



Supplemental Coverage Rates

Accident Monthly Premium Rates

	Advantage Plan	Premier Plan
Employee Only	\$15.18	\$20.39
Employee + Spouse	\$23.98	\$31.90
Employee + Child(ren)	\$25.11	\$32.80
Family	\$33.91	\$44.31

Critical Illness Monthly Premium Rates

		Monthly Rate					
Benefit Amounts		<30	30-39	40-49	50-59	60-69	70+
Employee	\$10,000	\$4.30	\$7.30	\$13.90	\$27.50	\$47.00	\$74.30
	\$20,000	\$8.60	\$14.60	\$27.80	\$55.00	\$94.00	\$148.60
	\$30,000	\$12.90	\$21.90	\$41.70	\$82.50	\$141.00	\$222.90
Spouse	\$10,000	\$4.30	\$7.30	\$13.90	\$27.50	\$47.00	\$74.30
	\$20,000	\$8.60	\$14.60	\$27.80	\$55.00	\$94.00	\$148.60
	\$30,000	\$12.90	\$21.90	\$41.70	\$82.50	\$141.00	\$222.90

Hospital Indemnity Monthly Premium Rates

	Monthly Rate
Employee Only	\$13.43
Employee + Spouse	\$28.16
Employee + Child(ren)	\$22.94
Family	\$37.67