



**▶ HELP PROTECT YOUR LOVED ONES—
AND YOUR INCOME**

MONTGOMERY COUNTY BOARD OF COUNTY COMMISSIONERS

All Eligible Full Time and Part Time Employees

Bargaining Unit Employees should check the union contract for details

Basic Term Life

Basic Accidental Death & Dismemberment

Optional Term Life

Optional Dependent Term Life and

Short Term Disability

Coverages are issued by **The Prudential Insurance Company of America (Prudential)**



Summary of Benefits

MONTGOMERY COUNTY BOARD OF COUNTY COMMISSIONERS

All Eligible Full Time and Part Time Employees

Basic Term Life, Basic Accidental Death & Dismemberment, Optional Term Life, Optional Dependent Term Life and Short Term Disability

Issued by The Prudential Insurance Company of America

Basic Term Life

- 100% Employer Paid
- Basic Term Life: You are automatically enrolled for up to \$60,000.
 - If you are terminally ill, you can get a partial payment of your group life insurance benefit. You can use this payment as you see fit. The payment to your beneficiary will be reduced by the amount you receive with the Accelerated Benefit Option.* Refer to the plan booklet for details.
 - Coverage will end on your termination of employment or as specified in the plan booklet. You may convert your insurance to an individual life insurance policy issued by the Prudential Insurance Company of America.

Basic Accidental Death & Dismemberment

- 100% Employer Paid
- Basic AD&D pays you and your beneficiary a benefit for the loss of life or other injuries resulting from a covered accident -- 100% for loss of life and a lesser percentage for other injuries. Injuries covered may include loss of sight or speech, paralysis, and dismemberment of hands or feet. Basic AD&D benefits are paid regardless of other coverages you may have.
 - Basic AD&D: You are automatically enrolled for an amount equal to your Basic Term Life coverage amount.

Optional Term Life

- 100% Employee Paid
- Purchase coverage in increments of \$10,000 up to a maximum of \$500,000. **Please refer to your plan certificate(s) to review the required minimum and maximum coverage amounts allowed.**
 - If enrolling when first eligible within the specified period of your date of hire, you can elect up to the guaranteed issue amount of \$300,000, without providing proof of good health to Prudential.
 - All other elections or enrolling after the enrollment period will require proof of good health satisfactory to Prudential for all coverage amounts.
 - If you have been previously denied coverage in the past, proof of good health satisfactory to Prudential is required for all coverage amounts.
 - If terminally ill, you can get a partial payment of your group term life insurance benefit. You can use this payment as you see fit. In the event of your death, your beneficiary will receive a benefit payout which has been reduced by the amount you receive.
 - Upon termination of employment, you (if eligible to port) may choose to continue a coverage amount equal to or lower than your current benefit amount. Coverage amounts will be subject to maximum of five times your annual earnings or \$1 million, whichever is less.

Spouse - Optional Dependent Term Life

- 100% Employee Paid
- Purchase coverage for your spouse in increments of \$5,000 up to a maximum of \$250,000. **Please note:** The Dependent Term Life Insurance coverage amount on your spouse may not exceed 50% of your Optional Term Life coverage amount.
 - If enrolling your spouse when first eligible, you can elect up to the guaranteed issue amount of \$50,000, on your spouse, without providing proof of good health to Prudential.
 - All other elections or enrolling after the enrollment period will require proof of good health satisfactory to Prudential for all coverage amounts.
 - If your spouse has been previously denied coverage in the past, proof of good health satisfactory to Prudential is required for all coverage amounts.
 - Upon termination of employment, your spouse (if eligible to port) may choose to continue a coverage amount equal to or lower than your current benefit amount. Coverage amounts for you and your spouse will be subject to a maximum of five times your annual earnings or \$1 million, whichever is less.

