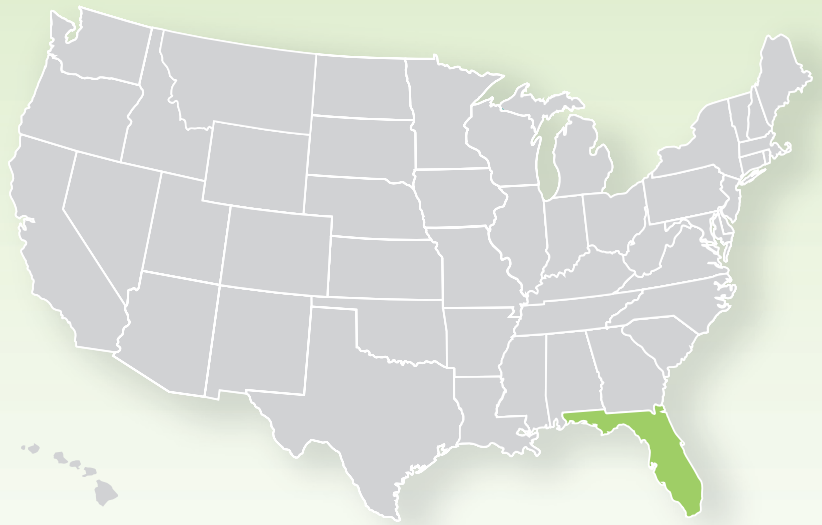


Critical Illness Cash Plan

Rate Sheet
February 2011
Policy - 70620FL



Rates apply to states shaded in green

HUMANA
Guidance when you need it most

Humana Financial Protection Products

Critical Illness Cash Plan • Monthly

Issue Age	Vascular, Cancer and Other Illnesses		Vascular and Other Illnesses		Cancer Only	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
	Base Only	Base Only	Base Only	Base Only	Base Only	Base Only
Individual Monthly Level Premiums per \$5,000						
18-29	2.94	5.13	1.80	3.25	1.57	2.54
30-39	5.12	9.67	3.15	5.65	2.70	4.62
40-49	10.43	19.44	6.10	10.90	4.84	8.17
50-59	18.02	33.40	10.05	17.80	8.21	13.87
60-64	22.60	41.77	13.05	22.30	10.75	19.76
65-69	25.37	48.19	14.15	25.70	12.30	22.89
Single Parent Monthly Level Premiums per \$5,000						
18-29	3.20	5.39	1.98	3.43	1.76	2.73
30-39	5.38	9.93	3.33	5.83	2.89	4.81
40-49	10.69	19.70	6.28	11.08	5.03	8.36
50-59	18.28	33.66	10.23	17.98	8.40	14.06
60-64	22.86	42.03	13.23	22.48	10.94	19.95
65-69	25.63	48.45	14.33	25.88	12.49	23.08
Couple Monthly Level Premiums per \$5,000						

How to determine Couple Rates

Couple Rates = Individual Rate (listed above in the Individual Table) + Spouse Rate (listed below in Spouse Table)

Example: Individual 1 is 27 yrs of age and Spouse is 32 yrs of age

\$5,000 benefit amount / Vascular, Cancer and Other Illness coverage / paid Monthly

Individual 1	2.94
Spouse	+ 5.12
Total Couple Monthly Payment	8.06

Spouse Monthly Level Premiums per \$5,000						
18-29	2.94	5.13	1.80	3.25	1.57	2.54
30-39	5.12	9.67	3.15	5.65	2.70	4.62
40-49	10.43	19.44	6.10	10.90	4.84	8.17
50-59	18.02	33.40	10.05	17.80	8.21	13.87
60-64	22.60	41.77	13.05	22.30	10.75	19.76
65-69	25.37	48.19	14.15	25.70	12.30	22.89
Family Monthly Level Premiums per \$5,000 - See Example						

How to determine Family Rates

Family Rate = Single Parent Rate (listed above in the Single Parent Table) + Spouse Rate (listed above in Spouse Table)

Example: Individual 1 is 27 yrs of age and Spouse is 32 yrs of age

\$5,000 benefit amount / Vascular, Cancer and Other Illness coverage / paid Monthly

Note: Use the Younger Parent when determining the Single Parent Rate

Single Parent (Younger Parent)	3.20
Spouse	+ 5.12
Total Family Monthly Payment	8.32

