



Preferred SIC Codes

DeltaLife

2024 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 10-50 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	\$O.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	\$O.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	\$4.36

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

Products issued and underwritten by American United Life Insurance Company* (AUL), Indianapolis, IN, a OneAmerica* company. Not available in all states or may vary by state. Employee Assistance Program (EAP) is administered by ComPsych*, Travel Assistance administered by On Call International*. FMLA Administration administered by Sedgwick and ComPsych. All guarantees are subject to the claims paying ability of AUL. Dividends are not guaranteed.

ComPsych, On Call International and Sedgwick are not affiliates of AUL and are not OneAmerica companies.





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2024 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 10-50 eligible employees

Monthly Premium Rate	
(Per \$10 of Weekly Benefit)	
\$O 29	

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

Age	Monthly Premium Rate (Per \$10 of Weekly Benefit)
<24	\$0.75
25-29	\$0.75
30-34	\$0.75
35-39	\$0.75
40-44	\$0.56
45-49	\$0.56

Age	Monthly Premium Rate (Per \$10 of Weekly Benefit)
50-54	\$0.71
55-59	\$0.89
60-64	\$1.02
65-69	\$1.12
70+	\$1.19

▶ 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
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Groups with 10-50 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)	Age	Monthly Premiur (Per \$10 of Weekly
<24	\$0.71	50-54	\$0.59
25-29	\$0.71	55-59	\$0.74
30-34	\$0.71	60-64	\$0.86
35-39	\$0.71	65-69	\$0.94
40-44	\$0.47	70+	\$1.00
45-49	\$0.47		
	<24 25-29 30-34 35-39 40-44	Age (Per \$10 of Weekly Benefit) <24 \$0.71 25-29 \$0.71 30-34 \$0.71 35-39 \$0.71 40-44 \$0.47	Age (Per \$10 of Weekly Benefit) Age <24 \$0.71 50-54 25-29 \$0.71 55-59 30-34 \$0.71 60-64 35-39 \$0.71 65-69 40-44 \$0.47 70+

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

Groups with 2-9 eligible employees

Monthly Premium Rate (Per \$100 of Monthly Covered Payroll)
\$0.11
\$0.11
\$0.17
\$0.25
\$0.37
\$0.58

Age	Monthly Premium Rate (Per \$100 of Monthly Covered Payroll)
50-54	\$0.77
55-59	\$0.85
60-64	\$0.85
65-69	\$0.85
70+	\$0.85

Groups with 10-50 eligible employees

Monthly Premium Rate	
(Per \$100 of Monthly Covered Payroll)	
\$0.39	

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

Age Monthly Pro (Per \$100 of Month) Pro (Per \$100 of Month) \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	0.17
25-29 \$0	17
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30-34 \$0	.37
35-39 \$C).51
40-44 \$0	.76
45-49 \$1.	06

Monthly Premium Rate (Per \$100 of Monthly Covered Payroll)
\$1.47
\$1.90
\$2.11
\$2.11
\$2.11

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