PRAIRIE COMMUNITY BANK

Critical Illness - employee

Estimated employee monthly premium amounts
End of rate guarantee period: 11/30/2027

Benefit amount	24 & under	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 & over
$5,000	$1.11	$1.62	$2.36	$2.73	$3.69	$5.17	$7.40	$10.08	$14.30	$20.02	$29.18
$10,000	$2.21	$3.24	$4.72	$5.45	$7.38	$10.34	$14.80	$20.16	$28.59	$40.04	$58.35
$15,000	$3.32	$4.86	$7.08	$8.18	$11.07	$15.51	$22.20	$30.24	$42.89	$60.06	$87.53
$20,000	$4.42	$6.48	$9.44	$10.90	$14.76	$20.68	$29.60	$40.32	$57.18	$80.08	$116.70
$25,000	$5.53	$8.10	$11.80	$13.63	$18.45	$25.85	$37.00	$50.40	$71.48	$100.10	$145.88
$30,000	$6.63	$9.72	$14.16	$16.35	$22.14	$31.02	$44.40	$60.48	$85.77	$120.12	$175.05
$35,000	$7.74	$11.34	$16.52	$19.08	$25.83	$36.19	$51.80	$70.56	$100.07	$140.14	$204.23
$40,000	$8.84	$12.96	$18.88	$21.80	$29.52	$41.36	$59.20	$80.64	$114.36	$160.16	$233.40
$45,000	$9.95	$14.58	$21.24	$24.53	$33.21	$46.53	$66.60	$90.72	$128.66	$180.18	$262.58
$50,000	$11.05	$16.20	$23.60	$27.25	$36.90	$51.70	$74.00	$100.80	$142.95	$200.20	$291.75

Critical Illness - spouse

Estimated spouse monthly premium amounts
End of rate guarantee period: 11/30/2027

Benefit amount	24 & under	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 & over
$2,500	$0.55	$0.81	$1.18	$1.36	$1.85	$2.59	$3.70	$5.04	$7.15	$10.01	$14.59
$5,000	$1.11	$1.62	$2.36	$2.73	$3.69	$5.17	$7.40	$10.08	$14.30	$20.02	$29.18
$7,500	$1.66	$2.43	$3.54	$4.09	$5.54	$7.76	$11.10	$15.12	$21.44	$30.03	$43.76
$10,000	$2.21	$3.24	$4.72	$5.45	$7.38	$10.34	$14.80	$20.16	$28.59	$40.04	$58.35
$12,500	$2.76	$4.05	$5.90	$6.81	$9.23	$12.93	$18.50	$25.20	$35.74	$50.05	$72.94
$15,000	$3.32	$4.86	$7.08	$8.18	$11.07	$15.51	$22.20	$30.24	$42.89	$60.06	$87.53
$17,500	$3.87	$5.67	$8.26	$9.54	$12.92	$18.10	$25.90	$35.28	$50.03	$70.07	$102.11
$20,000	$4.42	$6.48	$9.44	$10.90	$14.76	$20.68	$29.60	$40.32	$57.18	$80.08	$116.70
$22,500	$4.97	$7.29	$10.62	$12.26	$16.61	$23.27	$33.30	$45.36	$64.33	$90.09	$131.29
$25,000	$5.53	$8.10	$11.80	$13.63	$18.45	$25.85	$37.00	$50.40	$71.48	$100.10	$145.88

Note: Proof of good health/evidence of insurability is required to apply for benefit amounts greater than those highlighted above.
Note: Children are automatically covered for 25% of the employee's benefit for no additional cost.

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.

