

Rate Sheet

University of California

All Eligible Employees

Rate Effective Date: 01/01/2026

Issued by The Prudential Insurance Company of America

Optional Term Life and Optional Dependent Term Life*

Employee: Option 1: \$20,000, Option 2 : 1x your annual earnings to a maximum of \$250,000, Option 3: 2x your annual earnings to a maximum of \$500,000, Option 4: 3x your annual earnings to a maximum of \$750,000, Option 5: 4x your annual earnings to a maximum of \$1,000,000¹

Spouse/Domestic Partner: 50% of your Optional Term Life Coverage to a maximum of \$200,000¹.

Children: \$10,000³

Age	Employee Rate per \$1,000	Spouse/Domestic Partner Rate per \$1,000 ²
Under 25	\$0.017	\$0.031
25-29	\$0.017	\$0.031
30-34	\$0.020	\$0.039
35-39	\$0.027	\$0.047
40-44	\$0.041	\$0.077
45-49	\$0.075	\$0.178
50-54	\$0.109	\$0.247
55-59	\$0.196	\$0.419
60-64	\$0.305	\$0.442
65-69	\$0.469	\$0.682
70+	\$0.842	\$1.200
Children ³	\$0.310 per dependent unit	

Optional Accidental Death & Dismemberment*

Employee: Option 1: Increments of \$10,000 to \$500,000, Option 2: \$125,000, Option 3: \$175,000.

Spouse/Domestic Partner: 60% of your Optional AD&D coverage amount to a maximum of \$300,000.

Children: 20% of your Optional AD&D coverage amount to a maximum of \$100,000.

Family: Spouse: Coverage is available for 50% of your Optional AD&D coverage amount to a maximum of \$300,000. Children: Coverage is available for 20% of your Optional AD&D coverage amount to a maximum of \$100,000.

Insured/Covered Persons	Rate per \$1,000
Employee	\$0.011
Family Only (Employee, Spouse/Domestic Partner and Child)	\$0.019
Modified Family (Employee and Spouse/Domestic Partner)	\$0.013

How to Calculate:

- | | |
|---|------|
| 1. Select the desired amount of coverage. | = \$ |
| 2. Divide amount in Step 1 by 1,000. | = \$ |
| 3. Locate your age on the Rate Sheet and note the monthly rate per \$1,000 | = \$ |
| 4. Multiply the amount in Step 2 by the amount in Step 3 to obtain your total Monthly cost. | = \$ |

¹ Elections made outside of approved enrollment events and elections exceeding the guaranteed issue amount may require proof of good health. Employees or dependents previously declined coverage must also provide proof of good health.

²Spouse / Domestic Partner rate is based on Employee's age.

³One premium rate covers all eligible children.

Basic Dependent Term Life

Spouse/Domestic Partner: \$5,000

Children: \$5,000

Age	Rate per \$5,000 Monthly Cost
Under 35	\$0.530
35-39	\$0.950
40-44	\$1.050
45-49	\$1.280
50+	\$1.460

***This is Optional Coverage and the entire cost of coverage is employee paid.**

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. Rates may change if plan experience requires a change for all insureds.

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.

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 disability income 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.

This policy 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.

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 07102. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. Contract Series: 83500

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