



# ARLINGTON INDEPENDENT SCHOOL DISTRICT

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

<b>Product:</b> Educator Select Income Protection Plan			<b>ADEA II Duration of Benefits</b>					
			<b>Elimination Period (Days)</b>					
<b>Injury (Days)</b>			0*	14*	30*	60	90	180
<b>Sickness (Days)</b>			7*	14*	30*	60	90	180
Annual Earnings	Monthly Earnings	Maximum Monthly Benefit						
3600	300	200	9.02	7.20	5.94	4.06	3.52	2.72
5400	450	300	13.53	10.80	8.91	6.09	5.28	4.08
7200	600	400	18.04	14.40	11.88	8.12	7.04	5.44
9000	750	500	22.55	18.00	14.85	10.15	8.80	6.80
10800	900	600	27.06	21.60	17.82	12.18	10.56	8.16
12600	1050	700	31.57	25.20	20.79	14.21	12.32	9.52
14400	1200	800	36.08	28.80	23.76	16.24	14.08	10.88
16200	1350	900	40.59	32.40	26.73	18.27	15.84	12.24
18000	1500	1000	45.10	36.00	29.70	20.30	17.60	13.60
19800	1650	1100	49.61	39.60	32.67	22.33	19.36	14.96
21600	1800	1200	54.12	43.20	35.64	24.36	21.12	16.32
23400	1950	1300	58.63	46.80	38.61	26.39	22.88	17.68
25200	2100	1400	63.14	50.40	41.58	28.42	24.64	19.04
27000	2250	1500	67.65	54.00	44.55	30.45	26.40	20.40
28800	2400	1600	72.16	57.60	47.52	32.48	28.16	21.76
30600	2550	1700	76.67	61.20	50.49	34.51	29.92	23.12
32400	2700	1800	81.18	64.80	53.46	36.54	31.68	24.48
34200	2850	1900	85.69	68.40	56.43	38.57	33.44	25.84
36000	3000	2000	90.20	72.00	59.40	40.60	35.20	27.20
37800	3150	2100	94.71	75.60	62.37	42.63	36.96	28.56
39600	3300	2200	99.22	79.20	65.34	44.66	38.72	29.92
41400	3450	2300	103.73	82.80	68.31	46.69	40.48	31.28
43200	3600	2400	108.24	86.40	71.28	48.72	42.24	32.64
45000	3750	2500	112.75	90.00	74.25	50.75	44.00	34.00
46800	3900	2600	117.26	93.60	77.22	52.78	45.76	35.36
48600	4050	2700	121.77	97.20	80.19	54.81	47.52	36.72
50400	4200	2800	126.28	100.80	83.16	56.84	49.28	38.08
52200	4350	2900	130.79	104.40	86.13	58.87	51.04	39.44
54000	4500	3000	135.30	108.00	89.10	60.90	52.80	40.80
55800	4650	3100	139.81	111.60	92.07	62.93	54.56	42.16
57600	4800	3200	144.32	115.20	95.04	64.96	56.32	43.52
59400	4950	3300	148.83	118.80	98.01	66.99	58.08	44.88
61200	5100	3400	153.34	122.40	100.98	69.02	59.84	46.24
63000	5250	3500	157.85	126.00	103.95	71.05	61.60	47.60
64800	5400	3600	162.36	129.60	106.92	73.08	63.36	48.96
66600	5550	3700	166.87	133.20	109.89	75.11	65.12	50.32
68400	5700	3800	171.38	136.80	112.86	77.14	66.88	51.68
70200	5850	3900	175.89	140.40	115.83	79.17	68.64	53.04
72000	6000	4000	180.40	144.00	118.80	81.20	70.40	54.40
73800	6150	4100	184.91	147.60	121.77	83.23	72.16	55.76
75600	6300	4200	189.42	151.20	124.74	85.26	73.92	57.12
77400	6450	4300	193.93	154.80	127.71	87.29	75.68	58.48
79200	6600	4400	198.44	158.40	130.68	89.32	77.44	59.84
81000	6750	4500	202.95	162.00	133.65	91.35	79.20	61.20
82800	6900	4600	207.46	165.60	136.62	93.38	80.96	62.56
84600	7050	4700	211.97	169.20	139.59	95.41	82.72	63.92
86400	7200	4800	216.48	172.80	142.56	97.44	84.48	65.28
88200	7350	4900	220.99	176.40	145.53	99.47	86.24	66.64
90000	7500	5000	225.50	180.00	148.50	101.50	88.00	68.00
91800	7650	5100	230.01	183.60	151.47	103.53	89.76	69.36
93600	7800	5200	234.52	187.20	154.44	105.56	91.52	70.72

