Splendora Independent School District



What you need to know:

- Are you eligible? Benefits are available to employees who are actively at work on the effective date of coverage and working the minimum number of hours per week stated in the contract.
- Your premiums and benefits may vary. Actual premiums and benefit amounts will be calculated by OneAmerica and may change upon reaching certain ages, according to contract terms, and are subject to change. Volumes and benefit amounts shown may be subject to reductions due to age.
- Enroll timely for guaranteed issue coverage. You may be eligible for coverage without having to answer any health questions if you enroll during the initial enrollment period when benefits are first offered by OneAmerica®, or if you enroll as a newly hired employee within 31 days after any applicable waiting period.
- Enrolling later requires approval. If you decline coverage now, you will lose your only chance to apply for group insurance coverage without having to first undergo medical underwriting. If you decide to enroll later, you will need to submit a Statement of Insurability form for review. OneAmerica will then decide to approve or deny your coverage based on your health history. You may not be approved for any type of coverage at a later date if you have any current or future medical conditions.

What you need to do:

- **Carefully review the contents of this packet.** Enclosed is personal information about the benefits offered to you by OneAmerica on behalf of your employer. This is your opportunity to learn more about group insurance from OneAmerica, but it is not a complete explanation of benefits. For more information, consult the contract about exclusions, limitations, reduction of benefits, and terms under which the contract may be continued in force or discontinued.
- **Review the Notices and Limitations.** Visit www.employeebenefits.aul.com to find the Notices and Limitations, G-14320 (05 NonPrudent) 12/28/12. Go to Forms, Policy/Employee Admin, and Notices and Limitations.

Note: Products issued and underwritten by American United Life Insurance Company® (AUL), a OneAmerica company. Not available in all states or may vary by state.



Protect Your Income with Disability Insurance

You probably have insurance for the things you depend on most. That could include protecting your home against fire or flood and protecting your vehicle in case of an accident.

You may even have life insurance to make sure that your loved ones are taken care of after you die. But have you ever considered insuring your income?

It's an important question. Your income is the cornerstone of your financial stability. It's how you afford that home's mortgage, your car's monthly payments and the food and other necessities your household needs. That stability is threatened, however, if you experience a severe injury or illness that leaves you unable to work.

Worker's Compensation Might Not Be Enough

Although worker's compensation does offer some protections, it only covers injuries that happen on the job. To qualify for coverage, you also must meet certain eligibility requirements. If you have medical insurance, that can help too, but only to cover your actual medical costs. It still won't replace your lost income while you're unable to work.

16%

of American workers had disability insurance coverage¹.

50%

of working Americans would have to tap into their savings if they couldn't work due to an injury or illness.²

Ready to learn more? Reach out to your human resources department today to get started.

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If You're Not Prepared, You're Not Alone

In 2020 only 16% of American workers had disability insurance coverage.¹ That's probably why half of those surveyed said they'd have to turn to savings if they were disabled and could no longer work.² At a time when most Americans would drain their bank accounts in just 10 weeks³, that's not a good long-term solution. Yet it's still better than the 20% of workers who said they just didn't know how they would make up the lost income.²

Disability Insurance Protects Your Paycheck

Anyone can be affected by illness or injury, but it doesn't have to threaten your financial security. With disability insurance, a portion of your income is replaced, and you can have peace of mind knowing that your family is protected, and that you can focus on healing.

Did you know?

According to the Council for Disability Awareness⁴, some of the most common reasons for short-term disability claims include:

- Pregnancy
- Back, spine, knee and hip injuries
- Fractures, sprains and muscle strains
- Digestive disorders
- Mental health, including anxiety and depression

1. Source: https://lifehappens.org/blog/is-life-insurance-tomorrowsproblem-findings-from-the-2020-insurance-barometer-study/ June 16, 2020

2. Source: https://www.limra.com/globalassets/limra/newsroom/ industry-trends/2020-images/DIAM2020factsheet.pdf Accessed September 9, 2020

3. Source: https://www.magnifymoney.com/blog/news/paychecksurvey/ February 4, 2020

 Source: https://disabilitycanhappen.org/disability-statistic/ March 28, 2018

If you were to face serious illness or injury, would you be financially prepared?

Note: Products issued and underwritten by American United Life Insurance Company[®] (AUL), Indianapolis, IN, a OneAmerica company. Not available in all states or may vary by state.

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What you need to know about your Educator Disability Benefits

Eligible Employees:	This benefit is available for employees who are actively at work on the effective date and working a minimum of 20 hours per week.
Flexible Choices:	Since everyone's needs are different, these plans offer flexibility for you to choose a benefit option that fits your income replacement needs and budget. You are able to enroll and/or change plans during each scheduled enrollment.
Guaranteed Issue:	If you enroll timely, you may be eligible for coverage without having to answer any health questions. If you decline insurance coverage now and decide to enroll later, you may need to provide Evidence of Insurability.
Timely Enrollment:	Enrolling timely means you have enrolled during the initial enrollment period when benefits were first offered by AUL, or as a newly hired employee within 31 days following completion of any applicable waiting period.
Waiver of Premium:	If approved, this benefit waives your Disability insurance premium in case you become disabled and are unable to collect a paycheck.
Elimination Period:	This is a period of consecutive days of disability before benefits may become payable under the contract.
Total Disability:	You are considered disabled if, because of injury or sickness, you cannot perform the material and substantial duties of your regular occupation, you are not working in any occupation and are under the regular attendance of a physician for that injury or sickness.
Partial Disability:	You may be paid a partial disability benefit, if because of injury or sickness, you are unable to perform every material and substantial duty of your regular occupation on a full-time basis, are performing at least one of the material and substantial duties of your regular occupation, or another occupation, on a full or part-time basis, and are earning less than 80% of your pre-disability earnings due to the same injury or sickness.
Residual:	The elimination period can be satisfied by total disability, partial disability, or a combination of both.
Return to Work:	You may be able to return to work for a specified time period without having your partial disability benefits reduced according to the contract. The Return to Work Benefit is offered up to a maximum of 12 months.
Integration:	The method by which your benefit may be reduced by Other Income Benefits.
Pre-Existing Condition Limitations:	The pre-existing period is 3/12. Certain disabilities are not covered if the cause of the disability is traceable to a condition existing prior to your effective date of coverage. A pre-existing condition is any condition for which a person has received medical treatment or consultation, taken or were prescribed drugs or medicine, or received care or services, including diagnostic measures, within a time-frame specified in the contract. You must also be treatment-free for a time-frame specified in some contracts following your individual effective date of coverage. A limited benefit will be paid if the Person's Disability begins in the first 12 months following the Person's Individual Effective Date of Insurance; and the Person's Disability is caused by, contributed to by, or the result of a condition for which the Person received medical advice or treatment in the 3 months just prior to the Person's Individual Effective Date of Insurance.
About Your Benefits:	Educator Disability benefits are illustrated and paid on a monthly basis.



Group Educator Disability Option 1 Plan A

You may select a minimum monthly benefit of \$200 up to a maximum monthly benefit of \$8,000, in increments of \$100, not to exceed 66.67% of your monthly pre-disability earnings.

