

Voluntary product costs.

Prepared for the employees of BASS Medical Group.

Voluntary Short Term Disability (STD) Insurance

Short-term disability coverage pays benefits when you're disabled due to a covered injury or illness and are unable to work.

Your STD plan covers 20% of weekly covered benefit to a maximum benefit of \$1,000 per week.

Sample annual salary	Gross weekly benefit	Monthly Rates per elected amount													
		Employee Age													
		0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84
\$60,000	\$230.77	\$27.46	\$27.46	\$33.23	\$30.92	\$21.23	\$14.08	\$15.00	\$17.54	\$23.08	\$26.77	\$31.85	\$34.62	\$34.62	\$34.62
\$68,000	\$261.54	\$31.12	\$31.12	\$37.66	\$35.05	\$24.06	\$15.95	\$17.00	\$19.88	\$26.15	\$30.34	\$36.09	\$39.23	\$39.23	\$39.23
\$76,000	\$292.31	\$34.78	\$34.78	\$42.09	\$39.17	\$26.89	\$17.83	\$19.00	\$22.22	\$29.23	\$33.91	\$40.34	\$43.85	\$43.85	\$43.85
\$84,000	\$323.08	\$38.45	\$38.45	\$46.52	\$43.29	\$29.72	\$19.71	\$21.00	\$24.55	\$32.31	\$37.48	\$44.59	\$48.46	\$48.46	\$48.46
\$92,000	\$353.85	\$42.11	\$42.11	\$50.95	\$47.42	\$32.55	\$21.58	\$23.00	\$26.89	\$35.39	\$41.05	\$48.83	\$53.08	\$53.08	\$53.08
\$100,000	\$384.62	\$45.77	\$45.77	\$55.39	\$51.54	\$35.39	\$23.46	\$25.00	\$29.23	\$38.46	\$44.62	\$53.08	\$57.69	\$57.69	\$57.69
\$108,000	\$415.38	\$49.43	\$49.43	\$59.81	\$55.66	\$38.21	\$25.34	\$27.00	\$31.57	\$41.54	\$48.18	\$57.32	\$62.31	\$62.31	\$62.31
\$116,000	\$446.15	\$53.09	\$53.09	\$64.25	\$59.78	\$41.05	\$27.22	\$29.00	\$33.91	\$44.62	\$51.75	\$61.57	\$66.92	\$66.92	\$66.92
\$124,000	\$476.92	\$56.75	\$56.75	\$68.68	\$63.91	\$43.88	\$29.09	\$31.00	\$36.25	\$47.69	\$55.32	\$65.81	\$71.54	\$71.54	\$71.54
\$132,000	\$507.69	\$60.42	\$60.42	\$73.11	\$68.03	\$46.71	\$30.97	\$33.00	\$38.58	\$50.77	\$58.89	\$70.06	\$76.15	\$76.15	\$76.15
\$140,000	\$538.46	\$64.08	\$64.08	\$77.54	\$72.15	\$49.54	\$32.85	\$35.00	\$40.92	\$53.85	\$62.46	\$74.31	\$80.77	\$80.77	\$80.77
\$148,000	\$569.23	\$67.74	\$67.74	\$81.97	\$76.28	\$52.37	\$34.72	\$37.00	\$43.26	\$56.92	\$66.03	\$78.55	\$85.38	\$85.38	\$85.38
\$156,000	\$600.00	\$71.40	\$71.40	\$86.40	\$80.40	\$55.20	\$36.60	\$39.00	\$45.60	\$60.00	\$69.60	\$82.80	\$90.00	\$90.00	\$90.00
\$164,000	\$630.77	\$75.06	\$75.06	\$90.83	\$84.52	\$58.03	\$38.48	\$41.00	\$47.94	\$63.08	\$73.17	\$87.05	\$94.62	\$94.62	\$94.62
\$172,000	\$661.54	\$78.72	\$78.72	\$95.26	\$88.65	\$60.86	\$40.35	\$43.00	\$50.28	\$66.15	\$76.74	\$91.29	\$99.23	\$99.23	\$99.23
\$180,000	\$692.31	\$82.38	\$82.38	\$99.69	\$92.77	\$63.69	\$42.23	\$45.00	\$52.62	\$69.23	\$80.31	\$95.54	\$103.85	\$103.85	\$103.85
\$188,000	\$723.08	\$86.05	\$86.05	\$104.12	\$96.89	\$66.52	\$44.11	\$47.00	\$54.95	\$72.31	\$83.88	\$99.79	\$108.46	\$108.46	\$108.46
\$196,000	\$753.85	\$89.71	\$89.71	\$108.55	\$101.02	\$69.35	\$45.98	\$49.00	\$57.29	\$75.38	\$87.45	\$104.03	\$113.08	\$113.08	\$113.08
\$204,000	\$784.62	\$93.37	\$93.37	\$112.99	\$105.14	\$72.19	\$47.86	\$51.00	\$59.63	\$78.46	\$91.02	\$108.28	\$117.69	\$117.69	\$117.69
\$212,000	\$815.38	\$97.03	\$97.03	\$117.41	\$109.26	\$75.01	\$49.74	\$53.00	\$61.97	\$81.54	\$94.58	\$112.52	\$122.31	\$122.31	\$122.31
\$220,000	\$846.15	\$100.69	\$100.69	\$121.85	\$113.38	\$77.85	\$51.62	\$55.00	\$64.31	\$84.62	\$98.15	\$116.77	\$126.92	\$126.92	\$126.92
\$228,000	\$876.92	\$104.35	\$104.35	\$126.28	\$117.51	\$80.68	\$53.49	\$57.00	\$66.65	\$87.69	\$101.72	\$121.01	\$131.54	\$131.54	\$131.54
\$236,000	\$907.69	\$108.02	\$108.02	\$130.71	\$121.63	\$83.51	\$55.37	\$59.00	\$68.98	\$90.77	\$105.29	\$125.26	\$136.15	\$136.15	\$136.15
\$244,000	\$938.46	\$111.68	\$111.68	\$135.14	\$125.75	\$86.34	\$57.25	\$61.00	\$71.32	\$93.85	\$108.86	\$129.51	\$140.77	\$140.77	\$140.77
\$260,000	\$1,000.00	\$119.00	\$119.00	\$144.00	\$134.00	\$92.00	\$61.00	\$65.00	\$76.00	\$100.00	\$116.00	\$138.00	\$150.00	\$150.00	\$150.00



GROUP BENEFIT
SOLUTIONS

Costs shown are for illustrative purposes only; actual per pay period deductions may differ due to rounding. Costs are subject to change based on age and program experience. Terms and conditions of coverage are set forth in your group policy. Refer to your Certificate of Insurance or Summary Plan Description for more information.

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