



Insurance Masters

129 Market Plaza Drive ♦ N. Augusta, SC 29860 ♦ Tel: 866-983-0888 ♦ www.insurancemasters.biz



Dear Businessowner:

If you are unhappy with your health Insurance rates. Please take 5 minutes and compare these rates and benefits from an A+ rated Health Insurance Carrier with \$30 Doctor Copays Hospital/Surgical for \$1,000,000 plus Accident Coverage for emergency room with Accidental Disability Income and Dental Insurance all included.

Age	Emp. Only	Emp. & Spouse	Emp & Family
25	140.29	282.41	386.22
30	148.31	303.67	407.48
35	155.66	320.90	424.71
40	181.97	379.05	482.86
45	215.29	444.39	548.20
50	273.55	546.88	650.69
55	351.95	682.83	786.64
60	431.36	806.96	910.77

Description of Benefits:

Coverage Amount Hospital/Surgical/DoctorsVisits/RX card.....\$1,000,000
 Doctor Copays.....\$30
 Deductible & Co-Insurance.....\$5000 75/25% max out of pocket \$2500 per person
 Accident Coverage.....\$2,000
 Hospital Income Benefit (Due to Accidental Injury).....\$150 per day
 Accidental Death Benefit.....\$50,000
 Accidental Disability Benefit.....\$1,000 per month for 12 months
 Dental Benefits.....Diagnostic & Preventative (Cleanings covered immediately)100%
 Fillings and Extractions, Endontics, Periodontics, Oral Surgery, Restorations, Orthodontics
 and Prosthodontics are also covered. See Brochure for details and waiting periods.

This is a brief description of benefits. Rates based on Zip Code 30904. For complete details see Insurance Company brochure.

Please cut here and return to Insurance Masters

For a quote please complete this census and return to address or email below:

1. Emp DOB____ Smoker Y/N____ Height____ Weight____ Spouse DOB____ Smoker Y/N____ Height____ Weight____ # of children____
2. Emp DOB____ Smoker Y/N____ Height____ Weight____ Spouse DOB____ Smoker Y/N____ Height____ Weight____ # of children____
3. Emp DOB____ Smoker Y/N____ Height____ Weight____ Spouse DOB____ Smoker Y/N____ Height____ Weight____ # of children____
4. Emp DOB____ Smoker Y/N____ Height____ Weight____ Spouse DOB____ Smoker Y/N____ Height____ Weight____ # of children____
5. Emp DOB____ Smoker Y/N____ Height____ Weight____ Spouse DOB____ Smoker Y/N____ Height____ Weight____ # of children____
6. Emp DOB____ Smoker Y/N____ Height____ Weight____ Spouse DOB____ Smoker Y/N____ Height____ Weight____ # of children____
7. Emp DOB____ Smoker Y/N____ Height____ Weight____ Spouse DOB____ Smoker Y/N____ Height____ Weight____ # of children____
8. Emp DOB____ Smoker Y/N____ Height____ Weight____ Spouse DOB____ Smoker Y/N____ Height____ Weight____ # of children____
9. Emp DOB____ Smoker Y/N____ Height____ Weight____ Spouse DOB____ Smoker Y/N____ Height____ Weight____ # of children____
10. Emp DOB____-Smoker Y/N____ Height____ Weight____ Spouse DOB____ Smoker Y/N____ Height____ Weight____ # of children____

Insurance Masters LLC

129 Market Plaza Drive, North Augusta, SC 29860
Tel: 866-983-0888 Fax 803-339-4633 or email: mario@insurancemasters.biz