Elim	ination	Dariad
EIIM	ination	Period

7 days injury / 7 days sickness

Maximum Benefit Duration

Pre-Existing Condition Period

Accident: 65/5/70 / Sickness: 65/5/70

3 months / 12 months

Payroll Deduction Illustration: Monthly

lf your annual salary is at least:	You may select a monthly benefit of:	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$3,600	\$200	\$4.46	\$4.46	\$4.46	\$4.46	\$4.46	\$4.46	\$4.46	\$4.46	\$4.46	\$4.46	\$4.46	\$4.46
\$5,400	\$300	\$6.69	\$6.69	\$6.69	\$6.69	\$6.69	\$6.69	\$6.69	\$6.69	\$6.69	\$6.69	\$6.69	\$6.69
\$7,200	\$400	\$8.92	\$8.92	\$8.92	\$8.92	\$8.92	\$8.92	\$8.92	\$8.92	\$8.92	\$8.92	\$8.92	\$8.92
\$9,000	\$500	\$11.15	\$11.15	\$11.15	\$11.15	\$11.15	\$11.15	\$11.15	\$11.15	\$11.15	\$11.15	\$11.15	\$11.15
\$10,799	\$600	\$13.38	\$13.38	\$13.38	\$13.38	\$13.38	\$13.38	\$13.38	\$13.38	\$13.38	\$13.38	\$13.38	\$13.38
\$12,599	\$700	\$15.61	\$15.61	\$15.61	\$15.61	\$15.61	\$15.61	\$15.61	\$15.61	\$15.61	\$15.61	\$15.61	\$15.61
\$14,399	\$800	\$17.84	\$17.84	\$17.84	\$17.84	\$17.84	\$17.84	\$17.84	\$17.84	\$17.84	\$17.84	\$17.84	\$17.84
\$16,199	\$900	\$20.07	\$20.07	\$20.07	\$20.07	\$20.07	\$20.07	\$20.07	\$20.07	\$20.07	\$20.07	\$20.07	\$20.07
\$17,999	\$1,000	\$22.30	\$22.30	\$22.30	\$22.30	\$22.30	\$22.30	\$22.30	\$22.30	\$22.30	\$22.30	\$22.30	\$22.30
\$19,799	\$1,100	\$24.53	\$24.53	\$24.53	\$24.53	\$24.53	\$24.53	\$24.53	\$24.53	\$24.53	\$24.53	\$24.53	\$24.53
\$21,599	\$1,200	\$26.76	\$26.76	\$26.76	\$26.76	\$26.76	\$26.76	\$26.76	\$26.76	\$26.76	\$26.76	\$26.76	\$26.76
\$23,399	\$1,300	\$28.99	\$28.99	\$28.99	\$28.99	\$28.99	\$28.99	\$28.99	\$28.99	\$28.99	\$28.99	\$28.99	\$28.99
\$25,199	\$1,400	\$31.22	\$31.22	\$31.22	\$31.22	\$31.22	\$31.22	\$31.22	\$31.22	\$31.22	\$31.22	\$31.22	\$31.22
\$26,999	\$1,500	\$33.45	\$33.45	\$33.45	\$33.45	\$33.45	\$33.45	\$33.45	\$33.45	\$33.45	\$33.45	\$33.45	\$33.45
\$28,799	\$1,600	\$35.68	\$35.68	\$35.68	\$35.68	\$35.68	\$35.68	\$35.68	\$35.68	\$35.68	\$35.68	\$35.68	\$35.68
\$30,598	\$1,700	\$37.91	\$37.91	\$37.91	\$37.91	\$37.91	\$37.91	\$37.91	\$37.91	\$37.91	\$37.91	\$37.91	\$37.91
\$32,398	\$1,800	\$40.14	\$40.14	\$40.14	\$40.14	\$40.14	\$40.14	\$40.14	\$40.14	\$40.14	\$40.14	\$40.14	\$40.14
\$34,198	\$1,900	\$42.37	\$42.37	\$42.37	\$42.37	\$42.37	\$42.37	\$42.37	\$42.37	\$42.37	\$42.37	\$42.37	\$42.37
\$35,998	\$2,000	\$44.60	\$44.60	\$44.60	\$44.60	\$44.60	\$44.60	\$44.60	\$44.60	\$44.60	\$44.60	\$44.60	\$44.60
\$37,798	\$2,100	\$46.83	\$46.83	\$46.83	\$46.83	\$46.83	\$46.83	\$46.83	\$46.83	\$46.83	\$46.83	\$46.83	\$46.83
\$39,598	\$2,200	\$49.06	\$49.06	\$49.06	\$49.06	\$49.06	\$49.06	\$49.06	\$49.06	\$49.06	\$49.06	\$49.06	\$49.06
\$41,398	\$2,300	\$51.29	\$51.29	\$51.29	\$51.29	\$51.29	\$51.29	\$51.29	\$51.29	\$51.29	\$51.29	\$51.29	\$51.29
\$43,198	\$2,400	\$53.52	\$53.52	\$53.52	\$53.52	\$53.52	\$53.52	\$53.52	\$53.52	\$53.52	\$53.52	\$53.52	\$53.52
\$44,998	\$2,500	\$55.75	\$55.75	\$55.75	\$55.75	\$55.75	\$55.75	\$55.75	\$55.75	\$55.75	\$55.75	\$55.75	\$55.75
\$46,798	\$2,600	\$57.98	\$57.98	\$57.98	\$57.98	\$57.98	\$57.98	\$57.98	\$57.98	\$57.98	\$57.98	\$57.98	\$57.98
\$48,598	\$2,700	\$60.21	\$60.21	\$60.21	\$60.21	\$60.21	\$60.21	\$60.21	\$60.21	\$60.21	\$60.21	\$60.21	\$60.21
\$50,397	\$2,800	\$62.44	\$62.44	\$62.44	\$62.44	\$62.44	\$62.44	\$62.44	\$62.44	\$62.44	\$62.44	\$62.44	\$62.44
\$52,197	\$2,900	\$64.67	\$64.67	\$64.67	\$64.67	\$64.67	\$64.67	\$64.67	\$64.67	\$64.67	\$64.67	\$64.67	\$64.67
\$53,997	\$3,000	\$66.90	\$66.90	\$66.90	\$66.90	\$66.90	\$66.90	\$66.90	\$66.90	\$66.90	\$66.90	\$66.90	\$66.90
\$55,797	\$3,100	\$69.13	\$69.13	\$69.13	\$69.13	\$69.13	\$69.13	\$69.13	\$69.13	\$69.13	\$69.13	\$69.13	\$69.13
\$57,597	\$3,200	\$71.36	\$71.36	\$71.36	\$71.36	\$71.36	\$71.36	\$71.36	\$71.36	\$71.36	\$71.36	\$71.36	\$71.36
\$59,397	\$3,300	\$73.59	\$73.59	\$73.59	\$73.59	\$73.59	\$73.59	\$73.59	\$73.59	\$73.59	\$73.59	\$73.59	\$73.59
\$61,197	\$3,400	\$75.82	\$75.82	\$75.82	\$75.82	\$75.82	\$75.82	\$75.82	\$75.82	\$75.82	\$75.82	\$75.82	\$75.82
\$62,997	\$3,500	\$78.05	\$78.05	\$78.05	\$78.05	\$78.05	\$78.05	\$78.05	\$78.05	\$78.05	\$78.05	\$78.05	\$78.05
\$64,797	\$3,600	\$80.28	\$80.28	\$80.28	\$80.28	\$80.28	\$80.28	\$80.28	\$80.28	\$80.28	\$80.28	\$80.28	\$80.28

Note: Premiums are based on your age as of 09/01 and amount of coverage chosen.



Group Educator Disability Option 1 Plan A

You may select a minimum monthly benefit of \$200 up to a maximum monthly benefit of \$8,000, in increments of \$100, not to exceed 66.67% of your monthly pre-disability earnings.

Elimination Period

7 days injury / 7 days sickness

Maximum Benefit Duration

Pre-Existing Condition Period

ays sickness Accid

Accident: 65/5/70 / Sickness: 65/5/70

3 months / 12 months

Payroll Deduction Illustration: Monthly

If your annual salary is at least:	You may select a monthly benefit of:	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$66,597	\$3,700	\$82.51	\$82.51	\$82.51	\$82.51	\$82.51	\$82.51	\$82.51	\$82.51	\$82.51	\$82.51	\$82.51	\$82.51
\$68,397	\$3,800	\$84.74	\$84.74	\$84.74	\$84.74	\$84.74	\$84.74	\$84.74	\$84.74	\$84.74	\$84.74	\$84.74	\$84.74
\$70,196	\$3,900	\$86.97	\$86.97	\$86.97	\$86.97	\$86.97	\$86.97	\$86.97	\$86.97	\$86.97	\$86.97	\$86.97	\$86.97
\$71,996	\$4,000	\$89.20	\$89.20	\$89.20	\$89.20	\$89.20	\$89.20	\$89.20	\$89.20	\$89.20	\$89.20	\$89.20	\$89.20
\$73,796	\$4,100	\$91.43	\$91.43	\$91.43	\$91.43	\$91.43	\$91.43	\$91.43	\$91.43	\$91.43	\$91.43	\$91.43	\$91.43
\$75,596	\$4,200	\$93.66	\$93.66	\$93.66	\$93.66	\$93.66	\$93.66	\$93.66	\$93.66	\$93.66	\$93.66	\$93.66	\$93.66
\$77,396	\$4,300	\$95.89	\$95.89	\$95.89	\$95.89	\$95.89	\$95.89	\$95.89	\$95.89	\$95.89	\$95.89	\$95.89	\$95.89
\$79,196	\$4,400	\$98.12	\$98.12	\$98.12	\$98.12	\$98.12	\$98.12	\$98.12	\$98.12	\$98.12	\$98.12	\$98.12	\$98.12
\$80,996	\$4,500	\$100.35	\$100.35	\$100.35	\$100.35	\$100.35	\$100.35	\$100.35	\$100.35	\$100.35	\$100.35	\$100.35	\$100.35
\$82,796	\$4,600	\$102.58	\$102.58	\$102.58	\$102.58	\$102.58	\$102.58	\$102.58	\$102.58	\$102.58	\$102.58	\$102.58	\$102.58
\$84,596	\$4,700	\$104.81	\$104.81	\$104.81	\$104.81	\$104.81	\$104.81	\$104.81	\$104.81	\$104.81	\$104.81	\$104.81	\$104.81
\$86,396	\$4,800	\$107.04	\$107.04	\$107.04	\$107.04	\$107.04	\$107.04	\$107.04	\$107.04	\$107.04	\$107.04	\$107.04	\$107.04
\$88,196	\$4,900	\$109.27	\$109.27	\$109.27	\$109.27	\$109.27	\$109.27	\$109.27	\$109.27	\$109.27	\$109.27	\$109.27	\$109.27
\$89,996	\$5,000	\$111.50	\$111.50	\$111.50	\$111.50	\$111.50	\$111.50	\$111.50	\$111.50	\$111.50	\$111.50	\$111.50	\$111.50
\$91,795	\$5,100	\$113.73	\$113.73	\$113.73	\$113.73	\$113.73	\$113.73	\$113.73	\$113.73	\$113.73	\$113.73	\$113.73	\$113.73
\$93,595	\$5,200	\$115.96	\$115.96	\$115.96	\$115.96	\$115.96	\$115.96	\$115.96	\$115.96	\$115.96	\$115.96	\$115.96	\$115.96
\$95,395	\$5,300	\$118.19	\$118.19	\$118.19	\$118.19	\$118.19	\$118.19	\$118.19	\$118.19	\$118.19	\$118.19	\$118.19	\$118.19
\$97,195	\$5,400	\$120.42	\$120.42	\$120.42	\$120.42	\$120.42	\$120.42	\$120.42	\$120.42	\$120.42	\$120.42	\$120.42	\$120.42
\$98,995	\$5,500	\$122.65	\$122.65	\$122.65	\$122.65	\$122.65	\$122.65	\$122.65	\$122.65	\$122.65	\$122.65	\$122.65	\$122.65
\$100,795	\$5,600	\$124.88	\$124.88	\$124.88	\$124.88	\$124.88	\$124.88	\$124.88	\$124.88	\$124.88	\$124.88	\$124.88	\$124.88
\$102,595	\$5,700	\$127.11	\$127.11	\$127.11	\$127.11	\$127.11	\$127.11	\$127.11	\$127.11	\$127.11	\$127.11	\$127.11	\$127.11
\$104,395	\$5,800	\$129.34	\$129.34	\$129.34	\$129.34	\$129.34	\$129.34	\$129.34	\$129.34	\$129.34	\$129.34	\$129.34	\$129.34
\$106,195	\$5,900	\$131.57	\$131.57	\$131.57	\$131.57	\$131.57	\$131.57	\$131.57	\$131.57	\$131.57	\$131.57	\$131.57	\$131.57
\$107,995	\$6,000	\$133.80	\$133.80	\$133.80	\$133.80	\$133.80	\$133.80	\$133.80	\$133.80	\$133.80	\$133.80	\$133.80	\$133.80
\$109,795	\$6,100	\$136.03	\$136.03	\$136.03	\$136.03	\$136.03	\$136.03	\$136.03	\$136.03	\$136.03	\$136.03	\$136.03	\$136.03
\$111,594	\$6,200	\$138.26	\$138.26	\$138.26	\$138.26	\$138.26	\$138.26	\$138.26	\$138.26	\$138.26	\$138.26	\$138.26	\$138.26
\$113,394	\$6,300	\$140.49	\$140.49	\$140.49	\$140.49	\$140.49	\$140.49	\$140.49	\$140.49	\$140.49	\$140.49	\$140.49	\$140.49
\$115,194	\$6,400	\$142.72	\$142.72	\$142.72	\$142.72	\$142.72	\$142.72	\$142.72	\$142.72	\$142.72	\$142.72	\$142.72	\$142.72
\$116,994	\$6,500	\$144.95	\$144.95	\$144.95	\$144.95	\$144.95	\$144.95	\$144.95	\$144.95	\$144.95	\$144.95	\$144.95	\$144.95
\$118,794	\$6,600	\$147.18	\$147.18	\$147.18	\$147.18	\$147.18	\$147.18	\$147.18	\$147.18	\$147.18	\$147.18	\$147.18	\$147.18
\$120,594	\$6,700	\$149.41	\$149.41	\$149.41	\$149.41	\$149.41	\$149.41	\$149.41	\$149.41	\$149.41	\$149.41	\$149.41	\$149.41
\$122,394	\$6,800	\$151.64	\$151.64	\$151.64	\$151.64	\$151.64	\$151.64	\$151.64	\$151.64	\$151.64	\$151.64	\$151.64	\$151.64
\$124,194	\$6,900	\$153.87	\$153.87	\$153.87	\$153.87	\$153.87	\$153.87	\$153.87	\$153.87	\$153.87	\$153.87	\$153.87	\$153.87
\$125,994	\$7,000	\$156.10	\$156.10	\$156.10	\$156.10	\$156.10	\$156.10	\$156.10	\$156.10	\$156.10	\$156.10	\$156.10	\$156.10
\$127,794	\$7,100	\$158.33	\$158.33	\$158.33	\$158.33	\$158.33	\$158.33	\$158.33	\$158.33	\$158.33	\$158.33	\$158.33	\$158.33

