



# 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.*

Low		Cost	High		Cost
Yourselves only		\$4.96	Yourselves only		\$8.16
Yourselves & spouse		\$9.65	Yourselves & spouse		\$16.39
Yourselves plus child(ren)		\$10.36	Yourselves plus child(ren)		\$16.99
Yourselves and family		\$15.29	Yourselves and family		\$25.23



## Critical Illness Plan\*

*You may enroll in one option only.*

### Non- Tobacco Rate

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

Age Band	Yourselves only	Yourselves and spouse	Yourselves plus child(ren)	Yourselves and family
<25	\$2.23	\$4.61	\$2.23	\$4.61
25-29	\$2.93	\$6.25	\$2.93	\$6.25
30-34	\$3.35	\$7.07	\$3.35	\$7.07
35-39	\$4.55	\$9.39	\$4.55	\$9.39
40-44	\$6.17	\$12.81	\$6.17	\$12.81
45-49	\$9.39	\$20.00	\$9.39	\$20.00
50-54	\$12.09	\$26.04	\$12.09	\$26.04
55-59	\$18.23	\$37.20	\$18.23	\$37.20
60-64	\$22.00	\$46.82	\$22.00	\$46.82
65-69	\$24.12	\$52.12	\$24.12	\$52.12
70+	\$42.23	\$80.23	\$42.23	\$80.23

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

Age Band	Yourselves only	Yourselves and spouse	Yourselves plus child(ren)	Yourselves and family
<25	\$3.35	\$6.92	\$3.35	\$6.92
25-29	\$4.39	\$9.37	\$4.39	\$9.37
30-34	\$5.02	\$10.60	\$5.02	\$10.60
35-39	\$6.82	\$14.09	\$6.82	\$14.09
40-44	\$9.25	\$19.21	\$9.25	\$19.21
45-49	\$14.09	\$29.99	\$14.09	\$29.99
50-54	\$18.14	\$39.06	\$18.14	\$39.06
55-59	\$27.34	\$55.80	\$27.34	\$55.80
60-64	\$33.00	\$70.23	\$33.00	\$70.23
65-69	\$36.18	\$78.18	\$36.18	\$78.18
70+	\$63.35	\$120.35	\$63.35	\$120.35

**Employee Face Amount: \$20,000**

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<25	\$4.46	\$9.23	\$4.46	\$9.23
25-29	\$5.86	\$12.50	\$5.86	\$12.50
30-34	\$6.70	\$14.14	\$6.70	\$14.14
35-39	\$9.09	\$18.79	\$9.09	\$18.79
40-44	\$12.33	\$25.61	\$12.33	\$25.61
45-49	\$18.79	\$39.99	\$18.79	\$39.99
50-54	\$24.18	\$52.08	\$24.18	\$52.08
55-59	\$36.46	\$74.40	\$36.46	\$74.40
60-64	\$44.00	\$93.65	\$44.00	\$93.65
65-69	\$48.23	\$104.23	\$48.23	\$104.23
70+	\$84.47	\$160.47	\$84.47	\$160.47

**Employee Face Amount: \$30,000**

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<25	\$6.70	\$13.84	\$6.70	\$13.84
25-29	\$8.79	\$18.75	\$8.79	\$18.75
30-34	\$10.04	\$21.20	\$10.04	\$21.20
35-39	\$13.64	\$28.18	\$13.64	\$28.18
40-44	\$18.50	\$38.42	\$18.50	\$38.42
45-49	\$28.18	\$59.99	\$28.18	\$59.99
50-54	\$36.27	\$78.12	\$36.27	\$78.12
55-59	\$54.68	\$111.60	\$54.68	\$111.60
60-64	\$66.00	\$140.47	\$66.00	\$140.47
65-69	\$72.35	\$156.35	\$72.35	\$156.35
70+	\$126.70	\$240.70	\$126.70	\$240.70