Child - Optional Dependent Term Life

- 100% Employee Paid
- Purchase coverage for \$10,000 or \$20,000. **Please note:** The Optional Dependent Term Life Insurance coverage amount on your children may not exceed 50% of your Optional Term Life coverage amount. There are no health requirements for this coverage.
 - Coverage begins from live birth, and continues to age 26.
 - Upon termination of employment, you (if eligible to port) may choose to continue a dependent child coverage amount equal to or lower than your current benefit amount.

Short Term Disability

- 100% Employee Paid
- Your weekly Short Term Disability benefit will be 60% of your weekly pre-disability earnings, up to a maximum of \$1,000, less deductible sources of income. No medical questions asked - if enrolling when first eligible. The minimum weekly benefit is \$20.
 - Deductible sources of income may include benefits from statutory plans, unemployment income and salary continuation.
 - If you meet the definition of disability, your benefits will begin on the 8th day following a non-occupational injury or the 15th day following a non-occupational sickness. The benefit duration is 25 weeks from in benefit date for accident and 24 weeks from in benefit date for sickness. You are considered disabled when, because of injury or sickness, you are under the regular care of the doctor, are unable to perform the material and substantial duties of your regular occupation and your disability results in a loss of weekly income of at least 20%.
 - You are not covered for a disability caused by war or any act of war, declared or undeclared, an intentionally self-inflicted injury, active participation in a riot, and commission of a crime for which you have been convicted. Benefits are not payable for any period of incarceration as a result of a conviction.

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.

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

North Carolina residents: THIS IS NOT A MEDICARE SUPPLEMENT PLAN. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare, which is available from the company.

Group Insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ 07102. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. Contract Series: 83500

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Rate Sheet

MONTGOMERY COUNTY BOARD OF COUNTY COMMISSIONERS

All Eligible Full Time and Part Time Employees

Issued by The Prudential Insurance Company of America

Effective: 07/01/2020

Optional Life Rates are based on age effective December 31st of the current calendar year.

Employee - Optional Term Life Monthly Cost per Coverage Amount

Coverage is available in increments of \$10,000 to a maximum of \$500,000. Refer to the Optional Term Life section for evidence of insurability details. **Rates will change based on the following age schedule.**

Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000	\$110,000	\$120,000	\$130,000
< 25	\$0.34	\$0.68	\$1.02	\$1.36	\$1.70	\$2.04	\$2.38	\$2.72	\$3.06	\$3.40	\$3.74	\$4.08	\$4.42
25-29	\$0.42	\$0.84	\$1.26	\$1.68	\$2.10	\$2.52	\$2.94	\$3.36	\$3.78	\$4.20	\$4.62	\$5.04	\$5.46
30-34	\$0.51	\$1.02	\$1.53	\$2.04	\$2.55	\$3.06	\$3.57	\$4.08	\$4.59	\$5.10	\$5.61	\$6.12	\$6.63
35-39	\$0.76	\$1.52	\$2.28	\$3.04	\$3.80	\$4.56	\$5.32	\$6.08	\$6.84	\$7.60	\$8.36	\$9.12	\$9.88
40-44	\$0.93	\$1.86	\$2.79	\$3.72	\$4.65	\$5.58	\$6.51	\$7.44	\$8.37	\$9.30	\$10.23	\$11.16	\$12.09
45-49	\$1.34	\$2.68	\$4.02	\$5.36	\$6.70	\$8.04	\$9.38	\$10.72	\$12.06	\$13.40	\$14.74	\$16.08	\$17.42
50-54	\$2.35	\$4.70	\$7.05	\$9.40	\$11.75	\$14.10	\$16.45	\$18.80	\$21.15	\$23.50	\$25.85	\$28.20	\$30.55
55-59	\$3.61	\$7.22	\$10.83	\$14.44	\$18.05	\$21.66	\$25.27	\$28.88	\$32.49	\$36.10	\$39.71	\$43.32	\$46.93
60-64	\$5.04	\$10.08	\$15.12	\$20.16	\$25.20	\$30.24	\$35.28	\$40.32	\$45.36	\$50.40	\$55.44	\$60.48	\$65.52
65-69	\$8.91	\$17.82	\$26.73	\$35.64	\$44.55	\$53.46	\$62.37	\$71.28	\$80.19	\$89.10	\$98.01	\$106.92	\$115.83
70+	\$14.28	\$28.56	\$42.84	\$57.12	\$71.40	\$85.68	\$99.96	\$114.24	\$128.52	\$142.80	\$157.08	\$171.36	\$185.64

