

FAMILY MATTERS. NO MATTER WHAT:

Designed for the Employees of City of Somerville

Effective Date: 01/01/2019

Guaranteed Issue Amounts											
Age 18-59 60-69 70+											
Employee	\$150,000	\$80,000	\$10,000								
Spouse	\$30,000	\$20,000	N/A								

Employees may elect in increments of \$10,000 to a maximum of the lesser of 7 times salary or \$500,000.

Employee Premium** - 12 Deductions (Amounts may vary slightly from actual deductions due to rounding)

	Monthly										
Age	Rate per 1,000	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
Under 20	\$0.100	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	\$9.00	\$10.00
20-24	\$0.100	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	\$9.00	\$10.00
25-29	\$0.100	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	\$9.00	\$10.00
30-34	\$0.100	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	\$9.00	\$10.00
35-39	\$0.120	\$1.20	\$2.40	\$3.60	\$4.80	\$6.00	\$7.20	\$8.40	\$9.60	\$10.80	\$12.00
40-44	\$0.170	\$1.70	\$3.40	\$5.10	\$6.80	\$8.50	\$10.20	\$11.90	\$13.60	\$15.30	\$17.00
45-49	\$0.250	\$2.50	\$5.00	\$7.50	\$10.00	\$12.50	\$15.00	\$17.50	\$20.00	\$22.50	\$25.00
50-54	\$0.400	\$4.00	\$8.00	\$12.00	\$16.00	\$20.00	\$24.00	\$28.00	\$32.00	\$36.00	\$40.00
55-59	\$0.660	\$6.60	\$13.20	\$19.80	\$26.40	\$33.00	\$39.60	\$46.20	\$52.80	\$59.40	\$66.00
60-64	\$0.940	\$9.40	\$18.80	\$28.20	\$37.60	\$47.00	\$56.40	\$65.80	\$75.20	\$84.60	\$94.00
65-69	\$1.520	\$15.20	\$30.40	\$45.60	\$60.80	\$76.00	\$91.20	\$106.40	\$121.60	\$136.80	\$152.00
70-74	\$2.750	\$27.50	\$55.00	\$82.50	\$110.00	\$137.50	\$165.00	\$192.50	\$220.00	\$247.50	\$275.00
75-79	\$4.720	\$47.20	\$94.40	\$141.60	\$188.80	\$236.00	\$283.20	\$330.40	\$377.60	\$424.80	\$472.00
80 & Over	\$7.740	\$77.40	\$154.80	\$232.20	\$309.60	\$387.00	\$464.40	\$541.80	\$619.20	\$696.60	\$774.00

	Monthly Rate per										
Age	1,000	\$110,000	\$120,000	\$130,000	\$140,000	\$150,000	\$160,000	\$170,000	\$180,000	\$190,000	\$200,000
Under 20	\$0.100	\$11.00	\$12.00	\$13.00	\$14.00	\$15.00	\$16.00	\$17.00	\$18.00	\$19.00	\$20.00
20-24	\$0.100	\$11.00	\$12.00	\$13.00	\$14.00	\$15.00	\$16.00	\$17.00	\$18.00	\$19.00	\$20.00
25-29	\$0.100	\$11.00	\$12.00	\$13.00	\$14.00	\$15.00	\$16.00	\$17.00	\$18.00	\$19.00	\$20.00
30-34	\$0.100	\$11.00	\$12.00	\$13.00	\$14.00	\$15.00	\$16.00	\$17.00	\$18.00	\$19.00	\$20.00
35-39	\$0.120	\$13.20	\$14.40	\$15.60	\$16.80	\$18.00	\$19.20	\$20.40	\$21.60	\$22.80	\$24.00
40-44	\$0.170	\$18.70	\$20.40	\$22.10	\$23.80	\$25.50	\$27.20	\$28.90	\$30.60	\$32.30	\$34.00
45-49	\$0.250	\$27.50	\$30.00	\$32.50	\$35.00	\$37.50	\$40.00	\$42.50	\$45.00	\$47.50	\$50.00
50-54	\$0.400	\$44.00	\$48.00	\$52.00	\$56.00	\$60.00	\$64.00	\$68.00	\$72.00	\$76.00	\$80.00
55-59	\$0.660	\$72.60	\$79.20	\$85.80	\$92.40	\$99.00	\$105.60	\$112.20	\$118.80	\$125.40	\$132.00
60-64	\$0.940	\$103.40	\$112.80	\$122.20	\$131.60	\$141.00	\$150.40	\$159.80	\$169.20	\$178.60	\$188.00
65-69	\$1.520	\$167.20	\$182.40	\$197.60	\$212.80	\$228.00	\$243.20	\$258.40	\$273.60	\$288.80	\$304.00
70-74	\$2.750	\$302.50	\$330.00	\$357.50	\$385.00	\$412.50	\$440.00	\$467.50	\$495.00	\$522.50	\$550.00
75-79	\$4.720	\$519.20	\$566.40	\$613.60	\$660.80	\$708.00	\$755.20	\$802.40	\$849.60	\$896.80	\$944.00
80 & Over	\$7.740	\$851.40	\$928.80	\$1,006.20	\$1,083.60	\$1,161.00	\$1,238.40	\$1,315.80	\$1,393.20	\$1,470.60	\$1,548.00

Dependent Child(ren) Coverage - Life Only - \$0.95 per Family Unit per Month. All Guaranteed Issue.

\$500 - 14 days to 1 year

\$5,000 - 1yr to 19yrs (25yrs if a Full-Time Student)

(The employee must be enrolled in the Voluntary Life Plan in order to enroll the Spouse and/or Children.)

*Issue Age Premiums - The premium for your coverage is paid by you. Issue Age pricing means that your rates (and your spouse's if applicable) do not change with age. After the initial rate guarantee period, the employer is subject to an annual review and possible rate changes.

Rates are effective as of the date shown above. Group life policies are underwritten by Boston Mutual Life Insurance Company under Policy form BML GRTP 4/99, subject to state availability. Product offerings may vary depending on state laws and regulations. Policies have exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to your certificate or contact your benefits administrator.

413-24444-1118-12EVTL11/18

^{**}Premiums shown above are based on current monthly rates and may vary from billed premiums.



Designed for the Employees of City of Somerville

Effective Date: 01/01/2019

Guaranteed Issue Amounts											
Age 18-59 60-69 70+											
Employee	\$150,000	\$80,000	\$10,000								
Spouse	\$30,000	\$20,000	N/A								

FAMILY MATTERS. NO MATTER WHAT

Employees may elect in increments of \$10,000 to a maximum of the lesser of 7 times salary or \$500,000.

Employee Premium** - 12 Deductions (Amounts may vary slightly from actual deductions due to rounding)

	Monthly Rate per										
Age	1,000	\$210,000	\$220,000	\$230,000	\$240,000	\$250,000	\$260,000	\$270,000	\$280,000	\$290,000	\$300,000
Under 20	\$0.100	\$21.00	\$22.00	\$23.00	\$24.00	\$25.00	\$26.00	\$27.00	\$28.00	\$29.00	\$30.00
20-24	\$0.100	\$21.00	\$22.00	\$23.00	\$24.00	\$25.00	\$26.00	\$27.00	\$28.00	\$29.00	\$30.00
25-29	\$0.100	\$21.00	\$22.00	\$23.00	\$24.00	\$25.00	\$26.00	\$27.00	\$28.00	\$29.00	\$30.00
30-34	\$0.100	\$21.00	\$22.00	\$23.00	\$24.00	\$25.00	\$26.00	\$27.00	\$28.00	\$29.00	\$30.00
35-39	\$0.120	\$25.20	\$26.40	\$27.60	\$28.80	\$30.00	\$31.20	\$32.40	\$33.60	\$34.80	\$36.00
40-44	\$0.170	\$35.70	\$37.40	\$39.10	\$40.80	\$42.50	\$44.20	\$45.90	\$47.60	\$49.30	\$51.00
45-49	\$0.250	\$52.50	\$55.00	\$57.50	\$60.00	\$62.50	\$65.00	\$67.50	\$70.00	\$72.50	\$75.00
50-54	\$0.400	\$84.00	\$88.00	\$92.00	\$96.00	\$100.00	\$104.00	\$108.00	\$112.00	\$116.00	\$120.00
55-59	\$0.660	\$138.60	\$145.20	\$151.80	\$158.40	\$165.00	\$171.60	\$178.20	\$184.80	\$191.40	\$198.00
60-64	\$0.940	\$197.40	\$206.80	\$216.20	\$225.60	\$235.00	\$244.40	\$253.80	\$263.20	\$272.60	\$282.00
65-69	\$1.520	\$319.20	\$334.40	\$349.60	\$364.80	\$380.00	\$395.20	\$410.40	\$425.60	\$440.80	\$456.00
70-74	\$2.750	\$577.50	\$605.00	\$632.50	\$660.00	\$687.50	\$715.00	\$742.50	\$770.00	\$797.50	\$825.00
75-79	\$4.720	\$991.20	\$1,038.40	\$1,085.60	\$1,132.80	\$1,180.00	\$1,227.20	\$1,274.40	\$1,321.60	\$1,368.80	\$1,416.00
80 & Over	\$7.740	\$1,625.40	\$1,702.80	\$1,780.20	\$1,857.60	\$1,935.00	\$2,012.40	\$2,089.80	\$2,167.20	\$2,244.60	\$2,322.00

	Monthly Rate per										
Age	1,000	\$310,000	\$320,000	\$330,000	\$340,000	\$350,000	\$360,000	\$370,000	\$380,000	\$390,000	\$400,000
Under 20	\$0.100	\$31.00	\$32.00	\$33.00	\$34.00	\$35.00	\$36.00	\$37.00	\$38.00	\$39.00	\$40.00
20-24	\$0.100	\$31.00	\$32.00	\$33.00	\$34.00	\$35.00	\$36.00	\$37.00	\$38.00	\$39.00	\$40.00
25-29	\$0.100	\$31.00	\$32.00	\$33.00	\$34.00	\$35.00	\$36.00	\$37.00	\$38.00	\$39.00	\$40.00
30-34	\$0.100	\$31.00	\$32.00	\$33.00	\$34.00	\$35.00	\$36.00	\$37.00	\$38.00	\$39.00	\$40.00
35-39	\$0.120	\$37.20	\$38.40	\$39.60	\$40.80	\$42.00	\$43.20	\$44.40	\$45.60	\$46.80	\$48.00
40-44	\$0.170	\$52.70	\$54.40	\$56.10	\$57.80	\$59.50	\$61.20	\$62.90	\$64.60	\$66.30	\$68.00
45-49	\$0.250	\$77.50	\$80.00	\$82.50	\$85.00	\$87.50	\$90.00	\$92.50	\$95.00	\$97.50	\$100.00
50-54	\$0.400	\$124.00	\$128.00	\$132.00	\$136.00	\$140.00	\$144.00	\$148.00	\$152.00	\$156.00	\$160.00
55-59	\$0.660	\$204.60	\$211.20	\$217.80	\$224.40	\$231.00	\$237.60	\$244.20	\$250.80	\$257.40	\$264.00
60-64	\$0.940	\$291.40	\$300.80	\$310.20	\$319.60	\$329.00	\$338.40	\$347.80	\$357.20	\$366.60	\$376.00
65-69	\$1.520	\$471.20	\$486.40	\$501.60	\$516.80	\$532.00	\$547.20	\$562.40	\$577.60	\$592.80	\$608.00
70-74	\$2.750	\$852.50	\$880.00	\$907.50	\$935.00	\$962.50	\$990.00	\$1,017.50	\$1,045.00	\$1,072.50	\$1,100.00
75-79	\$4.720	\$1,463.20	\$1,510.40	\$1,557.60	\$1,604.80	\$1,652.00	\$1,699.20	\$1,746.40	\$1,793.60	\$1,840.80	\$1,888.00
80 & Over	\$7.740	\$2,399.40	\$2,476.80	\$2,554.20	\$2,631.60	\$2,709.00	\$2,786.40	\$2,863.80	\$2,941.20	\$3,018.60	\$3,096.00

Dependent Child(ren) Coverage - Life Only - \$0.95 per Family Unit per Month. All Guaranteed Issue.

