Ruidoso Municipal Schools

What you need to know:

- **Are you eligible?** Benefits are available to employees who are actively at work on the effective date of coverage and working the minimum number of hours per week stated in the contract.
- **Your premiums and benefits may vary.** Actual premiums and benefit amounts will be calculated by OneAmerica.

What you need to do:

- **Carefully review the contents of this packet.** Enclosed is personal information about the benefits offered to you by OneAmerica on behalf of your employer. This is your opportunity to learn more about group insurance from OneAmerica, but it is not a complete explanation of benefits. For more information, consult the contract about exclusions, limitations, reduction of benefits, and terms under which the contract may be continued in force or discontinued.
- **Review the Notices and Limitations.** Visit www.employeebenefits.aul.com to find the Notices and Limitations, G-14320 (05 NonPrudent) 12/28/12. Go to Forms, Policy/Employee Admin, and Notices and Limitations.

Note: *Products issued and underwritten by American United Life Insurance Company® (AUL), a OneAmerica company. Not available in all states or may vary by state.*

Protect your paycheck

You insure your home, car and other valuable possessions, so why not also protect what pays for all those things? Your income. Without it, think about how your mortgage/rent, groceries or credit card bills would get paid. That's where disability insurance can help.

A disability can happen to anyone at any time and it can last for a short or long period of time. Purchasing disability insurance through your workplace is a way to replace a portion of your pre-disability earnings if you get sick or hurt and are unable to work. Being prepared can help ease the financial burden for you.

Things to think about

A severe injury or illness can leave you unable to work for years. Workers' compensation only covers injuries that happen on the job and, to qualify for coverage, you must meet certain eligibility requirements. Additionally, medical insurance will only help cover your medical costs.

You might be able to dip into savings or borrow money from loved ones, but if you don't have these options, can you really afford not to have disability insurance?

Protect yourself and your income with disability insurance.

Disability insurance can provide you with the income protection you need. Consider purchasing it today.

Let's figure it out

Everyone's circumstances are different. This calculator can help you figure out how much you need to protect your lifestyle and the lifestyles of those you love if you become disabled.

Estimate your essential monthly expenses

Living expenses	Amount
Monthly housing *(e.g., mortgage, rent, insurance, taxes)*	
Utilities *(e.g., telephone, electricity, gas, oil, cable, TV, Internet)*	
Food	
Transportation *(e.g., car payments, gasoline, insurance)*	
Subtotal =	
Debt expenses	
Education *(e.g., tuition, books, supplies)*	
Health care *(e.g., out-of-pocket costs, insurance premiums)*	
Debt payments *(e.g., credit cards, other debt)*	
Subtotal =	
Other expenses	
Dependent care	
Life insurance premiums	
Subtotal =	
Minimum monthly amount to cover with disability insurance	**$**

Note: Products issues and underwritten by American United Life Insurance Company® (AUL), Indianapolis, IN, a OneAmerica company.

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Ruidoso Municipal Schools

Products and financial services provided by
American United Life Insurance Company®
a ONEAMERICA® *company*
One American Square, P.O. Box 6123
Indianapolis, IN 46206-6123
(800) 553-5318

ONEAMERICA®

Group Educator Disability Terms and Definitions

Eligible Employees: This benefit is available for employees who are actively at work on the effective date and working a minimum of 20 hours per week.

Flexible Choices: Since everyone's needs are different, these plans offer flexibility for you to choose a benefit option that fits your income replacement needs and budget.

Timely Enrollment: Enrolling timely means you have enrolled during the initial enrollment period when benefits were first offered by AUL, or as a newly hired employee within 31 days following completion of any applicable waiting period.

Portability: Should your coverage terminate, you may be eligible to take this disability insurance with you without providing Evidence of Insurability. You must apply within 31 days from the last day you are eligible.

Waiver of Premium: If approved, this benefit waives your Disability insurance premium in case you become disabled and are unable to collect a paycheck.

Elimination Period: This is a period of consecutive days of disability before benefits may become payable under the contract.

Total Disability: You are considered disabled if, because of injury or sickness, you cannot perform the material and substantial duties of your regular occupation, you are not working in any occupation and are under the regular attendance of a physician for that injury or sickness.

Partial Disability: You may be paid a partial disability benefit, if because of injury or sickness, you are unable to perform every material and substantial duty of your regular occupation on a full-time basis, are performing at least one of the material and substantial duties of your regular occupation, or another occupation, on a full or part-time basis, and are earning less than 80% of your pre-disability earnings due to the same injury or sickness.

Residual: The elimination period can be satisfied by total disability, partial disability, or a combination of both.

Return to Work: You may be able to return to work for a specified time period without having your partial disability benefits reduced according to the contract. The Return to Work Benefit is offered up to a maximum of 12 months. .

Integration: The method by which your benefit may be reduced by Other Income Benefits.

Offset: An offset is an amount that reduces your benefit amount by amounts you receive from other sources for your disability and will be specified in the contract.

Pre-Existing Condition Limitations: The pre-existing period is 3/12. Certain disabilities are not covered if the cause of the disability is traceable to a condition existing prior to your effective date of coverage. A pre-existing condition is any condition for which a person has received medical treatment or consultation, taken or were prescribed drugs or medicine, or received care or services, including diagnostic measures, within a time-frame specified in the contract. You must also be treatment-free for a time-frame specified in some contracts following your individual effective date of coverage.

About Your Benefits: Group Educator Disability benefits are illustrated and paid on a monthly basis.

This invitation to inquire allows eligible employees an opportunity to inquire further about AUL's group insurance and is limited to a brief description of any losses for which benefits are payable. The contract has exclusions, limitations reduction of benefits, and terms under which the contract may be continued in force or discontinued.

Ruidoso Municipal Schools

ONEAMERICA®

Group Educator Disability Insurance Coverage for Eligible Employees

Monthly Payroll Deduction Illustration

About your benefit options:

- Group Educator Disability benefits are illustrated and paid on a monthly basis.
- Maximum benefit amounts are based upon a percentage of covered earnings. Potential benefits are reduced by other income offsets including but not limited to Social Security benefits.

