

Premium rates for continued coverage Critical Illness Insurance

Coweta County Board of Education
Group Benefit Plan Number: 310531

Premiums are reflected on a quarterly basis, with the option to select other frequencies. See the chart(s) below and use your Issue Age to determine your cost. Your Issue Age is based on your age as of the Coverage Effective Date found on page 1 of the portability form. If you have any questions, contact Voya Employee Benefits Customer Service.

Employee Coverage Quarterly Rates

Non-Tobacco User <i>Includes Wellness Benefit Rider</i>				Tobacco User <i>Includes Wellness Benefit Rider</i>			
Issue Age	\$5,000	\$10,000	\$20,000	Issue Age	\$5,000	\$10,000	\$20,000
Under 25	\$9.90	\$19.80	\$39.60	Under 25	\$12.00	\$24.00	\$48.00
25-29	\$10.05	\$20.10	\$40.20	25-29	\$12.15	\$24.30	\$48.60
30-34	\$10.65	\$21.30	\$42.60	30-34	\$13.50	\$27.00	\$54.00
35-39	\$12.60	\$25.20	\$50.40	35-39	\$16.35	\$32.70	\$65.40
40-44	\$16.35	\$32.70	\$65.40	40-44	\$21.30	\$42.60	\$85.20
45-49	\$22.05	\$44.10	\$88.20	45-49	\$29.10	\$58.20	\$116.40
50-54	\$29.85	\$59.70	\$119.40	50-54	\$40.05	\$80.10	\$160.20
55-59	\$39.60	\$79.20	\$158.40	55-59	\$53.70	\$107.40	\$214.80
60-64	\$49.35	\$98.70	\$197.40	60-64	\$69.15	\$138.30	\$276.60
65-69	\$68.40	\$136.80	\$273.60	65-69	\$88.50	\$177.00	\$354.00
70+	\$84.15	\$168.30	\$336.60	70+	\$109.35	\$218.70	\$437.40

Spouse Coverage* Quarterly Rates

Non-Tobacco User <i>Includes Wellness Benefit Rider</i>			Tobacco User <i>Includes Wellness Benefit Rider</i>		
Issue Age	\$5,000	\$10,000	Issue Age	\$5,000	\$10,000
Under 25	\$10.95	\$21.90	Under 25	\$13.50	\$27.00
25-29	\$11.25	\$22.50	25-29	\$13.95	\$27.90
30-34	\$12.30	\$24.60	30-34	\$15.75	\$31.50
35-39	\$14.70	\$29.40	35-39	\$19.35	\$38.70
40-44	\$19.95	\$39.90	40-44	\$26.25	\$52.50
45-49	\$27.30	\$54.60	45-49	\$36.45	\$72.90
50-54	\$36.60	\$73.20	50-54	\$49.50	\$99.00
55-59	\$48.30	\$96.60	55-59	\$66.00	\$132.00
60-64	\$58.05	\$116.10	60-64	\$81.60	\$163.20
65-69	\$76.20	\$152.40	65-69	\$98.85	\$197.70
70+	\$93.90	\$187.80	70+	\$122.25	\$244.50

Children Coverage Quarterly Rates

Includes Wellness Benefit Rider

Coverage Amount	Rate
\$2,500	\$15.30

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

Rates are subject to change. Refer to your certificate and riders for a description of benefits and exclusions.

Critical Illness/Specified Disease Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy form RL-CI4-POL-16, Certificate form RL-CI4-CERT-16. Form numbers may vary by state.

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Premium rates for continued coverage

Accident Insurance

Coweta County Board of Education
Group Benefit Plan Number: 310531

Premiums are reflected on a quarterly basis, with the option to select other frequencies. See the chart(s) below to determine your cost. If you have any questions, contact Voya Employee Benefits Customer Service.

Quarterly Rates

Employee	Spouse	Children
\$35.97	\$11.55	\$30.75

Rates are subject to change. Refer to your certificate and riders for a description of benefits and exclusions.

Accident Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy form RL-ACC3-POL-16, Certificate form RL-ACC3-CERT-16. Form numbers may vary by state.

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Premium rates for continued coverage Hospital Confinement Indemnity Insurance

Coweta County Board of Education
Group Benefit Plan Number: 310531

Premiums are reflected on a quarterly basis, with the option to select other frequencies. See the chart(s) below to determine your cost. If you have any questions, contact Voya Employee Benefits Customer Service.

\$100 daily benefit - Low Plan

Coverage Type	Daily Benefit	Quarterly Rates
Employee	\$100	\$26.31
Spouse	\$100	\$21.36
Children	\$100	\$19.26

\$200 daily benefit - Mid Plan

Coverage Type	Daily Benefit	Quarterly Rates
Employee	\$200	\$49.08
Spouse	\$200	\$40.02
Children	\$200	\$33.00

\$300 daily benefit - High Plan

Coverage Type	Daily Benefit	Quarterly Rates
Employee	\$300	\$71.82
Spouse	\$300	\$58.71
Children	\$300	\$46.86

Rates are subject to change. Refer to your certificate and riders for a description of benefits and exclusions.

Hospital Confinement Indemnity Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy form RL-HI2-POL-18, Certificate form RL-HI2-CERT-18. Form numbers may vary by state.

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