SMALL BUSINESS SOLUTIONS
2-50 ELIGIBLE EMPLOYEES

DELTA DENTAL® DeltaLife™

Preferred SIC Codes

2027 Life Insurance Rates

Employer Paid Group Term Life w/AD&D Flat $10K, $25K or $50K

Groups with 2-9 eligible employees (Rates include AD&D)

Age	Monthly Premium Rate (Per $1,000 of Coverage)
<24	$0.09
25-29	$0.09
30-34	$0.11
35-39	$0.14
40-44	$0.22
45-49	$0.34

Age	Monthly Premium Rate (Per $1,000 of Coverage)
50-54	$0.50
55-59	$0.85
60-64	$1.04
65-69	$1.45
70+	$3.40

Groups with 10-99 eligible employees

Coverage	Monthly Premium Rate (Per $1,000 of Coverage)
Life	$0.31
AD&D	$0.02

Voluntary Group Term Life w/AD&D $300K not to exceed 5x Base Salary

Guaranteed Issue Amount is $50,000

Age	Employee Term Life (Per $1,000 of employee volume)
<24	$0.09
25-29	$0.09
30-34	$0.11
35-39	$0.14
40-44	$0.22
45-49	$0.34

Age	Employee Term Life (Per $1,000 of employee volume)
50-54	$0.50
55-59	$0.85
60-64	$1.04
65-69	$1.45
70+	$3.40

Dependent Voluntary Group Term Life $150K not to exceed 50% of Employee Election

Guaranteed Issue Amount is $25,000

Age	Spouse Term Life (Per $1,000 of spouse volume)
<24	$0.09
25-29	$0.09
30-34	$0.11
35-39	$0.14
40-44	$0.22
45-49	$0.34

Age	Spouse Term Life (Per $1,000 of spouse volume)
50-54	$0.50
55-59	$0.85
60-64	$1.04
65-69	$1.45
70+	$3.40

Dependent Voluntary Group Term Life Child

Child Option	Child Amount	Child Rate
Option 1	$2,500	$1.09
Option 2	$5,000	$2.18
Option 3	$7,500	$3.27
Option 4	$10,000	$4.26

Underwritten pricing available for groups over 20. Please reach out to your broker or Delta Dental Account Manager.

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2027 Disability Insurance Rates

Employer Paid Short-Term Disability 7/7/13, up to $1,500

Groups with 2-9 eligible employees

Age	Monthly Premium Rate (Per $10 of Weekly Benefit)
<24	$0.34
25-29	$0.34
30-34	$0.31
35-39	$0.24
40-44	$0.24
45-49	$0.26

Age	Monthly Premium Rate (Per $10 of Weekly Benefit)
50-54	$0.33
55-59	$0.45
60-64	$0.51
65-69	$0.56
70+	$0.58

Groups with 10-99 eligible employees

Monthly Premium Rate (Per $10 of Weekly Benefit)
$0.29

Voluntary Short-Term Disability 7/7/13, up to $1,500

Age	Monthly Premium Rate (Per $10 of Weekly Benefit)
<24	$0.68
25-29	$0.73
30-34	$0.73
35-39	$0.58
40-44	$0.50
45-49	$0.51

Age	Monthly Premium Rate (Per $10 of Weekly Benefit)
50-54	$0.61
55-59	$0.78
60-64	$0.89
65-69	$0.98
70+	$1.06

Employer Paid Short-Term Disability 14/14/13, up to $1,500

Groups with 2-9 eligible employees

Age	Monthly Premium Rate (Per $10 of Weekly Benefit)
<24	$0.32
25-29	$0.32
30-34	$0.27
35-39	$0.20
40-44	$0.20
45-49	$0.21

Age	Monthly Premium Rate (Per $10 of Weekly Benefit)
50-54	$0.26
55-59	$0.35
60-64	$0.40
65-69	$0.45
70+	$0.46

Groups with 10-99 eligible employees

Monthly Premium Rate (Per $10 of Weekly Benefit)
$0.24

Voluntary Short-Term Disability 14/14/13, up to $1,500

Age	Monthly Premium Rate (Per $10 of Weekly Benefit)
<24	$0.58
25-29	$0.64
30-34	$0.62
35-39	$0.47
40-44	$0.40
45-49	$0.41

Age	Monthly Premium Rate (Per $10 of Weekly Benefit)
50-54	$0.48
55-59	$0.61
60-64	$0.71
65-69	$0.77
70+	$0.83

Employer Paid Long-Term Disability 90/60%/SSNRA, up to $6,000

Groups with 2-9 eligible employees

Age	Monthly Premium Rate (Per $100 of Monthly Covered Payroll)
<24	$0.11
25-29	$0.16
30-34	$0.20
35-39	$0.27
40-44	$0.42
45-49	$0.61

Age	Monthly Premium Rate (Per $100 of Monthly Covered Payroll)
50-54	$0.71
55-59	$0.63
60-64	$0.53
65-69	$0.29
70+	$0.45

Groups with 10-99 eligible employees

Monthly Premium Rate (Per $100 of Monthly Covered Payroll)
$0.35

Voluntary Long-Term Disability 90/60%/SSNRA, up to $6,000

Age	Monthly Premium Rate (Per $100 of Monthly Covered Payroll)
<24	$0.18
25-29	$0.26
30-34	$0.44
35-39	$0.58
40-44	$0.88
45-49	$1.15

Age	Monthly Premium Rate (Per $100 of Monthly Covered Payroll)
50-54	$1.38
55-59	$1.44
60-64	$1.36
65-69	$0.76
70+	$1.17

Underwritten pricing available for groups over 20. Please reach out to your broker or Delta Dental Account Manager.

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