



Summary of Benefits

FranklinCovey Co.

All Eligible Employees

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

Issued by The Prudential Insurance Company of America

Basic Term Life

100% Employer Paid

- Basic Term Life: You are automatically enrolled for \$50,000.
- 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.
- Payment of premium can be waived if you are totally disabled for 9 months, you are less than 60 years old when the disability begins, and you continue to be totally disabled. This waiver terminates at the Social Security Normal Retirement Age. This provision may vary by state.
- Coverage will be reduced as you age by 35% at age 65 and 55% at age 70 and 70% at age 75 and 80% at age 80.
- 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, not to exceed 7.0 times your covered annual earnings. 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 \$200,000, without providing proof of good health to Prudential.
 - During the open enrollment period, you can elect a coverage amount up to \$200,000, 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.
- Payment of premium can be waived if you are totally disabled for 9 months, you are less than 60 years old when the disability begins, and you continue to be totally disabled. This waiver terminates at the Social Security Normal Retirement Age. This provision may vary by state.
- During future annual enrollment periods, if you enrolled when first eligible, you have not waived coverage in the past or you have not been previously denied coverage, you can increase your current coverage amount by up to \$10,000, not to exceed the guaranteed issue amount, 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.
- Coverage will be reduced as you age by 35% at age 65 and 55% at age 70 and 70% at age 75 and 80% at age 80.
- 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 / Domestic Partner - Optional Dependent Term Life

100% Employee Paid

- Purchase coverage for your spouse in increments of \$5,000 up to a maximum of \$500,000. **Please note**: The Dependent Term Life Insurance coverage amount on your spouse may not exceed 100% 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.
- Coverage will be reduced as you age by 35% at age 65 and 55% at age 70 and 70% at age 75 and 80% at age 80.
- 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. **Please note:** The Optional Dependent Term Life Insurance coverage amount on your children may not exceed 100% 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.

Long Term Disability

100% Employer Paid

- Your monthly Long Term Disability benefit will be 60% of your monthly pre-disability earnings, up to the maximum of \$10,000, less deductible sources of income. The minimum monthly benefit is \$100.
- Deductible sources of income may include benefits from statutory plans, Social Security to you and your dependents, workers' compensation, unemployment income and other income.
- If you meet the definition of disability, your benefits will begin 90 days following an accidental injury or sickness. The benefit duration is up to your normal retirement age under the Social Security Act. However, if you become disabled at or after age 65 benefits are payable according to an age-based schedule. Refer to the Booklet-Certificate for details.
- You are considered disabled when, because of injury or sickness, you are under the regular care of a doctor, you are unable to perform the material and substantial duties of your regular occupation and your disability results in a loss of income of at least 20%. After receiving benefits for 24 months, you are considered disabled when, due to the same sickness or injury, you are unable to perform the material and substantial duties of any gainful occupation for which you are reasonably fitted by education, training or experience, and disability results in a loss of income of a specified percentage determined by your plan.
- Disabilities due to mental illness are limited to 24 months of benefits during your lifetime. Examples of mental illness include schizophrenia, depression, manic depressive or bipolar illness, anxiety, somatization, substance related disorders (including drug and alcohol abuse), and/or adjustment disorders. Disabilities due to mental illness have a combined limited pay period during your lifetime.
- LTD benefits will not be paid for a disability that begins during the first 12 months of coverage and due to a pre-existing condition. A pre-existing condition is an injury or sickness for which you received medical treatment, consultation, diagnostic measures, prescribed drugs or medicines, or for which you followed treatment recommendations during the 3 months prior to your effective date of coverage.
- During the first 12 months of part-time work while disabled, you can receive full benefits as long as your combined income and disability benefits do not exceed your monthly pre-disability earnings.
- If you die while collecting disability benefits, a lump sum payment may be paid to your eligible survivors.
- 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. If you do not have other health insurance coverage, you may be subject to a federal tax penalty.

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

FranklinCovey Co.