\$500 - 14 days to 1 year

\$5,000 - 1yr to 19yrs (25yrs if a Full-Time Student)

(The employee must be enrolled in the Voluntary Life Plan in order to enroll the Spouse and/or Children.)

*Issue Age Premiums - The premium for your coverage is paid by you. Issue Age pricing means that your rates (and your spouse's if applicable) do not change with age. After the initial rate guarantee period, the employer is subject to an annual review and possible rate changes.

Rates are effective as of the date shown above. Group life policies are underwritten by Boston Mutual Life Insurance Company under Policy form BML GRTP 4/99, subject to state availability. Product offerings may vary depending on state laws and regulations. Policies have exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to your certificate or contact your benefits administrator.

413-24444-1118-12EVTL11/18

^{**}Premiums shown above are based on current monthly rates and may vary from billed premiums.



Designed for the Employees of City of Somerville

Effective Date: 01/01/2019

FA	MILY	MA	TTERS.
NO	MAT	TER	WHAT:

Guaranteed Issue Amounts										
Age 18-59 60-69 70+										
Employee	\$150,000	\$80,000	\$10,000							
Spouse	\$30,000	\$20,000	N/A							

Employees may elect in increments of \$10,000 to a maximum of the lesser of 7 times salary or \$500,000.

Employee Premium** - 12 Deductions (Amounts may vary slightly from actual deductions due to rounding)

	Monthly Rate per										
Age	1,000	\$410,000	\$420,000	\$430,000	\$440,000	\$450,000	\$460,000	\$470,000	\$480,000	\$490,000	\$500,000
Under 20	\$0.100	\$41.00	\$42.00	\$43.00	\$44.00	\$45.00	\$46.00	\$47.00	\$48.00	\$49.00	\$50.00
20-24	\$0.100	\$41.00	\$42.00	\$43.00	\$44.00	\$45.00	\$46.00	\$47.00	\$48.00	\$49.00	\$50.00
25-29	\$0.100	\$41.00	\$42.00	\$43.00	\$44.00	\$45.00	\$46.00	\$47.00	\$48.00	\$49.00	\$50.00
30-34	\$0.100	\$41.00	\$42.00	\$43.00	\$44.00	\$45.00	\$46.00	\$47.00	\$48.00	\$49.00	\$50.00
35-39	\$0.120	\$49.20	\$50.40	\$51.60	\$52.80	\$54.00	\$55.20	\$56.40	\$57.60	\$58.80	\$60.00
40-44	\$0.170	\$69.70	\$71.40	\$73.10	\$74.80	\$76.50	\$78.20	\$79.90	\$81.60	\$83.30	\$85.00
45-49	\$0.250	\$102.50	\$105.00	\$107.50	\$110.00	\$112.50	\$115.00	\$117.50	\$120.00	\$122.50	\$125.00
50-54	\$0.400	\$164.00	\$168.00	\$172.00	\$176.00	\$180.00	\$184.00	\$188.00	\$192.00	\$196.00	\$200.00
55-59	\$0.660	\$270.60	\$277.20	\$283.80	\$290.40	\$297.00	\$303.60	\$310.20	\$316.80	\$323.40	\$330.00
60-64	\$0.940	\$385.40	\$394.80	\$404.20	\$413.60	\$423.00	\$432.40	\$441.80	\$451.20	\$460.60	\$470.00
65-69	\$1.520	\$623.20	\$638.40	\$653.60	\$668.80	\$684.00	\$699.20	\$714.40	\$729.60	\$744.80	\$760.00
70-74	\$2.750	\$1,127.50	\$1,155.00	\$1,182.50	\$1,210.00	\$1,237.50	\$1,265.00	\$1,292.50	\$1,320.00	\$1,347.50	\$1,375.00
75-79	\$4.720	\$1,935.20	\$1,982.40	\$2,029.60	\$2,076.80	\$2,124.00	\$2,171.20	\$2,218.40	\$2,265.60	\$2,312.80	\$2,360.00
80 & Over	\$7.740	\$3,173.40	\$3,250.80	\$3,328.20	\$3,405.60	\$3,483.00	\$3,560.40	\$3,637.80	\$3,715.20	\$3,792.60	\$3,870.00

Dependent Child(ren) Coverage - Life Only - \$0.95 per Family Unit per Month. All Guaranteed Issue.

\$500 - 14 days to 1 year

\$5,000 - 1yr to 19yrs (25yrs if a Full-Time Student)

(The employee must be enrolled in the Voluntary Life Plan in order to enroll the Spouse and/or Children.)

*Issue Age Premiums - The premium for your coverage is paid by you. Issue Age pricing means that your rates (and your spouse's if applicable) do not change with age. After the initial rate guarantee period, the employer is subject to an annual review and possible rate changes.

Rates are effective as of the date shown above. Group life policies are underwritten by Boston Mutual Life Insurance Company under Policy form BML GRTP 4/99, subject to state availability. Product offerings may vary depending on state laws and regulations. Policies have exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to your certificate or contact your benefits administrator.

**Premiums shown above are based on current monthly rates and may vary from billed premiums.

413-24444-1118-12EVTL11/18



FAMILY MATTERS. NO MATTER WHAT:

Designed for the Employees of City of Somerville

Effective Date: 01/01/2019

Guaranteed Issue Amounts											
Age 18-59 60-69 70+											
Employee	\$150,000	\$80,000	\$10,000								
Spouse	\$30,000	\$20,000	N/A								

Employees may elect in increments of \$10,000 to a maximum of the lesser of 7 times salary or \$500,000.

Employee Premium** - 21 Deductions (Amounts may vary slightly from actual deductions due to rounding)

Employee i				Junto may ve	7 - 3 - 7				37		
	Monthly Rate per										
Age	1,000	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
Under 20	\$0.100	\$0.58	\$1.15	\$1.72	\$2.29	\$2.86	\$3.43	\$4.00	\$4.58	\$5.15	\$5.72
20-24	\$0.100	\$0.58	\$1.15	\$1.72	\$2.29	\$2.86	\$3.43	\$4.00	\$4.58	\$5.15	\$5.72
25-29	\$0.100	\$0.58	\$1.15	\$1.72	\$2.29	\$2.86	\$3.43	\$4.00	\$4.58	\$5.15	\$5.72
30-34	\$0.100	\$0.58	\$1.15	\$1.72	\$2.29	\$2.86	\$3.43	\$4.00	\$4.58	\$5.15	\$5.72
35-39	\$0.120	\$0.69	\$1.38	\$2.06	\$2.75	\$3.43	\$4.12	\$4.80	\$5.49	\$6.18	\$6.86
40-44	\$0.170	\$0.98	\$1.95	\$2.92	\$3.89	\$4.86	\$5.83	\$6.80	\$7.78	\$8.75	\$9.72
45-49	\$0.250	\$1.43	\$2.86	\$4.29	\$5.72	\$7.15	\$8.58	\$10.00	\$11.43	\$12.86	\$14.29
50-54	\$0.400	\$2.29	\$4.58	\$6.86	\$9.15	\$11.43	\$13.72	\$16.00	\$18.29	\$20.58	\$22.86
55-59	\$0.660	\$3.78	\$7.55	\$11.32	\$15.09	\$18.86	\$22.63	\$26.40	\$30.18	\$33.95	\$37.72
60-64	\$0.940	\$5.38	\$10.75	\$16.12	\$21.49	\$26.86	\$32.23	\$37.60	\$42.98	\$48.35	\$53.72
65-69	\$1.520	\$8.69	\$17.38	\$26.06	\$34.75	\$43.43	\$52.12	\$60.80	\$69.49	\$78.18	\$86.86
70-74	\$2.750	\$15.72	\$31.43	\$47.15	\$62.86	\$78.58	\$94.29	\$110.00	\$125.72	\$141.43	\$157.15
75-79	\$4.720	\$26.98	\$53.95	\$80.92	\$107.89	\$134.86	\$161.83	\$188.80	\$215.78	\$242.75	\$269.72
80 & Over	\$7.740	\$44.23	\$88.46	\$132.69	\$176.92	\$221.15	\$265.38	\$309.60	\$353.83	\$398.06	\$442.29

	Monthly Rate per										
Age	1,000	\$110,000	\$120,000	\$130,000	\$140,000	\$150,000	\$160,000	\$170,000	\$180,000	\$190,000	\$200,000
Under 20	\$0.100	\$6.29	\$6.86	\$7.43	\$8.00	\$8.58	\$9.15	\$9.72	\$10.29	\$10.86	\$11.43
20-24	\$0.100	\$6.29	\$6.86	\$7.43	\$8.00	\$8.58	\$9.15	\$9.72	\$10.29	\$10.86	\$11.43
25-29	\$0.100	\$6.29	\$6.86	\$7.43	\$8.00	\$8.58	\$9.15	\$9.72	\$10.29	\$10.86	\$11.43
30-34	\$0.100	\$6.29	\$6.86	\$7.43	\$8.00	\$8.58	\$9.15	\$9.72	\$10.29	\$10.86	\$11.43
35-39	\$0.120	\$7.55	\$8.23	\$8.92	\$9.60	\$10.29	\$10.98	\$11.66	\$12.35	\$13.03	\$13.72
40-44	\$0.170	\$10.69	\$11.66	\$12.63	\$13.60	\$14.58	\$15.55	\$16.52	\$17.49	\$18.46	\$19.43
45-49	\$0.250	\$15.72	\$17.15	\$18.58	\$20.00	\$21.43	\$22.86	\$24.29	\$25.72	\$27.15	\$28.58
50-54	\$0.400	\$25.15	\$27.43	\$29.72	\$32.00	\$34.29	\$36.58	\$38.86	\$41.15	\$43.43	\$45.72
55-59	\$0.660	\$41.49	\$45.26	\$49.03	\$52.80	\$56.58	\$60.35	\$64.12	\$67.89	\$71.66	\$75.43
60-64	\$0.940	\$59.09	\$64.46	\$69.83	\$75.20	\$80.58	\$85.95	\$91.32	\$96.69	\$102.06	\$107.43
65-69	\$1.520	\$95.55	\$104.23	\$112.92	\$121.60	\$130.29	\$138.98	\$147.66	\$156.35	\$165.03	\$173.72
70-74	\$2.750	\$172.86	\$188.58	\$204.29	\$220.00	\$235.72	\$251.43	\$267.15	\$282.86	\$298.58	\$314.29
75-79	\$4.720	\$296.69	\$323.66	\$350.63	\$377.60	\$404.58	\$431.55	\$458.52	\$485.49	\$512.46	\$539.43
80 & Over	\$7.740	\$486.52	\$530.75	\$574.98	\$619.20	\$663.43	\$707.66	\$751.89	\$796.12	\$840.35	\$884.58

Dependent Child(ren) Coverage - Life Only - \$0.55 per Family Unit per deduction. All Guaranteed Issue.

