

# Plan Highlights

## Voluntary Group Critical Illness Insurance



### Northwestern Medical Center, Inc.

#### COVERAGE

Voluntary critical illness insurance provides a fixed, lump-sum benefit upon diagnosis of a critical illness, which can include heart attack, stroke, paralysis and more. These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and child care.

#### ELIGIBILITY

**Employees:** Each Active, Full-time employee working 17.5 or more hours per week, and Part-time employee working 17.5 or more hours per week, except any person working on a temporary or seasonal basis.

#### BENEFIT AMOUNT

**Employee:** Choose from a minimum of \$5,000 to a maximum of \$50,000 in \$1,000 increments.

**Spouse:** Choose from a minimum of \$5,000 to a maximum of \$30,000 in \$1,000 increments, not to exceed 100% of approved employee amount.

**Dependent child(ren):** 25% of approved employee amount up to a maximum of \$12,500

#### GUARANTEED ISSUE

Employee: \$20,000

Spouse: \$20,000

Child: all child amounts are guaranteed issue

#### BENEFIT REDUCTION DUE TO AGE

(applicable to employee/spouse coverage)

Age	Original Benefit Reduced To
70	50%

#### CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

#### RATES

See attached Rate Sheet.

#### FEATURES

- ▶ Basic- 100% of Insurance Amount for: Heart Attack, Stroke, Kidney (Renal) Failure, Major Organ Transplant
- ▶ Partial- 25% of Insurance Amount for: Coronary Artery Bypass
- ▶ Lifetime Maximum Benefit per Category- 200% of Insurance Amount
- ▶ Subsequent Occurrence Benefit-(Different Category of Critical Illness diagnosed 6 months or later)- 100% if Basic; 25% if Partial
- ▶ Recurrence Benefit-(Same Category of Critical Illness diagnosed 18 months or later)- 50% if Basic; 12.5% if Partial
- ▶ No First Occurrence Exclusion
- ▶ FMLA / MSLA Continuation
- ▶ Portability to employee age 70
- ▶ Wellness (Health Screening) Benefit- \$75

#### CRITICAL ILLNESS CATEGORIES

<b>Category 1</b> Not Applicable
<b>Category 2</b> Coronary Artery Bypass - 25% Heart Attack - 100% Stroke - 100%
<b>Category 3</b> Kidney (Renal) Failure - 100% Major Organ transplant - 100%

#### EXCLUSIONS

A benefit will not be paid if the Critical Illness is caused by or contributed to by one of the following: an act of war, declared or undeclared; intentionally self-inflicted Injury; commission or attempted commission of a felony; the use of alcohol or drugs unless taken as prescribed by a Physician; a Sickness or Injury that occurs while confined in a penal or correctional institution; cosmetic or elective surgery that is not medically necessary; committing or attempting to commit suicide while sane or insane; participation in a riot or insurrection; a Critical Illness Diagnosed outside of the US unless confirmed within the US; for a Critical Illness which is Diagnosed before or during the Benefit Waiting Period; a Pre-existing Condition unless the Critical Illness has been Diagnosed after a specific period after the Insured's or Insured Dependent's effective date of coverage; or a Heart Attack that occurs within 24 hours of a medical procedure.

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-9401-0111, et al.

# Reliance Standard Voluntary Plans Critical Illness Insurance Premium Table

**Plan Holder: Northwestern Medical Center - VCI # 801059**

**Scheduled Benefit Class 01: Does not include cancer coverage**

Each eligible employee may elect for himself and/or his eligible spouse an amount of insurance shown in the table below.

**Employee/Spouse Premiums:**

**To find you and your spouse's premium -**

- Determine your age band:
  - Your age = your age at your last birthday.
  - Spouse age = employee age.
  - For employees age 70 or older, benefit amounts are reduced according to the age-based reduction chart shown in the Plan Highlights. When selecting an amount of insurance, you must select at pre-age 70 benefit amount.
- Select a benefit from:
  - Select an employee and spouse benefit from the table below.
- Employee and spouse rates change as insured moves from one age bracket to the next, based on the age determination rules.

