

Voluntary product costs.

Prepared for the employees of Aldine Independent School District.

Educator Disability Plan

Educator disability coverage pays benefits when you're disabled due to a covered injury or illness and are unable to work.

Your Educator disability plan covers 66.67% of monthly covered earnings to a maximum benefit of \$8,000 per month.

Semi-Monthly rates per elected amount for Select plan								
Sample annual salary	Monthly benefit amount	Accident benefit waiting period	0 days	14 days	30 days	60 days	90 days	180 days
		Sickness benefit waiting period	7 days	14 days	30 days	60 days	90 days	180 days
\$20,000	\$1,200		\$20.70	\$18.30	\$15.54	\$10.02	\$8.70	\$6.36
\$27,500	\$1,600		\$27.60	\$24.40	\$20.72	\$13.36	\$11.60	\$8.48
\$35,000	\$2,000		\$34.50	\$30.50	\$25.90	\$16.70	\$14.50	\$10.60
\$42,500	\$2,400		\$41.40	\$36.60	\$31.08	\$20.04	\$17.40	\$12.72
\$50,000	\$2,800		\$48.30	\$42.70	\$36.26	\$23.38	\$20.30	\$14.84
\$57,500	\$3,200		\$55.20	\$48.80	\$41.44	\$26.72	\$23.20	\$16.96
\$65,000	\$3,700		\$63.82	\$56.42	\$47.92	\$30.90	\$26.82	\$19.61
\$72,500	\$4,100		\$70.72	\$62.52	\$53.10	\$34.24	\$29.72	\$21.73
\$80,000	\$4,500		\$77.62	\$68.62	\$58.28	\$37.58	\$32.62	\$23.85
\$87,500	\$4,900		\$84.52	\$74.72	\$63.46	\$40.92	\$35.52	\$25.97
\$95,000	\$5,300		\$91.42	\$80.82	\$68.64	\$44.26	\$38.42	\$28.09
\$102,500	\$5,700		\$98.32	\$86.92	\$73.82	\$47.60	\$41.32	\$30.21
\$110,000	\$6,200		\$106.95	\$94.55	\$80.29	\$51.77	\$44.95	\$32.86
\$117,500	\$6,600		\$113.85	\$100.65	\$85.47	\$55.11	\$47.85	\$34.98
\$125,000	\$7,000		\$120.75	\$106.75	\$90.65	\$58.45	\$50.75	\$37.10
\$132,500	\$7,400		\$127.65	\$112.85	\$95.83	\$61.79	\$53.65	\$39.22
\$140,000	\$7,800		\$134.55	\$118.95	\$101.01	\$65.13	\$56.55	\$41.34
\$147,500	\$8,000		\$138.00	\$122.00	\$103.60	\$66.80	\$58.00	\$42.40
\$155,000	\$8,000		\$138.00	\$122.00	\$103.60	\$66.80	\$58.00	\$42.40
\$162,500	\$8,000		\$138.00	\$122.00	\$103.60	\$66.80	\$58.00	\$42.40
\$170,000	\$8,000		\$138.00	\$122.00	\$103.60	\$66.80	\$58.00	\$42.40
\$177,500	\$8,000		\$138.00	\$122.00	\$103.60	\$66.80	\$58.00	\$42.40
\$185,000	\$8,000		\$138.00	\$122.00	\$103.60	\$66.80	\$58.00	\$42.40
\$192,500	\$8,000		\$138.00	\$122.00	\$103.60	\$66.80	\$58.00	\$42.40
\$200,000	\$8,000		\$138.00	\$122.00	\$103.60	\$66.80	\$58.00	\$42.40



GROUP BENEFIT
SOLUTIONS

Costs shown are for illustrative purposes only; actual per pay period deductions may differ due to rounding. Costs are subject to change based on age and program experience. Terms and conditions of coverage are set forth in your group policy. Refer to your Certificate of Insurance or Summary Plan Description for more information.

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New York Life Insurance Company

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