PA Payroll Premium rates are Weekly for industry Class B.
Rate sheet prepared by MEREDITH 11/11/26 12:25 PM

The rates shown on this insert page are for illustration purposes only; they do not imply coverage.
For more information about policy/plan benefits and limitations, please refer to the accompanying product brochure for each insurance policy/plan listed below.
The rates displayed are valid through 11/11/2026 and are subject to change.

CANCER PROTECTION ASSURANCE PLAN LEVEL 1 - Series Form B70100PA

Age	Coverage	Premium	IDR	DCR	SDR	Total
18-75	INDIVIDUAL	$3.83	$1.37	$0.00	$0.21	**$5.41**
18-75	INSURED/SPOUSE	$6.08	$3.24	$0.00	$0.21	**$9.53**
18-75	ONE-PARENT FAMILY	$3.83	$1.37	$0.21	$0.21	**$5.62**
18-75	TWO-PARENT FAMILY	$6.08	$3.24	$0.21	$0.21	**$9.74**

IDR* = Optional Initial Diagnosis Rider (Series B70050PA) 5 units ($500)
DCR* = Optional Dependent Child Rider (Series B70051PA) ($10,000)
SDR* = Optional Specified Disease Rider (Form B70052PA)

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CANCER PROTECTION ASSURANCE PLAN LEVEL 2 - Series Form B70200PA

Age	Coverage	Premium	IDR	DCR	SDR	Total
18-75	INDIVIDUAL	$7.73	$1.37	$0.00	$0.21	**$9.31**
18-75	INSURED/SPOUSE	$13.30	$3.24	$0.00	$0.21	**$16.75**
18-75	ONE-PARENT FAMILY	$7.73	$1.37	$0.21	$0.21	**$9.52**
18-75	TWO-PARENT FAMILY	$13.30	$3.24	$0.21	$0.21	**$16.96**

IDR* = Optional Initial Diagnosis Rider (Series B70050PA) 5 units ($500)
DCR* = Optional Dependent Child Rider (Series B70051PA) ($10,000)
SDR* = Optional Specified Disease Rider (Form B70052PA)

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CANCER PROTECTION ASSURANCE PLAN LEVEL 3 - Series Form B70300PA

Age	Coverage	Premium	IDR	DCR	SDR	Total
18-75	INDIVIDUAL	$10.93	$1.37	$0.00	$0.21	**$12.51**
18-75	INSURED/SPOUSE	$18.66	$3.24	$0.00	$0.21	**$22.11**
18-75	ONE-PARENT FAMILY	$10.93	$1.37	$0.21	$0.21	**$12.72**
18-75	TWO-PARENT FAMILY	$18.66	$3.24	$0.21	$0.21	**$22.32**

IDR* = Optional Initial Diagnosis Rider (Series B70050PA) 5 units ($500)
DCR* = Optional Dependent Child Rider (Series B70051PA) ($10,000)
SDR* = Optional Specified Disease Rider (Form B70052PA)

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