



Prudential
Bring Your Challenges®

RATE SHEET

PayPal, Inc.

All Eligible Full Time Active Employees

Issued by The Prudential Insurance Company of America (Prudential)

Effective: 01/01/2021

“HOW MUCH DOES LONG TERM DISABILITY INSURANCE COST?”

BUY-UP LONG TERM DISABILITY - EMPLOYEE BI-WEEKLY COST PER COVERAGE AMOUNT

Use the chart below to find the cost of Long Term Disability insurance. If your salary is not noted, follow the steps below. Your maximum monthly benefit amount is up to \$25,000. All salaries of \$428,571 and above have a bi-weekly cost of \$29.01.

Annual Income	Monthly Benefit	LTD Cost	Annual Income	Monthly Benefit	LTD Cost
\$12,000.00	\$700.00	\$0.81	\$220,000.00	\$12,833.33	\$14.89
\$13,000.00	\$758.33	\$0.88	\$225,000.00	\$13,125.00	\$15.23
\$14,000.00	\$816.67	\$0.95	\$230,000.00	\$13,416.67	\$15.57
\$15,000.00	\$875.00	\$1.02	\$235,000.00	\$13,708.33	\$15.91
\$20,000.00	\$1,166.67	\$1.35	\$240,000.00	\$14,000.00	\$16.25
\$25,000.00	\$1,458.33	\$1.69	\$245,000.00	\$14,291.67	\$16.58
\$30,000.00	\$1,750.00	\$2.03	\$250,000.00	\$14,583.33	\$16.92
\$35,000.00	\$2,041.67	\$2.37	\$255,000.00	\$14,875.00	\$17.26
\$40,000.00	\$2,333.33	\$2.71	\$260,000.00	\$15,166.67	\$17.60
\$45,000.00	\$2,625.00	\$3.05	\$265,000.00	\$15,458.33	\$17.94
\$50,000.00	\$2,916.67	\$3.38	\$270,000.00	\$15,750.00	\$18.28
\$55,000.00	\$3,208.33	\$3.72	\$275,000.00	\$16,041.67	\$18.61
\$60,000.00	\$3,500.00	\$4.06	\$280,000.00	\$16,333.33	\$18.96
\$65,000.00	\$3,791.67	\$4.40	\$285,000.00	\$16,625.00	\$19.29
\$70,000.00	\$4,083.33	\$4.74	\$290,000.00	\$16,916.67	\$19.63
\$75,000.00	\$4,375.00	\$5.08	\$295,000.00	\$17,208.33	\$19.97
\$80,000.00	\$4,666.67	\$5.41	\$300,000.00	\$17,500.00	\$20.31
\$85,000.00	\$4,958.33	\$5.76	\$305,000.00	\$17,791.67	\$20.64
\$90,000.00	\$5,250.00	\$6.09	\$310,000.00	\$18,083.33	\$20.99
\$95,000.00	\$5,541.67	\$6.43	\$315,000.00	\$18,375.00	\$21.32
\$100,000.00	\$5,833.33	\$6.77	\$320,000.00	\$18,666.67	\$21.66
\$105,000.00	\$6,125.00	\$7.11	\$325,000.00	\$18,958.33	\$22.00
\$110,000.00	\$6,416.67	\$7.44	\$330,000.00	\$19,250.00	\$22.34
\$115,000.00	\$6,708.33	\$7.79	\$335,000.00	\$19,541.67	\$22.68
\$120,000.00	\$7,000.00	\$8.12	\$340,000.00	\$19,833.33	\$23.02

\$125,000.00	\$7,291.67	\$8.46	\$345,000.00	\$20,125.00	\$23.35
\$130,000.00	\$7,583.33	\$8.80	\$350,000.00	\$20,416.67	\$23.69
\$135,000.00	\$7,875.00	\$9.14	\$355,000.00	\$20,708.33	\$24.03
\$140,000.00	\$8,166.67	\$9.48	\$360,000.00	\$21,000.00	\$24.37
\$145,000.00	\$8,458.33	\$9.82	\$365,000.00	\$21,291.67	\$24.71
\$150,000.00	\$8,750.00	\$10.15	\$370,000.00	\$21,583.33	\$25.05
\$155,000.00	\$9,041.67	\$10.49	\$375,000.00	\$21,875.00	\$25.38
\$160,000.00	\$9,333.33	\$10.83	\$380,000.00	\$22,166.67	\$25.72
\$165,000.00	\$9,625.00	\$11.17	\$385,000.00	\$22,458.33	\$26.06
\$170,000.00	\$9,916.67	\$11.51	\$390,000.00	\$22,750.00	\$26.40
\$175,000.00	\$10,208.33	\$11.85	\$395,000.00	\$23,041.67	\$26.74
\$180,000.00	\$10,500.00	\$12.18	\$400,000.00	\$23,333.33	\$27.08
\$185,000.00	\$10,791.67	\$12.52	\$405,000.00	\$23,625.00	\$27.42
\$190,000.00	\$11,083.33	\$12.86	\$410,000.00	\$23,916.67	\$27.75
\$195,000.00	\$11,375.00	\$13.20	\$415,000.00	\$24,208.33	\$28.09
\$200,000.00	\$11,666.67	\$13.54	\$420,000.00	\$24,500.00	\$28.43
\$205,000.00	\$11,958.33	\$13.88	\$425,000.00	\$24,791.67	\$28.77
\$210,000.00	\$12,250.00	\$14.22	\$428,571.00	\$24,999.98	\$29.01
\$215,000.00	\$12,541.67	\$14.55			

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

HOW TO CALCULATE YOUR TOTAL LTD BI-WEEKLY COST

Step 1	Indicate your monthly earnings.	= \$
Step 2	If your monthly earnings are greater than the maximum monthly covered earnings of \$25,000, indicate \$25,000. Otherwise, indicate the amount from Step 1.	= \$
Step 3	Multiply the amount in Step 2 by the rate of \$0.00176 to obtain your total LTD monthly cost.	= \$
Step 4	Multiply the amount in Step 3 by 12 and divide by 26 to obtain your total LTD bi-weekly 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.

This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York Department of Financial Services.

North Carolina residents: THIS IS NOT A MEDICARE SUPPLEMENT PLAN. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare, which is available from the company.

Group Insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ 07102. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. Contract Series: 83500

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