### Tobacco User Bi-Weekly Premiums

Benefit Amount	Age 0-19	Age 20-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85+
\$5,000	\$0.76	\$0.76	\$0.83	\$1.18	\$1.66	\$2.47	\$3.28	\$4.20	\$5.19	\$6.44	\$6.81	\$11.88	\$11.88	\$11.88	\$11.88
\$6,000	\$0.91	\$0.91	\$1.00	\$1.41	\$1.99	\$2.96	\$3.93	\$5.03	\$6.23	\$7.73	\$8.17	\$14.26	\$14.26	\$14.26	\$14.26
\$7,000	\$1.07	\$1.07	\$1.16	\$1.65	\$2.33	\$3.46	\$4.59	\$5.87	\$7.27	\$9.01	\$9.53	\$16.64	\$16.64	\$16.64	\$16.64
\$8,000	\$1.22	\$1.22	\$1.33	\$1.88	\$2.66	\$3.95	\$5.24	\$6.71	\$8.31	\$10.30	\$10.89	\$19.02	\$19.02	\$19.02	\$19.02
\$9,000	\$1.37	\$1.37	\$1.50	\$2.12	\$2.99	\$4.44	\$5.90	\$7.55	\$9.35	\$11.59	\$12.25	\$21.39	\$21.39	\$21.39	\$21.39
\$10,000	\$1.52	\$1.52	\$1.66	\$2.35	\$3.32	\$4.94	\$6.55	\$8.39	\$10.38	\$12.88	\$13.62	\$23.77	\$23.77	\$23.77	\$23.77
\$11,000	\$1.68	\$1.68	\$1.83	\$2.59	\$3.66	\$5.43	\$7.21	\$9.23	\$11.42	\$14.16	\$14.98	\$26.15	\$26.15	\$26.15	\$26.15
\$12,000	\$1.83	\$1.83	\$1.99	\$2.82	\$3.99	\$5.93	\$7.86	\$10.07	\$12.46	\$15.45	\$16.34	\$28.52	\$28.52	\$28.52	\$28.52
\$13,000	\$1.98	\$1.98	\$2.16	\$3.06	\$4.32	\$6.42	\$8.52	\$10.91	\$13.50	\$16.74	\$17.70	\$30.90	\$30.90	\$30.90	\$30.90
\$14,000	\$2.13	\$2.13	\$2.33	\$3.30	\$4.65	\$6.91	\$9.18	\$11.75	\$14.54	\$18.03	\$19.06	\$33.28	\$33.28	\$33.28	\$33.28
\$15,000	\$2.28	\$2.28	\$2.49	\$3.53	\$4.98	\$7.41	\$9.83	\$12.59	\$15.58	\$19.32	\$20.42	\$35.65	\$35.65	\$35.65	\$35.65
\$16,000	\$2.44	\$2.44	\$2.66	\$3.77	\$5.32	\$7.90	\$10.49	\$13.43	\$16.62	\$20.60	\$21.78	\$38.03	\$38.03	\$38.03	\$38.03
\$17,000	\$2.59	\$2.59	\$2.82	\$4.00	\$5.65	\$8.40	\$11.14	\$14.26	\$17.65	\$21.89	\$23.15	\$40.41	\$40.41	\$40.41	\$40.41
\$18,000	\$2.74	\$2.74	\$2.99	\$4.24	\$5.98	\$8.89	\$11.80	\$15.10	\$18.69	\$23.18	\$24.51	\$42.78	\$42.78	\$42.78	\$42.78
\$19,000	\$2.89	\$2.89	\$3.16	\$4.47	\$6.31	\$9.38	\$12.45	\$15.94	\$19.73	\$24.47	\$25.87	\$45.16	\$45.16	\$45.16	\$45.16
\$20,000	\$3.05	\$3.05	\$3.32	\$4.71	\$6.65	\$9.88	\$13.11	\$16.78	\$20.77	\$25.75	\$27.23	\$47.54	\$47.54	\$47.54	\$47.54
\$21,000	\$3.20	\$3.20	\$3.49	\$4.94	\$6.98	\$10.37	\$13.76	\$17.62	\$21.81	\$27.04	\$28.59	\$49.92	\$49.92	\$49.92	\$49.92
\$22,000	\$3.35	\$3.35	\$3.66	\$5.18	\$7.31	\$10.86	\$14.42	\$18.46	\$22.85	\$28.33	\$29.95	\$52.29	\$52.29	\$52.29	\$52.29
\$23,000	\$3.50	\$3.50	\$3.82	\$5.41	\$7.64	\$11.36	\$15.07	\$19.30	\$23.88	\$29.62	\$31.32	\$54.67	\$54.67	\$54.67	\$54.67
\$24,000	\$3.66	\$3.66	\$3.99	\$5.65	\$7.98	\$11.85	\$15.73	\$20.14	\$24.92	\$30.90	\$32.68	\$57.05	\$57.05	\$57.05	\$57.05
\$25,000	\$3.81	\$3.81	\$4.15	\$5.88	\$8.31	\$12.35	\$16.38	\$20.98	\$25.96	\$32.19	\$34.04	\$59.42	\$59.42	\$59.42	\$59.42

