

Group Voluntary Critical Illness

benefit amounts					
INITIAL CRITICAL ILLNESS BENEFITS		LOW	HIGH		
Heart Attack (100%)		\$10,000	\$10,000		
Stroke (100%)		\$10,000	\$10,000		
Coronary Artery By-Pass Surgery (25%)		\$2,500	\$2,500		
Major Organ Transplant (100%)		\$10,000	\$10,000		
End Stage Renal Failure (100%)		\$10,000	\$10,000		
CRITICAL ILLNESS ADDITIONAL BEN	EFITS				
Second Event Initial Critical Illness Benefit ¹		Yes	Yes		
SUPPLEMENTAL CRITICAL ILLNESS	BENEFITS II				
Advanced Alzheimer's Disease (25%)		\$2,500	\$2,500		
Advanced Parkinson's Disease (25%)		\$2,500	\$2,500		
Benign Brain Tumor (100%)		\$10,000	\$10,000		
Coma (100%)		\$10,000	\$10,000		
Complete Blindness (100%)		\$10,000	\$10,000		
Complete Loss of Hearing (100%)		\$10,000	\$10,000		
Paralysis (100%)		\$10,000	\$10,000		
ADDITIONAL BENEFITS					
Second Evaluation / Consultation Benefit		\$1,000	\$1,000		
Wellness Exam \$100 / person / yr		N/A	\$100		
Non-Local Transportation \$5000 / yr	Air Fare per trip	\$500	\$500		
	Personal Vehical /	\$0.50	\$0.50		
Outpatient Lodging (daily) \$1000 / yr		\$100	\$100		
Family Member Lodging (daily) \$1000 / yr		\$100	\$100		
& Transportation \$5000 / yr	Air Fare per trip	\$500	\$500		
	Personal Vehical /	\$0.50	\$0.50		
Waiver of Premium (employee only)		Yes	Yes		
BI-WEEKLY / WEEKLY RATES FOR OHIO					

BI-WEEKLY / WEEKLY RATES FOR OHIO						
LOW PLAN w /o - \$100 Wellness Benefit		No additional cost for children				
non-tobacco	AGES	EE Biweekly / Weekly	EE + SP Biweekly / Weekly	EE + CH Biweekly / Weekly	FAMILY Biweekly / Weekly	
	18-35	\$1.90 / 0.95	\$2.72 / 1.36	\$1.90 / 0.95	\$2.72 / 1.36	
	36-50	\$4.80 / 2.40	\$7.08 / 3.54	\$4.80 / 2.40	\$7.08 / 3.54	
	51-60	\$10.10 / 5.05	\$15.04 / 7.52	\$10.10 / 5.05	\$15.04 / 7.52	
	61-63	\$16.76 / 8.38	\$25.00 / 12.50	\$16.76 / 8.38	\$25.00 / 12.50	
	64+	\$26.62 / 13.31	\$39.82 / 19.91	\$26.62 / 13.31	\$39.82 / 19.91	
tobacco	AGES	EE	EE + SP	EE + CH	F	
	18-35	\$2.76 / 1.38	\$4.04 / 2.02	\$2.76 / 1.38	\$4.04 / 2.02	
	36-50	\$7.62 / 3.81	\$11.30 / 5.65	\$7.62 / 3.81	\$11.30 / 5.65	
	51-60	\$16.34 / 8.17	\$24.38 / 12.19	\$16.34 / 8.17	\$24.38 / 12.19	
	61-63	\$25.24 / 12.62	\$37.73 / 18.87	\$25.24 / 12.62	\$37.73 / 18.87	
	64+	\$40.38 / 20.19	\$60.46 / 30.23	\$40.38 / 20.19	\$60.46 / 30.23	
IIGH PLAN w - \$100 Wellness Benefit		Biweekly / Weekly	Biweekly / Weekly	Biweekly / Weekly	Biweekly / Weekly	
non-tobacco	AGES	EE	EE + SP	EE + CH	F	
	18-35	\$4.44 / 2.22	\$7.82 / 3.91	\$4.44 / 2.22	\$7.82 / 3.91	
	36-50	\$\$7.34 / 3.67	\$12.18 / 6.09	\$\$7.34 / 3.67	\$12.18 / 6.09	
	51-60	\$12.66 / 6.33	\$20.14 / 10.07	\$12.66 / 6.33	\$20.14 / 10.07	
	61-63	\$19.30 / 9.65	\$30.10 / 15.05	\$19.30 / 9.65	\$30.10 / 15.05	
	64+	\$29.18 / 14.59	\$44.92 / 22.46	\$29.18 / 14.59	\$44.92 / 22.46	
tobacco	AGES	EE	EE + SP	EE + CH	F	
	18-35	\$5.32 / 2.66	\$9.12 / 4.56	\$5.32 / 2.66	\$9.12 / 4.56	
	36-50	\$10.16 / 5.08	\$16.40 / 8.20	\$10.16 / 5.08	\$16.40 / 8.20	
	51-60	\$18.88 / 9.44	\$29.48 / 14.74	\$18.88 / 9.44	\$29.48 / 14.74	
	61-63	\$27.80 / 13.90	\$42.84 / 21.42	\$27.80 / 13.90	\$42.84 / 21.42	
	64+	\$42.94 / 21.47	\$65.56 / 32.78	\$42.94 / 21.47	\$65.56 / 32.78	

Issue Ages: 18 and over if Actively at Work

EE = Employee; EE + SP = Employee + Spouse; EE +CH = Employee + Children; F = Family.

^{*1} Pays same amount as Initial Critical Illness Benefit