

PREMIUM WORKSHEET



Rates and/or benefits can change. Rates are based on the employee's age and increase as you enter each new age category.

VOLUNTARY CRITICAL ILLNESS INSURANCE							
Monthly Premium Amount (Cost per Pay Period – 12/Year)							
Benefit Amount	Coverage Tier	Under 30	30-39	40-49	50-59	60-69	70-79
\$10,000	Employee Only	\$3.66	\$5.11	\$10.18	\$19.55	\$37.77	\$66.60
	Employee & Spouse	\$5.92	\$8.11	\$15.92	\$30.47	\$58.57	\$102.58
	Employee & Child(ren)	\$6.07	\$7.04	\$11.85	\$21.14	\$39.35	\$68.18
	Employee & Family	\$8.72	\$10.35	\$17.86	\$32.33	\$60.40	\$104.41
\$20,000	Employee Only	\$6.39	\$9.24	\$19.29	\$37.98	\$74.42	\$132.08
	Employee & Spouse	\$10.01	\$14.29	\$29.69	\$58.70	\$114.89	\$202.90
	Employee & Child(ren)	\$8.79	\$11.17	\$20.95	\$39.57	\$76.00	\$133.66
	Employee & Family	\$12.81	\$16.53	\$31.63	\$60.56	\$116.73	\$204.74
\$30,000	Employee Only	\$9.11	\$13.37	\$28.39	\$56.41	\$111.07	\$197.56
	Employee & Spouse	\$14.09	\$20.47	\$43.46	\$86.94	\$171.21	\$303.23
	Employee & Child(ren)	\$11.52	\$15.30	\$30.05	\$58.00	\$112.65	\$199.13
	Employee & Family	\$16.90	\$22.71	\$45.40	\$88.80	\$173.05	\$305.07

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This document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Benefits are subject to state availability. Policy terms and conditions vary by state. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.