Age	\$140,000	\$150,000	\$160,000	\$170,000	\$180,000	\$190,000	\$200,000	\$210,000	\$220,000	\$230,000	\$240,000	\$250,000	\$260,000
< 25	\$4.76	\$5.10	\$5.44	\$5.78	\$6.12	\$6.46	\$6.80	\$7.14	\$7.48	\$7.82	\$8.16	\$8.50	\$8.84
25-29	\$5.88	\$6.30	\$6.72	\$7.14	\$7.56	\$7.98	\$8.40	\$8.82	\$9.24	\$9.66	\$10.08	\$10.50	\$10.92
30-34	\$7.14	\$7.65	\$8.16	\$8.67	\$9.18	\$9.69	\$10.20	\$10.71	\$11.22	\$11.73	\$12.24	\$12.75	\$13.26
35-39	\$10.64	\$11.40	\$12.16	\$12.92	\$13.68	\$14.44	\$15.20	\$15.96	\$16.72	\$17.48	\$18.24	\$19.00	\$19.76
40-44	\$13.02	\$13.95	\$14.88	\$15.81	\$16.74	\$17.67	\$18.60	\$19.53	\$20.46	\$21.39	\$22.32	\$23.25	\$24.18
45-49	\$18.76	\$20.10	\$21.44	\$22.78	\$24.12	\$25.46	\$26.80	\$28.14	\$29.48	\$30.82	\$32.16	\$33.50	\$34.84
50-54	\$32.90	\$35.25	\$37.60	\$39.95	\$42.30	\$44.65	\$47.00	\$49.35	\$51.70	\$54.05	\$56.40	\$58.75	\$61.10
55-59	\$50.54	\$54.15	\$57.76	\$61.37	\$64.98	\$68.59	\$72.20	\$75.81	\$79.42	\$83.03	\$86.64	\$90.25	\$93.86
60-64	\$70.56	\$75.60	\$80.64	\$85.68	\$90.72	\$95.76	\$100.80	\$105.84	\$110.88	\$115.92	\$120.96	\$126.00	\$131.04
65-69	\$124.74	\$133.65	\$142.56	\$151.47	\$160.38	\$169.29	\$178.20	\$187.11	\$196.02	\$204.93	\$213.84	\$222.75	\$231.66
70+	\$199.92	\$214.20	\$228.48	\$242.76	\$257.04	\$271.32	\$285.60	\$299.88	\$314.16	\$328.44	\$342.72	\$357.00	\$371.28

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.
1015918-00001-00



Employee - Optional Term Life Monthly Cost per Coverage Amount

Coverage is available in increments of \$10,000 to a maximum of \$500,000. Refer to the Optional Term Life section for evidence of insurability details. **Rates will change based on the following age schedule.**

