

GROUP CRITICAL ILLNESS INSURANCE PREMIUM WORKSHEET



For Employees of:
CITY OF LEAWOOD (Policyholder)

This worksheet will assist you in determining the premium for the coverage you elect for yourself and any dependent(s). The amounts presented below may vary from amount(s) provided to you when you enroll or from amount(s) you actually pay for the coverage due to rounding or changes in your age/how your age is calculated for purposes of this coverage.

A few important things to know:

- Employee and Spouse premiums are determined/calculated using the Employee's current age.
- Premiums for Employee and Spouse coverage will increase over time as the Employee reaches the starting age of each subsequent age band.
- Coverage for any Dependent Child(ren) is automatic with Employee enrollment/participation. A separate premium is not required for child coverage.
- Please contact the Policyholder or your benefits administrator if questions or for additional information on premiums for this coverage.

CLASS & POLICY INFORMATION

Eligible Class(es): All Eligible Full-Time Employees

Policy Situs/Issue State: Kansas

Policy Number: VCI-882201

Policy Effective Date: January 1, 2023

Policy Anniversary: January 1

EMPLOYEE PREMIUMS (12 PREMIUM/PAYROLL DEDUCTIONS PER YEAR)

Coverage Amount	Age												
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
\$10,000	\$5.00	\$6.10	\$7.10	\$8.50	\$10.90	\$15.60	\$21.30	\$28.10	\$38.50	\$52.30	\$67.30	\$84.90	\$102.40
\$20,000	\$10.00	\$12.20	\$14.20	\$17.00	\$21.80	\$31.20	\$42.60	\$56.20	\$77.00	\$104.60	\$134.60	\$169.80	\$204.80

SPOUSE PREMIUMS (12 PREMIUM/PAYROLL DEDUCTIONS PER YEAR)

Coverage Amount	Age												
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
\$10,000	\$3.20	\$4.20	\$5.50	\$7.20	\$9.80	\$14.90	\$19.30	\$24.60	\$32.90	\$44.00	\$58.70	\$75.10	\$91.30
\$20,000	\$6.40	\$8.40	\$11.00	\$14.40	\$19.60	\$29.80	\$38.60	\$49.20	\$65.80	\$88.00	\$117.40	\$150.20	\$182.60