



PY 2024 Medical, Dental, & Vision

United Healthcare – Choice Plus – Plan 1		
	Semi-Monthly Premium	Monthly Premium
Employee Only	\$25.97	\$51.94
Employee & Spouse	\$222.60	\$445.20
Employee & Child(ren)	\$169.46	\$338.92
Employee & Family	\$377.67	\$755.34
United Healthcare – Choice – In Network Only – Plan 2		
Employee Only	\$13.75	\$27.50
Employee & Spouse	\$118.30	\$236.60
Employee & Child(ren)	\$107.85	\$215.70
Employee & Family	\$192.50	\$385.00
United Healthcare – Choice Plus – High Deductible Health Plan with Health Savings Account – Plan 3		
Employee Only	\$0.00	\$0.00
Employee & Spouse	\$86.00	\$172.00
Employee & Child(ren)	\$78.00	\$156.00
Employee & Family	\$140.00	\$280.00
United Healthcare – National Options PPO Dental		
Employee Only	\$0.00	\$0.00
Employee & Spouse	\$12.25	\$24.50
Employee & Child(ren)	\$9.75	\$19.50
Employee & Family	\$25.75	\$51.50
United Healthcare – Texas Dental HMO		
Employee Only	\$0.00	\$0.00
Employee & Spouse	\$1.42	\$2.84
Employee & Child(ren)	\$2.49	\$4.98
Employee & Family	\$9.21	\$18.42
Hays County's Vision Plan (Superior Vision)		
Employee Only	\$4.05	\$8.10
Employee & Spouse	\$8.66	\$17.32
Employee & Child(ren)	\$6.68	\$13.36
Employee & Family	\$11.98	\$23.96

2024 PCORI Fees

The **Affordable Care Act (ACA)** created the fee to fund a Washington, D.C.-based institute that conducts research on the comparative effectiveness of medical treatments. The fee for 2024 is \$3.13 per year per covered individual on your health insurance plan.

2024 Tobacco User Fee

The Hays County Tobacco Use Policy and Certification was effective January 1, 2015. This policy applies only to county employees (not spouses or family members) enrolled in a Hays County Group Health Plan. The monthly Tobacco User Fee is \$30 for employees certified as a tobacco user.

Employees are not required to sign a new tobacco certification unless their status has changed from the previous certification. Hays County will continue to rely on the honor system when employees self-report their tobacco usage. Hays County offers tobacco cessation help through **United Healthcare Quit 4 Life** program.