Age	\$270,000	\$280,000	\$290,000	\$300,000	\$310,000	\$320,000	\$330,000	\$340,000	\$350,000	\$360,000	\$370,000	\$380,000
< 25	\$9.18	\$9.52	\$9.86	\$10.20	\$10.54	\$10.88	\$11.22	\$11.56	\$11.90	\$12.24	\$12.58	\$12.92
25-29	\$11.34	\$11.76	\$12.18	\$12.60	\$13.02	\$13.44	\$13.86	\$14.28	\$14.70	\$15.12	\$15.54	\$15.96
30-34	\$13.77	\$14.28	\$14.79	\$15.30	\$15.81	\$16.32	\$16.83	\$17.34	\$17.85	\$18.36	\$18.87	\$19.38
35-39	\$20.52	\$21.28	\$22.04	\$22.80	\$23.56	\$24.32	\$25.08	\$25.84	\$26.60	\$27.36	\$28.12	\$28.88
40-44	\$25.11	\$26.04	\$26.97	\$27.90	\$28.83	\$29.76	\$30.69	\$31.62	\$32.55	\$33.48	\$34.41	\$35.34
45-49	\$36.18	\$37.52	\$38.86	\$40.20	\$41.54	\$42.88	\$44.22	\$45.56	\$46.90	\$48.24	\$49.58	\$50.92
50-54	\$63.45	\$65.80	\$68.15	\$70.50	\$72.85	\$75.20	\$77.55	\$79.90	\$82.25	\$84.60	\$86.95	\$89.30
55-59	\$97.47	\$101.08	\$104.69	\$108.30	\$111.91	\$115.52	\$119.13	\$122.74	\$126.35	\$129.96	\$133.57	\$137.18
60-64	\$136.08	\$141.12	\$146.16	\$151.20	\$156.24	\$161.28	\$166.32	\$171.36	\$176.40	\$181.44	\$186.48	\$191.52
65-69	\$240.57	\$249.48	\$258.39	\$267.30	\$276.21	\$285.12	\$294.03	\$302.94	\$311.85	\$320.76	\$329.67	\$338.58
70+	\$385.56	\$399.84	\$414.12	\$428.40	\$442.68	\$456.96	\$471.24	\$485.52	\$499.80	\$514.08	\$528.36	\$542.64

Age	\$390,000	\$400,000	\$410,000	\$420,000	\$430,000	\$440,000	\$450,000	\$460,000	\$470,000	\$480,000	\$490,000	\$500,000
< 25	\$13.26	\$13.60	\$13.94	\$14.28	\$14.62	\$14.96	\$15.30	\$15.64	\$15.98	\$16.32	\$16.66	\$17.00
25-29	\$16.38	\$16.80	\$17.22	\$17.64	\$18.06	\$18.48	\$18.90	\$19.32	\$19.74	\$20.16	\$20.58	\$21.00
30-34	\$19.89	\$20.40	\$20.91	\$21.42	\$21.93	\$22.44	\$22.95	\$23.46	\$23.97	\$24.48	\$24.99	\$25.50
35-39	\$29.64	\$30.40	\$31.16	\$31.92	\$32.68	\$33.44	\$34.20	\$34.96	\$35.72	\$36.48	\$37.24	\$38.00
40-44	\$36.27	\$37.20	\$38.13	\$39.06	\$39.99	\$40.92	\$41.85	\$42.78	\$43.71	\$44.64	\$45.57	\$46.50
45-49	\$52.26	\$53.60	\$54.94	\$56.28	\$57.62	\$58.96	\$60.30	\$61.64	\$62.98	\$64.32	\$65.66	\$67.00
50-54	\$91.65	\$94.00	\$96.35	\$98.70	\$101.05	\$103.40	\$105.75	\$108.10	\$110.45	\$112.80	\$115.15	\$117.50
55-59	\$140.79	\$144.40	\$148.01	\$151.62	\$155.23	\$158.84	\$162.45	\$166.06	\$169.67	\$173.28	\$176.89	\$180.50
60-64	\$196.56	\$201.60	\$206.64	\$211.68	\$216.72	\$221.76	\$226.80	\$231.84	\$236.88	\$241.92	\$246.96	\$252.00
65-69	\$347.49	\$356.40	\$365.31	\$374.22	\$383.13	\$392.04	\$400.95	\$409.86	\$418.77	\$427.68	\$436.59	\$445.50
70+	\$556.92	\$571.20	\$585.48	\$599.76	\$614.04	\$628.32	\$642.60	\$656.88	\$671.16	\$685.44	\$699.72	\$714.00

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 - Optional Dependent Term Life Monthly Cost per Coverage Amount

Coverage is available in increments of \$5,000 to a maximum of \$250,000, not to exceed 50% of your Optional Term Life coverage amount. Refer to the Optional Dependent Term Life section for evidence of insurability details. Rates will change based on the following age schedule.

