

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

Monthly Premium Amount (Cost per Pay Period – 12/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
\$5,000	Employee & Child(ren)	\$2.85	\$3.33	\$3.64	\$4.37	\$5.74	\$8.33	\$11.15	\$14.83	\$20.41	\$27.56	\$36.71	\$48.68
	Employee & Family	\$6.35	\$7.27	\$7.89	\$9.36	\$12.16	\$17.56	\$23.48	\$31.23	\$42.93	\$57.56	\$76.43	\$100.72
\$10,000	Employee & Child(ren)	\$4.53	\$5.42	\$6.00	\$7.45	\$10.12	\$15.23	\$20.86	\$28.20	\$39.37	\$53.67	\$71.97	\$95.90
	Employee & Family	\$10.05	\$11.76	\$12.92	\$15.81	\$21.27	\$31.91	\$43.73	\$59.21	\$82.61	\$111.86	\$149.60	\$198.19
\$15,000	Employee & Child(ren)	\$6.21	\$7.51	\$8.36	\$10.53	\$14.50	\$22.12	\$30.56	\$41.57	\$58.32	\$79.77	\$107.23	\$143.13
	Employee & Family	\$13.74	\$16.24	\$17.94	\$22.26	\$30.37	\$46.25	\$63.97	\$87.18	\$122.28	\$166.16	\$222.76	\$295.64
\$20,000	Employee & Child(ren)	\$7.89	\$9.59	\$10.72	\$13.61	\$18.87	\$29.02	\$40.27	\$54.94	\$77.28	\$105.87	\$142.48	\$190.35
	Employee & Family	\$17.44	\$20.73	\$22.97	\$28.72	\$39.47	\$60.60	\$84.22	\$115.16	\$161.95	\$220.45	\$295.93	\$393.10
\$30,000	Employee & Child(ren)	\$11.26	\$13.77	\$15.45	\$19.76	\$27.62	\$42.81	\$59.68	\$81.69	\$115.19	\$158.08	\$212.99	\$284.80
	Employee & Family	\$24.84	\$29.69	\$33.02	\$41.62	\$57.67	\$89.29	\$124.71	\$171.11	\$241.30	\$329.04	\$442.25	\$558.02

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