All Eligible Employees

Issued by The Prudential Insurance Company of America

Effective: 01/01/2020

Employee - Optional Term Life Bi-Weekly Cost per Coverage Amount

Coverage is available in increments of \$10,000 to a maximum of \$500,000, not to exceed 7.0 times your covered annual earnings. Refer to the 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.

	\$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
Age													
< 30	\$0.32	\$0.65	\$0.97	\$1.29	\$1.62	\$1.94	\$2.26	\$2.58	\$2.91	\$3.23	\$3.55	\$3.88	\$4.20
30-34	\$0.37	\$0.74	\$1.11	\$1.48	\$1.85	\$2.22	\$2.58	\$2.95	\$3.32	\$3.69	\$4.06	\$4.43	\$4.80
35-39	\$0.42	\$0.83	\$1.25	\$1.66	\$2.08	\$2.49	\$2.91	\$3.32	\$3.74	\$4.15	\$4.57	\$4.98	\$5.40
40-44	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00	\$6.60	\$7.20	\$7.80
45-49	\$1.06	\$2.12	\$3.18	\$4.25	\$5.31	\$6.37	\$7.43	\$8.49	\$9.55	\$10.62	\$11.68	\$12.74	\$13.80
50-54	\$1.85	\$3.69	\$5.54	\$7.38	\$9.23	\$11.08	\$12.92	\$14.77	\$16.62	\$18.46	\$20.31	\$22.15	\$24.00
55-59	\$3.23	\$6.46	\$9.69	\$12.92	\$16.15	\$19.38	\$22.62	\$25.85	\$29.08	\$32.31	\$35.54	\$38.77	\$42.00
60-64	\$5.12	\$10.25	\$15.37	\$20.49	\$25.62	\$30.74	\$35.86	\$40.98	\$46.11	\$51.23	\$56.35	\$61.48	\$66.60
65-69	\$8.35	\$16.71	\$25.06	\$33.42	\$41.77	\$50.12	\$58.48	\$66.83	\$75.18	\$83.54	\$91.89	\$100.25	\$108.60
70+	\$12.78	\$25.57	\$38.35	\$51.14	\$63.92	\$76.71	\$89.49	\$102.28	\$115.06	\$127.85	\$140.63	\$153.42	\$166.20

	\$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
Age													
< 30	\$4.52	\$4.85	\$5.17	\$5.49	\$5.82	\$6.14	\$6.46	\$6.78	\$7.11	\$7.43	\$7.75	\$8.08	\$8.40
30-34	\$5.17	\$5.54	\$5.91	\$6.28	\$6.65	\$7.02	\$7.38	\$7.75	\$8.12	\$8.49	\$8.86	\$9.23	\$9.60
35-39	\$5.82	\$6.23	\$6.65	\$7.06	\$7.48	\$7.89	\$8.31	\$8.72	\$9.14	\$9.55	\$9.97	\$10.38	\$10.80
40-44	\$8.40	\$9.00	\$9.60	\$10.20	\$10.80	\$11.40	\$12.00	\$12.60	\$13.20	\$13.80	\$14.40	\$15.00	\$15.60
45-49	\$14.86	\$15.92	\$16.98	\$18.05	\$19.11	\$20.17	\$21.23	\$22.29	\$23.35	\$24.42	\$25.48	\$26.54	\$27.60
50-54	\$25.85	\$27.69	\$29.54	\$31.38	\$33.23	\$35.08	\$36.92	\$38.77	\$40.62	\$42.46	\$44.31	\$46.15	\$48.00
55-59	\$45.23	\$48.46	\$51.69	\$54.92	\$58.15	\$61.38	\$64.62	\$67.85	\$71.08	\$74.31	\$77.54	\$80.77	\$84.00
60-64	\$71.72	\$76.85	\$81.97	\$87.09	\$92.22	\$97.34	\$102.46	\$107.58	\$112.71	\$117.83	\$122.95	\$128.08	\$133.20
65-69	\$116.95	\$125.31	\$133.66	\$142.02	\$150.37	\$158.72	\$167.08	\$175.43	\$183.78	\$192.14	\$200.49	\$208.85	\$217.20
70+	\$178.98	\$191.77	\$204.55	\$217.34	\$230.12	\$242.91	\$255.69	\$268.48	\$281.26	\$294.05	\$306.83	\$319.62	\$332.40



