

The Hartford - Effective	January 1, 2019		
	Rate		
oluntary Life:			
	Monthly Premium R	ate Per \$1,000 of Coverage	e
	Age		
Active Employee & Retiree Rates as of 1/1/2019:	< 25	\$0.04	
	25-29	\$0.04	
	30-34	\$0.05	
	35-39	\$0.06	
	40-44	\$0.07	
	45-49	\$0.11	
	50-54	\$0.16	
	55-59	\$0.29	
	60-64	\$0.53	
	65-69	\$1.02	
	70-74	\$1.66	
	75+	\$1.97	
		7	
/oluntary Dependent Life:			
	Monthly Premium R	ate Per \$1,000 of Coverag	e
	Age	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Active Employee Spouse Rates as of 1/1/2019:	< 25	\$0.04	
	25-29	\$0.04	
	30-34	\$0.05	
	35-39	\$0.06	
	40-44	\$0.07	
	45-49	\$0.11	
	50-54	\$0.16	
	55-59	\$0.29	
	60-64	\$0.53	
	65-69	\$1.02	
	70-74	\$1.66	
	75+	\$1.97	
Active Employee Child Rates as of 1/1/2019:	\$1.00	Monthly Per Unit	Flat \$10,000
Active Employee Child Rates as of 17172019.	\$2.00	Monthly Per Unit	Flat \$20,000
	ψ2.00	Monthly Fer Offic	1 Ιαι ψ20,000
Retiree Spouse & Child Rate as of 1/1/2019:	\$1.67	Monthly Per Unit	
Telliee Spouse & Ciliid Rate as Or 1/1/2015.	Monthly Rate	Monthly Fer Offic	
/oluntary Stand Alone AD&D:	Wiontiny Nate		
Employee Only:	¢0 03	Per \$1,000	
Spouse Only:		Per \$1,000	
Child Only:		Per \$1,000	
Offind Offiny.	ψ0.03	Fer \$1,000	
/oluntary Short Term Disability - FLEX:			
8 Day Sickness/8 Day Accident/26 Week Duration:		Monthly Rate	Rate Basis
5 Day Glorifosoro Day Modiachie 20 Week Duration.	< 35	\$14.26	Per \$100 Weekly Benefit
	35 - 49	\$9.01	. c. \$100 fronty bollont
	50 - 59	\$10.90	
		\$13.98	
	331	Monthly Rate	Rate Basis
15 Day Sickness/15 Day Accident/26 Week Duration:	< 35	\$12.45	Per \$100 Weekly Benefit
15 Day Sickness/15 Day Accident/26 Week Duration:		\$7.50	. S. WIGO TYCONY DONOIT
15 Day Sickness/15 Day Accident/26 Week Duration:			
15 Day Sickness/15 Day Accident/26 Week Duration:	35 - 49		
15 Day Sickness/15 Day Accident/26 Week Duration:	35 - 49 50 - 59	\$8.87	
	35 - 49 50 - 59 60+	\$8.87 \$11.38	Rate Racie
15 Day Sickness/15 Day Accident/26 Week Duration:  30 Day Sickness/30 Day Accident/26 Week Duration:	35 - 49 50 - 59 60+	\$8.87 \$11.38 Monthly Rate	Rate Basis
	35 - 49 50 - 59 60+ < 35	\$8.87 \$11.38 Monthly Rate \$10.26	Rate Basis Per \$100 Weekly Benefit
	35 - 49 50 - 59 60+ < 35 35 - 49	\$8.87 \$11.38 Monthly Rate \$10.26 \$5.00	
	35 - 49 50 - 59 60+ < 35	\$8.87 \$11.38 Monthly Rate \$10.26	

<sup>&</sup>quot;This chart is intended for informational purposes only. For details of coverage, including benefits payable, exclusions, any reductions or limitations, and terms under which the policy may be continued in force or terminated, please refer to the Benefit Highlight Sheets available through The Hartford's online enrollment platform, BenSelect or contact the Teachers and Employees Association (TEA) of Kansas State University."