\$500 - 14 days to 1 year

\$5,000 - 1yr to 19yrs (25yrs if a Full-Time Student)

(The employee must be enrolled in the Voluntary Life Plan in order to enroll the Spouse and/or Children.)

*Issue Age Premiums - The premium for your coverage is paid by you. Issue Age pricing means that your rates (and your spouse's if applicable) do not change with age. After the initial rate guarantee period, the employer is subject to an annual review and possible rate changes.

Rates are effective as of the date shown above. Group life policies are underwritten by Boston Mutual Life Insurance Company under Policy form BML GRTP 4/99, subject to state availability. Product offerings may vary depending on state laws and regulations. Policies have exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to your certificate or contact your benefits administrator.

413-24444-1118-21EVTL11/18

^{**}Premiums shown above are based on current monthly rates and may vary from billed premiums.



Designed for the Employees of City of Somerville

Effective Date: 01/01/2019

Guaranteed Issue Amounts									
Age 18-59 60-69 70+									
Employee	\$150,000	\$80,000	\$10,000						
Spouse	\$30,000	\$20,000	N/A						

FAMILY MATTERS. NO MATTER WHAT.*

Employees may elect in increments of \$10,000 to a maximum of the lesser of 7 times salary or \$500,000.

Employee Premium** - 21 Deductions (Amounts may vary slightly from actual deductions due to rounding)

	Monthly Rate per										
Age	1,000	\$210,000	\$220,000	\$230,000	\$240,000	\$250,000	\$260,000	\$270,000	\$280,000	\$290,000	\$300,000
Under 20	\$0.100	\$12.00	\$12.58	\$13.15	\$13.72	\$14.29	\$14.86	\$15.43	\$16.00	\$16.58	\$17.15
20-24	\$0.100	\$12.00	\$12.58	\$13.15	\$13.72	\$14.29	\$14.86	\$15.43	\$16.00	\$16.58	\$17.15
25-29	\$0.100	\$12.00	\$12.58	\$13.15	\$13.72	\$14.29	\$14.86	\$15.43	\$16.00	\$16.58	\$17.15
30-34	\$0.100	\$12.00	\$12.58	\$13.15	\$13.72	\$14.29	\$14.86	\$15.43	\$16.00	\$16.58	\$17.15
35-39	\$0.120	\$14.40	\$15.09	\$15.78	\$16.46	\$17.15	\$17.83	\$18.52	\$19.20	\$19.89	\$20.58
40-44	\$0.170	\$20.40	\$21.38	\$22.35	\$23.32	\$24.29	\$25.26	\$26.23	\$27.20	\$28.18	\$29.15
45-49	\$0.250	\$30.00	\$31.43	\$32.86	\$34.29	\$35.72	\$37.15	\$38.58	\$40.00	\$41.43	\$42.86
50-54	\$0.400	\$48.00	\$50.29	\$52.58	\$54.86	\$57.15	\$59.43	\$61.72	\$64.00	\$66.29	\$68.58
55-59	\$0.660	\$79.20	\$82.98	\$86.75	\$90.52	\$94.29	\$98.06	\$101.83	\$105.60	\$109.38	\$113.15
60-64	\$0.940	\$112.80	\$118.18	\$123.55	\$128.92	\$134.29	\$139.66	\$145.03	\$150.40	\$155.78	\$161.15
65-69	\$1.520	\$182.40	\$191.09	\$199.78	\$208.46	\$217.15	\$225.83	\$234.52	\$243.20	\$251.89	\$260.58
70-74	\$2.750	\$330.00	\$345.72	\$361.43	\$377.15	\$392.86	\$408.58	\$424.29	\$440.00	\$455.72	\$471.43
75-79	\$4.720	\$566.40	\$593.38	\$620.35	\$647.32	\$674.29	\$701.26	\$728.23	\$755.20	\$782.18	\$809.15
80 & Over	\$7.740	\$928.80	\$973.03	\$1,017.26	\$1,061.49	\$1,105.72	\$1,149.95	\$1,194.18	\$1,238.40	\$1,282.63	\$1,326.86

	Monthly Rate per										
Age	1,000	\$310,000	\$320,000	\$330,000	\$340,000	\$350,000	\$360,000	\$370,000	\$380,000	\$390,000	\$400,000
Under 20	\$0.100	\$17.72	\$18.29	\$18.86	\$19.43	\$20.00	\$20.58	\$21.15	\$21.72	\$22.29	\$22.86
20-24	\$0.100	\$17.72	\$18.29	\$18.86	\$19.43	\$20.00	\$20.58	\$21.15	\$21.72	\$22.29	\$22.86
25-29	\$0.100	\$17.72	\$18.29	\$18.86	\$19.43	\$20.00	\$20.58	\$21.15	\$21.72	\$22.29	\$22.86
30-34	\$0.100	\$17.72	\$18.29	\$18.86	\$19.43	\$20.00	\$20.58	\$21.15	\$21.72	\$22.29	\$22.86
35-39	\$0.120	\$21.26	\$21.95	\$22.63	\$23.32	\$24.00	\$24.69	\$25.38	\$26.06	\$26.75	\$27.43
40-44	\$0.170	\$30.12	\$31.09	\$32.06	\$33.03	\$34.00	\$34.98	\$35.95	\$36.92	\$37.89	\$38.86
45-49	\$0.250	\$44.29	\$45.72	\$47.15	\$48.58	\$50.00	\$51.43	\$52.86	\$54.29	\$55.72	\$57.15
50-54	\$0.400	\$70.86	\$73.15	\$75.43	\$77.72	\$80.00	\$82.29	\$84.58	\$86.86	\$89.15	\$91.43
55-59	\$0.660	\$116.92	\$120.69	\$124.46	\$128.23	\$132.00	\$135.78	\$139.55	\$143.32	\$147.09	\$150.86
60-64	\$0.940	\$166.52	\$171.89	\$177.26	\$182.63	\$188.00	\$193.38	\$198.75	\$204.12	\$209.49	\$214.86
65-69	\$1.520	\$269.26	\$277.95	\$286.63	\$295.32	\$304.00	\$312.69	\$321.38	\$330.06	\$338.75	\$347.43
70-74	\$2.750	\$487.15	\$502.86	\$518.58	\$534.29	\$550.00	\$565.72	\$581.43	\$597.15	\$612.86	\$628.58
75-79	\$4.720	\$836.12	\$863.09	\$890.06	\$917.03	\$944.00	\$970.98	\$997.95	\$1,024.92	\$1,051.89	\$1,078.86
80 & Over	\$7.740	\$1,371.09	\$1,415.32	\$1,459.55	\$1,503.78	\$1,548.00	\$1,592.23	\$1,636.46	\$1,680.69	\$1,724.92	\$1,769.15

Dependent Child(ren) Coverage - Life Only - \$0.55 per Family Unit per deduction. All Guaranteed Issue.

\$500 - 14 days to 1 year

\$5,000 - 1yr to 19yrs (25yrs if a Full-Time Student)

(The employee must be enrolled in the Voluntary Life Plan in order to enroll the Spouse and/or Children.)

*Issue Age Premiums - The premium for your coverage is paid by you. Issue Age pricing means that your rates (and your spouse's if applicable) do not change with age. After the initial rate guarantee period, the employer is subject to an annual review and possible rate changes.

Rates are effective as of the date shown above. Group life policies are underwritten by Boston Mutual Life Insurance Company under Policy form BML GRTP 4/99, subject to state availability. Product offerings may vary depending on state laws and regulations. Policies have exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to your certificate or contact your benefits administrator.

413-24444-1118-21EVTL11/18

^{**}Premiums shown above are based on current monthly rates and may vary from billed premiums.



Designed for the Employees of City of Somerville

Effective Date: 01/01/2019

Guaranteed Issue Amounts									
Age 18-59 60-69 70+									
Employee	\$150,000	\$80,000	\$10,000						
Spouse	\$30,000	\$20,000	N/A						

FAMILY MATTERS. NO MATTER WHAT:

Employees may elect in increments of \$10,000 to a maximum of the lesser of 7 times salary or \$500,000.

Employee Premium** - 21 Deductions (Amounts may vary slightly from actual deductions due to rounding)

	Monthly Rate per										
Age	1,000	\$410,000	\$420,000	\$430,000	\$440,000	\$450,000	\$460,000	\$470,000	\$480,000	\$490,000	\$500,000
Under 20	\$0.100	\$23.43	\$24.00	\$24.58	\$25.15	\$25.72	\$26.29	\$26.86	\$27.43	\$28.00	\$28.58
20-24	\$0.100	\$23.43	\$24.00	\$24.58	\$25.15	\$25.72	\$26.29	\$26.86	\$27.43	\$28.00	\$28.58
25-29	\$0.100	\$23.43	\$24.00	\$24.58	\$25.15	\$25.72	\$26.29	\$26.86	\$27.43	\$28.00	\$28.58
30-34	\$0.100	\$23.43	\$24.00	\$24.58	\$25.15	\$25.72	\$26.29	\$26.86	\$27.43	\$28.00	\$28.58
35-39	\$0.120	\$28.12	\$28.80	\$29.49	\$30.18	\$30.86	\$31.55	\$32.23	\$32.92	\$33.60	\$34.29
40-44	\$0.170	\$39.83	\$40.80	\$41.78	\$42.75	\$43.72	\$44.69	\$45.66	\$46.63	\$47.60	\$48.58
45-49	\$0.250	\$58.58	\$60.00	\$61.43	\$62.86	\$64.29	\$65.72	\$67.15	\$68.58	\$70.00	\$71.43
50-54	\$0.400	\$93.72	\$96.00	\$98.29	\$100.58	\$102.86	\$105.15	\$107.43	\$109.72	\$112.00	\$114.29
55-59	\$0.660	\$154.63	\$158.40	\$162.18	\$165.95	\$169.72	\$173.49	\$177.26	\$181.03	\$184.80	\$188.58
60-64	\$0.940	\$220.23	\$225.60	\$230.98	\$236.35	\$241.72	\$247.09	\$252.46	\$257.83	\$263.20	\$268.58
65-69	\$1.520	\$356.12	\$364.80	\$373.49	\$382.18	\$390.86	\$399.55	\$408.23	\$416.92	\$425.60	\$434.29
70-74	\$2.750	\$644.29	\$660.00	\$675.72	\$691.43	\$707.15	\$722.86	\$738.58	\$754.29	\$770.00	\$785.72
75-79	\$4.720	\$1,105.83	\$1,132.80	\$1,159.78	\$1,186.75	\$1,213.72	\$1,240.69	\$1,267.66	\$1,294.63	\$1,321.60	\$1,348.58
80 & Over	\$7.740	\$1,813.38	\$1,857.60	\$1,901.83	\$1,946.06	\$1,990.29	\$2,034.52	\$2,078.75	\$2,122.98	\$2,167.20	\$2,211.43

Dependent Child(ren) Coverage - Life Only - \$0.55 per Family Unit per deduction. All Guaranteed Issue.

