



Rate Sheet

NVIDIA CORPORATION

All Eligible Employees

Issued by The Prudential Insurance Company of America

Effective: 01/01/2020

Rates may change as the insured enters a higher age category. Also, rates may change if plan experience requires a change for all insureds.

“How much does life insurance cost?”

The following steps will show you how to calculate your monthly cost of insurance.

		Employee
Step 1	Enter the amount of Employee coverage you wish to purchase.	\$ <input type="text"/>
Step 2	Divide the coverage amounts by 1,000.	\$ <input type="text"/>
Step 3	Multiply the dollar amounts in Step 2 by the cost of coverage per \$1,000 of coverage, according to your age, that you'll find in the chart that follows. This gives you the monthly cost of insurance.	\$ <input type="text"/>
TOTAL COST FOR EMPLOYEE		\$ <input type="text"/>

Cost of Optional Term Life Insurance for You

Coverage is available for 1.0 to 8.0 times your covered annual earnings, not to exceed \$1,000,000. Refer to the Optional Term Life section for evidence of insurability details. Initial rates based on age as of effective date of your coverage. Rates will change based on the following age schedule. Please refer to your plan certificate(s) to review the required minimum and maximum coverage amounts allowed.

Employee's Age	Employee Rate
< 24	\$0.048
25 - 29	\$0.057
30 - 34	\$0.076
35 - 39	\$0.086
40 - 44	\$0.095
45 - 49	\$0.143
50 - 54	\$0.323
55 - 59	\$0.494
60 - 64	\$0.627
65 - 69	\$1.207
70 - 100	\$2.565

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.

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Example

A 35 year-old employee elects

\$75,000 of Optional Term Life for themselves

Employee Monthly Cost

\$6.45 (\$75,000 / 1,000 x \$0.086)

**Spouse / Domestic Partner - Optional Dependent Term Life
Monthly Cost per Coverage Amount**

Coverage is available in increments of \$10,000 to a maximum of \$500,000, not to exceed 100% of your combined Basic and Optional Term Life coverage amount. Refer to the Optional Dependent Term Life section for evidence of insurability details. Initial rates based on age as of effective date of your coverage. Rates will change based on the following age schedule.

	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000	\$110,000	\$120,000	\$130,000
Age													
0-24	\$0.48	\$0.96	\$1.44	\$1.92	\$2.40	\$2.88	\$3.36	\$3.84	\$4.32	\$4.80	\$5.28	\$5.76	\$6.24
25-29	\$0.57	\$1.14	\$1.71	\$2.28	\$2.85	\$3.42	\$3.99	\$4.56	\$5.13	\$5.70	\$6.27	\$6.84	\$7.41
30-34	\$0.76	\$1.52	\$2.28	\$3.04	\$3.80	\$4.56	\$5.32	\$6.08	\$6.84	\$7.60	\$8.36	\$9.12	\$9.88
35-39	\$0.86	\$1.72	\$2.58	\$3.44	\$4.30	\$5.16	\$6.02	\$6.88	\$7.74	\$8.60	\$9.46	\$10.32	\$11.18
40-44	\$0.95	\$1.90	\$2.85	\$3.80	\$4.75	\$5.70	\$6.65	\$7.60	\$8.55	\$9.50	\$10.45	\$11.40	\$12.35
45-49	\$1.43	\$2.86	\$4.29	\$5.72	\$7.15	\$8.58	\$10.01	\$11.44	\$12.87	\$14.30	\$15.73	\$17.16	\$18.59
50-54	\$3.23	\$6.46	\$9.69	\$12.92	\$16.15	\$19.38	\$22.61	\$25.84	\$29.07	\$32.30	\$35.53	\$38.76	\$41.99
55-59	\$4.94	\$9.88	\$14.82	\$19.76	\$24.70	\$29.64	\$34.58	\$39.52	\$44.46	\$49.40	\$54.34	\$59.28	\$64.22
60-64	\$6.27	\$12.54	\$18.81	\$25.08	\$31.35	\$37.62	\$43.89	\$50.16	\$56.43	\$62.70	\$68.97	\$75.24	\$81.51
65-69	\$12.07	\$24.14	\$36.21	\$48.28	\$60.35	\$72.42	\$84.49	\$96.56	\$108.63	\$120.70	\$132.77	\$144.84	\$156.91
70-100	\$25.65	\$51.30	\$76.95	\$102.60	\$128.25	\$153.90	\$179.55	\$205.20	\$230.85	\$256.50	\$282.15	\$307.80	\$333.45

