

Alpha Omega Advisement LLC

Critical Illness - employee

Estimated employee weekly premium amounts

End of rate guarantee period: 05/31/2025

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	\$0.66	\$0.69	\$0.82	\$1.10	\$1.50	\$2.04	\$2.95	\$3.84	\$6.52	\$9.30	\$13.36
\$10,000	\$1.32	\$1.38	\$1.64	\$2.19	\$3.00	\$4.08	\$5.91	\$7.68	\$13.05	\$18.59	\$26.73
\$15,000	\$1.97	\$2.08	\$2.46	\$3.29	\$4.50	\$6.13	\$8.86	\$11.53	\$19.57	\$27.89	\$40.09
\$20,000	\$2.63	\$2.77	\$3.28	\$4.38	\$6.00	\$8.17	\$11.82	\$15.37	\$26.10	\$37.18	\$53.45
\$25,000	\$3.29	\$3.46	\$4.10	\$5.48	\$7.50	\$10.21	\$14.77	\$19.21	\$32.62	\$46.48	\$66.81
\$30,000	\$3.95	\$4.15	\$4.92	\$6.58	\$9.00	\$12.25	\$17.72	\$23.05	\$39.14	\$55.77	\$80.18
\$35,000	\$4.60	\$4.85	\$5.73	\$7.67	\$10.50	\$14.30	\$20.68	\$26.90	\$45.67	\$65.07	\$93.54
\$40,000	\$5.26	\$5.54	\$6.55	\$8.77	\$12.00	\$16.34	\$23.63	\$30.74	\$52.19	\$74.36	\$106.90
\$45,000	\$5.92	\$6.23	\$7.37	\$9.87	\$13.50	\$18.38	\$26.58	\$34.58	\$58.71	\$83.66	\$120.26
\$50,000	\$6.58	\$6.92	\$8.19	\$10.96	\$15.00	\$20.42	\$29.54	\$38.42	\$65.24	\$92.95	\$133.63
\$55,000	\$7.23	\$7.62	\$9.01	\$12.06	\$16.50	\$22.47	\$32.49	\$42.27	\$71.76	\$102.25	\$146.99
\$60,000	\$7.89	\$8.31	\$9.83	\$13.15	\$18.00	\$24.51	\$35.45	\$46.11	\$78.29	\$111.54	\$160.35
\$65,000	\$8.55	\$9.00	\$10.65	\$14.25	\$19.50	\$26.55	\$38.40	\$49.95	\$84.81	\$120.84	\$173.72
\$70,000	\$9.21	\$9.69	\$11.47	\$15.35	\$21.00	\$28.59	\$41.35	\$53.79	\$91.33	\$130.14	\$187.08
\$75,000	\$9.87	\$10.38	\$12.29	\$16.44	\$22.50	\$30.63	\$44.31	\$57.63	\$97.86	\$139.43	\$200.44
\$80,000	\$10.52	\$11.08	\$13.11	\$17.54	\$24.00	\$32.68	\$47.26	\$61.48	\$104.38	\$148.73	\$213.80
\$85,000	\$11.18	\$11.77	\$13.93	\$18.63	\$25.50	\$34.72	\$50.22	\$65.32	\$110.91	\$158.02	\$227.17
\$90,000	\$11.84	\$12.46	\$14.75	\$19.73	\$27.00	\$36.76	\$53.17	\$69.16	\$117.43	\$167.32	\$240.53
\$95,000	\$12.50	\$13.15	\$15.57	\$20.83	\$28.50	\$38.80	\$56.12	\$73.00	\$123.95	\$176.61	\$253.89
\$100,000	\$13.15	\$13.85	\$16.38	\$21.92	\$30.00	\$40.85	\$59.08	\$76.85	\$130.48	\$185.91	\$267.25

Critical Illness - spouse

Estimated spouse weekly premium amounts

End of rate guarantee period: 05/31/2025

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	\$0.33	\$0.35	\$0.41	\$0.55	\$0.75	\$1.02	\$1.48	\$1.92	\$3.26	\$4.65	\$6.68
\$5,000	\$0.66	\$0.69	\$0.82	\$1.10	\$1.50	\$2.04	\$2.95	\$3.84	\$6.52	\$9.30	\$13.36
\$7,500	\$0.99	\$1.04	\$1.23	\$1.64	\$2.25	\$3.06	\$4.43	\$5.76	\$9.79	\$13.94	\$20.04
\$10,000	\$1.32	\$1.38	\$1.64	\$2.19	\$3.00	\$4.08	\$5.91	\$7.68	\$13.05	\$18.59	\$26.73
\$12,500	\$1.64	\$1.73	\$2.05	\$2.74	\$3.75	\$5.11	\$7.38	\$9.61	\$16.31	\$23.24	\$33.41
\$15,000	\$1.97	\$2.08	\$2.46	\$3.29	\$4.50	\$6.13	\$8.86	\$11.53	\$19.57	\$27.89	\$40.09
\$17,500	\$2.30	\$2.42	\$2.87	\$3.84	\$5.25	\$7.15	\$10.34	\$13.45	\$22.83	\$32.53	\$46.77
\$20,000	\$2.63	\$2.77	\$3.28	\$4.38	\$6.00	\$8.17	\$11.82	\$15.37	\$26.10	\$37.18	\$53.45
\$22,500	\$2.96	\$3.12	\$3.69	\$4.93	\$6.75	\$9.19	\$13.29	\$17.29	\$29.36	\$41.83	\$60.13
\$25,000	\$3.29	\$3.46	\$4.10	\$5.48	\$7.50	\$10.21	\$14.77	\$19.21	\$32.62	\$46.48	\$66.81
\$27,500	\$3.62	\$3.81	\$4.51	\$6.03	\$8.25	\$11.23	\$16.25	\$21.13	\$35.88	\$51.12	\$73.49
\$30,000	\$3.95	\$4.15	\$4.92	\$6.58	\$9.00	\$12.25	\$17.72	\$23.05	\$39.14	\$55.77	\$80.18
\$32,500	\$4.28	\$4.50	\$5.33	\$7.13	\$9.75	\$13.28	\$19.20	\$24.98	\$42.41	\$60.42	\$86.86
\$35,000	\$4.60	\$4.85	\$5.73	\$7.67	\$10.50	\$14.30	\$20.68	\$26.90	\$45.67	\$65.07	\$93.54
\$37,500	\$4.93	\$5.19	\$6.14	\$8.22	\$11.25	\$15.32	\$22.15	\$28.82	\$48.93	\$69.72	\$100.22
\$40,000	\$5.26	\$5.54	\$6.55	\$8.77	\$12.00	\$16.34	\$23.63	\$30.74	\$52.19	\$74.36	\$106.90
\$42,500	\$5.59	\$5.88	\$6.96	\$9.32	\$12.75	\$17.36	\$25.11	\$32.66	\$55.45	\$79.01	\$113.58
\$45,000	\$5.92	\$6.23	\$7.37	\$9.87	\$13.50	\$18.38	\$26.58	\$34.58	\$58.71	\$83.66	\$120.26
\$47,500	\$6.25	\$6.58	\$7.78	\$10.41	\$14.25	\$19.40	\$28.06	\$36.50	\$61.98	\$88.31	\$126.95
\$50,000	\$6.58	\$6.92	\$8.19	\$10.96	\$15.00	\$20.42	\$29.54	\$38.42	\$65.24	\$92.95	\$133.63

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.

Principal, Principal and symbol design and Principal Financial Group are trademarks and service marks of Principal Financial Services, Inc., a member of the Principal Financial Group.

