

PREMIUM WORKSHEET



Rates and/or benefits can change. Rates are based on the employee's age and increase as you enter each new age category.

You are considered a tobacco user if you have used any form of tobacco or nicotine replacement in the past 12 months.

VOLUNTARY CRITICAL ILLNESS INSURANCE													
Monthly Premium Amount (Cost per Pay Period – 12/Year)													
NON-TOBACCO USER													
Benefit Amount	Coverage Tier	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79
\$15,000	Employee Only	\$5.25	\$6.42	\$7.13	\$8.93	\$12.16	\$18.28	\$24.91	\$33.82	\$48.14	\$66.85	\$92.21	\$122.55
	Employee & Spouse/Partner	\$8.35	\$10.07	\$11.14	\$13.82	\$18.73	\$28.14	\$38.42	\$52.29	\$74.46	\$102.95	\$141.78	\$187.77
	Employee & Child(ren)	\$8.18	\$9.14	\$9.49	\$11.08	\$14.12	\$20.19	\$26.77	\$35.68	\$49.97	\$68.69	\$94.04	\$124.38
	Employee & Family	\$11.76	\$13.25	\$13.89	\$16.32	\$21.01	\$30.37	\$40.59	\$54.45	\$76.60	\$105.09	\$143.92	\$189.91
\$30,000	Employee Only	\$9.51	\$11.76	\$13.16	\$16.74	\$23.13	\$35.29	\$48.55	\$66.37	\$95.00	\$132.42	\$183.14	\$243.82
	Employee & Spouse/Partner	\$14.74	\$18.06	\$20.12	\$25.44	\$35.10	\$53.76	\$74.31	\$102.03	\$146.37	\$203.35	\$281.01	\$372.98
	Employee & Child(ren)	\$12.44	\$14.49	\$15.51	\$18.89	\$25.09	\$37.21	\$50.42	\$68.23	\$96.83	\$134.26	\$184.97	\$245.65
	Employee & Family	\$18.15	\$21.23	\$22.87	\$27.94	\$37.38	\$56.00	\$76.48	\$104.19	\$148.51	\$205.49	\$283.15	\$375.12

VOLUNTARY CRITICAL ILLNESS INSURANCE													
Monthly Premium Amount (Cost per Pay Period – 12/Year)													
TOBACCO USER													
Benefit Amount	Coverage Tier	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79
\$15,000	Employee Only	\$5.67	\$7.25	\$8.58	\$11.62	\$17.45	\$29.47	\$43.94	\$63.73	\$95.88	\$141.43	\$191.47	\$229.70
	Employee & Spouse/Partner	\$8.99	\$11.37	\$13.40	\$18.00	\$27.03	\$45.70	\$68.05	\$98.68	\$148.28	\$217.98	\$295.57	\$354.28
	Employee & Child(ren)	\$8.60	\$9.97	\$10.94	\$13.76	\$19.41	\$31.38	\$45.81	\$65.59	\$97.72	\$143.27	\$193.31	\$231.54
	Employee & Family	\$12.41	\$14.54	\$16.15	\$20.51	\$29.32	\$47.94	\$70.23	\$100.84	\$150.42	\$220.12	\$297.71	\$356.42
\$30,000	Employee Only	\$10.35	\$13.44	\$16.06	\$22.11	\$33.71	\$57.67	\$86.62	\$126.19	\$190.48	\$281.59	\$381.67	\$458.13
	Employee & Spouse/Partner	\$16.03	\$20.65	\$24.63	\$33.81	\$51.70	\$88.89	\$133.57	\$194.81	\$294.02	\$433.41	\$588.58	\$706.01
	Employee & Child(ren)	\$13.28	\$16.16	\$18.42	\$24.26	\$35.67	\$59.59	\$88.48	\$128.04	\$192.32	\$283.42	\$383.51	\$459.96
	Employee & Family	\$19.45	\$23.82	\$27.38	\$36.31	\$53.99	\$91.13	\$135.75	\$196.97	\$296.15	\$435.55	\$590.72	\$708.15

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VOLUNTARY ACCIDENT INSURANCE		
Monthly Premium Amount (Cost per Pay Period – 12/Year)		
COVERAGE TIER	Plan 1	Plan 3
Employee Only	\$4.74 (\$0.16 per day)	\$11.78 (\$0.39 per day)
Employee & Spouse/Partner	\$7.46 (\$0.25 per day)	\$18.58 (\$0.61 per day)
Employee & Child(ren)	\$7.90 (\$0.26 per day)	\$20.14 (\$0.66 per day)
Employee & Family	\$12.45 (\$0.41 per day)	\$31.52 (\$1.04 per day)

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VOLUNTARY HOSPITAL INDEMNITY INSURANCE		
Monthly Premium Amount (Cost per Pay Period – 12/Year)		
COVERAGE TIER	Plan 1	Plan 2
Employee Only	\$15.19 (\$0.50 per day)	\$21.23 (\$0.70 per day)
Employee & Spouse/Partner	\$35.80 (\$1.18 per day)	\$50.21 (\$1.65 per day)
Employee & Child(ren)	\$30.46 (\$1.00 per day)	\$42.95 (\$1.41 per day)
Employee & Family	\$53.61 (\$1.76 per day)	\$75.53 (\$2.48 per day)

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