Class: Non-Tobacco



Issue Age (ALB)	Semi-Monthly Premium Life Only (24 Pay Periods per Year)										Age to Which Coverage is Guaranteed at Table Premium
	10,000	15,000	20,000	25,000	30,000	40,000	50,000	75,000	100,000	125,000	
17-20				4.15	4.75	5.96	7.17	10.19	13.21	16.23	66
21				4.26	4.89	6.14	7.40	10.53	13.67	16.80	66
22				4.26	4.89	6.14	7.40	10.53	13.67	16.80	65
23				4.38	5.03	6.33	7.63	10.88	14.13	17.38	63
24				4.38	5.03	6.33	7.63	10.88	14.13	17.38	63
25				4.38	5.03	6.33	7.63	10.88	14.13	17.38	63
26				4.50	5.18	6.53	7.88	11.25	14.63	18.00	63
27				4.61	5.31	6.71	8.10	11.59	15.08	18.57	63
28				4.61	5.31	6.71	8.10	11.59	15.08	18.57	62
29				4.73	5.45	6.89	8.33	11.94	15.54	19.15	62
30				4.84	5.59	7.08	8.56	12.28	16.00	19.72	60
31				4.84	5.59	7.08	8.56	12.28	16.00	19.72	60
32				5.07	5.86	7.44	9.02	12.97	16.92	20.86	61
33				5.31	6.15	7.83	9.50	13.69	17.88	22.06	62
34				5.54	6.42	8.19	9.96	14.37	18.79	23.21	62
35	3.03	3.99	4.94	5.90	6.85	8.76	10.67	15.44	20.21	24.98	64
36	3.13	4.13	5.13	6.13	7.13	9.13	11.13	16.13	21.13	26.13	64
37	3.22	4.26	5.31	6.35	7.40	9.49	11.58	16.81	22.04	27.27	64
38	3.36	4.48	5.59	6.71	7.83	10.06	12.29	17.88	23.46	29.04	65
39	3.54	4.75	5.96	7.17	8.37	10.79	13.21	19.25	25.29	31.33	66
40	3.73	5.03	6.33	7.64	8.94	11.54	14.15	20.66	27.17	33.68	67
41	3.96	5.38	6.80	8.22	9.64	12.48	15.31	22.41	29.50	36.59	68
42	4.29	5.87	7.45	9.03	10.61	13.78	16.94	24.84	32.75	40.66	70
43	4.61	6.36	8.10	9.84	11.59	15.08	18.56	27.28	36.00	44.72	72
44	4.94	6.84	8.75	10.66	12.56	16.38	20.19	29.72	39.25	48.78	73
45	5.31	7.40	9.49	11.58	13.68	17.86	22.04	32.50	42.96	53.42	74
46	5.68	7.96	10.24	12.52	14.80	19.36	23.92	35.31	46.71	58.10	75
47	6.01	8.45	10.89	13.33	15.78	20.66	25.54	37.75	49.96	62.17	76
48	6.38	9.01	11.63	14.26	16.89	22.14	27.40	40.53	53.67	66.80	77
49	6.80	9.64	12.48	15.31	18.15	23.83	29.50	43.69	57.88	72.06	78
50	7.31	10.40	13.49	16.58	19.68	25.86	32.04	47.50			79
51	7.91	11.31	14.70	18.09	21.49	28.28	35.06	52.03			80
52	8.66	12.43	16.19	19.96	23.73	31.26	38.79	57.63			82
53	9.40	13.54	17.68	21.81	25.95	34.23	42.50	63.19			83
54	10.15	14.66	19.17	23.68	28.19	37.21	46.23	68.78			85
55	10.80	15.63	20.47	25.30	30.14	39.81	49.48	73.66			86
56	11.26	16.33	21.40	26.47	31.54	41.68	51.81	77.16			85
57	11.59	16.82	22.05	27.28	32.51	42.98	53.44	79.59			84
58	11.96	17.38	22.79	28.21	33.63	44.46	55.29	82.38			84
59	12.43	18.08	23.73	29.38	35.03	46.33	57.63	85.88			84
60	13.12	19.12	25.12	31.11	37.11	49.11	61.10	91.09			84
61	14.19	20.72	27.26	33.79	40.32	53.39	66.46	99.12			85
62	15.49	22.67	29.86	37.04	44.22	58.59	72.96	108.87			87
63	16.38	24.00	31.63	39.25	46.88	62.13	77.38	115.50			89
64	17.28	25.35	33.43	41.50	49.58	65.73	81.88	122.25			93
65	18.23										94
66	19.28										95
67	20.43										96
68	21.68										96
69	22.98										96
70	24.28										95

Child Term Rider: \$2.50 per Pay Period

Children's Policy: \$4.50 per Pay Period [15 days to 26 years]

Grandchildren's Policy: \$4.50 per Pay Period [15 days to 18 years]

