



RATE SHEET

Rates shown are based on weekly deductions. Your payroll deductions will be taken after taxes are taken.



Critical Illness Plan*

You may enroll in one option only.

Non-Tobacco

Employee Face Amount: \$10,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<20	\$0.54	\$1.07	\$0.54	\$1.07
20-24	\$0.61	\$1.17	\$0.61	\$1.17
25-29	\$0.70	\$1.31	\$0.70	\$1.31
30-34	\$0.84	\$1.51	\$0.84	\$1.51
35-39	\$1.05	\$1.80	\$1.05	\$1.80
40-44	\$1.41	\$2.31	\$1.41	\$2.31
45-49	\$2.01	\$3.14	\$2.01	\$3.14
50-54	\$2.94	\$4.46	\$2.94	\$4.46
55-59	\$4.28	\$6.36	\$4.28	\$6.36
60-64	\$6.02	\$8.80	\$6.02	\$8.80
65-69	\$8.09	\$11.90	\$8.09	\$11.90
70+	\$10.74	\$15.67	\$10.74	\$15.67

Employee Face Amount: \$20,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<20	\$0.79	\$1.50	\$0.79	\$1.50
20-24	\$0.93	\$1.71	\$0.93	\$1.71
25-29	\$1.12	\$1.99	\$1.12	\$1.99
30-34	\$1.39	\$2.38	\$1.39	\$2.38
35-39	\$1.82	\$2.97	\$1.82	\$2.97
40-44	\$2.53	\$3.98	\$2.53	\$3.98
45-49	\$3.72	\$5.64	\$3.72	\$5.64
50-54	\$5.60	\$8.29	\$5.60	\$8.29
55-59	\$8.28	\$12.08	\$8.28	\$12.08
60-64	\$11.75	\$16.96	\$11.75	\$16.96
65-69	\$15.90	\$23.16	\$15.90	\$23.16
70+	\$21.19	\$30.70	\$21.19	\$30.70

Employee Face Amount: \$30,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<20	\$1.04	\$1.92	\$1.04	\$1.92
20-24	\$1.26	\$2.25	\$1.26	\$2.25
25-29	\$1.54	\$2.66	\$1.54	\$2.66
30-34	\$1.95	\$3.24	\$1.95	\$3.24
35-39	\$2.59	\$4.14	\$2.59	\$4.14
40-44	\$3.66	\$5.65	\$3.66	\$5.65
45-49	\$5.44	\$8.13	\$5.44	\$8.13
50-54	\$8.26	\$12.12	\$8.26	\$12.12
55-59	\$12.27	\$17.80	\$12.27	\$17.80
60-64	\$17.48	\$25.13	\$17.48	\$25.13
65-69	\$23.71	\$34.42	\$23.71	\$34.42
70+	\$31.64	\$45.74	\$31.64	\$45.74

Tobacco

Employee Face Amount: \$10,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<20	\$0.69	\$1.32	\$0.69	\$1.32
20-24	\$0.81	\$1.49	\$0.81	\$1.49
25-29	\$0.96	\$1.72	\$0.96	\$1.72
30-34	\$1.19	\$2.05	\$1.19	\$2.05
35-39	\$1.56	\$2.57	\$1.56	\$2.57
40-44	\$2.18	\$3.45	\$2.18	\$3.45
45-49	\$3.21	\$4.88	\$3.21	\$4.88
50-54	\$4.81	\$7.16	\$4.81	\$7.16
55-59	\$7.09	\$10.39	\$7.09	\$10.39
60-64	\$10.05	\$14.55	\$10.05	\$14.55
65-69	\$13.59	\$19.83	\$13.59	\$19.83
70+	\$18.09	\$26.29	\$18.09	\$26.29

