

# THE CANCER SERIES MONTHLY BAN

## THE CANCER ULTIMATE III with \$100 Wellness Benefit \$25,000 Per Calendar Year Radiation and Chemotherapy For States of AR, SC

Hospital Room Benefit	TYPE COVERAGE	ISSUE AGES			
		0-39	40-54	55-69	70-79
\$300 Daily	2 Parent Family	54.55	62.95	97.85	119.55
	1 Parent Family	34.70	40.30	60.50	78.30
	Individual Only	29.15	33.85	50.65	65.45
\$250 Daily	2 Parent Family	52.55	60.95	95.85	117.55
	1 Parent Family	33.50	39.10	59.30	77.10
	Individual Only	28.15	32.85	49.65	64.45
\$200 Daily	2 Parent Family	50.55	58.95	93.85	115.55
	1 Parent Family	32.30	37.90	58.10	75.90
	Individual Only	27.15	31.85	48.65	63.45
\$100 Daily	2 Parent Family	46.55	54.95	89.85	111.55
	1 Parent Family	29.90	35.50	55.70	73.50
	Individual Only	25.15	29.85	46.65	61.45
<b>\$20,000 Per Calendar Year Radiation and Chemotherapy</b>					
\$300 Daily	2 Parent Family	51.65	59.55	92.15	114.25
	1 Parent Family	32.90	37.90	57.10	74.70
	Individual Only	27.65	31.85	47.85	62.45
\$250 Daily	2 Parent Family	49.65	57.55	90.15	112.25
	1 Parent Family	31.70	36.70	55.90	73.50
	Individual Only	26.65	30.85	46.85	61.45
\$200 Daily	2 Parent Family	47.65	55.55	88.15	110.25
	1 Parent Family	30.50	35.50	54.70	72.30
	Individual Only	25.65	29.85	45.85	60.45
\$100 Daily	2 Parent Family	43.65	51.55	84.15	106.25
	1 Parent Family	28.10	33.10	52.30	69.90
	Individual Only	23.65	27.85	43.85	58.45
<b>\$15,000 Per Calendar Year Radiation and Chemotherapy</b>					
\$300 Daily	2 Parent Family	48.65	55.75	85.85	107.55
	1 Parent Family	31.00	35.70	53.70	70.90
	Individual Only	26.05	29.95	44.95	59.35
\$250 Daily	2 Parent Family	46.65	53.75	83.85	105.55
	1 Parent Family	29.80	34.50	52.50	69.70
	Individual Only	25.05	28.95	43.95	58.35
\$200 Daily	2 Parent Family	44.65	51.75	81.85	103.55
	1 Parent Family	28.60	33.30	51.30	68.50
	Individual Only	24.05	27.95	42.95	57.35
\$100 Daily	2 Parent Family	40.65	47.75	77.85	99.55
	1 Parent Family	26.20	30.90	48.90	66.10
	Individual Only	22.05	25.95	40.95	55.35
<b>\$10,000 Per Calendar Year Radiation and Chemotherapy</b>					
\$300 Daily	2 Parent Family	45.55	51.75	79.35	100.55
	1 Parent Family	28.90	33.10	49.90	67.00
	Individual Only	24.35	27.85	41.85	56.05
\$250 Daily	2 Parent Family	43.55	49.75	77.35	98.55
	1 Parent Family	27.70	31.90	48.70	65.80
	Individual Only	23.35	26.85	40.85	55.05
\$200 Daily	2 Parent Family	41.55	47.75	75.35	96.55
	1 Parent Family	26.50	30.70	47.50	64.60
	Individual Only	22.35	25.85	39.85	54.05
\$100 Daily	2 Parent Family	37.55	43.75	71.35	92.55
	1 Parent Family	24.10	28.30	45.10	62.20
	Individual Only	20.35	23.85	37.85	52.05

