

Critical Illness Rate Table

Effective 8/12/16



FLORIDA

To determine your client's monthly premium:

Find your client's age, gender, and tobacco class in the chart below.

	Age	MALE		FEMALE	
		Non-tobacco	Tobacco	Non-tobacco	Tobacco
\$10,000 Benefit level	18-29	\$7.08	\$7.92	\$6.67	\$7.50
	30-34	\$9.33	\$11.67	\$8.83	\$11.08
	35-39	\$12.33	\$15.58	\$11.67	\$14.67
	40-44	\$16.00	\$22.83	\$14.83	\$21.25
	45-49	\$23.42	\$35.75	\$20.58	\$31.33
	50-54	\$34.00	\$54.58	\$27.92	\$44.75
	55-59	\$43.33	\$72.75	\$33.75	\$56.66
\$20,000 Benefit level	18-29	\$14.17	\$15.83	\$13.33	\$15.00
	30-34	\$18.67	\$23.33	\$17.67	\$22.17
	35-39	\$24.67	\$31.17	\$23.33	\$29.33
	40-44	\$32.00	\$45.66	\$29.67	\$42.50
	45-49	\$46.83	\$71.50	\$41.17	\$62.66
	50-54	\$68.00	\$109.16	\$55.83	\$89.50
	55-59	\$86.66	\$145.49	\$67.50	\$113.33
\$30,000 Benefit level	18-29	\$21.25	\$23.75	\$20.00	\$22.50
	30-34	\$28.00	\$35.00	\$26.50	\$33.25
	35-39	\$37.00	\$46.75	\$35.00	\$44.00
	40-44	\$48.00	\$68.50	\$44.50	\$63.75
	45-49	\$70.25	\$107.25	\$61.75	\$94.00
	50-54	\$102.00	\$163.74	\$83.75	\$134.24
	55-59	\$129.99	\$218.24	\$101.25	\$169.99
\$40,000 Benefit level	18-29	\$28.33	\$31.67	\$26.67	\$30.00
	30-34	\$37.33	\$46.66	\$35.33	\$44.33
	35-39	\$49.33	\$62.33	\$46.66	\$58.66
	40-44	\$64.00	\$91.33	\$59.33	\$85.00
	45-49	\$93.66	\$142.99	\$82.33	\$125.33
	50-54	\$135.99	\$218.32	\$111.66	\$178.99
	55-59	\$173.33	\$290.99	\$134.99	\$226.66
\$50,000 Benefit level	18-29	\$35.42	\$39.58	\$33.33	\$37.50
	30-34	\$46.66	\$58.33	\$44.16	\$55.41
	35-39	\$61.66	\$77.91	\$58.33	\$73.33
	40-44	\$80.00	\$114.16	\$74.16	\$106.25
	45-49	\$117.08	\$178.74	\$102.91	\$156.66
	50-54	\$169.99	\$272.91	\$139.58	\$223.74
	55-59	\$216.66	\$363.74	\$168.74	\$283.32

Note: The rates disclosed in this document are deemed reliable, but not guaranteed. In the event of a discrepancy, customers will be charged the rate on file with the applicable state DOI.

Golden Rule Insurance Company is the underwriter of these plans.

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Primary Monthly Premium (chart above) _____
Spouse (if to be covered at same Benefit level)
Monthly Premium (chart above) + _____
Estimated Initial Monthly Payment = _____