



Short & Long-Term Disability Plan Rates

OneAmerica Basic Short-Term Disability Rates

Basic Short-Term Disability Insurance (for any age)	Monthly Cost
50% of Annual Salary, up to a maximum of \$1,000 per week	No cost to employee; paid by School District

OneAmerica Basic Long-Term Disability Rates

Basic Long-Term Disability Insurance (for any age)	Monthly Cost
60% of Annual Salary, up to a maximum of \$2,800 per month	No cost to employee; paid by School District

OneAmerica Optional Short-Term Disability Rates

Annual Earnings Example	Formula	Monthly Cost
\$15,000	\$0.0991 per \$10 weekly benefit	\$1.72
\$25,000	\$0.0991 per \$10 weekly benefit	\$2.86
\$40,000	\$0.0991 per \$10 weekly benefit	\$4.57
\$52,000 and above	\$0.0991 per \$10 weekly benefit	\$5.95

OneAmerica Optional Long-Term Disability Rates

Annual Earnings Example	Formula	Monthly Cost
Above \$56,000	\$0.122 per \$100 of eligible monthly earnings	VARIOUS
\$60,000	\$0.122 per \$100 of eligible monthly earnings	\$6.10
\$68,000 and above	\$0.122 per \$100 of eligible monthly earnings	\$6.91

Calculate Your Rate

To calculate your Short or Long-Term Disability rate, follow the instructions below.

1. Your Salary ÷ 12 = Your Monthly Earning
2. Your Monthly Earning ÷ 100 × Rate = Monthly Premium

Below is an example if you made \$60,000 Annually and calculating your Long-Term Disability rate.

1. \$60,000 Annual Salary ÷ 12 = \$5,000 Monthly Earning
2. \$5,000 Monthly Earning ÷ 100 × \$0.122 Rate = \$6.10 Monthly Premium



The highlights shown above represent an overview of your Plan Benefits. For a complete description of the Plan contact the Benefits Office at 770-704-4264 or benefits@cherokee.k12.ga.us.