

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.

VOLUNTARY CRITICAL ILLNESS INSURANCE													
Bi-weekly Premium Amount (Cost per Pay Period – 26/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
\$10,000	Employee Only	\$1.93	\$2.33	\$2.56	\$3.14	\$4.20	\$6.21	\$8.36	\$11.26	\$15.92	\$22.00	\$15.48	\$20.31
	Employee & Spouse	\$3.14	\$3.73	\$4.08	\$4.95	\$6.59	\$9.68	\$13.03	\$17.55	\$24.79	\$34.05	\$24.07	\$31.40
	Employee & Child(ren)	\$3.42	\$3.71	\$3.75	\$4.23	\$5.20	\$7.18	\$9.31	\$12.20	\$16.86	\$22.93	\$16.18	\$21.01
	Employee & Family	\$4.87	\$5.34	\$5.48	\$6.23	\$7.74	\$10.82	\$14.14	\$18.65	\$25.87	\$35.14	\$24.89	\$32.22
\$20,000	Employee Only	\$3.34	\$4.08	\$4.52	\$5.67	\$7.75	\$11.70	\$16.00	\$21.77	\$31.08	\$43.22	\$30.15	\$39.83
	Employee & Spouse	\$5.25	\$6.35	\$7.01	\$8.72	\$11.88	\$17.97	\$24.63	\$33.62	\$48.06	\$66.54	\$46.54	\$61.21
	Employee & Child(ren)	\$4.83	\$5.46	\$5.71	\$6.76	\$8.75	\$12.68	\$16.95	\$22.71	\$32.01	\$44.15	\$30.84	\$40.52
	Employee & Family	\$6.99	\$7.96	\$8.40	\$9.99	\$13.04	\$19.10	\$25.74	\$34.72	\$49.14	\$67.63	\$47.35	\$62.03
\$30,000	Employee Only	\$4.74	\$5.83	\$6.48	\$8.20	\$11.29	\$17.21	\$23.64	\$32.28	\$46.24	\$64.43	\$44.82	\$59.34
	Employee & Spouse	\$7.37	\$8.97	\$9.93	\$12.48	\$17.17	\$26.25	\$36.23	\$49.70	\$71.33	\$99.04	\$69.01	\$91.03
	Employee & Child(ren)	\$6.24	\$7.22	\$7.68	\$9.29	\$12.29	\$18.18	\$24.58	\$33.23	\$47.17	\$65.36	\$45.52	\$60.03
	Employee & Family	\$9.10	\$10.58	\$11.33	\$13.75	\$18.33	\$27.39	\$37.33	\$50.80	\$72.42	\$100.12	\$69.83	\$91.84

VOLUNTARY CRITICAL ILLNESS INSURANCE													
Bi-weekly Premium Amount (Cost per Pay Period – 26/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
\$10,000	Employee Only	\$2.06	\$2.59	\$3.01	\$3.99	\$5.89	\$9.80	\$14.48	\$20.88	\$31.29	\$46.03	\$31.53	\$37.50
	Employee & Spouse	\$3.35	\$4.13	\$4.80	\$6.28	\$9.24	\$15.33	\$22.59	\$32.51	\$48.62	\$71.21	\$49.05	\$58.19
	Employee & Child(ren)	\$3.55	\$3.97	\$4.21	\$5.08	\$6.89	\$10.77	\$15.43	\$21.82	\$32.22	\$46.96	\$32.23	\$38.20
	Employee & Family	\$5.08	\$5.76	\$6.19	\$7.56	\$10.40	\$16.47	\$23.70	\$33.60	\$49.71	\$72.30	\$49.86	\$59.00
\$20,000	Employee Only	\$3.60	\$4.61	\$5.44	\$7.37	\$11.11	\$18.86	\$28.19	\$40.92	\$61.67	\$91.06	\$62.04	\$74.04
	Employee & Spouse	\$5.66	\$7.17	\$8.43	\$11.37	\$17.16	\$29.22	\$43.64	\$63.36	\$95.44	\$140.45	\$96.06	\$114.48
	Employee & Child(ren)	\$5.09	\$5.99	\$6.63	\$8.46	\$12.11	\$19.84	\$29.14	\$41.86	\$62.60	\$91.99	\$62.73	\$74.74
	Employee & Family	\$7.40	\$8.78	\$9.83	\$12.64	\$18.32	\$30.35	\$44.75	\$64.46	\$96.53	\$141.53	\$96.87	\$115.29
\$30,000	Employee Only	\$5.15	\$6.63	\$7.86	\$10.74	\$16.34	\$27.93	\$41.89	\$60.96	\$92.05	\$136.09	\$92.54	\$110.59
	Employee & Spouse	\$7.98	\$10.20	\$12.07	\$16.45	\$25.09	\$43.10	\$64.69	\$94.22	\$142.26	\$209.68	\$143.06	\$170.76
	Employee & Child(ren)	\$6.63	\$8.01	\$9.05	\$11.83	\$17.33	\$28.90	\$42.84	\$61.90	\$92.98	\$137.02	\$93.24	\$111.29
	Employee & Family	\$9.72	\$11.81	\$13.46	\$17.72	\$26.25	\$44.23	\$65.79	\$95.32	\$143.34	\$210.78	\$143.87	\$171.57

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VOLUNTARY ACCIDENT INSURANCE	
Bi-weekly Premium Amount (Cost per Pay Period – 26/Year)	
COVERAGE TIER	Premium Amount
Employee Only	\$4.69 (\$0.33 per day)
Employee & Spouse	\$7.38 (\$0.53 per day)
Employee & Child(ren)	\$7.74 (\$0.55 per day)
Employee & Family	\$12.21 (\$0.87 per day)

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