10.93	10.80	11.43	7.69
	$150 / $450	7.48	17.28	11.97	19.67	19.45	20.57	13.84
Partial	$50 / $150	2.22	5.12	3.55	5.83	5.76	6.09	4.10
Employer	$75 / $225	3.74	8.64	5.98	9.84	9.72	10.28	6.92
Paid	$100 / $300	5.54	12.80	8.86	14.57	14.40	15.24	10.25
	$150 / $450	9.97	23.04	15.96	26.23	25.93	27.42	18.45
Voluntary	$50 / $150	2.77	6.40	4.43	7.29	7.20	7.62	5.12
	$75 / $225	4.67	10.80	7.48	12.29	12.15	12.85	8.65
	$100 / $300	6.93	16.00	11.08	18.21	18.01	19.04	12.81
	$150 / $450	12.47	28.79	19.94	32.78	32.41	34.28	23.06

Outpatient Diagnostic Lab Test and X-Ray

	Benefit Option	Max Per Day	Employee	Emp+1	Emp+Ch	Emp+Sp	3-Tier Fam	4-Tier Fam	Composite
Employer	3 per year	$10	1.01	2.19	1.45	2.65	2.57	2.72	1.83
Paid		$20	2.02	4.39	2.91	5.32	5.16	5.46	3.66
SCA		$30	3.04	6.60	4.38	7.99	7.75	8.21	5.50
		$35	3.55	7.71	5.12	9.35	9.06	9.59	6.43
		$40	4.07	8.83	5.86	10.70	10.38	10.99	7.37
		$45	4.59	9.95	6.61	12.06	11.70	12.38	8.30
		$50	5.11	11.08	7.35	13.43	13.02	13.79	9.24
		$55	5.67	12.31	8.17	14.92	14.47	15.32	10.27
		$60	6.25	13.56	9.00	16.44	15.94	16.88	11.31
		$65	6.84	14.84	9.85	17.98	17.44	18.46	12.38
		$70	7.44	16.14	10.71	19.56	18.96	20.08	13.46
		$75	8.04	17.45	11.58	21.15	20.51	21.72	14.56
		$80	8.70	18.88	12.53	22.89	22.19	23.50	15.75
		$85	9.38	20.35	13.50	24.66	23.91	25.32	16.97
		$90	10.07	21.84	14.49	26.47	25.67	27.18	18.22
		$95	10.77	23.37	15.51	28.33	27.46	29.08	19.49
		$100	11.49	24.93	16.55	30.22	29.30	31.02	20.80
		$105	12.23	26.53	17.61	32.15	31.18	33.01	22.13
		$110	12.98	28.16	18.69	34.13	33.09	35.04	23.49
		$115	13.74	29.82	19.79	36.14	35.04	37.11	24.87
		$120	14.52	31.52	20.91	38.20	37.04	39.21	26.29
		$125	15.32	33.25	22.06	40.29	39.07	41.37	27.73
		$130	16.13	35.01	23.23	42.43	41.14	43.56	29.20
		$135	16.96	36.80	24.42	44.60	43.25	45.79	30.70
		$140	17.80	38.63	25.64	46.82	45.40	48.07	32.22
		$145	18.66	40.49	26.87	49.08	47.58	50.38	33.78
		$150	19.53	42.39	28.13	51.37	49.81	52.74	35.36
	6 per year	$10	1.16	2.52	1.67	3.05	2.96	3.13	2.10
		$20	2.33	5.05	3.35	6.12	5.93	6.28	4.21
		$30	3.50	7.59	5.03	9.19	8.91	9.44	6.33
		$35	4.09	8.87	5.88	10.75	10.42	11.03	7.40
		$40	4.68	10.15	6.74	12.31	11.93	12.63	8.47
		$45	5.28	11.45	7.60	13.87	13.45	14.24	9.55
		$50	5.87	12.74	8.46	15.45	14.98	15.86	10.63
		$55	6.52	14.16	9.40	17.16	16.64	17.62	11.81
		$60	7.19	15.60	10.35	18.91	18.33	19.41	13.01
		$65	7.86	17.06	11.32	20.68	20.05	21.23	14.23
		$70	8.55	18.56	12.31	22.49	21.81	23.09	15.48
		$75	9.25	20.07	13.32	24.33	23.59	24.97	16.74
		$80	10.01	21.72	14.41	26.32	25.52	27.02	18.11
		$85	10.78	23.40	15.53	28.36	27.50	29.11	19.52
		$90	11.58	25.12	16.67	30.44	29.52	31.25	20.95
		$95	12.39	26.88	17.84	32.58	31.58	33.44	22.42
		$100	13.21	28.67	19.03	34.75	33.70	35.68	23.92
		$105	14.06	30.51	20.25	36.98	35.85	37.96	25.45
		$110	14.92	32.38	21.49	39.25	38.05	40.29	27.01
		$115	15.80	34.29	22.76	41.56	40.30	42.67	28.61
		$120	16.70	36.24	24.05	43.93	42.59	45.10	30.23
		$125	17.62	38.23	25.37	46.34	44.93	47.57	31.89
		$130	18.55	40.26	26.72	48.79	47.31	50.09	33.58
		$135	19.50	42.32	28.09	51.30	49.74	52.66	35.30
		$140	20.47	44.43	29.48	53.84	52.21	55.28	37.06
		$145	21.46	46.57	30.90	56.44	54.72	57.94	38.84

Standard Security Life Insurance Company of New York
Fringe Mini-med - Arkansas
Monthly Premium Rates by Benefit