Note: Premiums are based on your age as of 09/01 and amount of coverage chosen.



Group Educator Disability Option 1 Plan A

You may select a minimum monthly benefit of \$200 up to a maximum monthly benefit of \$8,000, in increments of \$100, not to exceed 66.67% of your monthly pre-disability earnings.

Elimination Period	Maximum Benefit Duration	Pre-Existing Condition Period						
7 days injury / 7 days sickness	Accident: 65/5/70 / Sickness: 65/5/70	3 months / 12 months						
Payroll Deduction Illustration: Monthly								

lf your annual salary is at least:	You may select a monthly benefit of:	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$129,594	\$7,200	\$160.56	\$160.56	\$160.56	\$160.56	\$160.56	\$160.56	\$160.56	\$160.56	\$160.56	\$160.56	\$160.56	\$160.56
\$131,393	\$7,300	\$162.79	\$162.79	\$162.79	\$162.79	\$162.79	\$162.79	\$162.79	\$162.79	\$162.79	\$162.79	\$162.79	\$162.79
\$133,193	\$7,400	\$165.02	\$165.02	\$165.02	\$165.02	\$165.02	\$165.02	\$165.02	\$165.02	\$165.02	\$165.02	\$165.02	\$165.02
\$134,993	\$7,500	\$167.25	\$167.25	\$167.25	\$167.25	\$167.25	\$167.25	\$167.25	\$167.25	\$167.25	\$167.25	\$167.25	\$167.25
\$136,793	\$7,600	\$169.48	\$169.48	\$169.48	\$169.48	\$169.48	\$169.48	\$169.48	\$169.48	\$169.48	\$169.48	\$169.48	\$169.48
\$138,593	\$7,700	\$171.71	\$171.71	\$171.71	\$171.71	\$171.71	\$171.71	\$171.71	\$171.71	\$171.71	\$171.71	\$171.71	\$171.71
\$140,393	\$7,800	\$173.94	\$173.94	\$173.94	\$173.94	\$173.94	\$173.94	\$173.94	\$173.94	\$173.94	\$173.94	\$173.94	\$173.94
\$142,193	\$7,900	\$176.17	\$176.17	\$176.17	\$176.17	\$176.17	\$176.17	\$176.17	\$176.17	\$176.17	\$176.17	\$176.17	\$176.17
\$143,993	\$8,000	\$178.40	\$178.40	\$178.40	\$178.40	\$178.40	\$178.40	\$178.40	\$178.40	\$178.40	\$178.40	\$178.40	\$178.40

Note: Premiums are based on your age as of 09/01 and amount of coverage chosen.



Group Educator Disability Option 2 Plan A

You may select a minimum monthly benefit of \$200 up to a maximum monthly benefit of \$8,000, in increments of \$100, not to exceed 66.67% of your monthly pre-disability earnings.

Elimination	Period
	renou

14 days injury / 14 days sickness

Maximum Benefit Duration

Pre-Existing Condition Period

days sickness Accie

Accident: 65/5/70 / Sickness: 65/5/70

3 months / 12 months

Payroll Deduction Illustration: Monthly

lf your annual salary is at least:	You may select a monthly benefit of:	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$3,600	\$200	\$3.76	\$3.76	\$3.76	\$3.76	\$3.76	\$3.76	\$3.76	\$3.76	\$3.76	\$3.76	\$3.76	\$3.76
\$5,400	\$300	\$5.64	\$5.64	\$5.64	\$5.64	\$5.64	\$5.64	\$5.64	\$5.64	\$5.64	\$5.64	\$5.64	\$5.64
\$7,200	\$400	\$7.52	\$7.52	\$7.52	\$7.52	\$7.52	\$7.52	\$7.52	\$7.52	\$7.52	\$7.52	\$7.52	\$7.52
\$9,000	\$500	\$9.40	\$9.40	\$9.40	\$9.40	\$9.40	\$9.40	\$9.40	\$9.40	\$9.40	\$9.40	\$9.40	\$9.40
\$10,799	\$600	\$11.28	\$11.28	\$11.28	\$11.28	\$11.28	\$11.28	\$11.28	\$11.28	\$11.28	\$11.28	\$11.28	\$11.28
\$12,599	\$700	\$13.16	\$13.16	\$13.16	\$13.16	\$13.16	\$13.16	\$13.16	\$13.16	\$13.16	\$13.16	\$13.16	\$13.16
\$14,399	\$800	\$15.04	\$15.04	\$15.04	\$15.04	\$15.04	\$15.04	\$15.04	\$15.04	\$15.04	\$15.04	\$15.04	\$15.04
\$16,199	\$900	\$16.92	\$16.92	\$16.92	\$16.92	\$16.92	\$16.92	\$16.92	\$16.92	\$16.92	\$16.92	\$16.92	\$16.92
\$17,999	\$1,000	\$18.80	\$18.80	\$18.80	\$18.80	\$18.80	\$18.80	\$18.80	\$18.80	\$18.80	\$18.80	\$18.80	\$18.80
\$19,799	\$1,100	\$20.68	\$20.68	\$20.68	\$20.68	\$20.68	\$20.68	\$20.68	\$20.68	\$20.68	\$20.68	\$20.68	\$20.68
\$21,599	\$1,200	\$22.56	\$22.56	\$22.56	\$22.56	\$22.56	\$22.56	\$22.56	\$22.56	\$22.56	\$22.56	\$22.56	\$22.56
\$23,399	\$1,300	\$24.44	\$24.44	\$24.44	\$24.44	\$24.44	\$24.44	\$24.44	\$24.44	\$24.44	\$24.44	\$24.44	\$24.44
\$25,199	\$1,400	\$26.32	\$26.32	\$26.32	\$26.32	\$26.32	\$26.32	\$26.32	\$26.32	\$26.32	\$26.32	\$26.32	\$26.32
\$26,999	\$1,500	\$28.20	\$28.20	\$28.20	\$28.20	\$28.20	\$28.20	\$28.20	\$28.20	\$28.20	\$28.20	\$28.20	\$28.20
\$28,799	\$1,600	\$30.08	\$30.08	\$30.08	\$30.08	\$30.08	\$30.08	\$30.08	\$30.08	\$30.08	\$30.08	\$30.08	\$30.08
\$30,598	\$1,700	\$31.96	\$31.96	\$31.96	\$31.96	\$31.96	\$31.96	\$31.96	\$31.96	\$31.96	\$31.96	\$31.96	\$31.96
\$32,398	\$1,800	\$33.84	\$33.84	\$33.84	\$33.84	\$33.84	\$33.84	\$33.84	\$33.84	\$33.84	\$33.84	\$33.84	\$33.84
\$34,198	\$1,900	\$35.72	\$35.72	\$35.72	\$35.72	\$35.72	\$35.72	\$35.72	\$35.72	\$35.72	\$35.72	\$35.72	\$35.72
\$35,998	\$2,000	\$37.60	\$37.60	\$37.60	\$37.60	\$37.60	\$37.60	\$37.60	\$37.60	\$37.60	\$37.60	\$37.60	\$37.60
\$37,798	\$2,100	\$39.48	\$39.48	\$39.48	\$39.48	\$39.48	\$39.48	\$39.48	\$39.48	\$39.48	\$39.48	\$39.48	\$39.48
\$39,598	\$2,200	\$41.36	\$41.36	\$41.36	\$41.36	\$41.36	\$41.36	\$41.36	\$41.36	\$41.36	\$41.36	\$41.36	\$41.36
\$41,398	\$2,300	\$43.24	\$43.24	\$43.24	\$43.24	\$43.24	\$43.24	\$43.24	\$43.24	\$43.24	\$43.24	\$43.24	\$43.24
\$43,198	\$2,400	\$45.12	\$45.12	\$45.12	\$45.12	\$45.12	\$45.12	\$45.12	\$45.12	\$45.12	\$45.12	\$45.12	\$45.12
\$44,998	\$2,500	\$47.00	\$47.00	\$47.00	\$47.00	\$47.00	\$47.00	\$47.00	\$47.00	\$47.00	\$47.00	\$47.00	\$47.00
\$46,798	\$2,600	\$48.88	\$48.88	\$48.88	\$48.88	\$48.88	\$48.88	\$48.88	\$48.88	\$48.88	\$48.88	\$48.88	\$48.88
\$48,598	\$2,700	\$50.76	\$50.76	\$50.76	\$50.76	\$50.76	\$50.76	\$50.76	\$50.76	\$50.76	\$50.76	\$50.76	\$50.76
\$50,397	\$2,800	\$52.64	\$52.64	\$52.64	\$52.64	\$52.64	\$52.64	\$52.64	\$52.64	\$52.64	\$52.64	\$52.64	\$52.64
\$52,197	\$2,900	\$54.52	\$54.52	\$54.52	\$54.52	\$54.52	\$54.52	\$54.52	\$54.52	\$54.52	\$54.52	\$54.52	\$54.52
\$53,997	\$3,000	\$56.40	\$56.40	\$56.40	\$56.40	\$56.40	\$56.40	\$56.40	\$56.40	\$56.40	\$56.40	\$56.40	\$56.40
\$55,797	\$3,100	\$58.28	\$58.28	\$58.28	\$58.28	\$58.28	\$58.28	\$58.28	\$58.28	\$58.28	\$58.28	\$58.28	\$58.28
\$57,597	\$3,200	\$60.16	\$60.16	\$60.16	\$60.16	\$60.16	\$60.16	\$60.16	\$60.16	\$60.16	\$60.16	\$60.16	\$60.16
\$59,397	\$3,300	\$62.04	\$62.04	\$62.04	\$62.04	\$62.04	\$62.04	\$62.04	\$62.04	\$62.04	\$62.04	\$62.04	\$62.04
\$61,197	\$3,400	\$63.92	\$63.92	\$63.92	\$63.92	\$63.92	\$63.92	\$63.92	\$63.92	\$63.92	\$63.92	\$63.92	\$63.92
\$62,997	\$3,500	\$65.80	\$65.80	\$65.80	\$65.80	\$65.80	\$65.80	\$65.80	\$65.80	\$65.80	\$65.80	\$65.80	\$65.80
\$64,797	\$3,600	\$67.68	\$67.68	\$67.68	\$67.68	\$67.68	\$67.68	\$67.68	\$67.68	\$67.68	\$67.68	\$67.68	\$67.68