\$500 - 14 days to 1 year

\$5,000 - 1yr to 19yrs (25yrs if a Full-Time Student)

(The employee must be enrolled in the Voluntary Life Plan in order to enroll the Spouse and/or Children.)

*Issue Age Premiums - The premium for your coverage is paid by you. Issue Age pricing means that your rates (and your spouse's if applicable) do not change with age. After the initial rate guarantee period, the employer is subject to an annual review and possible rate changes.

Rates are effective as of the date shown above. Group life policies are underwritten by Boston Mutual Life Insurance Company under Policy form BML GRTP 4/99, subject to state availability. Product offerings may vary depending on state laws and regulations. Policies have exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to your certificate or contact your benefits administrator.

**Premiums shown above are based on current monthly rates and may vary from billed premiums.

413-24444-1118-21EVTL11/18



Designed for the Employees of City of Somerville

Effective Date: 01/01/2019

Guaranteed Issue Amounts									
Age 18-59 60-69 70+									
Employee	\$150,000	\$80,000	\$10,000						
Spouse	\$30,000	\$20,000	N/A						

FAMILY MATTERS. NO MATTER WHAT:

Employees may elect in increments of \$10,000 to a maximum of the lesser of 7 times salary or \$500,000.

Employee Premium** - 26 Deductions (Amounts may vary slightly from actual deductions due to rounding)

	Monthly Rate per										
Age	1,000	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
Under 20	\$0.100	\$0.47	\$0.93	\$1.39	\$1.85	\$2.31	\$2.77	\$3.24	\$3.70	\$4.16	\$4.62
20-24	\$0.100	\$0.47	\$0.93	\$1.39	\$1.85	\$2.31	\$2.77	\$3.24	\$3.70	\$4.16	\$4.62
25-29	\$0.100	\$0.47	\$0.93	\$1.39	\$1.85	\$2.31	\$2.77	\$3.24	\$3.70	\$4.16	\$4.62
30-34	\$0.100	\$0.47	\$0.93	\$1.39	\$1.85	\$2.31	\$2.77	\$3.24	\$3.70	\$4.16	\$4.62
35-39	\$0.120	\$0.56	\$1.11	\$1.67	\$2.22	\$2.77	\$3.33	\$3.88	\$4.44	\$4.99	\$5.54
40-44	\$0.170	\$0.79	\$1.57	\$2.36	\$3.14	\$3.93	\$4.71	\$5.50	\$6.28	\$7.07	\$7.85
45-49	\$0.250	\$1.16	\$2.31	\$3.47	\$4.62	\$5.77	\$6.93	\$8.08	\$9.24	\$10.39	\$11.54
50-54	\$0.400	\$1.85	\$3.70	\$5.54	\$7.39	\$9.24	\$11.08	\$12.93	\$14.77	\$16.62	\$18.47
55-59	\$0.660	\$3.05	\$6.10	\$9.14	\$12.19	\$15.24	\$18.28	\$21.33	\$24.37	\$27.42	\$30.47
60-64	\$0.940	\$4.34	\$8.68	\$13.02	\$17.36	\$21.70	\$26.04	\$30.37	\$34.71	\$39.05	\$43.39
65-69	\$1.520	\$7.02	\$14.04	\$21.05	\$28.07	\$35.08	\$42.10	\$49.11	\$56.13	\$63.14	\$70.16
70-74	\$2.750	\$12.70	\$25.39	\$38.08	\$50.77	\$63.47	\$76.16	\$88.85	\$101.54	\$114.24	\$126.93
75-79	\$4.720	\$21.79	\$43.57	\$65.36	\$87.14	\$108.93	\$130.71	\$152.50	\$174.28	\$196.07	\$217.85
80 & Over	\$7.740	\$35.73	\$71.45	\$107.17	\$142.90	\$178.62	\$214.34	\$250.07	\$285.79	\$321.51	\$357.24

	Monthly Rate per										
Age	1,000	\$110,000	\$120,000	\$130,000	\$140,000	\$150,000	\$160,000	\$170,000	\$180,000	\$190,000	\$200,000
Under 20	\$0.100	\$5.08	\$5.54	\$6.00	\$6.47	\$6.93	\$7.39	\$7.85	\$8.31	\$8.77	\$9.24
20-24	\$0.100	\$5.08	\$5.54	\$6.00	\$6.47	\$6.93	\$7.39	\$7.85	\$8.31	\$8.77	\$9.24
25-29	\$0.100	\$5.08	\$5.54	\$6.00	\$6.47	\$6.93	\$7.39	\$7.85	\$8.31	\$8.77	\$9.24
30-34	\$0.100	\$5.08	\$5.54	\$6.00	\$6.47	\$6.93	\$7.39	\$7.85	\$8.31	\$8.77	\$9.24
35-39	\$0.120	\$6.10	\$6.65	\$7.20	\$7.76	\$8.31	\$8.87	\$9.42	\$9.97	\$10.53	\$11.08
40-44	\$0.170	\$8.64	\$9.42	\$10.20	\$10.99	\$11.77	\$12.56	\$13.34	\$14.13	\$14.91	\$15.70
45-49	\$0.250	\$12.70	\$13.85	\$15.00	\$16.16	\$17.31	\$18.47	\$19.62	\$20.77	\$21.93	\$23.08
50-54	\$0.400	\$20.31	\$22.16	\$24.00	\$25.85	\$27.70	\$29.54	\$31.39	\$33.24	\$35.08	\$36.93
55-59	\$0.660	\$33.51	\$36.56	\$39.60	\$42.65	\$45.70	\$48.74	\$51.79	\$54.84	\$57.88	\$60.93
60-64	\$0.940	\$47.73	\$52.07	\$56.40	\$60.74	\$65.08	\$69.42	\$73.76	\$78.10	\$82.44	\$86.77
65-69	\$1.520	\$77.17	\$84.19	\$91.20	\$98.22	\$105.24	\$112.25	\$119.27	\$126.28	\$133.30	\$140.31
70-74	\$2.750	\$139.62	\$152.31	\$165.00	\$177.70	\$190.39	\$203.08	\$215.77	\$228.47	\$241.16	\$253.85
75-79	\$4.720	\$239.64	\$261.42	\$283.20	\$304.99	\$326.77	\$348.56	\$370.34	\$392.13	\$413.91	\$435.70
80 & Over	\$7.740	\$392.96	\$428.68	\$464.40	\$500.13	\$535.85	\$571.57	\$607.30	\$643.02	\$678.74	\$714.47

Dependent Child(ren) Coverage - Life Only - \$0.44 per Family Unit per deduction. All Guaranteed Issue.

\$500 - 14 days to 1 year

\$5,000 - 1yr to 19yrs (25yrs if a Full-Time Student)

(The employee must be enrolled in the Voluntary Life Plan in order to enroll the Spouse and/or Children.)

*Issue Age Premiums - The premium for your coverage is paid by you. Issue Age pricing means that your rates (and your spouse's if applicable) do not change with age. After the initial rate guarantee period, the employer is subject to an annual review and possible rate changes.

Rates are effective as of the date shown above. Group life policies are underwritten by Boston Mutual Life Insurance Company under Policy form BML GRTP 4/99, subject to state availability. Product offerings may vary depending on state laws and regulations. Policies have exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to your certificate or contact your benefits administrator.

413-24444-1118-26EVTL11/18

^{**}Premiums shown above are based on current monthly rates and may vary from billed premiums.



Designed for the Employees of City of Somerville

Effective Date: 01/01/2019

Guaranteed Issue Amounts									
Age 18-59 60-69 70+									
Employee	\$150,000	\$80,000	\$10,000						
Spouse	\$30,000	\$20,000	N/A						

FAMILY MATTERS. NO MATTER WHAT:

Employees may elect in increments of \$10,000 to a maximum of the lesser of 7 times salary or \$500,000.

Employee Premium** - 26 Deductions (Amounts may vary slightly from actual deductions due to rounding)

	Monthly Rate per										
Age	1,000	\$210,000	\$220,000	\$230,000	\$240,000	\$250,000	\$260,000	\$270,000	\$280,000	\$290,000	\$300,000
Under 20	\$0.100	\$9.70	\$10.16	\$10.62	\$11.08	\$11.54	\$12.00	\$12.47	\$12.93	\$13.39	\$13.85
20-24	\$0.100	\$9.70	\$10.16	\$10.62	\$11.08	\$11.54	\$12.00	\$12.47	\$12.93	\$13.39	\$13.85
25-29	\$0.100	\$9.70	\$10.16	\$10.62	\$11.08	\$11.54	\$12.00	\$12.47	\$12.93	\$13.39	\$13.85
30-34	\$0.100	\$9.70	\$10.16	\$10.62	\$11.08	\$11.54	\$12.00	\$12.47	\$12.93	\$13.39	\$13.85
35-39	\$0.120	\$11.64	\$12.19	\$12.74	\$13.30	\$13.85	\$14.40	\$14.96	\$15.51	\$16.07	\$16.62
40-44	\$0.170	\$16.48	\$17.27	\$18.05	\$18.84	\$19.62	\$20.40	\$21.19	\$21.97	\$22.76	\$23.54
45-49	\$0.250	\$24.24	\$25.39	\$26.54	\$27.70	\$28.85	\$30.00	\$31.16	\$32.31	\$33.47	\$34.62
50-54	\$0.400	\$38.77	\$40.62	\$42.47	\$44.31	\$46.16	\$48.00	\$49.85	\$51.70	\$53.54	\$55.39
55-59	\$0.660	\$63.97	\$67.02	\$70.07	\$73.11	\$76.16	\$79.20	\$82.25	\$85.30	\$88.34	\$91.39
60-64	\$0.940	\$91.11	\$95.45	\$99.79	\$104.13	\$108.47	\$112.80	\$117.14	\$121.48	\$125.82	\$130.16
65-69	\$1.520	\$147.33	\$154.34	\$161.36	\$168.37	\$175.39	\$182.40	\$189.42	\$196.44	\$203.45	\$210.47
70-74	\$2.750	\$266.54	\$279.24	\$291.93	\$304.62	\$317.31	\$330.00	\$342.70	\$355.39	\$368.08	\$380.77
75-79	\$4.720	\$457.48	\$479.27	\$501.05	\$522.84	\$544.62	\$566.40	\$588.19	\$609.97	\$631.76	\$653.54
80 & Over	\$7.740	\$750.19	\$785.91	\$821.64	\$857.36	\$893.08	\$928.80	\$964.53	\$1,000.25	\$1,035.97	\$1,071.70

