

# 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.

You are considered a tobacco user if you have smoked cigarettes, cigars or a pipe, or used chewing tobacco, nicotine chewing gum or snuff during the 12 months before submitting an application for insurance.

<b>DisabilityFLEX® (VOLUNTARY SHORT TERM DISABILITY INSURANCE)</b>														
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.														
OPTION 1: Benefits Begin: 8 <sup>th</sup> day Duration: 13 weeks					OPTION 2: Benefits Begin: 15 <sup>th</sup> day Duration: 13 weeks					OPTION 3: Benefits Begin: 30 <sup>th</sup> day Duration: 13 weeks				
Weekly Benefit	Under Age 35	Age 35-49	Age 50-59	Age 60+	Weekly Benefit	Under Age 35	Age 35-49	Age 50-59	Age 60+	Weekly Benefit	Under Age 35	Age 35-49	Age 50-59	Age 60+
\$100	\$5.73	\$7.97	\$9.10	\$10.37	\$100	\$4.48	\$6.22	\$7.13	\$8.12	\$100	\$2.73	\$3.80	\$4.35	\$4.95
\$200	\$11.47	\$15.94	\$18.20	\$20.75	\$200	\$8.95	\$12.45	\$14.27	\$16.23	\$200	\$5.46	\$7.59	\$8.70	\$9.90
\$300	\$17.20	\$23.92	\$27.30	\$31.12	\$300	\$13.43	\$18.67	\$21.40	\$24.35	\$300	\$8.19	\$11.39	\$13.05	\$14.85
\$400	\$22.93	\$31.89	\$36.40	\$41.50	\$400	\$17.91	\$24.90	\$28.54	\$32.47	\$400	\$10.92	\$15.18	\$17.40	\$19.80
\$500	\$28.67	\$39.86	\$45.50	\$51.87	\$500	\$22.39	\$31.12	\$35.67	\$40.59	\$500	\$13.65	\$18.98	\$21.75	\$24.75
\$600	\$34.40	\$47.83	\$54.60	\$62.24	\$600	\$26.86	\$37.34	\$42.80	\$48.70	\$600	\$16.38	\$22.77	\$26.10	\$29.70
\$700	\$40.13	\$55.80	\$63.70	\$72.62	\$700	\$31.34	\$43.57	\$49.94	\$56.82	\$700	\$19.11	\$26.57	\$30.45	\$34.65
\$800	\$45.86	\$63.78	\$72.80	\$82.99	\$800	\$35.82	\$49.79	\$57.07	\$64.94	\$800	\$21.84	\$30.36	\$34.80	\$39.60
\$900	\$51.60	\$71.75	\$81.90	\$93.37	\$900	\$40.29	\$56.02	\$64.21	\$73.05	\$900	\$24.57	\$34.16	\$39.15	\$44.55
\$1,000	\$57.33	\$79.72	\$91.00	\$103.74	\$1,000	\$44.77	\$62.24	\$71.34	\$81.17	\$1,000	\$27.30	\$37.95	\$43.50	\$49.50
\$1,100	\$63.06	\$87.69	\$100.10	\$114.11	\$1,100	\$49.25	\$68.46	\$78.47	\$89.29	\$1,100	\$30.03	\$41.75	\$47.85	\$54.45
\$1,200	\$68.80	\$95.66	\$109.20	\$124.49	\$1,200	\$53.72	\$74.69	\$85.61	\$97.40	\$1,200	\$32.76	\$45.54	\$52.20	\$59.40