Option 1:		Elimination Period 0 days / 7 days				Maximum Benefit Duration Accident SSFRA Sickness 3 years/SSFRA					Pre-Existing Condition Period 3/12		
If your Annual Salary is at least:	You may Select a Monthly Benefit of:	Monthly Payroll Deduction Amounts (based on Employee Age as of 11/01)											
		0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$3,600	$200	$4.06	$4.06	$4.06	$5.26	$6.28	$7.22	$7.68	$8.22	$9.16	$10.86	$10.86	$10.86
$5,400	$300	$6.09	$6.09	$6.09	$7.89	$9.42	$10.83	$11.52	$12.33	$13.74	$16.29	$16.29	$16.29
$7,200	$400	$8.12	$8.12	$8.12	$10.52	$12.56	$14.44	$15.36	$16.44	$18.32	$21.72	$21.72	$21.72
$9,000	$500	$10.15	$10.15	$10.15	$13.15	$15.70	$18.05	$19.20	$20.55	$22.90	$27.15	$27.15	$27.15
$10,799	$600	$12.18	$12.18	$12.18	$15.78	$18.84	$21.66	$23.04	$24.66	$27.48	$32.58	$32.58	$32.58
$12,599	$700	$14.21	$14.21	$14.21	$18.41	$21.98	$25.27	$26.88	$28.77	$32.06	$38.01	$38.01	$38.01
$14,399	$800	$16.24	$16.24	$16.24	$21.04	$25.12	$28.88	$30.72	$32.88	$36.64	$43.44	$43.44	$43.44
$16,199	$900	$18.27	$18.27	$18.27	$23.67	$28.26	$32.49	$34.56	$36.99	$41.22	$48.87	$48.87	$48.87
$17,999	$1,000	$20.30	$20.30	$20.30	$26.30	$31.40	$36.10	$38.40	$41.10	$45.80	$54.30	$54.30	$54.30
$19,799	$1,100	$22.33	$22.33	$22.33	$28.93	$34.54	$39.71	$42.24	$45.21	$50.38	$59.73	$59.73	$59.73
$21,599	$1,200	$24.36	$24.36	$24.36	$31.56	$37.68	$43.32	$46.08	$49.32	$54.96	$65.16	$65.16	$65.16
$23,399	$1,300	$26.39	$26.39	$26.39	$34.19	$40.82	$46.93	$49.92	$53.43	$59.54	$70.59	$70.59	$70.59
$25,199	$1,400	$28.42	$28.42	$28.42	$36.82	$43.96	$50.54	$53.76	$57.54	$64.12	$76.02	$76.02	$76.02
$26,999	$1,500	$30.45	$30.45	$30.45	$39.45	$47.10	$54.15	$57.60	$61.65	$68.70	$81.45	$81.45	$81.45
$28,799	$1,600	$32.48	$32.48	$32.48	$42.08	$50.24	$57.76	$61.44	$65.76	$73.28	$86.88	$86.88	$86.88
$30,598	$1,700	$34.51	$34.51	$34.51	$44.71	$53.38	$61.37	$65.28	$69.87	$77.86	$92.31	$92.31	$92.31
$32,398	$1,800	$36.54	$36.54	$36.54	$47.34	$56.52	$64.98	$69.12	$73.98	$82.44	$97.74	$97.74	$97.74
$34,198	$1,900	$38.57	$38.57	$38.57	$49.97	$59.66	$68.59	$72.96	$78.09	$87.02	$103.17	$103.17	$103.17
$35,998	$2,000	$40.60	$40.60	$40.60	$52.60	$62.80	$72.20	$76.80	$82.20	$91.60	$108.60	$108.60	$108.60
$37,798	$2,100	$42.63	$42.63	$42.63	$55.23	$65.94	$75.81	$80.64	$86.31	$96.18	$114.03	$114.03	$114.03
$39,598	$2,200	$44.66	$44.66	$44.66	$57.86	$69.08	$79.42	$84.48	$90.42	$100.76	$119.46	$119.46	$119.46
$41,398	$2,300	$46.69	$46.69	$46.69	$60.49	$72.22	$83.03	$88.32	$94.53	$105.34	$124.89	$124.89	$124.89
$43,198	$2,400	$48.72	$48.72	$48.72	$63.12	$75.36	$86.64	$92.16	$98.64	$109.92	$130.32	$130.32	$130.32
$44,998	$2,500	$50.75	$50.75	$50.75	$65.75	$78.50	$90.25	$96.00	$102.75	$114.50	$135.75	$135.75	$135.75
$46,798	$2,600	$52.78	$52.78	$52.78	$68.38	$81.64	$93.86	$99.84	$106.86	$119.08	$141.18	$141.18	$141.18
$48,598	$2,700	$54.81	$54.81	$54.81	$71.01	$84.78	$97.47	$103.68	$110.97	$123.66	$146.61	$146.61	$146.61
$50,397	$2,800	$56.84	$56.84	$56.84	$73.64	$87.92	$101.08	$107.52	$115.08	$128.24	$152.04	$152.04	$152.04
$52,197	$2,900	$58.87	$58.87	$58.87	$76.27	$91.06	$104.69	$111.36	$119.19	$132.82	$157.47	$157.47	$157.47

Rates Effective 11/1/2018

About Premiums: The premiums shown above may vary slightly due to rounding; actual premiums will be calculated by American United Life Insurance Company® (AUL), and may increase upon reaching certain age brackets, according to contract terms, and are subject to change.

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Ruidoso Municipal Schools

ONEAMERICA®

Group Educator Disability Insurance Coverage for Eligible Employees

Monthly Payroll Deduction Illustration

About your benefit options:

- Group Educator Disability benefits are illustrated and paid on a monthly basis.
- Maximum benefit amounts are based upon a percentage of covered earnings. Potential benefits are reduced by other income offsets including but not limited to Social Security benefits.

Option 1:		Elimination Period 0 days / 7 days				Maximum Benefit Duration Accident SSFRA Sickness 3 years/SSFRA					Pre-Existing Condition Period 3/12		
If your Annual Salary is at least:	You may Select a Monthly Benefit of:	Monthly Payroll Deduction Amounts (based on Employee Age as of 11/01)											
		0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$53,997	$3,000	$60.90	$60.90	$60.90	$78.90	$94.20	$108.30	$115.20	$123.30	$137.40	$162.90	$162.90	$162.90
$55,797	$3,100	$62.93	$62.93	$62.93	$81.53	$97.34	$111.91	$119.04	$127.41	$141.98	$168.33	$168.33	$168.33
$57,597	$3,200	$64.96	$64.96	$64.96	$84.16	$100.48	$115.52	$122.88	$131.52	$146.56	$173.76	$173.76	$173.76
$59,397	$3,300	$66.99	$66.99	$66.99	$86.79	$103.62	$119.13	$126.72	$135.63	$151.14	$179.19	$179.19	$179.19
$61,197	$3,400	$69.02	$69.02	$69.02	$89.42	$106.76	$122.74	$130.56	$139.74	$155.72	$184.62	$184.62	$184.62
$62,997	$3,500	$71.05	$71.05	$71.05	$92.05	$109.90	$126.35	$134.40	$143.85	$160.30	$190.05	$190.05	$190.05
$64,797	$3,600	$73.08	$73.08	$73.08	$94.68	$113.04	$129.96	$138.24	$147.96	$164.88	$195.48	$195.48	$195.48
$66,597	$3,700	$75.11	$75.11	$75.11	$97.31	$116.18	$133.57	$142.08	$152.07	$169.46	$200.91	$200.91	$200.91
$68,397	$3,800	$77.14	$77.14	$77.14	$99.94	$119.32	$137.18	$145.92	$156.18	$174.04	$206.34	$206.34	$206.34
$70,196	$3,900	$79.17	$79.17	$79.17	$102.57	$122.46	$140.79	$149.76	$160.29	$178.62	$211.77	$211.77	$211.77
$71,996	$4,000	$81.20	$81.20	$81.20	$105.20	$125.60	$144.40	$153.60	$164.40	$183.20	$217.20	$217.20	$217.20
$73,796	$4,100	$83.23	$83.23	$83.23	$107.83	$128.74	$148.01	$157.44	$168.51	$187.78	$222.63	$222.63	$222.63
$75,596	$4,200	$85.26	$85.26	$85.26	$110.46	$131.88	$151.62	$161.28	$172.62	$192.36	$228.06	$228.06	$228.06
$77,396	$4,300	$87.29	$87.29	$87.29	$113.09	$135.02	$155.23	$165.12	$176.73	$196.94	$233.49	$233.49	$233.49
$79,196	$4,400	$89.32	$89.32	$89.32	$115.72	$138.16	$158.84	$168.96	$180.84	$201.52	$238.92	$238.92	$238.92
$80,996	$4,500	$91.35	$91.35	$91.35	$118.35	$141.30	$162.45	$172.80	$184.95	$206.10	$244.35	$244.35	$244.35
$82,796	$4,600	$93.38	$93.38	$93.38	$120.98	$144.44	$166.06	$176.64	$189.06	$210.68	$249.78	$249.78	$249.78
$84,596	$4,700	$95.41	$95.41	$95.41	$123.61	$147.58	$169.67	$180.48	$193.17	$215.26	$255.21	$255.21	$255.21
$86,396	$4,800	$97.44	$97.44	$97.44	$126.24	$150.72	$173.28	$184.32	$197.28	$219.84	$260.64	$260.64	$260.64
$88,196	$4,900	$99.47	$99.47	$99.47	$128.87	$153.86	$176.89	$188.16	$201.39	$224.42	$266.07	$266.07	$266.07
$89,996	$5,000	$101.50	$101.50	$101.50	$131.50	$157.00	$180.50	$192.00	$205.50	$229.00	$271.50	$271.50	$271.50
$91,795	$5,100	$103.53	$103.53	$103.53	$134.13	$160.14	$184.11	$195.84	$209.61	$233.58	$276.93	$276.93	$276.93
$93,595	$5,200	$105.56	$105.56	$105.56	$136.76	$163.28	$187.72	$199.68	$213.72	$238.16	$282.36	$282.36	$282.36
$95,395	$5,300	$107.59	$107.59	$107.59	$139.39	$166.42	$191.33	$203.52	$217.83	$242.74	$287.79	$287.79	$287.79
$97,195	$5,400	$109.62	$109.62	$109.62	$142.02	$169.56	$194.94	$207.36	$221.94	$247.32	$293.22	$293.22	$293.22
$98,995	$5,500	$111.65	$111.65	$111.65	$144.65	$172.70	$198.55	$211.20	$226.05	$251.90	$298.65	$298.65	$298.65
$100,795	$5,600	$113.68	$113.68	$113.68	$147.28	$175.84	$202.16	$215.04	$230.16	$256.48	$304.08	$304.08	$304.08
$102,595	$5,700	$115.71	$115.71	$115.71	$149.91	$178.98	$205.77	$218.88	$234.27	$261.06	$309.51	$309.51	$309.51

