

Disability Income Insurance Program - Physicians

Rate for Males

MALE NON-SMOKER																				
BASIC DISABILITY INSURANCE					RIDERS															
ANNUAL COST PER \$100 OF BENEFIT					OWN OCCUPATION *				COST OF LIVING ADJUSTMENT 6%*				COST OF LIVING ADJUSTMENT 3%*				Retirement *		Guaranteed	
					ANNUAL COST PER \$100 OF BENEFIT				ANNUAL COST PER \$100 OF BENEFIT				ANNUAL COST PER \$100 OF BENEFIT				Protection		Insurability *	
Age	Plan 28	Plan 60	Plan 90	Plan 120	Plan 28	Plan 60	Plan 90	Plan 120	Plan 28	Plan 60	Plan 90	Plan 120	Plan 28	Plan 60	Plan 90	Plan 120	\$500 Benefit	\$1,000 Benefit	Annual Cost for all Plans	
Under 35	12.96	10.41	7.19	6.53	3.24	2.60	1.80	1.63	2.59	2.08	1.44	1.31	1.30	1.04	0.72	0.65	34.71	69.42	80.00	
35-39	20.62	16.55	10.39	9.45	5.16	4.14	2.60	2.36	4.12	3.31	2.08	1.89	2.06	1.66	1.04	0.95	50.21	100.42	80.00	
40-44	25.78	20.68	17.06	15.51	6.45	5.17	4.27	3.88	5.16	4.14	3.41	3.10	2.58	2.07	1.71	1.55	82.41	164.82	80.00	
45-49	30.32	24.32	20.00	18.18	7.58	6.08	5.00	4.55	6.06	4.86	4.00	3.64	3.03	2.43	2.00	1.82	96.58	193.17	80.00	
50-54	37.81	30.33	26.84	24.39	9.45	7.58	6.71	6.10	7.56	6.07	5.37	4.88	3.78	3.03	2.68	2.44	129.62	259.23		
55-59	43.22	34.66	30.31	27.54	10.81	8.67	7.58	6.89	8.64	6.93	6.06	5.51	4.32	3.47	3.03	2.75	146.35	292.70		
60-64	50.04	40.14	34.65	31.50	12.51	10.04	8.66	7.88	10.01	8.03	6.93	6.30	5.00	4.01	3.47	3.15	167.37	334.75		
65-69	29.71	25.33	23.83	23.02	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

MALE SMOKER																				
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ANNUAL COST PER \$100 OF BENEFIT					OWN OCCUPATION *				COST OF LIVING ADJUSTMENT 6%*				COST OF LIVING ADJUSTMENT 3%*				Retirement *		Guaranteed	
					ANNUAL COST PER \$100 OF BENEFIT				ANNUAL COST PER \$100 OF BENEFIT				ANNUAL COST PER \$100 OF BENEFIT				Protection		Insurability *	
Age	Plan 28	Plan 60	Plan 90	Plan 120	Plan 28	Plan 60	Plan 90	Plan 120	Plan 28	Plan 60	Plan 90	Plan 120	Plan 28	Plan 60	Plan 90	Plan 120	\$500 Benefit	\$1,000 Benefit	Annual Cost for all Plans	
Under 35	16.37	13.13	9.06	8.24	4.09	3.28	2.27	2.06	3.27	2.63	1.81	1.65	1.64	1.32	0.91	0.83	43.78	87.57	80.00	
35-39	26.04	20.90	13.11	11.92	6.51	5.23	3.28	2.98	5.21	4.18	2.62	2.38	2.61	2.09	1.31	1.19	63.33	126.67	80.00	
40-44	30.93	24.82	20.48	18.61	7.73	6.21	5.12	4.65	6.19	4.96	4.10	3.72	3.10	2.48	2.05	1.86	98.88	197.76	80.00	
45-49	36.39	29.20	23.99	21.82	9.10	7.30	6.00	5.46	7.28	5.84	4.80	4.36	3.64	2.92	2.40	2.18	115.87	231.75	80.00	
50-54	45.37	36.40	32.21	29.28	11.34	9.10	8.05	7.32	9.07	7.28	6.44	5.86	4.54	3.64	3.22	2.93	155.54	311.08		
55-59	51.86	41.61	36.36	33.05	12.97	10.40	9.09	8.26	10.37	8.32	7.27	6.61	5.19	4.16	3.64	3.31	175.61	351.22		
60-64	60.04	48.16	41.59	37.80	15.01	12.04	10.40	9.45	12.01	9.63	8.32	7.56	6.01	4.82	4.16	3.78	200.84	401.68		
65-69	35.65	30.40	28.60	27.63																