**Reliance Standard Voluntary Plans  
Critical Illness Insurance  
Premium Table  
Plan Holder: Northwestern Medical Center - VCI # 801059**

**Scheduled Benefit Class 01: Does not include cancer coverage**

Each eligible employee may elect for himself and/or his eligible spouse an amount of insurance shown in the table below.

Benefit Amount	Age 0-19	Age 20-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85+
\$26,000	\$3.96	\$3.96	\$4.32	\$6.12	\$8.64	\$12.84	\$17.04	\$21.82	\$27.00	\$33.48	\$35.40	\$61.80	\$61.80	\$61.80	\$61.80
\$27,000	\$4.11	\$4.11	\$4.49	\$6.36	\$8.97	\$13.33	\$17.70	\$22.66	\$28.04	\$34.77	\$36.76	\$64.18	\$64.18	\$64.18	\$64.18
\$28,000	\$4.26	\$4.26	\$4.65	\$6.59	\$9.30	\$13.83	\$18.35	\$23.49	\$29.08	\$36.06	\$38.12	\$66.55	\$66.55	\$66.55	\$66.55
\$29,000	\$4.42	\$4.42	\$4.82	\$6.83	\$9.64	\$14.32	\$19.01	\$24.33	\$30.12	\$37.34	\$39.48	\$68.93	\$68.93	\$68.93	\$68.93
\$30,000	\$4.57	\$4.57	\$4.98	\$7.06	\$9.97	\$14.82	\$19.66	\$25.17	\$31.15	\$38.63	\$40.85	\$71.31	\$71.31	\$71.31	\$71.31
\$31,000	\$4.72	\$4.72	\$5.15	\$7.30	\$10.30	\$15.31	\$20.32	\$26.01	\$32.19	\$39.92	\$42.21	\$73.68	\$73.68	\$73.68	\$73.68
\$32,000	\$4.87	\$4.87	\$5.32	\$7.53	\$10.63	\$15.80	\$20.97	\$26.85	\$33.23	\$41.21	\$43.57	\$76.06	\$76.06	\$76.06	\$76.06
\$33,000	\$5.03	\$5.03	\$5.48	\$7.77	\$10.97	\$16.30	\$21.63	\$27.69	\$34.27	\$42.49	\$44.93	\$78.44	\$78.44	\$78.44	\$78.44
\$34,000	\$5.18	\$5.18	\$5.65	\$8.00	\$11.30	\$16.79	\$22.28	\$28.53	\$35.31	\$43.78	\$46.29	\$80.82	\$80.82	\$80.82	\$80.82
\$35,000	\$5.33	\$5.33	\$5.82	\$8.24	\$11.63	\$17.28	\$22.94	\$29.37	\$36.35	\$45.07	\$47.65	\$83.19	\$83.19	\$83.19	\$83.19
\$36,000	\$5.48	\$5.48	\$5.98	\$8.47	\$11.96	\$17.78	\$23.59	\$30.21	\$37.38	\$46.36	\$49.02	\$85.57	\$85.57	\$85.57	\$85.57
\$37,000	\$5.64	\$5.64	\$6.15	\$8.71	\$12.30	\$18.27	\$24.25	\$31.05	\$38.42	\$47.64	\$50.38	\$87.95	\$87.95	\$87.95	\$87.95
\$38,000	\$5.79	\$5.79	\$6.31	\$8.94	\$12.63	\$18.77	\$24.90	\$31.88	\$39.46	\$48.93	\$51.74	\$90.32	\$90.32	\$90.32	\$90.32