Rates Effective 11/1/2018

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Ruidoso Municipal Schools

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Group Educator Disability Insurance Coverage for Eligible Employees

Monthly Payroll Deduction Illustration

About your benefit options:

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- Maximum benefit amounts are based upon a percentage of covered earnings. Potential benefits are reduced by other income offsets including but not limited to Social Security benefits.

Option 1:		Elimination Period 0 days / 7 days				Maximum Benefit Duration Accident SSFRA Sickness 3 years/SSFRA					Pre-Existing Condition Period 3/12		
If your Annual Salary is at least:	You may Select a Monthly Benefit of:	Monthly Payroll Deduction Amounts (based on Employee Age as of 11/01)											
		0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$104,395	$5,800	$117.74	$117.74	$117.74	$152.54	$182.12	$209.38	$222.72	$238.38	$265.64	$314.94	$314.94	$314.94
$106,195	$5,900	$119.77	$119.77	$119.77	$155.17	$185.26	$212.99	$226.56	$242.49	$270.22	$320.37	$320.37	$320.37
$107,995	$6,000	$121.80	$121.80	$121.80	$157.80	$188.40	$216.60	$230.40	$246.60	$274.80	$325.80	$325.80	$325.80
$109,795	$6,100	$123.83	$123.83	$123.83	$160.43	$191.54	$220.21	$234.24	$250.71	$279.38	$331.23	$331.23	$331.23
$111,594	$6,200	$125.86	$125.86	$125.86	$163.06	$194.68	$223.82	$238.08	$254.82	$283.96	$336.66	$336.66	$336.66
$113,394	$6,300	$127.89	$127.89	$127.89	$165.69	$197.82	$227.43	$241.92	$258.93	$288.54	$342.09	$342.09	$342.09
$115,194	$6,400	$129.92	$129.92	$129.92	$168.32	$200.96	$231.04	$245.76	$263.04	$293.12	$347.52	$347.52	$347.52
$116,994	$6,500	$131.95	$131.95	$131.95	$170.95	$204.10	$234.65	$249.60	$267.15	$297.70	$352.95	$352.95	$352.95
$118,794	$6,600	$133.98	$133.98	$133.98	$173.58	$207.24	$238.26	$253.44	$271.26	$302.28	$358.38	$358.38	$358.38
$120,594	$6,700	$136.01	$136.01	$136.01	$176.21	$210.38	$241.87	$257.28	$275.37	$306.86	$363.81	$363.81	$363.81
$122,394	$6,800	$138.04	$138.04	$138.04	$178.84	$213.52	$245.48	$261.12	$279.48	$311.44	$369.24	$369.24	$369.24
$124,194	$6,900	$140.07	$140.07	$140.07	$181.47	$216.66	$249.09	$264.96	$283.59	$316.02	$374.67	$374.67	$374.67
$125,994	$7,000	$142.10	$142.10	$142.10	$184.10	$219.80	$252.70	$268.80	$287.70	$320.60	$380.10	$380.10	$380.10
$127,794	$7,100	$144.13	$144.13	$144.13	$186.73	$222.94	$256.31	$272.64	$291.81	$325.18	$385.53	$385.53	$385.53
$129,594	$7,200	$146.16	$146.16	$146.16	$189.36	$226.08	$259.92	$276.48	$295.92	$329.76	$390.96	$390.96	$390.96
$131,393	$7,300	$148.19	$148.19	$148.19	$191.99	$229.22	$263.53	$280.32	$300.03	$334.34	$396.39	$396.39	$396.39
$133,193	$7,400	$150.22	$150.22	$150.22	$194.62	$232.36	$267.14	$284.16	$304.14	$338.92	$401.82	$401.82	$401.82
$134,993	$7,500	$152.25	$152.25	$152.25	$197.25	$235.50	$270.75	$288.00	$308.25	$343.50	$407.25	$407.25	$407.25

Rates Effective 11/1/2018

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Group Educator Disability Insurance Coverage for Eligible Employees

Monthly Payroll Deduction Illustration

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- Maximum benefit amounts are based upon a percentage of covered earnings. Potential benefits are reduced by other income offsets including but not limited to Social Security benefits.

Option 2:		Elimination Period 14 days / 14 days				Maximum Benefit Duration Accident SSFRA Sickness 3 years/SSFRA					Pre-Existing Condition Period 3/12		
If your Annual Salary is at least:	You may Select a Monthly Benefit of:	Monthly Payroll Deduction Amounts (based on Employee Age as of 11/01)											
		0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$3,600	$200	$2.62	$2.62	$2.62	$3.50	$4.30	$5.10	$5.46	$5.76	$6.50	$7.50	$7.50	$7.50
$5,400	$300	$3.93	$3.93	$3.93	$5.25	$6.45	$7.65	$8.19	$8.64	$9.75	$11.25	$11.25	$11.25
$7,200	$400	$5.24	$5.24	$5.24	$7.00	$8.60	$10.20	$10.92	$11.52	$13.00	$15.00	$15.00	$15.00
$9,000	$500	$6.55	$6.55	$6.55	$8.75	$10.75	$12.75	$13.65	$14.40	$16.25	$18.75	$18.75	$18.75
$10,799	$600	$7.86	$7.86	$7.86	$10.50	$12.90	$15.30	$16.38	$17.28	$19.50	$22.50	$22.50	$22.50
$12,599	$700	$9.17	$9.17	$9.17	$12.25	$15.05	$17.85	$19.11	$20.16	$22.75	$26.25	$26.25	$26.25
$14,399	$800	$10.48	$10.48	$10.48	$14.00	$17.20	$20.40	$21.84	$23.04	$26.00	$30.00	$30.00	$30.00
$16,199	$900	$11.79	$11.79	$11.79	$15.75	$19.35	$22.95	$24.57	$25.92	$29.25	$33.75	$33.75	$33.75
$17,999	$1,000	$13.10	$13.10	$13.10	$17.50	$21.50	$25.50	$27.30	$28.80	$32.50	$37.50	$37.50	$37.50
$19,799	$1,100	$14.41	$14.41	$14.41	$19.25	$23.65	$28.05	$30.03	$31.68	$35.75	$41.25	$41.25	$41.25
$21,599	$1,200	$15.72	$15.72	$15.72	$21.00	$25.80	$30.60	$32.76	$34.56	$39.00	$45.00	$45.00	$45.00
$23,399	$1,300	$17.03	$17.03	$17.03	$22.75	$27.95	$33.15	$35.49	$37.44	$42.25	$48.75	$48.75	$48.75
$25,199	$1,400	$18.34	$18.34	$18.34	$24.50	$30.10	$35.70	$38.22	$40.32	$45.50	$52.50	$52.50	$52.50
$26,999	$1,500	$19.65	$19.65	$19.65	$26.25	$32.25	$38.25	$40.95	$43.20	$48.75	$56.25	$56.25	$56.25
$28,799	$1,600	$20.96	$20.96	$20.96	$28.00	$34.40	$40.80	$43.68	$46.08	$52.00	$60.00	$60.00	$60.00
$30,598	$1,700	$22.27	$22.27	$22.27	$29.75	$36.55	$43.35	$46.41	$48.96	$55.25	$63.75	$63.75	$63.75
$32,398	$1,800	$23.58	$23.58	$23.58	$31.50	$38.70	$45.90	$49.14	$51.84	$58.50	$67.50	$67.50	$67.50
$34,198	$1,900	$24.89	$24.89	$24.89	$33.25	$40.85	$48.45	$51.87	$54.72	$61.75	$71.25	$71.25	$71.25
$35,998	$2,000	$26.20	$26.20	$26.20	$35.00	$43.00	$51.00	$54.60	$57.60	$65.00	$75.00	$75.00	$75.00
$37,798	$2,100	$27.51	$27.51	$27.51	$36.75	$45.15	$53.55	$57.33	$60.48	$68.25	$78.75	$78.75	$78.75
$39,598	$2,200	$28.82	$28.82	$28.82	$38.50	$47.30	$56.10	$60.06	$63.36	$71.50	$82.50	$82.50	$82.50
$41,398	$2,300	$30.13	$30.13	$30.13	$40.25	$49.45	$58.65	$62.79	$66.24	$74.75	$86.25	$86.25	$86.25
$43,198	$2,400	$31.44	$31.44	$31.44	$42.00	$51.60	$61.20	$65.52	$69.12	$78.00	$90.00	$90.00	$90.00
$44,998	$2,500	$32.75	$32.75	$32.75	$43.75	$53.75	$63.75	$68.25	$72.00	$81.25	$93.75	$93.75	$93.75
$46,798	$2,600	$34.06	$34.06	$34.06	$45.50	$55.90	$66.30	$70.98	$74.88	$84.50	$97.50	$97.50	$97.50
$48,598	$2,700	$35.37	$35.37	$35.37	$47.25	$58.05	$68.85	$73.71	$77.76	$87.75	$101.25	$101.25	$101.25
$50,397	$2,800	$36.68	$36.68	$36.68	$49.00	$60.20	$71.40	$76.44	$80.64	$91.00	$105.00	$105.00	$105.00
$52,197	$2,900	$37.99	$37.99	$37.99	$50.75	$62.35	$73.95	$79.17	$83.52	$94.25	$108.75	$108.75	$108.75