Employee - Optional Term Life Bi-Weekly Cost per Coverage Amount

Coverage is available in increments of \$10,000 to a maximum of \$500,000, not to exceed 7.0 times your covered annual earnings. Refer to the 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.

	\$270,000	\$280,000	\$290,000	\$300,000	\$310,000	\$320,000	\$330,000	\$340,000	\$350,000	\$360,000	\$370,000	\$380,000	
Age													
< 30	\$8.72	\$9.05	\$9.37	\$9.69	\$10.02	\$10.34	\$10.66	\$10.98	\$11.31	\$11.63	\$11.95	\$12.28	
30-34	\$9.97	\$10.34	\$10.71	\$11.08	\$11.45	\$11.82	\$12.18	\$12.55	\$12.92	\$13.29	\$13.66	\$14.03	
35-39	\$11.22	\$11.63	\$12.05	\$12.46	\$12.88	\$13.29	\$13.71	\$14.12	\$14.54	\$14.95	\$15.37	\$15.78	
40-44	\$16.20	\$16.80	\$17.40	\$18.00	\$18.60	\$19.20	\$19.80	\$20.40	\$21.00	\$21.60	\$22.20	\$22.80	
45-49	\$28.66	\$29.72	\$30.78	\$31.85	\$32.91	\$33.97	\$35.03	\$36.09	\$37.15	\$38.22	\$39.28	\$40.34	
50-54	\$49.85	\$51.69	\$53.54	\$55.38	\$57.23	\$59.08	\$60.92	\$62.77	\$64.62	\$66.46	\$68.31	\$70.15	
55-59	\$87.23	\$90.46	\$93.69	\$96.92	\$100.15	\$103.38	\$106.62	\$109.85	\$113.08	\$116.31	\$119.54	\$122.77	
60-64	\$138.32	\$143.45	\$148.57	\$153.69	\$158.82	\$163.94	\$169.06	\$174.18	\$179.31	\$184.43	\$189.55	\$194.68	
65-69	\$225.55	\$233.91	\$242.26	\$250.62	\$258.97	\$267.32	\$275.68	\$284.03	\$292.38	\$300.74	\$309.09	\$317.45	
70+	\$345.18	\$357.97	\$370.75	\$383.54	\$396.32	\$409.11	\$421.89	\$434.68	\$447.46	\$460.25	\$473.03	\$485.82	

	\$390,000	\$400,000	\$410,000	\$420,000	\$430,000	\$440,000	\$450,000	\$460,000	\$470,000	\$480,000	\$490,000	\$500,000
Age												
< 30	\$12.60	\$12.92	\$13.25	\$13.57	\$13.89	\$14.22	\$14.54	\$14.86	\$15.18	\$15.51	\$15.83	\$16.15
30-34	\$14.40	\$14.77	\$15.14	\$15.51	\$15.88	\$16.25	\$16.62	\$16.98	\$17.35	\$17.72	\$18.09	\$18.46
35-39	\$16.20	\$16.62	\$17.03	\$17.45	\$17.86	\$18.28	\$18.69	\$19.11	\$19.52	\$19.94	\$20.35	\$20.77
40-44	\$23.40	\$24.00	\$24.60	\$25.20	\$25.80	\$26.40	\$27.00	\$27.60	\$28.20	\$28.80	\$29.40	\$30.00
45-49	\$41.40	\$42.46	\$43.52	\$44.58	\$45.65	\$46.71	\$47.77	\$48.83	\$49.89	\$50.95	\$52.02	\$53.08
50-54	\$72.00	\$73.85	\$75.69	\$77.54	\$79.38	\$81.23	\$83.08	\$84.92	\$86.77	\$88.62	\$90.46	\$92.31
55-59	\$126.00	\$129.23	\$132.46	\$135.69	\$138.92	\$142.15	\$145.38	\$148.62	\$151.85	\$155.08	\$158.31	\$161.54
60-64	\$199.80	\$204.92	\$210.05	\$215.17	\$220.29	\$225.42	\$230.54	\$235.66	\$240.78	\$245.91	\$251.03	\$256.15
65-69	\$325.80	\$334.15	\$342.51	\$350.86	\$359.22	\$367.57	\$375.92	\$384.28	\$392.63	\$400.98	\$409.34	\$417.69
70+	\$498.60	\$511.38	\$524.17	\$536.95	\$549.74	\$562.52	\$575.31	\$588.09	\$600.88	\$613.66	\$626.45	\$639.23