Note: Premiums are based on your age as of 09/01 and amount of coverage chosen.



Group Educator Disability Option 2 Plan A

You may select a minimum monthly benefit of \$200 up to a maximum monthly benefit of \$8,000, in increments of \$100, not to exceed 66.67% of your monthly pre-disability earnings.

Eli	min	ation	Period	

14 days injury / 14 days sickness

Maximum Benefit Duration

Pre-Existing Condition Period

3 months / 12 months

sickness Accident: 6

Accident: 65/5/70 / Sickness: 65/5/70

Payroll Deduction Illustration: Monthly

lf your annual salary is at least:	You may select a monthly benefit of:	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$66,597	\$3,700	\$69.56	\$69.56	\$69.56	\$69.56	\$69.56	\$69.56	\$69.56	\$69.56	\$69.56	\$69.56	\$69.56	\$69.56
\$68,397	\$3,800	\$71.44	\$71.44	\$71.44	\$71.44	\$71.44	\$71.44	\$71.44	\$71.44	\$71.44	\$71.44	\$71.44	\$71.44
\$70,196	\$3,900	\$73.32	\$73.32	\$73.32	\$73.32	\$73.32	\$73.32	\$73.32	\$73.32	\$73.32	\$73.32	\$73.32	\$73.32
\$71,996	\$4,000	\$75.20	\$75.20	\$75.20	\$75.20	\$75.20	\$75.20	\$75.20	\$75.20	\$75.20	\$75.20	\$75.20	\$75.20
\$73,796	\$4,100	\$77.08	\$77.08	\$77.08	\$77.08	\$77.08	\$77.08	\$77.08	\$77.08	\$77.08	\$77.08	\$77.08	\$77.08
\$75,596	\$4,200	\$78.96	\$78.96	\$78.96	\$78.96	\$78.96	\$78.96	\$78.96	\$78.96	\$78.96	\$78.96	\$78.96	\$78.96
\$77,396	\$4,300	\$80.84	\$80.84	\$80.84	\$80.84	\$80.84	\$80.84	\$80.84	\$80.84	\$80.84	\$80.84	\$80.84	\$80.84
\$79,196	\$4,400	\$82.72	\$82.72	\$82.72	\$82.72	\$82.72	\$82.72	\$82.72	\$82.72	\$82.72	\$82.72	\$82.72	\$82.72
\$80,996	\$4,500	\$84.60	\$84.60	\$84.60	\$84.60	\$84.60	\$84.60	\$84.60	\$84.60	\$84.60	\$84.60	\$84.60	\$84.60
\$82,796	\$4,600	\$86.48	\$86.48	\$86.48	\$86.48	\$86.48	\$86.48	\$86.48	\$86.48	\$86.48	\$86.48	\$86.48	\$86.48
\$84,596	\$4,700	\$88.36	\$88.36	\$88.36	\$88.36	\$88.36	\$88.36	\$88.36	\$88.36	\$88.36	\$88.36	\$88.36	\$88.36
\$86,396	\$4,800	\$90.24	\$90.24	\$90.24	\$90.24	\$90.24	\$90.24	\$90.24	\$90.24	\$90.24	\$90.24	\$90.24	\$90.24
\$88,196	\$4,900	\$92.12	\$92.12	\$92.12	\$92.12	\$92.12	\$92.12	\$92.12	\$92.12	\$92.12	\$92.12	\$92.12	\$92.12
\$89,996	\$5,000	\$94.00	\$94.00	\$94.00	\$94.00	\$94.00	\$94.00	\$94.00	\$94.00	\$94.00	\$94.00	\$94.00	\$94.00
\$91,795	\$5,100	\$95.88	\$95.88	\$95.88	\$95.88	\$95.88	\$95.88	\$95.88	\$95.88	\$95.88	\$95.88	\$95.88	\$95.88
\$93,595	\$5,200	\$97.76	\$97.76	\$97.76	\$97.76	\$97.76	\$97.76	\$97.76	\$97.76	\$97.76	\$97.76	\$97.76	\$97.76
\$95,395	\$5,300	\$99.64	\$99.64	\$99.64	\$99.64	\$99.64	\$99.64	\$99.64	\$99.64	\$99.64	\$99.64	\$99.64	\$99.64
\$97,195	\$5,400	\$101.52	\$101.52	\$101.52	\$101.52	\$101.52	\$101.52	\$101.52	\$101.52	\$101.52	\$101.52	\$101.52	\$101.52
\$98,995	\$5,500	\$103.40	\$103.40	\$103.40	\$103.40	\$103.40	\$103.40	\$103.40	\$103.40	\$103.40	\$103.40	\$103.40	\$103.40
\$100,795	\$5,600	\$105.28	\$105.28	\$105.28	\$105.28	\$105.28	\$105.28	\$105.28	\$105.28	\$105.28	\$105.28	\$105.28	\$105.28
\$102,595	\$5,700	\$107.16	\$107.16	\$107.16	\$107.16	\$107.16	\$107.16	\$107.16	\$107.16	\$107.16	\$107.16	\$107.16	\$107.16
\$104,395	\$5,800	\$109.04	\$109.04	\$109.04	\$109.04	\$109.04	\$109.04	\$109.04	\$109.04	\$109.04	\$109.04	\$109.04	\$109.04
\$106,195	\$5,900	\$110.92	\$110.92	\$110.92	\$110.92	\$110.92	\$110.92	\$110.92	\$110.92	\$110.92	\$110.92	\$110.92	\$110.92
\$107,995	\$6,000	\$112.80	\$112.80	\$112.80	\$112.80	\$112.80	\$112.80	\$112.80	\$112.80	\$112.80	\$112.80	\$112.80	\$112.80
\$109,795	\$6,100	\$114.68	\$114.68	\$114.68	\$114.68	\$114.68	\$114.68	\$114.68	\$114.68	\$114.68	\$114.68	\$114.68	\$114.68
\$111,594	\$6,200	\$116.56	\$116.56	\$116.56	\$116.56	\$116.56	\$116.56	\$116.56	\$116.56	\$116.56	\$116.56	\$116.56	\$116.56
\$113,394	\$6,300	\$118.44	\$118.44	\$118.44	\$118.44	\$118.44	\$118.44	\$118.44	\$118.44	\$118.44	\$118.44	\$118.44	\$118.44
\$115,194	\$6,400	\$120.32	\$120.32	\$120.32	\$120.32	\$120.32	\$120.32	\$120.32	\$120.32	\$120.32	\$120.32	\$120.32	\$120.32
\$116,994	\$6,500	\$122.20	\$122.20	\$122.20	\$122.20	\$122.20	\$122.20	\$122.20	\$122.20	\$122.20	\$122.20	\$122.20	\$122.20
\$118,794	\$6,600	\$124.08	\$124.08	\$124.08	\$124.08	\$124.08	\$124.08	\$124.08	\$124.08	\$124.08	\$124.08	\$124.08	\$124.08
\$120,594	\$6,700	\$125.96	\$125.96	\$125.96	\$125.96	\$125.96	\$125.96	\$125.96	\$125.96	\$125.96	\$125.96	\$125.96	\$125.96
\$122,394	\$6,800	\$127.84	\$127.84	\$127.84	\$127.84	\$127.84	\$127.84	\$127.84	\$127.84	\$127.84	\$127.84	\$127.84	\$127.84
\$124,194	\$6,900	\$129.72	\$129.72	\$129.72	\$129.72	\$129.72	\$129.72	\$129.72	\$129.72	\$129.72	\$129.72	\$129.72	\$129.72
\$125,994	\$7,000	\$131.60	\$131.60	\$131.60	\$131.60	\$131.60	\$131.60	\$131.60	\$131.60	\$131.60	\$131.60	\$131.60	\$131.60
\$127,794	\$7,100	\$133.48	\$133.48	\$133.48	\$133.48	\$133.48	\$133.48	\$133.48	\$133.48	\$133.48	\$133.48	\$133.48	\$133.48

Note: Premiums are based on your age as of 09/01 and amount of coverage chosen.



