

Individual Cancer Plan
Monthly Premium Rates

BBAC - 0001				
Coverage	0 - 29	30 - 44	45 - 59	60 +
Employee Only	\$7.49	\$15.26	\$32.35	\$47.03
One Parent Family	\$13.84	\$21.60	\$38.83	\$52.60
Two Parent Family	\$15.94	\$30.94	\$64.38	\$93.15

Intensive Care Rider - \$325				
Coverage	0 - 29	30 - 44	45 - 59	60 +
Employee Only	\$1.48	\$2.59	\$3.24	\$3.61
One Parent Family	\$3.02	\$4.13	\$4.80	\$5.18
Two Parent Family	\$3.70	\$5.78	\$6.89	\$6.53

Intensive Care Rider - \$625				
Coverage	0 - 29	30 - 44	45 - 59	60 +
Employee Only	\$2.85	\$4.99	\$6.22	\$6.95
One Parent Family	\$5.80	\$7.94	\$9.23	\$9.96
Two Parent Family	\$7.12	\$11.12	\$13.25	\$12.56

Variable Benefit Elections	
Benefit	BBAC - 0001
Hospital Confinement	\$100
Surgical	\$1,500
Radiation/Chemotherapy	\$1,000 per day
First Diagnosis	\$2,500
Colony Stimulating Factors	\$500
Wellness	\$50

Underwritten by:
Humana Insurance Company

Administered by:



**BAY BRIDGE
ADMINISTRATORS**

*"Your solutions begin
at the Bridge"™*

P.O. Box 16190 - Austin, Texas 78716 - (800) 845-7519