



Prudential

RATE SHEET

Children's Home & Aid Society of Illinois

All Eligible Employees

Issued by **The Prudential Insurance Company of America (Prudential)**

Effective: 01/01/2022

COST OF OPTIONAL TERM LIFE INSURANCE FOR YOU

Coverage is available for 1 to 4 times your covered annual earnings, up to \$750,000. Refer to Optional Term Life section for evidence of insurability details. Initial rates based on age as of effective date of your coverage. Rates will change based on the following age schedule. Please refer to your plan certificate(s) to review the required minimum and maximum coverage amounts allowed.

Employee's Age	Employee's Rate
Under 30	\$0.069
30 to 34	\$0.080
35 to 39	\$0.100
40 to 44	\$0.158
45 to 49	\$0.329
50 to 54	\$0.520
55 to 59	\$0.860
60 to 64	\$1.220
65 to 69	\$2.110
70 to 100	\$3.150

HOW TO CALCULATE YOUR TOTAL OPTIONAL TERM LIFE BI-WEEKLY COST

Step 1	Enter the amount of Employee coverage you wish to purchase.	= \$
Step 2	Divide the coverage amounts by 1,000.	= \$
Step 3	Multiply the dollar amounts in Step 2 by the cost of coverage per \$1,000 of coverage, according to your age, that you'll find in the chart above. This gives you the monthly cost of insurance.	= \$
Step 4	Multiply the amount in Step 3 by 12 and divide by 26 to obtain your total Optional Term Life bi-weekly cost.	= \$

SPOUSE/ DOMESTIC PARTNER - OPTIONAL DEPENDENT TERM LIFE BI-WEEKLY COST PER COVERAGE AMOUNT

Coverage is available on your spouse/domestic partner in increments of \$5,000 to a maximum of \$50,000. **Please Note:** The Optional Dependent Term Life coverage amount on your spouse/domestic partner cannot exceed 50% of your Optional Term Life coverage amount. Refer to the Optional Dependent Term Life section for evidence of insurability details. Initial rates based on age as of effective date of your coverage. Rates will change based on the following age schedule.

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000		
Age												
Under 30	\$0.16	\$0.32	\$0.48	\$0.64	\$0.80	\$0.96	\$1.11	\$1.27	\$1.43	\$1.59		
30 to 34	\$0.18	\$0.37	\$0.55	\$0.74	\$0.92	\$1.11	\$1.29	\$1.48	\$1.66	\$1.85		
35 to 39	\$0.23	\$0.46	\$0.69	\$0.92	\$1.15	\$1.38	\$1.62	\$1.85	\$2.08	\$2.31		
40 to 44	\$0.36	\$0.73	\$1.09	\$1.46	\$1.82	\$2.19	\$2.55	\$2.92	\$3.28	\$3.65		
45 to 49	\$0.76	\$1.52	\$2.28	\$3.04	\$3.80	\$4.56	\$5.31	\$6.07	\$6.83	\$7.59		
50 to 54	\$1.20	\$2.40	\$3.60	\$4.80	\$6.00	\$7.20	\$8.40	\$9.60	\$10.80	\$12.00		
55 to 59	\$1.98	\$3.97	\$5.95	\$7.94	\$9.92	\$11.91	\$13.89	\$15.88	\$17.86	\$19.85		
60 to 64	\$2.82	\$5.63	\$8.45	\$11.26	\$14.08	\$16.89	\$19.71	\$22.52	\$25.34	\$28.15		
65 to 69	\$4.87	\$9.74	\$14.61	\$19.48	\$24.35	\$29.22	\$34.08	\$38.95	\$43.82	\$48.69		
70 to 100	\$7.27	\$14.54	\$21.81	\$29.08	\$36.35	\$43.62	\$50.88	\$58.15	\$65.42	\$72.69		

Rates may change as the insured enters a higher age category. Also, rates may change if plan experience requires a change for all insureds. Spouse/ Domestic Partner rate is based on Employee's age.