Group Educator Disability Option 2 Plan A

You may select a minimum monthly benefit of \$200 up to a maximum monthly benefit of \$8,000, in increments of \$100, not to exceed 66.67% of your monthly pre-disability earnings.

Elimination Period	Maximum Benefit Duration	Pre-Existing Condition Period						
14 days injury / 14 days sickness	Accident: 65/5/70 / Sickness: 65/5/70	3 months / 12 months						
Payroll Deduction Illustration: Monthly								

If your annual salary is at least:	You may select a monthly benefit of:	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$129,594	\$7,200	\$135.36	\$135.36	\$135.36	\$135.36	\$135.36	\$135.36	\$135.36	\$135.36	\$135.36	\$135.36	\$135.36	\$135.36
\$131,393	\$7,300	\$137.24	\$137.24	\$137.24	\$137.24	\$137.24	\$137.24	\$137.24	\$137.24	\$137.24	\$137.24	\$137.24	\$137.24
\$133,193	\$7,400	\$139.12	\$139.12	\$139.12	\$139.12	\$139.12	\$139.12	\$139.12	\$139.12	\$139.12	\$139.12	\$139.12	\$139.12
\$134,993	\$7,500	\$141.00	\$141.00	\$141.00	\$141.00	\$141.00	\$141.00	\$141.00	\$141.00	\$141.00	\$141.00	\$141.00	\$141.00
\$136,793	\$7,600	\$142.88	\$142.88	\$142.88	\$142.88	\$142.88	\$142.88	\$142.88	\$142.88	\$142.88	\$142.88	\$142.88	\$142.88
\$138,593	\$7,700	\$144.76	\$144.76	\$144.76	\$144.76	\$144.76	\$144.76	\$144.76	\$144.76	\$144.76	\$144.76	\$144.76	\$144.76
\$140,393	\$7,800	\$146.64	\$146.64	\$146.64	\$146.64	\$146.64	\$146.64	\$146.64	\$146.64	\$146.64	\$146.64	\$146.64	\$146.64
\$142,193	\$7,900	\$148.52	\$148.52	\$148.52	\$148.52	\$148.52	\$148.52	\$148.52	\$148.52	\$148.52	\$148.52	\$148.52	\$148.52
\$143,993	\$8,000	\$150.40	\$150.40	\$150.40	\$150.40	\$150.40	\$150.40	\$150.40	\$150.40	\$150.40	\$150.40	\$150.40	\$150.40

Note: Premiums are based on your age as of 09/01 and amount of coverage chosen.



Group Educator Disability Option 3 Plan A

You may select a minimum monthly benefit of \$200 up to a maximum monthly benefit of \$8,000, in increments of \$100, not to exceed 66.67% of your monthly pre-disability earnings.

Elimination	Period
	renou

30 days injury / 30 days sickness

Maximum Benefit Duration

Pre-Existing Condition Period

Accident: 65/5/70 / Sickness: 65/5/70

3 months / 12 months

Payroll Deduction Illustration: Monthly

If your annual salary is at least:	You may select a monthly benefit of:	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$3,600	\$200	\$2.76	\$2.76	\$2.76	\$2.76	\$2.76	\$2.76	\$2.76	\$2.76	\$2.76	\$2.76	\$2.76	\$2.76
\$5,400	\$300	\$4.14	\$4.14	\$4.14	\$4.14	\$4.14	\$4.14	\$4.14	\$4.14	\$4.14	\$4.14	\$4.14	\$4.14
\$7,200	\$400	\$5.52	\$5.52	\$5.52	\$5.52	\$5.52	\$5.52	\$5.52	\$5.52	\$5.52	\$5.52	\$5.52	\$5.52
\$9,000	\$500	\$6.90	\$6.90	\$6.90	\$6.90	\$6.90	\$6.90	\$6.90	\$6.90	\$6.90	\$6.90	\$6.90	\$6.90
\$10,799	\$600	\$8.28	\$8.28	\$8.28	\$8.28	\$8.28	\$8.28	\$8.28	\$8.28	\$8.28	\$8.28	\$8.28	\$8.28
\$12,599	\$700	\$9.66	\$9.66	\$9.66	\$9.66	\$9.66	\$9.66	\$9.66	\$9.66	\$9.66	\$9.66	\$9.66	\$9.66
\$14,399	\$800	\$11.04	\$11.04	\$11.04	\$11.04	\$11.04	\$11.04	\$11.04	\$11.04	\$11.04	\$11.04	\$11.04	\$11.04
\$16,199	\$900	\$12.42	\$12.42	\$12.42	\$12.42	\$12.42	\$12.42	\$12.42	\$12.42	\$12.42	\$12.42	\$12.42	\$12.42
\$17,999	\$1,000	\$13.80	\$13.80	\$13.80	\$13.80	\$13.80	\$13.80	\$13.80	\$13.80	\$13.80	\$13.80	\$13.80	\$13.80
\$19,799	\$1,100	\$15.18	\$15.18	\$15.18	\$15.18	\$15.18	\$15.18	\$15.18	\$15.18	\$15.18	\$15.18	\$15.18	\$15.18
\$21,599	\$1,200	\$16.56	\$16.56	\$16.56	\$16.56	\$16.56	\$16.56	\$16.56	\$16.56	\$16.56	\$16.56	\$16.56	\$16.56
\$23,399	\$1,300	\$17.94	\$17.94	\$17.94	\$17.94	\$17.94	\$17.94	\$17.94	\$17.94	\$17.94	\$17.94	\$17.94	\$17.94
\$25,199	\$1,400	\$19.32	\$19.32	\$19.32	\$19.32	\$19.32	\$19.32	\$19.32	\$19.32	\$19.32	\$19.32	\$19.32	\$19.32
\$26,999	\$1,500	\$20.70	\$20.70	\$20.70	\$20.70	\$20.70	\$20.70	\$20.70	\$20.70	\$20.70	\$20.70	\$20.70	\$20.70
\$28,799	\$1,600	\$22.08	\$22.08	\$22.08	\$22.08	\$22.08	\$22.08	\$22.08	\$22.08	\$22.08	\$22.08	\$22.08	\$22.08
\$30,598	\$1,700	\$23.46	\$23.46	\$23.46	\$23.46	\$23.46	\$23.46	\$23.46	\$23.46	\$23.46	\$23.46	\$23.46	\$23.46
\$32,398	\$1,800	\$24.84	\$24.84	\$24.84	\$24.84	\$24.84	\$24.84	\$24.84	\$24.84	\$24.84	\$24.84	\$24.84	\$24.84
\$34,198	\$1,900	\$26.22	\$26.22	\$26.22	\$26.22	\$26.22	\$26.22	\$26.22	\$26.22	\$26.22	\$26.22	\$26.22	\$26.22
\$35,998	\$2,000	\$27.60	\$27.60	\$27.60	\$27.60	\$27.60	\$27.60	\$27.60	\$27.60	\$27.60	\$27.60	\$27.60	\$27.60
\$37,798	\$2,100	\$28.98	\$28.98	\$28.98	\$28.98	\$28.98	\$28.98	\$28.98	\$28.98	\$28.98	\$28.98	\$28.98	\$28.98
\$39,598	\$2,200	\$30.36	\$30.36	\$30.36	\$30.36	\$30.36	\$30.36	\$30.36	\$30.36	\$30.36	\$30.36	\$30.36	\$30.36
\$41,398	\$2,300	\$31.74	\$31.74	\$31.74	\$31.74	\$31.74	\$31.74	\$31.74	\$31.74	\$31.74	\$31.74	\$31.74	\$31.74
\$43,198	\$2,400	\$33.12	\$33.12	\$33.12	\$33.12	\$33.12	\$33.12	\$33.12	\$33.12	\$33.12	\$33.12	\$33.12	\$33.12
\$44,998	\$2,500	\$34.50	\$34.50	\$34.50	\$34.50	\$34.50	\$34.50	\$34.50	\$34.50	\$34.50	\$34.50	\$34.50	\$34.50
\$46,798	\$2,600	\$35.88	\$35.88	\$35.88	\$35.88	\$35.88	\$35.88	\$35.88	\$35.88	\$35.88	\$35.88	\$35.88	\$35.88
\$48,598	\$2,700	\$37.26	\$37.26	\$37.26	\$37.26	\$37.26	\$37.26	\$37.26	\$37.26	\$37.26	\$37.26	\$37.26	\$37.26
\$50,397	\$2,800	\$38.64	\$38.64	\$38.64	\$38.64	\$38.64	\$38.64	\$38.64	\$38.64	\$38.64	\$38.64	\$38.64	\$38.64
\$52,197	\$2,900	\$40.02	\$40.02	\$40.02	\$40.02	\$40.02	\$40.02	\$40.02	\$40.02	\$40.02	\$40.02	\$40.02	\$40.02
\$53,997	\$3,000	\$41.40	\$41.40	\$41.40	\$41.40	\$41.40	\$41.40	\$41.40	\$41.40	\$41.40	\$41.40	\$41.40	\$41.40
\$55,797	\$3,100	\$42.78	\$42.78	\$42.78	\$42.78	\$42.78	\$42.78	\$42.78	\$42.78	\$42.78	\$42.78	\$42.78	\$42.78
\$57,597	\$3,200	\$44.16	\$44.16	\$44.16	\$44.16	\$44.16	\$44.16	\$44.16	\$44.16	\$44.16	\$44.16	\$44.16	\$44.16
\$59,397	\$3,300	\$45.54	\$45.54	\$45.54	\$45.54	\$45.54	\$45.54	\$45.54	\$45.54	\$45.54	\$45.54	\$45.54	\$45.54
\$61,197	\$3,400	\$46.92	\$46.92	\$46.92	\$46.92	\$46.92	\$46.92	\$46.92	\$46.92	\$46.92	\$46.92	\$46.92	\$46.92
\$62,997	\$3,500	\$48.30	\$48.30	\$48.30	\$48.30	\$48.30	\$48.30	\$48.30	\$48.30	\$48.30	\$48.30	\$48.30	\$48.30
\$64,797	\$3,600	\$49.68	\$49.68	\$49.68	\$49.68	\$49.68	\$49.68	\$49.68	\$49.68	\$49.68	\$49.68	\$49.68	\$49.68

Note: Premiums are based on your age as of 09/01 and amount of coverage chosen.