Rates Effective 11/1/2018

About Premiums: The premiums shown above may vary slightly due to rounding; actual premiums will be calculated by American United Life Insurance Company® (AUL), and may increase upon reaching certain age brackets, according to contract terms, and are subject to change.

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Ruidoso Municipal Schools

ONEAMERICA®

Group Educator Disability Insurance Coverage for Eligible Employees

Monthly Payroll Deduction Illustration

About your benefit options:

- Group Educator Disability benefits are illustrated and paid on a monthly basis.
- Maximum benefit amounts are based upon a percentage of covered earnings. Potential benefits are reduced by other income offsets including but not limited to Social Security benefits.

Option 2:		Elimination Period 14 days / 14 days				Maximum Benefit Duration Accident SSFRA Sickness 3 years/SSFRA					Pre-Existing Condition Period 3/12		
If your Annual Salary is at least:	You may Select a Monthly Benefit of:	Monthly Payroll Deduction Amounts (based on Employee Age as of 11/01)											
		0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$53,997	$3,000	$39.30	$39.30	$39.30	$52.50	$64.50	$76.50	$81.90	$86.40	$97.50	$112.50	$112.50	$112.50
$55,797	$3,100	$40.61	$40.61	$40.61	$54.25	$66.65	$79.05	$84.63	$89.28	$100.75	$116.25	$116.25	$116.25
$57,597	$3,200	$41.92	$41.92	$41.92	$56.00	$68.80	$81.60	$87.36	$92.16	$104.00	$120.00	$120.00	$120.00
$59,397	$3,300	$43.23	$43.23	$43.23	$57.75	$70.95	$84.15	$90.09	$95.04	$107.25	$123.75	$123.75	$123.75
$61,197	$3,400	$44.54	$44.54	$44.54	$59.50	$73.10	$86.70	$92.82	$97.92	$110.50	$127.50	$127.50	$127.50
$62,997	$3,500	$45.85	$45.85	$45.85	$61.25	$75.25	$89.25	$95.55	$100.80	$113.75	$131.25	$131.25	$131.25
$64,797	$3,600	$47.16	$47.16	$47.16	$63.00	$77.40	$91.80	$98.28	$103.68	$117.00	$135.00	$135.00	$135.00
$66,597	$3,700	$48.47	$48.47	$48.47	$64.75	$79.55	$94.35	$101.01	$106.56	$120.25	$138.75	$138.75	$138.75
$68,397	$3,800	$49.78	$49.78	$49.78	$66.50	$81.70	$96.90	$103.74	$109.44	$123.50	$142.50	$142.50	$142.50
$70,196	$3,900	$51.09	$51.09	$51.09	$68.25	$83.85	$99.45	$106.47	$112.32	$126.75	$146.25	$146.25	$146.25
$71,996	$4,000	$52.40	$52.40	$52.40	$70.00	$86.00	$102.00	$109.20	$115.20	$130.00	$150.00	$150.00	$150.00
$73,796	$4,100	$53.71	$53.71	$53.71	$71.75	$88.15	$104.55	$111.93	$118.08	$133.25	$153.75	$153.75	$153.75
$75,596	$4,200	$55.02	$55.02	$55.02	$73.50	$90.30	$107.10	$114.66	$120.96	$136.50	$157.50	$157.50	$157.50
$77,396	$4,300	$56.33	$56.33	$56.33	$75.25	$92.45	$109.65	$117.39	$123.84	$139.75	$161.25	$161.25	$161.25
$79,196	$4,400	$57.64	$57.64	$57.64	$77.00	$94.60	$112.20	$120.12	$126.72	$143.00	$165.00	$165.00	$165.00
$80,996	$4,500	$58.95	$58.95	$58.95	$78.75	$96.75	$114.75	$122.85	$129.60	$146.25	$168.75	$168.75	$168.75
$82,796	$4,600	$60.26	$60.26	$60.26	$80.50	$98.90	$117.30	$125.58	$132.48	$149.50	$172.50	$172.50	$172.50
$84,596	$4,700	$61.57	$61.57	$61.57	$82.25	$101.05	$119.85	$128.31	$135.36	$152.75	$176.25	$176.25	$176.25
$86,396	$4,800	$62.88	$62.88	$62.88	$84.00	$103.20	$122.40	$131.04	$138.24	$156.00	$180.00	$180.00	$180.00
$88,196	$4,900	$64.19	$64.19	$64.19	$85.75	$105.35	$124.95	$133.77	$141.12	$159.25	$183.75	$183.75	$183.75
$89,996	$5,000	$65.50	$65.50	$65.50	$87.50	$107.50	$127.50	$136.50	$144.00	$162.50	$187.50	$187.50	$187.50
$91,795	$5,100	$66.81	$66.81	$66.81	$89.25	$109.65	$130.05	$139.23	$146.88	$165.75	$191.25	$191.25	$191.25
$93,595	$5,200	$68.12	$68.12	$68.12	$91.00	$111.80	$132.60	$141.96	$149.76	$169.00	$195.00	$195.00	$195.00
$95,395	$5,300	$69.43	$69.43	$69.43	$92.75	$113.95	$135.15	$144.69	$152.64	$172.25	$198.75	$198.75	$198.75
$97,195	$5,400	$70.74	$70.74	$70.74	$94.50	$116.10	$137.70	$147.42	$155.52	$175.50	$202.50	$202.50	$202.50
$98,995	$5,500	$72.05	$72.05	$72.05	$96.25	$118.25	$140.25	$150.15	$158.40	$178.75	$206.25	$206.25	$206.25
$100,795	$5,600	$73.36	$73.36	$73.36	$98.00	$120.40	$142.80	$152.88	$161.28	$182.00	$210.00	$210.00	$210.00
$102,595	$5,700	$74.67	$74.67	$74.67	$99.75	$122.55	$145.35	$155.61	$164.16	$185.25	$213.75	$213.75	$213.75

