# Supplemental Life and AD&D PREMIUM RATE GRID

# BlueCross BlueShield of Illinois

### South Holland School District #151

#### Eligibility

You are eligible to enroll if you work the minimum number of hours per week by your employer, and you have satisfied any waiting period.

## Supplemental Life and AD&D

Employee Benefit: \$10,000 to \$500,000 in \$10,000 increments.

Spouse Benefit: \$5,000 to \$100,000 in \$5,000 increments.

(not to exceed 50% of the employee benefit)

Note: Spouse may not have coverage unless the employee has coverage.

The spouse benefit may not exceed the employee benefit amount in AZ, CA, IL, MD, NJ, RI, VT, VA and WA.

Guarantee Issue\*

Employee \$150,000 Spouse \$25,000

\*New Hires only

**Child Coverage** 

Birth to 14 days: **\$0**15 days to 6 months: **\$1,000** 

6 months to age 19: \$1,000 to \$10,000 in increments of \$1,000

(Student Maximum Age: 23)

Suppleme	ntal Life/AD&D
Monthly ra	ites per \$1,000
<u>Age</u>	<u>Rates</u>
Under 20	\$0.082
20-24	\$0.082
25-29	\$0.082
30-34	\$0.103
35-39	\$0.114
40-44	\$0.143
45-49	\$0.205
50-54	\$0.310
55-59	\$0.518

\$0.712

\$1.353

\$2.351

60-64

65-69

70+

**Employee** 

**Dependent Life (Children)**Monthly Premium per Family

Life/AD&D \$1,000 | \$0.29 \$10,000 | \$2.89

### Supplemental Life and AD&D

Premium Cost (Based on 24 payroll deductions per year)

	ATTAINED AGE											
Benefit												
Amount	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000	\$0.41	\$0.41	\$0.41	\$0.52	\$0.57	\$0.72	\$1.03	\$1.55	\$2.59	\$3.56	\$6.77	\$11.76
\$20,000	\$0.82	\$0.82	\$0.82	\$1.03	\$1.14	\$1.43	\$2.05	\$3.10	\$5.18	\$7.12	\$13.53	\$23.51
\$30,000	\$1.23	\$1.23	\$1.23	\$1.55	\$1.71	\$2.15	\$3.08	\$4.65	\$7.77	\$10.68	\$20.30	\$35.27
\$40,000	\$1.64	\$1.64	\$1.64	\$2.06	\$2.28	\$2.86	\$4.10	\$6.20	\$10.36	\$14.24	\$27.06	\$47.02
\$50,000	\$2.05	\$2.05	\$2.05	\$2.58	\$2.85	\$3.58	\$5.13	\$7.75	\$12.95	\$17.80	\$33.83	\$58.78
\$60,000	\$2.46	\$2.46	\$2.46	\$3.09	\$3.42	\$4.29	\$6.15	\$9.30	\$15.54	\$21.36	\$40.59	\$70.53
\$70,000	\$2.87	\$2.87	\$2.87	\$3.61	\$3.99	\$5.01	\$7.18	\$10.85	\$18.13	\$24.92	\$47.36	\$82.29
\$80,000	\$3.28	\$3.28	\$3.28	\$4.12	\$4.56	\$5.72	\$8.20	\$12.40	\$20.72	\$28.48	\$54.12	\$94.04
\$90,000	\$3.69	\$3.69	\$3.69	\$4.64	\$5.13	\$6.44	\$9.23	\$13.95	\$23.31	\$32.04	\$60.89	\$105.80
\$100,000	\$4.10	\$4.10	\$4.10	\$5.15	\$5.70	\$7.15	\$10.25	\$15.50	\$25.90	\$35.60	\$67.65	\$117.55
\$110,000	\$4.51	\$4.51	\$4.51	\$5.67	\$6.27	\$7.87	\$11.28	\$17.05	\$28.49	\$39.16	\$74.42	\$129.31
\$120,000	\$4.92	\$4.92	\$4.92	\$6.18	\$6.84	\$8.58	\$12.30	\$18.60	\$31.08	\$42.72	\$81.18	\$141.06
\$130,000	\$5.33	\$5.33	\$5.33	\$6.70	\$7.41	\$9.30	\$13.33	\$20.15	\$33.67	\$46.28	\$87.95	\$152.82
\$140,000	\$5.74	\$5.74	\$5.74	\$7.21	\$7.98	\$10.01	\$14.35	\$21.70	\$36.26	\$49.84	\$94.71	\$164.57
\$150,000	\$6.15	\$6.15	\$6.15	\$7.73	\$8.55	\$10.73	\$15.38	\$23.25	\$38.85	\$53.40	\$101.48	\$176.33
\$200,000	\$8.20	\$8.20	\$8.20	\$10.30	\$11.40	\$14.30	\$20.50	\$31.00	\$51.80	\$71.20	\$135.30	\$235.10
\$250,000	\$10.25	\$10.25	\$10.25	\$12.88	\$14.25	\$17.88	\$25.63	\$38.75	\$64.75	\$89.00	\$169.13	\$293.88
\$300,000	\$12.30	\$12.30	\$12.30	\$15.45	\$17.10	\$21.45	\$30.75	\$46.50	\$77.70	\$106.80	\$202.95	\$352.65
\$350,000	\$14.35	\$14.35	\$14.35	\$18.03	\$19.95	\$25.03	\$35.88	\$54.25	\$90.65	\$124.60	\$236.78	\$411.43
\$400,000	\$16.40	\$16.40	\$16.40	\$20.60	\$22.80	\$28.60	\$41.00	\$62.00	\$103.60	\$142.40	\$270.60	\$470.20
\$450,000	\$18.45	\$18.45	\$18.45	\$23.18	\$25.65	\$32.18	\$46.13	\$69.75	\$116.55	\$160.20	\$304.43	\$528.98
\$500,000	\$20.50	\$20.50	\$20.50	\$25.75	\$28.50	\$35.75	\$51.25	\$77.50	\$129.50	\$178.00	\$338.25	\$587.75

Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Dearborn National® Life Insurance Company® (Downers Grove, IL) (formerly known as Fort Dearborn Life Insurance Company®) in all states (excluding New York), the District of Columbia, the United States Virgin Islands, the British Virgin Islands, Guam and Puerto Rico.

# Supplemental Life and AD&D PREMIUM RATE GRID

# BlueCross BlueShield of Illinois

## **South Holland School District #151**

#### Eligibility

You are eligible to enroll if you work the minimum number of hours per week by your employer, and you have satisfied any waiting period.

### Supplemental Life and AD&D

Employee Benefit: \$10,000 to \$500,000 in \$10,000 increments.

Spouse Benefit: \$5,000 to \$100,000 in \$5,000 increments.

(not to exceed 50% of the employee benefit)

Note: Spouse may not have coverage unless the employee has coverage.

The spouse benefit may not exceed the employee benefit amount in AZ, CA, IL, MD, NJ, RI, VT, VA and WA.

**Guarantee Issue\*** 

Employee \$150,000 Spouse \$25,000

\*New Hires only

**Child Coverage** 

Birth to 14 days: **\$0**15 days to 6 months: **\$1,000** 

6 months to age 19: \$1,000 to \$10,000 in increments of \$1,000

(Student Maximum Age: 23)

Sp	oouse									
Suppleme	ntal Life/AD&D									
Monthly rates per \$1,000										
<u>Age</u>	<u>Rates</u>									
Under 20	\$0.082									
20-24	\$0.082									
25-29	\$0.082									
30-34	\$0.103									
35-39	\$0.114									
40-44	\$0.143									
45-49	\$0.205									
50-54	\$0.310									
55-59	\$0.518									
60-64	\$0.712									
65-69	\$1.353									
70+	\$2.351									

Dependent Life (Children)

Monthly Premium per Family

Life/AD&D \$1,000 | \$0.29 \$10,000 | \$2.89

### Supplemental Life and AD&D

Premium Cost (Based on 24 payroll deductions per year)