\$39,000	\$5.94	\$5.94	\$6.48	\$9.18	\$12.96	\$19.26	\$25.56	\$32.72	\$40.50	\$50.22	\$53.10	\$92.70	\$92.70	\$92.70	\$92.70
\$40,000	\$6.09	\$6.09	\$6.65	\$9.42	\$13.29	\$19.75	\$26.22	\$33.56	\$41.54	\$51.51	\$54.46	\$95.08	\$95.08	\$95.08	\$95.08
\$41,000	\$6.24	\$6.24	\$6.81	\$9.65	\$13.62	\$20.25	\$26.87	\$34.40	\$42.58	\$52.80	\$55.82	\$97.45	\$97.45	\$97.45	\$97.45
\$42,000	\$6.40	\$6.40	\$6.98	\$9.89	\$13.96	\$20.74	\$27.53	\$35.24	\$43.62	\$54.08	\$57.18	\$99.83	\$99.83	\$99.83	\$99.83
\$43,000	\$6.55	\$6.55	\$7.14	\$10.12	\$14.29	\$21.24	\$28.18	\$36.08	\$44.65	\$55.37	\$58.55	\$102.21	\$102.21	\$102.21	\$102.21
\$44,000	\$6.70	\$6.70	\$7.31	\$10.36	\$14.62	\$21.73	\$28.84	\$36.92	\$45.69	\$56.66	\$59.91	\$104.58	\$104.58	\$104.58	\$104.58
\$45,000	\$6.85	\$6.85	\$7.48	\$10.59	\$14.95	\$22.22	\$29.49	\$37.76	\$46.73	\$57.95	\$61.27	\$106.96	\$106.96	\$106.96	\$106.96
\$46,000	\$7.01	\$7.01	\$7.64	\$10.83	\$15.29	\$22.72	\$30.15	\$38.60	\$47.77	\$59.23	\$62.63	\$109.34	\$109.34	\$109.34	\$109.34
\$47,000	\$7.16	\$7.16	\$7.81	\$11.06	\$15.62	\$23.21	\$30.80	\$39.44	\$48.81	\$60.52	\$63.99	\$111.72	\$111.72	\$111.72	\$111.72
\$48,000	\$7.31	\$7.31	\$7.98	\$11.30	\$15.95	\$23.70	\$31.46	\$40.28	\$49.85	\$61.81	\$65.35	\$114.09	\$114.09	\$114.09	\$114.09
\$49,000	\$7.46	\$7.46	\$8.14	\$11.53	\$16.28	\$24.20	\$32.11	\$41.11	\$50.88	\$63.10	\$66.72	\$116.47	\$116.47	\$116.47	\$116.47
\$50,000	\$7.62	\$7.62	\$8.31	\$11.77	\$16.62	\$24.69	\$32.77	\$41.95	\$51.92	\$64.38	\$68.08	\$118.85	\$118.85	\$118.85	\$118.85

**Please read this important information**

- You may not have coverage as both an employee and as a dependent.
- Employee must have coverage in order for spouse and dependent children to be covered.

*Please note, these rates are approximate and subject to change.*

**Reliance Standard Voluntary Plans  
Critical Illness Insurance  
Premium Table  
Plan Holder: Northwestern Medical Center - VCI # 801059**

**Scheduled Benefit Class 01: Does not include cancer coverage**

Each eligible employee may elect for himself and/or his eligible spouse an amount of insurance shown in the table below.

