

**THE CANCER ADVANTAGE - C75  
with \$100 Wellness Benefit  
OPTION A**

Hospital Room Benefit	TYPE COVERAGE	ISSUE AGES			
		0-39	40-54	55-64	65-79
\$300 Daily	2 Parent Family Insured & Spouse	57.20	77.65	107.55	129.70
	1 Parent Family Insured & Spouse	52.50	70.85	97.65	118.10
	1 Parent Family Individual Only	33.00	44.90	62.25	74.65
	Individual Only	27.20	36.70	50.50	61.60
\$200 Daily	2 Parent Family Insured & Spouse	55.10	75.45	104.95	126.90
	1 Parent Family Insured & Spouse	50.60	68.85	95.35	115.55
	1 Parent Family Individual Only	31.80	43.65	60.75	73.05
	Individual Only	26.20	35.65	49.30	60.25
\$100 Daily	2 Parent Family Insured & Spouse	53.00	73.25	102.35	124.10
	1 Parent Family Insured & Spouse	48.70	66.85	93.05	113.00
	1 Parent Family Individual Only	30.60	42.40	59.25	71.45
	Individual Only	25.20	34.60	48.10	58.90

**OPTION B**

\$300 Daily	2 Parent Family Insured & Spouse	52.00	69.25	95.35	114.50
	1 Parent Family Insured & Spouse	47.70	63.25	86.65	104.30
	1 Parent Family Individual Only	30.20	40.10	55.25	66.05
	Individual Only	24.60	32.70	44.70	54.20
\$200 Daily	2 Parent Family Insured & Spouse	49.90	67.05	92.75	111.70
	1 Parent Family Insured & Spouse	45.80	61.25	84.35	101.75
	1 Parent Family Individual Only	29.00	38.85	53.75	64.45
	Individual Only	23.60	31.65	43.50	52.85
\$100 Daily	2 Parent Family Insured & Spouse	47.80	64.85	90.15	108.90
	1 Parent Family Insured & Spouse	43.90	59.25	82.05	99.20
	1 Parent Family Individual Only	27.80	37.60	52.25	62.85
	Individual Only	22.60	30.60	42.30	51.50

**OPTION C**

\$300 Daily	2 Parent Family Insured & Spouse	49.40	65.05	89.25	106.90
	1 Parent Family Insured & Spouse	45.30	59.45	81.15	97.40
	1 Parent Family Individual Only	28.80	37.70	51.75	61.75
	Individual Only	23.30	30.70	41.80	50.50
\$200 Daily	2 Parent Family Insured & Spouse	47.30	62.85	86.65	104.10
	1 Parent Family Insured & Spouse	43.40	57.45	78.85	94.85
	1 Parent Family Individual Only	27.60	36.45	50.25	60.15
	Individual Only	22.30	29.65	40.60	49.15
\$100 Daily	2 Parent Family Insured & Spouse	45.20	60.65	84.05	101.30
	1 Parent Family Insured & Spouse	41.50	55.45	76.55	92.30
	1 Parent Family Individual Only	26.40	35.20	48.75	58.55
	Individual Only	21.30	28.60	39.40	47.80

**THE CANCER ADVANTAGE - C75  
with \$50 Wellness Benefit  
OPTION A**

Hospital Room Benefit	TYPE COVERAGE	ISSUE AGES			
		0-39	40-54	55-64	65-79
\$300 Daily	2 Parent Family Insured & Spouse	52.50	71.65	100.35	121.60
	1 Parent Family Insured & Spouse	48.20	65.45	91.15	110.80
	1 Parent Family Individual Only	30.30	41.50	58.15	70.05
	Individual Only	25.00	33.80	47.10	57.70
\$200 Daily	2 Parent Family Insured & Spouse	50.40	69.45	97.75	118.80
	1 Parent Family Insured & Spouse	46.30	63.45	88.85	108.25
	1 Parent Family Individual Only	29.10	40.25	56.65	68.45
	Individual Only	24.00	32.75	45.90	56.35
\$100 Daily	2 Parent Family Insured & Spouse	48.30	67.25	95.15	116.00
	1 Parent Family Insured & Spouse	44.40	61.45	86.55	105.70
	1 Parent Family Individual Only	27.90	39.00	55.15	66.85
	Individual Only	23.00	31.70	44.70	55.00

**OPTION B**

\$300 Daily	2 Parent Family Insured & Spouse	47.30	63.25	88.15	106.40
	1 Parent Family Insured & Spouse	43.40	57.85	80.15	97.00
	1 Parent Family Individual Only	27.50	36.70	51.15	61.45
	Individual Only	22.40	29.80	41.30	50.30
\$200 Daily	2 Parent Family Insured & Spouse	45.20	61.05	85.55	103.60
	1 Parent Family Insured & Spouse	41.50	55.85	77.85	94.45
	1 Parent Family Individual Only	26.30	35.45	49.65	59.85
	Individual Only	21.40	28.75	40.10	48.95
\$100 Daily	2 Parent Family Insured & Spouse	43.10	58.85	82.95	100.80
	1 Parent Family Insured & Spouse	39.60	53.85	75.55	91.90
	1 Parent Family Individual Only	25.10	34.20	48.15	58.25
	Individual Only	20.40	27.70	38.90	47.60