Group Educator Disability Option 3 Plan A

You may select a minimum monthly benefit of \$200 up to a maximum monthly benefit of \$8,000, in increments of \$100, not to exceed 66.67% of your monthly pre-disability earnings.

Elimination Period	Elimination	Period
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30 days injury / 30 days sickness

Maximum Benefit Duration

Pre-Existing Condition Period

Accident: 65/5/70 / Sickness: 65/5/70

3 months / 12 months

Payroll Deduction Illustration: Monthly

lf your annual salary is at least:	You may select a monthly benefit of:	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$66,597	\$3,700	\$51.06	\$51.06	\$51.06	\$51.06	\$51.06	\$51.06	\$51.06	\$51.06	\$51.06	\$51.06	\$51.06	\$51.06
\$68,397	\$3,800	\$52.44	\$52.44	\$52.44	\$52.44	\$52.44	\$52.44	\$52.44	\$52.44	\$52.44	\$52.44	\$52.44	\$52.44
\$70,196	\$3,900	\$53.82	\$53.82	\$53.82	\$53.82	\$53.82	\$53.82	\$53.82	\$53.82	\$53.82	\$53.82	\$53.82	\$53.82
\$71,996	\$4,000	\$55.20	\$55.20	\$55.20	\$55.20	\$55.20	\$55.20	\$55.20	\$55.20	\$55.20	\$55.20	\$55.20	\$55.20
\$73,796	\$4,100	\$56.58	\$56.58	\$56.58	\$56.58	\$56.58	\$56.58	\$56.58	\$56.58	\$56.58	\$56.58	\$56.58	\$56.58
\$75,596	\$4,200	\$57.96	\$57.96	\$57.96	\$57.96	\$57.96	\$57.96	\$57.96	\$57.96	\$57.96	\$57.96	\$57.96	\$57.96
\$77,396	\$4,300	\$59.34	\$59.34	\$59.34	\$59.34	\$59.34	\$59.34	\$59.34	\$59.34	\$59.34	\$59.34	\$59.34	\$59.34
\$79,196	\$4,400	\$60.72	\$60.72	\$60.72	\$60.72	\$60.72	\$60.72	\$60.72	\$60.72	\$60.72	\$60.72	\$60.72	\$60.72
\$80,996	\$4,500	\$62.10	\$62.10	\$62.10	\$62.10	\$62.10	\$62.10	\$62.10	\$62.10	\$62.10	\$62.10	\$62.10	\$62.10
\$82,796	\$4,600	\$63.48	\$63.48	\$63.48	\$63.48	\$63.48	\$63.48	\$63.48	\$63.48	\$63.48	\$63.48	\$63.48	\$63.48
\$84,596	\$4,700	\$64.86	\$64.86	\$64.86	\$64.86	\$64.86	\$64.86	\$64.86	\$64.86	\$64.86	\$64.86	\$64.86	\$64.86
\$86,396	\$4,800	\$66.24	\$66.24	\$66.24	\$66.24	\$66.24	\$66.24	\$66.24	\$66.24	\$66.24	\$66.24	\$66.24	\$66.24
\$88,196	\$4,900	\$67.62	\$67.62	\$67.62	\$67.62	\$67.62	\$67.62	\$67.62	\$67.62	\$67.62	\$67.62	\$67.62	\$67.62
\$89,996	\$5,000	\$69.00	\$69.00	\$69.00	\$69.00	\$69.00	\$69.00	\$69.00	\$69.00	\$69.00	\$69.00	\$69.00	\$69.00
\$91,795	\$5,100	\$70.38	\$70.38	\$70.38	\$70.38	\$70.38	\$70.38	\$70.38	\$70.38	\$70.38	\$70.38	\$70.38	\$70.38
\$93,595	\$5,200	\$71.76	\$71.76	\$71.76	\$71.76	\$71.76	\$71.76	\$71.76	\$71.76	\$71.76	\$71.76	\$71.76	\$71.76
\$95,395	\$5,300	\$73.14	\$73.14	\$73.14	\$73.14	\$73.14	\$73.14	\$73.14	\$73.14	\$73.14	\$73.14	\$73.14	\$73.14
\$97,195	\$5,400	\$74.52	\$74.52	\$74.52	\$74.52	\$74.52	\$74.52	\$74.52	\$74.52	\$74.52	\$74.52	\$74.52	\$74.52
\$98,995	\$5,500	\$75.90	\$75.90	\$75.90	\$75.90	\$75.90	\$75.90	\$75.90	\$75.90	\$75.90	\$75.90	\$75.90	\$75.90
\$100,795	\$5,600	\$77.28	\$77.28	\$77.28	\$77.28	\$77.28	\$77.28	\$77.28	\$77.28	\$77.28	\$77.28	\$77.28	\$77.28
\$102,595	\$5,700	\$78.66	\$78.66	\$78.66	\$78.66	\$78.66	\$78.66	\$78.66	\$78.66	\$78.66	\$78.66	\$78.66	\$78.66
\$104,395	\$5,800	\$80.04	\$80.04	\$80.04	\$80.04	\$80.04	\$80.04	\$80.04	\$80.04	\$80.04	\$80.04	\$80.04	\$80.04
\$106,195	\$5,900	\$81.42	\$81.42	\$81.42	\$81.42	\$81.42	\$81.42	\$81.42	\$81.42	\$81.42	\$81.42	\$81.42	\$81.42
\$107,995	\$6,000	\$82.80	\$82.80	\$82.80	\$82.80	\$82.80	\$82.80	\$82.80	\$82.80	\$82.80	\$82.80	\$82.80	\$82.80
\$109,795	\$6,100	\$84.18	\$84.18	\$84.18	\$84.18	\$84.18	\$84.18	\$84.18	\$84.18	\$84.18	\$84.18	\$84.18	\$84.18
\$111,594	\$6,200	\$85.56	\$85.56	\$85.56	\$85.56	\$85.56	\$85.56	\$85.56	\$85.56	\$85.56	\$85.56	\$85.56	\$85.56
\$113,394	\$6,300	\$86.94	\$86.94	\$86.94	\$86.94	\$86.94	\$86.94	\$86.94	\$86.94	\$86.94	\$86.94	\$86.94	\$86.94
\$115,194	\$6,400	\$88.32	\$88.32	\$88.32	\$88.32	\$88.32	\$88.32	\$88.32	\$88.32	\$88.32	\$88.32	\$88.32	\$88.32
\$116,994	\$6,500	\$89.70	\$89.70	\$89.70	\$89.70	\$89.70	\$89.70	\$89.70	\$89.70	\$89.70	\$89.70	\$89.70	\$89.70
\$118,794	\$6,600	\$91.08	\$91.08	\$91.08	\$91.08	\$91.08	\$91.08	\$91.08	\$91.08	\$91.08	\$91.08	\$91.08	\$91.08
\$120,594	\$6,700	\$92.46	\$92.46	\$92.46	\$92.46	\$92.46	\$92.46	\$92.46	\$92.46	\$92.46	\$92.46	\$92.46	\$92.46
\$122,394	\$6,800	\$93.84	\$93.84	\$93.84	\$93.84	\$93.84	\$93.84	\$93.84	\$93.84	\$93.84	\$93.84	\$93.84	\$93.84
\$124,194	\$6,900	\$95.22	\$95.22	\$95.22	\$95.22	\$95.22	\$95.22	\$95.22	\$95.22	\$95.22	\$95.22	\$95.22	\$95.22
\$125,994	\$7,000	\$96.60	\$96.60	\$96.60	\$96.60	\$96.60	\$96.60	\$96.60	\$96.60	\$96.60	\$96.60	\$96.60	\$96.60
\$127,794	\$7,100	\$97.98	\$97.98	\$97.98	\$97.98	\$97.98	\$97.98	\$97.98	\$97.98	\$97.98	\$97.98	\$97.98	\$97.98

Note: Premiums are based on your age as of 09/01 and amount of coverage chosen.



Group Educator Disability Option 3 Plan A

You may select a minimum monthly benefit of \$200 up to a maximum monthly benefit of \$8,000, in increments of \$100, not to exceed 66.67% of your monthly pre-disability earnings.