REF #: 1525070

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

*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. Or, you may refer to the Plan Highlights to calculate your Maximum Monthly Benefit based on your earnings.*



# ARLINGTON INDEPENDENT SCHOOL DISTRICT

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

<b>Product:</b> Educator Select Income Protection Plan			<b>Plan A</b>					
			<b>ADEA II Duration of Benefits</b>					
			<b>Elimination Period (Days)</b>					
<b>Injury (Days)</b>			0*	14*	30*	60	90	180
<b>Sickness (Days)</b>			7*	14*	30*	60	90	180
Annual Earnings	Monthly Earnings	Maximum Monthly Benefit						
95400	7950	<b>5300</b>	239.03	190.80	157.41	107.59	93.28	72.08
97200	8100	<b>5400</b>	243.54	194.40	160.38	109.62	95.04	73.44
99000	8250	<b>5500</b>	248.05	198.00	163.35	111.65	96.80	74.80
100800	8400	<b>5600</b>	252.56	201.60	166.32	113.68	98.56	76.16
102600	8550	<b>5700</b>	257.07	205.20	169.29	115.71	100.32	77.52
104400	8700	<b>5800</b>	261.58	208.80	172.26	117.74	102.08	78.88
106200	8850	<b>5900</b>	266.09	212.40	175.23	119.77	103.84	80.24
108000	9000	<b>6000</b>	270.60	216.00	178.20	121.80	105.60	81.60
109800	9150	<b>6100</b>	275.11	219.60	181.17	123.83	107.36	82.96
111600	9300	<b>6200</b>	279.62	223.20	184.14	125.86	109.12	84.32
113400	9450	<b>6300</b>	284.13	226.80	187.11	127.89	110.88	85.68
115200	9600	<b>6400</b>	288.64	230.40	190.08	129.92	112.64	87.04
117000	9750	<b>6500</b>	293.15	234.00	193.05	131.95	114.40	88.40
118800	9900	<b>6600</b>	297.66	237.60	196.02	133.98	116.16	89.76
120600	10050	<b>6700</b>	302.17	241.20	198.99	136.01	117.92	91.12
122400	10200	<b>6800</b>	306.68	244.80	201.96	138.04	119.68	92.48
124200	10350	<b>6900</b>	311.19	248.40	204.93	140.07	121.44	93.84
126000	10500	<b>7000</b>	315.70	252.00	207.90	142.10	123.20	95.20
127800	10650	<b>7100</b>	320.21	255.60	210.87	144.13	124.96	96.56
129600	10800	<b>7200</b>	324.72	259.20	213.84	146.16	126.72	97.92
131400	10950	<b>7300</b>	329.23	262.80	216.81	148.19	128.48	99.28
133200	11100	<b>7400</b>	333.74	266.40	219.78	150.22	130.24	100.64
135000	11250	<b>7500</b>	338.25	270.00	222.75	152.25	132.00	102.00

REF #: 1525070

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

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# ARLINGTON INDEPENDENT SCHOOL DISTRICT