		$150	22.46	48.75	32.35	59.08	57.28	60.65	40.66
Partial Employer Paid	**3 per year**	**$10**	1.35	2.92	1.94	3.54	3.43	3.63	2.44
		$20	2.70	5.85	3.88	7.09	6.88	7.28	4.88
		$30	4.05	8.79	5.84	10.66	10.33	10.94	7.34
		$35	4.74	10.28	6.82	12.46	12.08	12.79	8.58
		$40	5.43	11.77	7.81	14.27	13.84	14.65	9.82
		$45	6.12	13.27	8.81	16.09	15.60	16.51	11.07
		$50	6.81	14.78	9.81	17.91	17.36	18.38	12.32
		$55	7.57	16.42	10.89	19.90	19.29	20.43	13.69
		$60	8.33	18.09	12.00	21.92	21.25	22.50	15.09
		$65	9.12	19.79	13.13	23.98	23.25	24.62	16.50
		$70	9.91	21.51	14.28	26.07	25.28	26.77	17.94
		$75	10.72	23.27	15.44	28.21	27.35	28.96	19.41
		$80	11.60	25.18	16.71	30.52	29.59	31.33	21.00
		$85	12.50	27.13	18.00	32.88	31.88	33.75	22.63
		$90	13.42	29.12	19.33	35.30	34.22	36.24	24.29
		$95	14.36	31.16	20.68	37.77	36.62	38.77	25.99
		$100	15.32	33.25	22.06	40.29	39.07	41.37	27.73
		$105	16.30	35.37	23.47	42.87	41.57	44.01	29.51
		$110	17.30	37.55	24.92	45.50	44.12	46.72	31.32
		$115	18.32	39.76	26.39	48.19	46.73	49.47	33.17
		$120	19.37	42.02	27.89	50.93	49.38	52.29	35.05
		$125	20.43	44.33	29.42	53.72	52.09	55.15	36.97
		$130	21.51	46.68	30.97	56.57	54.85	58.08	38.93
		$135	22.61	49.07	32.56	59.47	57.66	61.06	40.93
		$140	23.74	51.51	34.18	62.43	60.53	64.09	42.96
		$145	24.88	53.99	35.83	65.44	63.45	67.18	45.03
		$150	26.05	56.52	37.51	68.50	66.42	70.32	47.14
	6 per year	**$10**	1.55	3.36	2.23	4.07	3.95	4.18	2.80
		$20	3.10	6.73	4.47	8.16	7.91	8.37	5.61
		$30	4.66	10.11	6.71	12.26	11.88	12.58	8.44
		$35	5.45	11.82	7.85	14.33	13.89	14.71	9.86
		$40	6.24	13.54	8.98	16.41	15.91	16.85	11.29
		$45	7.03	15.26	10.13	18.50	17.94	18.99	12.73
		$50	7.83	16.99	11.28	20.59	19.97	21.14	14.17
		$55	8.70	18.88	12.53	22.88	22.18	23.49	15.75
		$60	9.58	20.80	13.80	25.21	24.44	25.88	17.35
		$65	10.49	22.75	15.10	27.58	26.74	28.31	18.98
		$70	11.40	24.74	16.42	29.99	29.07	30.78	20.64
		$75	12.33	26.76	17.76	32.44	31.45	33.30	22.32
		$80	13.34	28.95	19.21	35.09	34.03	36.03	24.15
		$85	14.38	31.20	20.70	37.81	36.66	38.82	26.02
		$90	15.43	33.49	22.23	40.59	39.36	41.67	27.94
		$95	16.51	35.84	23.78	43.43	42.11	44.59	29.89
		$100	17.62	38.23	25.37	46.34	44.93	47.57	31.89
		$105	18.75	40.68	26.99	49.30	47.80	50.62	33.93
		$110	19.90	43.18	28.65	52.33	50.74	53.72	36.01
		$115	21.07	45.73	30.34	55.42	53.73	56.89	38.14
		$120	22.27	48.33	32.07	58.57	56.79	60.13	40.31
		$125	23.49	50.98	33.83	61.78	59.90	63.43	42.52
		$130	24.74	53.68	35.62	65.06	63.08	66.79	44.77
		$135	26.01	56.43	37.45	68.39	66.31	70.21	47.07
		$140	27.30	59.24	39.31	71.79	69.61	73.70	49.41
		$145	28.61	62.09	41.20	75.25	72.96	77.25	51.79
		$150	29.95	65.00	43.13	78.77	76.38	80.87	54.21

Standard Security Life Insurance Company of New York
Fringe Mini-med - Arkansas
Monthly Premium Rates by Benefit