*Add to basic disability premium

May 2017

Rate for Females

FEMALE NON-SMOKER																			
BASIC DISABILITY INSURANCE					RIDERS														
ANNUAL COST PER \$100 OF BENEFIT					OWN OCCUPATION * ANNUAL COST PER \$100 OF BENEFIT				COST OF LIVING ADJUSTMENT 6%* ANNUAL COST PER \$100 OF BENEFIT				COST OF LIVING ADJUSTMENT 3%* ANNUAL COST PER \$100 OF BENEFIT				Retirement * Protection		Guaranteed Insurability *
Age	Plan 28	Plan 60	Plan 90	Plan 120	Plan 28	Plan 60	Plan 90	Plan 120	Plan 28	Plan 60	Plan 90	Plan 120	Plan 28	Plan 60	Plan 90	Plan 120	\$500 Benefit	\$1,000 Benefit	Annual Cost for all Plans
Under 35	25.95	20.80	14.35	13.10	6.49	5.20	3.59	3.28	5.19	4.16	2.87	2.62	2.60	2.08	1.44	1.31	54.45	108.91	80.00
35-39	41.31	33.06	20.76	18.95	10.33	8.27	5.19	4.74	8.26	6.61	4.15	3.79	4.13	3.31	2.08	1.90	78.78	157.56	80.00
40-44	49.03	39.27	29.21	26.67	12.26	9.82	7.30	6.67	9.81	7.85	5.84	5.33	4.90	3.93	2.92	2.67	110.86	221.72	80.00
45-49	57.69	46.21	32.40	29.58	14.42	11.55	8.10	7.40	11.54	9.24	6.48	5.92	5.77	4.62	3.24	2.96	122.95	245.90	80.00
50-54	63.25	50.66	44.26	40.42	15.81	12.67	11.07	10.11	12.65	10.13	8.85	8.08	6.33	5.07	4.43	4.04	167.98	335.96	-
55-59	66.40	53.18	47.05	42.96	16.60	13.30	11.76	10.74	13.28	10.64	9.41	8.59	6.64	5.32	4.71	4.30	178.55	357.10	-
60-64	73.24	58.64	50.64	46.23	18.31	14.66	12.66	11.56	14.65	11.73	10.13	9.25	7.32	5.86	5.06	4.62	192.16	384.32	-
65-69	43.49	37.00	34.82	33.78	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

FEMALE SMOKER																			
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Age	Plan 28	Plan 60	Plan 90	Plan 120	Plan 28	Plan 60	Plan 90	Plan 120	Plan 28	Plan 60	Plan 90	Plan 120	Plan 28	Plan 60	Plan 90	Plan 120	\$500 Benefit	\$1,000 Benefit	Annual Cost for all Plans
Under 35	31.16	24.95	17.21	15.71	7.79	6.24	4.30	3.93	6.23	4.99	3.44	3.14	3.12	2.50	1.72	1.57	65.31	130.61	80.00
35-39	49.53	39.68	24.91	22.75	12.38	9.92	6.23	5.69	9.91	7.94	4.98	4.55	4.96	3.97	2.49	2.28	94.53	189.07	80.00
40-44	58.86	47.14	38.89	35.50	14.72	11.79	9.72	8.88	11.77	9.43	7.78	7.10	5.89	4.72	3.89	3.55	147.56	295.12	80.00
45-49	69.24	55.46	45.57	41.61	17.31	13.87	11.39	10.40	13.85	11.09	9.11	8.32	6.93	5.55	4.56	4.16	172.93	345.86	80.00
50-54	75.89	60.79	53.12	48.51	18.97	15.20	13.28	12.13	15.18	12.16	10.62	9.70	7.59	6.08	5.31	4.85	201.59	403.17	-
55-59	79.69	63.83	56.46	51.55	19.92	15.96	14.12	12.89	15.94	12.77	11.29	10.31	7.97	6.39	5.65	5.16	214.25	428.50	-
60-64	87.88	70.37	60.76	55.47	21.97	17.59	15.19	13.87	17.58	14.07	12.15	11.09	8.79	7.04	6.08	5.55	230.57	461.15	-
65-69	52.18	44.41	41.79	40.54	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

*Add to basic disability premium

May 2017