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 - Optional Dependent Term Life Bi-Weekly Cost per Coverage Amount

Coverage is available in increments of \$5,000 to a maximum of \$500,000, not to exceed 100% 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	\$55,000	\$60,000	\$65,000
Age													
< 30	\$0.16	\$0.32	\$0.48	\$0.65	\$0.81	\$0.97	\$1.13	\$1.29	\$1.45	\$1.62	\$1.78	\$1.94	\$2.10
30-34	\$0.18	\$0.37	\$0.55	\$0.74	\$0.92	\$1.11	\$1.29	\$1.48	\$1.66	\$1.85	\$2.03	\$2.22	\$2.40
35-39	\$0.21	\$0.42	\$0.62	\$0.83	\$1.04	\$1.25	\$1.45	\$1.66	\$1.87	\$2.08	\$2.28	\$2.49	\$2.70
40-44	\$0.30	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$2.10	\$2.40	\$2.70	\$3.00	\$3.30	\$3.60	\$3.90
45-49	\$0.53	\$1.06	\$1.59	\$2.12	\$2.65	\$3.18	\$3.72	\$4.25	\$4.78	\$5.31	\$5.84	\$6.37	\$6.90
50-54	\$0.92	\$1.85	\$2.77	\$3.69	\$4.62	\$5.54	\$6.46	\$7.38	\$8.31	\$9.23	\$10.15	\$11.08	\$12.00
55-59	\$1.62	\$3.23	\$4.85	\$6.46	\$8.08	\$9.69	\$11.31	\$12.92	\$14.54	\$16.15	\$17.77	\$19.38	\$21.00
60-64	\$2.56	\$5.12	\$7.68	\$10.25	\$12.81	\$15.37	\$17.93	\$20.49	\$23.05	\$25.62	\$28.18	\$30.74	\$33.30
65-69	\$4.18	\$8.35	\$12.53	\$16.71	\$20.88	\$25.06	\$29.24	\$33.42	\$37.59	\$41.77	\$45.95	\$50.12	\$54.30
70+	\$6.39	\$12.78	\$19.18	\$25.57	\$31.96	\$38.35	\$44.75	\$51.14	\$57.53	\$63.92	\$70.32	\$76.71	\$83.10

Spouse / Domestic Partner - Optional Dependent Term Life Bi-Weekly Cost per Coverage Amount

Coverage is available in increments of \$5,000 to a maximum of \$500,000, not to exceed 100% 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.

