

Preferred SIC Codes

# 2025 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	\$0.09	50-54	\$0.50
25-29	\$0.09	55-59	\$0.85
30-34	\$0.11	60-64	\$1.04
35-39	\$0.14	65-69	\$1.45
40-44	\$0.22	70+	\$3.40
45-49	\$0.34		

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)	Age	Employee Term Life (Per \$1,000 of employee volume)
<24	\$0.09	50-54	\$0.50
25-29	\$0.09	55-59	\$0.85
30-34	\$0.11	60-64	\$1.04
35-39	\$0.14	65-69	\$1.45
40-44	\$0.22	70+	\$3.40
45-49	\$0.34		

► **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	\$0.09	50-54	\$0.50
25-29	\$0.09	55-59	\$0.85
30-34	\$0.11	60-64	\$1.04
35-39	\$0.14	65-69	\$1.45
40-44	\$0.22	70+	\$3.40
45-49	\$0.34		

► **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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# 2025 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)
\$0.29

► **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

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 Premium Rate (Per \$10 of Weekly Benefit)
<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		

▶ **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	\$0.11
30-34	\$0.17
35-39	\$0.25
40-44	\$0.37
45-49	\$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 Premium Rate (Per \$100 of Monthly Covered Payroll)	Age	Monthly Premium Rate (Per \$100 of Monthly Covered Payroll)
<24	\$0.17	50-54	\$1.47
25-29	\$0.17	55-59	\$1.90
30-34	\$0.37	60-64	\$2.11
35-39	\$0.51	65-69	\$2.11
40-44	\$0.76	70+	\$2.11
45-49	\$1.06		

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