

Cost Worksheet –TLI Hourly

This worksheet is designed to assist you in determining your benefit options and the associated costs for insurance for the current plan year.

All costs are based on a **semi-monthly pay period**.

Contributions for voluntary employee life and spouse life are based on age as of January 1st 2021

Your costs for long-term disability and short-term disability may change based on your W2 earnings for the previous calendar year. Please refer to your Summary Plan Description for your definition of earnings.

Medical 01/01/2021

Coverage	Rates per PayCheck
Employee Only	\$257.60
Employee & Spouse	\$924.47
Employee & Child(ren)	\$588.10
Employee & Family	\$1,324.83

Dental 01/01/2021

Coverage	Rates per PayCheck
Employee Only	\$20.81
Employee & Spouse	\$46.63
Employee & Child(ren)	\$49.02
Employee & Family	\$77.46

Vision Basic 01/01/2021 Co-Pay \$10.00

Coverage	Rates per PayCheck
Employee Only	\$0.83
Employee & Spouse	\$1.33
Employee & Child(ren)	\$1.36
Employee & Family	\$2.19

Vision Buy-Up 01/01/2021 Co-Pay \$10.00

Coverage	Rates per PayCheck
Employee Only	\$7.63
Employee & Spouse	\$12.21
Employee & Child(ren)	\$12.46
Employee & Family	\$20.09

Short-Term Disability (STD)*The Company will contribute \$5.00 per month

01/01/2021

Please refer page 3 and 4 for Price calculation.

STD Rates might differ based on the volume of enrollment.

Long-Term Disability (LTD). The Company will contribute \$5 per month

01/01/2021

Please refer page 3 and 4 for Price calculation.

Employee Voluntary Life Insurance

01/01/2021

Minimum amount of \$10,000 up to maximum of \$500,000 in increments of \$10,000

Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate per \$1,000	\$0.08	\$0.0890	\$0.133	\$0.216	\$0.332	\$0.541	\$0.850	\$1.179	\$2.177	\$3.605

Coverage Amount Requested: \$ _____

Your Rate By Age: _____

Coverage Amount Requested Divided by 1,000 = _____ (Multiplier)

_____ (Multiplier) x _____ (Your Rate) = _____ (Monthly Cost) / 2 = _____ (Per Pay Period Cost)

Spouse Life Insurance

01/01/2021

Minimum amount of \$5000 and Maximum amount of \$100,000 in increments of \$5000.

Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate per \$1,000	\$0.08	\$0.0890	\$0.133	\$0.216	\$0.332	\$0.541	\$0.850	\$1.179	\$2.177	\$3.605

Coverage Amount Requested: \$ _____ Your Spouse's Rate By Age: _____

Coverage Amount Requested Divided by 1,000 = _____ (Multiplier)

_____ (Multiplier) x _____ (Your Rate) = _____ (Monthly Cost) / 2 = _____ (Per Pay Period Cost)

Employee coverage is required for spouse to elect coverage.

(Spouse life insurance cannot exceed 100% of employee coverage.)

Child Life Insurance – Per Child Coverage: \$2,500-\$7,500 = \$10,000

01/01/2021

Coverage	5000	10000	Decline
Pay Period Cost	\$1.00	\$2.00	\$0.00

Coverage

Talent Logic

Voluntary LTD

Estimated Monthly Premium

End of Rate Guarantee Period: 12/31/2021

1. Monthly Salary: \$_____

If your monthly salary is greater than \$16,666.67 then use \$16,666.67 as your salary in step 2.

2. Multiply Monthly Salary by Age rate: X_____

Age 24 & Under 0.0030

25-29 0.0037

30-34 0.0052

35-39 0.0083

40-44 0.0109

45-49 0.0128

50-54 0.0187

55-59 0.0204

60-64 0.0159

65-69 0.0142

70+ 0.0070

Your estimated monthly premium: _____

Examples:

1. Sally is 30 years old. She wants the income protection of long-term disability insurance.

Her monthly salary is: **\$8,000.00**

Sally's rate is: **0.0052**

\$8,000.00 X 0.0052

= \$41.60 estimated monthly premium.