Critical Illness Cash Plan • Semi-Annual

Issue Age	Vascular, Cancer and Other Illnesses		Vascular and Other Illnesses		Cancer Only	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
	Base Only	Base Only	Base Only	Base Only	Base Only	Base Only
Individual Semi-Annual Level Premiums per \$5,000						
18-29	17.65	30.80	10.80	19.50	9.40	15.23
30-39	30.75	58.03	18.90	33.90	16.20	27.73
40-49	62.58	116.65	36.60	65.40	29.05	49.05
50-59	108.13	200.43	60.30	106.80	49.25	83.20
60-64	135.58	250.63	78.30	133.80	64.50	118.58
65-69	152.25	289.15	84.90	154.20	73.80	137.35
Single Parent Semi-Annual Level Premiums per \$5,000						
18-29	19.21	32.36	11.88	20.58	10.54	16.37
30-39	32.31	59.59	19.98	34.98	17.34	28.87
40-49	64.14	118.21	37.68	66.48	30.19	50.19
50-59	109.69	201.99	61.38	107.88	50.39	84.34
60-64	137.14	252.19	79.38	134.88	65.64	119.72
65-69	153.81	290.71	85.98	155.28	74.94	138.49
Couple Semi-Annual Level Premiums per \$5,000						

How to determine Couple Rates

Couple Rates = Individual Rate (listed above in the Individual Table) + Spouse Rate (listed below in Spouse Table)

Example: Individual 1 is 27 yrs of age and Spouse is 32 yrs of age

\$5,000 benefit amount / Vascular, Cancer and Other Illness coverage / paid Semi-Annually

Individual 1	17.65
Spouse	+30.75
Total Couple Semi-Annual Payment	48.40

Spouse Semi-Annual Level Premiums per \$5,000						
18-29	17.65	30.80	10.80	19.50	9.40	15.23
30-39	30.75	58.03	18.90	33.90	16.20	27.73
40-49	62.58	116.65	36.60	65.40	29.05	49.05
50-59	108.13	200.43	60.30	106.80	49.25	83.20
60-64	135.58	250.63	78.30	133.80	64.50	118.58
65-69	152.25	289.15	84.90	154.20	73.80	137.35
Family Semi-Annual Level Premiums per \$5,000 - See Example						

How to determine Family Rates

Family Rate = Single Parent Rate (listed above in the Single Parent Table) + Spouse Rate (listed above in Spouse Table)

Example: Individual 1 is 27 yrs of age and Spouse is 32 yrs of age

\$5,000 benefit amount / Vascular, Cancer and Other Illness coverage / paid Semi-Annually

Note: Use the Younger Parent when determining the Single Parent Rate

Single Parent (Younger Parent)	19.21
Spouse	+30.75
Total Family Semi-Annual Payment	49.96

Critical Illness Cash Plan • Annual

Issue Age	Vascular, Cancer and Other Illnesses		Vascular and Other Illnesses		Cancer Only	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
	Base Only	Base Only	Base Only	Base Only	Base Only	Base Only
Individual Annual Level Premiums per \$5,000						
18-29	35.30	61.60	21.60	39.00	18.80	30.45
30-39	61.50	116.05	37.80	67.80	32.40	55.45
40-49	125.15	233.30	73.20	130.80	58.10	98.10
50-59	216.25	400.85	120.60	213.60	98.50	166.40
60-64	271.15	501.25	156.60	267.60	129.00	237.15
65-69	304.50	578.30	169.80	308.40	147.60	274.70
Single Parent Annual Level Premiums per \$5,000						
18-29	38.42	64.72	23.76	41.16	21.08	32.73
30-39	64.62	119.17	39.96	69.96	34.68	57.73
40-49	128.27	236.42	75.36	132.96	60.38	100.38
50-59	219.37	403.97	122.76	215.76	100.78	168.68
60-64	274.27	504.37	158.76	269.76	131.28	239.43
65-69	307.62	581.42	171.96	310.56	149.88	276.98
Couple Annual Level Premiums per \$5,000						

How to determine Couple Rates

Couple Rates = Individual Rate (listed above in the Individual Table) + Spouse Rate (listed below in Spouse Table)

Example: Individual 1 is 27 yrs of age and Spouse is 32 yrs of age

\$5,000 benefit amount / Vascular, Cancer and Other Illness coverage / paid Annually

Individual 1	35.30
Spouse	+61.50
Total Couple Annual Payment	96.80

Spouse Annual Level Premiums per \$5,000						
18-29	35.30	61.60	21.60	39.00	18.80	30.45
30-39	61.50	116.05	37.80	67.80	32.40	55.45
40-49	125.15	233.30	73.20	130.80	58.10	98.10
50-59	216.25	400.85	120.60	213.60	98.50	166.40
60-64	271.15	501.25	156.60	267.60	129.00	237.15
65-69	304.50	578.30	169.80	308.40	147.60	274.70
Family Annual Level Premiums per \$5,000 - See Example						

How to determine Family Rates

Family Rate = Single Parent Rate (listed above in the Single Parent Table) + Spouse Rate (listed above in Spouse Table)

Example: Individual 1 is 27 yrs of age and Spouse is 32 yrs of age

\$5,000 benefit amount / Vascular, Cancer and Other Illness coverage / paid Annually

Note: Use the Younger Parent when determining the Single Parent Rate

Single Parent (Younger Parent)	38.42
Spouse	+61.50
Total Family Annual Payment	99.92