



WEIMAR INDEPENDENT SCHOOL DISTRICT

Costs Effective as of September 1, 2022

Costs below are based on a **Monthly** payroll deduction
(Employer billing mode is based on **12 Payments** per year)

Product:			Plan A			
Educator Select Income Protection Plan			SS ADEA Duration of Benefits			
			Elimination Period (Days)			
Injury (Days)			7	14	30	180
Sickness (Days)			7	14	30	180
Annual Earnings	Monthly Earnings	Maximum Monthly Benefit				
3600	300	200	5.50	4.62	3.74	1.34
5400	450	300	8.25	6.93	5.61	2.01
7200	600	400	11.00	9.24	7.48	2.68
9000	750	500	13.75	11.55	9.35	3.35
10800	900	600	16.50	13.86	11.22	4.02
12600	1050	700	19.25	16.17	13.09	4.69
14400	1200	800	22.00	18.48	14.96	5.36
16200	1350	900	24.75	20.79	16.83	6.03
18000	1500	1000	27.50	23.10	18.70	6.70
19800	1650	1100	30.25	25.41	20.57	7.37
21600	1800	1200	33.00	27.72	22.44	8.04
23400	1950	1300	35.75	30.03	24.31	8.71
25200	2100	1400	38.50	32.34	26.18	9.38
27000	2250	1500	41.25	34.65	28.05	10.05
28800	2400	1600	44.00	36.96	29.92	10.72
30600	2550	1700	46.75	39.27	31.79	11.39
32400	2700	1800	49.50	41.58	33.66	12.06
34200	2850	1900	52.25	43.89	35.53	12.73
36000	3000	2000	55.00	46.20	37.40	13.40
37800	3150	2100	57.75	48.51	39.27	14.07
39600	3300	2200	60.50	50.82	41.14	14.74
41400	3450	2300	63.25	53.13	43.01	15.41
43200	3600	2400	66.00	55.44	44.88	16.08
45000	3750	2500	68.75	57.75	46.75	16.75
46800	3900	2600	71.50	60.06	48.62	17.42
48600	4050	2700	74.25	62.37	50.49	18.09
50400	4200	2800	77.00	64.68	52.36	18.76
52200	4350	2900	79.75	66.99	54.23	19.43
54000	4500	3000	82.50	69.30	56.10	20.10
55800	4650	3100	85.25	71.61	57.97	20.77
57600	4800	3200	88.00	73.92	59.84	21.44
59400	4950	3300	90.75	76.23	61.71	22.11
61200	5100	3400	93.50	78.54	63.58	22.78
63000	5250	3500	96.25	80.85	65.45	23.45
64800	5400	3600	99.00	83.16	67.32	24.12
66600	5550	3700	101.75	85.47	69.19	24.79
68400	5700	3800	104.50	87.78	71.06	25.46
70200	5850	3900	107.25	90.09	72.93	26.13
72000	6000	4000	110.00	92.40	74.80	26.80
73800	6150	4100	112.75	94.71	76.67	27.47
75600	6300	4200	115.50	97.02	78.54	28.14
77400	6450	4300	118.25	99.33	80.41	28.81
79200	6600	4400	121.00	101.64	82.28	29.48
81000	6750	4500	123.75	103.95	84.15	30.15
82800	6900	4600	126.50	106.26	86.02	30.82
84600	7050	4700	129.25	108.57	87.89	31.49
86400	7200	4800	132.00	110.88	89.76	32.16
88200	7350	4900	134.75	113.19	91.63	32.83
90000	7500	5000	137.50	115.50	93.50	33.50
91800	7650	5100	140.25	117.81	95.37	34.17
93600	7800	5200	143.00	120.12	97.24	34.84

REF #: 5746821

Find your Annual/Monthly Earnings above to determine your Maximum Monthly Benefit. If your Annual/Monthly Earnings are not shown, use the next lower Annual/Monthly Earnings and corresponding Maximum Monthly Benefit. Or, you may refer to the Plan Highlights to calculate your Maximum Monthly Benefit based on your earnings.



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Injury (Days)			7	14	30	180
Sickness (Days)			7	14	30	180
Annual Earnings	Monthly Earnings	Maximum Monthly Benefit				
95400	7950	5300	145.75	122.43	99.11	35.51
97200	8100	5400	148.50	124.74	100.98	36.18
99000	8250	5500	151.25	127.05	102.85	36.85
100800	8400	5600	154.00	129.36	104.72	37.52
102600	8550	5700	156.75	131.67	106.59	38.19
104400	8700	5800	159.50	133.98	108.46	38.86
106200	8850	5900	162.25	136.29	110.33	39.53
108000	9000	6000	165.00	138.60	112.20	40.20
109800	9150	6100	167.75	140.91	114.07	40.87
111600	9300	6200	170.50	143.22	115.94	41.54
113400	9450	6300	173.25	145.53	117.81	42.21
115200	9600	6400	176.00	147.84	119.68	42.88
117000	9750	6500	178.75	150.15	121.55	43.55
118800	9900	6600	181.50	152.46	123.42	44.22
120600	10050	6700	184.25	154.77	125.29	44.89
122400	10200	6800	187.00	157.08	127.16	45.56
124200	10350	6900	189.75	159.39	129.03	46.23
126000	10500	7000	192.50	161.70	130.90	46.90
127800	10650	7100	195.25	164.01	132.77	47.57
129600	10800	7200	198.00	166.32	134.64	48.24
131400	10950	7300	200.75	168.63	136.51	48.91
133200	11100	7400	203.50	170.94	138.38	49.58
135000	11250	7500	206.25	173.25	140.25	50.25

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