*Costs below are based on an 18 payroll period deduction*

<b>Product:</b> Educator Select Income Protection Plan			<b>ADEA II Duration of Benefits</b>					
			<b>Elimination Period (Days)</b>					
<b>Injury (Days)</b>			0*	14*	30*	60	90	180
<b>Sickness (Days)</b>			7*	14*	30*	60	90	180
Annual Earnings	Monthly Earnings	Maximum Monthly Benefit						
3600	300	200	6.01	4.80	3.96	2.71	2.35	1.81
5400	450	300	9.02	7.20	5.94	4.06	3.52	2.72
7200	600	400	12.03	9.60	7.92	5.41	4.69	3.63
9000	750	500	15.03	12.00	9.90	6.77	5.87	4.53
10800	900	600	18.04	14.40	11.88	8.12	7.04	5.44
12600	1050	700	21.05	16.80	13.86	9.47	8.21	6.35
14400	1200	800	24.05	19.20	15.84	10.83	9.39	7.25
16200	1350	900	27.06	21.60	17.82	12.18	10.56	8.16
18000	1500	1000	30.07	24.00	19.80	13.53	11.73	9.07
19800	1650	1100	33.07	26.40	21.78	14.89	12.91	9.97
21600	1800	1200	36.08	28.80	23.76	16.24	14.08	10.88
23400	1950	1300	39.09	31.20	25.74	17.59	15.25	11.79
25200	2100	1400	42.09	33.60	27.72	18.95	16.43	12.69
27000	2250	1500	45.10	36.00	29.70	20.30	17.60	13.60
28800	2400	1600	48.11	38.40	31.68	21.65	18.77	14.51
30600	2550	1700	51.11	40.80	33.66	23.01	19.95	15.41
32400	2700	1800	54.12	43.20	35.64	24.36	21.12	16.32
34200	2850	1900	57.13	45.60	37.62	25.71	22.29	17.23
36000	3000	2000	60.13	48.00	39.60	27.07	23.47	18.13
37800	3150	2100	63.14	50.40	41.58	28.42	24.64	19.04
39600	3300	2200	66.15	52.80	43.56	29.77	25.81	19.95
41400	3450	2300	69.15	55.20	45.54	31.13	26.99	20.85
43200	3600	2400	72.16	57.60	47.52	32.48	28.16	21.76
45000	3750	2500	75.17	60.00	49.50	33.83	29.33	22.67
46800	3900	2600	78.17	62.40	51.48	35.19	30.51	23.57
48600	4050	2700	81.18	64.80	53.46	36.54	31.68	24.48
50400	4200	2800	84.19	67.20	55.44	37.89	32.85	25.39
52200	4350	2900	87.19	69.60	57.42	39.25	34.03	26.29
54000	4500	3000	90.20	72.00	59.40	40.60	35.20	27.20
55800	4650	3100	93.21	74.40	61.38	41.95	36.37	28.11
57600	4800	3200	96.21	76.80	63.36	43.31	37.55	29.01
59400	4950	3300	99.22	79.20	65.34	44.66	38.72	29.92
61200	5100	3400	102.23	81.60	67.32	46.01	39.89	30.83
63000	5250	3500	105.23	84.00	69.30	47.37	41.07	31.73
64800	5400	3600	108.24	86.40	71.28	48.72	42.24	32.64
66600	5550	3700	111.25	88.80	73.26	50.07	43.41	33.55
68400	5700	3800	114.25	91.20	75.24	51.43	44.59	34.45
70200	5850	3900	117.26	93.60	77.22	52.78	45.76	35.36
72000	6000	4000	120.27	96.00	79.20	54.13	46.93	36.27
73800	6150	4100	123.27	98.40	81.18	55.49	48.11	37.17
75600	6300	4200	126.28	100.80	83.16	56.84	49.28	38.08
77400	6450	4300	129.29	103.20	85.14	58.19	50.45	38.99
79200	6600	4400	132.29	105.60	87.12	59.55	51.63	39.89
81000	6750	4500	135.30	108.00	89.10	60.90	52.80	40.80
82800	6900	4600	138.31	110.40	91.08	62.25	53.97	41.71
84600	7050	4700	141.31	112.80	93.06	63.61	55.15	42.61
86400	7200	4800	144.32	115.20	95.04	64.96	56.32	43.52
88200	7350	4900	147.33	117.60	97.02	66.31	57.49	44.43
90000	7500	5000	150.33	120.00	99.00	67.67	58.67	45.33
91800	7650	5100	153.34	122.40	100.98	69.02	59.84	46.24
93600	7800	5200	156.35	124.80	102.96	70.37	61.01	47.15

REF #: 1525071

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

*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. Or, you may refer to the Plan Highlights to calculate your Maximum Monthly Benefit based on your earnings.*



