

# Five Town Health Alliance, Inc

## Voluntary-term life/AD&D - employee

Estimated employee semi-monthly premium amounts

End of the rate guarantee period: 12/31/2025

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Reduced benefit	65-69	Reduced benefit	70 & over
\$10,000	\$0.42	\$0.47	\$0.67	\$0.95	\$1.38	\$2.18	\$3.41	\$5.12	\$6,500	\$5.58	\$5,000	\$7.67
\$20,000	\$0.82	\$0.92	\$1.33	\$1.89	\$2.74	\$4.35	\$6.81	\$10.22	\$13,000	\$11.16	\$10,000	\$15.33
\$30,000	\$1.24	\$1.39	\$2.00	\$2.84	\$4.12	\$6.53	\$10.22	\$15.34	\$19,500	\$16.74	\$15,000	\$22.99
\$40,000	\$1.64	\$1.84	\$2.66	\$3.78	\$5.48	\$8.70	\$13.62	\$20.44	\$26,000	\$22.32	\$20,000	\$30.65
\$50,000	\$2.06	\$2.31	\$3.33	\$4.73	\$6.86	\$10.88	\$17.03	\$25.56	\$32,500	\$27.90	\$25,000	\$38.32
\$60,000	\$2.46	\$2.76	\$3.99	\$5.67	\$8.22	\$13.05	\$20.43	\$30.66	\$39,000	\$33.48	\$30,000	\$45.98
\$70,000	\$2.88	\$3.23	\$4.66	\$6.62	\$9.60	\$15.23	\$23.84	\$35.78	\$45,500	\$39.06	\$35,000	\$53.64
\$80,000	\$3.28	\$3.68	\$5.32	\$7.56	\$10.96	\$17.40	\$27.24	\$40.88	\$52,000	\$44.64	\$40,000	\$61.30
\$90,000	\$3.70	\$4.15	\$5.99	\$8.51	\$12.34	\$19.58	\$30.65	\$46.00	\$58,500	\$50.22	\$45,000	\$68.97
\$100,000	\$4.10	\$4.60	\$6.65	\$9.45	\$13.70	\$21.75	\$34.05	\$51.10	\$65,000	\$55.81	\$50,000	\$76.63
\$110,000	\$4.52	\$5.07	\$7.32	\$10.40	\$15.08	\$23.93	\$37.46	\$56.22	\$71,500	\$61.38	\$55,000	\$84.29
\$120,000	\$4.92	\$5.52	\$7.98	\$11.34	\$16.44	\$26.10	\$40.86	\$61.32	\$78,000	\$66.97	\$60,000	\$91.95
\$130,000	\$5.34	\$5.99	\$8.65	\$12.29	\$17.82	\$28.28	\$44.27	\$66.44	\$84,500	\$72.54	\$65,000	\$99.62
\$140,000	\$5.74	\$6.44	\$9.31	\$13.23	\$19.18	\$30.45	\$47.67	\$71.54	\$91,000	\$78.13	\$70,000	\$107.28
