



# RATE SHEET

**Rates shown are based on monthly deductions. Your payroll deductions will be taken after taxes are taken.**



## Accident Plan

*You may enroll in one option only.*

<u>Low</u>	<u>Cost</u>	<u>High</u>	<u>Cost</u>
Yourself only	\$4.98	Yourself only	\$11.96
Yourself & spouse	\$8.52	Yourself & spouse	\$20.26
Yourself plus child(ren)	\$10.02	Yourself plus child(ren)	\$24.14
Yourself and family	\$13.39	Yourself and family	\$31.98



## Critical Illness Plan\*

*You may enroll in one option only.*

### Non-Tobacco Rates

#### Employee Face Amount: \$10,000

<u>Age Band</u>	<u>Yourself only</u>	<u>Yourself and spouse</u>	<u>Yourself plus child(ren)</u>	<u>Yourself and family</u>
<b>16-24</b>	\$2.55	\$4.90	\$2.55	\$4.90
<b>25-29</b>	\$3.06	\$5.66	\$3.06	\$5.66
<b>30-34</b>	\$4.07	\$7.17	\$4.07	\$7.17
<b>35-39</b>	\$5.52	\$9.34	\$5.52	\$9.34
<b>40-44</b>	\$7.57	\$12.42	\$7.57	\$12.42
<b>45-49</b>	\$9.85	\$15.83	\$9.85	\$15.83
<b>50-54</b>	\$13.89	\$21.91	\$13.89	\$21.91
<b>55-59</b>	\$19.34	\$30.11	\$19.34	\$30.11
<b>60-64</b>	\$28.16	\$43.36	\$28.16	\$43.36
<b>65-69</b>	\$39.72	\$60.72	\$39.72	\$60.72
<b>70-120</b>	\$63.18	\$95.92	\$63.18	\$95.92

#### Employee Face Amount: \$15,000

<u>Age Band</u>	<u>Yourself only</u>	<u>Yourself and spouse</u>	<u>Yourself plus child(ren)</u>	<u>Yourself and family</u>
<b>16-24</b>	\$3.30	\$6.19	\$3.30	\$6.19
<b>25-29</b>	\$4.04	\$7.30	\$4.04	\$7.30
<b>30-34</b>	\$5.54	\$9.55	\$5.54	\$9.55
<b>35-39</b>	\$7.69	\$12.77	\$7.69	\$12.77
<b>40-44</b>	\$10.76	\$17.36	\$10.76	\$17.36
<b>45-49</b>	\$14.14	\$22.44	\$14.14	\$22.44
<b>50-54</b>	\$20.16	\$31.50	\$20.16	\$31.50
<b>55-59</b>	\$28.27	\$43.70	\$28.27	\$43.70
<b>60-64</b>	\$41.42	\$63.45	\$41.42	\$63.45
<b>65-69</b>	\$58.66	\$89.33	\$58.66	\$89.33
<b>70-120</b>	\$93.74	\$141.97	\$93.74	\$141.97

Tobacco Rates

Employee Face Amount: \$10,000

<u>Age Band</u>	<u>Yourself only</u>	<u>Yourself and spouse</u>	<u>Yourself plus child(ren)</u>	<u>Yourself and family</u>
<b>16-24</b>	\$2.69	\$5.10	\$2.69	\$5.10
<b>25-29</b>	\$3.35	\$6.08	\$3.35	\$6.08
<b>30-34</b>	\$4.76	\$8.21	\$4.76	\$8.21
<b>35-39</b>	\$7.08	\$11.69	\$7.08	\$11.69
<b>40-44</b>	\$10.72	\$17.16	\$10.72	\$17.16
<b>45-49</b>	\$15.25	\$23.97	\$15.25	\$23.97
<b>50-54</b>	\$23.28	\$36.06	\$23.28	\$36.06
<b>55-59</b>	\$35.12	\$53.86	\$35.12	\$53.86
<b>60-64</b>	\$54.27	\$82.64	\$54.27	\$82.64
<b>65-69</b>	\$79.43	\$120.45	\$79.43	\$120.45
<b>70-120</b>	\$113.96	\$172.32	\$113.96	\$172.32

Employee Face Amount: \$15,000

<u>Age Band</u>	<u>Yourself only</u>	<u>Yourself and spouse</u>	<u>Yourself plus child(ren)</u>	<u>Yourself and family</u>
<b>16-24</b>	\$3.50	\$6.49	\$3.50	\$6.49
<b>25-29</b>	\$4.47	\$7.94	\$4.47	\$7.94
<b>30-34</b>	\$6.58	\$11.10	\$6.58	\$11.10
<b>35-39</b>	\$10.03	\$16.29	\$10.03	\$16.29
<b>40-44</b>	\$15.47	\$24.47	\$15.47	\$24.47
<b>45-49</b>	\$22.25	\$34.65	\$22.25	\$34.65
<b>50-54</b>	\$34.25	\$52.71	\$34.25	\$52.71
<b>55-59</b>	\$51.95	\$79.32	\$51.95	\$79.32
<b>60-64</b>	\$80.58	\$122.37	\$80.58	\$122.37
<b>65-69</b>	\$118.23	\$178.93	\$118.23	\$178.93
<b>70-120</b>	\$169.91	\$256.58	\$169.91	\$256.58

*\*Rates are based on your (the subscribers) current age but will increase as you move into a higher age-band.*



**Hospital Indemnity Plan**

*You may enroll in one option only.*

<u>Low</u>	<u>Cost</u>
Yourself only	\$6.64
Yourself & spouse	\$14.75
Yourself plus child(ren)	\$11.41
Yourself and family	\$18.83

<u>High</u>	<u>Cost</u>
Yourself only	\$12.96
Yourself & spouse	\$28.88
Yourself plus child(ren)	\$22.19
Yourself and family	\$36.69

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**THESE PLANS DO NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THESE ARE A SUPPLEMENT TO HEALTH INSURANCE AND NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.**

**Plans are underwritten by Aetna Life Insurance Company (Aetna).** Insurance plans contain exclusions and limitations. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Policies may not be available in all states, and rates and benefits may vary by location. Supplemental health plans provide limited benefits. The benefit payments are not intended to cover the full cost of medical care. Providers are independent contractors and are not agents of Aetna. This material is for information only and is not an offer or invitation to contract. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to [www.aetna.com](http://www.aetna.com).

**Financial Sanctions Exclusions Clause:** If coverage provided by this policy violates or will violate any US economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the United States, unless permitted under a valid written Office of Foreign Assets Control (OFAC) license. For more information on OFAC, visit

<http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx>.

**Policy forms issued in Oklahoma and Idaho include:** GR-96841, GR-96842, GR-96843 and/or GR-96844. AL VOL HPOL-Hosp 01 and AL VOL HCOC-Hosp 01.

