SMALL BUSINESS SOLUTIONS
2-50 ELIGIBLE EMPLOYEES

DELTA DENTAL® DeltaLife™

Standard 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	$0.16
25-29	$0.16
30-34	$0.18
35-39	$0.21
40-44	$0.31
45-49	$0.46

Age	Monthly Premium Rate (Per $1,000 of Coverage)
50-54	$0.71
55-59	$1.03
60-64	$1.22
65-69	$1.89
70+	$4.25

Groups with 10-99 eligible employees

Coverage	Monthly Premium Rate (Per $1,000 of Coverage)
Life	$0.33
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	$0.16
25-29	$0.16
30-34	$0.18
35-39	$0.21
40-44	$0.31
45-49	$0.46

Age	Employee Term Life (Per $1,000 of employee volume)
50-54	$0.71
55-59	$1.03
60-64	$1.22
65-69	$1.89
70+	$4.25

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	$0.16
25-29	$0.16
30-34	$0.18
35-39	$0.21
40-44	$0.31
45-49	$0.46

Age	Spouse Term Life (Per $1,000 of spouse volume)
50-54	$0.71
55-59	$1.03
60-64	$1.22
65-69	$1.89
70+	$4.25

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	$4.36

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	$0.43
25-29	$0.43
30-34	$0.43
35-39	$0.34
40-44	$0.34
45-49	$0.39

Age	Monthly Premium Rate (Per $10 of Weekly Benefit)
50-54	$0.49
55-59	$0.65
60-64	$0.78
65-69	$0.82
70+	$0.89

Groups with 10-99 eligible employees

Monthly Premium Rate (Per $10 of Weekly Benefit)
$0.43

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	$0.61
40-44	$0.58
45-49	$0.64

Age	Monthly Premium Rate (Per $10 of Weekly Benefit)
50-54	$0.77
55-59	$1.02
60-64	$1.17
65-69	$1.25
70+	$1.36

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	$0.38
25-29	$0.38
30-34	$0.37
35-39	$0.28
40-44	$0.28
45-49	$0.31

Age	Monthly Premium Rate (Per $10 of Weekly Benefit)
50-54	$0.39
55-59	$0.52
60-64	$0.62
65-69	$0.65
70+	$0.71

Groups with 10-99 eligible employees

Monthly Premium Rate (Per $10 of Weekly Benefit)
$0.35

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	$0.51
40-44	$0.49
45-49	$0.54

Age	Monthly Premium Rate (Per $10 of Weekly Benefit)
50-54	$0.64
55-59	$0.85
60-64	$0.98
65-69	$1.05
70+	$1.14

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	$0.15
25-29	$0.19
30-34	$0.27
35-39	$0.35
40-44	$0.49
45-49	$0.75

Age	Monthly Premium Rate (Per $100 of Monthly Covered Payroll)
50-54	$0.90
55-59	$0.85
60-64	$0.80
65-69	$0.44
70+	$0.33

Groups with 10-99 eligible employees

Monthly Premium Rate (Per $100 of Monthly Covered Payroll)
$0.52

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	$0.27
30-34	$0.45
35-39	$0.62
40-44	$0.93
45-49	$1.36

Age	Monthly Premium Rate (Per $100 of Monthly Covered Payroll)
50-54	$1.70
55-59	$1.81
60-64	$1.71
65-69	$0.94
70+	$0.69

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