	Monthly Rate per										
Age	1,000	\$310,000	\$320,000	\$330,000	\$340,000	\$350,000	\$360,000	\$370,000	\$380,000	\$390,000	\$400,000
Under 20	\$0.100	\$14.31	\$14.77	\$15.24	\$15.70	\$16.16	\$16.62	\$17.08	\$17.54	\$18.00	\$18.47
20-24	\$0.100	\$14.31	\$14.77	\$15.24	\$15.70	\$16.16	\$16.62	\$17.08	\$17.54	\$18.00	\$18.47
25-29	\$0.100	\$14.31	\$14.77	\$15.24	\$15.70	\$16.16	\$16.62	\$17.08	\$17.54	\$18.00	\$18.47
30-34	\$0.100	\$14.31	\$14.77	\$15.24	\$15.70	\$16.16	\$16.62	\$17.08	\$17.54	\$18.00	\$18.47
35-39	\$0.120	\$17.17	\$17.73	\$18.28	\$18.84	\$19.39	\$19.94	\$20.50	\$21.05	\$21.60	\$22.16
40-44	\$0.170	\$24.33	\$25.11	\$25.90	\$26.68	\$27.47	\$28.25	\$29.04	\$29.82	\$30.60	\$31.39
45-49	\$0.250	\$35.77	\$36.93	\$38.08	\$39.24	\$40.39	\$41.54	\$42.70	\$43.85	\$45.00	\$46.16
50-54	\$0.400	\$57.24	\$59.08	\$60.93	\$62.77	\$64.62	\$66.47	\$68.31	\$70.16	\$72.00	\$73.85
55-59	\$0.660	\$94.44	\$97.48	\$100.53	\$103.57	\$106.62	\$109.67	\$112.71	\$115.76	\$118.80	\$121.85
60-64	\$0.940	\$134.50	\$138.84	\$143.17	\$147.51	\$151.85	\$156.19	\$160.53	\$164.87	\$169.20	\$173.54
65-69	\$1.520	\$217.48	\$224.50	\$231.51	\$238.53	\$245.54	\$252.56	\$259.57	\$266.59	\$273.60	\$280.62
70-74	\$2.750	\$393.47	\$406.16	\$418.85	\$431.54	\$444.24	\$456.93	\$469.62	\$482.31	\$495.00	\$507.70
75-79	\$4.720	\$675.33	\$697.11	\$718.90	\$740.68	\$762.47	\$784.25	\$806.04	\$827.82	\$849.60	\$871.39
80 & Over	\$7.740	\$1,107.42	\$1,143.14	\$1,178.87	\$1,214.59	\$1,250.31	\$1,286.04	\$1,321.76	\$1,357.48	\$1,393.20	\$1,428.93

Dependent Child(ren) Coverage - Life Only - \$0.44 per Family Unit per deduction. All Guaranteed Issue.

\$500 - 14 days to 1 year

\$5,000 - 1yr to 19yrs (25yrs if a Full-Time Student)

(The employee must be enrolled in the Voluntary Life Plan in order to enroll the Spouse and/or Children.)

*Issue Age Premiums - The premium for your coverage is paid by you. Issue Age pricing means that your rates (and your spouse's if applicable) do not change with age. After the initial rate guarantee period, the employer is subject to an annual review and possible rate changes.

Rates are effective as of the date shown above. Group life policies are underwritten by Boston Mutual Life Insurance Company under Policy form BML GRTP 4/99, subject to state availability. Product offerings may vary depending on state laws and regulations. Policies have exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to your certificate or contact your benefits administrator.

413-24444-1118-26EVTL11/18

^{**}Premiums shown above are based on current monthly rates and may vary from billed premiums.



Designed for the Employees of City of Somerville

Effective Date: 01/01/2019

Guaranteed Issue Amounts									
Age 18-59 60-69 70+									
Employee	\$150,000	\$80,000	\$10,000						
Spouse	\$30,000	\$20,000	N/A						

FAMILY MATTERS. NO MATTER WHAT:

Employees may elect in increments of \$10,000 to a maximum of the lesser of 7 times salary or \$500,000.

Employee Premium** - 26 Deductions (Amounts may vary slightly from actual deductions due to rounding)

	Monthly Rate per										
Age	1,000	\$410,000	\$420,000	\$430,000	\$440,000	\$450,000	\$460,000	\$470,000	\$480,000	\$490,000	\$500,000
Under 20	\$0.100	\$18.93	\$19.39	\$19.85	\$20.31	\$20.77	\$21.24	\$21.70	\$22.16	\$22.62	\$23.08
20-24	\$0.100	\$18.93	\$19.39	\$19.85	\$20.31	\$20.77	\$21.24	\$21.70	\$22.16	\$22.62	\$23.08
25-29	\$0.100	\$18.93	\$19.39	\$19.85	\$20.31	\$20.77	\$21.24	\$21.70	\$22.16	\$22.62	\$23.08
30-34	\$0.100	\$18.93	\$19.39	\$19.85	\$20.31	\$20.77	\$21.24	\$21.70	\$22.16	\$22.62	\$23.08
35-39	\$0.120	\$22.71	\$23.27	\$23.82	\$24.37	\$24.93	\$25.48	\$26.04	\$26.59	\$27.14	\$27.70
40-44	\$0.170	\$32.17	\$32.96	\$33.74	\$34.53	\$35.31	\$36.10	\$36.88	\$37.67	\$38.45	\$39.24
45-49	\$0.250	\$47.31	\$48.47	\$49.62	\$50.77	\$51.93	\$53.08	\$54.24	\$55.39	\$56.54	\$57.70
50-54	\$0.400	\$75.70	\$77.54	\$79.39	\$81.24	\$83.08	\$84.93	\$86.77	\$88.62	\$90.47	\$92.31
55-59	\$0.660	\$124.90	\$127.94	\$130.99	\$134.04	\$137.08	\$140.13	\$143.17	\$146.22	\$149.27	\$152.31
60-64	\$0.940	\$177.88	\$182.22	\$186.56	\$190.90	\$195.24	\$199.57	\$203.91	\$208.25	\$212.59	\$216.93
65-69	\$1.520	\$287.64	\$294.65	\$301.67	\$308.68	\$315.70	\$322.71	\$329.73	\$336.74	\$343.76	\$350.77
70-74	\$2.750	\$520.39	\$533.08	\$545.77	\$558.47	\$571.16	\$583.85	\$596.54	\$609.24	\$621.93	\$634.62
75-79	\$4.720	\$893.17	\$914.96	\$936.74	\$958.53	\$980.31	\$1,002.10	\$1,023.88	\$1,045.67	\$1,067.45	\$1,089.24
80 & Over	\$7.740	\$1,464.65	\$1,500.37	\$1,536.10	\$1,571.82	\$1,607.54	\$1,643.27	\$1,678.99	\$1,714.71	\$1,750.44	\$1,786.16

Dependent Child(ren) Coverage - Life Only - \$0.44 per Family Unit per deduction. All Guaranteed Issue.

\$500 - 14 days to 1 year

\$5,000 - 1yr to 19yrs (25yrs if a Full-Time Student)

(The employee must be enrolled in the Voluntary Life Plan in order to enroll the Spouse and/or Children.)

*Issue Age Premiums - The premium for your coverage is paid by you. Issue Age pricing means that your rates (and your spouse's if applicable) do not change with age. After the initial rate guarantee period, the employer is subject to an annual review and possible rate changes.

Rates are effective as of the date shown above. Group life policies are underwritten by Boston Mutual Life Insurance Company under Policy form BML GRTP 4/99, subject to state availability. Product offerings may vary depending on state laws and regulations. Policies have exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to your certificate or contact your benefits administrator.

413-24444-1118-26EVTL11/18

^{**}Premiums shown above are based on current monthly rates and may vary from billed premiums.



Designed for the Employees of City of Somerville

Effective Date: 01/01/2019

FAMILY MATTERS. NO MATTER WHAT:

Guaranteed Issue Amounts										
Age 18-59 60-69 70+										
Employee	\$150,000	\$80,000	\$10,000							
Spouse \$30,000 \$20,000 N/A										

Employees may elect in increments of \$10,000 to a maximum of the lesser of 7 times salary or \$500,000.

Employee Premium** - 42 Deductions (Amounts may vary slightly from actual deductions due to rounding)

	Monthly										
	Rate per										
Age	1,000	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
Under 20	\$0.100	\$0.29	\$0.58	\$0.86	\$1.15	\$1.43	\$1.72	\$2.00	\$2.29	\$2.58	\$2.86
20-24	\$0.100	\$0.29	\$0.58	\$0.86	\$1.15	\$1.43	\$1.72	\$2.00	\$2.29	\$2.58	\$2.86
25-29	\$0.100	\$0.29	\$0.58	\$0.86	\$1.15	\$1.43	\$1.72	\$2.00	\$2.29	\$2.58	\$2.86
30-34	\$0.100	\$0.29	\$0.58	\$0.86	\$1.15	\$1.43	\$1.72	\$2.00	\$2.29	\$2.58	\$2.86
35-39	\$0.120	\$0.35	\$0.69	\$1.03	\$1.38	\$1.72	\$2.06	\$2.40	\$2.75	\$3.09	\$3.43
40-44	\$0.170	\$0.49	\$0.98	\$1.46	\$1.95	\$2.43	\$2.92	\$3.40	\$3.89	\$4.38	\$4.86
45-49	\$0.250	\$0.72	\$1.43	\$2.15	\$2.86	\$3.58	\$4.29	\$5.00	\$5.72	\$6.43	\$7.15
50-54	\$0.400	\$1.15	\$2.29	\$3.43	\$4.58	\$5.72	\$6.86	\$8.00	\$9.15	\$10.29	\$11.43
55-59	\$0.660	\$1.89	\$3.78	\$5.66	\$7.55	\$9.43	\$11.32	\$13.20	\$15.09	\$16.98	\$18.86
60-64	\$0.940	\$2.69	\$5.38	\$8.06	\$10.75	\$13.43	\$16.12	\$18.80	\$21.49	\$24.18	\$26.86
65-69	\$1.520	\$4.35	\$8.69	\$13.03	\$17.38	\$21.72	\$26.06	\$30.40	\$34.75	\$39.09	\$43.43
70-74	\$2.750	\$7.86	\$15.72	\$23.58	\$31.43	\$39.29	\$47.15	\$55.00	\$62.86	\$70.72	\$78.58
75-79	\$4.720	\$13.49	\$26.98	\$40.46	\$53.95	\$67.43	\$80.92	\$94.40	\$107.89	\$121.38	\$134.86
80 & Over	\$7.740	\$22.12	\$44.23	\$66.35	\$88.46	\$110.58	\$132.69	\$154.80	\$176.92	\$199.03	\$221.15