**Non-Tobacco User Bi-Weekly Premiums**

<b>Benefit Amount</b>	<b>Age 0-19</b>	<b>Age 20-24</b>	<b>Age 25-29</b>	<b>Age 30-34</b>	<b>Age 35-39</b>	<b>Age 40-44</b>	<b>Age 45-49</b>	<b>Age 50-54</b>	<b>Age 55-59</b>	<b>Age 60-64</b>	<b>Age 65-69</b>	<b>Age 70-74</b>	<b>Age 75-79</b>	<b>Age 80-84</b>	<b>Age 85+</b>
\$5,000	\$0.51	\$0.51	\$0.51	\$0.65	\$0.85	\$1.20	\$1.57	\$2.05	\$2.68	\$3.46	\$4.08	\$7.87	\$7.87	\$7.87	\$7.87
\$6,000	\$0.61	\$0.61	\$0.61	\$0.78	\$1.02	\$1.44	\$1.88	\$2.46	\$3.21	\$4.15	\$4.90	\$9.44	\$9.44	\$9.44	\$9.44
\$7,000	\$0.71	\$0.71	\$0.71	\$0.90	\$1.20	\$1.68	\$2.20	\$2.88	\$3.75	\$4.85	\$5.72	\$11.02	\$11.02	\$11.02	\$11.02
\$8,000	\$0.81	\$0.81	\$0.81	\$1.03	\$1.37	\$1.92	\$2.51	\$3.29	\$4.28	\$5.54	\$6.54	\$12.59	\$12.59	\$12.59	\$12.59
\$9,000	\$0.91	\$0.91	\$0.91	\$1.16	\$1.54	\$2.16	\$2.82	\$3.70	\$4.82	\$6.23	\$7.35	\$14.16	\$14.16	\$14.16	\$14.16
\$10,000	\$1.02	\$1.02	\$1.02	\$1.29	\$1.71	\$2.40	\$3.14	\$4.11	\$5.35	\$6.92	\$8.17	\$15.74	\$15.74	\$15.74	\$15.74
\$11,000	\$1.12	\$1.12	\$1.12	\$1.42	\$1.88	\$2.64	\$3.45	\$4.52	\$5.89	\$7.62	\$8.99	\$17.31	\$17.31	\$17.31	\$17.31
\$12,000	\$1.22	\$1.22	\$1.22	\$1.55	\$2.05	\$2.88	\$3.77	\$4.93	\$6.42	\$8.31	\$9.80	\$18.89	\$18.89	\$18.89	\$18.89
\$13,000	\$1.32	\$1.32	\$1.32	\$1.68	\$2.22	\$3.12	\$4.08	\$5.34	\$6.96	\$9.00	\$10.62	\$20.46	\$20.46	\$20.46	\$20.46
\$14,000	\$1.42	\$1.42	\$1.42	\$1.81	\$2.39	\$3.36	\$4.39	\$5.75	\$7.50	\$9.69	\$11.44	\$22.03	\$22.03	\$22.03	\$22.03
\$15,000	\$1.52	\$1.52	\$1.52	\$1.94	\$2.56	\$3.60	\$4.71	\$6.16	\$8.03	\$10.38	\$12.25	\$23.61	\$23.61	\$23.61	\$23.61
\$16,000	\$1.62	\$1.62	\$1.62	\$2.07	\$2.73	\$3.84	\$5.02	\$6.57	\$8.57	\$11.08	\$13.07	\$25.18	\$25.18	\$25.18	\$25.18
\$17,000	\$1.73	\$1.73	\$1.73	\$2.20	\$2.90	\$4.08	\$5.34	\$6.98	\$9.10	\$11.77	\$13.89	\$26.76	\$26.76	\$26.76	\$26.76
\$18,000	\$1.83	\$1.83	\$1.83	\$2.33	\$3.07	\$4.32	\$5.65	\$7.39	\$9.64	\$12.46	\$14.70	\$28.33	\$28.33	\$28.33	\$28.33
\$19,000	\$1.93	\$1.93	\$1.93	\$2.46	\$3.24	\$4.56	\$5.96	\$7.80	\$10.17	\$13.15	\$15.52	\$29.90	\$29.90	\$29.90	\$29.90
\$20,000	\$2.03	\$2.03	\$2.03	\$2.58	\$3.42	\$4.80	\$6.28	\$8.22	\$10.71	\$13.85	\$16.34	\$31.48	\$31.48	\$31.48	\$31.48
