Critical Illness Only
With Recurrence

Tobacco			
	Employee	**1-Parent**	**2- Parent**
17-29	$3.90	$4.15	$6.55
30-39	6.70	6.80	10.70
40-49	11.40	11.60	18.05
50-59	19.95	19.95	31.10
60-69	28.15	28.15	43.85
70-74	36.00	36.00	56.00
Plan Codes	**SSKN**	**SSKC**	**SSKF**

Non-Tobacco			
	Employee	**1-Parent**	**2-Parent**
17-29	$3.25	$3.50	$5.50
30-39	4.70	4.80	7.60
40-49	7.30	7.40	11.60
50-59	11.70	11.85	18.50
60-69	16.70	16.70	26.10
70-74	25.50	25.50	39.80
Plan Codes	**SSPN**	**SSPC**	**SSPF**

Benefits range from $ 5,000- $50,000

Group Critical Illness 1000
Regular
AK, AL, AR, AZ, CO, DC, DE GA, FL, IA, ID, IL, KY, LA, MA, ME, MI, MN, MO, MS, NC, ND, NE, NH, NM, NV, OH, OK, OR, RI, SC, SD, TN, TX, UT, VA, VT, WI, WY

Rates Illustrated per unit – 1 unit = $1,000