

TIER 1/TIER 2 COMBO — MONTHLY PREMIUMS									
Issue Age (ALB)	Includes additional cost for Waiver of Premium Benefit (ages 17-59) & Chronic Illness (all issue ages)								PAID UP At Attained Age
	\$ 10,000		\$ 15,000		\$ 25,000		\$ 30,000		
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	
17	9.67	11.21	12.86	15.16	19.23	23.07	22.42	27.02	65
18	10.03	11.56	13.39	15.69	20.12	23.95	23.48	28.08	65
19	10.03	11.68	13.39	15.87	20.12	24.25	23.48	28.43	65
20	10.26	12.03	13.75	16.40	20.71	25.13	24.19	29.50	65
21	10.38	12.27	13.92	16.75	21.00	25.72	24.54	30.20	65
22	10.62	12.50	14.27	17.11	21.59	26.31	25.25	30.91	65
23	10.97	12.86	14.81	17.64	22.48	27.20	26.31	31.97	65
24	11.09	13.21	14.98	18.17	22.77	28.08	26.66	33.04	65
25	11.32	13.57	15.34	18.70	23.36	28.97	27.37	34.10	65
26	11.80	13.92	16.04	19.23	24.54	29.85	28.79	35.16	65
27	12.15	14.39	16.58	19.94	25.43	31.03	29.85	36.58	65
28	12.62	14.86	17.29	20.65	26.61	32.21	31.27	37.99	65
29	13.09	15.45	18.00	21.54	27.79	33.69	32.68	39.76	65
30	13.33	16.04	18.35	22.42	28.38	35.16	33.39	41.53	65
31	14.04	16.75	19.41	23.48	30.15	36.93	35.51	43.66	65
32	14.75	17.46	20.47	24.54	31.92	38.70	37.64	45.78	65
33	15.34	18.29	21.35	25.78	33.39	40.77	39.41	48.26	65
34	15.69	18.99	21.89	26.85	34.28	42.54	40.47	50.38	65
35	16.28	19.94	22.77	28.26	35.75	44.90	42.24	53.21	65
36	17.11	20.88	24.01	29.68	37.82	47.26	44.72	56.05	65
37	18.05	21.94	25.43	31.27	40.18	49.91	47.55	59.23	65
38	18.88	23.12	26.66	33.04	42.24	52.86	50.03	62.77	65
39	20.29	24.54	28.79	35.16	45.78	56.40	54.28	67.02	65
40	21.00	25.72	29.85	36.93	47.55	59.35	56.40	70.56	65
41	22.18	27.25	31.62	39.24	50.50	63.19	59.94	75.16	65
42	23.24	28.91	33.22	41.71	53.16	67.32	63.13	80.12	65
43	24.42	30.68	34.99	44.36	56.11	71.74	66.67	85.43	65
44	26.07	32.80	37.47	47.55	60.24	77.05	71.62	91.80	65
45	27.73	35.04	39.94	50.92	64.37	82.66	76.58	98.53	65
46	28.79	36.58	41.53	53.21	67.02	86.49	79.76	103.13	66
47	29.97	38.11	43.30	55.52	69.97	90.33	83.30	107.73	67
48	31.27	39.76	45.25	58.00	73.22	94.46	87.20	112.69	68
49	32.68	41.41	47.38	60.48	76.76	98.59	91.45	117.64	69
50	33.74	42.12	48.97	61.54	79.41	100.36	94.63	119.77	70
51	35.04	44.01	50.92	64.37	82.66	105.08	98.53	125.43	71
52	36.46	45.78	53.04	67.02	86.20	109.50	102.77	130.74	72
53	37.99	47.79	55.34	70.03	90.03	114.52	107.38	136.76	73
54	39.64	50.03	57.82	73.39	94.16	120.12	112.33	143.48	74
55	40.35	51.33	58.88	75.34	95.93	123.37	114.46	147.38	75
56	41.77	53.33	61.00	78.35	99.47	128.38	118.70	153.40	76
57	44.01	55.46	64.37	81.53	105.08	133.69	125.43	159.77	77
58	46.02	58.05	67.37	85.43	110.09	140.18	131.45	167.56	78
59	47.67	60.88	69.85	89.68	114.22	147.26	136.40	176.05	79
60	46.20	58.84	67.80	86.75	111.00	142.59	132.60	170.51	80
61	48.68	61.86	71.53	91.29	117.21	150.15	140.05	179.58	81
62	51.06	65.42	75.09	96.64	123.15	159.06	147.18	190.27	82
63	53.33	69.20	78.49	102.31	128.82	168.51	153.98	201.61	83
64	56.46	72.98	83.19	107.98	136.65	177.96	163.38	212.95	84
65	59.27	77.09	87.40	114.13	143.67	188.22	171.80	225.26	85
66	63.05	81.95	93.07	121.42	153.12	200.37	183.14	239.84	86
67	66.83	86.81	98.74	128.71	162.57	212.52	194.48	254.42	87
68	71.26	92.10	105.38	136.65	173.64	225.75	207.77	270.30	88
69	76.01	98.47	112.51	146.21	185.52	241.68	222.02	289.42	89
70	81.19	105.28	120.29	156.41	198.48	258.69	237.58	309.83	90

