

Optional Critical Illness Premium Calculator

Guaranteed Issue (Level 1)

For applications submitted within 30 days of registration or employment, or during open enrollment (August 1 - 31, 2017). No medical evidence required; subject to pre-existing condition clause. \$25,000 maximum.

Step 1: Select age, sex, and smoking status

Female

Male

Step 2: Select amount of coverage

Monthly Premium:

plus 8% RST

Medical Evidence (Level 2)

For applications submitted more than 30 days after registration or employment, or outside of open enrollment. Subject to approval based on medical evidence. Total per insured person cannot exceed \$150,000 (including \$10,000 basic coverage for AOMBT plan members).

Step 1: Select age, sex, and smoking status

Female

Male

Step 2: Select amount of coverage

Monthly Premium:

plus 8% RST

Child Coverage

Coverage can be purchased for dependent children in conjunction with coverage for plan members and/or spouse/partner. \$5,000 (\$0.75/month) or \$10,000 (\$1.50/month).

