



Lincolnway Area Affiliation of Participating School Districts Employee Benefit Trust

Benefit Schedule

Employee: You may choose a benefit amount from \$5,000 to \$20,000 in \$5,000 increments
Spouse: \$2,500 to \$10,000 in increments of \$2,500 not to exceed the Employee's amount
Child: \$2,500 to \$10,000 in increments of \$2,500 not to exceed the Employee's amount

Perpetual Guarantee Issue Amount

Employee: \$20,000 **Spouse:** \$10,000 **Child:** \$10,000

Employee Monthly Premium Cost						
Based on 12 payroll deductions per year						
Elected	ATTAINED AGE					
Benefit Amount	0-29	30-39	40-49	50-59	60-64	65-99
\$ 5,000	\$2.05	\$3.05	\$5.63	\$10.45	\$16.53	\$24.49
\$ 10,000	\$4.09	\$6.09	\$11.25	\$20.89	\$33.05	\$48.97
\$ 15,000	\$6.14	\$9.14	\$16.88	\$31.34	\$49.58	\$73.46
\$ 20,000	\$8.18	\$12.18	\$22.50	\$41.78	\$66.10	\$97.94

Spouse Monthly Premium Cost						
Based on 12 payroll deductions per year						
Elected	ATTAINED AGE					
Benefit Amount	0-29	30-39	40-49	50-59	60-64	65-99
\$ 2,500	\$1.57	\$2.10	\$3.43	\$5.87	\$8.92	\$13.32
\$ 5,000	\$3.15	\$4.21	\$6.86	\$11.74	\$17.84	\$26.63
\$ 7,500	\$4.72	\$6.31	\$10.29	\$17.60	\$26.75	\$39.95
\$ 10,000	\$6.29	\$8.41	\$13.72	\$23.47	\$35.67	\$53.26

Child Monthly Premium Cost		
Based on 12 payroll deductions per year		
Elected		
Benefit Amount		
\$ 2,500	\$0.51	
\$ 5,000	\$1.03	
\$ 7,500	\$1.54	
\$ 10,000	\$2.05	

This Premium Cost Chart is for illustrative purposes only; your premium cost may be slightly higher or lower due to rounding. This piece is intended to provide only a brief summary of the type of policy and insurance coverage advertised. The policy has exclusions, conditions, limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. Refer to your certificate for complete details and limitations of coverage. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period.

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