	Monthly										
	Rate per										
Age	1,000	\$110,000	\$120,000	\$130,000	\$140,000	\$150,000	\$160,000	\$170,000	\$180,000	\$190,000	\$200,000
Under 20	\$0.100	\$3.15	\$3.43	\$3.72	\$4.00	\$4.29	\$4.58	\$4.86	\$5.15	\$5.43	\$5.72
20-24	\$0.100	\$3.15	\$3.43	\$3.72	\$4.00	\$4.29	\$4.58	\$4.86	\$5.15	\$5.43	\$5.72
25-29	\$0.100	\$3.15	\$3.43	\$3.72	\$4.00	\$4.29	\$4.58	\$4.86	\$5.15	\$5.43	\$5.72
30-34	\$0.100	\$3.15	\$3.43	\$3.72	\$4.00	\$4.29	\$4.58	\$4.86	\$5.15	\$5.43	\$5.72
35-39	\$0.120	\$3.78	\$4.12	\$4.46	\$4.80	\$5.15	\$5.49	\$5.83	\$6.18	\$6.52	\$6.86
40-44	\$0.170	\$5.35	\$5.83	\$6.32	\$6.80	\$7.29	\$7.78	\$8.26	\$8.75	\$9.23	\$9.72
45-49	\$0.250	\$7.86	\$8.58	\$9.29	\$10.00	\$10.72	\$11.43	\$12.15	\$12.86	\$13.58	\$14.29
50-54	\$0.400	\$12.58	\$13.72	\$14.86	\$16.00	\$17.15	\$18.29	\$19.43	\$20.58	\$21.72	\$22.86
55-59	\$0.660	\$20.75	\$22.63	\$24.52	\$26.40	\$28.29	\$30.18	\$32.06	\$33.95	\$35.83	\$37.72
60-64	\$0.940	\$29.55	\$32.23	\$34.92	\$37.60	\$40.29	\$42.98	\$45.66	\$48.35	\$51.03	\$53.72
65-69	\$1.520	\$47.78	\$52.12	\$56.46	\$60.80	\$65.15	\$69.49	\$73.83	\$78.18	\$82.52	\$86.86
70-74	\$2.750	\$86.43	\$94.29	\$102.15	\$110.00	\$117.86	\$125.72	\$133.58	\$141.43	\$149.29	\$157.15
75-79	\$4.720	\$148.35	\$161.83	\$175.32	\$188.80	\$202.29	\$215.78	\$229.26	\$242.75	\$256.23	\$269.72
80 & Over	\$7.740	\$243.26	\$265.38	\$287.49	\$309.60	\$331.72	\$353.83	\$375.95	\$398.06	\$420.18	\$442.29

Dependent Child(ren) Coverage - Life Only - \$0.28 per Family Unit per deduction. All Guaranteed Issue.

\$500 - 14 days to 1 year

\$5,000 - 1yr to 19yrs (25yrs if a Full-Time Student)

(The employee must be enrolled in the Voluntary Life Plan in order to enroll the Spouse and/or Children.)

*Issue Age Premiums - The premium for your coverage is paid by you. Issue Age pricing means that your rates (and your spouse's if applicable) do not change with age. After the initial rate guarantee period, the employer is subject to an annual review and possible rate changes.

Rates are effective as of the date shown above. Group life policies are underwritten by Boston Mutual Life Insurance Company under Policy form BML GRTP 4/99, subject to state availability. Product offerings may vary depending on state laws and regulations. Policies have exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to your certificate or contact your benefits administrator.

413-24444-1118-42EVTL11/18

^{**}Premiums shown above are based on current monthly rates and may vary from billed premiums.



Designed for the Employees of City of Somerville

Effective Date: 01/01/2019

FAMILY MATTERS. NO MATTER WHAT:

Guaranteed Issue Amounts										
Age 18-59 60-69 70+										
Employee	\$150,000	\$80,000	\$10,000							
Spouse \$30,000 \$20,000 N/A										

Employees may elect in increments of \$10,000 to a maximum of the lesser of 7 times salary or \$500,000.

Employee Premium** - 42 Deductions (Amounts may vary slightly from actual deductions due to rounding)

	Monthly										
	Rate per										
Age	1,000	\$210,000	\$220,000	\$230,000	\$240,000	\$250,000	\$260,000	\$270,000	\$280,000	\$290,000	\$300,000
Under 20	\$0.100	\$6.00	\$6.29	\$6.58	\$6.86	\$7.15	\$7.43	\$7.72	\$8.00	\$8.29	\$8.58
20-24	\$0.100	\$6.00	\$6.29	\$6.58	\$6.86	\$7.15	\$7.43	\$7.72	\$8.00	\$8.29	\$8.58
25-29	\$0.100	\$6.00	\$6.29	\$6.58	\$6.86	\$7.15	\$7.43	\$7.72	\$8.00	\$8.29	\$8.58
30-34	\$0.100	\$6.00	\$6.29	\$6.58	\$6.86	\$7.15	\$7.43	\$7.72	\$8.00	\$8.29	\$8.58
35-39	\$0.120	\$7.20	\$7.55	\$7.89	\$8.23	\$8.58	\$8.92	\$9.26	\$9.60	\$9.95	\$10.29
40-44	\$0.170	\$10.20	\$10.69	\$11.18	\$11.66	\$12.15	\$12.63	\$13.12	\$13.60	\$14.09	\$14.58
45-49	\$0.250	\$15.00	\$15.72	\$16.43	\$17.15	\$17.86	\$18.58	\$19.29	\$20.00	\$20.72	\$21.43
50-54	\$0.400	\$24.00	\$25.15	\$26.29	\$27.43	\$28.58	\$29.72	\$30.86	\$32.00	\$33.15	\$34.29
55-59	\$0.660	\$39.60	\$41.49	\$43.38	\$45.26	\$47.15	\$49.03	\$50.92	\$52.80	\$54.69	\$56.58
60-64	\$0.940	\$56.40	\$59.09	\$61.78	\$64.46	\$67.15	\$69.83	\$72.52	\$75.20	\$77.89	\$80.58
65-69	\$1.520	\$91.20	\$95.55	\$99.89	\$104.23	\$108.58	\$112.92	\$117.26	\$121.60	\$125.95	\$130.29
70-74	\$2.750	\$165.00	\$172.86	\$180.72	\$188.58	\$196.43	\$204.29	\$212.15	\$220.00	\$227.86	\$235.72
75-79	\$4.720	\$283.20	\$296.69	\$310.18	\$323.66	\$337.15	\$350.63	\$364.12	\$377.60	\$391.09	\$404.58
80 & Over	\$7.740	\$464.40	\$486.52	\$508.63	\$530.75	\$552.86	\$574.98	\$597.09	\$619.20	\$641.32	\$663.43

	Monthly										
	Rate per										
Age	1,000	\$310,000	\$320,000	\$330,000	\$340,000	\$350,000	\$360,000	\$370,000	\$380,000	\$390,000	\$400,000
Under 20	\$0.100	\$8.86	\$9.15	\$9.43	\$9.72	\$10.00	\$10.29	\$10.58	\$10.86	\$11.15	\$11.43
20-24	\$0.100	\$8.86	\$9.15	\$9.43	\$9.72	\$10.00	\$10.29	\$10.58	\$10.86	\$11.15	\$11.43
25-29	\$0.100	\$8.86	\$9.15	\$9.43	\$9.72	\$10.00	\$10.29	\$10.58	\$10.86	\$11.15	\$11.43
30-34	\$0.100	\$8.86	\$9.15	\$9.43	\$9.72	\$10.00	\$10.29	\$10.58	\$10.86	\$11.15	\$11.43
35-39	\$0.120	\$10.63	\$10.98	\$11.32	\$11.66	\$12.00	\$12.35	\$12.69	\$13.03	\$13.38	\$13.72
40-44	\$0.170	\$15.06	\$15.55	\$16.03	\$16.52	\$17.00	\$17.49	\$17.98	\$18.46	\$18.95	\$19.43
45-49	\$0.250	\$22.15	\$22.86	\$23.58	\$24.29	\$25.00	\$25.72	\$26.43	\$27.15	\$27.86	\$28.58
50-54	\$0.400	\$35.43	\$36.58	\$37.72	\$38.86	\$40.00	\$41.15	\$42.29	\$43.43	\$44.58	\$45.72
55-59	\$0.660	\$58.46	\$60.35	\$62.23	\$64.12	\$66.00	\$67.89	\$69.78	\$71.66	\$73.55	\$75.43
60-64	\$0.940	\$83.26	\$85.95	\$88.63	\$91.32	\$94.00	\$96.69	\$99.38	\$102.06	\$104.75	\$107.43
65-69	\$1.520	\$134.63	\$138.98	\$143.32	\$147.66	\$152.00	\$156.35	\$160.69	\$165.03	\$169.38	\$173.72
70-74	\$2.750	\$243.58	\$251.43	\$259.29	\$267.15	\$275.00	\$282.86	\$290.72	\$298.58	\$306.43	\$314.29
75-79	\$4.720	\$418.06	\$431.55	\$445.03	\$458.52	\$472.00	\$485.49	\$498.98	\$512.46	\$525.95	\$539.43
80 & Over	\$7.740	\$685.55	\$707.66	\$729.78	\$751.89	\$774.00	\$796.12	\$818.23	\$840.35	\$862.46	\$884.58

Dependent Child(ren) Coverage - Life Only - \$0.28 per Family Unit per deduction. All Guaranteed Issue.

\$500 - 14 days to 1 year

\$5,000 - 1yr to 19yrs (25yrs if a Full-Time Student)

(The employee must be enrolled in the Voluntary Life Plan in order to enroll the Spouse and/or Children.)

*Issue Age Premiums - The premium for your coverage is paid by you. Issue Age pricing means that your rates (and your spouse's if applicable) do not change with age. After the initial rate guarantee period, the employer is subject to an annual review and possible rate changes.

