



RATE SHEET

Rates shown are based on monthly 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

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<20	\$3.02	\$5.66	\$3.02	\$5.66
20-24	\$3.48	\$6.35	\$3.48	\$6.35
25-29	\$4.10	\$7.29	\$4.10	\$7.29
30-34	\$4.95	\$8.56	\$4.95	\$8.56
35-39	\$6.28	\$10.56	\$6.28	\$10.56
40-44	\$8.67	\$14.14	\$8.67	\$14.14
45-49	\$12.60	\$20.04	\$12.60	\$20.04
50-54	\$19.10	\$29.80	\$19.10	\$29.80
55-59	\$28.39	\$43.74	\$28.39	\$43.74
60-64	\$40.39	\$61.74	\$40.39	\$61.74
65-69	\$55.36	\$84.20	\$55.36	\$84.20
70+	\$69.73	\$105.77	\$69.73	\$105.77

Employee Face Amount: \$20,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<20	\$4.61	\$8.33	\$4.61	\$8.33
20-24	\$5.52	\$9.70	\$5.52	\$9.70
25-29	\$6.77	\$11.57	\$6.77	\$11.57
30-34	\$8.48	\$14.13	\$8.48	\$14.13
35-39	\$11.14	\$18.13	\$11.14	\$18.13
40-44	\$15.90	\$25.28	\$15.90	\$25.28
45-49	\$23.76	\$37.07	\$23.76	\$37.07
50-54	\$36.77	\$56.60	\$36.77	\$56.60
55-59	\$55.36	\$84.48	\$55.36	\$84.48
60-64	\$79.34	\$120.47	\$79.34	\$120.47
65-69	\$109.28	\$165.40	\$109.28	\$165.40
70+	\$138.03	\$208.54	\$138.03	\$208.54

Tobacco RatesEmployee Face Amount: \$10,000

<u>Age Band</u>	<u>Youself only</u>	<u>Youself and spouse</u>	<u>Youself plus child(ren)</u>	<u>Youself and family</u>
<20	\$4.11	\$7.49	\$4.11	\$7.49
20-24	\$4.88	\$8.64	\$4.88	\$8.64
25-29	\$5.93	\$10.22	\$5.93	\$10.22
30-34	\$7.37	\$12.38	\$7.37	\$12.38
35-39	\$9.61	\$15.75	\$9.61	\$15.75
40-44	\$13.62	\$21.77	\$13.62	\$21.77
45-49	\$20.24	\$31.71	\$20.24	\$31.71
50-54	\$31.21	\$48.16	\$31.21	\$48.16
55-59	\$46.86	\$71.65	\$46.86	\$71.65
60-64	\$67.07	\$101.97	\$67.07	\$101.97
65-69	\$92.29	\$139.82	\$92.29	\$139.82
70+	\$116.51	\$176.16	\$116.51	\$176.16

Employee Face Amount: \$20,000

<u>Age Band</u>	<u>Youself only</u>	<u>Youself and spouse</u>	<u>Youself plus child(ren)</u>	<u>Youself and family</u>
<20	\$6.79	\$11.98	\$6.79	\$11.98
20-24	\$8.33	\$14.28	\$8.33	\$14.28
25-29	\$10.43	\$17.44	\$10.43	\$17.44
30-34	\$13.30	\$21.75	\$13.30	\$21.75
35-39	\$17.79	\$28.49	\$17.79	\$28.49
40-44	\$25.82	\$40.54	\$25.82	\$40.54
45-49	\$39.06	\$60.41	\$39.06	\$60.41
50-54	\$60.98	\$93.31	\$60.98	\$93.31
55-59	\$92.30	\$140.30	\$92.30	\$140.30
60-64	\$132.71	\$200.93	\$132.71	\$200.93
65-69	\$183.16	\$276.63	\$183.16	\$276.63
70+	\$231.60	\$349.32	\$231.60	\$349.32

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



Hospital Indemnity Plan

You may enroll in one option only.

<u>Low</u>	<u>Cost</u>
Youself only	\$9.34
Youself & spouse	\$18.99
Youself plus child(ren)	\$14.79
Youself and family	\$23.33

<u>High</u>	<u>Cost</u>
Youself only	\$18.18
Youself & spouse	\$37.25
Youself plus child(ren)	\$28.73
Youself and family	\$45.48

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>.

Policy forms issued in Oklahoma and Idaho include: GR-96843 and/or GR-96844; AL VOL HPOL-Hosp 01 and AL VOL HCOC-Hosp 01.

