

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.

VOLUNTARY CRITICAL ILLNESS INSURANCE													
Semi-monthly Premium Amount (Cost per Pay Period – 24/Year)													
NON-TOBACCO USER													
Benefit Amount	Age	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79
\$10,000	Employee Only	\$1.69	\$1.99	\$2.17	\$2.69	\$3.67	\$5.45	\$7.38	\$9.95	\$14.07	\$19.61	\$13.79	\$18.22
	Employee & Spouse	\$2.74	\$3.20	\$3.48	\$4.25	\$5.74	\$8.49	\$11.48	\$15.49	\$21.87	\$30.30	\$21.39	\$28.11
	Employee & Child(ren)	\$2.99	\$3.20	\$3.23	\$3.65	\$4.55	\$6.31	\$8.22	\$10.79	\$14.90	\$20.43	\$14.41	\$18.84
	Employee & Family	\$4.27	\$4.62	\$4.71	\$5.37	\$6.77	\$9.50	\$12.46	\$16.46	\$22.84	\$31.27	\$22.11	\$28.84
\$20,000	Employee Only	\$2.91	\$3.48	\$3.83	\$4.86	\$6.78	\$10.31	\$14.16	\$19.31	\$27.55	\$38.62	\$26.98	\$35.85
	Employee & Spouse	\$4.58	\$5.43	\$5.95	\$7.47	\$10.39	\$15.82	\$21.79	\$29.79	\$42.57	\$59.42	\$41.59	\$55.05
	Employee & Child(ren)	\$4.22	\$4.70	\$4.89	\$5.82	\$7.66	\$11.18	\$15.00	\$20.14	\$28.38	\$39.45	\$27.60	\$36.47
	Employee & Family	\$6.11	\$6.84	\$7.18	\$8.60	\$11.41	\$16.82	\$22.77	\$30.77	\$43.53	\$60.39	\$42.32	\$55.77

VOLUNTARY CRITICAL ILLNESS INSURANCE													
Semi-monthly Premium Amount (Cost per Pay Period – 24/Year)													
TOBACCO USER													
Benefit Amount	Age	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79
\$10,000	Employee Only	\$1.81	\$2.23	\$2.59	\$3.45	\$5.19	\$8.68	\$12.87	\$18.58	\$27.85	\$41.17	\$28.12	\$33.64
	Employee & Spouse	\$2.93	\$3.57	\$4.12	\$5.44	\$8.12	\$13.56	\$20.04	\$28.87	\$43.19	\$63.57	\$43.60	\$52.09
	Employee & Child(ren)	\$3.11	\$3.44	\$3.64	\$4.42	\$6.07	\$9.54	\$13.71	\$19.41	\$28.68	\$42.00	\$28.74	\$34.26
	Employee & Family	\$4.45	\$4.99	\$5.35	\$6.56	\$9.15	\$14.57	\$21.02	\$29.85	\$44.16	\$64.54	\$44.33	\$52.81
\$20,000	Employee Only	\$3.15	\$3.96	\$4.66	\$6.39	\$9.82	\$16.77	\$25.15	\$36.56	\$55.11	\$81.75	\$55.65	\$66.69
	Employee & Spouse	\$4.95	\$6.17	\$7.24	\$9.86	\$15.16	\$25.96	\$38.90	\$56.57	\$85.21	\$125.97	\$86.03	\$102.99
	Employee & Child(ren)	\$4.46	\$5.17	\$5.71	\$7.35	\$10.70	\$17.63	\$25.99	\$37.40	\$55.94	\$82.57	\$56.27	\$67.31
	Employee & Family	\$6.48	\$7.59	\$8.47	\$10.99	\$16.18	\$26.97	\$39.88	\$57.54	\$86.17	\$126.93	\$86.75	\$103.72

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VOLUNTARY ACCIDENT INSURANCE	
Semi-monthly Premium Amount (Cost per Pay Period – 24/Year)	
COVERAGE TIER	Accident Plan
Employee Only	\$4.26 (\$0.28 per day)
Employee & Spouse	\$6.72 (\$0.44 per day)
Employee & Child(ren)	\$7.26 (\$0.48 per day)
Employee & Family	\$11.37 (\$0.75 per day)

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