



Plan Details								
Eligibility Requirements		Full time working 20 hours or more per week						
Minimum Number of Applications Required		Waived for the first year; 10% required by second OE to continue GI.						
New Employee Waiting Period		90 days						
Coverage Details								
Coverage Amount								
Employee		Option of \$5,000 to \$50,000 Face Amount						
Spouse		50% of employee coverage amount						
Child		50% of employee coverage amount (up to age 26)						
Guaranteed Issue Limit Amount								
Employee		\$30,000						
Spouse		\$15,000						
Child		\$15,000						
Other Coverage Details								
Benefit Waiting Period		Only applies to Wellbeing Assistance benefit						
Maximum Benefit								
Evidence of Insurability		Required for coverage elected over \$30,000 if participation is met						
Pre-existing Condition Limitation		Not Applicable						
Portability		Included						
Benefit Reduction		Not Applicable						
Waiver of Premium		Not included						
Value Adds								
Employee Assistance		The Helpsy Health app functions as a virtual advocate for a named insured employee, spouse or dependent child diagnosed with cancer. With the help of a coach, the						
Increasing Benefit								
Wellness Benefit								
Employee Rates								
Initial Rate Guarantee		3 Years						
Monthly Rates \$10,000 EE Coverage with Wellness Benefit		Attained Age				Issue Age		
	Non-Tobacco		Tobacco		Non-Tobacco		Tobacco	
	Employee (Child included)	Employee and Spouse (Child Included)	Employee (Child included)	Employee and Spouse (Child Included)	Employee (Child included)	Family	Employee (Child included)	Family
17-18	\$4.20	\$6.50	\$4.60	\$7.00	\$6.70	\$9.90	\$9.00	\$13.10
18-24	\$4.20	\$6.50	\$4.60	\$7.00	\$6.70	\$9.90	\$9.00	\$13.10
25	\$4.70	\$7.20	\$5.20	\$8.00	\$8.30	\$12.40	\$11.60	\$17.10
26-29	\$4.70	\$7.20	\$5.20	\$8.00	\$8.30	\$12.40	\$11.60	\$17.10
30	\$5.40	\$8.20	\$6.20	\$9.50	\$10.00	\$14.90	\$14.30	\$21.10
31-34	\$5.40	\$8.20	\$6.20	\$9.50	\$10.00	\$14.90	\$14.30	\$21.10
35	\$7.90	\$12.10	\$9.60	\$14.50	\$13.80	\$20.70	\$20.40	\$30.20
36-39	\$7.90	\$12.10	\$9.60	\$14.50	\$13.80	\$20.70	\$20.40	\$30.20
40	\$10.90	\$16.50	\$13.90	\$21.00	\$17.60	\$26.40	\$26.50	\$39.50
41-44	\$10.90	\$16.50	\$13.90	\$21.00	\$17.60	\$26.40	\$26.50	\$39.50
45	\$15.30	\$23.10	\$20.20	\$30.40	\$23.90	\$36.00	\$36.40	\$54.90
46-49	\$15.30	\$23.10	\$20.20	\$30.40	\$23.90	\$36.00	\$36.40	\$54.90
50	\$20.50	\$30.90	\$27.60	\$41.50	\$30.10	\$45.70	\$46.30	\$70.40
51-54	\$20.50	\$30.90	\$27.60	\$41.50	\$30.10	\$45.70	\$46.30	\$70.40
55	\$27.90	\$41.90	\$38.30	\$57.60	\$38.60	\$58.70	\$60.00	\$91.30
56-59	\$27.90	\$41.90	\$38.30	\$57.60	\$38.60	\$58.70	\$60.00	\$91.30
60	\$37.30	\$56.10	\$52.00	\$78.20	\$51.60	\$78.50	\$80.80	\$123.00
61-64	\$37.30	\$56.10	\$52.00	\$78.20	\$51.60	\$78.50	\$80.80	\$123.00
65	\$46.50	\$70.00	\$66.90	\$100.40	\$62.70	\$95.40	\$98.50	\$149.90
66-69	\$46.50	\$70.00	\$66.90	\$100.40	\$62.70	\$95.40	\$98.50	\$149.90