Employee Face Amount: \$20,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<20	\$1.09	\$2.00	\$1.09	\$2.00
20-24	\$1.33	\$2.34	\$1.33	\$2.34
25-29	\$1.64	\$2.81	\$1.64	\$2.81
30-34	\$2.10	\$3.48	\$2.10	\$3.48
35-39	\$2.84	\$4.50	\$2.84	\$4.50
40-44	\$4.07	\$6.25	\$4.07	\$6.25
45-49	\$6.13	\$9.13	\$6.13	\$9.13
50-54	\$9.34	\$13.68	\$9.34	\$13.68
55-59	\$13.90	\$20.15	\$13.90	\$20.15
60-64	\$19.81	\$28.47	\$19.81	\$28.47
65-69	\$26.89	\$39.04	\$26.89	\$39.04
70+	\$35.91	\$51.94	\$35.91	\$51.94

Employee Face Amount: \$30,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<20	\$1.49	\$2.68	\$1.49	\$2.68
20-24	\$1.85	\$3.19	\$1.85	\$3.19
25-29	\$2.31	\$3.90	\$2.31	\$3.90
30-34	\$3.01	\$4.90	\$3.01	\$4.90
35-39	\$4.12	\$6.44	\$4.12	\$6.44
40-44	\$5.96	\$9.06	\$5.96	\$9.06
45-49	\$9.05	\$13.38	\$9.05	\$13.38
50-54	\$13.86	\$20.21	\$13.86	\$20.21
55-59	\$20.70	\$29.90	\$20.70	\$29.90
60-64	\$29.57	\$42.39	\$29.57	\$42.39
65-69	\$40.19	\$58.24	\$40.19	\$58.24
70+	\$53.72	\$77.59	\$53.72	\$77.59

*Rates are based on your (the subscriber's) current age but will increase as you move into a higher age-band.

THESE PLANS DO NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THESE ARE A SUPPLEMENT TO HEALTH INSURANCE AND NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.

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Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512
1-800-648-7817, TTY: 711, Fax: 859-425-3379, CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Availability of Language Assistance Services

TTY: 711

For language assistance in your language call 1-888-772-9682 at no cost. (English)

Para obtener asistencia lingüística en su idioma, llame sin cargo al 1-888-772-9682. (Spanish)

欲取得以您的語言提供的語言協助，請撥打1-888-772-9682，無需付費。(Chinese)

Pour une assistance linguistique dans votre langue, appeler le 1-888-772-9682 sans frais. (French)

Para sa tulong sa inyong wika, tumawag sa 1-888-772-9682 nang walang bayad. (Tagalog)

Hilfe oder Informationen in deutscher Sprache erhalten Sie kostenlos unter der Nummer 1-888-772-9682. (German)

للمساعدة اللغوية بلغتك الرجاء الاتصال على الرقم المجاني 1-888-772-9682. (Arabic)

Pou jwenn asistans nan lang pa w, rele nimewo 1-888-772-9682 gratis. (French Creole)

Per ricevere assistenza nella sua lingua, può chiamare gratuitamente il numero 1-888-772-9682. (Italian)

日本語で援助をご希望の方は 1-888-772-9682 (フリーダイヤル) までお電話ください。 (Japanese)

본인의 언어로 통역 서비스를 받고 싶으시면 비용 부담 없이 1-888-772-9682번으로 전화해 주십시오. (Korean)

برای راهنمایی به زبان شما با شماره 1-888-772-9682 بدون هیچ هزینه ای تماس بگیرید. (Persian)

Aby uzyskać pomoc w swoim języku, zadzwoń bezpłatnie pod numer 1-888-772-9682. (Polish)

Para obter assistência no seu idioma, ligue gratuitamente para o 1-888-772-9682. (Portuguese)

Чтобы получить помощь с переводом на ваш язык, позвоните по бесплатному номеру 1-888-772-9682. (Russian)

Để được hỗ trợ ngôn ngữ bằng ngôn ngữ của bạn, hãy gọi miễn phí đến số 1-888-772-9682. (Vietnamese)