Voluntary	**3 per year**	**$10**	1.68	3.65	2.42	4.42	4.29	4.54	3.04
		$20	3.37	7.31	4.85	8.86	8.59	9.10	6.10
		$30	5.07	10.99	7.30	13.32	12.92	13.68	9.17
		$35	5.92	12.85	8.53	15.58	15.10	15.99	10.72
		$40	6.78	14.72	9.77	17.84	17.29	18.31	12.28
		$45	7.65	16.59	11.01	20.11	19.49	20.64	13.84
		$50	8.51	18.47	12.26	22.39	21.70	22.98	15.41
		$55	9.46	20.52	13.62	24.87	24.11	25.53	17.12
		$60	10.42	22.61	15.00	27.40	26.57	28.13	18.86
		$65	11.40	24.73	16.41	29.97	29.06	30.77	20.63
		$70	12.39	26.89	17.85	32.59	31.60	33.46	22.43
		$75	13.41	29.09	19.30	35.26	34.18	36.20	24.26
		$80	14.50	31.47	20.89	38.14	36.98	39.16	26.25
		$85	15.63	33.91	22.50	41.10	39.85	42.19	28.29
		$90	16.78	36.40	24.16	44.12	42.78	45.30	30.36
		$95	17.95	38.95	25.85	47.21	45.77	48.47	32.49
		$100	19.15	41.56	27.58	50.37	48.83	51.71	34.66
		$105	20.38	44.22	29.34	53.59	51.96	55.02	36.88
		$110	21.63	46.93	31.14	56.88	55.15	58.39	39.15
		$115	22.90	49.70	32.98	60.24	58.41	61.84	41.46
		$120	24.21	52.53	34.86	63.66	61.73	65.36	43.81
		$125	25.53	55.41	36.77	67.16	65.11	68.94	46.22
		$130	26.89	58.35	38.72	70.72	68.56	72.60	48.67
		$135	28.27	61.34	40.70	74.34	72.08	76.32	51.16
		$140	29.67	64.39	42.73	78.04	75.66	80.11	53.70
		$145	31.10	67.49	44.79	81.80	79.31	83.97	56.29
		$150	32.56	70.65	46.88	85.62	83.02	87.90	58.93
	6 per year	**$10**	1.93	4.20	2.79	5.09	4.93	5.22	3.50
		$20	3.88	8.41	5.58	10.19	9.88	10.47	7.02
		$30	5.83	12.64	8.39	15.32	14.86	15.73	10.54
		$35	6.81	14.78	9.81	17.91	17.37	18.39	12.33
		$40	7.80	16.92	11.23	20.51	19.89	21.06	14.12
		$45	8.79	19.08	12.66	23.12	22.42	23.74	15.91
		$50	9.79	21.24	14.10	25.74	24.96	26.43	17.72
		$55	10.87	23.60	15.66	28.60	27.73	29.36	19.68
		$60	11.98	26.00	17.25	31.51	30.55	32.35	21.69
		$65	13.11	28.44	18.87	34.47	33.42	35.39	23.72
		$70	14.25	30.93	20.52	37.48	36.34	38.48	25.80
		$75	15.42	33.45	22.20	40.55	39.31	41.62	27.90
		$80	16.68	36.19	24.02	43.87	42.53	45.03	30.19
		$85	17.97	39.00	25.88	47.26	45.83	48.52	32.53
		$90	19.29	41.86	27.78	50.74	49.20	52.09	34.92
		$95	20.64	44.80	29.73	54.29	52.64	55.74	37.36
		$100	22.02	47.79	31.71	57.92	56.16	59.46	39.86
		$105	23.43	50.85	33.74	61.63	59.75	63.27	42.41
		$110	24.87	53.97	35.82	65.41	63.42	67.15	45.02
		$115	26.34	57.16	37.93	69.27	67.17	71.12	47.68
		$120	27.84	60.41	40.09	73.21	70.99	75.16	50.39
		$125	29.36	63.72	42.29	77.23	74.88	79.28	53.15
		$130	30.92	67.10	44.53	81.32	78.85	83.49	55.97
		$135	32.51	70.54	46.81	85.49	82.89	87.77	58.84
		$140	34.12	74.04	49.14	89.74	87.01	92.13	61.76
		$145	35.77	77.61	51.50	94.07	91.20	96.57	64.74
		$150	37.44	81.24	53.91	98.47	95.47	101.09	67.77

Outpatient Diagnostic Advance Studies

	Max Per Adv Study (Annual Max = 3 per Year)	Employee	Emp+1	Emp+Ch	Emp+Sp	3-Tier Fam	4-Tier Fam	Composite
Employer	**$50**	0.35	0.76	0.50	0.92	0.89	0.94	0.63
Paid	**$100**	0.70	1.52	1.01	1.84	1.78	1.89	1.26
SCA	**$150**	1.05	2.28	1.51	2.76	2.68	2.83	1.90
	$175	1.23	2.66	1.77	3.23	3.13	3.31	2.22
	$200	1.41	3.05	2.02	3.70	3.58	3.79	2.54
	$225	1.58	3.44	2.28	4.17	4.04	4.28	2.87
	$250	1.76	3.83	2.54	4.64	4.50	4.76	3.19
	$275	1.96	4.25	2.82	5.15	5.00	5.29	3.55
	$300	2.16	4.68	3.11	5.68	5.50	5.83	3.91
	$325	2.36	5.12	3.40	6.21	6.02	6.38	4.27
	$350	2.57	5.57	3.70	6.75	6.55	6.93	4.65
	$375	2.78	6.03	4.00	7.30	7.08	7.50	5.03
	$400	3.00	6.52	4.33	7.90	7.66	8.11	5.44

Standard Security Life Insurance Company of New York
Fringe Mini-med - Arkansas
Monthly Premium Rates by Benefit

