



Law Enforcement Management Unit

Bi-Weekly RATES

ACCIDENT w/ wellness - option 3

INDIVIDUAL	SINGLE PARENT	INSURED & SPOUSE	FULL FAMILY
\$15.00	\$22.56	\$19.62	\$28.08

HOSPITAL CHOICE 500 (EBR and HSSCR Riders)

Age	INDIVIDUAL	SINGLE PARENT	INSURED & SPOUSE	FULL FAMILY
18-49	\$22.14	\$33.48	\$37.92	\$42.18
50-59	\$25.62	\$35.58	\$46.14	\$49.68
60-64	\$29.28	\$40.38	\$52.20	\$56.94

CANCER Protection Assurance (BB)

	INDIVIDUAL	SINGLE PARENT	INSURED & SPOUSE	FULL FAMILY
Kids - no charge	\$18.21	\$18.21	\$33.09	\$33.09

Critical Care Protection - Option 3

	INDIVIDUAL	SINGLE PARENT	INSURED & SPOUSE	FULL FAMILY
18-35	\$9.84	\$15.72	\$19.02	\$21.24
36-45	\$14.94	\$19.92	\$27.06	\$29.22
46-55	\$21.66	\$25.80	\$40.56	\$42.84
56-64	\$29.40	\$35.76	\$56.70	\$60.36

Dental Essentials

	INDIVIDUAL	SINGLE PARENT	INSURED & SPOUSE	FULL FAMILY
18-64	\$11.10	\$19.44	\$19.56	\$28.02

Vision

	INDIVIDUAL	SINGLE PARENT	INSURED & SPOUSE	FULL FAMILY
18-39	6.42	10.57	10.11	13.34
40-49	8.72	12.18	14.72	17.22
50-65	\$13.11	\$15.18	\$22.57	\$23.03