



BlueCross BlueShield  
of Texas

## Voluntary Short-Term Disability Insurance Compass Rose Education, Inc.

### Benefit Schedule

Benefit Percentage	60% of Weekly Earnings* to a maximum weekly benefit of \$1,500
Elimination Period - Injury	7 Days
Elimination Period - Sickness	7 Days
Benefits Begin – Injury	8th Day
Benefits Begin – Sickness	8th Day
Maximum Period Payable	12 weeks or until LTD begins, whichever is earlier
Pre-Existing Conditions Limitation	3/12
Work Incentive Benefit, Worksite Modification Benefit, Continuity of Coverage	Included

Monthly Rate per \$10 of Weekly Benefit	
Age	Rate
Under 20	\$0.560
20-24	\$0.560
25-29	\$0.490
30-34	\$0.490
35-39	\$0.380
40-44	\$0.130
45-49	\$0.180
50-54	\$0.130
55-59	\$0.220
60-64	\$0.210
65-69	\$0.230
70+	\$0.250

\*Weekly Earnings means your weekly rate of earnings from your employer in effect immediately prior to the date disability begins. It includes total income before taxes, including deduction made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account. It does not include bonuses, overtime pay or any other extra compensation or commissions.

### Sample Premium Calculation

(Sample assumes a 30-year-old employee with \$45,000 in annual earnings)

Annual Salary ÷ 52	=	Weekly Earnings	x	STD Benefit %	=	÷ 10 (max. \$150)	x	STD Rate (from table above)	=	Monthly Premium	x 12 ÷ 24 =	Semi-Monthly Premium
\$45,000 ÷ 52	=	\$865	x	\$0.60	=	\$51.90	x	\$0.490	=	\$25.43	x 12 ÷ 24 =	\$12.72

### Your Premium Calculation

(Enter your salary and the rate for your current age from the table above)

Annual Salary ÷ 52	=	Weekly Earnings	x	STD Benefit %	=	÷ 10 (max. \$150)	x	STD Rate (from table above)	=	Monthly Premium	x 12 ÷ 24 =	Semi-Monthly Premium
\$ ÷ 52	=	\$	x	\$0.60	=	\$	x	\$	=	\$	x 12 ÷ 24 =	\$

To determine Bi-Weekly Premium, multiply Monthly Premium by 12, and then divide by 26.  
To determine Semi-Monthly Premium, multiply Monthly Premium by 12, and then divide by 24.  
To determine Weekly Premium, multiply Monthly Premium by 12, and then divide by 52.

This information is only a product highlight. This Premium Cost Chart is for illustrative purposes only; your premium cost may be slightly higher or lower due to rounding. NOTE: For purposes of this illustration, we have assumed a 40-hour work week. The policy has exclusions, limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period. Product features and availability vary by state and company, and are solely the responsibility of each affiliate. Refer to your certificate for complete details and limitations of coverage.

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