GROUP CRITICAL ILLNESS INSURANCE PREMIUM WORKSHEET

For Employees of:

GENTRY FINANCIAL BENEFITS COOPERATIVE

THE HARTFORD

This worksheet will assist you in determining the premium for the coverage you elect for yourself and any dependent(s). The amounts presented below may vary from amount(s) provided to you when you enroll or from amount(s) you actually pay for the coverage due to rounding or changes in your age/how your age is calculated for purposes of this coverage.

A few important things to know:

- Employee and Spouse/Partner premiums are determined/calculated using the Employee's age as of the Policy Effective Date or as of the most recent Policy Anniversary (whichever is later).
- Premiums for Employee and Spouse/Partner coverage will increase over time as the Employee reaches the starting age of each subsequent age band.
- Coverage for any Dependent Child(ren) is automatic with Employee enrollment/participation. A separate premium is not required for child coverage.
- Please contact the Policyholder or your benefits administrator if questions or for additional information on premiums for this coverage.

CLASS & POLICY INFORMATION

Eligible Class(es): All Eligible Employees	
Policy Situs/Issue State: Texas	
Policy Effective Date: September 1, 2025	**Policy Anniversary:** September 1

EMPLOYEE PREMIUMS (12 PREMIUM/PAYROLL DEDUCTIONS PER YEAR)

	Age												
Coverage Amount	**<25**	**25-29**	**30-34**	**35-39**	**40-44**	**45-49**	**50-54**	**55-59**	**60-64**	**65-69**	**70-74**	**75-79**	**80+**
$10,000	**$1.50**	**$1.50**	**$3.40**	**$3.40**	**$8.60**	**$8.60**	**$17.30**	**$17.30**	**$32.90**	**$32.90**	**$41.70**	**$41.70**	**$41.70**
$20,000	**$3.00**	**$3.00**	**$6.80**	**$6.80**	**$17.20**	**$17.20**	**$34.60**	**$34.60**	**$65.80**	**$65.80**	**$83.40**	**$83.40**	**$83.40**
$30,000	**$4.50**	**$4.50**	**$10.20**	**$10.20**	**$25.80**	**$25.80**	**$51.90**	**$51.90**	**$98.70**	**$98.70**	**$125.10**	**$125.10**	**$125.10**

SPOUSE/PARTNER PREMIUMS (12 PREMIUM/PAYROLL DEDUCTIONS PER YEAR)

	Age												
Coverage Amount	**<25**	**25-29**	**30-34**	**35-39**	**40-44**	**45-49**	**50-54**	**55-59**	**60-64**	**65-69**	**70-74**	**75-79**	**80+**
$10,000	**$1.50**	**$1.50**	**$3.40**	**$3.40**	**$8.60**	**$8.60**	**$17.30**	**$17.30**	**$32.90**	**$32.90**	**$41.70**	**$41.70**	**$41.70**
$20,000	**$3.00**	**$3.00**	**$6.80**	**$6.80**	**$17.20**	**$17.20**	**$34.60**	**$34.60**	**$65.80**	**$65.80**	**$83.40**	**$83.40**	**$83.40**
$30,000	**$4.50**	**$4.50**	**$10.20**	**$10.20**	**$25.80**	**$25.80**	**$51.90**	**$51.90**	**$98.70**	**$98.70**	**$125.10**	**$125.10**	**$125.10**