



RATE SHEET

Rates shown are based on semimonthly deductions. Your payroll deductions will be taken after taxes are taken.



Critical Illness Plan*

You may enroll in one option only.

Non-Tobacco Rates

Employee Face Amount: \$10,000

Employee Face Amount: \$15,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family	Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<25	\$1.69	\$3.30	\$1.69	\$3.30	<25	\$2.22	\$4.27	\$2.22	\$4.27
25-29	\$2.03	\$3.81	\$2.03	\$3.81	25-29	\$2.72	\$5.01	\$2.72	\$5.01
30-34	\$2.64	\$4.72	\$2.64	\$4.72	30-34	\$3.62	\$6.36	\$3.62	\$6.36
35-39	\$3.49	\$6.00	\$3.49	\$6.00	35-39	\$4.89	\$8.27	\$4.89	\$8.27
40-44	\$4.80	\$7.96	\$4.80	\$7.96	40-44	\$6.84	\$11.19	\$6.84	\$11.19
45-49	\$6.24	\$10.12	\$6.24	\$10.12	45-49	\$8.99	\$14.41	\$8.99	\$14.41
50-54	\$8.84	\$14.03	\$8.84	\$14.03	50-54	\$12.85	\$20.23	\$12.85	\$20.23
55-59	\$12.39	\$19.36	\$12.39	\$19.36	55-59	\$18.14	\$28.17	\$18.14	\$28.17
60-64	\$18.14	\$28.00	\$18.14	\$28.00	60-64	\$26.72	\$41.06	\$26.72	\$41.06
65-69	\$25.55	\$39.12	\$25.55	\$39.12	65-69	\$37.77	\$57.64	\$37.77	\$57.64
70+	\$40.45	\$61.47	\$40.45	\$61.47	70+	\$60.05	\$91.07	\$60.05	\$91.07

Employee Face Amount: \$25,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<25	\$3.29	\$6.21	\$3.29	\$6.21
25-29	\$4.10	\$7.43	\$4.10	\$7.43
30-34	\$5.59	\$9.65	\$5.59	\$9.65
35-39	\$7.69	\$12.80	\$7.69	\$12.80
40-44	\$10.93	\$17.66	\$10.93	\$17.66
45-49	\$14.48	\$22.98	\$14.48	\$22.98
50-54	\$20.89	\$32.63	\$20.89	\$32.63
55-59	\$29.65	\$45.78	\$29.65	\$45.78
60-64	\$43.88	\$67.16	\$43.88	\$67.16
65-69	\$62.22	\$94.68	\$62.22	\$94.68
70+	\$99.26	\$150.26	\$99.26	\$150.26

Tobacco Rates

Employee Face Amount: \$10,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<25	\$1.78	\$3.43	\$1.78	\$3.43
25-29	\$2.21	\$4.08	\$2.21	\$4.08
30-34	\$3.03	\$5.32	\$3.03	\$5.32
35-39	\$4.34	\$7.27	\$4.34	\$7.27
40-44	\$6.57	\$10.62	\$6.57	\$10.62
45-49	\$9.38	\$14.84	\$9.38	\$14.84
50-54	\$14.50	\$22.54	\$14.50	\$22.54
55-59	\$21.97	\$33.77	\$21.97	\$33.77
60-64	\$34.11	\$52.02	\$34.11	\$52.02
65-69	\$49.92	\$75.77	\$49.92	\$75.77
70+	\$71.95	\$108.87	\$71.95	\$108.87

Employee Face Amount: \$15,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<25	\$2.35	\$4.15	\$2.35	\$4.15
25-29	\$2.99	\$0.42	\$2.99	\$0.42
30-34	\$4.22	\$7.26	\$4.22	\$7.26
35-39	\$6.16	\$10.17	\$6.16	\$10.17
40-44	\$9.49	\$15.18	\$9.49	\$15.18
45-49	\$13.69	\$21.49	\$13.69	\$21.49
50-54	\$21.34	\$33.00	\$21.34	\$33.00
55-59	\$32.51	\$49.79	\$32.51	\$49.79
60-64	\$50.67	\$77.08	\$50.67	\$77.08
65-69	\$74.33	\$112.61	\$74.33	\$112.61
70+	\$107.31	\$162.16	\$107.31	\$162.16

Employee Face Amount: \$25,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<25	\$3.50	\$6.53	\$3.50	\$6.53
25-29	\$4.55	\$8.10	\$4.55	\$8.10
30-34	\$6.58	\$11.14	\$6.58	\$11.14
35-39	\$9.81	\$15.98	\$9.81	\$15.98
40-44	\$15.34	\$24.30	\$15.34	\$24.30
45-49	\$22.33	\$34.78	\$22.33	\$34.78
50-54	\$35.04	\$53.91	\$35.04	\$53.91
55-59	\$53.60	\$81.81	\$53.60	\$81.81
60-64	\$83.80	\$127.20	\$83.80	\$127.20
65-69	\$123.14	\$186.30	\$123.14	\$186.30
70+	\$178.03	\$268.74	\$178.03	\$268.74

* Rates are based on your (the subscribers) current age but will increase as you move into a higher age-band.

THESE PLANS DO NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THESE ARE A SUPPLEMENT TO HEALTH INSURANCE AND NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.

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<http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx>.

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If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512
1-800-648-7817, TTY: 711, Fax: 859-425-3379, CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Availability of Language Assistance Services

TTY: 711

For language assistance in your language call 1-888-772-9682 at no cost. (English)

Para obtener asistencia lingüística en su idioma, llame sin cargo al 1-888-772-9682. (Spanish)

欲取得以您的語言提供的語言協助，請撥打1-888-772-9682，無需付費。(Chinese)

Pour une assistance linguistique dans votre langue, appeler le 1-888-772-9682 sans frais. (French)

Para sa tulong sa inyong wika, tumawag sa 1-888-772-9682 nang walang bayad. (Tagalog)

Hilfe oder Informationen in deutscher Sprache erhalten Sie kostenlos unter der Nummer 1-888-772-9682. (German)

للمساعدة اللغوية بلغتك الرجاء الاتصال على الرقم المجاني 1-888-772-9682. (Arabic)

Pou jwenn asistans nan lang pa w, rele nimewo 1-888-772-9682 gratis. (French Creole)

Per ricevere assistenza nella sua lingua, può chiamare gratuitamente il numero 1-888-772-9682. (Italian)

日本語で援助をご希望の方は 1-888-772-9682 (フリーダイヤル) までお電話ください。 (Japanese)

본인의 언어로 통역 서비스를 받고 싶으시면 비용 부담 없이 1-888-772-9682번으로 전화해 주십시오. (Korean)

برای راهنمایی به زبان شما با شماره 1-888-772-9682 بدون هیچ هزینه ای تماس بگیرید. (Persian)

Aby uzyskać pomoc w swoim języku, zadzwoń bezpłatnie pod numer 1-888-772-9682. (Polish)

Para obter assistência no seu idioma, ligue gratuitamente para o 1-888-772-9682. (Portuguese)

Чтобы получить помощь с переводом на ваш язык, позвоните по бесплатному номеру 1-888-772-9682. (Russian)

Để được hỗ trợ ngôn ngữ bằng ngôn ngữ của bạn, hãy gọi miễn phí đến số 1-888-772-9682. (Vietnamese)
