

Extends coverage to dependent children at no additional cost.

EMPLOYEE MONTHLY RATES											
	\$10,000		\$15,000		\$20,000		\$25,000		\$30,000		
AGE	Non-Tobacco	Торассо	Non-Tobacco	Товассо	Non-Tobacco	Товассо	Non-Tobacco	Товассо	Non-Tobacco	Торассо	
18-29	\$7.28	\$10.92	\$8.98	\$14.42	\$10.66	\$17.90	\$12.34	\$21.40	\$14.02	\$24.90	
30-39	\$11.48	\$18.20	\$15.32	\$25.32	\$19.10	\$32.46	\$22.90	\$39.62	\$26.68	\$46.74	
40-49	\$20.82	\$34.34	\$29.28	\$49.54	\$37.72	\$64.74	\$46.16	\$79.94	\$54.60	\$95.16	
50-59	\$35.98	\$60.90	\$52.04	\$89.40	\$68.06	\$117.86	\$84.10	\$146.38	\$100.14	\$174.84	
60 & Over	\$59.10	\$101.22	\$86.68	\$149.90	\$114.28	\$198.56	\$141.88	\$247.22	\$169.48	\$295.86	

SPOUSE MONTHLY RATES											
	\$5,000		\$7,500		\$10,000		\$12,500		\$15,000		
AGE	Non-Tobacco	Торассо	Non-Tobacco	Tobacco	Non-Tobacco	Товассо	Non-Tobacco	Товассо	Non-Tobacco	Товассо	
18-29	\$5.02	\$7.44	\$5.56	\$9.22	\$6.08	\$11.02	\$6.66	\$12.76	\$7.20	\$14.52	
30-39	\$7.30	\$11.68	\$8.96	\$15.60	\$10.66	\$19.48	\$12.32	\$23.38	\$14.04	\$27.26	
40-49	\$12.42	\$21.16	\$16.66	\$29.78	\$20.92	\$38.42	\$25.18	\$47.06	\$29.42	\$55.64	
50-59	\$20.68	\$36.52	\$29.08	\$52.86	\$37.46	\$69.14	\$45.88	\$85.44	\$54.24	\$101.76	
60-69	\$33.36	\$60.00	\$48.06	\$88.06	\$62.80	\$116.08	\$77.50	\$144.14	\$92.24	\$172.16	

*Higher benefit amounts are available up to a maximum Employee benefit amount of \$50,000 This insert must be used in conjunction with SB-32243(FF) and any state specific deviations thereof.



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