

2026 Supplemental Group Term Life for Employee and Spouse/Domestic Partne

Your Age	Monthly cost per \$1,000 of coverage
18-29	\$0.032
30-34	\$0.047
35-39	\$0.063
40-44	\$0.088
45-49	\$0.149
50-54	\$0.227
55-59	\$0.354
60-64	\$0.541
65+	\$0.942

2026 Supplemental Group Term Life for Children

(one coverage amount and monthly cost covers all eligible children)

Amount of coverage	Monthly cost
\$2,000	\$0.36
\$5,000	\$0.90
\$10,000	\$1.80

