Schertz Cibolo Universal City ISD - Premium Worksheet



Rates and/or benefits can change. Rates are based on the employee's age and increase as you enter each new age category.

| VOLUNTARY CRITICAL ILLNESS INSURANCE | | | | | | | | | | | | | |
|--|---------------------------|---------|---------|---------|---------|---------|----------|----------|----------|----------|----------|--|--|
| Monthly Premium Amount (Cost per Pay Period – 12/Year) | | | | | | | | | | | | | |
| Benefit | | | | | | | | | | | | | |
| Amount | Age | 18-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | | |
| \$10,000 | Employee Only | \$2.93 | \$3.95 | \$5.59 | \$8.37 | \$13.18 | \$19.62 | \$27.86 | \$38.98 | \$54.10 | \$71.00 | | |
| | Employee & Spouse/Partner | \$5.83 | \$7.86 | \$11.18 | \$16.83 | \$26.77 | \$40.20 | \$57.39 | \$80.58 | \$111.82 | \$146.46 | | |
| | Employee & Child(ren) | \$5.36 | \$6.42 | \$8.08 | \$10.87 | \$15.65 | \$22.06 | \$30.27 | \$41.35 | \$56.41 | \$73.25 | | |
| | Employee & Family | \$8.89 | \$11.05 | \$14.42 | \$20.07 | \$29.93 | \$43.25 | \$60.35 | \$83.43 | \$114.52 | \$149.03 | | |
| \$20,000 | Employee Only | \$4.86 | \$6.84 | \$10.08 | \$15.56 | \$25.08 | \$37.86 | \$54.24 | \$76.35 | \$106.42 | \$140.06 | | |
| | Employee & Spouse/Partner | \$9.68 | \$13.64 | \$20.18 | \$31.34 | \$50.99 | \$77.60 | \$111.76 | \$157.87 | \$219.99 | \$288.93 | | |
| | Employee & Child(ren) | \$8.85 | \$10.92 | \$14.21 | \$19.71 | \$29.17 | \$41.89 | \$58.20 | \$80.23 | \$110.19 | \$143.70 | | |
| | Employee & Family | \$14.80 | \$19.01 | \$25.65 | \$36.82 | \$56.29 | \$82.70 | \$116.68 | \$162.57 | \$224.41 | \$293.07 | | |
| \$30,000 | Employee Only | \$6.79 | \$9.73 | \$14.56 | \$22.76 | \$36.98 | \$56.10 | \$80.61 | \$113.71 | \$158.74 | \$209.12 | | |
| | Employee & Spouse/Partner | \$13.53 | \$19.41 | \$29.18 | \$45.85 | \$75.21 | \$115.01 | \$166.14 | \$235.16 | \$328.16 | \$431.41 | | |
| | Employee & Child(ren) | \$12.35 | \$15.43 | \$20.33 | \$28.54 | \$42.69 | \$61.71 | \$86.13 | \$119.11 | \$163.96 | \$214.15 | | |
| | Employee & Family | \$20.71 | \$26.97 | \$36.88 | \$53.56 | \$82.66 | \$122.16 | \$173.02 | \$241.71 | \$334.29 | \$437.12 | | |

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| VOLUNTARY ACCIDENT INSURANCE | | | | | | | |
|--|---------------------------------|---------------------------------|--|--|--|--|--|
| Monthly Premium Amount (Cost per Pay Period – 12/Year) | | | | | | | |
| COVERAGE TIER | LOW PLAN | HIGH PLAN | | | | | |
| Employee Only | \$6.05 (\$0.20 per day) | \$11.65 (\$0.38 per day) | | | | | |
| Employee & Spouse/Partner | \$9.55 (\$0.31 per day) | \$18.39 (\$0.60 per day) | | | | | |
| Employee & Child(ren) | \$9.89 (\$0.33 per day) | \$19.21 (\$0.63 per day) | | | | | |
| Employee & Family | \$15.66 (\$0.51 per day) | \$30.36 (\$1.00 per day) | | | | | |

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