70-74	\$59.00	\$88.60	\$86.40	\$129.80	\$62.70	\$95.40	\$98.50	\$149.90
75-79	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
80-84	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
85+	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Monthly Rates \$20,000 EE Coverage with Wellness Benefit		Attained Age				Issue Age		
	Non-Tobacco		Tobacco		Non-Tobacco		Tobacco	
	Employee (Child included)	Employee and Spouse (Child Included)	Employee (Child included)	Employee and Spouse (Child Included)	Employee (Child included)	Family	Employee (Child included)	Family
17-18	\$5.50	\$8.50	\$6.30	\$9.50	\$10.50	\$15.30	\$15.10	\$21.70
18-24	\$5.50	\$8.50	\$6.30	\$9.50	\$10.50	\$15.30	\$15.10	\$21.70
25	\$6.50	\$9.90	\$7.50	\$11.50	\$13.70	\$20.30	\$20.30	\$29.70
26-29	\$6.50	\$9.90	\$7.50	\$11.50	\$13.70	\$20.30	\$20.30	\$29.70
30	\$7.90	\$11.90	\$9.50	\$14.50	\$17.10	\$25.30	\$25.70	\$37.70
31-34	\$7.90	\$11.90	\$9.50	\$14.50	\$17.10	\$25.30	\$25.70	\$37.70
35	\$12.90	\$19.70	\$16.30	\$24.50	\$24.70	\$36.90	\$37.90	\$55.90
36-39	\$12.90	\$19.70	\$16.30	\$24.50	\$24.70	\$36.90	\$37.90	\$55.90
40	\$18.90	\$28.50	\$24.90	\$37.50	\$32.30	\$48.30	\$50.10	\$74.50
41-44	\$18.90	\$28.50	\$24.90	\$37.50	\$32.30	\$48.30	\$50.10	\$74.50
45	\$27.70	\$41.70	\$37.50	\$56.30	\$44.90	\$67.50	\$69.90	\$105.30

46-49	\$27.70	\$41.70	\$37.50	\$56.30	\$44.90	\$67.50	\$69.90	\$105.30
50	\$38.10	\$57.30	\$52.30	\$78.50	\$57.30	\$86.90	\$89.70	\$136.30
51-54	\$38.10	\$57.30	\$52.30	\$78.50	\$57.30	\$86.90	\$89.70	\$136.30
55	\$52.90	\$79.30	\$73.70	\$110.70	\$74.30	\$112.90	\$117.10	\$178.10
56-59	\$52.90	\$79.30	\$73.70	\$110.70	\$74.30	\$112.90	\$117.10	\$178.10
60	\$71.70	\$107.70	\$101.10	\$151.90	\$100.30	\$152.50	\$158.70	\$241.50
61-64	\$71.70	\$107.70	\$101.10	\$151.90	\$100.30	\$152.50	\$158.70	\$241.50
65	\$90.10	\$135.50	\$130.90	\$196.30	\$122.50	\$186.30	\$194.10	\$295.30
66-69	\$90.10	\$135.50	\$130.90	\$196.30	\$122.50	\$186.30	\$194.10	\$295.30
70-74	\$115.10	\$172.70	\$169.90	\$255.10	\$122.50	\$186.30	\$194.10	\$295.30
75-79	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
80-84	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
85+	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Monthly Rates \$30,000 EE Coverage with Wellness Benefit	Attained Age				Issue Age			
	Non-Tobacco		Tobacco		Non-Tobacco		Tobacco	
	Employee (Child included)	Employee and Spouse (Child Included)	Employee (Child included)	Employee and Spouse (Child Included)	Employee (Child included)	Family	Employee (Child included)	Family
17-18	\$6.80	\$10.50	\$8.00	\$12.00	\$14.30	\$20.70	\$21.20	\$30.30
18-24	\$6.80	\$10.50	\$8.00	\$12.00	\$14.30	\$20.70	\$21.20	\$30.30
25	\$8.30	\$12.60	\$9.80	\$15.00	\$19.10	\$28.20	\$29.00	\$42.30
26-29	\$8.30	\$12.60	\$9.80	\$15.00	\$19.10	\$28.20	\$29.00	\$42.30
30	\$10.40	\$15.60	\$12.80	\$19.50	\$24.20	\$35.70	\$37.10	\$54.30
31-34	\$10.40	\$15.60	\$12.80	\$19.50	\$24.20	\$35.70	\$37.10	\$54.30
35	\$17.90	\$27.30	\$23.00	\$34.50	\$35.60	\$53.10	\$55.40	\$81.60
