

WILLIAMSON COUNTY LONG TERM DISABILITY

	Cigna	Cigna	Standard	Standard
	Option 1	Option 2	Option 1	Option 2
Benefit %	60%	60%	60%	60%
Benefit Maximum	\$6,000	\$6,000	\$6,000	\$5,000
Elimination Period	90 days	90 days	90 days	90 days
Prim. & Family Integration	full family	full family	full family	full family
Benefit Duration	to age 65	5 yrs	to age 65	5 yrs
Pre-Existing	3 / 12	3 / 12	3 / 12	3 / 12
Mental Nervous	24 months	24 months	24 months	24 months
Own Occupation	24 months	24 months	24 months	24 months
Participation Requirement	50%	50%	70%	70%
Rate Guarantee	2 yr	2 yr	3 yrs	3 yrs
Rates	Semi Monthly Rates per \$100 payroll	Semi Monthly Rates per \$100 payroll	Semi Monthly Rates per \$100 payroll	Semi Monthly Rates per \$100 payroll
<24	\$0.051	\$0.035	\$0.062	\$0.056
25 - 29	\$0.051	\$0.035	\$0.062	\$0.056
30 - 34	\$0.063	\$0.042	\$0.097	\$0.080
35 - 39	\$0.089	\$0.065	\$0.161	\$0.123
40 - 44	\$0.126	\$0.089	\$0.232	\$0.172
45 - 49	\$0.197	\$0.137	\$0.335	\$0.248
50 - 54	\$0.269	\$0.190	\$0.492	\$0.386
55 - 59	\$0.291	\$0.220	\$0.648	\$0.622
60 - 64	\$0.311	\$0.244	\$0.659	\$0.798
65 - 69	\$0.357	\$0.289	\$0.617	\$0.748

Semi Monthly Premium Calculation Formula:

Annual Salary / 12 = Monthly Payroll Amount / \$100 x LTD Semi Monthly Rate = Semi Monthly Premium

WILLIAMSON COUNTY LONG TERM DISABILITY

	Metlife	Metlife	Dearborn National	Dearborn National
	Option 1	Option 2	Option 1	Option 2
Benefit %	60%	60%	60%	60%
Benefit Maximum	\$6,000	\$6,000	\$6,000	\$6,000
Elimination Period	90 days	90 days	90 days	90 days
Prim. & Family Integration	full family	full family	full family	full family
Benefit Duration	SSNRA	SSNRA	SSNRA	5 yrs
Pre-Existing	3 / 12	3 / 12	3 / 12	3 / 12
Mental Nervous	24 months	24 months	24 months	24 months
Own Occupation	24 months	24 months	24 months	24 months
Participation Requirement	50%	50%	70%	70%
Rate Guarantee	2 yrs	2 yrs	3 yrs	3 yrs
Rates	Semi Monthly Rates per \$100 payroll	Semi Monthly Rates per \$100 payroll	Semi Monthly Rates per \$100 payroll	Semi Monthly Rates per \$100 payroll
<24	\$0.067	\$0.047	\$0.060	\$0.045
25 - 29	\$0.067	\$0.047	\$0.095	\$0.065
30 - 34	\$0.067	\$0.047	\$0.160	\$0.105
35 - 39	\$0.134	\$0.095	\$0.220	\$0.130
40 - 44	\$0.213	\$0.151	\$0.345	\$0.200
45 - 49	\$0.274	\$0.194	\$0.495	\$0.290
50 - 54	\$0.314	\$0.223	\$0.635	\$0.405
55 - 59	\$0.348	\$0.247	\$0.770	\$0.610
60 - 64	\$0.326	\$0.231	\$0.565	\$0.615
65 - 69	\$0.294	\$0.209	\$0.845	\$0.920

WILLIAMSON COUNTY LONG TERM DISABILITY

	Kansas City Life NABCO	Kansas City Life NABCO		
Benefit %	60%	60%		
Benefit Maximum	\$6,000	\$6,000		
Elimination Period	90 days	90 days		
Prim. & Family Integration	full family	full family		
Benefit Duration	to age 65	2 yrs		
Pre-Existing	12 / 12	12 / 12		
Mental Nervous	12 months	12 months		
Own Occupation	24 months	24 months		
Participation Requirement	greater than 6 or 25%	greater than 6 or 25%		
Rate Guarantee	2 yrs	2 yrs		
Rates	Semi Monthly Rates per \$100 Monthly Benefit	Semi Monthly Rates per \$100 Monthly Benefit		
<24	\$0.680	\$0.340		
25 - 29	\$0.680	\$0.340		
30 - 34	\$0.680	\$0.340		
35 - 39	\$0.680	\$0.340		
40 - 44	\$1.610	\$0.690		
45 - 49	\$1.610	\$0.690		
50 - 54	\$2.645	\$1.330		
55 - 59	\$2.645	\$1.330		
60 - 64	\$2.925	\$2.430		
65 - 69	\$2.925	\$2.430		