

# OPTIONAL LIFE INSURANCE COVERAGE

Effective January 1, 2024 - December 31, 2026

## TEAM MEMBER COVERAGE

(Not to exceed \$800,000 in coverage. \$25,000 increments)

<u>Age Bracket</u>	<u>Non-Nicotine Rate</u> <i>(per \$1,000 in coverage per month)</i>	<u>Nicotine Rate</u> <i>(per \$1,000 in coverage per month)</i>
Under 25	\$0.046	\$0.099
25-29	\$0.053	\$0.099
30-34	\$0.070	\$0.106
35-39	\$0.079	\$0.138
40-44	\$0.088	\$0.224
45-49	\$0.132	\$0.381
50-54	\$0.229	\$0.638
55-59	\$0.424	\$0.986
60-64	\$0.621	\$1.236
65-69	\$1.118	\$1.808
70-74	\$2.060	\$2.959
75+	\$2.060	\$2.959

## SPOUSE COVERAGE

(Not to exceed \$100,000 in coverage. \$10,000 increments)

<u>Age Bracket</u>	<u>Spouse Rate</u> <i>(per \$1,000 in coverage per month)</i>
Under 25	\$0.090
25-29	\$0.090
30-34	\$0.090
35-39	\$0.108
40-44	\$0.171
45-49	\$0.297
50-54	\$0.504
55-59	\$0.819
60-64	\$1.080
65-69	\$1.701
70-74	\$2.988
75+	\$4.041

## DEPENDENT COVERAGE

\$.375 per month for \$5,000 in coverage

\$.750 per month for \$10,000 in coverage

## ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGE

Team Member Only Coverage: \$0.026 per \$1,000 in coverage per month

Family Coverage: \$0.033 per \$1,000 in coverage per month