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	\$55,000	\$60,000	\$65,000
< 25	\$0.17	\$0.34	\$0.51	\$0.68	\$0.85	\$1.02	\$1.19	\$1.36	\$1.53	\$1.70	\$1.87	\$2.04	\$2.21
25-29	\$0.21	\$0.42	\$0.63	\$0.84	\$1.05	\$1.26	\$1.47	\$1.68	\$1.89	\$2.10	\$2.31	\$2.52	\$2.73
30-34	\$0.26	\$0.51	\$0.77	\$1.02	\$1.28	\$1.53	\$1.79	\$2.04	\$2.30	\$2.55	\$2.81	\$3.06	\$3.32
35-39	\$0.38	\$0.76	\$1.14	\$1.52	\$1.90	\$2.28	\$2.66	\$3.04	\$3.42	\$3.80	\$4.18	\$4.56	\$4.94
40-44	\$0.47	\$0.93	\$1.40	\$1.86	\$2.33	\$2.79	\$3.26	\$3.72	\$4.19	\$4.65	\$5.12	\$5.58	\$6.05
45-49	\$0.67	\$1.34	\$2.01	\$2.68	\$3.35	\$4.02	\$4.69	\$5.36	\$6.03	\$6.70	\$7.37	\$8.04	\$8.71
50-54	\$1.18	\$2.35	\$3.53	\$4.70	\$5.88	\$7.05	\$8.23	\$9.40	\$10.58	\$11.75	\$12.93	\$14.10	\$15.28
55-59	\$1.81	\$3.61	\$5.42	\$7.22	\$9.03	\$10.83	\$12.64	\$14.44	\$16.25	\$18.05	\$19.86	\$21.66	\$23.47
60-64	\$2.52	\$5.04	\$7.56	\$10.08	\$12.60	\$15.12	\$17.64	\$20.16	\$22.68	\$25.20	\$27.72	\$30.24	\$32.76
65-69	\$4.46	\$8.91	\$13.37	\$17.82	\$22.28	\$26.73	\$31.19	\$35.64	\$40.10	\$44.55	\$49.01	\$53.46	\$57.92
70+	\$7.14	\$14.28	\$21.42	\$28.56	\$35.70	\$42.84	\$49.98	\$57.12	\$64.26	\$71.40	\$78.54	\$85.68	\$92.82

Spouse - Optional Dependent Term Life Monthly Cost per Coverage Amount

Coverage is available in increments of \$5,000 to a maximum of \$250,000, not to exceed 50% of your Optional Term Life coverage amount. Refer to the Optional Dependent Term Life section for evidence of insurability details. Rates will change based on the following age schedule.

