TrioMED

MONTHLY COST

Benefit Maximum:

$15,000 Critical Illness | $5,000 Accident Medical Expense | $5,000 Accidental Death & Dismemberment

Issue Age	Individual	Individual & Spouse	Individual & Child(ren)	Family
Non-Tobacco				
18-29	$35.99	$52.99	$50.99	$67.99
30-39	$41.99	$61.99	$56.99	$76.99
40-49	$51.99	$77.99	$66.99	$92.99
50-54	$66.99	$99.99	$81.99	$113.99
55-59	$66.99	$99.99	$91.99	$113.99
60-64	$76.99	$114.99	$91.99	$128.99
Tobacco				
18-29	$38.99	$58.99	$53.99	$73.99
30-39	$49.99	$74.99	$64.99	$89.99
40-49	$69.99	$104.99	$84.99	$119.99
50-54	$96.99	$144.99	$111.99	$159.99
55-59	$96.99	$144.99	$111.99	$159.99
60-64	$114.99	$170.99	$129.99	$185.99

*Subject to a $250 deductible if policy holder has a Health Care Plan. If the Insured Person is not covered under a Health Care Plan,any approved benefits will be paid on a primary basis and a deductible of $2,500 will apply to the benefit payout.

VIEW TRIOMED BROCHURE

TrioMED

MONTHLY COST

Benefit Maximum:

$30,000 Critical Illness | $5,000 Accident Medical Expense | $5,000 Accidental Death & Dismemberment

Issue Age	Individual	Individual & Spouse	Individual & Child(ren)	Family
Non-Tobacco				
18-29	$42.99	$63.99	$58.99	$79.99
30-39	$54.99	$82.99	$70.99	$98.99
40-49	$77.99	$115.99	$92.99	$130.99
50-54	$108.99	$161.99	$123.99	$176.99
55-59	$108.99	$161.99	$123.99	$176.99
60-64	$129.99	$192.99	$144.99	$207.99
Tobacco				
18-29	$49.99	$74.99	$65.99	$90.99
30-39	$72.99	$109.99	$88.99	$125.99
40-49	$114.99	$172.99	$130.99	$187.99
50-54	$172.99	$257.99	$187.99	$272.99
55-59	$172.99	$257.99	$187.99	$272.99
60-64	$210.99	$312.99	$224.99	$327.99

*Subject to a $250 deductible if policy holder has a Health Care Plan. If the Insured Person is not covered under a Health Care Plan,any approved benefits will be paid on a primary basis and a deductible of $2,500 will apply to the benefit payout.

VIEW TRIOMED BROCHURE

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