	$425	3.24	7.03	4.66	8.52	8.26	8.74	5.86
	$450	3.48	7.54	5.01	9.14	8.86	9.38	6.29
	$475	3.72	8.07	5.36	9.78	9.48	10.04	6.73
	$500	3.97	8.61	5.71	10.44	10.12	10.71	7.18
	$525	4.22	9.16	6.08	11.10	10.77	11.40	7.64
	$550	4.48	9.72	6.45	11.79	11.43	12.10	8.11
	$575	4.75	10.30	6.83	12.48	12.10	12.81	8.59
	$600	5.02	10.88	7.22	13.19	12.79	13.54	9.08
	$625	5.29	11.48	7.62	13.91	13.49	14.28	9.58
	$650	5.57	12.09	8.02	14.65	14.21	15.04	10.08
	$675	5.86	12.71	8.43	15.40	14.93	15.81	10.60
	$700	6.15	13.34	8.85	16.17	15.68	16.60	11.13
	$725	6.44	13.98	9.28	16.95	16.43	17.40	11.66
	$750	6.75	14.64	9.71	17.74	17.20	18.21	12.21
	$775	7.04	15.28	10.14	18.51	17.95	19.01	12.74
	$800	7.34	15.93	10.57	19.30	18.72	19.82	13.28
	$825	7.64	16.59	11.01	20.11	19.49	20.64	13.84
	$850	7.96	17.26	11.46	20.92	20.29	21.48	14.40
	$875	8.27	17.95	11.91	21.75	21.09	22.33	14.97
	$900	8.59	18.65	12.37	22.60	21.91	23.20	15.55
	$925	8.92	19.35	12.84	23.46	22.74	24.08	16.14
	$950	9.25	20.08	13.32	24.33	23.59	24.98	16.75
	$975	9.59	20.81	13.81	25.22	24.46	25.89	17.36
	$1,000	9.93	21.56	14.31	26.13	25.33	26.82	17.98
Partial	**$50**	0.46	1.01	0.67	1.22	1.18	1.25	0.84
Employer	**$100**	0.93	2.02	1.34	2.45	2.37	2.51	1.69
Paid	**$150**	1.40	3.04	2.02	3.68	3.57	3.78	2.53
	$175	1.64	3.55	2.36	4.30	4.17	4.42	2.96
	$200	1.87	4.07	2.70	4.93	4.78	5.06	3.39
	$225	2.11	4.58	3.04	5.55	5.39	5.70	3.82
	$250	2.35	5.10	3.39	6.18	6.00	6.35	4.26
	$275	2.61	5.67	3.76	6.87	6.66	7.05	4.73
	$300	2.88	6.25	4.14	7.57	7.34	7.77	5.21
	$325	3.15	6.83	4.53	8.28	8.03	8.50	5.70
	$350	3.42	7.43	4.93	9.00	8.73	9.24	6.20
	$375	3.70	8.04	5.33	9.74	9.44	10.00	6.70
	$400	4.01	8.69	5.77	10.54	10.22	10.82	7.25
	$425	4.32	9.37	6.22	11.35	11.01	11.66	7.81
	$450	4.63	10.06	6.67	12.19	11.82	12.51	8.39
	$475	4.96	10.76	7.14	13.04	12.65	13.39	8.98
	$500	5.29	11.48	7.62	13.91	13.49	14.28	9.58
	$525	5.63	12.21	8.11	14.80	14.35	15.20	10.19
	$550	5.97	12.97	8.60	15.71	15.24	16.13	10.81
	$575	6.33	13.73	9.11	16.64	16.13	17.08	11.45
	$600	6.69	14.51	9.63	17.59	17.05	18.06	12.10
	$625	7.05	15.31	10.16	18.55	17.99	19.05	12.77
	$650	7.43	16.12	10.70	19.54	18.94	20.05	13.44
	$675	7.81	16.94	11.24	20.54	19.91	21.08	14.13
	$700	8.20	17.79	11.80	21.56	20.90	22.13	14.84
	$725	8.59	18.64	12.37	22.60	21.91	23.20	15.55
	$750	8.99	19.52	12.95	23.65	22.93	24.28	16.28
	$775	9.39	20.37	13.52	24.69	23.94	25.34	16.99
	$800	9.79	21.24	14.09	25.74	24.95	26.42	17.71
	$825	10.19	22.12	14.68	26.81	25.99	27.52	18.45
	$850	10.61	23.02	15.27	27.90	27.05	28.64	19.20
	$875	11.03	23.93	15.88	29.00	28.12	29.78	19.96
	$900	11.46	24.86	16.50	30.13	29.21	30.93	20.74
	$925	11.89	25.81	17.13	31.28	30.33	32.11	21.53
	$950	12.34	26.77	17.76	32.44	31.46	33.31	22.33
	$975	12.79	27.75	18.41	33.63	32.61	34.53	23.14
	$1,000	13.25	28.74	19.07	34.84	33.78	35.76	23.98
Voluntary	**$50**	0.58	1.26	0.84	1.53	1.48	1.57	1.05
	$100	1.16	2.53	1.68	3.06	2.97	3.14	2.11
	$150	1.75	3.80	2.52	4.60	4.46	4.72	3.17
	$175	2.05	4.44	2.94	5.38	5.21	5.52	3.70
	$200	2.34	5.08	3.37	6.16	5.97	6.32	4.24
	$225	2.64	5.73	3.80	6.94	6.73	7.13	4.78
	$250	2.94	6.38	4.23	7.73	7.49	7.94	5.32
	$275	3.27	7.09	4.70	8.59	8.33	8.82	5.91
	$300	3.60	7.81	5.18	9.46	9.17	9.71	6.51
	$325	3.94	8.54	5.67	10.35	10.04	10.63	7.12
	$350	4.28	9.29	6.16	11.25	10.91	11.55	7.75

Standard Security Life Insurance Company of New York
Fringe Mini-med - Arkansas
Monthly Premium Rates by Benefit

