

Supplemental Health Plans Monthly Rates

ACCIDENT MONTHLY RATES

Plan	Rate			
	Employee	Employee & Child(ren)	Employee & Spouse	Employee & Family
Low Plan	\$4.23	\$8.55	\$7.76	\$10.71
High Plan	\$9.12	\$18.37	\$16.64	\$23.05

Hospital Indemnity Monthly Rates

Employee	Employee & Child(ren)	Employee & Spouse	Employee & Family
\$10.31	\$17.77	\$23.08	\$31.95

CRITICAL ILLNESS MONTHLY RATES BY AGE RANGE

Age Range	Rate per \$1,000			
	Employee	Employee and Child(ren)	Employee and Spouse	Employee and Family
< 25	\$0.09	\$0.16	\$0.14	\$0.21
25–29	\$0.10	\$0.17	\$0.16	\$0.22
30–34	\$0.17	\$0.24	\$0.26	\$0.33
35–39	\$0.28	\$0.35	\$0.42	\$0.49
40–44	\$0.47	\$0.53	\$0.69	\$0.76
45–49	\$0.75	\$0.81	\$1.10	\$1.17
50–54	\$1.14	\$1.21	\$1.67	\$1.74
55–59	\$1.65	\$1.72	\$2.42	\$2.49
60–64	\$2.42	\$2.49	\$3.55	\$3.62
65–69	\$3.71	\$3.78	\$5.44	\$5.50
70+	\$5.62	\$5.69	\$8.25	\$8.32