Class: Tobacco



Issue Age (ALB)	Semi-Monthly Premium Life Only (24 Pay Periods per Year)										Age to Which Coverage is Guaranteed at Table Premium
	10,000	15,000	20,000	25,000	30,000	40,000	50,000	75,000	100,000	125,000	
17-20				6.13	7.13	9.13	11.13	16.13	21.13	26.13	66
21				6.35	7.40	9.49	11.58	16.81	22.04	27.27	66
22				6.35	7.40	9.49	11.58	16.81	22.04	27.27	65
23				6.71	7.83	10.06	12.29	17.88	23.46	29.04	63
24				6.71	7.83	10.06	12.29	17.88	23.46	29.04	63
25				6.71	7.83	10.06	12.29	17.88	23.46	29.04	63
26				6.82	7.96	10.24	12.52	18.22	23.92	29.61	63
27				6.94	8.10	10.43	12.75	18.56	24.38	30.19	63
28				7.05	8.24	10.61	12.98	18.91	24.83	30.76	62
29				7.17	8.37	10.79	13.21	19.25	25.29	31.33	62
30				8.10	9.50	12.29	15.08	22.06	29.04	36.02	60
31				8.10	9.50	12.29	15.08	22.06	29.04	36.02	60
32				8.33	9.78	12.66	15.54	22.75	29.96	37.17	61
33				8.45	9.91	12.84	15.77	23.09	30.42	37.74	62
34				8.56	10.05	13.03	16.00	23.44	30.88	38.31	62
35	4.33	5.94	7.54	9.15	10.75	13.96	17.17	25.19	33.21	41.23	64
36	4.48	6.15	7.83	9.50	11.18	14.53	17.88	26.25	34.63	43.00	64
37	4.70	6.49	8.28	10.07	11.86	15.44	19.02	27.97	36.92	45.86	64
38	4.85	6.71	8.57	10.43	12.29	16.01	19.73	29.03	38.33	47.64	65
39	5.13	7.13	9.13	11.13	13.13	17.13	21.13	31.13	41.13	51.13	66
40	5.54	7.75	9.96	12.17	14.37	18.79	23.21	34.25	45.29	56.33	67
41	5.87	8.24	10.61	12.98	15.35	20.09	24.83	36.69	48.54	60.40	68
42	6.29	8.87	11.45	14.03	16.61	21.78	26.94	39.84	52.75	65.66	70
43	6.94	9.84	12.75	15.66	18.56	24.38	30.19	44.72	59.25	73.78	72
44	7.31	10.40	13.49	16.58	19.68	25.86	32.04	47.50	62.96	78.42	73
45	7.82	11.17	14.52	17.86	21.21	27.91	34.60	51.34	68.08	84.82	74
46	8.29	11.87	15.45	19.03	22.61	29.78	36.94	54.84	72.75	90.66	75
47	8.75	12.56	16.38	20.19	24.00	31.63	39.25	58.31	77.38	96.44	76
48	9.22	13.26	17.31	21.35	25.40	33.49	41.58	61.81	82.04	102.27	77
49	9.96	14.38	18.79	23.21	27.63	36.46	45.29	67.38	89.46	111.54	78
50	10.47	15.14	19.82	24.49	29.16	38.51	47.85	71.22			79
51	11.26	16.33	21.40	26.47	31.54	41.68	51.81	77.16			80
52	12.24	17.79	23.35	28.91	34.46	45.58	56.69	84.47			82
53	13.03	18.98	24.93	30.89	36.84	48.74	60.65	90.41			83
54	14.00	20.44	26.88	33.32	39.76	52.64	65.52	97.72			85
55	14.70	21.49	28.28	35.07	41.86	55.44	69.02	102.97			86
56	15.31	22.40	29.49	36.58	43.68	57.86	72.04	107.50			85
57	15.77	23.09	30.42	37.74	45.06	59.71	74.35	110.97			84
58	16.61	24.35	32.09	39.83	47.58	63.06	78.54	117.25			84
59	17.31	25.40	33.49	41.58	49.68	65.86	82.04	122.50			84
60	18.15	26.66	35.17	43.68	52.19	69.21	86.23	128.78			84
61	19.35	28.47	37.58	46.70	55.81	74.04	92.27	137.84			85
62	20.89	30.77	40.65	50.53	60.41	80.18	99.94	149.34			87
63	22.47	33.14	43.81	54.48	65.15	86.49	107.83	161.19			89
64	24.19	35.72	47.25	58.78	70.31	93.38	116.44	174.09			93
65	25.35										94
66	26.65										95
67	27.95										96
68	29.40										96
69	30.88										96
70	32.51										95

Child Term Rider: \$2.50 per Pay Period

Dearborn National™

Voluntary Life and AD&D Coverage For the employees of Hays County

Voluntary Life & AD&D Insurance

You are eligible to purchase Voluntary Life & AD&D Insurance for you and your spouse if you are a full time active employee and have completed your eligibility waiting period. Guarantee Issue amounts are available for the January 1, 2011 effective date for all eligible employees. Guarantee Issue amounts are available to new employees if enrolling within 31 days of when first eligible. You may also enroll during your Annual Enrollment period as a Late Employee. All Late enrollees and amounts above Guarantee Issue will require Evidence of Insurability. Voluntary Life & AD&D benefits do not reduce.

Employee Coverage – Available in increments of \$10,000 to \$500,000.
Employee Guarantee Issue Amount: \$200,000

Spouse Coverage – Coverage available in increments of \$5,000 to \$250,000, not to exceed 50% of employee coverage amount.
Spouse Guarantee Issue Amount: \$50,000

Dependent Child Coverage — One unit covers all unmarried dependent children from 6 months to age 25. Available in amounts of \$5,000 or \$10,000.
Children from age 15 days to 6 months receive \$100 in coverage.
Guarantee Issue Amount: \$10,000

