

# 2024 Additional Coverage Rates



## Group Critical Illness

(Rate is based on your age as of your enrollment effective date. If you drop coverage and later enroll in a different age band, the new age band rates will apply)

Bi-Weekly			
Age	Tier Level	\$15k	\$30k
18 – 29	Employee, Employee+Child	\$2.53	\$4.30
	Employee+Spouse, Family	\$3.79	\$6.47
30 – 35	Employee, Employee+Child	\$3.10	\$5.38
	Employee+Spouse, Family	\$4.60	\$8.01
36 – 39	Employee, Employee+Child	\$4.85	\$8.88
	Employee+Spouse, Family	\$7.26	\$13.26
40 – 50	Employee, Employee+Child	\$7.06	\$13.27
	Employee+Spouse, Family	\$10.34	\$19.41
51 – 60	Employee, Employee+Child	\$12.43	\$24.03
	Employee+Spouse, Family	\$18.18	\$35.12
61 – 70	Employee, Employee+Child	\$21.85	\$42.90
	Employee+Spouse, Family	\$31.78	\$62.38
71 and above	Employee, Employee+Child	\$24.64	\$48.00
	Employee+Spouse, Family	\$36.00	\$70.27

Monthly			
Age	Tier Level	\$15k	\$30k
18 – 29	Employee, Employee+Child	\$5.48	\$9.32
	Employee+Spouse, Family	\$8.21	\$14.02
30 – 35	Employee, Employee+Child	\$6.72	\$11.65
	Employee+Spouse, Family	\$9.96	\$17.36
36 – 39	Employee, Employee+Child	\$10.51	\$19.24
	Employee+Spouse, Family	\$15.73	\$28.74
40 – 50	Employee, Employee+Child	\$15.29	\$28.75
	Employee+Spouse, Family	\$22.40	\$42.05
51 – 60	Employee, Employee+Child	\$26.93	\$52.06
	Employee+Spouse, Family	\$39.39	\$76.09
61 – 70	Employee, Employee+Child	\$47.34	\$92.94
	Employee+Spouse, Family	\$68.86	\$135.15
71 and above	Employee, Employee+Child	\$53.38	\$104.00
	Employee+Spouse, Family	\$77.99	\$152.25

## Group Accident

Tier Level	Bi-Weekly Rate	Monthly Rate
Employee	\$4.09	\$8.86
Employee+Child	\$7.56	\$16.37
Employee+Spouse	\$7.11	\$15.41
Family	\$10.19	\$22.07

## ID Theft

Tier Level	Bi-Weekly Rate	Monthly Rate
Employee	\$4.59	\$9.95
Family	\$8.28	\$17.95

## Hospital Indemnity (stand-alone coverage)

Tier Level	Bi-Weekly Rate	Monthly Rate
Employee	\$4.38	\$9.48
Employee+Child	\$6.85	\$14.84
Employee+Spouse	\$9.78	\$21.18
Family	\$11.69	\$25.33

## Pet Insurance

Bi-Weekly Rate	Monthly Rate
\$4.15	\$9.00

## Legal

Bi-Weekly Rate	Monthly Rate
\$10.15	\$22.00

# 2024 Additional Coverage Rates



Continued

## Voluntary Accidental Death & Dismemberment (AD&D) Insurance

(You may not elect a coverage amount that is greater than 10x your base salary)

Coverage Amount	Tier Level	Bi-Weekly Rate	Monthly Rate
\$25,000	Employee	\$0.12	\$0.24
	Family	\$0.18	\$0.39
\$50,000	Employee	\$0.22	\$0.47
	Family	\$0.36	\$0.78
\$100,000	Employee	\$0.43	\$0.93
	Family	\$0.72	\$1.55
\$200,000	Employee	\$0.86	\$1.86
	Family	\$1.44	\$3.10
\$300,000	Employee	\$1.29	\$2.79
	Family	\$2.15	\$4.65
\$400,000	Employee	\$1.72	\$3.72
	Family	\$2.87	\$6.20
\$500,000	Employee	\$2.15	\$4.65
	Family	\$3.58	\$7.75
\$1,000,000	Employee	\$4.30	\$9.30
	Family	\$7.16	\$15.50

## LTD Buy-up

(Maximum covered salary for the Buy-up option is \$450,000 – base salary only)

**Cost:** \$0.157 per \$100 covered salary/month

### Example

Annual Base Salary  
\$50,000

Monthly Base Salary  
 $\$4,166.67 \div 100 = \$41.67$

Monthly Cost  
 $\$41.67 \times \$0.157 = \$6.54$

## Employee Voluntary Life Insurance

(Rates – \$1,000/month)

Age	Non-Nicotine Rates	Nicotine Rates
Under 25	\$0.039	\$0.047
25 – 29	\$0.047	\$0.054
30 – 34	\$0.054	\$0.061
35 – 39	\$0.061	\$0.077
40 – 44	\$0.077	\$0.099
45 – 49	\$0.139	\$0.150
50 – 54	\$0.207	\$0.230
55 – 59	\$0.368	\$0.430
60 – 64	\$0.551	\$0.660
65 – 69	\$1.036	\$1.270
70 – 74	\$1.680	\$2.060
75 – 79	\$2.746	\$3.340
80 and over	\$4.480	\$5.420

## Spouse/Domestic Partner Voluntary Life Insurance

(Rates – \$1,000/month)

Age	Non-Nicotine Rates	Nicotine Rates
Under 25	\$0.050	\$0.055
25 – 29	\$0.060	\$0.066
30 – 34	\$0.080	\$0.088
35 – 39	\$0.090	\$0.099
40 – 44	\$0.100	\$0.110
45 – 49	\$0.150	\$0.165
50 – 54	\$0.230	\$0.253
55 – 59	\$0.430	\$0.473
60 – 64	\$0.660	\$0.726
65 – 69	\$1.270	\$1.397
70 – 74	\$2.060	\$2.266
75 – 79	\$3.340	\$3.674
80 and over	\$5.420	\$5.962

## Voluntary Child Life Insurance

One premium provides coverage for all

\$10,000	\$0.96 per month
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