

# Voluntary product costs.

Prepared for the employees of Bay Area Surgical Specialists, Inc. dba BASS Medical Group.

**How to use this cost sheet: review the table below; select your age and your desired coverage amount.**

## Voluntary Term Life Insurance.

### Employee Coverage Amounts

Term life can help protect your loved ones' financial health if you are no longer there to support them. Employee guarantee issue amount is \$250,000. You may purchase up to this amount without having to provide proof of good health.

Coverage amounts	Monthly Rates per elected amount													
	Employee age													
	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84
\$10,000	\$0.34	\$0.50	\$0.53	\$0.53	\$0.64	\$0.93	\$1.39	\$2.21	\$3.56	\$5.80	\$9.83	\$17.56	\$20.60	\$20.60
\$20,000	\$0.68	\$1.00	\$1.06	\$1.06	\$1.28	\$1.86	\$2.78	\$4.42	\$7.12	\$11.60	\$19.66	\$35.12	\$41.20	\$41.20
\$30,000	\$1.02	\$1.50	\$1.59	\$1.59	\$1.92	\$2.79	\$4.17	\$6.63	\$10.68	\$17.40	\$29.49	\$52.68	\$61.80	\$61.80
\$40,000	\$1.36	\$2.00	\$2.12	\$2.12	\$2.56	\$3.72	\$5.56	\$8.84	\$14.24	\$23.20	\$39.32	\$70.24	\$82.40	\$82.40
\$50,000	\$1.70	\$2.50	\$2.65	\$2.65	\$3.20	\$4.65	\$6.95	\$11.05	\$17.80	\$29.00	\$49.15	\$87.80	\$103.00	\$103.00
\$60,000	\$2.04	\$3.00	\$3.18	\$3.18	\$3.84	\$5.58	\$8.34	\$13.26	\$21.36	\$34.80	\$58.98	\$105.36	\$123.60	\$123.60
\$70,000	\$2.38	\$3.50	\$3.71	\$3.71	\$4.48	\$6.51	\$9.73	\$15.47	\$24.92	\$40.60	\$68.81	\$122.92	\$144.20	\$144.20
\$80,000	\$2.72	\$4.00	\$4.24	\$4.24	\$5.12	\$7.44	\$11.12	\$17.68	\$28.48	\$46.40	\$78.64	\$140.48	\$164.80	\$164.80
\$90,000	\$3.06	\$4.50	\$4.77	\$4.77	\$5.76	\$8.37	\$12.51	\$19.89	\$32.04	\$52.20	\$88.47	\$158.04	\$185.40	\$185.40
\$100,000	\$3.40	\$5.00	\$5.30	\$5.30	\$6.40	\$9.30	\$13.90	\$22.10	\$35.60	\$58.00	\$98.30	\$175.60	\$206.00	\$206.00