	$375	4.63	10.05	6.67	12.17	11.80	12.50	8.38
	$400	5.01	10.87	7.21	13.17	12.77	13.52	9.06
	$425	5.40	11.71	7.77	14.19	13.76	14.57	9.77
	$450	5.79	12.57	8.34	15.24	14.77	15.64	10.49

Standard Security Life Insurance Company of New York
Fringe Mini-med - Arkansas
Monthly Premium Rates by Benefit

	$475	6.20	13.45	8.93	16.30	15.81	16.74	11.22
	$500	6.61	14.35	9.52	17.39	16.86	17.86	11.97
	$525	7.04	15.27	10.13	18.51	17.94	19.00	12.74
	$550	7.47	16.21	10.75	19.64	19.04	20.16	13.52
	$575	7.91	17.16	11.39	20.80	20.17	21.35	14.32
	$600	8.36	18.14	12.04	21.98	21.32	22.57	15.13
	$625	8.82	19.13	12.70	23.19	22.48	23.81	15.96
	$650	9.28	20.15	13.37	24.42	23.68	25.07	16.81
	$675	9.76	21.18	14.06	25.67	24.89	26.35	17.67
	$700	10.25	22.23	14.75	26.95	26.13	27.66	18.54
	$725	10.74	23.30	15.46	28.25	27.39	29.00	19.44
	$750	11.24	24.40	16.19	29.57	28.67	30.35	20.35
	$775	11.73	25.46	16.90	30.86	29.92	31.68	21.24
	$800	12.23	26.54	17.62	32.17	31.19	33.03	22.14
	$825	12.74	27.65	18.35	33.51	32.49	34.40	23.06
	$850	13.26	28.77	19.09	34.87	33.81	35.80	24.00
	$875	13.78	29.91	19.85	36.25	35.15	37.22	24.95
	$900	14.32	31.08	20.62	37.66	36.52	38.67	25.92
	$925	14.87	32.26	21.41	39.10	37.91	40.14	26.91
	$950	15.42	33.46	22.20	40.55	39.32	41.63	27.91
	$975	15.98	34.69	23.02	42.04	40.76	43.16	28.93
	$1,000	16.56	35.93	23.84	43.55	42.22	44.71	29.97

Inpatient, Outpatient, Outpatient Minor and Outpatient Venipuncture Surgical

	Inpatient/Outpatient One Time Benefit	**Employee**	**Emp+1**	**Emp+Ch**	**Emp+Sp**	**3-Tier Fam**	**4-Tier Fam**	**Composite**
Employer Paid SCA	**$500/$250**	4.40	10.17	7.04	11.58	11.45	12.11	8.14
	$1,000/$500	8.58	19.83	13.73	22.58	22.32	23.61	15.88
	$1,500/$750	12.77	29.49	20.43	33.58	33.19	35.11	23.62
	$2,000/$1,000	16.73	38.64	26.77	44.00	43.49	46.00	30.95
	$2,500/$1,250	20.69	47.79	33.10	54.42	53.79	56.90	38.28
	$3,000/$1,500	24.65	56.95	39.44	64.84	64.10	67.79	45.61
Partial Employer Paid	**$500/$250**	5.87	13.56	9.39	15.44	15.26	16.14	10.86
	$1,000/$500	11.45	26.44	18.31	30.10	29.76	31.48	21.17
	$1,500/$750	17.02	39.32	27.23	44.77	44.26	46.81	31.49
	$2,000/$1,000	22.30	51.52	35.69	58.66	57.99	61.34	41.26
	$2,500/$1,250	27.59	63.73	44.14	72.55	71.73	75.86	51.04
	$3,000/$1,500	32.87	75.93	52.59	86.45	85.46	90.39	60.81
Voluntary	**$500/$250**	7.34	16.95	11.74	19.30	19.08	20.18	13.57
	$1,000/$500	14.31	33.05	22.89	37.63	37.20	39.34	26.47
	$1,500/$750	21.28	49.15	34.04	55.96	55.32	58.51	39.36
	$2,000/$1,000	27.88	64.40	44.61	73.33	72.49	76.67	51.58
	$2,500/$1,250	34.48	79.66	55.17	90.69	89.66	94.83	63.80
	$3,000/$1,500	41.09	94.91	65.74	108.06	106.83	112.99	76.01

Anesthesia

	One Time Benefit	**Employee**	**Emp+1**	**Emp+Ch**	**Emp+Sp**	**3-Tier Fam**	**4-Tier Fam**	**Composite**
Employer Paid SCA	**$125**	1.34	3.09	2.14	3.52	3.48	3.68	2.47
	$250	2.61	6.02	4.17	6.86	6.78	7.17	4.82
	$375	3.88	8.96	6.20	10.20	10.08	10.66	7.17
	$500	5.08	11.74	8.13	13.36	13.21	13.97	9.40
	$625	6.28	14.52	10.06	16.53	16.34	17.28	11.63
	$750	7.49	17.30	11.98	19.69	19.47	20.59	13.85
Partial Employer Paid	**$125**	1.78	4.12	2.85	4.69	4.64	4.90	3.30
	$250	3.48	8.03	5.56	9.14	9.04	9.56	6.43
	$375	5.17	11.94	8.27	13.60	13.44	14.22	9.57
	$500	6.77	15.65	10.84	17.82	17.61	18.63	12.53
	$625	8.38	19.36	13.41	22.04	21.79	23.04	15.50
	$750	9.98	23.06	15.97	26.26	25.96	27.46	18.47
Voluntary	**$125**	2.23	5.15	3.57	5.86	5.79	6.13	4.12
	$250	4.35	10.04	6.95	11.43	11.30	11.95	8.04
	$375	6.46	14.93	10.34	17.00	16.80	17.77	11.96
	$500	8.47	19.56	13.55	22.27	22.02	23.29	15.67
	$625	10.47	24.20	16.76	27.55	27.23	28.80	19.38
	$750	12.48	28.83	19.97	32.82	32.45	34.32	23.09