Monthly Rates per \$1,000 Voluntary Life & AD&D Rates

AGE	RATE
Under 30	\$0.1075
30 – 34	\$0.1375
35 – 39	\$0.1675
40 – 44	\$0.1900
45 – 49	\$0.2650
50 – 54	\$0.4300
55 – 59	\$0.7450
60 – 64	\$0.9175
65 – 69	\$1.5400
70 – 74	\$2.4775
75 and over	\$2.4775

Dependent Child Coverage	
Amount	Rate
\$5,000	\$1.00
\$10,000	\$2.00

Monthly Premium for Voluntary Life & AD&D- Employee 12- Pay Periods

Age	Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$1.08	\$1.38	\$1.68	\$1.90	\$2.65	\$4.30	\$7.45	\$9.18	\$15.40	\$24.78	\$24.78
\$20,000	\$2.15	\$2.75	\$3.35	\$3.80	\$5.30	\$8.60	\$14.90	\$18.35	\$30.80	\$49.55	\$49.55
\$30,000	\$3.23	\$4.13	\$5.03	\$5.70	\$7.95	\$12.90	\$22.35	\$27.53	\$46.20	\$74.33	\$74.33
\$40,000	\$4.30	\$5.50	\$6.70	\$7.60	\$10.60	\$17.20	\$29.80	\$36.70	\$61.60	\$99.10	\$99.10
\$50,000	\$5.38	\$6.88	\$8.38	\$9.50	\$13.25	\$21.50	\$37.25	\$45.88	\$77.00	\$123.88	\$123.88
\$60,000	\$6.45	\$8.25	\$10.05	\$11.40	\$15.90	\$25.80	\$44.70	\$55.05	\$92.40	\$148.65	\$148.65
\$70,000	\$7.53	\$9.63	\$11.73	\$13.30	\$18.55	\$30.10	\$52.15	\$64.23	\$107.80	\$173.43	\$173.43
\$80,000	\$8.60	\$11.00	\$13.40	\$15.20	\$21.20	\$34.40	\$59.60	\$73.40	\$123.20	\$198.20	\$198.20
\$90,000	\$9.68	\$12.38	\$15.08	\$17.10	\$23.85	\$38.70	\$67.05	\$82.58	\$138.60	\$222.98	\$222.98
\$100,000	\$10.75	\$13.75	\$16.75	\$19.00	\$26.50	\$43.00	\$74.50	\$91.75	\$154.00	\$247.75	\$247.75
\$150,000	\$16.13	\$20.63	\$25.13	\$28.50	\$39.75	\$64.50	\$111.75	\$137.63	\$231.00	\$371.63	\$371.63
\$200,000	\$21.50	\$27.50	\$33.50	\$38.00	\$53.00	\$86.00	\$149.00	\$183.50	\$308.00	\$495.50	\$495.50

Monthly Premium for Voluntary Life & AD&D Insurance - Spouse

Age	Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	\$0.54	\$0.69	\$0.84	\$0.95	\$1.33	\$2.15	\$3.73	\$4.59	\$7.70	\$12.39	\$12.39
\$10,000	\$1.08	\$1.38	\$1.68	\$1.90	\$2.65	\$4.30	\$7.45	\$9.18	\$15.40	\$24.78	\$24.78
\$15,000	\$1.61	\$2.06	\$2.51	\$2.85	\$3.98	\$6.45	\$11.18	\$13.76	\$23.10	\$37.16	\$37.16
\$20,000	\$2.15	\$2.75	\$3.35	\$3.80	\$5.30	\$8.60	\$14.90	\$18.35	\$30.80	\$49.55	\$49.55
\$25,000	\$2.69	\$3.44	\$4.19	\$4.75	\$6.63	\$10.75	\$18.63	\$22.94	\$38.50	\$61.94	\$61.94
\$30,000	\$3.23	\$4.13	\$5.03	\$5.70	\$7.95	\$12.90	\$22.35	\$27.53	\$46.20	\$74.33	\$74.33
\$35,000	\$3.76	\$4.81	\$5.86	\$6.65	\$9.28	\$15.05	\$26.08	\$32.11	\$53.90	\$86.71	\$86.71
\$40,000	\$4.30	\$5.50	\$6.70	\$7.60	\$10.60	\$17.20	\$29.80	\$36.70	\$61.60	\$99.10	\$99.10
\$45,000	\$4.84	\$6.19	\$7.54	\$8.55	\$11.93	\$19.35	\$33.53	\$41.29	\$69.30	\$111.49	\$111.49
\$50,000	\$5.38	\$6.88	\$8.38	\$9.50	\$13.25	\$21.50	\$37.25	\$45.88	\$77.00	\$123.88	\$123.88

Coverage provided by Fort Dearborn Life Insurance Company. This summary is for illustrative purposes only and does not constitute a contract. The full terms and conditions of the coverage you select will be contained in the policies provided to your employer. If there is any discrepancy between this benefit description and the policy the terms of the policy will control.