\$110,000	\$3.74	\$5.50	\$5.83	\$5.83	\$7.04	\$10.23	\$15.29	\$24.31	\$39.16	\$63.80	\$108.13	\$193.16	\$226.60	\$226.60
\$120,000	\$4.08	\$6.00	\$6.36	\$6.36	\$7.68	\$11.16	\$16.68	\$26.52	\$42.72	\$69.60	\$117.96	\$210.72	\$247.20	\$247.20
\$130,000	\$4.42	\$6.50	\$6.89	\$6.89	\$8.32	\$12.09	\$18.07	\$28.73	\$46.28	\$75.40	\$127.79	\$228.28	\$267.80	\$267.80
\$140,000	\$4.76	\$7.00	\$7.42	\$7.42	\$8.96	\$13.02	\$19.46	\$30.94	\$49.84	\$81.20	\$137.62	\$245.84	\$288.40	\$288.40
\$150,000	\$5.10	\$7.50	\$7.95	\$7.95	\$9.60	\$13.95	\$20.85	\$33.15	\$53.40	\$87.00	\$147.45	\$263.40	\$309.00	\$309.00
\$160,000	\$5.44	\$8.00	\$8.48	\$8.48	\$10.24	\$14.88	\$22.24	\$35.36	\$56.96	\$92.80	\$157.28	\$280.96	\$329.60	\$329.60
\$170,000	\$5.78	\$8.50	\$9.01	\$9.01	\$10.88	\$15.81	\$23.63	\$37.57	\$60.52	\$98.60	\$167.11	\$298.52	\$350.20	\$350.20
\$210,000	\$7.14	\$10.50	\$11.13	\$11.13	\$13.44	\$19.53	\$29.19	\$46.41	\$74.76	\$121.80	\$206.43	\$368.76	\$432.60	\$432.60
\$250,000	\$8.50	\$12.50	\$13.25	\$13.25	\$16.00	\$23.25	\$34.75	\$55.25	\$89.00	\$145.00	\$245.75	\$439.00	\$515.00	\$515.00
\$290,000	\$9.86	\$14.50	\$15.37	\$15.37	\$18.56	\$26.97	\$40.31	\$64.09	\$103.24	\$168.20	\$285.07	\$509.24	\$597.40	\$597.40
\$330,000	\$11.22	\$16.50	\$17.49	\$17.49	\$21.12	\$30.69	\$45.87	\$72.93	\$117.48	\$191.40	\$324.39	\$579.48	\$679.80	\$679.80
\$370,000	\$12.58	\$18.50	\$19.61	\$19.61	\$23.68	\$34.41	\$51.43	\$81.77	\$131.72	\$214.60	\$363.71	\$649.72	\$762.20	\$762.20
\$410,000	\$13.94	\$20.50	\$21.73	\$21.73	\$26.24	\$38.13	\$56.99	\$90.61	\$145.96	\$237.80	\$403.03	\$719.96	\$844.60	\$844.60
\$450,000	\$15.30	\$22.50	\$23.85	\$23.85	\$28.80	\$41.85	\$62.55	\$99.45	\$160.20	\$261.00	\$442.35	\$790.20	\$927.00	\$927.00
\$500,000	\$17.00	\$25.00	\$26.50	\$26.50	\$32.00	\$46.50	\$69.50	\$110.50	\$178.00	\$290.00	\$491.50	\$878.00	\$1,030.00	\$1,030.00

