



# Rate Sheet

**SARES-REGIS Operating Company, L.P.**

**All Eligible Employees**

**Issued by The Prudential Insurance Company of America (Prudential)**

**Effective: 01/01/2025**

## Employee Optional Term Life Monthly cost per coverage amount

Coverage is available in increments of \$50,000 to a maximum of \$750,000. 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.

	\$50,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	\$350,000	\$400,000	\$450,000	\$500,000	\$550,000	\$600,000
Age												
Under 25	\$1.80	\$3.60	\$5.40	\$7.20	\$9.00	\$10.80	\$12.60	\$14.40	\$16.20	\$18.00	\$19.80	\$21.60
25 to 29	\$2.20	\$4.40	\$6.60	\$8.80	\$11.00	\$13.20	\$15.40	\$17.60	\$19.80	\$22.00	\$24.20	\$26.40
30 to 34	\$2.90	\$5.80	\$8.70	\$11.60	\$14.50	\$17.40	\$20.30	\$23.20	\$26.10	\$29.00	\$31.90	\$34.80
35 to 39	\$3.30	\$6.60	\$9.90	\$13.20	\$16.50	\$19.80	\$23.10	\$26.40	\$29.70	\$33.00	\$36.30	\$39.60
40 to 44	\$3.65	\$7.30	\$10.95	\$14.60	\$18.25	\$21.90	\$25.55	\$29.20	\$32.85	\$36.50	\$40.15	\$43.80
45 to 49	\$5.45	\$10.90	\$16.35	\$21.80	\$27.25	\$32.70	\$38.15	\$43.60	\$49.05	\$54.50	\$59.95	\$65.40
50 to 54	\$8.35	\$16.70	\$25.05	\$33.40	\$41.75	\$50.10	\$58.45	\$66.80	\$75.15	\$83.50	\$91.85	\$100.20
55 to 59	\$15.65	\$31.30	\$46.95	\$62.60	\$78.25	\$93.90	\$109.55	\$125.20	\$140.85	\$156.50	\$172.15	\$187.80
60 to 64	\$24.05	\$48.10	\$72.15	\$96.20	\$120.25	\$144.30	\$168.35	\$192.40	\$216.45	\$240.50	\$264.55	\$288.60
65 to 69	\$46.25	\$92.50	\$138.75	\$185.00	\$231.25	\$277.50	\$323.75	\$370.00	\$416.25	\$462.50	\$508.75	\$555.00
70 to 100	\$75.00	\$150.00	\$225.00	\$300.00	\$375.00	\$450.00	\$525.00	\$600.00	\$675.00	\$750.00	\$825.00	\$900.00

	\$650,000	\$700,000	\$750,000									
Age												
Under 25	\$23.40	\$25.20	\$27.00									
25 to 29	\$28.60	\$30.80	\$33.00									
30 to 34	\$37.70	\$40.60	\$43.50									
35 to 39	\$42.90	\$46.20	\$49.50									
40 to 44	\$47.45	\$51.10	\$54.75									
45 to 49	\$70.85	\$76.30	\$81.75									
50 to 54	\$108.55	\$116.90	\$125.25									
55 to 59	\$203.45	\$219.10	\$234.75									
60 to 64	\$312.65	\$336.70	\$360.75									
65 to 69	\$601.25	\$647.50	\$693.75									
70 to 100	\$975.00	\$1,050.00	\$1,125.00									

### Spouse/ Domestic Partner Optional Dependent Term Life Monthly cost per coverage amount

Coverage is available on your spouse/domestic partner for \$25,000 or \$50,000. **Please Note:** The Optional Dependent Term Life coverage amount on your spouse/domestic partner cannot exceed 50% 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. Please refer to your plan certificate(s) to review the required minimum and maximum coverage amounts allowed.

	\$25,000	\$50,000
Age		
Under 25	\$1.08	\$2.15
25 to 29	\$1.30	\$2.60
30 to 34	\$1.73	\$3.45
35 to 39	\$1.95	\$3.90
40 to 44	\$2.15	\$4.30
45 to 49	\$3.23	\$6.45
50 to 54	\$4.95	\$9.90
55 to 59	\$9.25	\$18.50
60 to 64	\$14.23	\$28.45
65 to 69	\$27.35	\$54.70
70 to 100	\$44.38	\$88.75

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

### Children - Optional Dependent Term Life Monthly cost

One premium rate covers all eligible children

Coverage is available on your children for \$10,000. **Please note:** The Optional Dependent Term Life Insurance coverage amount on your children may not exceed 50% of your Optional Term Life coverage amount.

\$1.30

## Family Optional Accidental Death & Dismemberment Monthly cost per coverage amount

Coverage is available in increments of \$50,000 to a maximum of \$500,000. Please refer to your plan certificate(s) to review the required minimum and maximum coverage amounts allowed. Spouse/ Domestic Partner: Coverage is available for an amount equal to 50% of your Optional Accidental Death & Dismemberment Insurance coverage amount. Children: Coverage is available for an amount equal to 15% of your Optional Accidental Death & Dismemberment Insurance coverage amount. Family: Coverage is available for your spouse/domestic partner equal to 40% of your Optional Accidental Death & Dismemberment Insurance coverage amount. Children coverage equal to 10% of your Optional Accidental Death & Dismemberment Insurance coverage amount.

	\$50,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	\$350,000	\$400,000	\$450,000	\$500,000		
Employee	\$1.65	\$3.30	\$4.95	\$6.60	\$8.25	\$9.90	\$11.55	\$13.20	\$14.85	\$16.50		
Family	\$1.40	\$2.80	\$4.20	\$5.60	\$7.00	\$8.40	\$9.80	\$11.20	\$12.60	\$14.00		

## Cost of Buy-up Long Term Disability

Use the chart below to find the cost of Long Term Disability insurance. Follow the steps below to calculate your coverage cost. Your maximum monthly benefit amount is up to \$10,000. Your coverage level is limited to the salary of \$179,991.

Employee's Age	Employee's Rate
Under 25	\$0.034
25-29	\$0.053
30-34	\$0.092
35-39	\$0.167
40-44	\$0.29
45-49	\$0.449
50-54	\$0.751
55-59	\$1.185
60-64	\$0.884
65-69	\$0.402
70-74	\$0.261
75+	\$0.258

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

## How to calculate your total LTD Monthly cost

Step 1	Indicate your monthly earnings.	=\$
Step 2	If the amount in Step 1 is greater than \$14,999.25, indicate \$14,999.25. Otherwise, indicate the amount from Step 1.	=\$
Step 3	Multiply the amount in Step 2 by the rate for your age and divide by 100 to obtain your total LTD monthly cost.	=\$

Implementation of the insurance plan(s) will depend on having a specific percentage of all eligible employees enrolling in the plan(s). If this percentage of enrollment level is not met, these coverage(s) may not be effective.

*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.

\* Important Notice : The acceleration of life insurance benefits offered under this certificate is intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986 (under IRC Section 101(g)). If the acceleration of life insurance benefits qualifies for such favorable treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to acceleration of life benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which you could receive acceleration of life insurance benefits that are excludable from income under federal law.

Receipt of accelerated benefits may be taxable and assistance should be sought from a personal tax advisor.

**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.**

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

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