**Employee Face Amount: \$40,000**

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<25	\$8.93	\$18.45	\$8.93	\$18.45
25-29	\$11.72	\$25.00	\$11.72	\$25.00
30-34	\$13.39	\$28.27	\$13.39	\$28.27
35-39	\$18.18	\$37.57	\$18.18	\$37.57
40-44	\$24.66	\$51.22	\$24.66	\$51.22
45-49	\$37.57	\$79.98	\$37.57	\$79.98
50-54	\$48.36	\$104.16	\$48.36	\$104.16
55-59	\$72.91	\$148.80	\$72.91	\$148.80
60-64	\$88.00	\$187.29	\$88.00	\$187.29
65-69	\$96.47	\$208.47	\$96.47	\$208.47
70+	\$168.94	\$320.94	\$168.94	\$320.94

**Tabacco Rate**

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

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<25	\$2.33	\$4.65	\$2.33	\$4.65
25-29	\$3.72	\$7.53	\$3.72	\$7.53
30-34	\$4.95	\$10.34	\$4.95	\$10.34
35-39	\$6.63	\$13.76	\$6.63	\$13.76
40-44	\$10.00	\$20.83	\$10.00	\$20.83
45-49	\$15.90	\$34.04	\$15.90	\$34.04
50-54	\$23.25	\$46.04	\$23.25	\$46.04
55-59	\$30.69	\$64.91	\$30.69	\$64.91
60-64	\$37.20	\$77.19	\$37.20	\$77.19
65-69	\$39.99	\$85.56	\$39.99	\$85.56
70+	\$71.61	\$141.36	\$71.61	\$141.36

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

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<25	\$3.49	\$6.98	\$3.49	\$6.98
25-29	\$5.57	\$11.30	\$5.57	\$11.30
30-34	\$7.42	\$15.51	\$7.42	\$15.51
35-39	\$9.95	\$20.65	\$9.95	\$20.65
40-44	\$15.00	\$31.25	\$15.00	\$31.25
45-49	\$23.85	\$51.06	\$23.85	\$51.06
50-54	\$34.88	\$69.05	\$34.88	\$69.05
55-59	\$46.04	\$97.37	\$46.04	\$97.37
60-64	\$55.80	\$115.79	\$55.80	\$115.79
65-69	\$59.99	\$128.34	\$59.99	\$128.34
70+	\$107.42	\$212.04	\$107.42	\$212.04

**Employee Face Amount: \$20,000**

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<25	\$4.65	\$9.30	\$4.65	\$9.30
25-29	\$7.43	\$15.07	\$7.43	\$15.07
30-34	\$9.90	\$20.67	\$9.90	\$20.67
35-39	\$13.27	\$27.53	\$13.27	\$27.53
40-44	\$20.00	\$41.66	\$20.00	\$41.66
45-49	\$31.81	\$68.08	\$31.81	\$68.08
50-54	\$46.50	\$92.07	\$46.50	\$92.07
55-59	\$61.38	\$129.83	\$61.38	\$129.83
60-64	\$74.40	\$154.38	\$74.40	\$154.38
65-69	\$79.98	\$171.12	\$79.98	\$171.12
70+	\$143.22	\$282.72	\$143.22	\$282.72

**Employee Face Amount: \$30,000**

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<25	\$6.98	\$13.95	\$6.98	\$13.95
25-29	\$11.15	\$22.60	\$11.15	\$22.60
30-34	\$14.84	\$31.01	\$14.84	\$31.01
35-39	\$19.90	\$41.29	\$19.90	\$41.29
40-44	\$30.00	\$62.50	\$30.00	\$62.50
45-49	\$47.71	\$102.11	\$47.71	\$102.11
50-54	\$69.75	\$138.11	\$69.75	\$138.11
55-59	\$92.07	\$194.74	\$92.07	\$194.74
60-64	\$111.60	\$231.57	\$111.60	\$231.57
65-69	\$119.97	\$256.68	\$119.97	\$256.68
70+	\$214.83	\$424.08	\$214.83	\$424.08

