



Group Voluntary Critical Illness (Texas)

benefits and amounts

INITIAL CRITICAL ILLNESS BENEFITS*	OPTION 1	OPTION 2	OPTION 3
Heart Attack (100%)	\$10,000	\$20,000	\$30,000
Stroke (100%)	\$10,000	\$20,000	\$30,000
Coronary Artery Bypass Surgery (25%)	\$2,500	\$5,000	\$7,500
Major Organ Transplant (100%)	\$10,000	\$20,000	\$30,000
End Stage Renal Failure (100%)	\$10,000	\$20,000	\$30,000
Waiver of Premium (employee only)	Yes	Yes	Yes
CANCER CRITICAL ILLNESS BENEFITS*			
Invasive Cancer (100%)	\$10,000	\$20,000	\$30,000
Carcinoma in Situ (25%)	\$2,500	\$5,000	\$7,500
ADDITIONAL BENEFITS			
Second Event Initial Critical Illness Benefit	Yes	Yes	Yes
Wellness Benefit (per year)	\$50	\$75	\$100
ADDITIONAL FEATURES			
Remove Pre-existing Condition Limitation	Yes	Yes	Yes
Continuation of Insurance Coverage to Age 70	Yes	Yes	Yes

* Insured employees are eligible for 100% of the benefit amounts listed; covered dependents are eligible for 50% of the employee benefit amount.



premiums

Option 1 – Monthly

Issue Age	\$10,000 non-tobacco		tobacco	
	EE, EE & CH	EE & SP, Family	EE, EE & CH	EE & SP, Family
18-29	\$4.85	\$7.90	\$7.17	\$11.38
30-39	\$8.31	\$13.08	\$13.19	\$20.40
40-49	\$15.30	\$23.57	\$27.69	\$42.16
50-59	\$26.61	\$40.54	\$46.25	\$69.99
60-63	\$43.10	\$65.28	\$76.17	\$114.89
64+	\$56.07	\$84.73	\$100.49	\$151.37

Option 2 – Monthly

Issue Age	\$20,000 non-tobacco		tobacco	
	EE, EE & CH	EE & SP, Family	EE, EE & CH	EE & SP, Family
18-29	\$9.30	\$15.00	\$13.96	\$21.98
30-39	\$16.22	\$25.38	\$25.96	\$40.00
40-49	\$30.22	\$46.37	\$54.98	\$83.52
50-59	\$52.84	\$80.30	\$92.08	\$139.18
60-63	\$85.82	\$129.77	\$151.95	\$228.97
64+	\$111.75	\$168.67	\$200.58	\$301.92

Option 3 – Monthly

Issue Age	\$30,000 non-tobacco		tobacco	
	EE, EE & CH	EE & SP, Family	EE, EE & CH	EE & SP, Family
18-29	\$16.31	\$27.23	\$23.29	\$37.69
30-39	\$26.69	\$42.79	\$41.32	\$64.73
40-49	\$47.68	\$74.29	\$84.84	\$130.02
50-59	\$81.62	\$125.18	\$140.49	\$213.49
60-63	\$131.09	\$199.40	\$230.29	\$348.19
64+	\$169.98	\$257.74	\$303.24	\$457.62

PinnacleCare Fees	EE, EE & CH	EE & SP, F
PinnacleCare (non-ERISA) Monthly	\$2.36	\$3.48

This Quote Expires on 8/16/2017

For Home Office use only:
SQ V.08.15.2016

EE=Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Child(ren); and F = Family