\$21,000	\$2.13	\$2.13	\$2.13	\$2.71	\$3.59	\$5.04	\$6.59	\$8.63	\$11.24	\$14.54	\$17.16	\$33.05	\$33.05	\$33.05	\$33.05
\$22,000	\$2.23	\$2.23	\$2.23	\$2.84	\$3.76	\$5.28	\$6.90	\$9.04	\$11.78	\$15.23	\$17.97	\$34.62	\$34.62	\$34.62	\$34.62
\$23,000	\$2.34	\$2.34	\$2.34	\$2.97	\$3.93	\$5.52	\$7.22	\$9.45	\$12.31	\$15.92	\$18.79	\$36.20	\$36.20	\$36.20	\$36.20
\$24,000	\$2.44	\$2.44	\$2.44	\$3.10	\$4.10	\$5.76	\$7.53	\$9.86	\$12.85	\$16.62	\$19.61	\$37.77	\$37.77	\$37.77	\$37.77
\$25,000	\$2.54	\$2.54	\$2.54	\$3.23	\$4.27	\$6.00	\$7.85	\$10.27	\$13.38	\$17.31	\$20.42	\$39.35	\$39.35	\$39.35	\$39.35
\$26,000	\$2.64	\$2.64	\$2.64	\$3.36	\$4.44	\$6.24	\$8.16	\$10.68	\$13.92	\$18.00	\$21.24	\$40.92	\$40.92	\$40.92	\$40.92
\$27,000	\$2.74	\$2.74	\$2.74	\$3.49	\$4.61	\$6.48	\$8.47	\$11.09	\$14.46	\$18.69	\$22.06	\$42.49	\$42.49	\$42.49	\$42.49
\$28,000	\$2.84	\$2.84	\$2.84	\$3.62	\$4.78	\$6.72	\$8.79	\$11.50	\$14.99	\$19.38	\$22.87	\$44.07	\$44.07	\$44.07	\$44.07
\$29,000	\$2.94	\$2.94	\$2.94	\$3.75	\$4.95	\$6.96	\$9.10	\$11.91	\$15.53	\$20.08	\$23.69	\$45.64	\$45.64	\$45.64	\$45.64
\$30,000	\$3.05	\$3.05	\$3.05	\$3.88	\$5.12	\$7.20	\$9.42	\$12.32	\$16.06	\$20.77	\$24.51	\$47.22	\$47.22	\$47.22	\$47.22
\$31,000	\$3.15	\$3.15	\$3.15	\$4.01	\$5.29	\$7.44	\$9.73	\$12.73	\$16.60	\$21.46	\$25.32	\$48.79	\$48.79	\$48.79	\$48.79
\$32,000	\$3.25	\$3.25	\$3.25	\$4.14	\$5.46	\$7.68	\$10.04	\$13.14	\$17.13	\$22.15	\$26.14	\$50.36	\$50.36	\$50.36	\$50.36
\$33,000	\$3.35	\$3.35	\$3.35	\$4.26	\$5.64	\$7.92	\$10.36	\$13.56	\$17.67	\$22.85	\$26.96	\$51.94	\$51.94	\$51.94	\$51.94
\$34,000	\$3.45	\$3.45	\$3.45	\$4.39	\$5.81	\$8.16	\$10.67	\$13.97	\$18.20	\$23.54	\$27.78	\$53.51	\$53.51	\$53.51	\$53.51
\$35,000	\$3.55	\$3.55	\$3.55	\$4.52	\$5.98	\$8.40	\$10.98	\$14.38	\$18.74	\$24.23	\$28.59	\$55.08	\$55.08	\$55.08	\$55.08
\$36,000	\$3.66	\$3.66	\$3.66	\$4.65	\$6.15	\$8.64	\$11.30	\$14.79	\$19.27	\$24.92	\$29.41	\$56.66	\$56.66	\$56.66	\$56.66
\$37,000	\$3.76	\$3.76	\$3.76	\$4.78	\$6.32	\$8.88	\$11.61	\$15.20	\$19.81	\$25.62	\$30.23	\$58.23	\$58.23	\$58.23	\$58.23
\$38,000	\$3.86	\$3.86	\$3.86	\$4.91	\$6.49	\$9.12	\$11.93	\$15.61	\$20.34	\$26.31	\$31.04	\$59.81	\$59.81	\$59.81	\$59.81