CHILDREN - OPTIONAL DEPENDENT TERM LIFE BI-WEEKLY COST PER COVERAGE AMOUNT

One premium rate covers all eligible children

Coverage is available on your children in increments of \$5,000, not to exceed a maximum of \$10,000. **Please note:** The Optional Dependent Term Life Insurance coverage amount on your children may not exceed 50% of your Optional Term Life coverage amount.

\$5,000	\$10,000
\$0.47	\$0.93

COST OF OPTIONAL ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE FOR YOU

Coverage is available for 1 times to 4 times your covered annual earnings to \$750,000. Refer to the Optional Term Life section for evidence of insurability details. Please refer to your plan certificate(s) to review the required minimum and maximum coverage amounts allowed.

Insured	Monthly Cost of Insurance (rates per \$1,000 of coverage)
Employee	\$0.020

“HOW MUCH DOES OPTIONAL ACCIDENTAL DEATH & DISMEMBERMENT COST?”

The following steps will show you how to calculate the cost of insurance.

Step 1	Enter the amount of coverage you wish to purchase.	= \$
Step 2	Divide the coverage amounts by \$1,000.	= \$
Step 3	Multiply the dollar amount in Step 2 by the rate indicated above. This gives you the monthly cost of insurance.	= \$
Step 4	Multiply the amount in Step 3 by 12 and then divide by 26 to get your bi-weekly cost. If the frequency is anything other than monthly.	= \$

SPOUSE/ DOMESTIC PARTNER OPTIONAL ACCIDENTAL DEATH & DISMEMBERMENT BI-WEEKLY COST PER COVERAGE AMOUNT

Coverage is available in increments of \$5,000 to a maximum coverage amount of \$50,000. Please note: The Dependent Spouse/domestic partner Accidental Death & Dismemberment coverage amount may not exceed 50% of your Optional Accidental Death & Dismemberment Coverage amount

\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000			
\$0.06	\$0.12	\$0.18	\$0.24	\$0.30	\$0.36	\$0.42	\$0.48	\$0.54	\$0.60			

CHILDREN OPTIONAL ACCIDENTAL DEATH & DISMEMBERMENT BI-WEEKLY COST PER COVERAGE AMOUNT

One premium rate covers all eligible children

Coverage is available on your children in increments of \$5,000 to a maximum coverage amount of \$10,000. Please note: The Dependent Children Accidental Death & Dismemberment coverage amount may not exceed 50% of your Optional Accidental Death & Dismemberment Coverage amount

\$5,000	\$10,000
\$0.06	\$0.12

Implementation of the insurance plan(s) will depend on having a specific percentage of all eligible employees enrolling in the plan(s). If this percentage of enrollment level is not met, these coverage(s) may not be effective.

Benefits, exclusions and provisions may vary by state. Refer to the plan booklet for details.

For your coverage to become effective, you must be actively at work on the effective date of the plan. If you apply for an amount that requires satisfactory evidence of insurability to The Prudential Insurance Company of America, you must be actively at work on the date of approval for the amount requiring satisfactory evidence of insurability.

*Accelerated Death Benefit option is a feature that is made available to group life insurance participants. It is not a health, nursing home, or long-term care insurance benefit and is not designed to eliminate the need for those types of insurance coverage. The death benefit is reduced by the amount of the accelerated death benefit paid. There is no administrative fee to accelerate benefits. Receipt of accelerated death benefits may affect eligibility for public assistance and may be taxable. The federal income tax treatment of payments made under this rider depends upon whether the insured is the recipient of the benefits and is considered "terminally ill" or "chronically ill." You may wish to seek professional tax advice before exercising this option.

This coverage is not health insurance coverage (often referred to as "Major Medical Coverage").

This type of plan is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the individual mandate that you have health insurance coverage.

This policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York Department of Financial Services.

IMPORTANT NOTICE - THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

Group Insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. Contract Series: 83500

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