and



Rates shown are based on monthly deductions. Your payroll deductions will be taken before taxes are taken.



Critical Illness Plan* You may enroll in one option only.

Non-Tobacco

Employee Face Amount: \$10,000 Employee Face Amount: \$20,000 Yourself Yourself Yourself Yourself <u>Age</u> Yourself Yourself Yourself Yourself <u>Age</u> <u>Band</u> only and plus and Band only and plus spouse child(ren) family spouse child(ren) family <30 \$7.11 \$15.49 \$7.11 \$15.49 <30 \$10.87 \$23.59 \$10.87 \$23.59 30-39 \$10.73 \$22.71 \$10.73 \$22.71 30-39 \$18.02 \$37.87 \$18.02 \$37.87 40-49 \$18.00 \$18.00 40-49 \$37.29 \$37.29 \$32.44 \$66.77 \$32.44 \$66.77 50-59 \$61.16 50-59 \$29.90 \$61.16 \$29.90 \$56.03 \$114.10 \$56.03 \$114.10 60-69 \$47.18 \$95.83 \$47.18 \$95.83 60-69 \$90.33 \$182.88 \$90.33 \$182.88 70+ \$75.58 \$152.63 \$75.58 \$152.63 70+ \$146.76 \$295.76 \$146.76 \$295.76

<u>Tobacco</u>

Employee Face Amount: \$10,000					Employee Face Amount: \$20,000				
<u>Age</u>	Yourself	Yourself	Yourself	Yourself	<u>Age</u>	Yourself	Yourself	Yourself	Yourself
<u>Band</u>	only	and	plus	and	<u>Band</u>	only	and	plus	and
		spouse	child(ren)	family			spouse	child(ren)	family
<30	\$8.04	\$17.34	\$8.04	\$17.34	<30	\$12.72	\$27.30	\$12.72	\$27.30
30-39	\$14.09	\$29.46	\$14.09	\$29.46	30-39	\$24.74	\$51.37	\$24.74	\$51.37
40-49	\$28.32	\$58.01	\$28.32	\$58.01	40-49	\$53.07	\$108.21	\$53.07	\$108.21
50-59	\$53.05	\$107.67	\$53.05	\$107.67	50-59	\$102.32	\$207.11	\$102.32	\$207.11
60-69	\$88.88	\$179.59	\$88.88	\$179.59	60-69	\$173.72	\$350.42	\$173.72	\$350.42
70+	\$139.12	\$280.20	\$139.12	\$280.20	70+	\$273.84	\$550.90	\$273.84	\$550.90

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

©2024 Aetna Inc. 57.03.397.1 C (02/19)