2. John is 55 years old, He wants the income protection of long-term disability insurance.

His monthly salary is: **\$19,000.00**

John's monthly salary is limited to the covered monthly earnings max of \$16,666.67

John's rate is: **.0204**

\$16,666.67 X .0204

= \$340.00 estimated monthly premium

To determine monthly benefit amount:

Multiply Monthly Salary (from step #1 above) by: 0.60

Estimated Monthly Benefit Amount = \$_____

Talent Logic

Voluntary STD

Estimated Monthly Premium

End of Rate Guarantee Period: 12/31/2021

1. Monthly Salary: \$_____

If your weekly salary is greater than \$2,500.00 then use \$2,500.00 as your salary in step 2.

2. Multiply Weekly Salary by 0.60

\$_____ This is your weekly benefit amount.

3. Multiply Weekly Benefit Amount by Age rate: X_____

Age 24 & Under 0.058

25-29	0.062
30-34	0.086
35-39	0.059
40-44	0.034
45-49	0.028
50-54	0.037
55-59	0.046
60-64	0.040
65-69	0.063
70+	0.067

Your estimated monthly premium:_____

Examples:

1. Sally is 26 years old. She wants the income protection of short-term disability insurance.
Her weekly salary is: **\$1,500.00**
Sally's Weekly benefit is: **\$1,500.00** **X 0.60= \$900.00**
Her rate is: **0.062**
= \$55.80 estimated monthly premium.

