

## Weekly Rates

**Cancer Plan** (Pays a lumpsum initial treatment benefit, radiation and chemotherapy, daily hospital confinement benefits, nursing and home health care. Travel and family lodging included if you travel over 50 miles.)

Single	\$7.32
1 Parent Family	\$7.32
Insured & Spouse	\$12.45
2 Parent Family	\$12.45

**Critical Care** (Covers major health events including- heart attack, stroke, coma, paralysis, third degree burns, etc. Includes benefits for hospital confinement, continuing care, travel and family lodging.)

	<u>18-35</u>	<u>36-45</u>	<u>46-55</u>	<u>56-70</u>
Single	\$2.64	\$4.26	\$5.70	\$7.41
1 Parent Family	\$2.91	\$4.44	\$5.88	\$7.62
Insured & Spouse	\$4.08	\$6.99	\$9.84	\$13.59
2 Parent Family	\$4.59	\$7.56	\$10.53	\$14.40

**Personal Accident Indemnity** (Covers accidents **On or Off-The-Job**, 24 hours a day, 7 days a week. Also includes a **\$60 Wellness Benefit** for **One** family member after 12 months of paid premium.)

### **Level 2**

<b>Single</b>	\$6.12
<b>Single Parent</b>	\$9.21
<b>Insured and Spouse</b>	\$8.16
<b>2 Parent Family</b>	\$11.61

**Personal Sickness Indemnity Level 1** (Covers inpatient and outpatient surgeries due to health issues. Also pays daily hospital benefits and wellness benefits for office visits, eye doctor visits.)

	<u>18-39</u>	<u>40-49</u>	<u>50-59</u>	<u>60-70</u>
Single	\$4.59	\$5.22	\$6.48	\$9.02
1 Parent Family	\$7.45	\$7.80	\$8.75	\$10.64
Insured & Spouse	\$8.38	\$9.09	\$11.45	\$15.67
2 Parent Family	\$9.21	\$10.18	\$12.42	\$16.18

**Hospital Protection Level 1** (Pays daily hospital benefits, designed to compliment Health Savings Accounts.)

	<u>18-39</u>	<u>40-49</u>	<u>50-59</u>	<u>60-70</u>
Single	\$6.09	\$7.17	\$9.33	\$11.76
1 Parent Family	\$8.64	\$9.30	\$11.04	\$14.94
Insured & Spouse	\$11.07	\$11.94	\$15.84	\$19.56
2 Parent Family	\$12.54	\$12.96	\$17.34	\$21.69