36-39	\$17.90	\$27.30	\$23.00	\$34.50	\$35.60	\$53.10	\$55.40	\$81.60
40	\$26.90	\$40.50	\$35.90	\$54.00	\$47.00	\$70.20	\$73.70	\$109.50
41-44	\$26.90	\$40.50	\$35.90	\$54.00	\$47.00	\$70.20	\$73.70	\$109.50
45	\$40.10	\$60.30	\$54.80	\$82.20	\$65.90	\$99.00	\$103.40	\$155.70
46-49	\$40.10	\$60.30	\$54.80	\$82.20	\$65.90	\$99.00	\$103.40	\$155.70
50	\$55.70	\$83.70	\$77.00	\$115.50	\$84.50	\$128.10	\$133.10	\$202.20
51-54	\$55.70	\$83.70	\$77.00	\$115.50	\$84.50	\$128.10	\$133.10	\$202.20
55	\$77.90	\$116.70	\$109.10	\$163.80	\$110.00	\$167.10	\$174.20	\$264.90
56-59	\$77.90	\$116.70	\$109.10	\$163.80	\$110.00	\$167.10	\$174.20	\$264.90
60	\$106.10	\$159.30	\$150.20	\$225.60	\$149.00	\$226.50	\$236.60	\$360.00
61-64	\$106.10	\$159.30	\$150.20	\$225.60	\$149.00	\$226.50	\$236.60	\$360.00
65	\$133.70	\$201.00	\$194.90	\$292.20	\$182.30	\$277.20	\$289.70	\$440.70
66-69	\$133.70	\$201.00	\$194.90	\$292.20	\$182.30	\$277.20	\$289.70	\$440.70
70-74	\$171.20	\$256.80	\$253.40	\$380.40	\$182.30	\$277.20	\$289.70	\$440.70
75-79	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
80-84	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
85+	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Covered Conditions								
Critical Illness								
Coronary Artery Disease (Major)					25%			
Coronary Artery Disease (Minor)					25%			
End Stage Kidney Failure					100%			
Heart Attack					100%			
Organ Failure Requiring Transplant					100%			
Bone Marrow Transplant								
Stroke					100%			
Sudden Cardiac Arrest					100%			
Additional Covered Conditions for Dependent Children								
Cerebral Palsy					50% of elected amount (child benefit)			
Cleft Lip or Palate					50% of elected amount (child benefit)			
Cystic Fibrosis					50% of elected amount (child benefit)			
Down Syndrome					50% of elected amount (child benefit)			
Spina Bifida					50% of elected amount (child benefit)			
Cancer								
Invasive					100%			
Non-Invasive					25%			
Skin Cancer					\$400			
Carcinoma in Situ								
Metastatic Cancer								
Other Specified Critical Illness								
Benign Brain Tumor					100%			
Coma					100%			
Loss of Hearing					100%			
Infectuuous Disease								
Infectuuous Disease Hospital Consecutive Days								
Loss of Sight					100%			
Loss of Speech					100%			
HIV or Hepatitis					100%			
Permanent Paralysis					100%			
Dismemberment								
Type 1 Diabetes								
Progressive Diseases								
Amyotrophic Lateral Sclerosis (ALS)								
Dementia (including Alzheimer's)								

Functional Loss	
Multiple Sclerosis	
Parkinson's Disease	
Reoccurrence Benefits	
Reoccurrence Percent	25% except for Coronary Artery Disease, Non-invasive cancer, Skin cancer Loss of hearing, Loss of sight, Loss of speech and HIV or Hepatitis.
Exclusions and Limitations	
Exclusions and Limitations for Critical Illness - We will not pay benefits for a critical illness that occurs as a result of a covered person's: alcoholism or drug addiction; felonies or illegal occupations; intoxicants and	