Elimination Period	Maximum Benefit Duration	Pre-Existing Condition Period
30 days injury / 30 days sickness	Accident: 65/5/70 / Sickness: 65/5/70	3 months / 12 months
	Payroll Deduction Illustration: Monthly	

If your annual salary is at least:	You may select a monthly benefit of:	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$129,594	\$7,200	\$99.36	\$99.36	\$99.36	\$99.36	\$99.36	\$99.36	\$99.36	\$99.36	\$99.36	\$99.36	\$99.36	\$99.36
\$131,393	\$7,300	\$100.74	\$100.74	\$100.74	\$100.74	\$100.74	\$100.74	\$100.74	\$100.74	\$100.74	\$100.74	\$100.74	\$100.74
\$133,193	\$7,400	\$102.12	\$102.12	\$102.12	\$102.12	\$102.12	\$102.12	\$102.12	\$102.12	\$102.12	\$102.12	\$102.12	\$102.12
\$134,993	\$7,500	\$103.50	\$103.50	\$103.50	\$103.50	\$103.50	\$103.50	\$103.50	\$103.50	\$103.50	\$103.50	\$103.50	\$103.50
\$136,793	\$7,600	\$104.88	\$104.88	\$104.88	\$104.88	\$104.88	\$104.88	\$104.88	\$104.88	\$104.88	\$104.88	\$104.88	\$104.88
\$138,593	\$7,700	\$106.26	\$106.26	\$106.26	\$106.26	\$106.26	\$106.26	\$106.26	\$106.26	\$106.26	\$106.26	\$106.26	\$106.26
\$140,393	\$7,800	\$107.64	\$107.64	\$107.64	\$107.64	\$107.64	\$107.64	\$107.64	\$107.64	\$107.64	\$107.64	\$107.64	\$107.64
\$142,193	\$7,900	\$109.02	\$109.02	\$109.02	\$109.02	\$109.02	\$109.02	\$109.02	\$109.02	\$109.02	\$109.02	\$109.02	\$109.02
\$143,993	\$8,000	\$110.40	\$110.40	\$110.40	\$110.40	\$110.40	\$110.40	\$110.40	\$110.40	\$110.40	\$110.40	\$110.40	\$110.40

Note: Premiums are based on your age as of 09/01 and amount of coverage chosen.



Group Educator Disability Option 4 Plan A

You may select a minimum monthly benefit of \$200 up to a maximum monthly benefit of \$8,000, in increments of \$100, not to exceed 66.67% of your monthly pre-disability earnings.

Elimination Period			
	Elim	instian	Dariad

60 days injury / 60 days sickness

Maximum Benefit Duration

Pre-Existing Condition Period

Accident: 65/5/70 / Sickness: 65/5/70

3 months / 12 months

Payroll Deduction Illustration: Monthly

lf your annual salary is at least:	You may select a monthly benefit of:	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$3,600	\$200	\$2.22	\$2.22	\$2.22	\$2.22	\$2.22	\$2.22	\$2.22	\$2.22	\$2.22	\$2.22	\$2.22	\$2.22
\$5,400	\$300	\$3.33	\$3.33	\$3.33	\$3.33	\$3.33	\$3.33	\$3.33	\$3.33	\$3.33	\$3.33	\$3.33	\$3.33
\$7,200	\$400	\$4.44	\$4.44	\$4.44	\$4.44	\$4.44	\$4.44	\$4.44	\$4.44	\$4.44	\$4.44	\$4.44	\$4.44
\$9,000	\$500	\$5.55	\$5.55	\$5.55	\$5.55	\$5.55	\$5.55	\$5.55	\$5.55	\$5.55	\$5.55	\$5.55	\$5.55
\$10,799	\$600	\$6.66	\$6.66	\$6.66	\$6.66	\$6.66	\$6.66	\$6.66	\$6.66	\$6.66	\$6.66	\$6.66	\$6.66
\$12,599	\$700	\$7.77	\$7.77	\$7.77	\$7.77	\$7.77	\$7.77	\$7.77	\$7.77	\$7.77	\$7.77	\$7.77	\$7.77
\$14,399	\$800	\$8.88	\$8.88	\$8.88	\$8.88	\$8.88	\$8.88	\$8.88	\$8.88	\$8.88	\$8.88	\$8.88	\$8.88
\$16,199	\$900	\$9.99	\$9.99	\$9.99	\$9.99	\$9.99	\$9.99	\$9.99	\$9.99	\$9.99	\$9.99	\$9.99	\$9.99
\$17,999	\$1,000	\$11.10	\$11.10	\$11.10	\$11.10	\$11.10	\$11.10	\$11.10	\$11.10	\$11.10	\$11.10	\$11.10	\$11.10
\$19,799	\$1,100	\$12.21	\$12.21	\$12.21	\$12.21	\$12.21	\$12.21	\$12.21	\$12.21	\$12.21	\$12.21	\$12.21	\$12.21
\$21,599	\$1,200	\$13.32	\$13.32	\$13.32	\$13.32	\$13.32	\$13.32	\$13.32	\$13.32	\$13.32	\$13.32	\$13.32	\$13.32
\$23,399	\$1,300	\$14.43	\$14.43	\$14.43	\$14.43	\$14.43	\$14.43	\$14.43	\$14.43	\$14.43	\$14.43	\$14.43	\$14.43
\$25,199	\$1,400	\$15.54	\$15.54	\$15.54	\$15.54	\$15.54	\$15.54	\$15.54	\$15.54	\$15.54	\$15.54	\$15.54	\$15.54
\$26,999	\$1,500	\$16.65	\$16.65	\$16.65	\$16.65	\$16.65	\$16.65	\$16.65	\$16.65	\$16.65	\$16.65	\$16.65	\$16.65
\$28,799	\$1,600	\$17.76	\$17.76	\$17.76	\$17.76	\$17.76	\$17.76	\$17.76	\$17.76	\$17.76	\$17.76	\$17.76	\$17.76
\$30,598	\$1,700	\$18.87	\$18.87	\$18.87	\$18.87	\$18.87	\$18.87	\$18.87	\$18.87	\$18.87	\$18.87	\$18.87	\$18.87
\$32,398	\$1,800	\$19.98	\$19.98	\$19.98	\$19.98	\$19.98	\$19.98	\$19.98	\$19.98	\$19.98	\$19.98	\$19.98	\$19.98
\$34,198	\$1,900	\$21.09	\$21.09	\$21.09	\$21.09	\$21.09	\$21.09	\$21.09	\$21.09	\$21.09	\$21.09	\$21.09	\$21.09
\$35,998	\$2,000	\$22.20	\$22.20	\$22.20	\$22.20	\$22.20	\$22.20	\$22.20	\$22.20	\$22.20	\$22.20	\$22.20	\$22.20
\$37,798	\$2,100	\$23.31	\$23.31	\$23.31	\$23.31	\$23.31	\$23.31	\$23.31	\$23.31	\$23.31	\$23.31	\$23.31	\$23.31
\$39,598	\$2,200	\$24.42	\$24.42	\$24.42	\$24.42	\$24.42	\$24.42	\$24.42	\$24.42	\$24.42	\$24.42	\$24.42	\$24.42
\$41,398	\$2,300	\$25.53	\$25.53	\$25.53	\$25.53	\$25.53	\$25.53	\$25.53	\$25.53	\$25.53	\$25.53	\$25.53	\$25.53
\$43,198	\$2,400	\$26.64	\$26.64	\$26.64	\$26.64	\$26.64	\$26.64	\$26.64	\$26.64	\$26.64	\$26.64	\$26.64	\$26.64
\$44,998	\$2,500	\$27.75	\$27.75	\$27.75	\$27.75	\$27.75	\$27.75	\$27.75	\$27.75	\$27.75	\$27.75	\$27.75	\$27.75
\$46,798	\$2,600	\$28.86	\$28.86	\$28.86	\$28.86	\$28.86	\$28.86	\$28.86	\$28.86	\$28.86	\$28.86	\$28.86	\$28.86
\$48,598	\$2,700	\$29.97	\$29.97	\$29.97	\$29.97	\$29.97	\$29.97	\$29.97	\$29.97	\$29.97	\$29.97	\$29.97	\$29.97
\$50,397	\$2,800	\$31.08	\$31.08	\$31.08	\$31.08	\$31.08	\$31.08	\$31.08	\$31.08	\$31.08	\$31.08	\$31.08	\$31.08
\$52,197	\$2,900	\$32.19	\$32.19	\$32.19	\$32.19	\$32.19	\$32.19	\$32.19	\$32.19	\$32.19	\$32.19	\$32.19	\$32.19
\$53,997	\$3,000	\$33.30	\$33.30	\$33.30	\$33.30	\$33.30	\$33.30	\$33.30	\$33.30	\$33.30	\$33.30	\$33.30	\$33.30
\$55,797	\$3,100	\$34.41	\$34.41	\$34.41	\$34.41	\$34.41	\$34.41	\$34.41	\$34.41	\$34.41	\$34.41	\$34.41	\$34.41
\$57,597	\$3,200	\$35.52	\$35.52	\$35.52	\$35.52	\$35.52	\$35.52	\$35.52	\$35.52	\$35.52	\$35.52	\$35.52	\$35.52
\$59,397	\$3,300	\$36.63	\$36.63	\$36.63	\$36.63	\$36.63	\$36.63	\$36.63	\$36.63	\$36.63	\$36.63	\$36.63	\$36.63
\$61,197	\$3,400	\$37.74	\$37.74	\$37.74	\$37.74	\$37.74	\$37.74	\$37.74	\$37.74	\$37.74	\$37.74	\$37.74	\$37.74
\$62,997	\$3,500	\$38.85	\$38.85	\$38.85	\$38.85	\$38.85	\$38.85	\$38.85	\$38.85	\$38.85	\$38.85	\$38.85	\$38.85
\$64,797	\$3,600	\$39.96	\$39.96	\$39.96	\$39.96	\$39.96	\$39.96	\$39.96	\$39.96	\$39.96	\$39.96	\$39.96	\$39.96

Note: Premiums are based on your age as of 09/01 and amount of coverage chosen.



Group Educator Disability Option 4 Plan A

You may select a minimum monthly benefit of \$200 up to a maximum monthly benefit of \$8,000, in increments of \$100, not to exceed 66.67% of your monthly pre-disability earnings.