Shaded costs above indicate your benefits will reduce at age 65. See your benefit summary for details.



GROUP BENEFIT  
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## Spouse Coverage Amounts

Spouse guarantee issue amount is \$30,000. You may purchase up to this amount without having to provide proof of good health.

Monthly Rates per elected amount											
Coverage amounts	Rates are calculated using the Spouse Age										
	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$5,000	\$0.17	\$0.25	\$0.27	\$0.27	\$0.32	\$0.47	\$0.70	\$1.11	\$1.78	\$2.90	\$4.92
\$10,000	\$0.34	\$0.50	\$0.53	\$0.53	\$0.64	\$0.93	\$1.39	\$2.21	\$3.56	\$5.80	\$9.83
\$15,000	\$0.51	\$0.75	\$0.80	\$0.80	\$0.96	\$1.40	\$2.09	\$3.32	\$5.34	\$8.70	\$14.75
\$20,000	\$0.68	\$1.00	\$1.06	\$1.06	\$1.28	\$1.86	\$2.78	\$4.42	\$7.12	\$11.60	\$19.66
\$25,000	\$0.85	\$1.25	\$1.33	\$1.33	\$1.60	\$2.33	\$3.48	\$5.53	\$8.90	\$14.50	\$24.58
\$30,000	\$1.02	\$1.50	\$1.59	\$1.59	\$1.92	\$2.79	\$4.17	\$6.63	\$10.68	\$17.40	\$29.49
\$35,000	\$1.19	\$1.75	\$1.86	\$1.86	\$2.24	\$3.26	\$4.87	\$7.74	\$12.46	\$20.30	\$34.41
\$40,000	\$1.36	\$2.00	\$2.12	\$2.12	\$2.56	\$3.72	\$5.56	\$8.84	\$14.24	\$23.20	\$39.32
\$45,000	\$1.53	\$2.25	\$2.39	\$2.39	\$2.88	\$4.19	\$6.26	\$9.95	\$16.02	\$26.10	\$44.24
\$50,000	\$1.70	\$2.50	\$2.65	\$2.65	\$3.20	\$4.65	\$6.95	\$11.05	\$17.80	\$29.00	\$49.15
\$55,000	\$1.87	\$2.75	\$2.92	\$2.92	\$3.52	\$5.12	\$7.65	\$12.16	\$19.58	\$31.90	\$54.07
\$60,000	\$2.04	\$3.00	\$3.18	\$3.18	\$3.84	\$5.58	\$8.34	\$13.26	\$21.36	\$34.80	\$58.98
\$65,000	\$2.21	\$3.25	\$3.45	\$3.45	\$4.16	\$6.05	\$9.04	\$14.37	\$23.14	\$37.70	\$63.90
\$70,000	\$2.38	\$3.50	\$3.71	\$3.71	\$4.48	\$6.51	\$9.73	\$15.47	\$24.92	\$40.60	\$68.81
\$75,000	\$2.55	\$3.75	\$3.98	\$3.98	\$4.80	\$6.98	\$10.43	\$16.58	\$26.70	\$43.50	\$73.73
\$80,000	\$2.72	\$4.00	\$4.24	\$4.24	\$5.12	\$7.44	\$11.12	\$17.68	\$28.48	\$46.40	\$78.64
\$85,000	\$2.89	\$4.25	\$4.51	\$4.51	\$5.44	\$7.91	\$11.82	\$18.79	\$30.26	\$49.30	\$83.56
\$105,000	\$3.57	\$5.25	\$5.57	\$5.57	\$6.72	\$9.77	\$14.60	\$23.21	\$37.38	\$60.90	\$103.22
\$125,000	\$4.25	\$6.25	\$6.63	\$6.63	\$8.00	\$11.63	\$17.38	\$27.63	\$44.50	\$72.50	\$122.88
\$145,000	\$4.93	\$7.25	\$7.69	\$7.69	\$9.28	\$13.49	\$20.16	\$32.05	\$51.62	\$84.10	\$142.54
\$165,000	\$5.61	\$8.25	\$8.75	\$8.75	\$10.56	\$15.35	\$22.94	\$36.47	\$58.74	\$95.70	\$162.20
\$185,000	\$6.29	\$9.25	\$9.81	\$9.81	\$11.84	\$17.21	\$25.72	\$40.89	\$65.86	\$107.30	\$181.86
\$205,000	\$6.97	\$10.25	\$10.87	\$10.87	\$13.12	\$19.07	\$28.50	\$45.31	\$72.98	\$118.90	\$201.52
\$225,000	\$7.65	\$11.25	\$11.93	\$11.93	\$14.40	\$20.93	\$31.28	\$49.73	\$80.10	\$130.50	\$221.18
\$250,000	\$8.50	\$12.50	\$13.25	\$13.25	\$16.00	\$23.25	\$34.75	\$55.25	\$89.00	\$145.00	\$245.75

## Child Coverage Amounts

All amounts of child coverage are guarantee issue without providing proof of good health.

Monthly rates per elected amount for Dependent Child Benefit									
\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000
\$0.25	\$0.50	\$0.75	\$1.00	\$1.25	\$1.50	\$1.75	\$2.00	\$2.25	\$2.50

Costs shown are for illustrative purposes only; actual per pay period deductions may differ due to rounding. Costs are subject to change based on age and program experience. Terms and conditions of coverage are set forth in your group policy. Refer to your Certificate of Insurance or Summary Plan Description for more information.

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