See yourself healthy.

Vision Plan Benefits for Hays County

Co-Pays	Monthly Premiums	Services/Frequency
Exam \$10	Emp. only \$8.10	Exam 12 months
Materials ¹ \$10	Emp. + spouse \$17.32	Frame 24 months
Contact Lens Fitting (standard & specialty) \$25	Emp. + child(ren) \$13.36	Contact Lens Fitting 12 months
	Emp. + family \$23.96	Lenses 12 months
		Contact Lenses 12 months

(Based on date of service)

Benefits

	In-Network	Out-of-Network
Exam (Ophthalmologist)	Covered in full	Up to \$42 retail
Exam (Optometrist)	Covered in full	Up to \$37 retail
Frames	\$100 retail allowance	Up to \$48 retail
Contact Lens Fitting (standard)	Covered in full	Not covered
Contact Lens Fitting (specialty ²)	\$50 retail allowance	Not covered
Lenses (standard) per pair		
Single Vision	Covered in full	Up to \$32 retail
Bifocal	Covered in full	Up to \$46 retail
Trifocal	Covered in full	Up to \$61 retail
Progressive lens upgrade	See description ³	Up to \$61 retail
Contact Lenses ⁴	\$100 retail allowance	Up to \$100 retail

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements

¹ Materials co-pay applies to lenses and frames only, not contact lenses

² The specialty contact lens fitting is for new contact lens wearers and/or a member who wears toric, gas permeable, or multifocal lenses.

³ Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay

⁴ Contact lenses are in lieu of eyeglass lenses and frames benefit

Discount Features

Look for providers in the Provider Directory who accept discounts, as some do not; please verify their services and discounts (range from 10%-30%) prior to service as they vary.

Discounts on Covered Materials

Frames:	20% off amount over allowance
Lens options:	20% off retail
Progressives:	20% off amount over retail lined trifocal lens, including lens options

The following options have out-of-pocket maximums⁵ on standard (not premium, brand, or progressive) lenses.

	Maximum Member Out-of-Pocket	
	Single Vision	Bifocal & Trifocal
Scratch coat	\$13	\$13
Ultraviolet coat	\$15	\$15
Tints, solid or gradients	\$25	\$25
Anti-reflective coat	\$50	\$50
Polycarbonate	\$40	20% off retail
High index 1.6	\$55	20% off retail
Photochromics	\$80	20% off retail

Discounts on Non-Covered Exam and Materials

Exams, frames, and prescription lenses:	30% off retail
Lens options, contacts, other prescription materials:	20% off retail
Disposable contact lenses:	10% off retail

⁵ Discounts and maximums may vary by lens type. Please check with your provider.

SuperiorVision.com
Customer Service
800.507.3800

Refractive Surgery

Superior Vision has a nationwide network of refractive surgeons and leading LASIK networks who offer members a discount. These discounts range from 15%-50%, and are the best possible discounts available to Superior Vision.

The Plan discount features are not insurance.

All allowances are retail; the member is responsible for paying the provider directly for all non-covered items and/or any amount over the allowances, minus available discounts. These are not covered by the plan.

Discounts are subject to change without notice.

Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance for your vision plan. Please check with your Human Resources department if you have any questions.



County of Hays

Texas Payroll Premium rates are Semi-Monthly for industry Class A.

CIRCLE Desired Coverage, ALL Premiums below eligible for Pre-tax payroll deduction.

For illustration purposes only; they do not imply coverage.
For more information about policy/plan benefits and limitations, please refer to the accompanying product brochure for each insurance policy/plan listed below.

