

## **West Texas ISD Rates & Rate Calculation**

<b>Plan</b>	<b>Benefit %</b>	<b>STD per \$100 of MI</b>	<b>STD Per \$10 of Weekly Indmenity</b>	<b>LTD per \$100 of MI</b>	<b>Combined</b>
7/7 Days w/1st Day Hospital	30%	\$0.97	\$0.42	\$0.71	\$1.68
7/7 Days w/1st Day Hospital	40%	\$1.01	\$0.44	\$0.75	\$1.76
7/7 Days w/1st Day Hospital	50%	\$1.15	\$0.50	\$0.88	\$2.03
7/7 Days w/1st Day Hospital	60%	\$1.25	\$0.54	\$1.09	\$2.34
7/7 Days w/1st Day Hospital	70%	\$1.31	\$0.57	\$1.53	\$2.84
14/14 Days w/1st Day Hospital	30%	\$0.85	\$0.37	\$0.71	\$1.56
14/14 Days w/1st Day Hospital	40%	\$0.90	\$0.39	\$0.75	\$1.65
14/14 Days w/1st Day Hospital	50%	\$1.03	\$0.45	\$0.88	\$1.91
14/14 Days w/1st Day Hospital	60%	\$1.11	\$0.48	\$1.09	\$2.20
14/14 Days w/1st Day Hospital	70%	\$1.26	\$0.55	\$1.53	\$2.79
30/30 Days w/1st Day Hospital	30%	\$0.59	\$0.26	\$0.71	\$1.30
30/30 Days w/1st Day Hospital	40%	\$0.62	\$0.27	\$0.75	\$1.37
30/30 Days w/1st Day Hospital	50%	\$0.71	\$0.31	\$0.88	\$1.59
30/30 Days w/1st Day Hospital	60%	\$0.76	\$0.33	\$1.09	\$1.85
30/30 Days w/1st Day Hospital	70%	\$0.71	\$0.31	\$1.53	\$2.24
60/60 Days	30%	\$0.09	\$0.04	\$0.71	\$0.80
60/60 Days	40%	\$0.09	\$0.04	\$0.75	\$0.84
60/60 Days	50%	\$0.10	\$0.04	\$0.88	\$0.98
60/60 Days	60%	\$0.12	\$0.05	\$1.09	\$1.21
60/60 Days	70%	\$0.20	\$0.09	\$1.53	\$1.73
90/90 Days	30%			\$0.71	\$0.71
90/90 Days	40%			\$0.75	\$0.75
90/90 Days	50%			\$0.88	\$0.88
90/90 Days	60%			\$1.09	\$1.09
90/90 Days	70%			\$1.53	\$1.53