\$150,000	\$6.16	\$6.91	\$9.98	\$14.18	\$20.56	\$32.63	\$51.08	\$76.66	\$97,500	\$83.70	\$75,000	\$114.94
\$160,000	\$6.56	\$7.36	\$10.64	\$15.12	\$21.92	\$34.80	\$54.48	\$81.76	\$104,000	\$89.29	\$80,000	\$122.60
\$170,000	\$6.98	\$7.83	\$11.31	\$16.07	\$23.30	\$36.98	\$57.89	\$86.88	\$110,500	\$94.86	\$85,000	\$130.27
\$180,000	\$7.38	\$8.28	\$11.97	\$17.01	\$24.66	\$39.15	\$61.29	\$91.98	\$117,000	\$100.45	\$90,000	\$137.93
\$190,000	\$7.80	\$8.75	\$12.64	\$17.96	\$26.04	\$41.33	\$64.70	\$97.10	\$123,500	\$106.02	\$95,000	\$145.59
\$200,000	\$8.20	\$9.20	\$13.30	\$18.90	\$27.40	\$43.50	\$68.10	\$102.20	\$130,000	\$111.61	\$100,000	\$153.25
\$210,000	\$8.62	\$9.67	\$13.97	\$19.85	\$28.78	\$45.68	\$71.51	\$107.32	\$136,500	\$117.19	\$105,000	\$160.92
\$220,000	\$9.02	\$10.12	\$14.63	\$20.79	\$30.14	\$47.85	\$74.91	\$112.42	\$143,000	\$122.76	\$110,000	\$168.58
\$230,000	\$9.44	\$10.59	\$15.30	\$21.74	\$31.52	\$50.03	\$78.32	\$117.54	\$149,500	\$128.35	\$115,000	\$176.24
\$240,000	\$9.84	\$11.04	\$15.96	\$22.68	\$32.88	\$52.20	\$81.72	\$122.64	\$156,000	\$133.92	\$120,000	\$183.90
\$250,000	\$10.26	\$11.51	\$16.63	\$23.63	\$34.26	\$54.38	\$85.13	\$127.76	\$162,500	\$139.51	\$125,000	\$191.57
\$260,000	\$10.66	\$11.96	\$17.29	\$24.57	\$35.62	\$56.55	\$88.53	\$132.86	\$169,000	\$145.08	\$130,000	\$199.23
\$270,000	\$11.08	\$12.43	\$17.96	\$25.52	\$37.00	\$58.73	\$91.94	\$137.98	\$175,500	\$150.67	\$135,000	\$206.89
\$280,000	\$11.48	\$12.88	\$18.62	\$26.46	\$38.36	\$60.90	\$95.34	\$143.08	\$182,000	\$156.24	\$140,000	\$214.55
\$290,000	\$11.90	\$13.35	\$19.29	\$27.41	\$39.74	\$63.08	\$98.75	\$148.20	\$188,500	\$161.83	\$145,000	\$222.22
\$300,000	\$12.30	\$13.80	\$19.95	\$28.35	\$41.10	\$65.25	\$102.15	\$153.30	\$195,000	\$167.41	\$150,000	\$229.88