Estimated Monthly Benefit Amount = \$_____

TALENT LOGIC INC - TALENT LOGIC MBRS

Voluntary-term life/AD&D - employee

Estimated employee monthly premium amounts

End of the rate guarantee period: 12/31/2021

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	\$1.08	\$1.17	\$1.61	\$2.44	\$3.60	\$5.69	\$8.78	\$12.07	\$6,500	\$14.33	\$5,000	\$18.17
\$20,000	\$2.16	\$2.34	\$3.22	\$4.88	\$7.20	\$11.38	\$17.56	\$24.14	\$13,000	\$28.66	\$10,000	\$36.33
\$30,000	\$3.24	\$3.51	\$4.83	\$7.32	\$10.80	\$17.07	\$26.34	\$36.21	\$19,500	\$43.00	\$15,000	\$54.50
\$40,000	\$4.32	\$4.68	\$6.44	\$9.76	\$14.40	\$22.76	\$35.12	\$48.28	\$26,000	\$57.33	\$20,000	\$72.66
\$50,000	\$5.40	\$5.85	\$8.05	\$12.20	\$18.00	\$28.45	\$43.90	\$60.35	\$32,500	\$71.66	\$25,000	\$90.83
\$60,000	\$6.48	\$7.02	\$9.66	\$14.64	\$21.60	\$34.14	\$52.68	\$72.42	\$39,000	\$85.99	\$30,000	\$108.99
\$70,000	\$7.56	\$8.19	\$11.27	\$17.08	\$25.20	\$39.83	\$61.46	\$84.49	\$45,500	\$100.32	\$35,000	\$127.16
\$80,000	\$8.64	\$9.36	\$12.88	\$19.52	\$28.80	\$45.52	\$70.24	\$96.56	\$52,000	\$114.66	\$40,000	\$145.32
\$90,000	\$9.72	\$10.53	\$14.49	\$21.96	\$32.40	\$51.21	\$79.02	\$108.63	\$58,500	\$128.99	\$45,000	\$163.49
\$100,000	\$10.80	\$11.70	\$16.10	\$24.40	\$36.00	\$56.90	\$87.80	\$120.70	\$65,000	\$143.33	\$50,000	\$181.65
\$110,000	\$11.88	\$12.87	\$17.71	\$26.84	\$39.60	\$62.59	\$96.58	\$132.77	\$71,500	\$157.66	\$55,000	\$199.82
\$120,000	\$12.96	\$14.04	\$19.32	\$29.28	\$43.20	\$68.28	\$105.36	\$144.84	\$78,000	\$171.99	\$60,000	\$217.98
\$130,000	\$14.04	\$15.21	\$20.93	\$31.72	\$46.80	\$73.97	\$114.14	\$156.91	\$84,500	\$186.33	\$65,000	\$236.15
\$140,000	\$15.12	\$16.38	\$22.54	\$34.16	\$50.40	\$79.66	\$122.92	\$168.98	\$91,000	\$200.66	\$70,000	\$254.31
\$150,000	\$16.20	\$17.55	\$24.15	\$36.60	\$54.00	\$85.35	\$131.70	\$181.05	\$97,500	\$214.99	\$75,000	\$272.48
\$160,000	\$17.28	\$18.72	\$25.76	\$39.04	\$57.60	\$91.04	\$140.48	\$193.12	\$104,000	\$229.32	\$80,000	\$290.64
\$170,000	\$18.36	\$19.89	\$27.37	\$41.48	\$61.20	\$96.73	\$149.26	\$205.19	\$110,500	\$243.65	\$85,000	\$308.81
\$180,000	\$19.44	\$21.06	\$28.98	\$43.92	\$64.80	\$102.42	\$158.04	\$217.26	\$117,000	\$257.99	\$90,000	\$326.97
\$190,000	\$20.52	\$22.23	\$30.59	\$46.36	\$68.40	\$108.11	\$166.82	\$229.33	\$123,500	\$272.32	\$95,000	\$345.14
\$200,000	\$21.60	\$23.40	\$32.20	\$48.80	\$72.00	\$113.80	\$175.60	\$241.40	\$130,000	\$286.65	\$100,000	\$363.30
\$210,000	\$22.68	\$24.57	\$33.81	\$51.24	\$75.60	\$119.49	\$184.38	\$253.47	\$136,500	\$300.98	\$105,000	\$381.47
\$220,000	\$23.76	\$25.74	\$35.42	\$53.68	\$79.20	\$125.18	\$193.16	\$265.54	\$143,000	\$315.31	\$110,000	\$399.63
\$230,000	\$24.84	\$26.91	\$37.03	\$56.12	\$82.80	\$130.87	\$201.94	\$277.61	\$149,500	\$329.65	\$115,000	\$417.80
\$240,000	\$25.92	\$28.08	\$38.64	\$58.56	\$86.40	\$136.56	\$210.72	\$289.68	\$156,000	\$343.98	\$120,000	\$435.96
\$250,000	\$27.00	\$29.25	\$40.25	\$61.00	\$90.00	\$142.25	\$219.50	\$301.75	\$162,500	\$358.31	\$125,000	\$454.13
\$260,000	\$28.08	\$30.42	\$41.86	\$63.44	\$93.60	\$147.94	\$228.28	\$313.82	\$169,000	\$372.64	\$130,000	\$472.29
\$270,000	\$29.16	\$31.59	\$43.47	\$65.88	\$97.20	\$153.63	\$237.06	\$325.89	\$175,500	\$386.97	\$135,000	\$490.46
\$280,000	\$30.24	\$32.76	\$45.08	\$68.32	\$100.80	\$159.32	\$245.84	\$337.96	\$182,000	\$401.31	\$140,000	\$508.62
\$290,000	\$31.32	\$33.93	\$46.69	\$70.76	\$104.40	\$165.01	\$254.62	\$350.03	\$188,500	\$415.64	\$145,000	\$526.79
\$300,000	\$32.40	\$35.10	\$48.30	\$73.20	\$108.00	\$170.70	\$263.40	\$362.10	\$195,000	\$429.98	\$150,000	\$544.95
\$310,000	\$33.48	\$36.27	\$49.91	\$75.64	\$111.60	\$176.39	\$272.18	\$374.17	\$201,500	\$444.31	\$155,000	\$563.12
\$320,000	\$34.56	\$37.44	\$51.52	\$78.08	\$115.20	\$182.08	\$280.96	\$386.24	\$208,000	\$458.64	\$160,000	\$581.28
\$330,000	\$35.64	\$38.61	\$53.13	\$80.52	\$118.80	\$187.77	\$289.74	\$398.31	\$214,500	\$472.98	\$165,000	\$599.45
\$340,000	\$36.72	\$39.78	\$54.74	\$82.96	\$122.40	\$193.46	\$298.52	\$410.38	\$221,000	\$487.31	\$170,000	\$617.61
\$350,000	\$37.80	\$40.95	\$56.35	\$85.40	\$126.00	\$199.15	\$307.30	\$422.45	\$227,500	\$501.64	\$175,000	\$635.78
\$360,000	\$38.88	\$42.12	\$57.96	\$87.84	\$129.60	\$204.84	\$316.08	\$434.52	\$234,000	\$515.97	\$180,000	\$653.94
\$370,000	\$39.96	\$43.29	\$59.57	\$90.28	\$133.20	\$210.53	\$324.86	\$446.59	\$240,500	\$530.30	\$185,000	\$672.11