Rates are effective as of the date shown above. Group life policies are underwritten by Boston Mutual Life Insurance Company under Policy form BML GRTP 4/99, subject to state availability. Product offerings may vary depending on state laws and regulations. Policies have exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to your certificate or contact your benefits administrator.

413-24444-1118-42EVTL11/18

^{**}Premiums shown above are based on current monthly rates and may vary from billed premiums.



Designed for the Employees of City of Somerville

Effective Date: 01/01/2019

FAMILY MATTERS.
NO MATTER WHAT:

Guaranteed Issue Amounts										
Age 18-59 60-69 70+										
Employee	\$150,000	\$80,000	\$10,000							
Spouse \$30,000 \$20,000 N/A										

Employees may elect in increments of \$10,000 to a maximum of the lesser of 7 times salary or \$500,000.

Employee Premium** - 42 Deductions (Amounts may vary slightly from actual deductions due to rounding)

	Monthly Rate per										
Age	1,000	\$410,000	\$420,000	\$430,000	\$440,000	\$450,000	\$460,000	\$470,000	\$480,000	\$490,000	\$500,000
Under 20	\$0.100	\$11.72	\$12.00	\$12.29	\$12.58	\$12.86	\$13.15	\$13.43	\$13.72	\$14.00	\$14.29
20-24	\$0.100	\$11.72	\$12.00	\$12.29	\$12.58	\$12.86	\$13.15	\$13.43	\$13.72	\$14.00	\$14.29
25-29	\$0.100	\$11.72	\$12.00	\$12.29	\$12.58	\$12.86	\$13.15	\$13.43	\$13.72	\$14.00	\$14.29
30-34	\$0.100	\$11.72	\$12.00	\$12.29	\$12.58	\$12.86	\$13.15	\$13.43	\$13.72	\$14.00	\$14.29
35-39	\$0.120	\$14.06	\$14.40	\$14.75	\$15.09	\$15.43	\$15.78	\$16.12	\$16.46	\$16.80	\$17.15
40-44	\$0.170	\$19.92	\$20.40	\$20.89	\$21.38	\$21.86	\$22.35	\$22.83	\$23.32	\$23.80	\$24.29
45-49	\$0.250	\$29.29	\$30.00	\$30.72	\$31.43	\$32.15	\$32.86	\$33.58	\$34.29	\$35.00	\$35.72
50-54	\$0.400	\$46.86	\$48.00	\$49.15	\$50.29	\$51.43	\$52.58	\$53.72	\$54.86	\$56.00	\$57.15
55-59	\$0.660	\$77.32	\$79.20	\$81.09	\$82.98	\$84.86	\$86.75	\$88.63	\$90.52	\$92.40	\$94.29
60-64	\$0.940	\$110.12	\$112.80	\$115.49	\$118.18	\$120.86	\$123.55	\$126.23	\$128.92	\$131.60	\$134.29
65-69	\$1.520	\$178.06	\$182.40	\$186.75	\$191.09	\$195.43	\$199.78	\$204.12	\$208.46	\$212.80	\$217.15
70-74	\$2.750	\$322.15	\$330.00	\$337.86	\$345.72	\$353.58	\$361.43	\$369.29	\$377.15	\$385.00	\$392.86
75-79	\$4.720	\$552.92	\$566.40	\$579.89	\$593.38	\$606.86	\$620.35	\$633.83	\$647.32	\$660.80	\$674.29
80 & Over	\$7.740	\$906.69	\$928.80	\$950.92	\$973.03	\$995.15	\$1,017.26	\$1,039.38	\$1,061.49	\$1,083.60	\$1,105.72

Dependent Child(ren) Coverage - Life Only - \$0.28 per Family Unit per deduction. All Guaranteed Issue.

\$500 - 14 days to 1 year

\$5,000 - 1yr to 19yrs (25yrs if a Full-Time Student)

(The employee must be enrolled in the Voluntary Life Plan in order to enroll the Spouse and/or Children.)

*Issue Age Premiums - The premium for your coverage is paid by you. Issue Age pricing means that your rates (and your spouse's if applicable) do not change with age. After the initial rate guarantee period, the employer is subject to an annual review and possible rate changes.

Rates are effective as of the date shown above. Group life policies are underwritten by Boston Mutual Life Insurance Company under Policy form BML GRTP 4/99, subject to state availability. Product offerings may vary depending on state laws and regulations. Policies have exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to your certificate or contact your benefits administrator.

413-24444-1118-42EVTL11/18

^{**}Premiums shown above are based on current monthly rates and may vary from billed premiums.



FAMILY MATTERS. NO MATTER WHAT:

Designed for the Employees of City of Somerville

Effective Date: 01/01/2019

Guaranteed Issue Amounts										
Age 18-59 60-69 70+										
Employee	\$150,000	\$80,000	\$10,000							
Spouse \$30,000 \$20,000 N/A										

Employees may elect in increments of \$10,000 to a maximum of the lesser of 7 times salary or \$500,000.

Employee Premium** - 52 Deductions (Amounts may vary slightly from actual deductions due to rounding)

22 Deductions (Amounts may vary siignay nom accurate deductions due to rounding)											
	Monthly Rate per										
Age	1,000	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
Under 20	\$0.100	\$0.24	\$0.47	\$0.70	\$0.93	\$1.16	\$1.39	\$1.62	\$1.85	\$2.08	\$2.31
20-24	\$0.100	\$0.24	\$0.47	\$0.70	\$0.93	\$1.16	\$1.39	\$1.62	\$1.85	\$2.08	\$2.31
25-29	\$0.100	\$0.24	\$0.47	\$0.70	\$0.93	\$1.16	\$1.39	\$1.62	\$1.85	\$2.08	\$2.31
30-34	\$0.100	\$0.24	\$0.47	\$0.70	\$0.93	\$1.16	\$1.39	\$1.62	\$1.85	\$2.08	\$2.31
35-39	\$0.120	\$0.28	\$0.56	\$0.84	\$1.11	\$1.39	\$1.67	\$1.94	\$2.22	\$2.50	\$2.77
40-44	\$0.170	\$0.40	\$0.79	\$1.18	\$1.57	\$1.97	\$2.36	\$2.75	\$3.14	\$3.54	\$3.93
45-49	\$0.250	\$0.58	\$1.16	\$1.74	\$2.31	\$2.89	\$3.47	\$4.04	\$4.62	\$5.20	\$5.77
50-54	\$0.400	\$0.93	\$1.85	\$2.77	\$3.70	\$4.62	\$5.54	\$6.47	\$7.39	\$8.31	\$9.24
55-59	\$0.660	\$1.53	\$3.05	\$4.57	\$6.10	\$7.62	\$9.14	\$10.67	\$12.19	\$13.71	\$15.24
60-64	\$0.940	\$2.17	\$4.34	\$6.51	\$8.68	\$10.85	\$13.02	\$15.19	\$17.36	\$19.53	\$21.70
65-69	\$1.520	\$3.51	\$7.02	\$10.53	\$14.04	\$17.54	\$21.05	\$24.56	\$28.07	\$31.57	\$35.08
70-74	\$2.750	\$6.35	\$12.70	\$19.04	\$25.39	\$31.74	\$38.08	\$44.43	\$50.77	\$57.12	\$63.47
75-79	\$4.720	\$10.90	\$21.79	\$32.68	\$43.57	\$54.47	\$65.36	\$76.25	\$87.14	\$98.04	\$108.93
80 & Over	\$7.740	\$17.87	\$35.73	\$53.59	\$71.45	\$89.31	\$107.17	\$125.04	\$142.90	\$160.76	\$178.62

	Monthly Rate per										
Age	1,000	\$110,000	\$120,000	\$130,000	\$140,000	\$150,000	\$160,000	\$170,000	\$180,000	\$190,000	\$200,000
Under 20	\$0.100	\$2.54	\$2.77	\$3.00	\$3.24	\$3.47	\$3.70	\$3.93	\$4.16	\$4.39	\$4.62
20-24	\$0.100	\$2.54	\$2.77	\$3.00	\$3.24	\$3.47	\$3.70	\$3.93	\$4.16	\$4.39	\$4.62
25-29	\$0.100	\$2.54	\$2.77	\$3.00	\$3.24	\$3.47	\$3.70	\$3.93	\$4.16	\$4.39	\$4.62
30-34	\$0.100	\$2.54	\$2.77	\$3.00	\$3.24	\$3.47	\$3.70	\$3.93	\$4.16	\$4.39	\$4.62
35-39	\$0.120	\$3.05	\$3.33	\$3.60	\$3.88	\$4.16	\$4.44	\$4.71	\$4.99	\$5.27	\$5.54
40-44	\$0.170	\$4.32	\$4.71	\$5.10	\$5.50	\$5.89	\$6.28	\$6.67	\$7.07	\$7.46	\$7.85
45-49	\$0.250	\$6.35	\$6.93	\$7.50	\$8.08	\$8.66	\$9.24	\$9.81	\$10.39	\$10.97	\$11.54
50-54	\$0.400	\$10.16	\$11.08	\$12.00	\$12.93	\$13.85	\$14.77	\$15.70	\$16.62	\$17.54	\$18.47
55-59	\$0.660	\$16.76	\$18.28	\$19.80	\$21.33	\$22.85	\$24.37	\$25.90	\$27.42	\$28.94	\$30.47
60-64	\$0.940	\$23.87	\$26.04	\$28.20	\$30.37	\$32.54	\$34.71	\$36.88	\$39.05	\$41.22	\$43.39
65-69	\$1.520	\$38.59	\$42.10	\$45.60	\$49.11	\$52.62	\$56.13	\$59.64	\$63.14	\$66.65	\$70.16
70-74	\$2.750	\$69.81	\$76.16	\$82.50	\$88.85	\$95.20	\$101.54	\$107.89	\$114.24	\$120.58	\$126.93
75-79	\$4.720	\$119.82	\$130.71	\$141.60	\$152.50	\$163.39	\$174.28	\$185.17	\$196.07	\$206.96	\$217.85
80 & Over	\$7.740	\$196.48	\$214.34	\$232.20	\$250.07	\$267.93	\$285.79	\$303.65	\$321.51	\$339.37	\$357.24

Dependent Child(ren) Coverage - Life Only - \$0.22 per Family Unit per deduction. All Guaranteed Issue.

\$500 - 14 days to 1 year

\$5,000 - 1yr to 19yrs (25yrs if a Full-Time Student)

(The employee must be enrolled in the Voluntary Life Plan in order to enroll the Spouse and/or Children.)

*Issue Age Premiums - The premium for your coverage is paid by you. Issue Age pricing means that your rates (and your spouse's if applicable) do not change with age. After the initial rate guarantee period, the employer is subject to an annual review and possible rate changes.

Rates are effective as of the date shown above. Group life policies are underwritten by Boston Mutual Life Insurance Company under Policy form BML GRTP 4/99, subject to state availability. Product offerings may vary depending on state laws and regulations. Policies have exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to your certificate or contact your benefits administrator.