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Monthly Payroll Deduction Illustration

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Option 2:		Elimination Period 14 days / 14 days				Maximum Benefit Duration Accident SSFRA Sickness 3 years/SSFRA					Pre-Existing Condition Period 3/12		
If your Annual Salary is at least:	You may Select a Monthly Benefit of:	Monthly Payroll Deduction Amounts (based on Employee Age as of 11/01)											
		0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$104,395	$5,800	$75.98	$75.98	$75.98	$101.50	$124.70	$147.90	$158.34	$167.04	$188.50	$217.50	$217.50	$217.50
$106,195	$5,900	$77.29	$77.29	$77.29	$103.25	$126.85	$150.45	$161.07	$169.92	$191.75	$221.25	$221.25	$221.25
$107,995	$6,000	$78.60	$78.60	$78.60	$105.00	$129.00	$153.00	$163.80	$172.80	$195.00	$225.00	$225.00	$225.00
$109,795	$6,100	$79.91	$79.91	$79.91	$106.75	$131.15	$155.55	$166.53	$175.68	$198.25	$228.75	$228.75	$228.75
$111,594	$6,200	$81.22	$81.22	$81.22	$108.50	$133.30	$158.10	$169.26	$178.56	$201.50	$232.50	$232.50	$232.50
$113,394	$6,300	$82.53	$82.53	$82.53	$110.25	$135.45	$160.65	$171.99	$181.44	$204.75	$236.25	$236.25	$236.25
$115,194	$6,400	$83.84	$83.84	$83.84	$112.00	$137.60	$163.20	$174.72	$184.32	$208.00	$240.00	$240.00	$240.00
$116,994	$6,500	$85.15	$85.15	$85.15	$113.75	$139.75	$165.75	$177.45	$187.20	$211.25	$243.75	$243.75	$243.75
$118,794	$6,600	$86.46	$86.46	$86.46	$115.50	$141.90	$168.30	$180.18	$190.08	$214.50	$247.50	$247.50	$247.50
$120,594	$6,700	$87.77	$87.77	$87.77	$117.25	$144.05	$170.85	$182.91	$192.96	$217.75	$251.25	$251.25	$251.25
$122,394	$6,800	$89.08	$89.08	$89.08	$119.00	$146.20	$173.40	$185.64	$195.84	$221.00	$255.00	$255.00	$255.00
$124,194	$6,900	$90.39	$90.39	$90.39	$120.75	$148.35	$175.95	$188.37	$198.72	$224.25	$258.75	$258.75	$258.75
$125,994	$7,000	$91.70	$91.70	$91.70	$122.50	$150.50	$178.50	$191.10	$201.60	$227.50	$262.50	$262.50	$262.50
$127,794	$7,100	$93.01	$93.01	$93.01	$124.25	$152.65	$181.05	$193.83	$204.48	$230.75	$266.25	$266.25	$266.25
$129,594	$7,200	$94.32	$94.32	$94.32	$126.00	$154.80	$183.60	$196.56	$207.36	$234.00	$270.00	$270.00	$270.00
$131,393	$7,300	$95.63	$95.63	$95.63	$127.75	$156.95	$186.15	$199.29	$210.24	$237.25	$273.75	$273.75	$273.75
$133,193	$7,400	$96.94	$96.94	$96.94	$129.50	$159.10	$188.70	$202.02	$213.12	$240.50	$277.50	$277.50	$277.50
$134,993	$7,500	$98.25	$98.25	$98.25	$131.25	$161.25	$191.25	$204.75	$216.00	$243.75	$281.25	$281.25	$281.25

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Option 3:		Elimination Period 30 days / 30 days				Maximum Benefit Duration Accident SSFRA Sickness 3 years/SSFRA					Pre-Existing Condition Period 3/12		
If your Annual Salary is at least:	You may Select a Monthly Benefit of:	Monthly Payroll Deduction Amounts (based on Employee Age as of 11/01)											
		0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$3,600	$200	$1.50	$1.50	$1.50	$2.08	$2.74	$3.40	$3.78	$4.08	$4.82	$5.92	$5.92	$5.92
$5,400	$300	$2.25	$2.25	$2.25	$3.12	$4.11	$5.10	$5.67	$6.12	$7.23	$8.88	$8.88	$8.88
$7,200	$400	$3.00	$3.00	$3.00	$4.16	$5.48	$6.80	$7.56	$8.16	$9.64	$11.84	$11.84	$11.84
$9,000	$500	$3.75	$3.75	$3.75	$5.20	$6.85	$8.50	$9.45	$10.20	$12.05	$14.80	$14.80	$14.80
$10,799	$600	$4.50	$4.50	$4.50	$6.24	$8.22	$10.20	$11.34	$12.24	$14.46	$17.76	$17.76	$17.76
$12,599	$700	$5.25	$5.25	$5.25	$7.28	$9.59	$11.90	$13.23	$14.28	$16.87	$20.72	$20.72	$20.72
$14,399	$800	$6.00	$6.00	$6.00	$8.32	$10.96	$13.60	$15.12	$16.32	$19.28	$23.68	$23.68	$23.68
$16,199	$900	$6.75	$6.75	$6.75	$9.36	$12.33	$15.30	$17.01	$18.36	$21.69	$26.64	$26.64	$26.64
$17,999	$1,000	$7.50	$7.50	$7.50	$10.40	$13.70	$17.00	$18.90	$20.40	$24.10	$29.60	$29.60	$29.60
$19,799	$1,100	$8.25	$8.25	$8.25	$11.44	$15.07	$18.70	$20.79	$22.44	$26.51	$32.56	$32.56	$32.56
$21,599	$1,200	$9.00	$9.00	$9.00	$12.48	$16.44	$20.40	$22.68	$24.48	$28.92	$35.52	$35.52	$35.52
$23,399	$1,300	$9.75	$9.75	$9.75	$13.52	$17.81	$22.10	$24.57	$26.52	$31.33	$38.48	$38.48	$38.48
$25,199	$1,400	$10.50	$10.50	$10.50	$14.56	$19.18	$23.80	$26.46	$28.56	$33.74	$41.44	$41.44	$41.44
$26,999	$1,500	$11.25	$11.25	$11.25	$15.60	$20.55	$25.50	$28.35	$30.60	$36.15	$44.40	$44.40	$44.40
$28,799	$1,600	$12.00	$12.00	$12.00	$16.64	$21.92	$27.20	$30.24	$32.64	$38.56	$47.36	$47.36	$47.36
$30,598	$1,700	$12.75	$12.75	$12.75	$17.68	$23.29	$28.90	$32.13	$34.68	$40.97	$50.32	$50.32	$50.32
$32,398	$1,800	$13.50	$13.50	$13.50	$18.72	$24.66	$30.60	$34.02	$36.72	$43.38	$53.28	$53.28	$53.28
$34,198	$1,900	$14.25	$14.25	$14.25	$19.76	$26.03	$32.30	$35.91	$38.76	$45.79	$56.24	$56.24	$56.24
$35,998	$2,000	$15.00	$15.00	$15.00	$20.80	$27.40	$34.00	$37.80	$40.80	$48.20	$59.20	$59.20	$59.20
$37,798	$2,100	$15.75	$15.75	$15.75	$21.84	$28.77	$35.70	$39.69	$42.84	$50.61	$62.16	$62.16	$62.16
$39,598	$2,200	$16.50	$16.50	$16.50	$22.88	$30.14	$37.40	$41.58	$44.88	$53.02	$65.12	$65.12	$65.12
$41,398	$2,300	$17.25	$17.25	$17.25	$23.92	$31.51	$39.10	$43.47	$46.92	$55.43	$68.08	$68.08	$68.08
$43,198	$2,400	$18.00	$18.00	$18.00	$24.96	$32.88	$40.80	$45.36	$48.96	$57.84	$71.04	$71.04	$71.04
$44,998	$2,500	$18.75	$18.75	$18.75	$26.00	$34.25	$42.50	$47.25	$51.00	$60.25	$74.00	$74.00	$74.00
$46,798	$2,600	$19.50	$19.50	$19.50	$27.04	$35.62	$44.20	$49.14	$53.04	$62.66	$76.96	$76.96	$76.96
$48,598	$2,700	$20.25	$20.25	$20.25	$28.08	$36.99	$45.90	$51.03	$55.08	$65.07	$79.92	$79.92	$79.92
$50,397	$2,800	$21.00	$21.00	$21.00	$29.12	$38.36	$47.60	$52.92	$57.12	$67.48	$82.88	$82.88	$82.88
$52,197	$2,900	$21.75	$21.75	$21.75	$30.16	$39.73	$49.30	$54.81	$59.16	$69.89	$85.84	$85.84	$85.84

