



RATE SHEET

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



Critical Illness Plan*

You may enroll in one option only.

Employee Face Amount: \$15,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<25	\$1.35	\$2.70	\$4.12	\$5.48
25-29	\$1.80	\$3.60	\$4.58	\$6.38
30-34	\$2.32	\$4.65	\$5.10	\$7.42
35-39	\$3.00	\$6.00	\$5.78	\$8.78
40-44	\$4.12	\$8.25	\$6.90	\$11.02
45-49	\$6.30	\$12.60	\$9.07	\$15.38
50-54	\$8.55	\$17.10	\$11.32	\$19.88
55-59	\$11.25	\$22.50	\$14.02	\$25.28
60-64	\$15.52	\$31.05	\$18.30	\$33.82
65-69	\$21.15	\$42.30	\$23.92	\$45.08
70+	\$27.75	\$55.50	\$30.52	\$58.28

Employee Face Amount: \$30,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<25	\$2.70	\$5.40	\$8.25	\$10.95
25-29	\$3.60	\$7.20	\$9.15	\$12.75
30-34	\$4.65	\$9.30	\$10.20	\$14.85
35-39	\$6.00	\$12.00	\$11.55	\$17.55
40-44	\$8.25	\$16.50	\$13.80	\$22.05
45-49	\$12.60	\$25.20	\$18.15	\$30.75
50-54	\$17.10	\$34.20	\$22.65	\$39.75
55-59	\$22.50	\$45.00	\$28.05	\$50.55
60-64	\$31.05	\$62.10	\$36.60	\$67.65
65-69	\$42.30	\$84.60	\$47.85	\$90.15
70+	\$55.50	\$111.00	\$61.05	\$116.55

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

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.

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.



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

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/>