## THE CANCER ULTIMATE III \$25,000 Per Calendar Year Radiation and Chemotherapy For States of AR, SC

Hospital Room Benefit	TYPE COVERAGE	ISSUE AGES			
		0-39	40-54	55-69	70-79
\$300 Daily	2 Parent Family	49.50	57.90	92.80	114.50
	1 Parent Family	31.80	37.40	57.60	75.40
	Individual Only	26.50	31.20	48.00	62.80
\$250 Daily	2 Parent Family	47.50	55.90	90.80	112.50
	1 Parent Family	30.60	36.20	56.40	74.20
	Individual Only	25.50	30.20	47.00	61.80
\$200 Daily	2 Parent Family	45.50	53.90	88.80	110.50
	1 Parent Family	29.40	35.00	55.20	73.00
	Individual Only	24.50	29.20	46.00	60.80
\$100 Daily	2 Parent Family	41.50	49.90	84.80	106.50
	1 Parent Family	27.00	32.60	52.80	70.60
	Individual Only	22.50	27.20	44.00	58.80
<b>\$20,000 Per Calendar Year Radiation and Chemotherapy</b>					
\$300 Daily	2 Parent Family	46.60	54.50	87.10	109.20
	1 Parent Family	30.00	35.00	54.20	71.80
	Individual Only	25.00	29.20	45.20	59.80
\$250 Daily	2 Parent Family	44.60	52.50	85.10	107.20
	1 Parent Family	28.80	33.80	53.00	70.60
	Individual Only	24.00	28.20	44.20	58.80
\$200 Daily	2 Parent Family	42.60	50.50	83.10	105.20
	1 Parent Family	27.60	32.60	51.80	69.40
	Individual Only	23.00	27.20	43.20	57.80
\$100 Daily	2 Parent Family	38.60	46.50	79.10	101.20
	1 Parent Family	25.20	30.20	49.40	67.00
	Individual Only	21.00	25.20	41.20	55.80
<b>\$15,000 Per Calendar Year Radiation and Chemotherapy</b>					
\$300 Daily	2 Parent Family	43.60	50.70	80.80	102.50
	1 Parent Family	28.10	32.80	50.80	68.00
	Individual Only	23.40	27.30	42.30	56.70
\$250 Daily	2 Parent Family	41.60	48.70	78.80	100.50
	1 Parent Family	26.90	31.60	49.60	66.80
	Individual Only	22.40	26.30	41.30	55.70
\$200 Daily	2 Parent Family	39.60	46.70	76.80	98.50
	1 Parent Family	25.70	30.40	48.40	65.60
	Individual Only	21.40	25.30	40.30	54.70
\$100 Daily	2 Parent Family	35.60	42.70	72.80	94.50
	1 Parent Family	23.30	28.00	46.00	63.20
	Individual Only	19.40	23.30	38.30	52.70
<b>\$10,000 Per Calendar Year Radiation and Chemotherapy</b>					
\$300 Daily	2 Parent Family	40.50	46.70	74.30	95.50
	1 Parent Family	26.00	30.20	47.00	64.10
	Individual Only	21.70	25.20	39.20	53.40
\$250 Daily	2 Parent Family	38.50	44.70	72.30	93.50
	1 Parent Family	24.80	29.00	45.80	62.90
	Individual Only	20.70	24.20	38.20	52.40
\$200 Daily	2 Parent Family	36.50	42.70	70.30	91.50
	1 Parent Family	23.60	27.80	44.60	61.70
	Individual Only	19.70	23.20	37.20	51.40
\$100 Daily	2 Parent Family	32.50	38.70	66.30	87.50
	1 Parent Family	21.20	25.40	42.20	59.30
	Individual Only	17.70	21.20	35.20	49.40