Underwriting requirements will vary depending on plan year, participation rates and other factors.

For more information see Group Enrollment Guide.

TIER 1/TIER 2 COMBO — MONTHLY PREMIUMS									
Issue Age (ALB)	Includes additional cost for Waiver of Premium Benefit (ages 17-59) & Chronic Illness (all issue ages)								PAID UP At Attained Age
	\$ 50,000		\$ 75,000		\$ 100,000		\$ 150,000		
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	
17	35.16	42.83	51.09	62.60	67.02	82.36	98.88	121.89	65
18	36.93	44.60	53.75	65.25	70.56	85.90	104.19	127.20	65
19	36.93	45.19	53.75	66.14	70.56	87.08	104.19	128.97	65
20	38.11	46.96	55.52	68.79	72.92	90.62	107.73	134.28	65
21	38.70	48.14	56.40	70.56	74.10	92.98	109.50	137.82	65
22	39.88	49.32	58.17	72.33	76.46	95.34	113.04	141.36	65
23	41.65	51.09	60.83	74.99	80.00	98.88	118.35	146.67	65
24	42.24	52.86	61.71	77.64	81.18	102.42	120.12	151.98	65
25	43.42	54.63	63.48	80.30	83.54	105.96	123.66	157.29	65
26	45.78	56.40	67.02	82.95	88.26	109.50	130.74	162.60	65
27	47.55	58.76	69.68	86.49	91.80	114.22	136.05	169.68	65
28	49.91	61.12	73.22	90.03	96.52	118.94	143.13	176.76	65
29	52.27	64.07	76.76	94.46	101.24	124.84	150.21	185.61	65
30	53.45	67.02	78.53	98.88	103.60	130.74	153.75	194.46	65
31	56.99	70.56	83.84	104.19	110.68	137.82	164.37	205.08	65
32	60.53	74.10	89.15	109.50	117.76	144.90	174.99	215.70	65
33	63.48	78.23	93.57	115.70	123.66	153.16	183.84	228.09	65
34	65.25	81.77	96.23	121.01	127.20	160.24	189.15	238.71	65
35	68.20	86.49	100.65	128.09	133.10	169.68	198.00	252.87	65
36	72.33	91.21	106.85	135.17	141.36	179.12	210.39	267.03	65
37	77.05	96.52	113.93	143.13	150.80	189.74	224.55	282.96	65
38	81.18	102.42	120.12	151.98	159.06	201.54	236.94	300.66	65
39	88.26	109.50	130.74	162.60	173.22	215.70	258.18	321.90	65
40	91.80	115.40	136.05	171.45	180.30	227.50	268.80	339.60	65
41	97.70	123.07	144.90	182.96	192.10	242.84	286.50	362.61	65
42	103.01	131.33	152.87	195.35	202.72	259.36	302.43	387.39	65
43	108.91	140.18	161.72	208.62	214.52	277.06	320.13	413.94	65
44	117.17	150.80	174.11	224.55	231.04	298.30	344.91	445.80	65
45	125.43	162.01	186.50	241.37	247.56	320.72	369.69	479.43	65
46	130.74	169.68	194.46	252.87	258.18	336.06	385.62	502.44	66
47	136.64	177.35	203.31	264.38	269.98	351.40	403.32	525.45	67
48	143.13	185.61	213.05	276.77	282.96	367.92	422.79	550.23	68
49	150.21	193.87	223.67	289.16	297.12	384.44	444.03	575.01	69
50	155.52	197.41	231.63	294.47	307.74	391.52	459.96	585.63	70
51	162.01	206.85	241.37	308.63	320.72	410.40	479.43	613.95	71
52	169.09	215.70	251.99	321.90	334.88	428.10	500.67	640.50	72
53	176.76	225.73	263.49	336.95	350.22	448.16	523.68	670.59	73
54	185.02	236.94	275.88	353.76	366.74	470.58	548.46	704.22	74
55	188.56	243.43	281.19	363.50	373.82	483.56	559.08	723.69	75
56	195.64	253.46	291.81	378.54	387.98	503.62	580.32	753.78	76
57	206.85	264.08	308.63	394.47	410.40	524.86	613.95	785.64	77
58	216.88	277.06	323.67	413.94	430.46	550.82	644.04	824.58	78
59	225.14	291.22	336.06	435.18	446.98	579.14	668.82	867.06	79
60	219.00	282.18	327.00	421.77	435.00	561.36	651.00	840.54	80
61	231.42	297.30	345.63	444.45	459.84	591.60	688.26	885.90	81
62	243.30	315.12	363.45	471.18	483.60	627.24	723.90	939.36	82
63	254.64	334.02	380.46	499.53	506.28	665.04	757.92	996.06	83
64	270.30	352.92	403.95	527.88	537.60	702.84	804.90	1,052.76	84
65	284.34	373.44	425.01	558.66	565.68	743.88	847.02	1,114.32	85
66	303.24	397.74	453.36	595.11	603.48	792.48	903.72	1,187.22	86
67	322.14	422.04	481.71	631.56	641.28	841.08	960.42	1,260.12	87
68	344.28	448.50	514.92	671.25	685.56	894.00	1,026.84	1,339.50	88
69	368.04	480.36	550.56	719.04	733.08	957.72	1,098.12	1,435.08	89
70	393.96	514.38	589.44	770.07	784.92	1,025.76	1,175.88	1,537.14	90

