

Premium Rates for Porting
Compass Critical Illness Insurance
 Coweta County Board of Education
 Group Benefit Plan Number: 31053-1

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	\$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 (Includes Wellness Benefit Rider)			Tobacco (Includes Wellness Benefit Rider)		
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.

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

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