



Trustmark Critical HealthEvents® - Group insurance

Sample Rates for Warren County R-III School District

Maximum Guaranteed Issue Benefit Amounts	
Employee	\$30,000
Spouse	50% of Employee benefit amount
Child	25% of Employee benefit amount

Employee must be covered in order to cover spouse and/or children.

Monthly Rates (assumes deductions of 12 times per year)					
Non-Tobacco Rates: Employee Benefit Amount					
Employee - Only	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
< 36	\$6.20	\$8.45	\$10.70	\$12.95	\$15.20
36 - 40	\$10.00	\$14.15	\$18.30	\$22.45	\$26.60
41 - 45	\$14.00	\$20.15	\$26.30	\$32.45	\$38.60
46 - 50	\$18.90	\$27.50	\$36.10	\$44.70	\$53.30
51 - 55	\$24.10	\$35.30	\$46.50	\$57.70	\$68.90
56 - 60	\$32.00	\$47.15	\$62.30	\$77.45	\$92.60
61 - 65	\$43.20	\$63.95	\$84.70	\$105.45	\$126.20
66 - 70	\$60.30	\$89.60	\$118.90	\$148.20	\$177.50
71 - 75	\$78.30	\$116.60	\$154.90	\$193.20	\$231.50
> 75	\$95.70	\$142.70	\$189.70	\$236.70	\$283.70
Employee + Spouse	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
< 36	\$10.12	\$13.52	\$16.92	\$20.32	\$23.72
36 - 40	\$15.92	\$22.22	\$28.52	\$34.82	\$41.12
41 - 45	\$22.22	\$31.67	\$41.12	\$50.57	\$60.02
46 - 50	\$30.02	\$43.37	\$56.72	\$70.07	\$83.42
51 - 55	\$38.62	\$56.27	\$73.92	\$91.57	\$109.22
56 - 60	\$51.72	\$75.92	\$100.12	\$124.32	\$148.52
61 - 65	\$69.62	\$102.77	\$135.92	\$169.07	\$202.22
66 - 70	\$96.72	\$143.42	\$190.12	\$236.82	\$283.52
71 - 75	\$125.12	\$186.02	\$246.92	\$307.82	\$368.72
> 75	\$152.22	\$226.67	\$301.12	\$375.57	\$450.02
Employee + Child(ren)	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
< 36	\$9.43	\$12.08	\$14.73	\$17.38	\$20.03
36 - 40	\$13.13	\$17.63	\$22.13	\$26.63	\$31.13
41 - 45	\$17.13	\$23.63	\$30.13	\$36.63	\$43.13
46 - 50	\$22.03	\$30.98	\$39.93	\$48.88	\$57.83
51 - 55	\$27.23	\$38.78	\$50.33	\$61.88	\$73.43
56 - 60	\$35.13	\$50.63	\$66.13	\$81.63	\$97.13
61 - 65	\$46.33	\$67.43	\$88.53	\$109.63	\$130.73
66 - 70	\$63.43	\$93.08	\$122.73	\$152.38	\$182.03
71 - 75	\$81.43	\$120.08	\$158.73	\$197.38	\$236.03
> 75	\$98.83	\$146.18	\$193.53	\$240.88	\$288.23
Family	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
< 36	\$13.94	\$17.74	\$21.54	\$25.34	\$29.14
36 - 40	\$19.74	\$26.44	\$33.14	\$39.84	\$46.54
41 - 45	\$26.04	\$35.89	\$45.74	\$55.59	\$65.44
46 - 50	\$33.94	\$47.74	\$61.54	\$75.34	\$89.14
51 - 55	\$42.54	\$60.64	\$78.74	\$96.84	\$114.94
56 - 60	\$55.54	\$80.14	\$104.74	\$129.34	\$153.94
61 - 65	\$73.54	\$107.14	\$140.74	\$174.34	\$207.94
66 - 70	\$100.54	\$147.64	\$194.74	\$241.84	\$288.94
71 - 75	\$128.94	\$190.24	\$251.54	\$312.84	\$374.14