Standard Security Life Insurance Company of New York
Fringe Mini-med - Arkansas
Monthly Premium Rates by Benefit

Ambulance

	Benefit	Employee	Emp+1	Emp+Ch	Emp+Sp	3-Tier Fam	4-Tier Fam	Composite
Employer Paid SCA	$150	0.57	1.31	0.91	1.50	1.48	1.57	1.05
Partial Employer Paid	$150	0.76	1.75	1.21	2.00	1.97	2.09	1.40
Voluntary	$150	0.95	2.19	1.52	2.50	2.47	2.61	1.76

Outpatient Prescription Medication*

	Benefit	Employee	Emp+1	Emp+Ch	Emp+Sp	3-Tier Fam	4-Tier Fam	Composite
Employer Paid SCA	Generic 15 /Max 30*	5.54	12.80	8.86	14.58	14.40	15.24	10.25
	Generic 5 /Max 30	8.34	19.26	13.34	21.92	21.67	22.92	15.42
	Generic 5 /Max 50	9.00	20.80	14.40	23.67	23.40	24.75	16.65
	Generic 5 /Brand 25 /Max 50	12.04	27.81	19.26	31.66	31.30	33.11	22.27
	Generic 5 /Brand 25 /Max 100	15.37	35.49	24.58	40.41	39.94	42.25	28.42
	Generic 5 /Brand 25 /Max 150	16.90	39.03	27.03	44.44	43.93	46.47	31.26
Partial Employer Paid	Generic 15 /Max 30*	7.39	17.07	11.82	19.43	19.21	20.32	13.67
	Generic 5 /Max 30	11.11	25.67	17.78	29.23	28.89	30.56	20.56
	Generic 5 /Max 50	12.00	27.73	19.20	31.57	31.20	33.00	22.20
	Generic 5 /Brand 25 /Max 50	16.05	37.08	25.68	42.21	41.73	44.14	29.69
	Generic 5 /Brand 25 /Max 100	20.48	47.31	32.77	53.87	53.26	56.33	37.89
	Generic 5 /Brand 25 /Max 150	22.53	52.04	36.05	59.26	58.58	61.96	41.68
Voluntary	Generic 15 //Max 30*	9.23	21.34	14.78	24.29	24.01	25.40	17.08
	Generic 5 /Max 30	13.89	32.09	22.22	36.54	36.11	38.20	25.70
	Generic 5 /Max 50	15.00	34.66	24.00	39.46	39.00	41.25	27.75
	Generic 5 /Brand 25 /Max 50	20.07	46.34	32.10	52.76	52.17	55.17	37.11
	Generic 5 /Brand 25 /Max 100	25.61	59.14	40.97	67.34	66.57	70.42	47.36
	Generic 5 /Brand 25 /Max 150	28.16	65.06	45.06	74.07	73.22	77.45	52.10

Accident

	Max Per Accident	Employee	Emp+1	Emp+Ch	Emp+Sp	3-Tier Fam	4-Tier Fam	Composite
Employer Paid SCA	$300	1.05	3.20	2.89	2.76	4.52	4.73	2.15
	$500	1.62	4.93	4.44	4.25	6.95	7.27	3.31
	$1,000	2.99	9.12	8.22	7.86	12.86	13.46	6.13
	$2,500	6.06	18.49	16.67	15.94	26.06	27.28	12.43
	$5,000	10.51	32.04	28.89	27.63	45.18	47.28	21.54
Partial Employer Paid	$300	1.40	4.27	3.85	3.68	6.02	6.30	2.87
	$500	2.16	6.57	5.93	5.67	9.27	9.70	4.42
	$1,000	3.99	12.16	10.96	10.49	17.14	17.94	8.17
	$2,500	8.08	24.65	22.22	21.25	34.75	36.37	16.57
	$5,000	14.01	42.73	38.52	36.84	60.24	63.04	28.72
Voluntary	$300	1.75	5.34	4.82	4.61	7.53	7.88	3.59
	$500	2.69	8.22	7.41	7.08	11.58	12.12	5.52
	$1,000	4.98	15.20	13.71	13.11	21.43	22.43	10.22
	$2,500	10.10	30.81	27.78	26.57	43.44	45.46	20.71
	$5,000	17.51	53.41	48.15	46.05	75.29	78.80	35.90

Standard Security Life Insurance Company of New York
Fringe Mini-med - Arkansas
Monthly Premium Rates by Benefit

Life Insurance

	Benefit	Employee
Employer Paid SCA	$5,000	1.52
	$10,000	3.05
	$15,000	4.57
	$20,000	6.10
	$25,000	7.62
	$30,000	9.15
	$35,000	10.67
	$40,000	12.19
	$45,000	13.72
	$50,000	15.24
Partial Employer Paid	$5,000	2.03
	$10,000	4.06
	$15,000	6.10
	$20,000	8.13
	$25,000	10.16
	$30,000	12.19
	$35,000	14.23
	$40,000	16.26
	$45,000	18.29
	$50,000	20.32
Voluntary	$5,000	2.54
	$10,000	5.08
	$15,000	7.62
	$20,000	10.16
	$25,000	12.70
	$30,000	15.24
	$35,000	17.78
	$40,000	20.32
	$45,000	22.86
	$50,000	25.40