**Reliance Standard Voluntary Plans  
Critical Illness Insurance  
Premium Table  
Plan Holder: Northwestern Medical Center - VCI # 801059**

**Scheduled Benefit Class 01: Does not include cancer coverage**

Each eligible employee may elect for himself and/or his eligible spouse an amount of insurance shown in the table below.

Benefit Amount	Age 0-19	Age 20-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85+
\$39,000	\$3.96	\$3.96	\$3.96	\$5.04	\$6.66	\$9.36	\$12.24	\$16.02	\$20.88	\$27.00	\$31.86	\$61.38	\$61.38	\$61.38	\$61.38
\$40,000	\$4.06	\$4.06	\$4.06	\$5.17	\$6.83	\$9.60	\$12.55	\$16.43	\$21.42	\$27.69	\$32.68	\$62.95	\$62.95	\$62.95	\$62.95
\$41,000	\$4.16	\$4.16	\$4.16	\$5.30	\$7.00	\$9.84	\$12.87	\$16.84	\$21.95	\$28.38	\$33.49	\$64.53	\$64.53	\$64.53	\$64.53
\$42,000	\$4.26	\$4.26	\$4.26	\$5.43	\$7.17	\$10.08	\$13.18	\$17.25	\$22.49	\$29.08	\$34.31	\$66.10	\$66.10	\$66.10	\$66.10
\$43,000	\$4.37	\$4.37	\$4.37	\$5.56	\$7.34	\$10.32	\$13.50	\$17.66	\$23.02	\$29.77	\$35.13	\$67.68	\$67.68	\$67.68	\$67.68
\$44,000	\$4.47	\$4.47	\$4.47	\$5.69	\$7.51	\$10.56	\$13.81	\$18.07	\$23.56	\$30.46	\$35.94	\$69.25	\$69.25	\$69.25	\$69.25
\$45,000	\$4.57	\$4.57	\$4.57	\$5.82	\$7.68	\$10.80	\$14.12	\$18.48	\$24.09	\$31.15	\$36.76	\$70.82	\$70.82	\$70.82	\$70.82
\$46,000	\$4.67	\$4.67	\$4.67	\$5.94	\$7.86	\$11.04	\$14.44	\$18.90	\$24.63	\$31.85	\$37.58	\$72.40	\$72.40	\$72.40	\$72.40
\$47,000	\$4.77	\$4.77	\$4.77	\$6.07	\$8.03	\$11.28	\$14.75	\$19.31	\$25.16	\$32.54	\$38.40	\$73.97	\$73.97	\$73.97	\$73.97
\$48,000	\$4.87	\$4.87	\$4.87	\$6.20	\$8.20	\$11.52	\$15.06	\$19.72	\$25.70	\$33.23	\$39.21	\$75.54	\$75.54	\$75.54	\$75.54
\$49,000	\$4.98	\$4.98	\$4.98	\$6.33	\$8.37	\$11.76	\$15.38	\$20.13	\$26.23	\$33.92	\$40.03	\$77.12	\$77.12	\$77.12	\$77.12
\$50,000	\$5.08	\$5.08	\$5.08	\$6.46	\$8.54	\$12.00	\$15.69	\$20.54	\$26.77	\$34.62	\$40.85	\$78.69	\$78.69	\$78.69	\$78.69

**Dependent Child(ren):**

Your dependent child(ren) is eligible for a benefit amount of 25% of your Critical Illness benefit election, limited to a maximum of \$12,500.

**To calculate Dependent Child(ren) Benefit:**

Employee Benefit Amount x 25% = Dependent Child(ren) Benefit. No rounding needed.

**To calculate Dependent Child(ren) Premium:**

Dependent Child(ren) Benefit/1000 x 0.014.

Please Note: *One rate and benefit amount for all eligible children in family, regardless of number.*

**Please read this important information**

- You may not have coverage as both an employee and as a dependent.
- Employee must have coverage in order for spouse and dependent children to be covered.

*Please note, these rates are approximate and subject to change.*