	\$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													
< 30	\$2.26	\$2.42	\$2.58	\$2.75	\$2.91	\$3.07	\$3.23	\$3.39	\$3.55	\$3.72	\$3.88	\$4.04	\$4.20
30-34	\$2.58	\$2.77	\$2.95	\$3.14	\$3.32	\$3.51	\$3.69	\$3.88	\$4.06	\$4.25	\$4.43	\$4.62	\$4.80
35-39	\$2.91	\$3.12	\$3.32	\$3.53	\$3.74	\$3.95	\$4.15	\$4.36	\$4.57	\$4.78	\$4.98	\$5.19	\$5.40
40-44	\$4.20	\$4.50	\$4.80	\$5.10	\$5.40	\$5.70	\$6.00	\$6.30	\$6.60	\$6.90	\$7.20	\$7.50	\$7.80
45-49	\$7.43	\$7.96	\$8.49	\$9.02	\$9.55	\$10.08	\$10.62	\$11.15	\$11.68	\$12.21	\$12.74	\$13.27	\$13.80
50-54	\$12.92	\$13.85	\$14.77	\$15.69	\$16.62	\$17.54	\$18.46	\$19.38	\$20.31	\$21.23	\$22.15	\$23.08	\$24.00
55-59	\$22.62	\$24.23	\$25.85	\$27.46	\$29.08	\$30.69	\$32.31	\$33.92	\$35.54	\$37.15	\$38.77	\$40.38	\$42.00
60-64	\$35.86	\$38.42	\$40.98	\$43.55	\$46.11	\$48.67	\$51.23	\$53.79	\$56.35	\$58.92	\$61.48	\$64.04	\$66.60
65-69	\$58.48	\$62.65	\$66.83	\$71.01	\$75.18	\$79.36	\$83.54	\$87.72	\$91.89	\$96.07	\$100.25	\$104.42	\$108.60
70+	\$89.49	\$95.88	\$102.28	\$108.67	\$115.06	\$121.45	\$127.85	\$134.24	\$140.63	\$147.02	\$153.42	\$159.81	\$166.20
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	\$135,000	\$140,000	\$145,000	\$150,000	\$155,000	\$160,000	\$165,000	\$170,000	\$175,000	\$180,000	\$185,000	\$190,000	\$195,000
Age													
< 30	\$4.36	\$4.52	\$4.68	\$4.85	\$5.01	\$5.17	\$5.33	\$5.49	\$5.65	\$5.82	\$5.98	\$6.14	\$6.30
30-34	\$4.98	\$5.17	\$5.35	\$5.54	\$5.72	\$5.91	\$6.09	\$6.28	\$6.46	\$6.65	\$6.83	\$7.02	\$7.20
35-39	\$5.61	\$5.82	\$6.02	\$6.23	\$6.44	\$6.65	\$6.85	\$7.06	\$7.27	\$7.48	\$7.68	\$7.89	\$8.10
40-44	\$8.10	\$8.40	\$8.70	\$9.00	\$9.30	\$9.60	\$9.90	\$10.20	\$10.50	\$10.80	\$11.10	\$11.40	\$11.70
45-49	\$14.33	\$14.86	\$15.39	\$15.92	\$16.45	\$16.98	\$17.52	\$18.05	\$18.58	\$19.11	\$19.64	\$20.17	\$20.70
50-54	\$24.92	\$25.85	\$26.77	\$27.69	\$28.62	\$29.54	\$30.46	\$31.38	\$32.31	\$33.23	\$34.15	\$35.08	\$36.00
55-59	\$43.62	\$45.23	\$46.85	\$48.46	\$50.08	\$51.69	\$53.31	\$54.92	\$56.54	\$58.15	\$59.77	\$61.38	\$63.00
60-64	\$69.16	\$71.72	\$74.28	\$76.85	\$79.41	\$81.97	\$84.53	\$87.09	\$89.65	\$92.22	\$94.78	\$97.34	\$99.90
65-69	\$112.78	\$116.95	\$121.13	\$125.31	\$129.48	\$133.66	\$137.84	\$142.02	\$146.19	\$150.37	\$154.55	\$158.72	\$162.90
70+	\$172.59	\$178.98	\$185.38	\$191.77	\$198.16	\$204.55	\$210.95	\$217.34	\$223.73	\$230.12	\$236.52	\$242.91	\$249.30
	\$200,000	\$205,000	\$210,000	\$215,000	\$220,000	\$225,000	\$230,000	\$235,000	\$240,000	\$245,000	\$250,000	\$255,000	\$260,000