AFLAC HOSPITAL CHOICE - Option 1 Benefit Amount 500 - Series B40100

		Total
18-49	INDIVIDUAL	\$23.66
50-59		\$27.30
60-75		\$31.21
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18-49	INSURED/SPOUSE	\$40.24
50-59		\$49.08
60-75		\$55.45
<hr style="border-top: 1px dashed black;"/>		
18-49	ONE-PARENT FAMILY	\$35.56
50-59		\$37.84
60-75		\$42.98
<hr style="border-top: 1px dashed black;"/>		
18-49	TWO-PARENT FAMILY	\$44.86
50-59		\$52.34
60-75		\$60.53

Includes:
EBR*: Extended Benefit Rider Premium (Available for ages 18-75)
HSSCR*: Hospital Stay and Surgical Care Rider Premium (Available for ages 18-75)

Accident Advantage - 24-HOUR ACCIDENT OPTION 3 - Series A36000

18-75	INDIVIDUAL	\$10.99
18-75	INSURED/SPOUSE	\$15.60
18-75	ONE-PARENT FAMILY	\$18.46
18-75	TWO-PARENT FAMILY	\$23.92

AFLAC CANCER CARE PLAN CLASSIC - Series A78300

		Total
18-75	INDIVIDUAL	\$19.25
18-75	INSURED/SPOUSE	\$34.33
18-75	ONE-PARENT FAMILY	\$19.71
18-75	TWO-PARENT FAMILY	\$34.79

Includes: Initial Diagnosis Rider (Series A-78050) premium 5 units
Dependent Child Rider (Series A-78051) premium
Specified Disease Rider (Series A-78052) premium



County of Hays

Rate sheet prepared by Web User on 10/2/2015 3:59:19 PM.
Texas Payroll Premium rates are Semi-Monthly for industry Class A.

The rates shown on this insert page are for illustration purposes only; they do not imply coverage.
For more information about policy/plan benefits and limitations, please refer to the accompanying
product brochure for each insurance policy/plan listed below.

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 7/7 DAYS

Annual Income		\$20,000	\$22,000	\$24,000	\$26,000	\$28,000	\$30,000	\$32,000	\$34,000	\$36,000	\$38,000
Benefit Period	Age	\$1,000	\$1,100	\$1,200	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900
3 MONTHS	18-49	\$13.65	\$15.02	\$16.38	\$17.75	\$19.11	\$20.48	\$21.84	\$23.21	\$24.57	\$25.94
	50-64	\$14.30	\$15.73	\$17.16	\$18.59	\$20.02	\$21.45	\$22.88	\$24.31	\$25.74	\$27.17
	65-74	\$17.55	\$19.31	\$21.06	\$22.82	\$24.57	\$26.33	\$28.08	\$29.84	\$31.59	\$33.35
12 MONTHS	18-49	\$22.10	\$24.31	\$26.52	\$28.73	\$30.94	\$33.15	\$35.36	\$37.57	\$39.78	\$41.99
	50-64	\$26.00	\$28.60	\$31.20	\$33.80	\$36.40	\$39.00	\$41.60	\$44.20	\$46.80	\$49.40
	65-74	\$36.40	\$40.04	\$43.68	\$47.32	\$50.96	\$54.60	\$58.24	\$61.88	\$65.52	\$69.16
24 MONTHS	18-49	\$32.50	\$35.75	\$39.00	\$42.25	\$45.50	\$48.75	\$52.00	\$55.25	\$58.50	\$61.75
	50-64	\$39.65	\$43.62	\$47.58	\$51.55	\$55.51	\$59.48	\$63.44	\$67.41	\$71.37	\$75.34
	65-74	\$59.15	\$65.07	\$70.98	\$76.90	\$82.81	\$88.73	\$94.64	\$100.56	\$106.47	\$112.39

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 14/14 DAYS

Annual Income		\$20,000	\$22,000	\$24,000	\$26,000	\$28,000	\$30,000	\$32,000	\$34,000	\$36,000	\$38,000
Benefit Period	Age	\$1,000	\$1,100	\$1,200	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900
3 MONTHS	18-49	\$8.45	\$9.30	\$10.14	\$10.99	\$11.83	\$12.68	\$13.52	\$14.37	\$15.21	\$16.06
	50-64	\$9.10	\$10.01	\$10.92	\$11.83	\$12.74	\$13.65	\$14.56	\$15.47	\$16.38	\$17.29
	65-74	\$11.05	\$12.16	\$13.26	\$14.37	\$15.47	\$16.58	\$17.68	\$18.79	\$19.89	\$21.00
12 MONTHS	18-49	\$14.30	\$15.73	\$17.16	\$18.59	\$20.02	\$21.45	\$22.88	\$24.31	\$25.74	\$27.17
	50-64	\$17.55	\$19.31	\$21.06	\$22.82	\$24.57	\$26.33	\$28.08	\$29.84	\$31.59	\$33.35
	65-74	\$24.70	\$27.17	\$29.64	\$32.11	\$34.58	\$37.05	\$39.52	\$41.99	\$44.46	\$46.93
24 MONTHS	18-49	\$25.35	\$27.89	\$30.42	\$32.96	\$35.49	\$38.03	\$40.56	\$43.10	\$45.63	\$48.17
	50-64	\$33.15	\$36.47	\$39.78	\$43.10	\$46.41	\$49.73	\$53.04	\$56.36	\$59.67	\$62.99
	65-74	\$50.05	\$55.06	\$60.06	\$65.07	\$70.07	\$75.08	\$80.08	\$85.09	\$90.09	\$95.10

