

Standard SIC Codes

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)	Age	Monthly Premium Rate (Per \$1,000 of Coverage)
<24	\$0.12	50-54	\$0.62
25-29	\$0.12	55-59	\$1.05
30-34	\$0.14	60-64	\$1.29
35-39	\$0.17	65-69	\$1.80
40-44	\$0.27	70+	\$4.23
45-49	\$0.43		

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)	Age	Employee Term Life (Per \$1,000 of employee volume)
<24	\$0.12	50-54	\$0.62
25-29	\$0.12	55-59	\$1.05
30-34	\$0.14	60-64	\$1.29
35-39	\$0.17	65-69	\$1.80
40-44	\$0.27	70+	\$4.23
45-49	\$0.43		

▶ 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)	Age	Spouse Term Life (Per \$1,000 of spouse volume)
<24	\$0.12	50-54	\$0.62
25-29	\$0.12	55-59	\$1.05
30-34	\$0.14	60-64	\$1.29
35-39	\$0.17	65-69	\$1.80
40-44	\$0.27	70+	\$4.23
45-49	\$0.43		

▶ 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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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	\$0.43
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	\$0.80
25-29	\$0.80
30-34	\$0.80
35-39	\$0.80
40-44	\$0.70
45-49	\$0.70

Age	Monthly Premium Rate (Per \$10 of Weekly Benefit)
50-54	\$0.88
55-59	\$1.11
60-64	\$1.28
65-69	\$1.40
70+	\$1.49

▶ 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)	Age	Monthly Premium Rate (Per \$10 of Weekly Benefit)
<24	\$0.74	50-54	\$0.74
25-29	\$0.74	55-59	\$0.94
30-34	\$0.74	60-64	\$1.08
35-39	\$0.74	65-69	\$1.17
40-44	\$0.59	70+	\$1.25
45-49	\$0.59		

► **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)	Age	Monthly Premium Rate (Per \$100 of Monthly Covered Payroll)
<24	\$0.17	50-54	\$0.97
25-29	\$0.17	55-59	\$1.12
30-34	\$0.26	60-64	\$1.12
35-39	\$0.35	65-69	\$1.12
40-44	\$0.49	70+	\$1.12
45-49	\$0.72		

Groups with 10-99 eligible employees

Monthly Premium Rate (Per \$100 of Monthly Covered Payroll)
\$0.59

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

Age	Monthly Premium Rate (Per \$100 of Monthly Covered Payroll)	Age	Monthly Premium Rate (Per \$100 of Monthly Covered Payroll)
<24	\$0.22	50-54	\$1.83
25-29	\$0.25	55-59	\$2.38
30-34	\$0.45	60-64	\$2.40
35-39	\$0.62	65-69	\$2.40
40-44	\$0.93	70+	\$2.40
45-49	\$1.31		

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