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<b>VOLUNTARY CRITICAL ILLNESS INSURANCE</b>														
Monthly Premium Amount (Cost per Pay Period – 12/Year)														
NON-TOBACCO USER														
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	80+
\$10,000	Employee Only	\$5.28	\$5.95	\$6.33	\$7.20	\$8.95	\$11.98	\$15.09	\$19.26	\$25.88	\$34.78	\$46.62	\$60.87	\$69.71
	Employee & Spouse	\$9.43	\$10.50	\$11.14	\$12.45	\$15.25	\$20.05	\$24.90	\$31.39	\$41.65	\$55.20	\$73.34	\$94.95	\$108.43
	Employee & Child(ren)	\$10.38	\$10.83	\$10.82	\$11.47	\$13.03	\$16.00	\$19.07	\$23.22	\$29.82	\$38.72	\$50.56	\$64.81	\$73.65
	Employee & Family	\$15.37	\$16.19	\$16.38	\$17.43	\$19.99	\$24.75	\$29.53	\$36.01	\$46.24	\$59.79	\$77.93	\$99.55	\$113.02
\$20,000	Employee Only	\$7.30	\$8.39	\$9.03	\$10.71	\$13.98	\$19.81	\$26.02	\$34.31	\$47.55	\$65.34	\$89.03	\$117.53	\$135.21
	Employee & Spouse	\$12.43	\$14.13	\$15.15	\$17.67	\$22.74	\$31.85	\$41.48	\$54.40	\$74.91	\$102.01	\$138.28	\$181.51	\$208.46
	Employee & Child(ren)	\$12.40	\$13.27	\$13.52	\$14.99	\$18.05	\$23.84	\$29.99	\$38.27	\$51.49	\$69.28	\$92.97	\$121.47	\$139.15
	Employee & Family	\$18.38	\$19.82	\$20.39	\$22.65	\$27.48	\$36.55	\$46.12	\$59.01	\$79.51	\$106.60	\$142.87	\$186.10	\$213.06

**VOLUNTARY CRITICAL ILLNESS INSURANCE**  
**Monthly Premium Amount (Cost per Pay Period – 12/Year)**

**TOBACCO USER**

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	80+
\$10,000	Employee Only	\$5.48	\$6.34	\$6.99	\$8.43	\$11.39	\$17.16	\$23.92	\$33.11	\$48.02	\$69.42	\$92.67	\$110.41	\$121.69
	Employee & Spouse	\$9.73	\$11.10	\$12.17	\$14.37	\$19.08	\$28.20	\$38.65	\$52.89	\$75.90	\$108.65	\$144.72	\$171.97	\$189.54
	Employee & Child(ren)	\$10.58	\$11.22	\$11.49	\$12.70	\$15.47	\$21.19	\$27.89	\$37.08	\$51.96	\$73.36	\$96.61	\$114.35	\$125.63
	Employee & Family	\$15.67	\$16.79	\$17.41	\$19.35	\$23.82	\$32.89	\$43.28	\$57.51	\$80.49	\$113.24	\$149.31	\$176.56	\$194.13
\$20,000	Employee Only	\$7.68	\$9.16	\$10.36	\$13.17	\$18.86	\$30.19	\$43.67	\$62.03	\$91.83	\$134.62	\$181.14	\$216.62	\$239.17
	Employee & Spouse	\$13.03	\$15.32	\$17.22	\$21.50	\$30.40	\$48.14	\$68.98	\$97.40	\$143.41	\$208.90	\$281.03	\$335.55	\$370.68
	Employee & Child(ren)	\$12.78	\$14.04	\$14.85	\$17.44	\$22.93	\$34.22	\$47.65	\$65.99	\$95.77	\$138.56	\$185.08	\$220.56	\$243.10
	Employee & Family	\$18.97	\$21.01	\$22.45	\$26.48	\$35.14	\$52.84	\$73.61	\$102.02	\$148.01	\$213.49	\$285.62	\$340.14	\$375.28

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**VOLUNTARY ACCIDENT INSURANCE**

**Monthly Premium Amount (Cost per Pay Period – 12/Year)**

COVERAGE TIER	Premium Amount
Employee Only	<b>\$9.40</b> (\$0.31 per day)
Employee & Spouse	<b>\$14.69</b> (\$0.48 per day)
Employee & Child(ren)	<b>\$15.63</b> (\$0.51 per day)
Employee & Family	<b>\$24.53</b> (\$0.81 per day)

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**VOLUNTARY HOSPITAL INDEMNITY INSURANCE**

**Monthly Premium Amount (Cost per Pay Period – 12/Year)**

COVERAGE TIER	Premium Amount
Employee Only	<b>\$15.79</b> (\$0.52 per day)
Employee & Spouse	<b>\$32.75</b> (\$1.08 per day)
Employee & Child(ren)	<b>\$30.53</b> (\$1.00 per day)
Employee & Family	<b>\$46.69</b> (\$1.54 per day)

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