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 60/60 DAYS

Annual Income		\$20,000	\$22,000	\$24,000	\$26,000	\$28,000	\$30,000	\$32,000	\$34,000	\$36,000	\$38,000
Benefit Period	Age	\$1,000	\$1,100	\$1,200	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900
12 MONTHS	18-49	\$7.80	\$8.58	\$9.36	\$10.14	\$10.92	\$11.70	\$12.48	\$13.26	\$14.04	\$14.82
	50-64	\$11.70	\$12.87	\$14.04	\$15.21	\$16.38	\$17.55	\$18.72	\$19.89	\$21.06	\$22.23
	65-74	\$16.25	\$17.88	\$19.50	\$21.13	\$22.75	\$24.38	\$26.00	\$27.63	\$29.25	\$30.88
24 MONTHS	18-49	\$10.40	\$11.44	\$12.48	\$13.52	\$14.56	\$15.60	\$16.64	\$17.68	\$18.72	\$19.76
	50-64	\$17.55	\$19.31	\$21.06	\$22.82	\$24.57	\$26.33	\$28.08	\$29.84	\$31.59	\$33.35
	65-74	\$26.65	\$29.32	\$31.98	\$34.65	\$37.31	\$39.98	\$42.64	\$45.31	\$47.97	\$50.64



Rate sheet prepared by Web User on 7/9/2019 9:51:16 AM.
Texas Payroll Premium rates are Semi-Monthly for industry Class A.

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For more information about policy/plan benefits and limitations, please refer to the accompanying
product brochure for each insurance policy/plan listed below.

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 7/7 DAYS

Annual Income		\$40,000	\$42,000	\$44,000	\$46,000	\$48,000	\$50,000	\$52,000	\$54,000	\$56,000	\$58,000
Benefit Period	Age	\$2,000	\$2,100	\$2,200	\$2,300	\$2,400	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900
3 MONTHS	18-49	\$27.30	\$28.67	\$30.03	\$31.40	\$32.76	\$34.13	\$35.49	\$36.86	\$38.22	\$39.59
	50-64	\$28.60	\$30.03	\$31.46	\$32.89	\$34.32	\$35.75	\$37.18	\$38.61	\$40.04	\$41.47
	65-74	\$35.10	\$36.86	\$38.61	\$40.37	\$42.12	\$43.88	\$45.63	\$47.39	\$49.14	\$50.90
6 MONTHS	18-49	\$35.10	\$36.86	\$38.61	\$40.37	\$42.12	\$43.88	\$45.63	\$47.39	\$49.14	\$50.90
	50-64	\$37.70	\$39.59	\$41.47	\$43.36	\$45.24	\$47.13	\$49.01	\$50.90	\$52.78	\$54.67
	65-74	\$46.80	\$49.14	\$51.48	\$53.82	\$56.16	\$58.50	\$60.84	\$63.18	\$65.52	\$67.86
12 MONTHS	18-49	\$44.20	\$46.41	\$48.62	\$50.83	\$53.04	\$55.25	\$57.46	\$59.67	\$61.88	\$64.09
	50-64	\$52.00	\$54.60	\$57.20	\$59.80	\$62.40	\$65.00	\$67.60	\$70.20	\$72.80	\$75.40
	65-74	\$72.80	\$76.44	\$80.08	\$83.72	\$87.36	\$91.00	\$94.64	\$98.28	\$101.92	\$105.56

