



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

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

Employee 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 subscriber's) 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.

Plans are underwritten by Aetna Life Insurance Company (Aetna). Insurance plans contain exclusions and limitations. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Policies may not be available in all states, and rates and benefits may vary by location. Supplemental health plans provide limited benefits. The benefit payments are not intended to cover the full cost of medical care. Providers are independent contractors and are not agents of Aetna. This material is for information only and is not an offer or invitation to contract. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to www.aetna.com.

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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.

