

LEXINGTON ISD / TEEBC TRUST F021842 - 027

Eligibility

All Active Full Time Employees who regularly work 10 hours per week and Bus Drivers are eligible for insurance on their date of hire.

Supplemental Life/AD&D Insurance

Employee Benefit: **\$10,000 - \$500,000 in \$10,000 increments, not to exceed 5 times annual earnings.**

Spouse Benefit: **\$5,000 - \$250,000 in \$5,000 increments, but not to exceed 50% of the employee benefit.**

Note: Spouse may not have coverage unless the employee has coverage.

Child Coverage (Life Only)

Live birth to Age 26: **\$10,000**

Employee: Life and AD&D benefits reduce by 35% of the original amount at age 65, then 55% of the original amount at age 70, then 70% of the original amount at age 75, then 80% of the original amount at age 80. Benefits terminate at retirement.

Spouse: Benefits terminate at Employee's age 70.

Guarantee Issue:

Employee: **\$150,000 under age 65, \$30,000 age 65-69**

Spouse: **\$50,000 under age 60, \$10,000 age 60-69**

Supplemental Life/AD&D Insurance

Monthly Premium Cost (Based on 12 payroll deductions per year)

**EMPLOYEE & SPOUSE
 Supplemental Life/AD&D**

Monthly rates per \$1,000

Age	Rates
Under 25	\$0.080
25-29	\$0.090
30-34	\$0.110
35-39	\$0.130
40-44	\$0.180
45-49	\$0.280
50-54	\$0.440
55-59	\$0.700
60-64	\$0.870
65+	\$1.490

Dependent Life (Children)

Monthly Premium per Family

\$10,000	\$1.00
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EMPLOYEE Benefit Amount	ATTAINED AGE										
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+	
\$10,000	\$0.80	\$0.90	\$1.10	\$1.30	\$1.80	\$2.80	\$4.40	\$7.00	\$8.70	\$14.90	
\$20,000	\$1.60	\$1.80	\$2.20	\$2.60	\$3.60	\$5.60	\$8.80	\$14.00	\$17.40	\$29.80	
\$30,000	\$2.40	\$2.70	\$3.30	\$3.90	\$5.40	\$8.40	\$13.20	\$21.00	\$26.10	\$44.70	
\$40,000	\$3.20	\$3.60	\$4.40	\$5.20	\$7.20	\$11.20	\$17.60	\$28.00	\$34.80	\$59.60	
\$50,000	\$4.00	\$4.50	\$5.50	\$6.50	\$9.00	\$14.00	\$22.00	\$35.00	\$43.50	\$74.50	
\$60,000	\$4.80	\$5.40	\$6.60	\$7.80	\$10.80	\$16.80	\$26.40	\$42.00	\$52.20	\$89.40	
\$70,000	\$5.60	\$6.30	\$7.70	\$9.10	\$12.60	\$19.60	\$30.80	\$49.00	\$60.90	\$104.30	
\$80,000	\$6.40	\$7.20	\$8.80	\$10.40	\$14.40	\$22.40	\$35.20	\$56.00	\$69.60	\$119.20	
\$90,000	\$7.20	\$8.10	\$9.90	\$11.70	\$16.20	\$25.20	\$39.60	\$63.00	\$78.30	\$134.10	
\$100,000	\$8.00	\$9.00	\$11.00	\$13.00	\$18.00	\$28.00	\$44.00	\$70.00	\$87.00	\$149.00	
\$110,000	\$8.80	\$9.90	\$12.10	\$14.30	\$19.80	\$30.80	\$48.40	\$77.00	\$95.70	\$163.90	
\$120,000	\$9.60	\$10.80	\$13.20	\$15.60	\$21.60	\$33.60	\$52.80	\$84.00	\$104.40	\$178.80	
\$130,000	\$10.40	\$11.70	\$14.30	\$16.90	\$23.40	\$36.40	\$57.20	\$91.00	\$113.10	\$193.70	
\$140,000	\$11.20	\$12.60	\$15.40	\$18.20	\$25.20	\$39.20	\$61.60	\$98.00	\$121.80	\$208.60	
\$150,000	\$12.00	\$13.50	\$16.50	\$19.50	\$27.00	\$42.00	\$66.00	\$105.00	\$130.50	\$223.50	

SPOUSE (Employee Attained Age)

\$5,000	\$0.40	\$0.45	\$0.55	\$0.65	\$0.90	\$1.40	\$2.20	\$3.50	\$4.35	\$7.45
\$10,000	\$0.80	\$0.90	\$1.10	\$1.30	\$1.80	\$2.80	\$4.40	\$7.00	\$8.70	\$14.90
\$15,000	\$1.20	\$1.35	\$1.65	\$1.95	\$2.70	\$4.20	\$6.60	\$10.50	\$13.05	\$22.35
\$20,000	\$1.60	\$1.80	\$2.20	\$2.60	\$3.60	\$5.60	\$8.80	\$14.00	\$17.40	\$29.80
\$25,000	\$2.00	\$2.25	\$2.75	\$4.50	\$7.00	\$7.00	\$11.00	\$17.50	\$21.75	\$37.25
\$30,000	\$2.40	\$2.70	\$3.30	\$3.90	\$5.40	\$8.40	\$13.20	\$21.00	\$26.10	\$44.70
\$35,000	\$2.80	\$3.15	\$3.85	\$4.55	\$6.30	\$9.80	\$15.40	\$24.50	\$30.45	\$52.15
\$40,000	\$3.20	\$3.60	\$4.40	\$5.20	\$7.20	\$11.20	\$17.60	\$28.00	\$34.80	\$59.60
\$45,000	\$3.60	\$4.05	\$4.95	\$5.85	\$8.10	\$12.60	\$19.80	\$31.50	\$39.15	\$67.05
\$50,000	\$4.00	\$4.50	\$5.50	\$6.50	\$9.00	\$14.00	\$22.00	\$35.00	\$43.50	\$74.50

Policy Provisions may vary by state. Refer to a certificate or enrollment brochure for details about coverage features and limitations. For internal use only: Policy number FDL1-504-707

Slife/blend-w/add/12

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