Rates Effective 11/1/2018

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Ruidoso Municipal Schools

ONEAMERICA®

Group Educator Disability Insurance Coverage for Eligible Employees

Monthly Payroll Deduction Illustration

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Option 3:		Elimination Period 30 days / 30 days				Maximum Benefit Duration Accident SSFRA Sickness 3 years/SSFRA					Pre-Existing Condition Period 3/12		
If your Annual Salary is at least:	You may Select a Monthly Benefit of:	Monthly Payroll Deduction Amounts (based on Employee Age as of 11/01)											
		0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$53,997	$3,000	$22.50	$22.50	$22.50	$31.20	$41.10	$51.00	$56.70	$61.20	$72.30	$88.80	$88.80	$88.80
$55,797	$3,100	$23.25	$23.25	$23.25	$32.24	$42.47	$52.70	$58.59	$63.24	$74.71	$91.76	$91.76	$91.76
$57,597	$3,200	$24.00	$24.00	$24.00	$33.28	$43.84	$54.40	$60.48	$65.28	$77.12	$94.72	$94.72	$94.72
$59,397	$3,300	$24.75	$24.75	$24.75	$34.32	$45.21	$56.10	$62.37	$67.32	$79.53	$97.68	$97.68	$97.68
$61,197	$3,400	$25.50	$25.50	$25.50	$35.36	$46.58	$57.80	$64.26	$69.36	$81.94	$100.64	$100.64	$100.64
$62,997	$3,500	$26.25	$26.25	$26.25	$36.40	$47.95	$59.50	$66.15	$71.40	$84.35	$103.60	$103.60	$103.60
$64,797	$3,600	$27.00	$27.00	$27.00	$37.44	$49.32	$61.20	$68.04	$73.44	$86.76	$106.56	$106.56	$106.56
$66,597	$3,700	$27.75	$27.75	$27.75	$38.48	$50.69	$62.90	$69.93	$75.48	$89.17	$109.52	$109.52	$109.52
$68,397	$3,800	$28.50	$28.50	$28.50	$39.52	$52.06	$64.60	$71.82	$77.52	$91.58	$112.48	$112.48	$112.48
$70,196	$3,900	$29.25	$29.25	$29.25	$40.56	$53.43	$66.30	$73.71	$79.56	$93.99	$115.44	$115.44	$115.44
$71,996	$4,000	$30.00	$30.00	$30.00	$41.60	$54.80	$68.00	$75.60	$81.60	$96.40	$118.40	$118.40	$118.40
$73,796	$4,100	$30.75	$30.75	$30.75	$42.64	$56.17	$69.70	$77.49	$83.64	$98.81	$121.36	$121.36	$121.36
$75,596	$4,200	$31.50	$31.50	$31.50	$43.68	$57.54	$71.40	$79.38	$85.68	$101.22	$124.32	$124.32	$124.32
$77,396	$4,300	$32.25	$32.25	$32.25	$44.72	$58.91	$73.10	$81.27	$87.72	$103.63	$127.28	$127.28	$127.28
$79,196	$4,400	$33.00	$33.00	$33.00	$45.76	$60.28	$74.80	$83.16	$89.76	$106.04	$130.24	$130.24	$130.24
$80,996	$4,500	$33.75	$33.75	$33.75	$46.80	$61.65	$76.50	$85.05	$91.80	$108.45	$133.20	$133.20	$133.20
$82,796	$4,600	$34.50	$34.50	$34.50	$47.84	$63.02	$78.20	$86.94	$93.84	$110.86	$136.16	$136.16	$136.16
$84,596	$4,700	$35.25	$35.25	$35.25	$48.88	$64.39	$79.90	$88.83	$95.88	$113.27	$139.12	$139.12	$139.12
$86,396	$4,800	$36.00	$36.00	$36.00	$49.92	$65.76	$81.60	$90.72	$97.92	$115.68	$142.08	$142.08	$142.08
$88,196	$4,900	$36.75	$36.75	$36.75	$50.96	$67.13	$83.30	$92.61	$99.96	$118.09	$145.04	$145.04	$145.04
$89,996	$5,000	$37.50	$37.50	$37.50	$52.00	$68.50	$85.00	$94.50	$102.00	$120.50	$148.00	$148.00	$148.00
$91,795	$5,100	$38.25	$38.25	$38.25	$53.04	$69.87	$86.70	$96.39	$104.04	$122.91	$150.96	$150.96	$150.96
$93,595	$5,200	$39.00	$39.00	$39.00	$54.08	$71.24	$88.40	$98.28	$106.08	$125.32	$153.92	$153.92	$153.92
$95,395	$5,300	$39.75	$39.75	$39.75	$55.12	$72.61	$90.10	$100.17	$108.12	$127.73	$156.88	$156.88	$156.88
$97,195	$5,400	$40.50	$40.50	$40.50	$56.16	$73.98	$91.80	$102.06	$110.16	$130.14	$159.84	$159.84	$159.84
$98,995	$5,500	$41.25	$41.25	$41.25	$57.20	$75.35	$93.50	$103.95	$112.20	$132.55	$162.80	$162.80	$162.80
$100,795	$5,600	$42.00	$42.00	$42.00	$58.24	$76.72	$95.20	$105.84	$114.24	$134.96	$165.76	$165.76	$165.76
$102,595	$5,700	$42.75	$42.75	$42.75	$59.28	$78.09	$96.90	$107.73	$116.28	$137.37	$168.72	$168.72	$168.72

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Option 3:		Elimination Period 30 days / 30 days				Maximum Benefit Duration Accident SSFRA Sickness 3 years/SSFRA					Pre-Existing Condition Period 3/12		
If your Annual Salary is at least:	You may Select a Monthly Benefit of:	Monthly Payroll Deduction Amounts (based on Employee Age as of 11/01)											
		0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$104,395	$5,800	$43.50	$43.50	$43.50	$60.32	$79.46	$98.60	$109.62	$118.32	$139.78	$171.68	$171.68	$171.68
$106,195	$5,900	$44.25	$44.25	$44.25	$61.36	$80.83	$100.30	$111.51	$120.36	$142.19	$174.64	$174.64	$174.64
$107,995	$6,000	$45.00	$45.00	$45.00	$62.40	$82.20	$102.00	$113.40	$122.40	$144.60	$177.60	$177.60	$177.60
$109,795	$6,100	$45.75	$45.75	$45.75	$63.44	$83.57	$103.70	$115.29	$124.44	$147.01	$180.56	$180.56	$180.56
$111,594	$6,200	$46.50	$46.50	$46.50	$64.48	$84.94	$105.40	$117.18	$126.48	$149.42	$183.52	$183.52	$183.52
$113,394	$6,300	$47.25	$47.25	$47.25	$65.52	$86.31	$107.10	$119.07	$128.52	$151.83	$186.48	$186.48	$186.48
$115,194	$6,400	$48.00	$48.00	$48.00	$66.56	$87.68	$108.80	$120.96	$130.56	$154.24	$189.44	$189.44	$189.44
$116,994	$6,500	$48.75	$48.75	$48.75	$67.60	$89.05	$110.50	$122.85	$132.60	$156.65	$192.40	$192.40	$192.40
$118,794	$6,600	$49.50	$49.50	$49.50	$68.64	$90.42	$112.20	$124.74	$134.64	$159.06	$195.36	$195.36	$195.36
$120,594	$6,700	$50.25	$50.25	$50.25	$69.68	$91.79	$113.90	$126.63	$136.68	$161.47	$198.32	$198.32	$198.32
$122,394	$6,800	$51.00	$51.00	$51.00	$70.72	$93.16	$115.60	$128.52	$138.72	$163.88	$201.28	$201.28	$201.28
$124,194	$6,900	$51.75	$51.75	$51.75	$71.76	$94.53	$117.30	$130.41	$140.76	$166.29	$204.24	$204.24	$204.24
$125,994	$7,000	$52.50	$52.50	$52.50	$72.80	$95.90	$119.00	$132.30	$142.80	$168.70	$207.20	$207.20	$207.20
$127,794	$7,100	$53.25	$53.25	$53.25	$73.84	$97.27	$120.70	$134.19	$144.84	$171.11	$210.16	$210.16	$210.16
$129,594	$7,200	$54.00	$54.00	$54.00	$74.88	$98.64	$122.40	$136.08	$146.88	$173.52	$213.12	$213.12	$213.12
$131,393	$7,300	$54.75	$54.75	$54.75	$75.92	$100.01	$124.10	$137.97	$148.92	$175.93	$216.08	$216.08	$216.08
$133,193	$7,400	$55.50	$55.50	$55.50	$76.96	$101.38	$125.80	$139.86	$150.96	$178.34	$219.04	$219.04	$219.04
$134,993	$7,500	$56.25	$56.25	$56.25	$78.00	$102.75	$127.50	$141.75	$153.00	$180.75	$222.00	$222.00	$222.00