# ARLINGTON INDEPENDENT SCHOOL DISTRICT

*Costs below are based on an 18 payroll period deduction*

Product: Educator Select Income Protection Plan			Plan A					
			ADEA II Duration of Benefits					
			Elimination Period (Days)					
Injury (Days)			0*	14*	30*	60	90	180
Sickness (Days)			7*	14*	30*	60	90	180
Annual Earnings	Monthly Earnings	Maximum Monthly Benefit						
95400	7950	<b>5300</b>	159.35	127.20	104.94	71.73	62.19	48.05
97200	8100	<b>5400</b>	162.36	129.60	106.92	73.08	63.36	48.96
99000	8250	<b>5500</b>	165.37	132.00	108.90	74.43	64.53	49.87
100800	8400	<b>5600</b>	168.37	134.40	110.88	75.79	65.71	50.77
102600	8550	<b>5700</b>	171.38	136.80	112.86	77.14	66.88	51.68
104400	8700	<b>5800</b>	174.39	139.20	114.84	78.49	68.05	52.59
106200	8850	<b>5900</b>	177.39	141.60	116.82	79.85	69.23	53.49
108000	9000	<b>6000</b>	180.40	144.00	118.80	81.20	70.40	54.40
109800	9150	<b>6100</b>	183.41	146.40	120.78	82.55	71.57	55.31
111600	9300	<b>6200</b>	186.41	148.80	122.76	83.91	72.75	56.21
113400	9450	<b>6300</b>	189.42	151.20	124.74	85.26	73.92	57.12
115200	9600	<b>6400</b>	192.43	153.60	126.72	86.61	75.09	58.03
117000	9750	<b>6500</b>	195.43	156.00	128.70	87.97	76.27	58.93
118800	9900	<b>6600</b>	198.44	158.40	130.68	89.32	77.44	59.84
120600	10050	<b>6700</b>	201.45	160.80	132.66	90.67	78.61	60.75
122400	10200	<b>6800</b>	204.45	163.20	134.64	92.03	79.79	61.65
124200	10350	<b>6900</b>	207.46	165.60	136.62	93.38	80.96	62.56
126000	10500	<b>7000</b>	210.47	168.00	138.60	94.73	82.13	63.47
127800	10650	<b>7100</b>	213.47	170.40	140.58	96.09	83.31	64.37
129600	10800	<b>7200</b>	216.48	172.80	142.56	97.44	84.48	65.28
131400	10950	<b>7300</b>	219.49	175.20	144.54	98.79	85.65	66.19
133200	11100	<b>7400</b>	222.49	177.60	146.52	100.15	86.83	67.09
135000	11250	<b>7500</b>	225.50	180.00	148.50	101.50	88.00	68.00

REF #: 1525071

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

*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. Or, you may refer to the Plan Highlights to calculate your Maximum Monthly Benefit based on your earnings.*



# ARLINGTON INDEPENDENT SCHOOL DISTRICT

*Costs below are based on a Bi-weekly payroll deduction  
(Employer billing mode is based on 26 Payments per year)*

<b>Product:</b> Educator Select Income Protection Plan			<b>ADEA II Duration of Benefits</b>					
			<b>Elimination Period (Days)</b>					
<b>Injury (Days)</b>			0*	14*	30*	60	90	180
<b>Sickness (Days)</b>			7*	14*	30*	60	90	180
Annual Earnings	Monthly Earnings	Maximum Monthly Benefit						
3600	300	200	4.16	3.32	2.74	1.87	1.62	1.26
5400	450	300	6.24	4.98	4.11	2.81	2.44	1.88
7200	600	400	8.33	6.65	5.48	3.75	3.25	2.51
9000	750	500	10.41	8.31	6.85	4.68	4.06	3.14
10800	900	600	12.49	9.97	8.22	5.62	4.87	3.77
12600	1050	700	14.57	11.63	9.60	6.56	5.69	4.39
14400	1200	800	16.65	13.29	10.97	7.50	6.50	5.02
16200	1350	900	18.73	14.95	12.34	8.43	7.31	5.65
18000	1500	1000	20.82	16.62	13.71	9.37	8.12	6.28
19800	1650	1100	22.90	18.28	15.08	10.31	8.94	6.90
21600	1800	1200	24.98	19.94	16.45	11.24	9.75	7.53
23400	1950	1300	27.06	21.60	17.82	12.18	10.56	8.16
25200	2100	1400	29.14	23.26	19.19	13.12	11.37	8.79
27000	2250	1500	31.22	24.92	20.56	14.05	12.18	9.42
28800	2400	1600	33.30	26.58	21.93	14.99	13.00	10.04
30600	2550	1700	35.39	28.25	23.30	15.93	13.81	10.67
32400	2700	1800	37.47	29.91	24.67	16.86	14.62	11.30
34200	2850	1900	39.55	31.57	26.04	17.80	15.43	11.93
36000	3000	2000	41.63	33.23	27.42	18.74	16.25	12.55
37800	3150	2100	43.71	34.89	28.79	19.68	17.06	13.18
39600	3300	2200	45.79	36.55	30.16	20.61	17.87	13.81
41400	3450	2300	47.88	38.22	31.53	21.55	18.68	14.44
43200	3600	2400	49.96	39.88	32.90	22.49	19.50	15.06
45000	3750	2500	52.04	41.54	34.27	23.42	20.31	15.69
46800	3900	2600	54.12	43.20	35.64	24.36	21.12	16.32
48600	4050	2700	56.20	44.86	37.01	25.30	21.93	16.95
50400	4200	2800	58.28	46.52	38.38	26.23	22.74	17.58
52200	4350	2900	60.36	48.18	39.75	27.17	23.56	18.20
54000	4500	3000	62.45	49.85	41.12	28.11	24.37	18.83
55800	4650	3100	64.53	51.51	42.49	29.04	25.18	19.46
57600	4800	3200	66.61	53.17	43.86	29.98	25.99	20.09
59400	4950	3300	68.69	54.83	45.24	30.92	26.81	20.71
61200	5100	3400	70.77	56.49	46.61	31.86	27.62	21.34
63000	5250	3500	72.85	58.15	47.98	32.79	28.43	21.97
64800	5400	3600	74.94	59.82	49.35	33.73	29.24	22.60
66600	5550	3700	77.02	61.48	50.72	34.67	30.06	23.22
68400	5700	3800	79.10	63.14	52.09	35.60	30.87	23.85
70200	5850	3900	81.18	64.80	53.46	36.54	31.68	24.48
72000	6000	4000	83.26	66.46	54.83	37.48	32.49	25.11
73800	6150	4100	85.34	68.12	56.20	38.41	33.30	25.74
75600	6300	4200	87.42	69.78	57.57	39.35	34.12	26.36
77400	6450	4300	89.51	71.45	58.94	40.29	34.93	26.99
79200	6600	4400	91.59	73.11	60.31	41.22	35.74	27.62
81000	6750	4500	93.67	74.77	61.68	42.16	36.55	28.25
82800	6900	4600	95.75	76.43	63.06	43.10	37.37	28.87
84600	7050	4700	97.83	78.09	64.43	44.04	38.18	29.50
86400	7200	4800	99.91	79.75	65.80	44.97	38.99	30.13
88200	7350	4900	102.00	81.42	67.17	45.91	39.80	30.76
90000	7500	5000	104.08	83.08	68.54	46.85	40.62	31.38
91800	7650	5100	106.16	84.74	69.91	47.78	41.43	32.01
93600	7800	5200	108.24	86.40	71.28	48.72	42.24	32.64

