

*Carrizo Springs CISD Disability Plan Builder Premium Rates  
CSCISD Insurance Committee*

AD&D and Medical Benefit

EP	0/3*	14*	30	60	90	180
Per \$100	4.58	2.97	2.21	1.52	1.22	0.98
500	\$ 22.90	\$ 14.85	\$ 11.05	\$ 7.60	\$ 6.10	\$ 4.90
1000	\$ 45.80	\$ 29.70	\$ 22.10	\$ 15.20	\$ 12.20	\$ 9.80
1500	\$ 68.70	\$ 44.55	\$ 33.15	\$ 22.80	\$ 18.30	\$ 14.70
2000	\$ 91.60	\$ 59.40	\$ 44.20	\$ 30.40	\$ 24.40	\$ 19.60
2200	\$ 100.76	\$ 65.34	\$ 48.62	\$ 33.44	\$ 26.84	\$ 21.56
2500	\$ 114.50	\$ 74.25	\$ 55.25	\$ 38.00	\$ 30.50	\$ 24.50

\*elimination period is waived if hospital confined.