Age	4200,000	4200,000	4210,000	4210,000	4 0,000	4 0,000	4200,000	4200,000	42.0,000	42.0,000	4200,000	4200,000	4200,000
< 30	\$6.46	\$6.62	\$6.78	\$6.95	\$7.11	\$7.27	\$7.43	\$7.59	\$7.75	\$7.92	\$8.08	\$8.24	\$8.40
30-34	\$7.38	\$7.57	\$7.75	\$7.94	\$8.12	\$8.31	\$8.49	\$8.68	\$8.86	\$9.05	\$9.23	\$9.42	\$9.60
35-39	\$8.31	\$8.52	\$8.72	\$8.93	\$9.14	\$9.35	\$9.55	\$9.76	\$9.97	\$10.18	\$10.38	\$10.59	\$10.80
40-44	\$12.00	\$12.30	\$12.60	\$12.90	\$13.20	\$13.50	\$13.80	\$14.10	\$14.40	\$14.70	\$15.00	\$15.30	\$15.60
45-49	\$21.23	\$21.76	\$22.29	\$22.82	\$23.35	\$23.88	\$24.42	\$24.95	\$25.48	\$26.01	\$26.54	\$27.07	\$27.60
50-54	\$36.92	\$37.85	\$38.77	\$39.69	\$40.62	\$41.54	\$42.46	\$43.38	\$44.31	\$45.23	\$46.15	\$47.08	\$48.00
55-59	\$64.62	\$66.23	\$67.85	\$69.46	\$71.08	\$72.69	\$74.31	\$75.92	\$77.54	\$79.15	\$80.77	\$82.38	\$84.00
60-64	\$102.46	\$105.02	\$107.58	\$110.15	\$112.71	\$115.27	\$117.83	\$120.39	\$122.95	\$125.52	\$128.08	\$130.64	\$133.20
65-69	\$167.08	\$171.25	\$175.43	\$179.61	\$183.78	\$187.96	\$192.14	\$196.32	\$200.49	\$204.67	\$208.85	\$213.02	\$217.20
70+	\$255.69	\$262.08	\$268.48	\$274.87	\$281.26	\$287.65	\$294.05	\$300.44	\$306.83	\$313.22	\$319.62	\$326.01	\$332.40
								1			1	1	
_	\$265,000	\$270,000	\$275,000	\$280,000	\$285,000	\$290,000	\$295,000	\$300,000	\$305,000	\$310,000	\$315,000	\$320,000	
Age	40.75	40.75	40.55	40.55	40.51	40.5-	40.75	40.55	40.55	410.00	410.10	410.01	
< 30	\$8.56	\$8.72	\$8.88	\$9.05	\$9.21	\$9.37	\$9.53	\$9.69	\$9.85	\$10.02	\$10.18	\$10.34	
30-34	\$9.78	\$9.97	\$10.15	\$10.34	\$10.52	\$10.71	\$10.89	\$11.08	\$11.26	\$11.45	\$11.63	\$11.82	
35-39	\$11.01	\$11.22	\$11.42	\$11.63	\$11.84	\$12.05	\$12.25	\$12.46	\$12.67	\$12.88	\$13.08	\$13.29	
40-44	\$15.90	\$16.20	\$16.50	\$16.80	\$17.10	\$17.40	\$17.70	\$18.00	\$18.30	\$18.60	\$18.90	\$19.20	
45-49	\$28.13	\$28.66	\$29.19	\$29.72	\$30.25	\$30.78	\$31.32	\$31.85	\$32.38	\$32.91	\$33.44	\$33.97	
50-54	\$48.92	\$49.85	\$50.77	\$51.69	\$52.62	\$53.54	\$54.46	\$55.38	\$56.31	\$57.23	\$58.15	\$59.08	
55-59	\$85.62	\$87.23	\$88.85	\$90.46	\$92.08	\$93.69	\$95.31	\$96.92	\$98.54	\$100.15	\$101.77	\$103.38	
60-64	\$135.76	\$138.32	\$140.88	\$143.45	\$146.01	\$148.57	\$151.13	\$153.69	\$156.25	\$158.82	\$161.38	\$163.94	
65-69	\$221.38	\$225.55	\$229.73 \$351.58	\$233.91	\$238.08	\$242.26	\$246.44	\$250.62	\$254.79	\$258.97	\$263.15	\$267.32	
70+	\$338.79	\$345.18		\$357.97	\$364.36	\$370.75	\$377.15	\$383.54	\$389.93	\$396.32	\$402.72	\$409.11	

