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7800

5200

## HAYS CONSOLIDATED INDEPENDENT SCHOOL DISTRICT Costs Effective as of September 1, 2023

Costs below are based on a **Monthly** payroll deduction

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Product:  Educator Select Income  Protection Plan  Injury (Days)			Plan A					
				SS ADEA <b>Duration of Benefits</b>				
			Elimination Period (Days)					
			14*	30*	60	90	180	
Sickness (Days)		14*	30*	60	90	180		
Annual	Monthly	Maximum		50		30		
Earnings	Earnings	Monthly Benefit						
3600	300	200	\$5.40	\$3.46	\$2.98	\$1.60	\$1.10	
5400	450	300	\$8.10	\$5.19	\$4.47	\$2.40	\$1.65	
7200	600	400	\$10.80	\$6.92	\$5.96	\$3.20	\$2.20	
9000	750	500	\$13.50	\$8.65	\$7.45	\$4.00	\$2.75	
10800	900	600	\$16.20	\$10.38	\$8.94	\$4.80	\$3.30	
12600	1050	700	\$18.90	\$12.11	\$10.43	\$5.60	\$3.85	
14400	1200	800	\$21.60	\$13.84	\$11.92	\$6.40	\$4.40	
16200	1350	900	\$24.30	\$15.57	\$13.41	\$7.20	\$4.95	
18000	1500	1000	\$27.00	\$17.30	\$14.90	\$8.00	\$5.50	
19800	1650	1100	\$29.70	\$19.03	\$16.39	\$8.80	\$6.05	
21600	1800	1200	\$32.40	\$20.76	\$17.88	\$9.60	\$6.60	
23400	1950	1300	\$35.10	\$22.49	\$19.37	\$10.40	\$7.15	
25200	2100	1400	\$37.80	\$24.22	\$20.86	\$11.20	\$7.70	
27000	2250	1500	\$40.50	\$25.95	\$22.35	\$12.00	\$8.25	
28800	2400	1600	\$43.20	\$27.68	\$23.84	\$12.80	\$8.80	
30600	2550	1700	\$45.90	\$29.41	\$25.33	\$13.60	\$9.35	
32400	2700	1800	\$48.60	\$31.14	\$26.82	\$14.40	\$9.90	
34200	2850	1900	\$51.30	\$32.87	\$28.31	\$15.20	\$10.45	
36000	3000	2000	\$54.00	\$34.60	\$29.80	\$16.00	\$11.00	
37800	3150	2100	\$56.70	\$36.33	\$31.29	\$16.80	\$11.55	
39600	3300	2200	\$59.40	\$38.06	\$32.78	\$17.60	\$12.10	
41400	3450	2300	\$62.10	\$39.79	\$34.27	\$18.40	\$12.65	
43200	3600	2400	\$64.80	\$41.52	\$35.76	\$19.20	\$13.20	
45000	3750	2500	\$67.50	\$43.25	\$37.25	\$20.00	\$13.75	
46800	3900	2600	\$70.20	\$44.98	\$38.74	\$20.80	\$14.30	
48600	4050	2700	\$72.90	\$46.71	\$40.23	\$21.60	\$14.85	
50400	4200	2800	\$75.60	\$48.44	\$41.72	\$22.40	\$15.40	
52200	4350	2900	\$78.30	\$50.17	\$43.21	\$23.20	\$15.95	
54000	4500	3000	\$81.00	\$51.90	\$44.70	\$24.00	\$16.50	
55800	4650	3100	\$83.70	\$53.63	\$46.19	\$24.80	\$17.05	
57600	4800	3200	\$86.40	\$55.36	\$47.68	\$25.60	\$17.60	
59400	4950	3300	\$89.10	\$57.09	\$49.17	\$26.40	\$18.15	
61200	5100	3400	\$91.80	\$58.82	\$50.66	\$27.20	\$18.70	
63000	5250	3500	\$94.50	\$60.55	\$52.15	\$28.00	\$19.25	
64800	5400	3600	\$97.20	\$62.28	\$53.64	\$28.80	\$19.80	
66600	5550	3700	\$99.90	\$64.01	\$55.13	\$29.60	\$20.35	
68400	5700	3800	\$102.60	\$65.74	\$56.62	\$30.40	\$20.90	
70200	5850	3900	\$105.30	\$67.47	\$58.11	\$31.20	\$21.45	
72000	6000	4000	\$108.00	\$69.20	\$59.60	\$32.00	\$22.00	
73800	6150	4100	\$110.70	\$70.93	\$61.09	\$32.80	\$22.55	
75600	6300	4200	\$113.40	\$72.66	\$62.58	\$33.60	\$23.10	
77400	6450	4300	\$116.10	\$74.39	\$64.07	\$34.40	\$23.65	
79200	6600	4400	\$118.80	\$76.12	\$65.56	\$35.20	\$24.20	
81000	6750	4500	\$121.50	\$77.85	\$67.05	\$36.00	\$24.75	
82800	6900	4600	\$124.20	\$79.58	\$68.54	\$36.80	\$25.30	
84600	7050	4700	\$126.90	\$81.31	\$70.03	\$37.60	\$25.85	
86400	7200	4800	\$129.60	\$83.04	\$70.03	\$38.40	\$26.40	
88200	7350	4900	\$132.30	\$84.77	\$73.01	\$39.20	\$26.95	
90000	7500	5000	\$135.00	\$86.50	\$74.50	\$40.00	\$27.50	
91800	7650	5100	\$137.70	\$88.23	\$75.99	\$40.80	\$28.05	
31600	7030	5100	\$137.70 \$140.40	\$00.25 \$90.06	\$77.40	\$40.80 \$41.60	\$20.03 \$20.60	