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Option 4:		Elimination Period 90 days / 90 days				Maximum Benefit Duration Accident SSFRA Sickness 3 years/SSFRA					Pre-Existing Condition Period 3/12		
If your Annual Salary is at least:	You may Select a Monthly Benefit of:	Monthly Payroll Deduction Amounts (based on Employee Age as of 11/01)											
		0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$3,600	$200	$0.74	$0.74	$0.74	$0.92	$1.28	$1.74	$2.14	$2.70	$3.62	$4.58	$4.58	$4.58
$5,400	$300	$1.11	$1.11	$1.11	$1.38	$1.92	$2.61	$3.21	$4.05	$5.43	$6.87	$6.87	$6.87
$7,200	$400	$1.48	$1.48	$1.48	$1.84	$2.56	$3.48	$4.28	$5.40	$7.24	$9.16	$9.16	$9.16
$9,000	$500	$1.85	$1.85	$1.85	$2.30	$3.20	$4.35	$5.35	$6.75	$9.05	$11.45	$11.45	$11.45
$10,799	$600	$2.22	$2.22	$2.22	$2.76	$3.84	$5.22	$6.42	$8.10	$10.86	$13.74	$13.74	$13.74
$12,599	$700	$2.59	$2.59	$2.59	$3.22	$4.48	$6.09	$7.49	$9.45	$12.67	$16.03	$16.03	$16.03
$14,399	$800	$2.96	$2.96	$2.96	$3.68	$5.12	$6.96	$8.56	$10.80	$14.48	$18.32	$18.32	$18.32
$16,199	$900	$3.33	$3.33	$3.33	$4.14	$5.76	$7.83	$9.63	$12.15	$16.29	$20.61	$20.61	$20.61
$17,999	$1,000	$3.70	$3.70	$3.70	$4.60	$6.40	$8.70	$10.70	$13.50	$18.10	$22.90	$22.90	$22.90
$19,799	$1,100	$4.07	$4.07	$4.07	$5.06	$7.04	$9.57	$11.77	$14.85	$19.91	$25.19	$25.19	$25.19
$21,599	$1,200	$4.44	$4.44	$4.44	$5.52	$7.68	$10.44	$12.84	$16.20	$21.72	$27.48	$27.48	$27.48
$23,399	$1,300	$4.81	$4.81	$4.81	$5.98	$8.32	$11.31	$13.91	$17.55	$23.53	$29.77	$29.77	$29.77
$25,199	$1,400	$5.18	$5.18	$5.18	$6.44	$8.96	$12.18	$14.98	$18.90	$25.34	$32.06	$32.06	$32.06
$26,999	$1,500	$5.55	$5.55	$5.55	$6.90	$9.60	$13.05	$16.05	$20.25	$27.15	$34.35	$34.35	$34.35
$28,799	$1,600	$5.92	$5.92	$5.92	$7.36	$10.24	$13.92	$17.12	$21.60	$28.96	$36.64	$36.64	$36.64
$30,598	$1,700	$6.29	$6.29	$6.29	$7.82	$10.88	$14.79	$18.19	$22.95	$30.77	$38.93	$38.93	$38.93
$32,398	$1,800	$6.66	$6.66	$6.66	$8.28	$11.52	$15.66	$19.26	$24.30	$32.58	$41.22	$41.22	$41.22
$34,198	$1,900	$7.03	$7.03	$7.03	$8.74	$12.16	$16.53	$20.33	$25.65	$34.39	$43.51	$43.51	$43.51
$35,998	$2,000	$7.40	$7.40	$7.40	$9.20	$12.80	$17.40	$21.40	$27.00	$36.20	$45.80	$45.80	$45.80
$37,798	$2,100	$7.77	$7.77	$7.77	$9.66	$13.44	$18.27	$22.47	$28.35	$38.01	$48.09	$48.09	$48.09
$39,598	$2,200	$8.14	$8.14	$8.14	$10.12	$14.08	$19.14	$23.54	$29.70	$39.82	$50.38	$50.38	$50.38
$41,398	$2,300	$8.51	$8.51	$8.51	$10.58	$14.72	$20.01	$24.61	$31.05	$41.63	$52.67	$52.67	$52.67
$43,198	$2,400	$8.88	$8.88	$8.88	$11.04	$15.36	$20.88	$25.68	$32.40	$43.44	$54.96	$54.96	$54.96
$44,998	$2,500	$9.25	$9.25	$9.25	$11.50	$16.00	$21.75	$26.75	$33.75	$45.25	$57.25	$57.25	$57.25
$46,798	$2,600	$9.62	$9.62	$9.62	$11.96	$16.64	$22.62	$27.82	$35.10	$47.06	$59.54	$59.54	$59.54
$48,598	$2,700	$9.99	$9.99	$9.99	$12.42	$17.28	$23.49	$28.89	$36.45	$48.87	$61.83	$61.83	$61.83
$50,397	$2,800	$10.36	$10.36	$10.36	$12.88	$17.92	$24.36	$29.96	$37.80	$50.68	$64.12	$64.12	$64.12
$52,197	$2,900	$10.73	$10.73	$10.73	$13.34	$18.56	$25.23	$31.03	$39.15	$52.49	$66.41	$66.41	$66.41

