

# 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.

<b>VOLUNTARY CRITICAL ILLNESS INSURANCE</b>														
<b>Semi-monthly Premium Amount (Cost per Pay Period – 24/Year)</b>														
Premiums are based on the employee's current age and increase as the employee enters each new age category.														
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	\$1.90	\$2.31	\$2.58	\$3.25	\$4.49	\$6.86	\$9.47	\$12.89	\$18.08	\$24.72	\$33.18	\$44.21	\$53.29
	Employee & Spouse/Partner	\$3.07	\$3.69	\$4.11	\$5.12	\$7.03	\$10.72	\$14.80	\$20.13	\$28.20	\$38.37	\$51.35	\$68.10	\$81.91
	Employee & Child(ren)	\$2.72	\$3.13	\$3.40	\$4.07	\$5.31	\$7.68	\$10.29	\$13.71	\$18.89	\$25.54	\$33.99	\$45.03	\$54.11
	Employee & Family	\$4.02	\$4.65	\$5.06	\$6.08	\$7.99	\$11.67	\$15.75	\$21.08	\$29.15	\$39.32	\$52.30	\$69.05	\$82.87
\$20,000	Employee Only	\$3.32	\$4.10	\$4.62	\$5.95	\$8.38	\$13.06	\$18.26	\$25.04	\$35.35	\$48.55	\$65.41	\$87.43	\$105.57
	Employee & Spouse/Partner	\$5.20	\$6.37	\$7.16	\$9.15	\$12.87	\$20.13	\$28.20	\$38.77	\$54.77	\$74.93	\$100.77	\$134.16	\$161.74
	Employee & Child(ren)	\$4.52	\$5.31	\$5.83	\$7.16	\$9.58	\$14.27	\$19.46	\$26.24	\$36.56	\$49.76	\$66.62	\$88.63	\$106.77
	Employee & Family	\$6.60	\$7.77	\$8.56	\$10.56	\$14.28	\$21.53	\$29.61	\$40.17	\$56.17	\$76.33	\$102.17	\$135.57	\$163.15
\$30,000	Employee Only	\$4.74	\$5.89	\$6.66	\$8.65	\$12.27	\$19.27	\$27.04	\$37.18	\$52.63	\$72.39	\$97.64	\$130.64	\$157.84
	Employee & Spouse/Partner	\$7.33	\$9.04	\$10.20	\$13.18	\$18.71	\$29.53	\$41.61	\$57.40	\$81.33	\$111.49	\$150.19	\$200.22	\$241.57
	Employee & Child(ren)	\$6.33	\$7.49	\$8.26	\$10.24	\$13.86	\$20.86	\$28.64	\$38.78	\$54.22	\$73.98	\$99.24	\$132.24	\$159.44
	Employee & Family	\$9.18	\$10.90	\$12.06	\$15.04	\$20.57	\$31.39	\$43.47	\$59.26	\$83.19	\$113.35	\$152.04	\$202.08	\$243.43

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<b>VOLUNTARY ACCIDENT INSURANCE</b>	
<b>Semi-monthly Premium Amount (Cost per Pay Period – 24/Year)</b>	
COVERAGE TIER	CUSTOM
Employee Only	\$3.63 (\$0.24 per day)
Employee & Spouse/Partner	\$5.72 (\$0.38 per day)
Employee & Child(ren)	\$6.04 (\$0.40 per day)
Employee & Family	\$9.52 (\$0.63 per day)

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<b>VOLUNTARY HOSPITAL INDEMNITY INSURANCE</b>	
<b>Semi-monthly Premium Amount (Cost per Pay Period – 24/Year)</b>	
COVERAGE TIER	PLAN
Employee Only	\$6.41 (\$0.42 per day)
Employee & Spouse/Partner	\$15.43 (\$1.01 per day)
Employee & Child(ren)	\$13.67 (\$0.90 per day)
Employee & Family	\$23.90 (\$1.57 per day)

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