Category 1: Heart Attack, Stroke, Heart Transplant, Coronary Bypass Surgery, Angioplasty/Stent
Category 2: Major Organ Transplant, End-Stage Renal Failure, Paralysis, Burns
Category 3: Invasive Cancer, Carcinoma in Situ, Prostate Cancer(TNM Classification of T1), Skin Cancer, $50 Cancer Wellness

Monthly Premiums

		Age	$10,000	$15,000	$20,000	$25,000	$30,000	$35,000	$40,000	$45,000	$50,000
Non-Tobacco User	Employee	18-35	$ 8.50	$ 11.75	$ 15.00	$ 18.25	$ 21.50	$ 24.75	$ 28.00	$ 31.25	$ 34.50
		36-45	15.20	21.80	28.40	35.00	41.60	48.20	54.80	61.40	68.00
		46-55	26.30	38.45	50.60	62.75	74.90	87.05	99.20	111.35	123.50
		56-60	38.40	56.60	74.80	93.00	111.20	129.40	147.60	165.80	184.00
		61-65	57.80	85.70	113.60	141.50	169.40	197.30	225.20	253.10	281.00
		66+	64.80	96.20	127.60	159.00	190.40	221.80	253.20	284.60	316.00
	1 Parent Family	18-35	$ 8.90	$ 12.35	$ 15.80	$ 19.25	$ 22.70	$ 26.15	$ 29.60	$ 33.05	$ 36.50
		36-45	15.60	22.40	29.20	36.00	42.80	49.60	56.40	63.20	70.00
		46-55	26.70	39.05	51.40	63.75	76.10	88.45	100.80	113.15	125.50
		56-60	38.80	57.20	75.60	94.00	112.40	130.80	149.20	167.60	186.00
		61-65	58.20	86.30	114.40	142.50	170.60	198.70	226.80	254.90	283.00
		66+	65.20	96.80	128.40	160.00	191.60	223.20	254.80	286.40	318.00
	2 Parent Family	18-35	$ 11.20	$ 15.80	$ 20.40	$ 25.00	$ 29.60	$ 34.20	$ 38.80	$ 43.40	$ 48.00
		36-45	21.30	30.95	40.60	50.25	59.90	69.55	79.20	88.85	98.50
		46-55	37.50	55.25	73.00	90.75	108.50	126.25	144.00	161.75	179.50
		56-60	55.20	81.80	108.40	135.00	161.60	188.20	214.80	241.40	268.00
		61-65	83.70	124.55	165.40	206.25	247.10	287.95	328.80	369.65	410.50
		66+	95.00	141.50	188.00	234.50	281.00	327.50	374.00	420.50	467.00

		Age	$10,000	$15,000	$20,000	$25,000	$30,000	$35,000	$40,000	$45,000	$50,000
Tobacco User	Employee	18-35	$ 14.40	$ 20.60	$ 26.80	$ 33.00	$ 39.20	$ 45.40	$ 51.60	$ 57.80	$ 64.00
		36-45	30.70	45.05	59.40	73.75	88.10	102.45	116.80	131.15	145.50
		46-55	61.00	90.50	120.00	149.50	179.00	208.50	238.00	267.50	297.00
		56-60	97.70	145.55	193.40	241.25	289.10	336.95	384.80	432.65	480.50
		61-65	106.50	158.75	211.00	263.25	315.50	367.75	420.00	472.25	524.50
		66+	118.70	177.05	235.40	293.75	352.10	410.45	468.80	527.15	585.50
	1 Parent Family	18-35	$ 14.80	$ 21.20	$ 27.60	$ 34.00	$ 40.40	$ 46.80	$ 53.20	$ 59.60	$ 66.00
		36-45	31.10	45.65	60.20	74.75	89.30	103.85	118.40	132.95	147.50
		46-55	61.40	91.10	120.80	150.50	180.20	209.90	239.60	269.30	299.00
		56-60	98.10	146.15	194.20	242.25	290.30	338.35	386.40	434.45	482.50
		61-65	106.90	159.35	211.80	264.25	316.70	369.15	421.60	474.05	526.50
		66+	119.10	177.65	236.20	294.75	353.30	411.85	470.40	528.95	587.50
	2 Parent Family	18-35	$ 19.40	$ 28.10	$ 36.80	$ 45.50	$ 54.20	$ 62.90	$ 71.60	$ 80.30	$ 89.00
		36-45	42.90	63.35	83.80	104.25	124.70	145.15	165.60	186.05	206.50
		46-55	85.50	127.25	169.00	210.75	252.50	294.25	336.00	377.75	419.50
		56-60	136.00	203.00	270.00	337.00	404.00	471.00	538.00	605.00	672.00
		61-65	147.60	220.40	293.20	366.00	438.80	511.60	584.40	657.20	730.00
		66+	166.40	248.60	330.80	413.00	495.20	577.40	659.60	741.80	824.00

This custom plan is incomplete without a state-specific proposal or brochure, which describes the benefits, exclusions, and limitations of policy form CPCI0200 or state variation thereof.

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