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		0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$53,997	$3,000	$11.10	$11.10	$11.10	$13.80	$19.20	$26.10	$32.10	$40.50	$54.30	$68.70	$68.70	$68.70
$55,797	$3,100	$11.47	$11.47	$11.47	$14.26	$19.84	$26.97	$33.17	$41.85	$56.11	$70.99	$70.99	$70.99
$57,597	$3,200	$11.84	$11.84	$11.84	$14.72	$20.48	$27.84	$34.24	$43.20	$57.92	$73.28	$73.28	$73.28
$59,397	$3,300	$12.21	$12.21	$12.21	$15.18	$21.12	$28.71	$35.31	$44.55	$59.73	$75.57	$75.57	$75.57
$61,197	$3,400	$12.58	$12.58	$12.58	$15.64	$21.76	$29.58	$36.38	$45.90	$61.54	$77.86	$77.86	$77.86
$62,997	$3,500	$12.95	$12.95	$12.95	$16.10	$22.40	$30.45	$37.45	$47.25	$63.35	$80.15	$80.15	$80.15
$64,797	$3,600	$13.32	$13.32	$13.32	$16.56	$23.04	$31.32	$38.52	$48.60	$65.16	$82.44	$82.44	$82.44
$66,597	$3,700	$13.69	$13.69	$13.69	$17.02	$23.68	$32.19	$39.59	$49.95	$66.97	$84.73	$84.73	$84.73
$68,397	$3,800	$14.06	$14.06	$14.06	$17.48	$24.32	$33.06	$40.66	$51.30	$68.78	$87.02	$87.02	$87.02
$70,196	$3,900	$14.43	$14.43	$14.43	$17.94	$24.96	$33.93	$41.73	$52.65	$70.59	$89.31	$89.31	$89.31
$71,996	$4,000	$14.80	$14.80	$14.80	$18.40	$25.60	$34.80	$42.80	$54.00	$72.40	$91.60	$91.60	$91.60
$73,796	$4,100	$15.17	$15.17	$15.17	$18.86	$26.24	$35.67	$43.87	$55.35	$74.21	$93.89	$93.89	$93.89
$75,596	$4,200	$15.54	$15.54	$15.54	$19.32	$26.88	$36.54	$44.94	$56.70	$76.02	$96.18	$96.18	$96.18
$77,396	$4,300	$15.91	$15.91	$15.91	$19.78	$27.52	$37.41	$46.01	$58.05	$77.83	$98.47	$98.47	$98.47
$79,196	$4,400	$16.28	$16.28	$16.28	$20.24	$28.16	$38.28	$47.08	$59.40	$79.64	$100.76	$100.76	$100.76
$80,996	$4,500	$16.65	$16.65	$16.65	$20.70	$28.80	$39.15	$48.15	$60.75	$81.45	$103.05	$103.05	$103.05
$82,796	$4,600	$17.02	$17.02	$17.02	$21.16	$29.44	$40.02	$49.22	$62.10	$83.26	$105.34	$105.34	$105.34
$84,596	$4,700	$17.39	$17.39	$17.39	$21.62	$30.08	$40.89	$50.29	$63.45	$85.07	$107.63	$107.63	$107.63
$86,396	$4,800	$17.76	$17.76	$17.76	$22.08	$30.72	$41.76	$51.36	$64.80	$86.88	$109.92	$109.92	$109.92
$88,196	$4,900	$18.13	$18.13	$18.13	$22.54	$31.36	$42.63	$52.43	$66.15	$88.69	$112.21	$112.21	$112.21
$89,996	$5,000	$18.50	$18.50	$18.50	$23.00	$32.00	$43.50	$53.50	$67.50	$90.50	$114.50	$114.50	$114.50
$91,795	$5,100	$18.87	$18.87	$18.87	$23.46	$32.64	$44.37	$54.57	$68.85	$92.31	$116.79	$116.79	$116.79
$93,595	$5,200	$19.24	$19.24	$19.24	$23.92	$33.28	$45.24	$55.64	$70.20	$94.12	$119.08	$119.08	$119.08
$95,395	$5,300	$19.61	$19.61	$19.61	$24.38	$33.92	$46.11	$56.71	$71.55	$95.93	$121.37	$121.37	$121.37
$97,195	$5,400	$19.98	$19.98	$19.98	$24.84	$34.56	$46.98	$57.78	$72.90	$97.74	$123.66	$123.66	$123.66
$98,995	$5,500	$20.35	$20.35	$20.35	$25.30	$35.20	$47.85	$58.85	$74.25	$99.55	$125.95	$125.95	$125.95
$100,795	$5,600	$20.72	$20.72	$20.72	$25.76	$35.84	$48.72	$59.92	$75.60	$101.36	$128.24	$128.24	$128.24
$102,595	$5,700	$21.09	$21.09	$21.09	$26.22	$36.48	$49.59	$60.99	$76.95	$103.17	$130.53	$130.53	$130.53

Rates Effective 11/1/2018

About Premiums: The premiums shown above may vary slightly due to rounding; actual premiums will be calculated by American United Life Insurance Company® (AUL), and may increase upon reaching certain age brackets, according to contract terms, and are subject to change.

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Ruidoso Municipal Schools

ONEAMERICA®

Group Educator Disability Insurance Coverage for Eligible Employees

Monthly Payroll Deduction Illustration

About your benefit options:

- Group Educator Disability benefits are illustrated and paid on a monthly basis.
- Maximum benefit amounts are based upon a percentage of covered earnings. Potential benefits are reduced by other income offsets including but not limited to Social Security benefits.

Option 4:		Elimination Period 90 days / 90 days				Maximum Benefit Duration Accident SSFRA Sickness 3 years/SSFRA					Pre-Existing Condition Period 3/12		
If your Annual Salary is at least:	You may Select a Monthly Benefit of:	Monthly Payroll Deduction Amounts (based on Employee Age as of 11/01)											
		0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$104,395	$5,800	$21.46	$21.46	$21.46	$26.68	$37.12	$50.46	$62.06	$78.30	$104.98	$132.82	$132.82	$132.82
$106,195	$5,900	$21.83	$21.83	$21.83	$27.14	$37.76	$51.33	$63.13	$79.65	$106.79	$135.11	$135.11	$135.11
$107,995	$6,000	$22.20	$22.20	$22.20	$27.60	$38.40	$52.20	$64.20	$81.00	$108.60	$137.40	$137.40	$137.40
$109,795	$6,100	$22.57	$22.57	$22.57	$28.06	$39.04	$53.07	$65.27	$82.35	$110.41	$139.69	$139.69	$139.69
$111,594	$6,200	$22.94	$22.94	$22.94	$28.52	$39.68	$53.94	$66.34	$83.70	$112.22	$141.98	$141.98	$141.98
$113,394	$6,300	$23.31	$23.31	$23.31	$28.98	$40.32	$54.81	$67.41	$85.05	$114.03	$144.27	$144.27	$144.27
$115,194	$6,400	$23.68	$23.68	$23.68	$29.44	$40.96	$55.68	$68.48	$86.40	$115.84	$146.56	$146.56	$146.56
$116,994	$6,500	$24.05	$24.05	$24.05	$29.90	$41.60	$56.55	$69.55	$87.75	$117.65	$148.85	$148.85	$148.85
$118,794	$6,600	$24.42	$24.42	$24.42	$30.36	$42.24	$57.42	$70.62	$89.10	$119.46	$151.14	$151.14	$151.14
$120,594	$6,700	$24.79	$24.79	$24.79	$30.82	$42.88	$58.29	$71.69	$90.45	$121.27	$153.43	$153.43	$153.43
$122,394	$6,800	$25.16	$25.16	$25.16	$31.28	$43.52	$59.16	$72.76	$91.80	$123.08	$155.72	$155.72	$155.72
$124,194	$6,900	$25.53	$25.53	$25.53	$31.74	$44.16	$60.03	$73.83	$93.15	$124.89	$158.01	$158.01	$158.01
$125,994	$7,000	$25.90	$25.90	$25.90	$32.20	$44.80	$60.90	$74.90	$94.50	$126.70	$160.30	$160.30	$160.30
$127,794	$7,100	$26.27	$26.27	$26.27	$32.66	$45.44	$61.77	$75.97	$95.85	$128.51	$162.59	$162.59	$162.59
$129,594	$7,200	$26.64	$26.64	$26.64	$33.12	$46.08	$62.64	$77.04	$97.20	$130.32	$164.88	$164.88	$164.88
$131,393	$7,300	$27.01	$27.01	$27.01	$33.58	$46.72	$63.51	$78.11	$98.55	$132.13	$167.17	$167.17	$167.17
$133,193	$7,400	$27.38	$27.38	$27.38	$34.04	$47.36	$64.38	$79.18	$99.90	$133.94	$169.46	$169.46	$169.46
$134,993	$7,500	$27.75	$27.75	$27.75	$34.50	$48.00	$65.25	$80.25	$101.25	$135.75	$171.75	$171.75	$171.75

Rates Effective 11/1/2018

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3 Session Plan

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- Job pressures
- Grief and loss
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- Credit card or loan problems
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- Estate planning
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