



## HIDALGO COUNTY

**Rates Effective as of March 1, 2022**

*Rates below are per Monthly Benefit increments of \$100. The employee may choose from \$200 to \$6,000 up to a maximum of 66 2/3% of the employee's monthly earnings*

Product: Select Income Protection Plan	Elimination Period (Days)				
Injury (Days)	7	14	30	60	90
Sickness (Days)	7	14	30	60	90
Employee Age Band					
15-24	\$4.594	\$3.876	\$2.784	\$1.545	\$0.869
25-29	\$5.185	\$4.459	\$3.868	\$1.891	\$1.061
30-34	\$5.500	\$4.787	\$4.046	\$2.574	\$1.545
35-39	\$5.158	\$4.624	\$3.968	\$3.611	\$2.321
40-44	\$5.285	\$4.892	\$4.416	\$4.499	\$3.263
45-49	\$5.911	\$5.514	\$5.001	\$5.152	\$3.785
50-54	\$7.297	\$6.755	\$6.102	\$5.610	\$4.327
55-59	\$8.694	\$7.930	\$7.116	\$5.972	\$4.863
60-64	\$10.436	\$9.388	\$8.401	\$7.636	\$6.429
65-69	\$9.402	\$8.744	\$7.781	\$7.121	\$5.568
70+	\$5.302	\$5.210	\$4.536	\$1.966	\$1.356

REF #: 5677131

Your rate is based on your insurance age and will change as you move to the next age band. To determine your insurance age:

- **If you are eligible on or before the plan effective date, subtract your year of birth from the year your coverage becomes effective.**
- **If you are newly eligible after the plan effective date, subtract your year of birth from the current plan year.**
- **At time of re-enrollment, subtract your year of birth from the next plan anniversary year.**

Please refer to the plan Highlight Sheet or see your Plan Administrator for further details.