	\$140,000	\$150,000	\$160,000	\$170,000	\$180,000	\$190,000	\$200,000	\$210,000	\$220,000	\$230,000	\$240,000	\$250,000	\$260,000
Age													
0-24	\$6.72	\$7.20	\$7.68	\$8.16	\$8.64	\$9.12	\$9.60	\$10.08	\$10.56	\$11.04	\$11.52	\$12.00	\$12.48
25-29	\$7.98	\$8.55	\$9.12	\$9.69	\$10.26	\$10.83	\$11.40	\$11.97	\$12.54	\$13.11	\$13.68	\$14.25	\$14.82
30-34	\$10.64	\$11.40	\$12.16	\$12.92	\$13.68	\$14.44	\$15.20	\$15.96	\$16.72	\$17.48	\$18.24	\$19.00	\$19.76
35-39	\$12.04	\$12.90	\$13.76	\$14.62	\$15.48	\$16.34	\$17.20	\$18.06	\$18.92	\$19.78	\$20.64	\$21.50	\$22.36
40-44	\$13.30	\$14.25	\$15.20	\$16.15	\$17.10	\$18.05	\$19.00	\$19.95	\$20.90	\$21.85	\$22.80	\$23.75	\$24.70
45-49	\$20.02	\$21.45	\$22.88	\$24.31	\$25.74	\$27.17	\$28.60	\$30.03	\$31.46	\$32.89	\$34.32	\$35.75	\$37.18
50-54	\$45.22	\$48.45	\$51.68	\$54.91	\$58.14	\$61.37	\$64.60	\$67.83	\$71.06	\$74.29	\$77.52	\$80.75	\$83.98
55-59	\$69.16	\$74.10	\$79.04	\$83.98	\$88.92	\$93.86	\$98.80	\$103.74	\$108.68	\$113.62	\$118.56	\$123.50	\$128.44
60-64	\$87.78	\$94.05	\$100.32	\$106.59	\$112.86	\$119.13	\$125.40	\$131.67	\$137.94	\$144.21	\$150.48	\$156.75	\$163.02
65-69	\$168.98	\$181.05	\$193.12	\$205.19	\$217.26	\$229.33	\$241.40	\$253.47	\$265.54	\$277.61	\$289.68	\$301.75	\$313.82
70-100	\$359.10	\$384.75	\$410.40	\$436.05	\$461.70	\$487.35	\$513.00	\$538.65	\$564.30	\$589.95	\$615.60	\$641.25	\$666.90

	\$270,000	\$280,000	\$290,000	\$300,000	\$310,000	\$320,000	\$330,000	\$340,000	\$350,000	\$360,000	\$370,000	\$380,000
Age												
0-24	\$12.96	\$13.44	\$13.92	\$14.40	\$14.88	\$15.36	\$15.84	\$16.32	\$16.80	\$17.28	\$17.76	\$18.24
25-29	\$15.39	\$15.96	\$16.53	\$17.10	\$17.67	\$18.24	\$18.81	\$19.38	\$19.95	\$20.52	\$21.09	\$21.66
30-34	\$20.52	\$21.28	\$22.04	\$22.80	\$23.56	\$24.32	\$25.08	\$25.84	\$26.60	\$27.36	\$28.12	\$28.88
35-39	\$23.22	\$24.08	\$24.94	\$25.80	\$26.66	\$27.52	\$28.38	\$29.24	\$30.10	\$30.96	\$31.82	\$32.68
40-44	\$25.65	\$26.60	\$27.55	\$28.50	\$29.45	\$30.40	\$31.35	\$32.30	\$33.25	\$34.20	\$35.15	\$36.10
45-49	\$38.61	\$40.04	\$41.47	\$42.90	\$44.33	\$45.76	\$47.19	\$48.62	\$50.05	\$51.48	\$52.91	\$54.34
50-54	\$87.21	\$90.44	\$93.67	\$96.90	\$100.13	\$103.36	\$106.59	\$109.82	\$113.05	\$116.28	\$119.51	\$122.74
55-59	\$133.38	\$138.32	\$143.26	\$148.20	\$153.14	\$158.08	\$163.02	\$167.96	\$172.90	\$177.84	\$182.78	\$187.72
60-64	\$169.29	\$175.56	\$181.83	\$188.10	\$194.37	\$200.64	\$206.91	\$213.18	\$219.45	\$225.72	\$231.99	\$238.26
65-69	\$325.89	\$337.96	\$350.03	\$362.10	\$374.17	\$386.24	\$398.31	\$410.38	\$422.45	\$434.52	\$446.59	\$458.66
70-100	\$692.55	\$718.20	\$743.85	\$769.50	\$795.15	\$820.80	\$846.45	\$872.10	\$897.75	\$923.40	\$949.05	\$974.70