**Employee Face Amount: \$40,000**

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<25	\$9.30	\$18.60	\$9.30	\$18.60
25-29	\$14.86	\$30.13	\$14.86	\$30.13
30-34	\$19.79	\$41.35	\$19.79	\$41.35
35-39	\$26.54	\$55.06	\$26.54	\$55.06
40-44	\$40.00	\$83.33	\$40.00	\$83.33
45-49	\$63.61	\$136.15	\$63.61	\$136.15
50-54	\$93.00	\$184.14	\$93.00	\$184.14
55-59	\$122.76	\$259.66	\$122.76	\$259.66
60-64	\$148.80	\$308.76	\$148.80	\$308.76
65-69	\$159.96	\$342.24	\$159.96	\$342.24
70+	\$286.44	\$565.44	\$286.44	\$565.44

\*Rates are based on your (the subscriber's) 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	\$8.21
Yourself & spouse	\$16.22
Yourself plus child(ren)	\$16.13
Yourself and family	\$25.09

<u>High</u>	<u>Cost</u>
Yourself only	\$15.18
Yourself & spouse	\$31.38
Yourself plus child(ren)	\$31.93
Yourself and family	\$50.15

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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).

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

**Policy forms issued in Oklahoma and Idaho include:** GR-96841, AL HPOL-VOL Acc 01, AL HCOC-VOL Acc 01; GR-96842; AL HCOC-VOL CI 01, AL HPOL-VOL CI 01; AL VOL HPOL-Hosp 01 and AL VOL HCOC-Hosp 01.



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Aetna provides free aids/services to people with disabilities and to people who need language assistance. If you need a qualified interpreter, written information in other formats, translation or other services, call 1-888-772-9682.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512  
1-800-648-7817, TTY: 711, Fax: 859-425-3379, [CRCoordinator@aetna.com](mailto:CRCoordinator@aetna.com).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

## Availability of Language Assistance Services

TTY: 711

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For language assistance in your language call 1-888-772-9682 at no cost. (English)

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Para obtener asistencia lingüística en su idioma, llame sin cargo al 1-888-772-9682. (Spanish)

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欲取得以您的語言提供的語言協助，請撥打1-888-772-9682，無需付費。(Chinese)

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Pour une assistance linguistique dans votre langue, appeler le 1-888-772-9682 sans frais. (French)

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Para sa tulong sa inyong wika, tumawag sa 1-888-772-9682 nang walang bayad. (Tagalog)

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Hilfe oder Informationen in deutscher Sprache erhalten Sie kostenlos unter der Nummer 1-888-772-9682. (German)

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للمساعدة اللغوية بلغتك الرجاء الاتصال على الرقم المجاني 1-888-772-9682. (Arabic)

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Pou jwenn asistans nan lang pa w, rele nimewo 1-888-772-9682 gratis. (French Creole)

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Per ricevere assistenza nella sua lingua, può chiamare gratuitamente il numero 1-888-772-9682. (Italian)

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日本語で援助をご希望の方は 1-888-772-9682 (フリーダイヤル) までお電話ください。 (Japanese)

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본인의 언어로 통역 서비스를 받고 싶으시면 비용 부담 없이 1-888-772-9682번으로 전화해 주십시오. (Korean)

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برای راهنمایی به زبان شما با شماره 1-888-772-9682 بدون هیچ هزینه ای تماس بگیرید. (Persian)

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Aby uzyskać pomoc w swoim języku, zadzwoń bezpłatnie pod numer 1-888-772-9682. (Polish)

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Para obter assistência no seu idioma, ligue gratuitamente para o 1-888-772-9682. (Portuguese)

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Чтобы получить помощь с переводом на ваш язык, позвоните по бесплатному номеру 1-888-772-9682. (Russian)

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Để được hỗ trợ ngôn ngữ bằng ngôn ngữ của bạn, hãy gọi miễn phí đến số 1-888-772-9682. (Vietnamese)

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