

# 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.

<b>VOLUNTARY CRITICAL ILLNESS INSURANCE</b>													
<b>Monthly Premium Amount (Cost per Pay Period – 12/Year)</b>													
<b>NON-TOBACCO USER</b>													
Benefit Amount	Age	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79
\$5,000	Employee Only	\$2.26	\$2.62	\$2.82	\$3.35	\$4.37	\$6.20	\$8.15	\$10.69	\$14.70	\$20.28	\$28.30	\$37.89
	Employee & Spouse	\$3.84	\$4.39	\$4.71	\$5.52	\$7.11	\$9.99	\$13.05	\$17.03	\$23.29	\$31.94	\$44.30	\$58.90
	Employee & Child(ren)	\$3.37	\$3.73	\$3.93	\$4.46	\$5.48	\$7.32	\$9.27	\$11.80	\$15.81	\$21.40	\$29.41	\$39.01
	Employee & Family	\$5.14	\$5.69	\$6.01	\$6.81	\$8.40	\$11.29	\$14.35	\$18.33	\$24.59	\$33.24	\$45.60	\$60.20
\$10,000	Employee Only	\$3.57	\$4.20	\$4.56	\$5.59	\$7.54	\$11.11	\$14.93	\$19.90	\$27.80	\$38.80	\$54.71	\$73.80
	Employee & Spouse	\$5.80	\$6.76	\$7.30	\$8.85	\$11.84	\$17.37	\$23.33	\$31.08	\$43.34	\$60.29	\$84.75	\$113.73
	Employee & Child(ren)	\$4.94	\$5.58	\$5.93	\$6.97	\$8.91	\$12.48	\$16.31	\$21.27	\$29.17	\$40.18	\$56.09	\$75.18
	Employee & Family	\$7.40	\$8.36	\$8.90	\$10.45	\$13.44	\$18.97	\$24.94	\$32.68	\$44.94	\$61.89	\$86.35	\$115.33
\$20,000	Employee Only	\$6.18	\$7.37	\$8.03	\$10.08	\$13.88	\$20.91	\$28.49	\$38.32	\$54.00	\$75.84	\$107.55	\$145.63
	Employee & Spouse	\$9.72	\$11.48	\$12.48	\$15.53	\$21.30	\$32.13	\$43.90	\$59.19	\$83.43	\$116.97	\$165.65	\$223.38
	Employee & Child(ren)	\$8.08	\$9.26	\$9.93	\$11.98	\$15.78	\$22.81	\$30.39	\$40.22	\$55.89	\$77.74	\$109.44	\$147.52
	Employee & Family	\$11.93	\$13.69	\$14.69	\$17.74	\$23.51	\$34.34	\$46.11	\$61.39	\$85.64	\$119.18	\$167.86	\$225.59

<b>VOLUNTARY CRITICAL ILLNESS INSURANCE</b>													
<b>Monthly Premium Amount (Cost per Pay Period – 12/Year)</b>													
<b>TOBACCO USER</b>													
Benefit Amount	Age	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79
\$5,000	Employee Only	\$2.38	\$2.86	\$3.23	\$4.12	\$5.91	\$9.47	\$13.72	\$19.42	\$28.66	\$42.13	\$57.34	\$69.14
	Employee & Spouse	\$4.03	\$4.77	\$5.36	\$6.73	\$9.52	\$15.13	\$21.72	\$30.59	\$44.89	\$65.65	\$89.31	\$107.47
	Employee & Child(ren)	\$3.49	\$3.97	\$4.35	\$5.24	\$7.02	\$10.59	\$14.83	\$20.54	\$29.77	\$43.24	\$58.45	\$70.25
	Employee & Family	\$5.32	\$6.07	\$6.66	\$8.02	\$10.82	\$16.43	\$23.02	\$31.89	\$46.19	\$66.95	\$90.61	\$108.77
\$10,000	Employee Only	\$3.81	\$4.69	\$5.39	\$7.14	\$10.62	\$17.65	\$26.06	\$37.38	\$55.72	\$82.49	\$112.80	\$136.30
	Employee & Spouse	\$6.17	\$7.51	\$8.61	\$11.27	\$16.67	\$27.65	\$40.68	\$58.20	\$86.54	\$127.70	\$174.78	\$210.87
	Employee & Child(ren)	\$5.19	\$6.06	\$6.77	\$8.52	\$11.99	\$19.02	\$27.44	\$38.75	\$57.10	\$83.87	\$114.18	\$137.67
	Employee & Family	\$7.78	\$9.11	\$10.21	\$12.87	\$18.27	\$29.25	\$42.28	\$59.81	\$88.14	\$129.30	\$176.38	\$212.47
\$20,000	Employee Only	\$6.68	\$8.34	\$9.71	\$13.18	\$20.04	\$34.00	\$50.76	\$73.28	\$109.85	\$163.22	\$223.73	\$270.61
	Employee & Spouse	\$10.47	\$12.98	\$15.09	\$20.37	\$30.97	\$52.68	\$78.58	\$113.43	\$169.83	\$251.80	\$345.71	\$417.68
	Employee & Child(ren)	\$8.57	\$10.23	\$11.61	\$15.08	\$21.93	\$35.89	\$52.65	\$75.17	\$111.74	\$165.12	\$225.62	\$272.50
	Employee & Family	\$12.68	\$15.19	\$17.30	\$22.58	\$33.17	\$54.89	\$80.79	\$115.64	\$172.04	\$254.01	\$347.91	\$419.89

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**VOLUNTARY ACCIDENT INSURANCE**

Monthly Premium Amount (Cost per Pay Period – 12/Year)

COVERAGE TIER	PLAN 1	PLAN 2	PLAN 3
Employee Only	\$3.24 (\$0.11 per day)	\$5.41 (\$0.18 per day)	\$8.07 (\$0.27 per day)
Employee & Spouse	\$5.11 (\$0.17 per day)	\$8.53 (\$0.28 per day)	\$12.73 (\$0.42 per day)
Employee & Child(ren)	\$5.41 (\$0.18 per day)	\$9.22 (\$0.30 per day)	\$13.79 (\$0.45 per day)
Employee & Family	\$8.53 (\$0.28 per day)	\$14.45 (\$0.48 per day)	\$21.59 (\$0.71 per day)

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