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

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TALENT LOGIC INC - TALENT LOGIC MBRS

Voluntary-term life/AD&D - employee

Estimated employee monthly premium amounts

End of the rate guarantee period: 12/31/2021

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
\$380,000	\$41.04	\$44.46	\$61.18	\$92.72	\$136.80	\$216.22	\$333.64	\$458.66	\$247,000	\$544.64	\$190,000	\$690.27
\$390,000	\$42.12	\$45.63	\$62.79	\$95.16	\$140.40	\$221.91	\$342.42	\$470.73	\$253,500	\$558.97	\$195,000	\$708.44
\$400,000	\$43.20	\$46.80	\$64.40	\$97.60	\$144.00	\$227.60	\$351.20	\$482.80	\$260,000	\$573.30	\$200,000	\$726.60
\$410,000	\$44.28	\$47.97	\$66.01	\$100.04	\$147.60	\$233.29	\$359.98	\$494.87	\$266,500	\$587.63	\$205,000	\$744.77
\$420,000	\$45.36	\$49.14	\$67.62	\$102.48	\$151.20	\$238.98	\$368.76	\$506.94	\$273,000	\$601.96	\$210,000	\$762.93
\$430,000	\$46.44	\$50.31	\$69.23	\$104.92	\$154.80	\$244.67	\$377.54	\$519.01	\$279,500	\$616.30	\$215,000	\$781.10
\$440,000	\$47.52	\$51.48	\$70.84	\$107.36	\$158.40	\$250.36	\$386.32	\$531.08	\$286,000	\$630.63	\$220,000	\$799.26
\$450,000	\$48.60	\$52.65	\$72.45	\$109.80	\$162.00	\$256.05	\$395.10	\$543.15	\$292,500	\$644.96	\$225,000	\$817.43
\$460,000	\$49.68	\$53.82	\$74.06	\$112.24	\$165.60	\$261.74	\$403.88	\$555.22	\$299,000	\$659.29	\$230,000	\$835.59
\$470,000	\$50.76	\$54.99	\$75.67	\$114.68	\$169.20	\$267.43	\$412.66	\$567.29	\$305,500	\$673.62	\$235,000	\$853.76
\$480,000	\$51.84	\$56.16	\$77.28	\$117.12	\$172.80	\$273.12	\$421.44	\$579.36	\$312,000	\$687.96	\$240,000	\$871.92
\$490,000	\$52.92	\$57.33	\$78.89	\$119.56	\$176.40	\$278.81	\$430.22	\$591.43	\$318,500	\$702.29	\$245,000	\$890.09
\$500,000	\$54.00	\$58.50	\$80.50	\$122.00	\$180.00	\$284.50	\$439.00	\$603.50	\$325,000	\$716.63	\$250,000	\$908.25

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.