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 14/14 DAYS

Annual Income		\$40,000	\$42,000	\$44,000	\$46,000	\$48,000	\$50,000	\$52,000	\$54,000	\$56,000	\$58,000
Benefit Period	Age	\$2,000	\$2,100	\$2,200	\$2,300	\$2,400	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900
3 MONTHS	18-49	\$16.90	\$17.75	\$18.59	\$19.44	\$20.28	\$21.13	\$21.97	\$22.82	\$23.66	\$24.51
	50-64	\$18.20	\$19.11	\$20.02	\$20.93	\$21.84	\$22.75	\$23.66	\$24.57	\$25.48	\$26.39
	65-74	\$22.10	\$23.21	\$24.31	\$25.42	\$26.52	\$27.63	\$28.73	\$29.84	\$30.94	\$32.05
6 MONTHS	18-49	\$19.50	\$20.48	\$21.45	\$22.43	\$23.40	\$24.38	\$25.35	\$26.33	\$27.30	\$28.28
	50-64	\$23.40	\$24.57	\$25.74	\$26.91	\$28.08	\$29.25	\$30.42	\$31.59	\$32.76	\$33.93
	65-74	\$29.90	\$31.40	\$32.89	\$34.39	\$35.88	\$37.38	\$38.87	\$40.37	\$41.86	\$43.36
12 MONTHS	18-49	\$28.60	\$30.03	\$31.46	\$32.89	\$34.32	\$35.75	\$37.18	\$38.61	\$40.04	\$41.47
	50-64	\$35.10	\$36.86	\$38.61	\$40.37	\$42.12	\$43.88	\$45.63	\$47.39	\$49.14	\$50.90
	65-74	\$49.40	\$51.87	\$54.34	\$56.81	\$59.28	\$61.75	\$64.22	\$66.69	\$69.16	\$71.63

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 30/30 DAYS

Annual Income		\$40,000	\$42,000	\$44,000	\$46,000	\$48,000	\$50,000	\$52,000	\$54,000	\$56,000	\$58,000
Benefit Period	Age	\$2,000	\$2,100	\$2,200	\$2,300	\$2,400	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900
6 MONTHS	18-49	\$13.00	\$13.65	\$14.30	\$14.95	\$15.60	\$16.25	\$16.90	\$17.55	\$18.20	\$18.85
	50-64	\$18.20	\$19.11	\$20.02	\$20.93	\$21.84	\$22.75	\$23.66	\$24.57	\$25.48	\$26.39
	65-74	\$23.40	\$24.57	\$25.74	\$26.91	\$28.08	\$29.25	\$30.42	\$31.59	\$32.76	\$33.93
12 MONTHS	18-49	\$16.90	\$17.75	\$18.59	\$19.44	\$20.28	\$21.13	\$21.97	\$22.82	\$23.66	\$24.51
	50-64	\$24.70	\$25.94	\$27.17	\$28.41	\$29.64	\$30.88	\$32.11	\$33.35	\$34.58	\$35.82
	65-74	\$35.10	\$36.86	\$38.61	\$40.37	\$42.12	\$43.88	\$45.63	\$47.39	\$49.14	\$50.90



County of Hays

Rate sheet prepared by Web User on 9/16/2013 2:00:10 PM.

Texas Payroll Premium rates are Semi-Monthly.

Aflac Group coverage is underwritten by Continental American Insurance Company (CAIC). 1-800-433-3036

The rates shown on this insert page are for illustration purposes only; they do not imply coverage. For more information about policy/plan benefits and limitations, please refer to the accompanying product brochure for each insurance policy/plan listed below.

CAIC GROUP CRITICAL ILLNESS Series 2800 - NON- TOBACCO for Employee

Table with 11 columns: Age, \$5,000, \$10,000, \$15,000, \$20,000, \$25,000, \$30,000, \$35,000, \$40,000, \$45,000, \$50,000. Rows for ages 18-29, 30-39, 40-49, 50-59, 60-69.

CAIC GROUP CRITICAL ILLNESS Series 2800 - NON-TOBACCO for Spouse

Table with 10 columns: Age, \$5,000, \$7,500, \$10,000, \$12,500, \$15,000, \$17,500, \$20,000, \$22,500, \$25,000. Rows for ages 18-29, 30-39, 40-49, 50-59, 60-69.

CAIC GROUP CRITICAL ILLNESS Series 2800 - TOBACCO for Employee

Table with 11 columns: Age, \$5,000, \$10,000, \$15,000, \$20,000, \$25,000, \$30,000, \$35,000, \$40,000, \$45,000, \$50,000. Rows for ages 18-29, 30-39, 40-49, 50-59, 60-69.

CAIC GROUP CRITICAL ILLNESS Series 2800 - TOBACCO for Spouse

Table with 10 columns: Age, \$5,000, \$7,500, \$10,000, \$12,500, \$15,000, \$17,500, \$20,000, \$22,500, \$25,000. Rows for ages 18-29, 30-39, 40-49, 50-59, 60-69.

Rates include cancer benefit.

Rates include \$50 Health Screening Benefit.