

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	Age	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79
\$10,000	Employee Only	\$2.49	\$2.49	\$4.73	\$4.73	\$10.87	\$10.87	\$21.23	\$21.23	\$39.54	\$39.54	\$49.92	\$49.92
	Employee & Spouse/Partner	\$4.33	\$4.33	\$7.88	\$7.88	\$17.64	\$17.64	\$33.93	\$33.93	\$62.13	\$62.13	\$77.70	\$77.70
	Employee & Child(ren)	\$4.68	\$4.68	\$6.94	\$6.94	\$13.10	\$13.10	\$23.46	\$23.46	\$41.75	\$41.75	\$52.01	\$52.01
	Employee & Family	\$6.93	\$6.93	\$10.51	\$10.51	\$20.27	\$20.27	\$36.55	\$36.55	\$64.71	\$64.71	\$80.14	\$80.14
\$20,000	Employee Only	\$3.78	\$3.78	\$8.10	\$8.10	\$20.08	\$20.08	\$40.51	\$40.51	\$76.82	\$76.82	\$97.67	\$97.67
	Employee & Spouse/Partner	\$6.33	\$6.33	\$13.10	\$13.10	\$31.99	\$31.99	\$63.97	\$63.97	\$119.75	\$119.75	\$151.03	\$151.03
	Employee & Child(ren)	\$6.24	\$6.24	\$10.65	\$10.65	\$22.56	\$22.56	\$42.87	\$42.87	\$79.00	\$79.00	\$99.76	\$99.76
	Employee & Family	\$9.29	\$9.29	\$16.18	\$16.18	\$34.95	\$34.95	\$66.76	\$66.76	\$122.28	\$122.28	\$153.47	\$153.47

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VOLUNTARY ACCIDENT INSURANCE	
Monthly Premium Amount (Cost per Pay Period – 12/Year)	
COVERAGE TIER	PLAN 1
Employee Only	\$12.59 (\$0.41 per day)
Employee & Spouse/Partner	\$19.42 (\$0.64 per day)
Employee & Child(ren)	\$24.00 (\$0.79 per day)
Employee & Family	\$31.79 (\$1.05 per day)

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VOLUNTARY HOSPITAL INDEMNITY INSURANCE	
Monthly Premium Amount (Cost per Pay Period – 12/Year)	
COVERAGE TIER	PLAN 2
Employee Only	\$17.77 (\$0.58 per day)
Employee & Spouse/Partner	\$36.87 (\$1.21 per day)
Employee & Child(ren)	\$33.46 (\$1.10 per day)
Employee & Family	\$54.89 (\$1.80 per day)

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