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\$28.60

\$41.60

\$140.40

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

\$89.96

\$77.48

<sup>\*</sup> If, because of your disability, you are hospital confined as an inpatient, benefits begin on the first day of inpatient confinement.



12000

8000

\$216.00

144000

## HAYS CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

## Costs Effective as of September 1, 2023

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

**Product:** Plan A SS ADEA Duration of Benefits **Educator Select Income Protection** Plan **Elimination Period (Days)** 30\* 90 180 Injury (Days) 14\* 60 Sickness (Days) 14\* 30\* 60 90 180 Annual Monthly Maximum Earnings Monthly **Earnings** Benefit 95400 7950 5300 \$143.10 \$91.69 \$78.97 \$42.40 \$29.15 97200 8100 5400 \$145.80 \$93.42 \$80.46 \$43.20 \$29.70 99000 8250 5500 \$148.50 \$95.15 \$81.95 \$44.00 \$30.25 100800 8400 5600 \$151.20 \$96.88 \$83.44 \$44.80 \$30.80 \$45.60 102600 8550 5700 \$153.90 \$98.61 \$84.93 \$31.35 104400 8700 5800 \$156.60 \$100.34 \$86.42 \$46.40 \$31.90 106200 8850 5900 \$159.30 \$102.07 \$87.91 \$47.20 \$32.45 108000 9000 6000 \$89.40 \$48.00 \$162.00 \$103.80 \$33.00 109800 9150 6100 \$164.70 \$105.53 \$90.89 \$48.80 \$33.55 111600 9300 6200 \$167.40 \$107.26 \$92.38 \$49.60 \$34.10 113400 9450 6300 \$170.10 \$50.40 \$34.65 \$108.99 \$93.87 115200 9600 6400 \$172.80 \$110.72 \$95.36 \$51.20 \$35.20 117000 9750 6500 \$175.50 \$112.45 \$96.85 \$52.00 \$35.75 118800 9900 6600 \$178.20 \$114.18 \$98.34 \$52.80 \$36.30 120600 10050 6700 \$180.90 \$115.91 \$99.83 \$53.60 \$36.85 122400 10200 6800 \$117.64 \$101.32 \$54.40 \$37.40 \$183.60 124200 10350 6900 \$102.81 \$37.95 \$186.30 \$119.37 \$55.20 7000 126000 10500 \$189.00 \$121.10 \$104.30 \$56.00 \$38.50 127800 10650 7100 \$191.70 \$122.83 \$105.79 \$56.80 \$39.05 129600 10800 7200 \$194.40 \$124.56 \$107.28 \$57.60 \$39.60 131400 10950 7300 \$197.10 \$126.29 \$108.77 \$58.40 \$40.15 133200 11100 7400 \$199.80 \$128.02 \$110.26 \$59.20 \$40.70 135000 11250 7500 \$202.50 \$129.75 \$111.75 \$60.00 \$41.25 136800 11400 7600 \$205.20 \$113.24 \$60.80 \$41.80 \$131.48 138600 11550 7700 \$207.90 \$133.21 \$114.73 \$61.60 \$42.35 7800 140400 11700 \$134.94 \$116.22 \$62.40 \$42.90 \$210.60 7900 \$117.71 142200 11850 \$213.30 \$136.67 \$63.20 \$43.45

\$138.40

\$119.20

\$64.00

REF #: 6113003

\$44.00

<sup>\*</sup> If, because of your disability, you are hospital confined as an inpatient, benefits begin on the first day of inpatient confinement.