Spouse / Domestic Partner - Optional Dependent Term Life Bi-Weekly Cost per Coverage Amount

Coverage is available in increments of \$5,000 to a maximum of \$500,000, not to exceed 100% 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.

	\$325,000	\$330,000	\$335,000	\$340,000	\$345,000	\$350,000	\$355,000	\$360,000	\$365,000	\$370,000	\$375,000	\$380,000	
Age													
< 30	\$10.50	\$10.66	\$10.82	\$10.98	\$11.15	\$11.31	\$11.47	\$11.63	\$11.79	\$11.95	\$12.12	\$12.28	
30-34	\$12.00	\$12.18	\$12.37	\$12.55	\$12.74	\$12.92	\$13.11	\$13.29	\$13.48	\$13.66	\$13.85	\$14.03	
35-39	\$13.50	\$13.71	\$13.92	\$14.12	\$14.33	\$14.54	\$14.75	\$14.95	\$15.16	\$15.37	\$15.58	\$15.78	
40-44	\$19.50	\$19.80	\$20.10	\$20.40	\$20.70	\$21.00	\$21.30	\$21.60	\$21.90	\$22.20	\$22.50	\$22.80	
45-49	\$34.50	\$35.03	\$35.56	\$36.09	\$36.62	\$37.15	\$37.68	\$38.22	\$38.75	\$39.28	\$39.81	\$40.34	
50-54	\$60.00	\$60.92	\$61.85	\$62.77	\$63.69	\$64.62	\$65.54	\$66.46	\$67.38	\$68.31	\$69.23	\$70.15	
55-59	\$105.00	\$106.62	\$108.23	\$109.85	\$111.46	\$113.08	\$114.69	\$116.31	\$117.92	\$119.54	\$121.15	\$122.77	
60-64	\$166.50	\$169.06	\$171.62	\$174.18	\$176.75	\$179.31	\$181.87	\$184.43	\$186.99	\$189.55	\$192.12	\$194.68	
65-69	\$271.50	\$275.68	\$279.85	\$284.03	\$288.21	\$292.38	\$296.56	\$300.74	\$304.92	\$309.09	\$313.27	\$317.45	
70+	\$415.50	\$421.89	\$428.28	\$434.68	\$441.07	\$447.46	\$453.85	\$460.25	\$466.64	\$473.03	\$479.42	\$485.82	
						,		, ,					
	\$385,000	\$390,000	\$395,000	\$400,000	\$405,000	\$410,000	\$415,000	\$420,000	\$425,000	\$430,000	\$435,000	\$440,000	
Age													
< 30	\$12.44	\$12.60	\$12.76	\$12.92	\$13.08	\$13.25	\$13.41	\$13.57	\$13.73	\$13.89	\$14.05	\$14.22	
30-34	\$14.22	\$14.40	\$14.58	\$14.77	\$14.95	\$15.14	\$15.32	\$15.51	\$15.69	\$15.88	\$16.06	\$16.25	
35-39	\$15.99	\$16.20	\$16.41	\$16.62	\$16.82	\$17.03	\$17.24	\$17.45	\$17.65	\$17.86	\$18.07	\$18.28	
40-44	\$23.10	\$23.40	\$23.70	\$24.00	\$24.30	\$24.60	\$24.90	\$25.20	\$25.50	\$25.80	\$26.10	\$26.40	
45-49	\$40.87	\$41.40	\$41.93	\$42.46	\$42.99	\$43.52	\$44.05	\$44.58	\$45.12	\$45.65	\$46.18	\$46.71	
50-54	\$71.08	\$72.00	\$72.92	\$73.85	\$74.77	\$75.69	\$76.62	\$77.54	\$78.46	\$79.38	\$80.31	\$81.23	
55-59	\$124.38	\$126.00	\$127.62	\$129.23	\$130.85	\$132.46	\$134.08	\$135.69	\$137.31	\$138.92	\$140.54	\$142.15	
60-64	\$197.24	\$199.80	\$202.36	\$204.92	\$207.48	\$210.05	\$212.61	\$215.17	\$217.73	\$220.29	\$222.85	\$225.42	