> 75	\$156.14	\$231.04	\$305.94	\$380.84	\$455.74
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Monthly Rates (assumes deductions of 12 times per year)					
Tobacco Rates: Employee Benefit Amount					
Employee - Only	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
< 36	\$7.20	\$9.95	\$12.70	\$15.45	\$18.20
36 - 40	\$13.20	\$18.95	\$24.70	\$30.45	\$36.20
41 - 45	\$20.70	\$30.20	\$39.70	\$49.20	\$58.70
46 - 50	\$30.50	\$44.90	\$59.30	\$73.70	\$88.10
51 - 55	\$42.20	\$62.45	\$82.70	\$102.95	\$123.20
56 - 60	\$60.10	\$89.30	\$118.50	\$147.70	\$176.90
61 - 65	\$87.60	\$130.55	\$173.50	\$216.45	\$259.40
66 - 70	\$122.60	\$183.05	\$243.50	\$303.95	\$364.40
71 - 75	\$151.20	\$225.95	\$300.70	\$375.45	\$450.20
> 75	\$174.20	\$260.45	\$346.70	\$432.95	\$519.20
Employee + Spouse	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
< 36	\$11.72	\$15.92	\$20.12	\$24.32	\$28.52
36 - 40	\$21.12	\$30.02	\$38.92	\$47.82	\$56.72
41 - 45	\$33.32	\$48.32	\$63.32	\$78.32	\$93.32
46 - 50	\$49.32	\$72.32	\$95.32	\$118.32	\$141.32
51 - 55	\$68.62	\$101.27	\$133.92	\$166.57	\$199.22
56 - 60	\$98.02	\$145.37	\$192.72	\$240.07	\$287.42
61 - 65	\$142.72	\$212.42	\$282.12	\$351.82	\$421.52
66 - 70	\$199.02	\$296.87	\$394.72	\$492.57	\$590.42
71 - 75	\$245.32	\$366.32	\$487.32	\$608.32	\$729.32
> 75	\$282.12	\$421.52	\$560.92	\$700.32	\$839.72
Employee + Child(ren)	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
< 36	\$10.33	\$13.43	\$16.53	\$19.63	\$22.73
36 - 40	\$16.33	\$22.43	\$28.53	\$34.63	\$40.73
41 - 45	\$23.83	\$33.68	\$43.53	\$53.38	\$63.23
46 - 50	\$33.63	\$48.38	\$63.13	\$77.88	\$92.63
51 - 55	\$45.33	\$65.93	\$86.53	\$107.13	\$127.73
56 - 60	\$63.23	\$92.78	\$122.33	\$151.88	\$181.43
61 - 65	\$90.73	\$134.03	\$177.33	\$220.63	\$263.93
66 - 70	\$125.73	\$186.53	\$247.33	\$308.13	\$368.93
71 - 75	\$154.33	\$229.43	\$304.53	\$379.63	\$454.73
> 75	\$177.33	\$263.93	\$350.53	\$437.13	\$523.73
Family	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
< 36	\$15.54	\$20.14	\$24.74	\$29.34	\$33.94
36 - 40	\$25.04	\$34.39	\$43.74	\$53.09	\$62.44
41 - 45	\$37.14	\$52.54	\$67.94	\$83.34	\$98.74
46 - 50	\$53.24	\$76.69	\$100.14	\$123.59	\$147.04
51 - 55	\$72.54	\$105.64	\$138.74	\$171.84	\$204.94
56 - 60	\$101.84	\$149.59	\$197.34	\$245.09	\$292.84
61 - 65	\$146.54	\$216.64	\$286.74	\$356.84	\$426.94
66 - 70	\$202.94	\$301.24	\$399.54	\$497.84	\$596.14
71 - 75	\$249.24	\$370.69	\$492.14	\$613.59	\$735.04
> 75	\$286.04	\$425.89	\$565.74	\$705.59	\$845.44

Note: For Issue Age Rates, your rates will not increase due to age.

Note: The premium discounts reflected here will only apply if three or more lines of coverage are placed. Trustmark will remove this discount if three or more lines of coverage are not placed with the employer.

This is a brief description of benefits under forms CII 820 and CII 820 C MET. Sample rates are show for illustrative purposes only; rates may vary. This critical illness/specified disease insurance certificate provides supplemental health insurance coverage, which pays a limited, lump-sum benefit for specified diseases only. It is not a substitute for medical expense insurance, major medical expense insurance or a health benefit plan alternative. It does not provide comprehensive medical coverage. It is not intended to pay all medical costs associated with the specified diseases and is not designed to provide coverage for other medical conditions or illnesses. It is also not a Medicare Supplement policy, nor is it a policy of worker's compensation. Coverage issued may differ from what is described here; your certificate and outline of coverage, if applicable, will contain complete information. Separation periods and limitations on pre-existing conditions may apply. Benefits, definitions, exclusions and limitations and form numbers may vary by state. For exact costs, coverage details and terms, see your agent or write the company. Underwriting conditions may vary, and determine eligibility for the offer of insurance. Trustmark® and Trustmark Critical HealthEvents® are registered trademarks of Trustmark Insurance Company. NOTE: If you have previously elected Trustmark critical illness coverage, your existing policy may differ from what is described here.