RATE SHEET

Race Winning Brands

All Full-time Active Employees who are hourly employees not subject to a collective bargaining agreement who are citizens or legal residents of the United States, its territories, and protectorates; excluding California employees, temporary, leased, or seasonal employees.

Issued by **The Prudential Insurance Company of America (Prudential)**

Effective: 01/01/2022

"HOW MUCH DOES SHORT TERM DISABILITY COST?"

SHORT TERM DISABILITY - EMPLOYEE MONTHLY COST PER COVERAGE AMOUNT

Use the chart below to find the cost of Short Term Disability insurance. If your salary is not noted, follow the steps below. Your maximum weekly benefit amount is up to $1,300. All salaries of $112,667 and above have a monthly cost of $32.11.

Annual Income	Weekly Benefit	STD Cost	Annual Income	Weekly Benefit	STD Cost
$12,000.00	$138.46	$3.42	$60,000.00	$692.31	$17.10
$13,000.00	$150.00	$3.71	$65,000.00	$750.00	$18.53
$14,000.00	$161.54	$3.99	$70,000.00	$807.69	$19.95
$15,000.00	$173.08	$4.28	$75,000.00	$865.38	$21.37
$20,000.00	$230.77	$5.70	$80,000.00	$923.08	$22.80
$25,000.00	$288.46	$7.12	$85,000.00	$980.77	$24.23
$30,000.00	$346.15	$8.55	$90,000.00	$1,038.46	$25.65
$35,000.00	$403.85	$9.98	$95,000.00	$1,096.15	$27.07
$40,000.00	$461.54	$11.40	$100,000.00	$1,153.85	$28.50
$45,000.00	$519.23	$12.82	$105,000.00	$1,211.54	$29.93
$50,000.00	$576.92	$14.25	$110,000.00	$1,269.23	$31.35
$55,000.00	$634.62	$15.68	$112,667.00	$1,300.00	$32.11

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

HOW TO CALCULATE YOUR TOTAL STD MONTHLY COST

Step 1	Indicate your weekly earnings.	=$
Step 2	Multiply your weekly earnings by 60%	=$
Step 3	If the amount in Step 2 is greater than $1,300, indicate $1,300. Otherwise, indicate the amount from Step 2.	=$
Step 4	Multiply the amount in Step 3 by the rate of $0.0247 to obtain your total STD monthly cost.	=$

“HOW MUCH DOES LONG TERM DISABILITY INSURANCE COST?”

COST OF LONG TERM DISABILITY

Use the chart below to find the cost of Long Term Disability insurance. Follow the steps below to calculate your coverage cost. Your maximum monthly benefit amount is up to $10,000. Your coverage level is limited to the salary of $200,000.

Employee's Age	Employee's Rate
under 25	$0.108
25-29	$0.12
30-34	$0.189
35-39	$0.343
40-44	$0.481
45-49	$0.761
50-54	$1.075
55-59	$1.176
60-64	$1.181
65-69	$0.924
70-100	$0.924

Rates may change as the insured enters a higher age category. Also, rates may change if plan experience requires a change for all insureds.

HOW TO CALCULATE YOUR TOTAL LTD MONTHLY COST

Step 1	Indicate your monthly earnings.	=$
Step 2	If the amount in Step 1 is greater than $16,666.67, indicate $16,666.67. Otherwise, indicate the amount from Step 1.	=$
Step 3	Multiply the amount in Step 2 by the rate for your age and divide by 100 to obtain your total LTD monthly cost.	=$

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.

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.

Group Insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. Contract Series: 83500