

Premium rates for continued coverage Critical Illness Insurance

VMware, Inc.

Group Benefit Plan Number: 708348

Premiums are reflected on a quarterly basis, with the option to select other frequencies. See the chart(s) below and use your current age to determine your cost. If you have any questions, contact Voya Employee Benefits Customer Service.

Employee Coverage Quarterly Rates

Includes Wellness Benefit Rider			
Attained Age	\$10,000	\$20,000	\$30,000
Under 30	\$9.60	\$19.20	\$28.80
30-39	\$12.60	\$25.20	\$37.80
40-49	\$23.40	\$46.80	\$70.20
50-59	\$62.10	\$124.20	\$186.30
60-64	\$118.20	\$236.40	\$354.60
65-69	\$167.70	\$335.40	\$503.10
70+	\$219.60	\$439.20	\$658.80

Spouse Coverage* Quarterly Rates

Includes Wellness Benefit Rider			
Attained Age	\$5,000	\$10,000	\$15,000
Under 30	\$4.80	\$9.60	\$14.40
30-39	\$6.30	\$12.60	\$18.90
40-49	\$11.70	\$23.40	\$35.10
50-59	\$31.05	\$62.10	\$93.15
60-64	\$59.10	\$118.20	\$177.30
65-69	\$83.85	\$167.70	\$251.55
70+	\$109.80	\$219.60	\$329.40

*Spouse rates are based on the age of the spouse.

Children Coverage Quarterly Rates

Includes Wellness Benefit Rider

Coverage Amount	Rate
\$5,000	\$5.85
\$10,000	\$11.70
\$15,000	\$17.55

Rates are subject to change. Refer to your certificate and riders for a description of benefits and exclusions.

Critical Illness/Specified Disease Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy form RL-CI4-POL-16, Certificate form RL-CI4-CERT-16. Form numbers may vary by state.

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Premium rates for continued coverage

Accident Insurance

VMware, Inc.

Group Benefit Plan Number: 708348

Premiums are reflected on a quarterly basis, with the option to select other frequencies. See the chart(s) below to determine your cost. If you have any questions, contact Voya Employee Benefits Customer Service.

Quarterly Rates

Employee	Spouse	Children
\$11.19	\$12.30	\$11.91

Rates are subject to change. Refer to your certificate and riders for a description of benefits and exclusions.

Accident Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy form RL-ACC3-POL-16, Certificate form RL-ACC3-CERT-16. Form numbers may vary by state.

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Premium rates for continued coverage Hospital Confinement Indemnity Insurance

VMware, Inc.
Group Benefit Plan Number: 708348

Premiums are reflected on a quarterly basis, with the option to select other frequencies. See the chart(s) below to determine your cost. If you have any questions, contact Voya Employee Benefits Customer Service.

Coverage Type	Daily Benefit	Quarterly Rates
Employee	\$100	\$30.33
Spouse	\$100	\$34.98
Children	\$100	\$19.23

Rates are subject to change. Refer to your certificate and riders for a description of benefits and exclusions.

Hospital Confinement Indemnity Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy form RL-HI2-POL-18, Certificate form RL-HI2-CERT-18. Form numbers may vary by state.

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