	ATTAINED AGE											
Benefit												
Amount	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$5,000	\$0.21	\$0.21	\$0.21	\$0.26	\$0.29	\$0.36	\$0.51	\$0.78	\$1.30	\$1.78	\$3.38	\$5.88
\$10,000	\$0.41	\$0.41	\$0.41	\$0.52	\$0.57	\$0.72	\$1.03	\$1.55	\$2.59	\$3.56	\$6.77	\$11.76
\$15,000	\$0.62	\$0.62	\$0.62	\$0.77	\$0.86	\$1.07	\$1.54	\$2.33	\$3.89	\$5.34	\$10.15	\$17.63
\$20,000	\$0.82	\$0.82	\$0.82	\$1.03	\$1.14	\$1.43	\$2.05	\$3.10	\$5.18	\$7.12	\$13.53	\$23.51
\$25,000	\$1.03	\$1.03	\$1.03	\$1.29	\$1.43	\$1.79	\$2.56	\$3.88	\$6.48	\$8.90	\$16.91	\$29.39
\$30,000	\$1.23	\$1.23	\$1.23	\$1.55	\$1.71	\$2.15	\$3.08	\$4.65	\$7.77	\$10.68	\$20.30	\$35.27
\$35,000	\$1.44	\$1.44	\$1.44	\$1.80	\$2.00	\$2.50	\$3.59	\$5.43	\$9.07	\$12.46	\$23.68	\$41.14
\$40,000	\$1.64	\$1.64	\$1.64	\$2.06	\$2.28	\$2.86	\$4.10	\$6.20	\$10.36	\$14.24	\$27.06	\$47.02
\$45,000	\$1.85	\$1.85	\$1.85	\$2.32	\$2.57	\$3.22	\$4.61	\$6.98	\$11.66	\$16.02	\$30.44	\$52.90
\$50,000	\$2.05	\$2.05	\$2.05	\$2.58	\$2.85	\$3.58	\$5.13	\$7.75	\$12.95	\$17.80	\$33.83	\$58.78
\$55,000	\$2.26	\$2.26	\$2.26	\$2.83	\$3.14	\$3.93	\$5.64	\$8.53	\$14.25	\$19.58	\$37.21	\$64.65
\$60,000	\$2.46	\$2.46	\$2.46	\$3.09	\$3.42	\$4.29	\$6.15	\$9.30	\$15.54	\$21.36	\$40.59	\$70.53
\$65,000	\$2.67	\$2.67	\$2.67	\$3.35	\$3.71	\$4.65	\$6.66	\$10.08	\$16.84	\$23.14	\$43.97	\$76.41
\$70,000	\$2.87	\$2.87	\$2.87	\$3.61	\$3.99	\$5.01	\$7.18	\$10.85	\$18.13	\$24.92	\$47.36	\$82.29
\$75,000	\$3.08	\$3.08	\$3.08	\$3.86	\$4.28	\$5.36	\$7.69	\$11.63	\$19.43	\$26.70	\$50.74	\$88.16
\$80,000	\$3.28	\$3.28	\$3.28	\$4.12	\$4.56	\$5.72	\$8.20	\$12.40	\$20.72	\$28.48	\$54.12	\$94.04
\$85,000	\$3.49	\$3.49	\$3.49	\$4.38	\$4.85	\$6.08	\$8.71	\$13.18	\$22.02	\$30.26	\$57.50	\$99.92
\$90,000	\$3.69	\$3.69	\$3.69	\$4.64	\$5.13	\$6.44	\$9.23	\$13.95	\$23.31	\$32.04	\$60.89	\$105.80
\$95,000	\$3.90	\$3.90	\$3.90	\$4.89	\$5.42	\$6.79	\$9.74	\$14.73	\$24.61	\$33.82	\$64.27	\$111.67
\$100,000	\$4.10	\$4.10	\$4.10	\$5.15	\$5.70	\$7.15	\$10.25	\$15.50	\$25.90	\$35.60	\$67.65	\$117.55

Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Dearborn National® Life Insurance Company® (Downers Grove, IL) (formerly known as Fort Dearborn Life Insurance Company®) in all states (excluding New York), the District of Columbia, the United States Virgin Islands, the British Virgin Islands, Guam and Puerto Rico.