

# 2026 Personal Plans Monthly Rates

Effective January 1, 2026

## Employee and Spouse Term Life<sup>1</sup>

Monthly rates per \$1,000 coverage

Age	Rate
24 & under	\$0.04
25–29	\$0.05
30–34	\$0.06
35–39	\$0.10
40–44	\$0.15
45–49	\$0.25
50–54	\$0.43
55–59	\$0.65
60–64	\$1.03
65+	\$2.25

Your initial monthly cost for coverage is based on your age upon approval; monthly cost increase as you enter each new five-year age period.

## Child Term Life<sup>1</sup>

The monthly rate for \$10,000 of child life coverage is 75 cents total, regardless of the number of children covered.

Age	Rate
To age 26	\$0.75

## Long-term Disability<sup>1</sup>

Monthly rates per \$100 of monthly salary amount

Age	Economy Long Term Disability Plan	Choice Long Term Disability Plan	Premier Long Term Disability Plan
34 & under	\$0.25	\$0.30	\$0.32
35–39	\$0.32	\$0.38	\$0.41
40–44	\$0.41	\$0.50	\$0.52
45–49	\$0.54	\$0.64	\$0.69
50–54	\$0.64	\$0.77	\$0.81
55–59	\$0.72	\$0.85	\$0.91
60+	\$0.50	\$0.58	\$0.61

## Short-term Disability<sup>1</sup>

Monthly rates

Economy	Choice	Premier
\$15.55	\$11.29	\$11.29

<sup>1</sup>Term Life and accident plans are not available to participants working in the following countries: Afghanistan, Algeria, Central African Republic, Chad, Congo, East Timor, Eritrea, Iran, Iraq, Kenya, Lebanon, Pakistan, Somalia, South Sudan, Sudan, Syria, Tanzania, Uganda, Uzbekistan or Yemen.

Vision products are administered by Vision Service Plan Insurance Company through GuideStone Financial Resources' benefits program.

Dental products are administered by Cigna Health and Life Insurance Company through GuideStone Financial Resources' benefits program.

## Accidental Death and Dismemberment (AD&D)<sup>1</sup>

Employee only

Age	Rate
All ages	2.5¢ per \$1,000 coverage

## Employee and Spouse Supplemental AD&D<sup>1</sup>

Age	Rate
All ages	2.5¢ per \$1,000 coverage

## Dental Plans Monthly rates

Premier Dental Care Plan <sup>2</sup>	Rate
Employee Only	\$45.33
Employee + Spouse	\$90.66
Employee + Child(ren)	\$113.33
Employee + Family	\$158.66

Choice Dental Care Plan <sup>2</sup>	Rate
Employee Only	\$33.50
Employee + Spouse	\$67.00
Employee + Child(ren)	\$83.75
Employee + Family	\$117.25

<sup>2</sup> Available in all states.

Cigna Healthcare® – DHMO Plan <sup>3</sup>	Rate
Employee Only	\$25.06
Employee + Spouse	\$42.35
Employee + Child(ren)	\$59.14
Employee + Family	\$69.67

<sup>3</sup> The Cigna DHMO is not available in the following states: AK, ME, MT, NH, NM, ND, SD, VT, and WY.

## Vision Plans Monthly rates

Standard Vision Plan	Rate
Employee Only	\$9.54
Employee + Spouse	\$16.29
Employee + Child(ren)	\$17.26
Employee + Family	\$25.90

Economy Vision Plan	Rate
Employee Only	\$7.95
Employee + Spouse	\$13.41
Employee + Child(ren)	\$14.18
Employee + Family	\$21.18



# Term Life and Disability Rate Examples

## Age Bracket Change

- Term Life rates are based on a member's age as of January 1.
- When a member changes age brackets, the rates will increase the following January 1. If the employee's birthday is on January 1, rates will increase that year.
- The monthly rate for life coverage remains constant after age 65.

### Calculation Example:

- \$100,000 of Employee Term Life coverage
- Current age 54
- Age 55 on January 1 of the following year

**Step 1:** Calculate the per thousand term life coverage amount by dividing the current coverage amount by 1,000:  $\$100,000 / 1,000 = \$100$ .

**Step 2:** Multiply the per thousand coverage amount by age bracket amount:  $\$100 \times 0.65 = \$65$ .

The new monthly rate for Employee Term Life coverage will be \$65.00 per month.

## Salary Changes for Employee Term Life Coverage

The amount of the member's term life coverage may change when notification of a salary change is received if the coverage is based on salary. This may result in a change in the monthly cost.

### 1-4x's annual salary:

- Employee Term Life coverage will increase automatically with any reported salary changes.
- No underwriting is required.

### Calculation Example 1x-4x's annual salary:

- Age 52
- Current salary \$50,000
- 2x's salary term life coverage = \$100,000
- New salary on January 1 - \$60,000 = \$120,000

**Step 1:** Calculate the per thousand term life coverage amount by dividing the current coverage amount by 1,000:  $\$120,000 / 1,000 = \$120$ .

**Step 2:** Multiply the per thousand coverage amount by age bracket amount:  $\$120 \times 0.43 = \$51.60$ .

The new monthly rate for Employee Term Life coverage on January 1 will be \$51.60 per month.

### 5x's – 8x's annual salary:

- Evidence of Good Health may be required if:
  - It has been **more than two years** since you submitted an *Evidence of Good Health* (EOGH) application for Employee Term Life or
  - The cumulative coverage **increase is greater than 15%** or
  - The cumulative coverage **increase is greater than \$50,000**
- The amount of coverage will not change unless an EOGH application is completed.
- If it is not completed, the amount of the coverage and the monthly cost will remain the same.
- If the EOGH was submitted and approved, then the amount will increase effective the approval date.
- Rates are calculated using the same steps as in the 1x-4x's salary.

## Long Term Disability

A report on a new salary will result in an increase in the cost of coverage.

Long Term Disability rates are calculated using the following:

- Age of the member
- Reported annual salary
- Long term disability plan

### Calculation Example

- Age 52
- Salary \$30,000
- Premier Long Term Disability

**Step 1:** Divide the annual salary by 12 to obtain the monthly salary rate:  $\$30,000 / 12 = \$2,500$

**Step 2:** Divide the monthly salary by 100 to get the per \$100 monthly salary rate:  $\$2,500 / 100 = \$25$

**Step 3:** Multiply \$100 monthly salary rate by the age rate for appropriate long term plan:  $\$25 \times 0.81 = \$20.25$ .

The monthly rate is \$20.25 per month.