

Caldwell Independent School District

Premium Option – Monthly Premium Cost (based on 12 payments per year)

Rates per \$100 of Monthly Benefit

40% Benefit Elimination Period	Option 1	Option 2	Option 3	Option 4
	0 days / 7 days	14 days / 14 days	30 days / 30 days	60 days / 60 days
Rates	2.53	1.97	1.69	1.35

50% Benefit Elimination Period	Option 1	Option 2	Option 3	Option 4
	0 days / 7 days	14 days / 14 days	30 days / 30 days	60 days / 60 days
Rates	2.71	2.12	1.82	1.46

60% Benefit Elimination Period	Option 1	Option 2	Option 3	Option 4
	0 days / 7 days	14 days / 14 days	30 days / 30 days	60 days / 60 days
Rates	3.05	2.38	2.05	1.64

70% Benefit Elimination Period	Option 1	Option 2	Option 3	Option 4
	0 days / 7 days	14 days / 14 days	30 days / 30 days	60 days / 60 days
Rates	3.18	2.48	2.13	1.17