# DRAFT (NON-PAYROLL) PREMIUM RATES

THE CANCER ECONOMIZER III \$25,000 Per Calendar Year Radiation and Chemotherapy For States of AR, SC					
Hospital Room Benefit	TYPE COVERAGE	ISSUE AGES			
		0-39	40-54	55-69	70-79
\$200 Daily	2 Parent Family	38.88	46.28	75.18	91.88
	1 Parent Family	24.90	29.90	46.50	60.10
	Individual Only	20.75	24.95	38.75	50.05
\$100 Daily	2 Parent Family	34.88	42.28	71.18	87.88
	1 Parent Family	22.50	27.50	44.10	57.70
	Individual Only	18.75	22.95	36.75	48.05
\$20,000 Per Calendar Year Radiation and Chemotherapy					
\$200 Daily	2 Parent Family	35.98	42.88	69.48	86.58
	1 Parent Family	23.10	27.50	43.10	56.50
	Individual Only	19.25	22.95	35.95	47.05
\$100 Daily	2 Parent Family	31.98	38.88	65.48	82.58
	1 Parent Family	20.70	25.10	40.70	54.10
	Individual Only	17.25	20.95	33.95	45.05
\$15,000 Per Calendar Year Radiation and Chemotherapy					
\$200 Daily	2 Parent Family	32.98	39.08	63.18	79.88
	1 Parent Family	21.20	25.30	39.70	52.70
	Individual Only	17.65	21.05	33.05	43.95
\$100 Daily	2 Parent Family	28.98	35.08	59.18	75.88
	1 Parent Family	18.80	22.90	37.30	50.30
	Individual Only	15.65	19.05	31.05	41.95
\$10,000 Per Calendar Year Radiation and Chemotherapy					
\$200 Daily	2 Parent Family	29.88	35.08	56.68	72.88
	1 Parent Family	19.10	22.70	35.90	48.80
	Individual Only	15.95	18.95	29.95	40.65
\$100 Daily	2 Parent Family	25.88	31.08	52.68	68.88
	1 Parent Family	16.70	20.30	33.50	46.40
	Individual Only	13.95	16.95	27.95	38.65

FIRST OCCURRENCE BENEFIT HC 74-06 For States of AR, SC						
TYPE COVERAGE	\$5,000			\$2,500.00		
	Issue Ages					
	0-39	40-54	55-74	0-39	40-54	55-74
2 Parent Family	5.50	12.70	16.90	2.75	6.35	8.45
1 Parent Family	3.20	7.40	9.80	1.60	3.70	4.90
Individual Only	2.90	6.70	8.90	1.45	3.35	4.45

**PREMIUM CALCULATIONS**  
To calculate premiums other than monthly for the Cancer Series - as well as all available Riders - simply multiply the monthly premium x 12 for annual, x 6 for semi-annual and x 3 for quarterly.  
Monthly Direct Bill NOT available.

INTENSIVE CARE (I-66) with step-down coverage			
TYPE COVERAGE	Intensive Care		
	\$300 Per Day	\$450 Per Day	\$600 Per Day
Ages 18-49			
2 Parent Family	8.00	12.00	16.00
1 Parent Family	5.50	8.25	11.00
Individual Only	4.50	6.75	9.00
Ages 50-59			
2 Parent Family	14.00	21.00	28.00
1 Parent Family	9.60	14.40	19.20
Individual Only	7.90	11.85	15.80
Ages 60-70			
2 Parent Family	20.30	30.45	40.60
1 Parent Family	14.00	21.00	28.00
Individual Only	11.40	17.10	22.80

DREAD DISEASE & INTENSIVE CARE (I-63) highest level only For States of AR, SC				
TYPE COVERAGE	Dread Disease Benefit	Intensive Care		
		\$300 Per Day	\$450 Per Day	\$600 Per Day
Thru Age 79		Thru Age 60		
2 Parent Family	1.70	7.80	11.70	15.60
1 Parent Family	1.10	5.60	8.40	11.20
Individual Only	1.00	4.65	7.00	9.30
		Age 61 Thru Age 70		
2 Parent Family		12.50	18.75	25.00
1 Parent Family		8.95	13.45	17.90
Individual Only		7.45	11.20	14.90

FIRST OCCURRENCE BENEFIT HC 40-91 For States of AR, SC				
TYPE COVERAGE	First Occurrence Benefit			
	0-39	40-54	55-69	70-74
One Unit				
2 Parent Family	6.50	7.50	11.50	12.50
1 Parent Family	5.10	6.30	8.80	9.90
Individual Only	4.30	5.30	7.30	8.30
One Half Unit				
2 Parent Family	3.25	3.75	5.75	6.25
1 Parent Family	2.55	3.15	4.40	4.95
Individual Only	2.15	2.65	3.65	4.15