



**Kankakee County**  
**Semi-Monthly**  
**Class B**

ACCIDENT ADVANTAGE	
OPTION 3	AGE 18-70
INDIVIDUAL	\$ 13.46
INSURED/SPOUSE	\$ 17.94
ONE PARENT FAMILY	\$ 20.87
FAMILY	\$ 26.26

**SHORT TERM DISABILITY**  
**6 MONTH BENEFIT PERIOD**  
**0 Day Wait For Accident**  
**14 Day Wait For Sickness**

INCOME/MONTHLY**	AGE 18-49	AGE 50-64
\$22,000/\$1100 per month	\$15.02	\$20.02
\$24,000/\$1200 per month	\$16.38	\$21.84
\$26,000/\$1300 per month	\$17.75	\$23.66
\$28,000/\$1400 per month	\$19.11	\$25.48
\$30,000/\$1500 per month	\$20.48	\$27.30
\$32,000/\$1600 per month	\$21.84	\$29.12
\$34,000/\$1700 per month	\$23.21	\$30.94
\$36,000/\$1800 per month	\$24.57	\$32.76
\$38,000/\$1900 per month	\$25.94	\$34.58
\$40,000/\$2000 per month	\$27.30	\$36.40
\$42,000/\$2100 per month	\$28.67	\$38.22
\$44,000/\$2200 per month	\$30.03	\$40.04
\$46,000/\$2300 per month	\$31.40	\$41.86
\$48,000/\$2400 per month	\$32.76	\$43.68
\$50,000/\$2500 per month	\$34.13	\$45.50
\$52,000/\$2600 per month	\$35.49	\$47.32
\$54,000/\$2700 per month	\$36.86	\$49.14
\$56,000/\$2800 per month	\$38.22	\$50.96
\$58,000/\$2900 per month	\$39.59	\$52.78
\$60,000/\$3000 per month	\$40.95	\$54.60

CANCER PROTECTION ASSURANCE	
OPTION 2	AGE 18-75
INDIVIDUAL	\$ 20.18
ONE PARENT FAMILY	\$ 20.64
INSURED & SPOUSE	\$ 36.30
TWO PARENT FAMILY	\$ 36.76

DENTAL	
OPTION 2	AGE 18-75
INDIVIDUAL	\$19.18
INSURED/SPOUSE	\$37.57
ONE PARENT FAMILY	\$37.31
FAMILY	\$56.10

CRITICAL ILLNESS PLUS RIDER				
	AGE 18-29	30-39	40-49	50-70
INDIVIDUAL	\$1.56	\$2.21	\$3.77	\$6.44
ONE PARENT FAMILY	\$3.12	\$3.38	\$4.55	\$8.63
INSURED/SPOUSE	\$2.93	\$4.36	\$7.15	\$12.29
TWO PARENT FAMILY	\$3.77	\$4.88	\$7.35	\$12.35

HOSPITAL CHOICE						
OPTION 1		AGE	BASE HOSPITAL PLAN	EXTENDED BENEFITS RIDER	HOSP STAY & SURGICAL RIDER	TOTAL
\$1,000 CONFINEMENT						
INDIVIDUAL		18-49	\$ 13.26	\$ 5.72	\$ 9.04	\$ 28.02
INDIVIDUAL		50-59	\$ 13.52	\$ 6.50	\$ 11.57	\$ 31.59
INDIVIDUAL		60-75	\$ 13.91	\$ 6.57	\$ 15.08	\$ 35.56
ONE PARENT FAMILY		18-49	\$ 16.84	\$ 11.38	\$ 12.48	\$ 40.70
ONE PARENT FAMILY		50-59	\$ 17.10	\$ 11.64	\$ 14.24	\$ 42.98
ONE PARENT FAMILY		60-75	\$ 17.36	\$ 11.90	\$ 18.66	\$ 47.92
INSURED & SPOUSE		18-49	\$ 18.79	\$ 12.03	\$ 16.51	\$ 47.33
INSURED & SPOUSE		50-59	\$ 19.89	\$ 13.46	\$ 22.95	\$ 56.30
INSURED & SPOUSE		60-75	\$ 21.26	\$ 13.59	\$ 28.80	\$ 63.65
TWO PARENT FAMILY		18-49	\$ 19.96	\$ 14.56	\$ 16.84	\$ 51.36
TWO PARENT FAMILY		50-59	\$ 20.15	\$ 14.82	\$ 23.21	\$ 58.18
TWO PARENT FAMILY		60-75	\$ 21.52	\$ 15.47	\$ 30.75	\$ 67.74

**VISION NOW**

OPTION 1	AGE 18-39	40-49	50-70
INDIVIDUAL	\$6.95	\$9.45	\$14.20
ONE PARENT FAMILY	\$11.45	\$13.20	\$16.45
INSURED/SPOUSE	\$10.95	\$15.95	\$24.45
TWO PARENT FAMILY	\$14.45	\$18.65	\$24.95

**\*DISABILITY DEDUCTIONS ARE AFTER TAX**  
**\*\*INCOME IS ANNUAL GROSS INCOME**  
**\*\*MONTHLY IS THE MONTHLY BENEFIT QUALIFIED FOR**