Critical Illness insurance from Principal® is issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392.
CRITICAL ILLNESS INSURANCE PROVIDES LIMITED BENEFITS. 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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PRAIRIE COMMUNITY BANK

Por enfermedad grave: empleado

Cantidades estimadas de prima mensual del emplea
Fin del periodo de la tasa garantizada: 11/30/2027

Cantidad de beneficio	24 o menos	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 o más
$5,000	$1.11	$1.62	$2.36	$2.73	$3.69	$5.17	$7.40	$10.08	$14.30	$20.02	$29.18
$10,000	$2.21	$3.24	$4.72	$5.45	$7.38	$10.34	$14.80	$20.16	$28.59	$40.04	$58.35
$15,000	$3.32	$4.86	$7.08	$8.18	$11.07	$15.51	$22.20	$30.24	$42.89	$60.06	$87.53
$20,000	$4.42	$6.48	$9.44	$10.90	$14.76	$20.68	$29.60	$40.32	$57.18	$80.08	$116.70
$25,000	$5.53	$8.10	$11.80	$13.63	$18.45	$25.85	$37.00	$50.40	$71.48	$100.10	$145.88
$30,000	$6.63	$9.72	$14.16	$16.35	$22.14	$31.02	$44.40	$60.48	$85.77	$120.12	$175.05
$35,000	$7.74	$11.34	$16.52	$19.08	$25.83	$36.19	$51.80	$70.56	$100.07	$140.14	$204.23
$40,000	$8.84	$12.96	$18.88	$21.80	$29.52	$41.36	$59.20	$80.64	$114.36	$160.16	$233.40
$45,000	$9.95	$14.58	$21.24	$24.53	$33.21	$46.53	$66.60	$90.72	$128.66	$180.18	$262.58
$50,000	$11.05	$16.20	$23.60	$27.25	$36.90	$51.70	$74.00	$100.80	$142.95	$200.20	$291.75

Por enfermedad grave: cónyuge

Cantidades estimadas de prima mensual del cónyuge
Final del periodo de la tasa garantizada: 11/30/2027

Cantidad de beneficio	24 o menos	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 o más
$2,500	$0.55	$0.81	$1.18	$1.36	$1.85	$2.59	$3.70	$5.04	$7.15	$10.01	$14.59
$5,000	$1.11	$1.62	$2.36	$2.73	$3.69	$5.17	$7.40	$10.08	$14.30	$20.02	$29.18
$7,500	$1.66	$2.43	$3.54	$4.09	$5.54	$7.76	$11.10	$15.12	$21.44	$30.03	$43.76
$10,000	$2.21	$3.24	$4.72	$5.45	$7.38	$10.34	$14.80	$20.16	$28.59	$40.04	$58.35
$12,500	$2.76	$4.05	$5.90	$6.81	$9.23	$12.93	$18.50	$25.20	$35.74	$50.05	$72.94
$15,000	$3.32	$4.86	$7.08	$8.18	$11.07	$15.51	$22.20	$30.24	$42.89	$60.06	$87.53
$17,500	$3.87	$5.67	$8.26	$9.54	$12.92	$18.10	$25.90	$35.28	$50.03	$70.07	$102.11
$20,000	$4.42	$6.48	$9.44	$10.90	$14.76	$20.68	$29.60	$40.32	$57.18	$80.08	$116.70
$22,500	$4.97	$7.29	$10.62	$12.26	$16.61	$23.27	$33.30	$45.36	$64.33	$90.09	$131.29
$25,000	$5.53	$8.10	$11.80	$13.63	$18.45	$25.85	$37.00	$50.40	$71.48	$100.10	$145.88

Nota: es obligatoria la prueba de buena salud/evidencia de asegurabilidad para solicitar cantidades de beneficio mayores a las
Nota: A los menores de edad se los cubre automáticamente por un 25% del seguro del empleado y sin costo adicional.

Si tu edad cambia a una franja de tasas diferente durante el periodo de garantía, la prima cambiará para reflejar la nueva franja de tasas que entrará en vigor en la siguiente fecha de aniversario de la póliza.

El seguro de enfermedad grave de Principal® lo emite Principal Life Insurance Company, 711 High Street, Des Moines IA 50392.
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