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Voluntary-term life/AD&D - spouse

Estimated spouse monthly premium amounts

End of the rate guarantee period: 12/31/2021

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
\$5,000	\$0.54	\$0.59	\$0.81	\$1.22	\$1.80	\$2.85	\$4.39	\$6.04	\$3,250	\$7.17	\$2,500	\$9.08
\$10,000	\$1.08	\$1.17	\$1.61	\$2.44	\$3.60	\$5.69	\$8.78	\$12.07	\$6,500	\$14.33	\$5,000	\$18.17
\$15,000	\$1.62	\$1.76	\$2.42	\$3.66	\$5.40	\$8.54	\$13.17	\$18.11	\$9,750	\$21.50	\$7,500	\$27.25
\$20,000	\$2.16	\$2.34	\$3.22	\$4.88	\$7.20	\$11.38	\$17.56	\$24.14	\$13,000	\$28.66	\$10,000	\$36.33
\$25,000	\$2.70	\$2.93	\$4.03	\$6.10	\$9.00	\$14.23	\$21.95	\$30.18	\$16,250	\$35.84	\$12,500	\$45.41
\$30,000	\$3.24	\$3.51	\$4.83	\$7.32	\$10.80	\$17.07	\$26.34	\$36.21	\$19,500	\$43.00	\$15,000	\$54.50
\$35,000	\$3.78	\$4.10	\$5.64	\$8.54	\$12.60	\$19.92	\$30.73	\$42.25	\$22,750	\$50.17	\$17,500	\$63.58
\$40,000	\$4.32	\$4.68	\$6.44	\$9.76	\$14.40	\$22.76	\$35.12	\$48.28	\$26,000	\$57.33	\$20,000	\$72.66
\$45,000	\$4.86	\$5.27	\$7.25	\$10.98	\$16.20	\$25.61	\$39.51	\$54.32	\$29,250	\$64.50	\$22,500	\$81.74
\$50,000	\$5.40	\$5.85	\$8.05	\$12.20	\$18.00	\$28.45	\$43.90	\$60.35	\$32,500	\$71.66	\$25,000	\$90.83
\$55,000	\$5.94	\$6.44	\$8.86	\$13.42	\$19.80	\$31.30	\$48.29	\$66.39	\$35,750	\$78.83	\$27,500	\$99.91
\$60,000	\$6.48	\$7.02	\$9.66	\$14.64	\$21.60	\$34.14	\$52.68	\$72.42	\$39,000	\$85.99	\$30,000	\$108.99
\$65,000	\$7.02	\$7.61	\$10.47	\$15.86	\$23.40	\$36.99	\$57.07	\$78.46	\$42,250	\$93.16	\$32,500	\$118.07
\$70,000	\$7.56	\$8.19	\$11.27	\$17.08	\$25.20	\$39.83	\$61.46	\$84.49	\$45,500	\$100.32	\$35,000	\$127.16
\$75,000	\$8.10	\$8.78	\$12.08	\$18.30	\$27.00	\$42.68	\$65.85	\$90.53	\$48,750	\$107.50	\$37,500	\$136.24
\$80,000	\$8.64	\$9.36	\$12.88	\$19.52	\$28.80	\$45.52	\$70.24	\$96.56	\$52,000	\$114.66	\$40,000	\$145.32
\$85,000	\$9.18	\$9.95	\$13.69	\$20.74	\$30.60	\$48.37	\$74.63	\$102.60	\$55,250	\$121.83	\$42,500	\$154.40
\$90,000	\$9.72	\$10.53	\$14.49	\$21.96	\$32.40	\$51.21	\$79.02	\$108.63	\$58,500	\$128.99	\$45,000	\$163.49
\$95,000	\$10.26	\$11.12	\$15.30	\$23.18	\$34.20	\$54.06	\$83.41	\$114.67	\$61,750	\$136.16	\$47,500	\$172.57
\$100,000	\$10.80	\$11.70	\$16.10	\$24.40	\$36.00	\$56.90	\$87.80	\$120.70	\$65,000	\$143.33	\$50,000	\$181.65

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*

\$5,000	\$1.00
\$10,000	\$2.00

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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