REF #: 1525070

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

*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. Or, you may refer to the Plan Highlights to calculate your Maximum Monthly Benefit based on your earnings.*



# ARLINGTON INDEPENDENT SCHOOL DISTRICT

*Costs below are based on a Bi-weekly payroll deduction  
(Employer billing mode is based on 26 Payments per year)*

<b>Product:</b> Educator Select Income Protection Plan			<b>Plan A</b>					
			<b>ADEA II Duration of Benefits</b>					
			<b>Elimination Period (Days)</b>					
<b>Injury (Days)</b>			0*	14*	30*	60	90	180
<b>Sickness (Days)</b>			7*	14*	30*	60	90	180
Annual Earnings	Monthly Earnings	Maximum Monthly Benefit						
95400	7950	<b>5300</b>	110.32	88.06	72.65	49.66	43.05	33.27
97200	8100	<b>5400</b>	112.40	89.72	74.02	50.59	43.86	33.90
99000	8250	<b>5500</b>	114.48	91.38	75.39	51.53	44.68	34.52
100800	8400	<b>5600</b>	116.57	93.05	76.76	52.47	45.49	35.15
102600	8550	<b>5700</b>	118.65	94.71	78.13	53.40	46.30	35.78
104400	8700	<b>5800</b>	120.73	96.37	79.50	54.34	47.11	36.41
106200	8850	<b>5900</b>	122.81	98.03	80.88	55.28	47.93	37.03
108000	9000	<b>6000</b>	124.89	99.69	82.25	56.22	48.74	37.66
109800	9150	<b>6100</b>	126.97	101.35	83.62	57.15	49.55	38.29
111600	9300	<b>6200</b>	129.06	103.02	84.99	58.09	50.36	38.92
113400	9450	<b>6300</b>	131.14	104.68	86.36	59.03	51.18	39.54
115200	9600	<b>6400</b>	133.22	106.34	87.73	59.96	51.99	40.17
117000	9750	<b>6500</b>	135.30	108.00	89.10	60.90	52.80	40.80
118800	9900	<b>6600</b>	137.38	109.66	90.47	61.84	53.61	41.43
120600	10050	<b>6700</b>	139.46	111.32	91.84	62.77	54.42	42.06
122400	10200	<b>6800</b>	141.54	112.98	93.21	63.71	55.24	42.68
124200	10350	<b>6900</b>	143.63	114.65	94.58	64.65	56.05	43.31
126000	10500	<b>7000</b>	145.71	116.31	95.95	65.58	56.86	43.94
127800	10650	<b>7100</b>	147.79	117.97	97.32	66.52	57.67	44.57
129600	10800	<b>7200</b>	149.87	119.63	98.70	67.46	58.49	45.19
131400	10950	<b>7300</b>	151.95	121.29	100.07	68.40	59.30	45.82
133200	11100	<b>7400</b>	154.03	122.95	101.44	69.33	60.11	46.45
135000	11250	<b>7500</b>	156.12	124.62	102.81	70.27	60.92	47.08

REF #: 1525070

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

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