SAMBA

Term Life Insurance Plan

Schedule of Insurance for Members or Spouses Under Age 70 (Biweekly Premium Cost)

Age	Biweekly Rate/$1,000	COVERAGE $25,000	$50,000	$75,000	$100,000	$125,000	$150,000	$200,000	$250,000	$300,000	$400,000	$500,000	$600,000	$750,000
<30	$0.037	$0.92	$1.85	$2.77	$3.69	$4.62	$5.54	$7.38	$9.23	$11.08	$14.77	$18.46	$22.15	$27.69
30-39	$0.051	$1.27	$2.54	$3.81	$5.08	$6.35	$7.62	$10.15	$12.69	$15.23	$20.31	$25.38	$30.46	$38.08
40-49	$0.070	$1.75	$3.51	$5.26	$7.02	$8.77	$10.52	$14.03	$17.54	$21.05	$28.06	$35.08	$42.09	$52.62
50-54	$0.120	$2.99	$5.98	$8.97	$11.95	$14.94	$17.93	$23.91	$29.88	$35.86	$47.82	$59.77	$71.72	$89.65
55-59	$0.204	$5.11	$10.22	$15.34	$20.45	$25.56	$30.67	$40.89	$51.12	$61.34	$81.78	$102.23	$122.68	$153.42
60-64	$0.312	$7.79	$15.58	$23.37	$31.15	$38.94	$46.73	$62.31	$77.88	$93.46	$124.62	$155.77	$186.92	$233.72
65-69	$0.499	$12.48	$24.97	$37.45	$49.94	$62.42	$74.91	$99.88	$124.85	$149.82	$199.75	$249.69	$299.63	$374.54

Schedule of Insurance for Members or Spouses Age 70 and Over (Biweekly Premium Cost)

Age	Biweekly Rate/$1,000	$25,000		$50,000		$75,000		$100,000		$125,000		$150,000		$200,000	
		Coverage	Cost	Coverage	Cost	Coverage	Cost	Coverage	Cost	Coverage	Cost	Coverage	Cost	Coverage	Cost
70-74	$1.000	$12,500	$12.50	$25,000	$24.99	$37,500	$37.49	$50,000	$49.98	$62,500	$62.48	$75,000	$74.98	$100,000	$99.97
75-79	$2.010	$6,250	$12.56	$12,500	$25.12	$18,750	$37.68	$25,000	$50.24	$31,250	$62.80	$37,500	$75.36	$50,000	$100.48
80-84	$4.002	$6,250	$25.01	$12,500	$50.03	$15,000	$60.03	$15,000	$60.03	$15,000	$60.03	$15,000	$60.03	$15,000	$60.03
85-89	$4.381	$6,250	$27.38	$12,500	$54.77	$15,000	$65.72	$15,000	$65.72	$15,000	$65.72	$15,000	$65.72	$15,000	$65.72
90-94	$4.812	$6,250	$30.08	$12,500	$60.15	$15,000	$72.18	$15,000	$72.18	$15,000	$72.18	$15,000	$72.18	$15,000	$72.18
95+	$5.211	$6,250	$32.57	$12,500	$65.13	$15,000	$78.16	$15,000	$78.16	$15,000	$78.16	$15,000	$78.16	$15,000	$78.16

Age	Biweekly Rate/$1,000	$250,000		$300,000		$400,000		$500,000		$600,000		$750,000	
		Coverage	Cost	Coverage	Cost	Coverage	Cost	Coverage	Cost	Coverage	Cost	Coverage	Cost
70-74	$1.000	$125,000	$124.96	$150,000	$149.95	$200,000	$199.94	$250,000	$249.92	$300,000	$299.91	$375,000	$374.88
75-79	$2.010	$50,000	$100.48	$50,000	$100.48	$50,000	$100.48	$50,000	$100.48	$50,000	$100.48	$50,000	$100.48
80-84	$4.002	$15,000	$60.03	$15,000	$60.03	$15,000	$60.03	$15,000	$60.03	$15,000	$60.03	$15,000	$60.03
85-89	$4.381	$15,000	$65.72	$15,000	$65.72	$15,000	$65.72	$15,000	$65.72	$15,000	$65.72	$15,000	$65.72
90-94	$4.812	$15,000	$72.18	$15,000	$72.18	$15,000	$72.18	$15,000	$72.18	$15,000	$72.18	$15,000	$72.18
95+	$5.211	$15,000	$78.16	$15,000	$78.16	$15,000	$78.16	$15,000	$78.16	$15,000	$78.16	$15,000	$78.16

Age 70, coverage reduces to 50%

Age 75 coverage reduces to 25% – maximum coverage $50,000

Age 80 maximum coverage $15,000

Plans and rates above apply to Members and Spouses. Spouse coverage amount may not exceed member coverage amount.

Costs above include a matching Accidental Death and Dismemberment Benefit on Members who are under age 65.

Dependent Child coverage of $20,000 can be added for a cost of $1 per Biweekly Pay Period (total cost regardless of the number of eligible children).

Member may retain coverage on self and family, even if no longer employed by the federal government.

Rates are subject to change.

This coverage is not health insurance coverage (often referred to as "Major Medical Coverage").

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

This policy provides Term Life Insurance and Accidental Death and Dismemberment (AD&D) insurance. The Accidental Death and Dismemberment (AD&D) coverage provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services.

IMPORTANT NOTICE – THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

THIS IS AN EXCEPTED BENEFITS POLICY. IT PROVIDES COVERAGE ONLY FOR THE LIMITED BENEFITS OR SERVICES SPECIFIED IN THE POLICY.

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