



# RATE SHEET

*Rates shown are based on monthly deductions. Your payroll deductions will be taken after taxes are taken.*



## Accident Plan

Coverage	Cost
Yourself only	\$11.36
Yourself & spouse	\$22.72
Yourself plus child(ren)	\$23.85
Yourself and family	\$35.21



## Critical Illness Plan\*

*You may enroll in one option only.*

Employee Face Amount: \$10,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<25	\$6.93	\$16.66	\$6.93	\$16.66
25-29	\$8.21	\$19.39	\$8.21	\$19.39
30-34	\$10.05	\$23.16	\$10.05	\$23.16
35-39	\$14.11	\$31.88	\$14.11	\$31.88
40-44	\$19.08	\$42.83	\$19.08	\$42.83
45-49	\$24.10	\$52.63	\$24.10	\$52.63
50-54	\$30.76	\$63.29	\$30.76	\$63.29
55-59	\$36.49	\$70.52	\$36.49	\$70.52
60-64	\$41.21	\$78.90	\$41.21	\$78.90
65-69	\$42.88	\$81.53	\$42.88	\$81.53
70+	\$63.45	\$112.15	\$63.45	\$112.15

Employee Face Amount: \$20,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<25	\$10.49	\$24.46	\$10.49	\$24.46
25-29	\$11.84	\$27.33	\$11.84	\$27.33
30-34	\$14.65	\$32.94	\$14.65	\$32.94
35-39	\$21.47	\$47.78	\$21.47	\$47.78
40-44	\$30.61	\$68.26	\$30.61	\$68.26
45-49	\$40.39	\$87.93	\$40.39	\$87.93
50-54	\$53.75	\$109.40	\$53.75	\$109.40
55-59	\$65.54	\$124.76	\$65.54	\$124.76
60-64	\$75.31	\$143.07	\$75.31	\$143.07
65-69	\$79.39	\$150.85	\$79.39	\$150.85
70+	\$122.47	\$214.77	\$122.47	\$214.77

Employee Face Amount: \$30,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<25	\$14.06	\$32.27	\$14.06	\$32.27
25-29	\$15.47	\$35.28	\$15.47	\$35.28
30-34	\$19.24	\$42.73	\$19.24	\$42.73
35-39	\$28.83	\$63.67	\$28.83	\$63.67
40-44	\$42.14	\$93.70	\$42.14	\$93.70
45-49	\$56.68	\$123.23	\$56.68	\$123.23
50-54	\$76.74	\$155.51	\$76.74	\$155.51
55-59	\$94.60	\$178.99	\$94.60	\$178.99
60-64	\$109.41	\$207.24	\$109.41	\$207.24
65-69	\$115.89	\$220.18	\$115.89	\$220.18
70+	\$181.48	\$317.39	\$181.48	\$317.39

\* Rates are based on your (the subscriber's) current age but will increase as you move into a higher age-band.



## Hospital Indemnity Plan

Coverage	Cost
Yourself only	\$29.63
Yourself & spouse	\$59.26
Yourself plus child(ren)	\$53.33
Yourself and family	\$82.96

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**THESE PLANS DO NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THESE ARE A SUPPLEMENT TO HEALTH INSURANCE AND NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.**

**Plans are underwritten by Aetna Life Insurance Company (Aetna).** Insurance plans contain exclusions and limitations. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Policies may not be available in all states, and rates and benefits may vary by location. Supplemental health plans provide limited benefits. The benefit payments are not intended to cover the full cost of medical care. Providers are independent contractors and are not agents of Aetna. This material is for information only and is not an offer or invitation to contract. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to [www.aetna.com](http://www.aetna.com).

**Financial Sanctions Exclusions Clause:** If coverage provided by this policy violates or will violate any US economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the United States, unless permitted under a valid written Office of Foreign Assets Control (OFAC) license. For more information on OFAC, visit

<http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx>.

**Policy forms issued in Oklahoma and Idaho include:** GR-96841, AL HPOL-VOL Acc 01, AL HCOC-VOL Acc 01; GR-96842; AL HCOC-VOL CI 01, AL HPOL-VOL CI 01; AL VOL HPOL-Hosp 01 and AL VOL HCOC-Hosp 01.



# Discrimination is Against the Law

Aetna Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with 45 CFR § 92.101(a)(2)). Aetna Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aetna Inc.:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call [1-800-872-3862](tel:1-800-872-3862) (TTY: [711](tel:711)) or the number on the back of your ID card.