	\$70,000	\$75,000	\$80,000	\$85,000	\$90,000	\$95,000	\$100,000	\$105,000	\$110,000	\$115,000	\$120,000	\$125,000	\$130,000
Age													
< 25	\$2.38	\$2.55	\$2.72	\$2.89	\$3.06	\$3.23	\$3.40	\$3.57	\$3.74	\$3.91	\$4.08	\$4.25	\$4.42
25-29	\$2.94	\$3.15	\$3.36	\$3.57	\$3.78	\$3.99	\$4.20	\$4.41	\$4.62	\$4.83	\$5.04	\$5.25	\$5.46
30-34	\$3.57	\$3.83	\$4.08	\$4.34	\$4.59	\$4.85	\$5.10	\$5.36	\$5.61	\$5.87	\$6.12	\$6.38	\$6.63
35-39	\$5.32	\$5.70	\$6.08	\$6.46	\$6.84	\$7.22	\$7.60	\$7.98	\$8.36	\$8.74	\$9.12	\$9.50	\$9.88
40-44	\$6.51	\$6.98	\$7.44	\$7.91	\$8.37	\$8.84	\$9.30	\$9.77	\$10.23	\$10.70	\$11.16	\$11.63	\$12.09
45-49	\$9.38	\$10.05	\$10.72	\$11.39	\$12.06	\$12.73	\$13.40	\$14.07	\$14.74	\$15.41	\$16.08	\$16.75	\$17.42
50-54	\$16.45	\$17.63	\$18.80	\$19.98	\$21.15	\$22.33	\$23.50	\$24.68	\$25.85	\$27.03	\$28.20	\$29.38	\$30.55
55-59	\$25.27	\$27.08	\$28.88	\$30.69	\$32.49	\$34.30	\$36.10	\$37.91	\$39.71	\$41.52	\$43.32	\$45.13	\$46.93
60-64	\$35.28	\$37.80	\$40.32	\$42.84	\$45.36	\$47.88	\$50.40	\$52.92	\$55.44	\$57.96	\$60.48	\$63.00	\$65.52
65-69	\$62.37	\$66.83	\$71.28	\$75.74	\$80.19	\$84.65	\$89.10	\$93.56	\$98.01	\$102.47	\$106.92	\$111.38	\$115.83
70+	\$99.96	\$107.10	\$114.24	\$121.38	\$128.52	\$135.66	\$142.80	\$149.94	\$157.08	\$164.22	\$171.36	\$178.50	\$185.64

	\$135,000	\$140,000	\$145,000	\$150,000	\$155,000	\$160,000	\$165,000	\$170,000	\$175,000	\$180,000	\$185,000	\$190,000
Age												
< 25	\$4.59	\$4.76	\$4.93	\$5.10	\$5.27	\$5.44	\$5.61	\$5.78	\$5.95	\$6.12	\$6.29	\$6.46
25-29	\$5.67	\$5.88	\$6.09	\$6.30	\$6.51	\$6.72	\$6.93	\$7.14	\$7.35	\$7.56	\$7.77	\$7.98
30-34	\$6.89	\$7.14	\$7.40	\$7.65	\$7.91	\$8.16	\$8.42	\$8.67	\$8.93	\$9.18	\$9.44	\$9.69
35-39	\$10.26	\$10.64	\$11.02	\$11.40	\$11.78	\$12.16	\$12.54	\$12.92	\$13.30	\$13.68	\$14.06	\$14.44
40-44	\$12.56	\$13.02	\$13.49	\$13.95	\$14.42	\$14.88	\$15.35	\$15.81	\$16.28	\$16.74	\$17.21	\$17.67
45-49	\$18.09	\$18.76	\$19.43	\$20.10	\$20.77	\$21.44	\$22.11	\$22.78	\$23.45	\$24.12	\$24.79	\$25.46
50-54	\$31.73	\$32.90	\$34.08	\$35.25	\$36.43	\$37.60	\$38.78	\$39.95	\$41.13	\$42.30	\$43.48	\$44.65
55-59	\$48.74	\$50.54	\$52.35	\$54.15	\$55.96	\$57.76	\$59.57	\$61.37	\$63.18	\$64.98	\$66.79	\$68.59
60-64	\$68.04	\$70.56	\$73.08	\$75.60	\$78.12	\$80.64	\$83.16	\$85.68	\$88.20	\$90.72	\$93.24	\$95.76
65-69	\$120.29	\$124.74	\$129.20	\$133.65	\$138.11	\$142.56	\$147.02	\$151.47	\$155.93	\$160.38	\$164.84	\$169.29
70+	\$192.78	\$199.92	\$207.06	\$214.20	\$221.34	\$228.48	\$235.62	\$242.76	\$249.90	\$257.04	\$264.18	\$271.32