Flim	ination	Period	
	mation	i enou	

60 days injury / 60 days sickness

Maximum Benefit Duration

Pre-Existing Condition Period

60 days sickness Acc

Accident: 65/5/70 / Sickness: 65/5/70

3 months / 12 months

Payroll Deduction Illustration: Monthly

lf your annual salary is at least:	You may select a monthly benefit of:	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$66,597	\$3,700	\$41.07	\$41.07	\$41.07	\$41.07	\$41.07	\$41.07	\$41.07	\$41.07	\$41.07	\$41.07	\$41.07	\$41.07
	-	\$41.07		\$41.07	\$41.07	\$41.07	\$41.07	\$41.07	\$41.07	\$41.07	\$41.07	\$41.07	\$41.07
\$68,397	\$3,800		\$42.18	\$42.18		\$43.29	-	\$43.29	\$43.29	\$43.29			
\$70,196	\$3,900	\$43.29 \$44.40	\$43.29 \$44.40	\$43.29	\$43.29 \$44.40	\$43.29	\$43.29 \$44.40	\$43.29	\$43.29	\$43.29	\$43.29 \$44.40	\$43.29 \$44.40	\$43.29 \$44.40
\$71,996	\$4,000	\$45.51	\$45.51	\$44.40	\$45.51	\$45.51	\$45.51	\$45.51	\$45.51	\$45.51	\$45.51	\$45.51	\$44.40 \$45.51
	\$4,100						-	-					
\$75,596	-	\$46.62	\$46.62	\$46.62	\$46.62	\$46.62	\$46.62	\$46.62	\$46.62	\$46.62	\$46.62	\$46.62	\$46.62
\$77,396	\$4,300 \$4,400	\$47.73 \$48.84											
\$79,196	. ,												
\$80,996	\$4,500	\$49.95	\$49.95	\$49.95	\$49.95	\$49.95	\$49.95	\$49.95	\$49.95	\$49.95	\$49.95	\$49.95	\$49.95
\$82,796	\$4,600	\$51.06	\$51.06	\$51.06	\$51.06	\$51.06	\$51.06	\$51.06	\$51.06	\$51.06	\$51.06	\$51.06	\$51.06
\$84,596	\$4,700	\$52.17	\$52.17	\$52.17	\$52.17	\$52.17	\$52.17	\$52.17	\$52.17	\$52.17	\$52.17	\$52.17	\$52.17
\$86,396	\$4,800	\$53.28	\$53.28	\$53.28	\$53.28	\$53.28	\$53.28	\$53.28	\$53.28	\$53.28	\$53.28	\$53.28	\$53.28
\$88,196	\$4,900	\$54.39	\$54.39	\$54.39	\$54.39	\$54.39	\$54.39	\$54.39	\$54.39	\$54.39	\$54.39	\$54.39	\$54.39
\$89,996	\$5,000	\$55.50	\$55.50	\$55.50	\$55.50	\$55.50	\$55.50	\$55.50	\$55.50	\$55.50	\$55.50	\$55.50	\$55.50
\$91,795	\$5,100	\$56.61	\$56.61	\$56.61	\$56.61	\$56.61	\$56.61	\$56.61	\$56.61	\$56.61	\$56.61	\$56.61	\$56.61
\$93,595	\$5,200	\$57.72	\$57.72	\$57.72	\$57.72	\$57.72	\$57.72	\$57.72	\$57.72	\$57.72	\$57.72	\$57.72	\$57.72
\$95,395	\$5,300	\$58.83	\$58.83	\$58.83	\$58.83	\$58.83	\$58.83	\$58.83	\$58.83	\$58.83	\$58.83	\$58.83	\$58.83
\$97,195	\$5,400	\$59.94	\$59.94	\$59.94	\$59.94	\$59.94	\$59.94	\$59.94	\$59.94	\$59.94	\$59.94	\$59.94	\$59.94
\$98,995	\$5,500	\$61.05	\$61.05	\$61.05	\$61.05	\$61.05	\$61.05	\$61.05	\$61.05	\$61.05	\$61.05	\$61.05	\$61.05
\$100,795	\$5,600	\$62.16	\$62.16	\$62.16	\$62.16	\$62.16	\$62.16	\$62.16	\$62.16	\$62.16	\$62.16	\$62.16	\$62.16
\$102,595	\$5,700	\$63.27	\$63.27	\$63.27	\$63.27	\$63.27	\$63.27	\$63.27	\$63.27	\$63.27	\$63.27	\$63.27	\$63.27
\$104,395	\$5,800	\$64.38	\$64.38	\$64.38	\$64.38	\$64.38	\$64.38	\$64.38	\$64.38	\$64.38	\$64.38	\$64.38	\$64.38
\$106,195	\$5,900	\$65.49	\$65.49	\$65.49	\$65.49	\$65.49	\$65.49	\$65.49	\$65.49	\$65.49	\$65.49	\$65.49	\$65.49
\$107,995	\$6,000	\$66.60	\$66.60	\$66.60	\$66.60	\$66.60	\$66.60	\$66.60	\$66.60	\$66.60	\$66.60	\$66.60	\$66.60
\$109,795	\$6,100	\$67.71	\$67.71	\$67.71	\$67.71	\$67.71	\$67.71	\$67.71	\$67.71	\$67.71	\$67.71	\$67.71	\$67.71
\$111,594	\$6,200	\$68.82	\$68.82	\$68.82	\$68.82	\$68.82	\$68.82	\$68.82	\$68.82	\$68.82	\$68.82	\$68.82	\$68.82
\$113,394	\$6,300	\$69.93	\$69.93	\$69.93	\$69.93	\$69.93	\$69.93	\$69.93	\$69.93	\$69.93	\$69.93	\$69.93	\$69.93
\$115,194	\$6,400	\$71.04	\$71.04	\$71.04	\$71.04	\$71.04	\$71.04	\$71.04	\$71.04	\$71.04	\$71.04	\$71.04	\$71.04
\$116,994	\$6,500	\$72.15	\$72.15	\$72.15	\$72.15	\$72.15	\$72.15	\$72.15	\$72.15	\$72.15	\$72.15	\$72.15	\$72.15
\$118,794	\$6,600	\$73.26	\$73.26	\$73.26	\$73.26	\$73.26	\$73.26	\$73.26	\$73.26	\$73.26	\$73.26	\$73.26	\$73.26
\$120,594	\$6,700	\$74.37	\$74.37	\$74.37	\$74.37	\$74.37	\$74.37	\$74.37	\$74.37	\$74.37	\$74.37	\$74.37	\$74.37
\$122,394	\$6,800	\$75.48	\$75.48	\$75.48	\$75.48	\$75.48	\$75.48	\$75.48	\$75.48	\$75.48	\$75.48	\$75.48	\$75.48
\$124,194	\$6,900	\$76.59	\$76.59	\$76.59	\$76.59	\$76.59	\$76.59	\$76.59	\$76.59	\$76.59	\$76.59	\$76.59	\$76.59
\$125,994	\$7,000	\$77.70	\$77.70	\$77.70	\$77.70	\$77.70	\$77.70	\$77.70	\$77.70	\$77.70	\$77.70	\$77.70	\$77.70
\$127,794	\$7,100	\$78.81	\$78.81	\$78.81	\$78.81	\$78.81	\$78.81	\$78.81	\$78.81	\$78.81	\$78.81	\$78.81	\$78.81

Note: Premiums are based on your age as of 09/01 and amount of coverage chosen.



Group Educator Disability Option 4 Plan A

You may select a minimum monthly benefit of \$200 up to a maximum monthly benefit of \$8,000, in increments of \$100, not to exceed 66.67% of your monthly pre-disability earnings.

Elimination Period	Maximum Benefit Duration	Pre-Existing Condition Period
60 days injury / 60 days sickness	Accident: 65/5/70 / Sickness: 65/5/70	3 months / 12 months
	Payroll Deduction Illustration: Monthly	

lf your annual salary is at least:	You may select a monthly benefit of:	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$129,594	\$7,200	\$79.92	\$79.92	\$79.92	\$79.92	\$79.92	\$79.92	\$79.92	\$79.92	\$79.92	\$79.92	\$79.92	\$79.92
\$131,393	\$7,300	\$81.03	\$81.03	\$81.03	\$81.03	\$81.03	\$81.03	\$81.03	\$81.03	\$81.03	\$81.03	\$81.03	\$81.03
\$133,193	\$7,400	\$82.14	\$82.14	\$82.14	\$82.14	\$82.14	\$82.14	\$82.14	\$82.14	\$82.14	\$82.14	\$82.14	\$82.14
\$134,993	\$7,500	\$83.25	\$83.25	\$83.25	\$83.25	\$83.25	\$83.25	\$83.25	\$83.25	\$83.25	\$83.25	\$83.25	\$83.25
\$136,793	\$7,600	\$84.36	\$84.36	\$84.36	\$84.36	\$84.36	\$84.36	\$84.36	\$84.36	\$84.36	\$84.36	\$84.36	\$84.36
\$138,593	\$7,700	\$85.47	\$85.47	\$85.47	\$85.47	\$85.47	\$85.47	\$85.47	\$85.47	\$85.47	\$85.47	\$85.47	\$85.47
\$140,393	\$7,800	\$86.58	\$86.58	\$86.58	\$86.58	\$86.58	\$86.58	\$86.58	\$86.58	\$86.58	\$86.58	\$86.58	\$86.58
\$142,193	\$7,900	\$87.69	\$87.69	\$87.69	\$87.69	\$87.69	\$87.69	\$87.69	\$87.69	\$87.69	\$87.69	\$87.69	\$87.69
\$143,993	\$8,000	\$88.80	\$88.80	\$88.80	\$88.80	\$88.80	\$88.80	\$88.80	\$88.80	\$88.80	\$88.80	\$88.80	\$88.80

Note: Premiums are based on your age as of 09/01 and amount of coverage chosen.