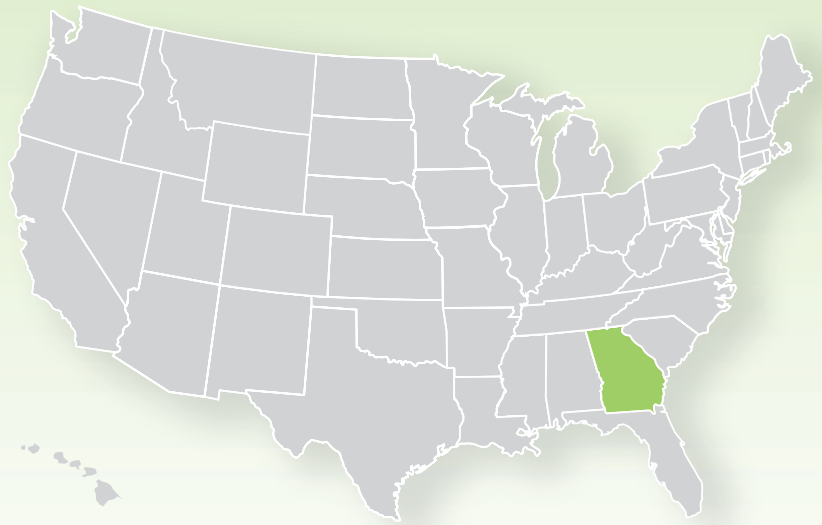


Critical Illness Cash Plan

Rate Sheet
August 2010
Policy - 70620



Rates apply to states shaded in green

HUMANA
Guidance when you need it most

Humana Financial Protection Products

Critical Illness Cash Plan

The only coverage type available in Georgia is Vascular, Cancer, and Other Illness.

You are not able to quote rates for the following coverage types:

- Vascular and Other Illness
- Cancer

Issue Age	Monthly				Semi-Annual				Annual			
	Non-Tobacco		Tobacco		Non-Tobacco		Tobacco		Non-Tobacco		Tobacco	
	Base Only	Base +ROP	Base Only	Base +ROP	Base Only	Base +ROP	Base Only	Base +ROP	Base Only	Base +ROP	Base Only	Base +ROP
Individual Level Premiums per \$5,000												
18-29	3.00	15.05	5.00	25.10	18.00	90.30	30.00	150.60	36.00	180.60	60.00	301.20
30-39	5.25	19.40	9.45	34.95	31.50	116.40	56.70	209.70	63.00	232.80	113.40	419.40
40-49	10.65	21.35	19.00	38.00	63.90	128.10	114.00	228.00	127.80	256.20	228.00	456.00
50-59	18.45	25.80	32.65	45.70	110.70	154.80	195.90	274.20	221.40	309.60	391.80	548.40
60-64	23.10	30.05	40.85	53.10	138.60	180.30	245.10	318.60	277.20	360.60	490.20	637.20
65-69	25.95	31.60	47.10	57.35	155.70	189.60	282.60	344.10	311.40	379.20	565.20	688.20
Single Parent Level Premiums per \$5,000												
18-29	3.28	15.62	5.28	25.67	19.68	93.72	31.68	154.02	39.36	187.44	63.36	308.04
30-39	5.53	19.97	9.73	35.52	33.18	119.82	58.38	213.12	66.36	239.64	116.76	426.24
40-49	10.93	21.92	19.28	38.57	65.58	131.52	115.68	231.42	131.16	263.04	231.36	462.84
50-59	18.73	26.37	32.93	46.27	112.38	158.22	197.58	277.62	224.76	316.44	395.16	555.24
60-64	23.38	30.62	41.13	53.67	140.28	183.72	246.78	322.02	280.56	367.44	493.56	644.04
65-69	26.23	32.17	47.38	57.92	157.38	193.02	284.28	347.52	314.76	386.04	568.56	695.04
Couple Level Premiums per \$5,000												
18-29	6.00	30.10	10.00	50.20	36.00	180.60	60.00	301.20	72.00	361.20	120.00	602.40
30-39	10.50	38.80	18.90	69.90	63.00	232.80	113.40	419.40	126.00	465.60	226.80	838.80
40-49	21.30	42.70	38.00	76.00	127.80	256.20	228.00	456.00	255.60	512.40	456.00	912.00
50-59	36.90	51.60	65.30	91.40	221.40	309.60	391.80	548.40	442.80	619.20	783.60	1,096.80
60-64	46.20	60.10	81.70	106.20	277.20	360.60	490.20	637.20	554.40	721.20	980.40	1,274.40
65-69	51.90	63.20	94.20	114.70	311.40	379.20	565.20	688.20	622.80	758.40	1,130.40	1,376.40
Family Level Premiums per \$5,000												
18-29	6.28	30.67	10.28	50.77	37.68	184.02	61.68	304.62	75.36	368.04	123.36	609.24
30-39	10.78	39.37	19.18	70.47	64.68	236.22	115.08	422.82	129.36	472.44	230.16	845.64
40-49	21.58	43.27	38.28	76.57	129.48	259.62	229.68	459.42	258.96	519.24	459.36	918.84
50-59	37.18	52.17	65.58	91.97	223.08	313.02	393.48	551.82	446.16	626.04	786.96	1,103.64
60-64	46.48	60.67	81.98	106.77	278.88	364.02	491.88	640.62	557.76	728.04	983.76	1,281.24
65-69	52.18	63.77	94.48	115.27	313.08	382.62	566.88	691.62	626.16	765.24	1,133.76	1,383.24