	\$195,000	\$200,000	\$205,000	\$210,000	\$215,000	\$220,000	\$225,000	\$230,000	\$235,000	\$240,000	\$245,000	\$250,000
Age												
< 25	\$6.63	\$6.80	\$6.97	\$7.14	\$7.31	\$7.48	\$7.65	\$7.82	\$7.99	\$8.16	\$8.33	\$8.50
25-29	\$8.19	\$8.40	\$8.61	\$8.82	\$9.03	\$9.24	\$9.45	\$9.66	\$9.87	\$10.08	\$10.29	\$10.50
30-34	\$9.95	\$10.20	\$10.46	\$10.71	\$10.97	\$11.22	\$11.48	\$11.73	\$11.99	\$12.24	\$12.50	\$12.75
35-39	\$14.82	\$15.20	\$15.58	\$15.96	\$16.34	\$16.72	\$17.10	\$17.48	\$17.86	\$18.24	\$18.62	\$19.00
40-44	\$18.14	\$18.60	\$19.07	\$19.53	\$20.00	\$20.46	\$20.93	\$21.39	\$21.86	\$22.32	\$22.79	\$23.25
45-49	\$26.13	\$26.80	\$27.47	\$28.14	\$28.81	\$29.48	\$30.15	\$30.82	\$31.49	\$32.16	\$32.83	\$33.50
50-54	\$45.83	\$47.00	\$48.18	\$49.35	\$50.53	\$51.70	\$52.88	\$54.05	\$55.23	\$56.40	\$57.58	\$58.75
55-59	\$70.40	\$72.20	\$74.01	\$75.81	\$77.62	\$79.42	\$81.23	\$83.03	\$84.84	\$86.64	\$88.45	\$90.25
60-64	\$98.28	\$100.80	\$103.32	\$105.84	\$108.36	\$110.88	\$113.40	\$115.92	\$118.44	\$120.96	\$123.48	\$126.00
65-69	\$173.75	\$178.20	\$182.66	\$187.11	\$191.57	\$196.02	\$200.48	\$204.93	\$209.39	\$213.84	\$218.30	\$222.75
70+	\$278.46	\$285.60	\$292.74	\$299.88	\$307.02	\$314.16	\$321.30	\$328.44	\$335.58	\$342.72	\$349.86	\$357.00

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 rate is based on Spouse's age.

Children - Optional Dependent Term Life Monthly Cost per Coverage Amount

One premium rate covers all eligible children

Coverage is available for \$10,000 or \$20,000, not to exceed 50% of your Optional Term Life coverage amount.

\$10,000	\$20,000
\$1.25	\$2.50

Rates may change if plan experience requires a change for all insureds.

"How much does this Short Term Disability Insurance cost?"

Use the chart below to find the cost of STD insurance. Follow the steps below to calculate your coverage cost. Your maximum weekly benefit amount is up to \$1,000. Your coverage level is limited to the salary of \$86,667.

Cost of Short Term Disability	
Employee's Age	Employee's Rate
0 - 25	\$0.641
25 - 29	\$0.677
30 - 34	\$0.686
35 - 39	\$0.623
40 - 44	\$0.677
45 - 49	\$0.819
50 - 54	\$1.015
55 - 59	\$1.238
60 - 99	\$1.469

Rates may change as the insured enters a higher age category. Also, rates may change if plan experience requires a change for all insureds.

How to Calculate Your Total STD Monthly Cost

Step 1	Indicate your weekly earnings.	= \$
Step 2	Multiply your weekly earnings by 60%.	= \$
Step 3	If the amount in Step 2 is greater than \$1,000, indicate \$1,000. Otherwise, indicate the amount from Step 2.	= \$
Step 4	Multiply the amount in Step 3 by the rate for your age and divide by 10 to obtain your total STD monthly cost.	= \$

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.

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

North Carolina residents: THIS IS NOT A MEDICARE SUPPLEMENT PLAN. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare, which is available from the company.

Group Insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ 07102. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. Contract Series: 83500

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