Underwriting requirements will vary depending on plan year, participation rates and other factors.

For more information see Group Enrollment Guide.

RATES FOR INDIVIDUAL POLICIES FOR CHILDREN AND GRANDCHILDREN*

Monthly Premiums for Life Insurance Coverages Shown Includes Added Cost for Accelerated Death Benefit for Chronic Illness											
Issue Age	\$10,000		\$25,000		Policy is Pd Up at Attained Age	Issue Age	\$10,000		\$25,000		Policy is Pd Up at Attained Age
	Prem	Cash Value At Age 65	Prem	Cash Value At Age 65			Prem	Cash Value At Age 65	Prem	Cash Value At Age 65	
15d-1	\$ 6.35	\$ 4,630	\$ 11.37	\$ 11,575	65	9	\$ 7.21	\$ 4,630	\$ 13.53	\$ 11,575	65
2	6.35	4,630	11.37	11,575	65	10	7.32	4,630	13.80	11,575	65
3	6.46	4,630	11.64	11,575	65	11	7.54	4,630	14.34	11,575	65
4	6.56	4,630	11.91	11,575	65	12	7.75	4,630	14.88	11,575	65
5	6.67	4,630	12.18	11,575	65	13	7.97	4,630	15.42	11,575	65
6	6.78	4,630	12.45	11,575	65	14	8.18	4,630	15.96	11,575	65
7	6.89	4,630	12.72	11,575	65	15	8.40	4,630	16.50	11,575	65
8	7.00	4,630	12.99	11,575	65	16	8.62	4,630	17.04	11,575	65

*Coverage is not available on children in WA or on grandchildren in WA or MD. In MD, child must reside with the applicant to be eligible for coverage.