Spouse / Domestic Partner - Optional Dependent Term Life Monthly Cost per Coverage Amount

Coverage is available in increments of \$10,000 to a maximum of \$500,000, not to exceed 100% of your combined Basic and Optional Term Life coverage amount. Refer to the Optional Dependent Term Life section for evidence of insurability details. Initial rates based on age as of effective date of your coverage. Rates will change based on the following age schedule.

	\$390,000	\$400,000	\$410,000	\$420,000	\$430,000	\$440,000	\$450,000	\$460,000	\$470,000	\$480,000	\$490,000	\$500,000
Age												
0-24	\$18.72	\$19.20	\$19.68	\$20.16	\$20.64	\$21.12	\$21.60	\$22.08	\$22.56	\$23.04	\$23.52	\$24.00
25-29	\$22.23	\$22.80	\$23.37	\$23.94	\$24.51	\$25.08	\$25.65	\$26.22	\$26.79	\$27.36	\$27.93	\$28.50
30-34	\$29.64	\$30.40	\$31.16	\$31.92	\$32.68	\$33.44	\$34.20	\$34.96	\$35.72	\$36.48	\$37.24	\$38.00
35-39	\$33.54	\$34.40	\$35.26	\$36.12	\$36.98	\$37.84	\$38.70	\$39.56	\$40.42	\$41.28	\$42.14	\$43.00
40-44	\$37.05	\$38.00	\$38.95	\$39.90	\$40.85	\$41.80	\$42.75	\$43.70	\$44.65	\$45.60	\$46.55	\$47.50
45-49	\$55.77	\$57.20	\$58.63	\$60.06	\$61.49	\$62.92	\$64.35	\$65.78	\$67.21	\$68.64	\$70.07	\$71.50
50-54	\$125.97	\$129.20	\$132.43	\$135.66	\$138.89	\$142.12	\$145.35	\$148.58	\$151.81	\$155.04	\$158.27	\$161.50
55-59	\$192.66	\$197.60	\$202.54	\$207.48	\$212.42	\$217.36	\$222.30	\$227.24	\$232.18	\$237.12	\$242.06	\$247.00
60-64	\$244.53	\$250.80	\$257.07	\$263.34	\$269.61	\$275.88	\$282.15	\$288.42	\$294.69	\$300.96	\$307.23	\$313.50
65-69	\$470.73	\$482.80	\$494.87	\$506.94	\$519.01	\$531.08	\$543.15	\$555.22	\$567.29	\$579.36	\$591.43	\$603.50
70-100	\$1,000.35	\$1,026.00	\$1,051.65	\$1,077.30	\$1,102.95	\$1,128.60	\$1,154.25	\$1,179.90	\$1,205.55	\$1,231.20	\$1,256.85	\$1,282.50

Rates may change as the insured enters a higher age category. Also, rates may change if plan experience requires a change for all insureds.

Spouse / Domestic Partner rate is based on Spouse / Domestic Partner's age.

Children - Optional Dependent Term Life Monthly Cost per Coverage Amount

One premium rate covers all eligible children

Coverage is available in increments of \$2,500 to a maximum of \$20,000, not to exceed 100% of your Basic Term Life coverage amount.

