

Premium Rates for Porting Compass Critical Illness Insurance

Bibb County Public Schools

Group Benefit Plan Number: 66364-6

Premiums are billed on a quarterly basis. Each quarterly bill will include a \$3.50 billing charge. Please see the chart below and use your current age to determine your quarterly cost.

Employee Coverage Quarterly Rates

Non-Tobacco (Includes Wellness Benefit Rider)				Tobacco (Includes Wellness Benefit Rider)			
Issue Age	\$5,000	\$10,000	\$20,000	Issue Age	\$5,000	\$10,000	\$20,000
Under 25	\$15.45	\$23.10	\$38.40	Under 25	\$20.25	\$32.70	\$57.60
25-29	\$15.75	\$23.70	\$39.60	25-29	\$20.85	\$33.90	\$60.00
30-34	\$16.65	\$25.50	\$43.20	30-34	\$22.50	\$37.20	\$66.60
35-39	\$19.05	\$30.30	\$52.80	35-39	\$26.40	\$45.00	\$82.20
40-44	\$23.85	\$39.90	\$72.00	40-44	\$34.20	\$60.60	\$113.40
45-49	\$32.10	\$56.40	\$105.00	45-49	\$47.70	\$87.60	\$167.40
50-54	\$43.20	\$78.60	\$149.40	50-54	\$66.00	\$124.20	\$240.60
55-59	\$56.85	\$105.90	\$204.00	55-59	\$88.65	\$169.50	\$331.20
60-64	\$75.00	\$142.20	\$276.60	60-64	\$118.20	\$228.60	\$449.40
65-69	\$103.35	\$198.90	\$390.00	65-69	\$165.15	\$322.50	\$637.20
70+	\$103.35	\$198.90	\$390.00	70+	\$165.15	\$322.50	\$637.20

Spouse Coverage* Quarterly Rates

Non-Tobacco (Includes Wellness Benefit Rider)			Tobacco (Includes Wellness Benefit Rider)		
Issue Age	\$5,000	\$10,000	Issue Age	\$5,000	\$10,000
Under 25	\$18.15	\$28.50	Under 25	\$24.75	\$41.70
25-29	\$18.60	\$29.40	25-29	\$24.75	\$41.70
30-34	\$20.25	\$32.70	30-34	\$25.50	\$43.20
35-39	\$23.25	\$38.70	35-39	\$28.35	\$48.90
40-44	\$30.30	\$52.80	40-44	\$33.30	\$58.80
45-49	\$41.25	\$74.70	45-49	\$44.85	\$81.90
50-54	\$56.70	\$105.60	50-54	\$62.85	\$117.90
55-59	\$74.55	\$141.30	55-59	\$88.20	\$168.60
60-64	\$97.80	\$187.80	60-64	\$117.75	\$227.70
65-69	\$128.55	\$249.30	65-69	\$155.85	\$303.90
70+	\$128.55	\$249.30	70+	\$206.55	\$405.30

*Spouse rates are based on the age of the spouse.

Children Coverage Quarterly Rates (Includes Wellness Benefit Rider)

Coverage Amount	Rate
\$5,000	\$24.51
\$10,000	\$45.24

Compass Critical Illness Insurance Policy Form #: RL-CI3-POL-12. Form number may vary by state.

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