If you believe that Aetna Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

## Civil Rights Coordinator

Attn: 1557 Coordinator

CVS Pharmacy, Inc.

1 CVS Drive, MC 2332,

Woonsocket, RI 02895

Phone: [1-800-648-7817](tel:1-800-648-7817), TTY: [711](tel:711)

Email: [CRCoordinator@aetna.com](mailto:CRCoordinator@aetna.com)

You can file a grievance in person, by mail, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

## U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

[1-800-368-1019](tel:1-800-368-1019), [1-800-537-7697](tel:1-800-537-7697) (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at Aetna Inc.'s website: <https://www.aetna.com/>

English	To access language services at no cost to you, call .
Amharic	እርስዎ ወጪ ሳያወጡ የቋንቋ አገልግሎቶችን ለመድረስ ወደ ይደውሉ።
Arabic	للحصول على خدمات اللغة مجاناً، اتصل على
Armenian	Անվճար լեզվական ծառայություններից օգտվելու համար զանգահարեք հեռախոսահամարով:
Carolinian (Kapasal Falawasch)	ngere aukke ghut alillis reel kapasal Falawasch au fafaingi tilifon ye .
Chamorro	Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang .
Chinese Traditional	如欲使用免費語言服務，請致電 .
Cushitic-Oromo	Tajaajila afaanii bilisaan argachuuf, irratti bilbilaa.
French	Afin d'accéder aux services langagiers sans frais, composez le .
French Creole (Haitian)	Pou w jwenn aksè ak sèvis lang gratis pou ou, rele .
German	Um kostenlos auf Sprachdienste zuzugreifen, rufen Sie an.
Greek	Για να επικοινωνήσετε χωρίς χρέωση με το κέντρο υποστήριξης πελατών στη γλώσσα σας, τηλεφωνήστε στον αριθμό .
Gujarati	તમારે કોઇ તના ખર્ચ વના ભાષાની સેવાઓની પહચ માટે, કોલ કરો .
Hindi	आपके लए बना कसी कमत के भाषा सेवाआ का उपयोग करने के लए, पर कॉल करे।
Hmong	Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu .
Italian	Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero .
Japanese	無料の言語サービスをご利用いただくには、にお電話ください。
Karen	လၢကမၤန့ၣ် ကျီတၢ်မၤစၢၤတၢ်မၤ လၢတလိၣ်လၢတၢ်ညၢၣ်လၢတၢ်စ့ၤ လၢနီၢ်အဂီၢ်, .
Korean	무료로 언어 서비스를 이용하려면 번으로 전화하세요
Laotian	ເພື່ອເຂົ້າເຖິງການບໍລິການພາສາໂດຍບເສຍຄ່າໃຊ້ຈ່າຍໃດໆແກ່ທ່ານ, ໃຫ້ໂທຫາ .
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាផ្លូវភាសាដោយមិនគិតថ្លៃពីអ្នកសូមទូរសព្ទទូរសព្ទ .
Navajo	T'áá ni nizaad k'ehjí bee níká a'doowoł doo bááh ílínígóó koji' hólne' .
Pennsylvanian-Dutch	Um Schprooch Services zu griege mitaus Koscht, ruff .
Persian-Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره تماس بگیرید.
Polish	Aby uzyskać bezpłatny dostęp do usług językowych, zadzwoń pod numer .
Portuguese	Ligue para para receber assistência linguística gratuita.
Punjabi	ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, 'ਤੇ ਫ਼ੋਨ ਕਰੋ।
Russian	Чтобы получить бесплатные языковые услуги, позвоните по номеру .
Samoan	Mo le mauaina o auaunaga tau gagana e aunoa ma se totogi, vala'au le .
Serbo-Croatian	Za besplatne prevodilačke usluge pozovite .
Spanish	Para acceder a los servicios de idiomas sin costo, llame al .
Syriac-Assyrian	ܒܝܠܝܬܐ ܕܝܠܕܐܢܐ ܕܝܠܕܐܢܐ ܕܝܠܕܐܢܐ ܕܝܠܕܐܢܐ ܕܝܠܕܐܢܐ .
Tagalog	Upang ma-access ang mga serbisyo sa wika nang wala kang babayaran, tumawag sa .
Thai	หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทร .
Ukrainian	Щоб отримати безкоштовний доступ до мовних послуг, задзвоніть за номером .
Vietnamese	Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số .