\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000
\$0.56	\$1.13	\$1.69	\$2.25	\$2.81	\$3.38	\$3.94	\$4.50

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

"How much does this Optional AD&D insurance cost?"

Employee - Optional Accidental Death & Dismemberment Monthly Cost per Coverage Amount

Your Optional AD&D coverage amount is equal to your Optional Dependent Term Life coverage amount. Your combined Basic AD&D and Optional AD&D cannot exceed \$2,500,000. Refer to the Optional AD&D section for evidence of insurability details.

Insured	Monthly Cost of Insurance (rates per \$1,000 of Coverage)
Employee	\$0.020

* This is optional coverage and the entire cost of coverage is employee paid.

⁷ California Residents Coverage is extended to include California Registered Domestic Partners.

Worksheet for Optional AD&D (Employee)

Follow this worksheet to determine the cost of insurance for you.

1. Select the desired amount of coverage \$ _____
2. Locate the monthly rate The monthly rate per \$1,000 is \$ _____
3. Divide the selected amount of coverage by \$1,000. Then multiply the result by the monthly rate to get the monthly cost of insurance.
\$ _____ divided by \$1,000 is \$ _____
_____ multiplied by \$ _____ = \$ _____
Total Monthly Cost of Insurance = \$ _____
Total (monthly) cost of insurance = \$ _____

Spouse/Domestic Partner - Optional Accidental Death & Dismemberment Monthly Cost per Coverage Amount

Coverage is available in increments of \$10,000 to a maximum of \$500,000. Refer to the Optional AD&D section for evidence of insurability details.

\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000	\$110,000	\$120,000	\$130,000
\$0.20	\$0.40	\$0.60	\$0.80	\$1.00	\$1.20	\$1.40	\$1.60	\$1.80	\$2.00	\$2.20	\$2.40	\$2.60
\$140,000	\$150,000	\$160,000	\$170,000	\$180,000	\$190,000	\$200,000	\$210,000	\$220,000	\$230,000	\$240,000	\$250,000	\$260,000
\$2.80	\$3.00	\$3.20	\$3.40	\$3.60	\$3.80	\$4.00	\$4.20	\$4.40	\$4.60	\$4.80	\$5.00	\$5.20
\$270,000	\$280,000	\$290,000	\$300,000	\$310,000	\$320,000	\$330,000	\$340,000	\$350,000	\$360,000	\$370,000	\$380,000	
\$5.40	\$5.60	\$5.80	\$6.00	\$6.20	\$6.40	\$6.60	\$6.80	\$7.00	\$7.20	\$7.40	\$7.60	
\$390,000	\$400,000	\$410,000	\$420,000	\$430,000	\$440,000	\$450,000	\$460,000	\$470,000	\$480,000	\$490,000	\$500,000	
\$7.80	\$8.00	\$8.20	\$8.40	\$8.60	\$8.80	\$9.00	\$9.20	\$9.40	\$9.60	\$9.80	\$10.00	

Children - Optional Accidental Death & Dismemberment Monthly Cost per Coverage Amount

One premium rate covers all eligible children

Coverage is available in increments of \$2,500 to a maximum of \$20,000.

\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000
\$0.05	\$0.10	\$0.15	\$0.20	\$0.25	\$0.30	\$0.35	\$0.40

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.

*Accelerated Death Benefit option is a feature that is made available to group life insurance participants. It is not a health, nursing home, or long-term care insurance benefit and is not designed to eliminate the need for those types of insurance coverage. The death benefit is reduced by the amount of the accelerated death benefit paid. There is no administrative fee to accelerate benefits. Receipt of accelerated death benefits may affect eligibility for public assistance and may be taxable. The federal income tax treatment of payments made under this rider depends upon whether the insured is the recipient of the benefits and is considered "terminally ill" or "chronically ill." You may wish to seek professional tax advice before exercising this option.

This coverage is not health insurance coverage (often referred to as “Major Medical Coverage”).

This type of plan is NOT considered “minimum essential coverage” under the Affordable Care Act and therefore does NOT satisfy the individual mandate that you have health insurance coverage. If you do not have other health insurance coverage, you may be subject to a federal tax penalty.

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

IMPORTANT NOTICE - THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

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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