413-24444-1118-52EVTL11/18

^{**}Premiums shown above are based on current monthly rates and may vary from billed premiums.



Designed for the Employees of City of Somerville

Effective Date: 01/01/2019

Guaranteed Issue Amounts									
Age 18-59 60-69 70+									
Employee	\$150,000	\$80,000	\$10,000						
Spouse	\$30,000	\$20,000	N/A						

FAMILY MATTERS. NO MATTER WHAT:

Employees may elect in increments of \$10,000 to a maximum of the lesser of 7 times salary or \$500,000.

Employee Premium** - 52 Deductions (Amounts may vary slightly from actual deductions due to rounding)

	Monthly Rate per										
Age	1,000	\$210,000	\$220,000	\$230,000	\$240,000	\$250,000	\$260,000	\$270,000	\$280,000	\$290,000	\$300,000
Under 20	\$0.100	\$4.85	\$5.08	\$5.31	\$5.54	\$5.77	\$6.00	\$6.24	\$6.47	\$6.70	\$6.93
20-24	\$0.100	\$4.85	\$5.08	\$5.31	\$5.54	\$5.77	\$6.00	\$6.24	\$6.47	\$6.70	\$6.93
25-29	\$0.100	\$4.85	\$5.08	\$5.31	\$5.54	\$5.77	\$6.00	\$6.24	\$6.47	\$6.70	\$6.93
30-34	\$0.100	\$4.85	\$5.08	\$5.31	\$5.54	\$5.77	\$6.00	\$6.24	\$6.47	\$6.70	\$6.93
35-39	\$0.120	\$5.82	\$6.10	\$6.37	\$6.65	\$6.93	\$7.20	\$7.48	\$7.76	\$8.04	\$8.31
40-44	\$0.170	\$8.24	\$8.64	\$9.03	\$9.42	\$9.81	\$10.20	\$10.60	\$10.99	\$11.38	\$11.77
45-49	\$0.250	\$12.12	\$12.70	\$13.27	\$13.85	\$14.43	\$15.00	\$15.58	\$16.16	\$16.74	\$17.31
50-54	\$0.400	\$19.39	\$20.31	\$21.24	\$22.16	\$23.08	\$24.00	\$24.93	\$25.85	\$26.77	\$27.70
55-59	\$0.660	\$31.99	\$33.51	\$35.04	\$36.56	\$38.08	\$39.60	\$41.13	\$42.65	\$44.17	\$45.70
60-64	\$0.940	\$45.56	\$47.73	\$49.90	\$52.07	\$54.24	\$56.40	\$58.57	\$60.74	\$62.91	\$65.08
65-69	\$1.520	\$73.67	\$77.17	\$80.68	\$84.19	\$87.70	\$91.20	\$94.71	\$98.22	\$101.73	\$105.24
70-74	\$2.750	\$133.27	\$139.62	\$145.97	\$152.31	\$158.66	\$165.00	\$171.35	\$177.70	\$184.04	\$190.39
75-79	\$4.720	\$228.74	\$239.64	\$250.53	\$261.42	\$272.31	\$283.20	\$294.10	\$304.99	\$315.88	\$326.77
80 & Over	\$7.740	\$375.10	\$392.96	\$410.82	\$428.68	\$446.54	\$464.40	\$482.27	\$500.13	\$517.99	\$535.85

	Monthly Rate per										
Age	1,000	\$310,000	\$320,000	\$330,000	\$340,000	\$350,000	\$360,000	\$370,000	\$380,000	\$390,000	\$400,000
Under 20	\$0.100	\$7.16	\$7.39	\$7.62	\$7.85	\$8.08	\$8.31	\$8.54	\$8.77	\$9.00	\$9.24
20-24	\$0.100	\$7.16	\$7.39	\$7.62	\$7.85	\$8.08	\$8.31	\$8.54	\$8.77	\$9.00	\$9.24
25-29	\$0.100	\$7.16	\$7.39	\$7.62	\$7.85	\$8.08	\$8.31	\$8.54	\$8.77	\$9.00	\$9.24
30-34	\$0.100	\$7.16	\$7.39	\$7.62	\$7.85	\$8.08	\$8.31	\$8.54	\$8.77	\$9.00	\$9.24
35-39	\$0.120	\$8.59	\$8.87	\$9.14	\$9.42	\$9.70	\$9.97	\$10.25	\$10.53	\$10.80	\$11.08
40-44	\$0.170	\$12.17	\$12.56	\$12.95	\$13.34	\$13.74	\$14.13	\$14.52	\$14.91	\$15.30	\$15.70
45-49	\$0.250	\$17.89	\$18.47	\$19.04	\$19.62	\$20.20	\$20.77	\$21.35	\$21.93	\$22.50	\$23.08
50-54	\$0.400	\$28.62	\$29.54	\$30.47	\$31.39	\$32.31	\$33.24	\$34.16	\$35.08	\$36.00	\$36.93
55-59	\$0.660	\$47.22	\$48.74	\$50.27	\$51.79	\$53.31	\$54.84	\$56.36	\$57.88	\$59.40	\$60.93
60-64	\$0.940	\$67.25	\$69.42	\$71.59	\$73.76	\$75.93	\$78.10	\$80.27	\$82.44	\$84.60	\$86.77
65-69	\$1.520	\$108.74	\$112.25	\$115.76	\$119.27	\$122.77	\$126.28	\$129.79	\$133.30	\$136.80	\$140.31
70-74	\$2.750	\$196.74	\$203.08	\$209.43	\$215.77	\$222.12	\$228.47	\$234.81	\$241.16	\$247.50	\$253.85
75-79	\$4.720	\$337.67	\$348.56	\$359.45	\$370.34	\$381.24	\$392.13	\$403.02	\$413.91	\$424.80	\$435.70
80 & Over	\$7.740	\$553.71	\$571.57	\$589.44	\$607.30	\$625.16	\$643.02	\$660.88	\$678.74	\$696.60	\$714.47

Dependent Child(ren) Coverage - Life Only - \$0.22 per Family Unit per deduction. All Guaranteed Issue.

\$500 - 14 days to 1 year

\$5,000 - 1yr to 19yrs (25yrs if a Full-Time Student)

(The employee must be enrolled in the Voluntary Life Plan in order to enroll the Spouse and/or Children.)

*Issue Age Premiums - The premium for your coverage is paid by you. Issue Age pricing means that your rates (and your spouse's if applicable) do not change with age. After the initial rate guarantee period, the employer is subject to an annual review and possible rate changes.

Rates are effective as of the date shown above. Group life policies are underwritten by Boston Mutual Life Insurance Company under Policy form BML GRTP 4/99, subject to state availability. Product offerings may vary depending on state laws and regulations. Policies have exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to your certificate or contact your benefits administrator.

413-24444-1118-52EVTL11/18

^{**}Premiums shown above are based on current monthly rates and may vary from billed premiums.



Designed for the Employees of City of Somerville

Effective Date: 01/01/2019

Guaranteed Issue Amounts										
Age 18-59 60-69 70+										
Employee	\$150,000	\$80,000	\$10,000							
Spouse	\$30,000	\$20,000	N/A							

FAMILY MATTERS. NO MATTER WHAT:

Employees may elect in increments of \$10,000 to a maximum of the lesser of 7 times salary or \$500,000.

Employee Premium** - 52 Deductions (Amounts may vary slightly from actual deductions due to rounding)

	Monthly Rate per										
Age	1,000	\$410,000	\$420,000	\$430,000	\$440,000	\$450,000	\$460,000	\$470,000	\$480,000	\$490,000	\$500,000
Under 20	\$0.100	\$9.47	\$9.70	\$9.93	\$10.16	\$10.39	\$10.62	\$10.85	\$11.08	\$11.31	\$11.54
20-24	\$0.100	\$9.47	\$9.70	\$9.93	\$10.16	\$10.39	\$10.62	\$10.85	\$11.08	\$11.31	\$11.54
25-29	\$0.100	\$9.47	\$9.70	\$9.93	\$10.16	\$10.39	\$10.62	\$10.85	\$11.08	\$11.31	\$11.54
30-34	\$0.100	\$9.47	\$9.70	\$9.93	\$10.16	\$10.39	\$10.62	\$10.85	\$11.08	\$11.31	\$11.54
35-39	\$0.120	\$11.36	\$11.64	\$11.91	\$12.19	\$12.47	\$12.74	\$13.02	\$13.30	\$13.57	\$13.85
40-44	\$0.170	\$16.09	\$16.48	\$16.87	\$17.27	\$17.66	\$18.05	\$18.44	\$18.84	\$19.23	\$19.62
45-49	\$0.250	\$23.66	\$24.24	\$24.81	\$25.39	\$25.97	\$26.54	\$27.12	\$27.70	\$28.27	\$28.85
50-54	\$0.400	\$37.85	\$38.77	\$39.70	\$40.62	\$41.54	\$42.47	\$43.39	\$44.31	\$45.24	\$46.16
55-59	\$0.660	\$62.45	\$63.97	\$65.50	\$67.02	\$68.54	\$70.07	\$71.59	\$73.11	\$74.64	\$76.16
60-64	\$0.940	\$88.94	\$91.11	\$93.28	\$95.45	\$97.62	\$99.79	\$101.96	\$104.13	\$106.30	\$108.47
65-69	\$1.520	\$143.82	\$147.33	\$150.84	\$154.34	\$157.85	\$161.36	\$164.87	\$168.37	\$171.88	\$175.39
70-74	\$2.750	\$260.20	\$266.54	\$272.89	\$279.24	\$285.58	\$291.93	\$298.27	\$304.62	\$310.97	\$317.31
75-79	\$4.720	\$446.59	\$457.48	\$468.37	\$479.27	\$490.16	\$501.05	\$511.94	\$522.84	\$533.73	\$544.62
80 & Over	\$7.740	\$732.33	\$750.19	\$768.05	\$785.91	\$803.77	\$821.64	\$839.50	\$857.36	\$875.22	\$893.08

Dependent Child(ren) Coverage - Life Only - \$0.22 per Family Unit per deduction. All Guaranteed Issue.

\$500 - 14 days to 1 year

\$5,000 - 1yr to 19yrs (25yrs if a Full-Time Student)

(The employee must be enrolled in the Voluntary Life Plan in order to enroll the Spouse and/or Children.)

*Issue Age Premiums - The premium for your coverage is paid by you. Issue Age pricing means that your rates (and your spouse's if applicable) do not change with age. After the initial rate guarantee period, the employer is subject to an annual review and possible rate changes.

Rates are effective as of the date shown above. Group life policies are underwritten by Boston Mutual Life Insurance Company under Policy form BML GRTP 4/99, subject to state availability. Product offerings may vary depending on state laws and regulations. Policies have exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to your certificate or contact your benefits administrator.

413-24444-1118-52EVTL11/18

^{**}Premiums shown above are based on current monthly rates and may vary from billed premiums.