Additional units above $50,000, would be flat multiples of the $5,000 rate.
***Voluntary Rates should be used if this benefit is quoted on a stand-alone basis**

Dependent Life

	Spouse/Child Benefit	Emp+1	Emp+Ch	Emp+Sp	3-Tier Fam	4-Tier Fam	Composite
Voluntary	$2,500 / $1,250	3.19	1.91	3.60	5.21	5.51	3.81
	$5,000 / $2,500	6.70	4.02	7.55	10.94	11.57	7.99
	$7,500 / $3,750	10.21	6.12	11.51	16.67	17.63	12.18
	$10,000 / $5,000	13.72	8.23	15.46	22.39	23.69	16.37
	$12,500 / $6,250	17.23	10.33	19.42	28.12	29.74	20.56
	$15,000 / $7,500	20.75	12.43	23.37	33.85	35.80	24.75
	$17,500 / $8,750	24.26	14.54	27.33	39.58	41.86	28.93
	$20,000 / $10,000	27.77	16.64	31.28	45.31	47.92	33.12
	$22,500 / $11,250	31.28	18.75	35.24	51.04	53.98	37.31
	$25,000 / $12,500	34.79	20.85	39.19	56.77	60.04	41.50
	$27,500 / $13,750	38.30	22.95	43.15	62.49	66.10	45.68
	$30,000 / $15,000	41.81	25.06	47.10	68.22	72.16	49.87
	$32,500 / $16,250	45.32	27.16	51.06	73.95	78.22	54.06
	$35,000 / $17,500	48.83	29.27	55.01	79.68	84.28	58.25
	$37,500 / $18,750	52.34	31.37	58.97	85.41	90.34	62.43
	$40,000 / $20,000	55.85	33.47	62.92	91.14	96.40	66.62
	$42,500 / $21,250	59.36	35.58	66.88	96.87	102.45	70.81
	$45,000 / $22,500	62.88	37.68	70.83	102.59	108.51	75.00
	$47,500 / $23,750	66.39	39.79	74.79	108.32	114.57	79.19
	$50,000 / $25,000	69.90	41.89	78.74	114.05	120.63	83.37

Standard Security Life Insurance Company of New York
Fringe Mini-med - Arkansas
Monthly Premium Rates by Benefit

Life / AD&D

	Benefit	Employee
Employer Paid SCA	$5,000	1.75
	$10,000	3.50
	$15,000	5.26
	$20,000	7.01
	$25,000	8.76
	$30,000	10.51
	$35,000	12.26
	$40,000	14.02
	$45,000	15.77
	$50,000	17.52
Partial Employer Paid	$5,000	2.34
	$10,000	4.67
	$15,000	7.01
	$20,000	9.34
	$25,000	11.68
	$30,000	14.02
	$35,000	16.35
	$40,000	18.69
	$45,000	21.02
	$50,000	23.36
Voluntary	$5,000	2.92
	$10,000	5.84
	$15,000	8.76
	$20,000	11.68
	$25,000	14.60
	$30,000	17.52
	$35,000	20.44
	$40,000	23.36
	$45,000	26.28
	$50,000	29.20

Additional units above $50,000, would be flat multiples of the $5,000 rate.
***Voluntary Rates should be used if this benefit is quoted on a stand-alone basis**

Accidental Death and Dismemberment

	Benefit	Employee
Employer Paid SCA	$5,000	0.28
	$10,000	0.56
	$15,000	0.84
	$20,000	1.12
	$25,000	1.40
	$30,000	1.68
	$35,000	1.96
	$40,000	2.24
	$45,000	2.52
	$50,000	2.80
Partial Employer Paid	$5,000	0.37
	$10,000	0.75
	$15,000	1.12
	$20,000	1.50
	$25,000	1.87
	$30,000	2.24
	$35,000	2.62
	$40,000	2.99
	$45,000	3.36
	$50,000	3.74
Voluntary	$5,000	0.47
	$10,000	0.93
	$15,000	1.40
	$20,000	1.87
	$25,000	2.34
	$30,000	2.80
	$35,000	3.27
	$40,000	3.74
	$45,000	4.20
	$50,000	4.67

Additional units above $50,000, would be flat multiples of the $5,000 rate.
***Voluntary Rates should be used if this benefit is quoted on a stand-alone basis**

Standard Security Life Insurance Company of New York
Fringe Mini-med - Arkansas
Monthly Premium Rates by Benefit

Critical Care

	Benefit	Employee	Emp+1	Emp+Ch	Emp+Sp	3-Tier Fam	4-Tier Fam	Composite
Employer Paid SCA	$5,000	4.82	6.68	4.90	7.17	6.91	7.32	6.15
	$10,000	9.64	13.36	9.79	14.35	13.81	14.65	12.30
	$15,000	14.46	20.04	14.69	21.52	20.72	21.97	18.44
	$20,000	19.28	26.72	19.58	28.69	27.63	29.30	24.59
	$25,000	24.10	33.40	24.48	35.86	34.53	36.62	30.74
Partial Employer Paid	$5,000	6.43	8.91	6.53	9.56	9.21	9.77	8.20
	$10,000	12.85	17.81	13.05	19.13	18.42	19.53	16.39
	$15,000	19.28	26.72	19.58	28.69	27.63	29.30	24.59
	$20,000	25.70	35.62	26.11	38.25	36.84	39.06	32.79
	$25,000	32.13	44.53	32.64	47.82	46.05	48.83	40.99
Voluntary	$5,000	8.03	11.13	8.16	11.95	11.51	12.21	10.25
	$10,000	16.07	22.26	16.32	23.91	23.02	24.41	20.49
	$15,000	24.10	33.40	24.48	35.86	34.53	36.62	30.74
	$20,000	32.13	44.53	32.64	47.82	46.05	48.83	40.99
	$25,000	40.16	55.66	40.80	59.77	57.56	61.04	51.23

