

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									