



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
<30	\$6.13	\$11.94	\$6.13	\$11.94
30-39	\$8.87	\$16.05	\$8.87	\$16.05
40-49	\$14.32	\$24.24	\$14.32	\$24.24
50-59	\$23.30	\$37.74	\$23.30	\$37.74
60-69	\$36.64	\$57.80	\$36.64	\$57.80
70+	\$58.66	\$90.83	\$58.66	\$90.83

Employee Face Amount: \$15,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<30	\$7.60	\$14.44	\$7.60	\$14.44
30-39	\$11.67	\$20.54	\$11.67	\$20.54
40-49	\$19.79	\$32.74	\$19.79	\$32.74
50-59	\$33.16	\$52.83	\$33.16	\$52.83
60-69	\$53.05	\$82.73	\$53.05	\$82.73
70+	\$85.90	\$132.02	\$85.90	\$132.02

Employee Face Amount: \$20,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<30	\$9.08	\$16.70	\$9.08	\$16.70
30-39	\$14.47	\$25.02	\$14.47	\$25.02
40-49	\$25.26	\$41.23	\$25.26	\$41.23
50-59	\$43.02	\$67.92	\$43.02	\$67.92
60-69	\$69.46	\$107.67	\$69.46	\$107.67
70+	\$113.14	\$173.22	\$113.14	\$173.22

Employee Face Amount: \$25,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<30	\$10.56	\$18.95	\$10.56	\$18.95
30-39	\$17.28	\$29.51	\$17.28	\$29.51
40-49	\$30.74	\$49.72	\$30.74	\$49.72
50-59	\$52.88	\$83.01	\$52.88	\$83.01
60-69	\$85.86	\$132.60	\$85.86	\$132.60
70+	\$140.39	\$214.41	\$140.39	\$214.41

Employee Face Amount: \$30,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<30	\$12.03	\$21.15	\$12.03	\$21.15
30-39	\$20.08	\$34.00	\$20.08	\$34.00
40-49	\$36.21	\$58.22	\$36.21	\$58.22
50-59	\$62.74	\$98.11	\$62.74	\$98.11
60-69	\$102.27	\$157.53	\$102.27	\$157.53
70+	\$167.63	\$255.60	\$167.63	\$255.60

Tobacco Rates

Employee Face Amount: \$10,000

<u>Age Band</u>	Yourselves only	Yourselves and spouse	Yourselves plus child(ren)	Yourselves and family
<30	\$6.79	\$12.93	\$6.79	\$12.93
30-39	\$11.24	\$19.62	\$11.24	\$19.62
40-49	\$21.67	\$35.30	\$21.67	\$35.30
50-59	\$40.25	\$63.24	\$40.25	\$63.24
60-69	\$67.79	\$104.66	\$67.79	\$104.66
70+	\$107.64	\$164.51	\$107.64	\$164.51

Employee Face Amount: \$15,000

<u>Age Band</u>	Yourselves only	Yourselves and spouse	Yourselves plus child(ren)	Yourselves and family
<30	\$8.59	\$15.92	\$8.59	\$15.92
30-39	\$15.23	\$25.89	\$15.23	\$25.89
40-49	\$30.82	\$49.33	\$30.82	\$49.33
50-59	\$58.58	\$91.08	\$58.58	\$91.08
60-69	\$99.77	\$153.02	\$99.77	\$153.02
70+	\$159.37	\$242.54	\$159.37	\$242.54

Employee Face Amount: \$20,000

<u>Age Band</u>	Yourselves only	Yourselves and spouse	Yourselves plus child(ren)	Yourselves and family
<30	\$10.40	\$18.92	\$10.40	\$18.92
30-39	\$19.22	\$32.17	\$19.22	\$32.17
40-49	\$39.97	\$63.35	\$39.97	\$63.35
50-59	\$76.92	\$118.92	\$76.92	\$118.92
60-69	\$131.74	\$201.39	\$131.74	\$201.39
70+	\$211.11	\$320.56	\$211.11	\$320.56

Employee Face Amount: \$25,000

<u>Age Band</u>	Yourselves only	Yourselves and spouse	Yourselves plus child(ren)	Yourselves and family
<30	\$12.20	\$21.91	\$12.20	\$21.91
30-39	\$23.22	\$38.44	\$23.22	\$38.44
40-49	\$49.12	\$77.37	\$49.12	\$77.37
50-59	\$95.25	\$146.76	\$95.25	\$146.76
60-69	\$163.72	\$249.75	\$163.72	\$249.75
70+	\$262.84	\$398.59	\$262.84	\$398.59

Employee Face Amount: \$30,000

<u>Age Band</u>	Yourselves only	Yourselves and spouse	Yourselves plus child(ren)	Yourselves and family
<30	\$14.01	\$24.90	\$14.01	\$24.90
30-39	\$27.21	\$44.72	\$27.21	\$44.72
40-49	\$58.27	\$91.40	\$58.27	\$91.40
50-59	\$113.59	\$174.60	\$113.59	\$174.60
60-69	\$195.70	\$298.11	\$195.70	\$298.11
70+	\$314.58	\$476.62	\$314.58	\$476.62

*Rates are based on your (the subscriber's) current age.

Non-Discrimination Notice

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance. If you need a qualified interpreter, written information in other formats, translation or other services, call 1-888-772-9682.

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)
