Voluntary product costs.

Prepared for the employees of Bay Area Surgical Specialists, Inc. dba 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.

Monthly Rates per elected amount																
Sample annual salary	Gross weekly benefit	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	
\$20,000	\$76.92	\$9.15	\$9.15	\$11.08	\$10.31	\$7.08	\$4.69	\$5.00	\$5.85	\$7.69	\$8.92	\$10.61	\$11.54	\$11.54	\$11.54	
\$30,000	\$115.38	\$13.73	\$13.73	\$16.61	\$15.46	\$10.61	\$7.04	\$7.50	\$8.77	\$11.54	\$13.38	\$15.92	\$17.31	\$17.31	\$17.31	
\$40,000	\$153.85	\$18.31	\$18.31	\$22.15	\$20.62	\$14.15	\$9.38	\$10.00	\$11.69	\$15.39	\$17.85	\$21.23	\$23.08	\$23.08	\$23.08	
\$50,000	\$192.31	\$22.88	\$22.88	\$27.69	\$25.77	\$17.69	\$11.73	\$12.50	\$14.62	\$19.23	\$22.31	\$26.54	\$28.85	\$28.85	\$28.85	
\$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	
\$70,000	\$269.23	\$32.04	\$32.04	\$38.77	\$36.08	\$24.77	\$16.42	\$17.50	\$20.46	\$26.92	\$31.23	\$37.15	\$40.38	\$40.38	\$40.38	
\$80,000	\$307.69	\$36.62	\$36.62	\$44.31	\$41.23	\$28.31	\$18.77	\$20.00	\$23.38	\$30.77	\$35.69	\$42.46	\$46.15	\$46.15	\$46.15	
\$90,000	\$346.15	\$41.19	\$41.19	\$49.85	\$46.38	\$31.85	\$21.12	\$22.50	\$26.31	\$34.62	\$40.15	\$47.77	\$51.92	\$51.92	\$51.92	
\$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	
\$110,000	\$423.08	\$50.35	\$50.35	\$60.92	\$56.69	\$38.92	\$25.81	\$27.50	\$32.15	\$42.31	\$49.08	\$58.39	\$63.46	\$63.46	\$63.46	
\$120,000	\$461.54	\$54.92	\$54.92	\$66.46	\$61.85	\$42.46	\$28.15	\$30.00	\$35.08	\$46.15	\$53.54	\$63.69	\$69.23	\$69.23	\$69.23	
\$130,000	\$500.00	\$59.50	\$59.50	\$72.00	\$67.00	\$46.00	\$30.50	\$32.50	\$38.00	\$50.00	\$58.00	\$69.00	\$75.00	\$75.00	\$75.00	
\$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	
\$150,000	\$576.92	\$68.65	\$68.65	\$83.08	\$77.31	\$53.08	\$35.19	\$37.50	\$43.85	\$57.69	\$66.92	\$79.61	\$86.54	\$86.54	\$86.54	
\$160,000	\$615.38	\$73.23	\$73.23	\$88.61	\$82.46	\$56.61	\$37.54	\$40.00	\$46.77	\$61.54	\$71.38	\$84.92	\$92.31	\$92.31	\$92.31	
\$170,000	\$653.85	\$77.81	\$77.81	\$94.15	\$87.62	\$60.15	\$39.88	\$42.50	\$49.69	\$65.39	\$75.85	\$90.23	\$98.08	\$98.08	\$98.08	
\$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	
\$190,000	\$730.77	\$86.96	\$86.96	\$105.23	\$97.92	\$67.23	\$44.58	\$47.50	\$55.54	\$73.08	\$84.77	\$100.85	\$109.62	\$109.62	\$109.62	
\$200,000	\$769.23	\$91.54	\$91.54	\$110.77	\$103.08	\$70.77	\$46.92	\$50.00	\$58.46	\$76.92	\$89.23	\$106.15	\$115.38	\$115.38	\$115.38	
\$210,000	\$807.69	\$96.12	\$96.12	\$116.31	\$108.23	\$74.31	\$49.27	\$52.50	\$61.38	\$80.77	\$93.69	\$111.46	\$121.15	\$121.15	\$121.15	
\$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	
\$230,000	\$884.62	\$105.27	\$105.27	\$127.39	\$118.54	\$81.39	\$53.96	\$57.50	\$67.23	\$88.46	\$102.62	\$122.08	\$132.69	\$132.69	\$132.69	
\$240,000	\$923.08	\$109.85	\$109.85	\$132.92	\$123.69	\$84.92	\$56.31	\$60.00	\$70.15	\$92.31	\$107.08	\$127.39	\$138.46	\$138.46	\$138.46	
\$250,000	\$961.54	\$114.42	\$114.42	\$138.46	\$128.85	\$88.46	\$58.65	\$62.50	\$73.08	\$96.15	\$111.54	\$132.69	\$144.23	\$144.23	\$144.23	
\$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	



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.

New York Life Group Benefit Solutions products and services are provided by Life Insurance Company of North America and New York Life Group Insurance Company of NY, subsidiaries of New York Life Insurance Company, Policy forms: Disability -TL-004700 et al., Term Life -TL-004700 et al. and Accident -GA-00-1000.00 et al. Life Insurance Company of North America is not authorized in NY and does not conduct business in NY. This material is not intended for use with residents of New Mexico.

New York Life Insurance Company

2

911126 b 0721 SMRU 1909819 Exp. Date 09.17.2023

© 2021, New York Life Insurance Company. All rights reserved. NEW YORK LIFE, and the NEW YORK LIFE Box Logo are trademarks of New York Life Insurance Company.

51 Madison Avenue New York, NY 10010