**OPTION C**

\$300 Daily	2 Parent Family Insured & Spouse	44.70	59.05	82.05	98.80
	1 Parent Family Insured & Spouse	41.00	54.05	74.65	90.10
	1 Parent Family Individual Only	26.10	34.30	47.65	57.15
	Individual Only	21.10	27.80	38.40	46.60
\$200 Daily	2 Parent Family Insured & Spouse	42.60	56.85	79.45	96.00
	1 Parent Family Insured & Spouse	39.10	52.05	72.35	87.55
	1 Parent Family Individual Only	24.90	33.05	46.15	55.55
	Individual Only	20.10	26.75	37.20	45.25
\$100 Daily	2 Parent Family Insured & Spouse	40.50	54.65	76.85	93.20
	1 Parent Family Insured & Spouse	37.20	50.05	70.05	85.00
	1 Parent Family Individual Only	23.70	31.80	44.65	53.95
	Individual Only	19.10	25.70	36.00	43.90

# MONTHLY BANK DRAFT (NON-PAYROLL) PREMIUM RATES

INTENSIVE CARE - I75				
TYPE COVERAGE	0-39	40-54	55-64	65-70
	\$750 per day			
2 Parent Family Insured & Spouse	7.50	19.25	35.50	48.75
1 Parent Family Insured & Spouse	5.75	14.75	27.00	37.50
1 Parent Family Individual Only	4.00	10.25	18.50	25.50
Individual Only	3.75	9.50	17.25	24.00
\$600 per day				
2 Parent Family Insured & Spouse	6.00	15.40	28.40	39.00
1 Parent Family Insured & Spouse	4.60	11.80	21.60	30.00
1 Parent Family Individual Only	3.20	8.20	14.80	20.40
Individual Only	3.00	7.60	13.80	19.20
\$450 per day				
2 Parent Family Insured & Spouse	4.50	11.55	21.30	29.25
1 Parent Family Insured & Spouse	3.45	8.85	16.20	22.50
1 Parent Family Individual Only	2.40	6.15	11.10	15.30
Individual Only	2.25	5.70	10.35	14.40
\$300 per day				
2 Parent Family Insured & Spouse	3.00	7.70	14.20	19.50
1 Parent Family Insured & Spouse	2.30	5.90	10.80	15.00
1 Parent Family Individual Only	1.60	4.10	7.40	10.20
Individual Only	1.50	3.80	6.90	9.60
\$150 per day				
2 Parent Family Insured & Spouse	1.50	3.85	7.10	9.75
1 Parent Family Insured & Spouse	1.15	2.95	5.40	7.50
1 Parent Family Individual Only	.80	2.05	3.70	5.10
Individual Only	.75	1.90	3.45	4.80

FIRST OCCURRENCE BENEFIT LEVEL VERSION - C84				
TYPE COVERAGE	First Occurrence Benefit			
	0-39	40-54	55-64	65-74
\$5,000				
2 Parent Family Insured & Spouse	5.60	13.00	20.60	27.00
1 Parent Family Insured & Spouse	5.20	11.80	18.60	24.40
1 Parent Family Individual Only	3.20	7.40	11.80	15.40
Individual Only	2.80	6.20	9.80	12.80
\$2,500				
2 Parent Family Insured & Spouse	2.80	6.50	10.30	13.50
1 Parent Family Insured & Spouse	2.60	5.90	9.30	12.20
1 Parent Family Individual Only	1.60	3.70	5.90	7.70
Individual Only	1.40	3.10	4.90	6.40
\$1,250				
2 Parent Family Insured & Spouse	1.40	3.25	5.15	6.75
1 Parent Family Insured & Spouse	1.30	2.95	4.65	6.10
1 Parent Family Individual Only	.80	1.85	2.95	3.85
Individual Only	.70	1.55	2.45	3.20

SPECIFIED DISEASE - C86				
TYPE COVERAGE	0-39	40-54	55-64	65-79
2 Parent Family Insured & Spouse	1.00	2.60	4.80	6.00
1 Parent Family Insured & Spouse	.90	2.40	4.30	5.50
1 Parent Family Individual Only	.50	1.50	2.70	3.50
Individual Only	.40	1.20	2.30	2.90

FIRST OCCURRENCE BENEFIT BUILDING VERSION - C85			
TYPE COVERAGE	First Occurrence Benefit		
	0-39	40-54	55-64
\$5,000 + \$100 per month			
2 Parent Family Insured & Spouse	14.00	32.60	51.60
1 Parent Family Insured & Spouse	13.00	29.60	46.60
1 Parent Family Individual Only	8.00	18.60	29.60
Individual Only	7.00	15.60	24.60
\$2,500 + \$50 per month			
2 Parent Family Insured & Spouse	7.00	16.30	25.80
1 Parent Family Insured & Spouse	6.50	14.80	23.30
1 Parent Family Individual Only	4.00	9.30	14.80
Individual Only	3.50	7.80	12.30
\$1,250 + \$25 per month			
2 Parent Family Insured & Spouse	3.50	8.15	12.90
1 Parent Family Insured & Spouse	3.25	7.40	11.65
1 Parent Family Individual Only	2.00	4.65	7.40
Individual Only	1.75	3.90	6.15