

# PREMIUM WORKSHEET



Rates and/or benefits can change.

## VOLUNTARY CRITICAL ILLNESS INSURANCE

**Bi-weekly Premium Amount** (Cost per Pay Period – 26/Year)

Premiums are based on the employee's current age and increase as the employee enters each new age category.

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	80+
\$15,000	Employee & Child(ren)	\$3.48	\$4.00	\$4.33	\$5.08	\$6.49	\$9.12	\$11.95	\$15.65	\$21.24	\$28.42	\$37.66	\$49.80	\$59.66
	Employee & Family	\$6.33	\$6.33	\$7.03	\$8.36	\$11.46	\$15.64	\$22.50	\$37.24	\$75.72	\$78.03	\$78.03	\$78.03	\$78.03
\$30,000	Employee & Child(ren)	\$5.27	\$6.20	\$6.81	\$8.28	\$10.98	\$16.12	\$21.75	\$29.10	\$40.24	\$54.54	\$72.96	\$97.20	\$116.93
	Employee & Family	\$9.64	\$9.82	\$11.04	\$13.57	\$19.29	\$27.48	\$40.75	\$68.97	\$143.01	\$155.93	\$155.93	\$155.93	\$155.93

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This document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. **Benefits are subject to state availability. Policy terms and conditions vary by state.** Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.