65-69	\$321.62	\$325.80	\$329.98	\$334.15	\$338.33	\$342.51	\$346.68	\$350.86	\$355.04	\$359.22	\$363.39	\$367.57	
70+	\$492.21	\$498.60	\$504.99	\$511.38	\$517.78	\$524.17	\$530.56	\$536.95	\$543.35	\$549.74	\$556.13	\$562.52	
	\$445,000	\$450,000	\$455,000	\$460,000	\$465,000	\$470,000	\$475,000	\$480,000	\$485,000	\$490,000	\$495,000	\$500,000	
Age	φττο,000	φ-130,000	φ-100,000	Ψ-100,000	Ψ-100,000	φ+70,000	Ψ-7.0,000	ψ-100,000	φ-του,σου	ψ-130,000	φ-100,000	φ500,000	
< 30	\$14.38	\$14.54	\$14.70	\$14.86	\$15.02	\$15.18	\$15.35	\$15.51	\$15.67	\$15.83	\$15.99	\$16.15	
	\$14.38	\$14.54	\$14.70	\$14.88	\$15.02	\$17.35	\$15.55	\$15.51	\$15.67	\$13.83	\$15.99	\$18.46	
30-34	\$16.43		\$16.80	\$16.98	\$17.17 \$19.32	\$17.35 \$19.52	\$17.54 \$19.73	\$17.72 \$19.94	\$17.91	\$18.09	\$18.28	\$18.46	
35-39	\$18.48	\$18.69		\$19.11		\$19.52	\$19.73			\$20.35		\$20.77	
40-44		\$27.00	\$27.30		\$27.90			\$28.80	\$29.10		\$29.70		
45-49	\$47.24	\$47.77	\$48.30	\$48.83	\$49.36	\$49.89	\$50.42	\$50.95	\$51.48	\$52.02	\$52.55	\$53.08	
50-54	\$82.15	\$83.08	\$84.00	\$84.92	\$85.85	\$86.77	\$87.69	\$88.62	\$89.54	\$90.46	\$91.38	\$92.31	

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

\$151.85

\$240.78

\$392.63

\$600.88

Spouse / Domestic Partner rate is based on employee's age.

\$147.00

\$233.10

\$380.10

\$581.70

\$148.62

\$235.66

\$384.28

\$588.09

\$150.23

\$238.22

\$388.45

\$594.48

55-59

60-64

65-69

70+

\$143.77

\$227.98

\$371.75

\$568.92

\$145.38

\$230.54

\$375.92

\$575.31

Children - Optional Dependent Term Life Bi-Weekly Cost per Coverage Amount

\$153.46

\$243.35

\$396.81

\$607.27

\$155.08

\$245.91

\$400.98

\$613.66

\$156.69

\$248.47

\$405.16

\$620.05

\$158.31

\$251.03

\$409.34

\$626.45

\$159.92

\$253.59

\$413.52

\$632.84

\$161.54

\$256.15

\$417.69

\$639.23

One premium rate covers all eligible children

Coverage is available for \$10,000, not to exceed 100% of your Optional Term Life coverage amount.

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

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. If you do not have other health insurance coverage, you may be subject to a federal tax penalty.

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 07102. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. Contract Series: 83500

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