Note: Proof of good health/evidence of insurability is required to apply for benefit amounts greater than those highlighted above.

If your age changes to a different rate band during the guarantee period, your premium will change to reflect the new rate band effective on the next policy anniversary date.

Voluntary Term Life insurance from Principal® is issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392.

This summary is not a complete statement of the rights, benefits, limitations and exclusions of the coverage described here. For cost and coverage details, contact your Principal® representative.

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# Five Town Health Alliance, Inc

## Voluntary-term life/AD&D - spouse

Estimated spouse semi-monthly premium amounts

End of the rate guarantee period: 12/31/2025

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Reduced benefit	65-69	Reduced benefit	70 & over
<b>\$5,000</b>	\$0.21	\$0.23	\$0.34	\$0.48	\$0.69	\$1.09	\$1.71	\$2.56	<b>\$3,250</b>	\$2.79	<b>\$2,500</b>	\$3.83
<b>\$10,000</b>	\$0.42	\$0.47	\$0.67	\$0.95	\$1.38	\$2.18	\$3.41	\$5.12	<b>\$6,500</b>	\$5.58	<b>\$5,000</b>	\$7.67
<b>\$15,000</b>	\$0.61	\$0.69	\$1.00	\$1.42	\$2.05	\$3.26	\$5.11	\$7.66	<b>\$9,750</b>	\$8.37	<b>\$7,500</b>	\$11.50
<b>\$20,000</b>	\$0.82	\$0.92	\$1.33	\$1.89	\$2.74	\$4.35	\$6.81	\$10.22	<b>\$13,000</b>	\$11.16	<b>\$10,000</b>	\$15.33
<b>\$25,000</b>	\$1.03	\$1.15	\$1.67	\$2.37	\$3.43	\$5.44	\$8.52	\$12.78	<b>\$16,250</b>	\$13.95	<b>\$12,500</b>	\$19.15
<b>\$30,000</b>	\$1.24	\$1.39	\$2.00	\$2.84	\$4.12	\$6.53	\$10.22	\$15.34	<b>\$19,500</b>	\$16.74	<b>\$15,000</b>	\$22.99
<b>\$35,000</b>	\$1.43	\$1.61	\$2.33	\$3.31	\$4.79	\$7.61	\$11.92	\$17.88	<b>\$22,750</b>	\$19.53	<b>\$17,500</b>	\$26.82
<b>\$40,000</b>	\$1.64	\$1.84	\$2.66	\$3.78	\$5.48	\$8.70	\$13.62	\$20.44	<b>\$26,000</b>	\$22.32	<b>\$20,000</b>	\$30.65
<b>\$45,000</b>	\$1.85	\$2.07	\$3.00	\$4.26	\$6.17	\$9.79	\$15.33	\$23.00	<b>\$29,250</b>	\$25.11	<b>\$22,500</b>	\$34.48
<b>\$50,000</b>	\$2.06	\$2.31	\$3.33	\$4.73	\$6.86	\$10.88	\$17.03	\$25.56	<b>\$32,500</b>	\$27.90	<b>\$25,000</b>	\$38.32
<b>\$55,000</b>	\$2.25	\$2.53	\$3.66	\$5.20	\$7.53	\$11.96	\$18.73	\$28.10	<b>\$35,750</b>	\$30.69	<b>\$27,500</b>	\$42.15
<b>\$60,000</b>	\$2.46	\$2.76	\$3.99	\$5.67	\$8.22	\$13.05	\$20.43	\$30.66	<b>\$39,000</b>	\$33.48	<b>\$30,000</b>	\$45.98
<b>\$65,000</b>	\$2.67	\$2.99	\$4.33	\$6.15	\$8.91	\$14.14	\$22.14	\$33.22	<b>\$42,250</b>	\$36.28	<b>\$32,500</b>	\$49.80
<b>\$70,000</b>	\$2.88	\$3.23	\$4.66	\$6.62	\$9.60	\$15.23	\$23.84	\$35.78	<b>\$45,500</b>	\$39.06	<b>\$35,000</b>	\$53.64
<b>\$75,000</b>	\$3.07	\$3.45	\$4.99	\$7.09	\$10.27	\$16.31	\$25.54	\$38.32	<b>\$48,750</b>	\$41.85	<b>\$37,500</b>	\$57.47
<b>\$80,000</b>	\$3.28	\$3.68	\$5.32	\$7.56	\$10.96	\$17.40	\$27.24	\$40.88	<b>\$52,000</b>	\$44.64	<b>\$40,000</b>	\$61.30
<b>\$85,000</b>	\$3.49	\$3.91	\$5.66	\$8.04	\$11.65	\$18.49	\$28.95	\$43.44	<b>\$55,250</b>	\$47.44	<b>\$42,500</b>	\$65.13
<b>\$90,000</b>	\$3.70	\$4.15	\$5.99	\$8.51	\$12.34	\$19.58	\$30.65	\$46.00	<b>\$58,500</b>	\$50.22	<b>\$45,000</b>	\$68.97
<b>\$95,000</b>	\$3.89	\$4.37	\$6.32	\$8.98	\$13.01	\$20.66	\$32.35	\$48.54	<b>\$61,750</b>	\$53.01	<b>\$47,500</b>	\$72.80
<b>\$100,000</b>	\$4.10	\$4.60	\$6.65	\$9.45	\$13.70	\$21.75	\$34.05	\$51.10	<b>\$65,000</b>	\$55.81	<b>\$50,000</b>	\$76.63

Note: Proof of good health/evidence of insurability is required to apply for benefit amounts greater than those highlighted above.

**Child(ren) premium amounts (per family)** --Child(ren) are covered until age 26

**\$10,000** \$1.00

If your age changes to a different rate band during the guarantee period, your premium will change to reflect the new rate band effective on the next policy anniversary date.

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This summary is not a complete statement of the rights, benefits, limitations and exclusions of the coverage described here. For cost and coverage details, contact your Principal® representative.

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