Non-Occupational Weekly Disability Income

	Benefit Start Day / Max Weeks of Benefit	Per Week Max $	Employee
Employer Paid SCA	15th Day / 13 Weeks	$300	8.46
	15th Day / 26 Weeks		11.27
	8th Day / 13 Weeks		10.78
	8th Day / 26 Weeks		14.37
	15th Day / 13 Weeks	$150	5.92
	15th Day / 26 Weeks		7.89
	8th Day / 13 Weeks		7.55
	8th Day / 26 Weeks		10.06
Partial Employer Paid	15th Day / 13 Weeks	$300	11.27
	15th Day / 26 Weeks		15.03
	8th Day / 13 Weeks		14.37
	8th Day / 26 Weeks		19.17
	15th Day / 13 Weeks	$150	7.89
	15th Day / 26 Weeks		10.52
	8th Day / 13 Weeks		10.06
	8th Day / 26 Weeks		13.42
Voluntary	15th Day / 13 Weeks	$300	14.09
	15th Day / 26 Weeks		18.79
	8th Day / 13 Weeks		17.97
	8th Day / 26 Weeks		23.96
	15th Day / 13 Weeks	$150	9.86
	15th Day / 26 Weeks		13.15
	8th Day / 13 Weeks		12.58
	8th Day / 26 Weeks		16.77

*Voluntary Rates should be used if this benefit is quoted on a stand-alone basis

Dental

	Deductible / Max Benefit	Employee	Emp+1	Emp+Ch	Emp+Sp	3-Tier Fam	4-Tier Fam	Composite
Employer Paid SCA	$50 / $250	7.24	17.02	12.31	19.05	19.99	21.15	13.62
	$50 / $500	9.99	23.48	16.98	26.27	27.57	29.17	18.78
	$50 / $1,000	13.99	32.88	23.78	36.79	38.61	40.85	26.30
	$100 / $250	6.74	15.85	11.46	17.74	18.61	19.69	12.68
	$100 / $500	9.30	21.86	15.81	24.46	25.67	27.16	17.49
	$100 / $1,000	13.29	31.23	22.59	34.95	36.68	38.81	24.99
Partial Employer Paid	$50 / $250	9.66	22.69	16.42	25.40	26.65	28.20	18.15
	$50 / $500	13.32	31.30	22.64	35.03	36.76	38.89	25.04
	$50 / $1,000	18.65	43.84	31.71	49.06	51.48	54.47	35.07
	$100 / $250	8.99	21.13	15.29	23.65	24.82	26.25	16.90
	$100 / $500	12.40	29.14	21.08	32.62	34.23	36.21	23.32
	$100 / $1,000	17.72	41.64	30.13	46.61	48.91	51.74	33.32
Voluntary	$50 / $250	12.07	28.37	20.52	31.75	33.31	35.25	22.69
	$50 / $500	16.65	39.13	28.30	43.79	45.95	48.62	31.30
	$50 / $1,000	23.32	54.80	39.64	61.32	64.36	68.09	43.84
	$100 / $250	11.24	26.41	19.11	29.56	31.02	32.82	21.13
	$100 / $500	15.50	36.43	26.35	40.77	42.79	45.27	29.14
	$100 / $1,000	22.15	52.05	37.66	58.26	61.14	64.68	41.64

*Voluntary Rates should be used if this benefit is quoted on a stand-alone basis. The $1,000 maximum benefit option is not available on a stand-alone basis.

Standard Security Life Insurance Company of New York
Fringe Mini-med - Arkansas
Monthly Premium Rates by Benefit

Vision

	Max Benefit Per Plan Year	Employee	Emp+1	Emp+Ch	Emp+Sp	3-Tier Fam	4-Tier Fam	Composite
Employer Paid - SCA	$300	3.62	8.37	5.80	9.53	9.42	9.97	6.71
Partial Employer Paid	$300	4.83	11.16	7.73	12.71	12.57	13.29	8.94
Voluntary	$300	6.04	13.96	9.67	15.89	15.71	16.61	11.18

***Voluntary Rates should be used if this benefit is quoted on a stand-alone basis**

Commissions Factors

Commssions %	AR
30%	1.263
25%	1.116
20%	1.000
18%	N/A
15%	0.906
13%	N/A
10%	0.828
5%	0.762
0%	0.706

State Factors

State	State Factor
AR	1.000

Notes:

- The “Employer Paid SCA” Rate Tables apply when the policyholder pays 100% of the Employee only premium.
- The “Partial Employer Paid” Rate Tables apply when the policyholder pays 50% or more of the Employee only premium.
- The “Voluntary” Rate Tables apply when the policyholder pays less than 50% of the Employee premium.

- When experience on a case is available to the company under a similar group policy or policies issued by the company or issued by another carrier, the premium rates may be adjusted, on a prospective basis, to produce anticipated experience for the case approximating the anticipated loss ratio.

- All rates should have the appropriate commission factor applied as indicated in the above Commissions Factors table.