

**VOLUNTARY GROUP SHORT TERM DISABILITY
PREMIUM RATE GRID
INCREMENTAL PURCHASE**



**BlueCross BlueShield
of Illinois**

City of Urbana - VF023387

Eligibility

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

Benefit Schedule

You may choose a weekly benefit amount from \$100 to \$1,500 in \$50 increments, not to exceed 60% of weekly earnings*.

Maximum Benefit Duration

11 weeks or until LTD begins, whichever is earlier

Elimination Period

14 days accident - 14 days sickness

Semi-Monthly Premium Cost
Based on 24 payroll deductions per year

If your annual salary is at least	You may select a weekly benefit of	ATTAINED AGE											
		0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 +
\$8,667	\$100	\$2.40	\$2.40	\$2.40	\$2.40	\$2.40	\$2.40	\$2.31	\$2.59	\$3.36	\$3.75	\$3.70	\$3.70
\$13,000	\$150	\$3.60	\$3.60	\$3.60	\$3.60	\$3.60	\$3.60	\$3.46	\$3.89	\$5.04	\$5.62	\$5.54	\$5.54
\$17,334	\$200	\$4.80	\$4.80	\$4.80	\$4.80	\$4.80	\$4.80	\$4.61	\$5.18	\$6.72	\$7.49	\$7.39	\$7.39
\$21,667	\$250	\$6.00	\$6.00	\$6.00	\$6.00	\$6.00	\$6.00	\$5.76	\$6.48	\$8.40	\$9.36	\$9.24	\$9.24
\$26,000	\$300	\$7.20	\$7.20	\$7.20	\$7.20	\$7.20	\$7.20	\$6.92	\$7.77	\$10.08	\$11.24	\$11.09	\$11.09
\$30,334	\$350	\$8.40	\$8.40	\$8.40	\$8.40	\$8.40	\$8.40	\$8.07	\$9.07	\$11.76	\$13.11	\$12.93	\$12.93
\$34,667	\$400	\$9.60	\$9.60	\$9.60	\$9.60	\$9.60	\$9.60	\$9.22	\$10.36	\$13.44	\$14.98	\$14.78	\$14.78
\$39,000	\$450	\$10.80	\$10.80	\$10.80	\$10.80	\$10.80	\$10.80	\$10.37	\$11.66	\$15.12	\$16.85	\$16.63	\$16.63
\$43,334	\$500	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$11.53	\$12.95	\$16.80	\$18.73	\$18.48	\$18.48
\$47,667	\$550	\$13.20	\$13.20	\$13.20	\$13.20	\$13.20	\$13.20	\$12.68	\$14.25	\$18.48	\$20.60	\$20.32	\$20.32
\$52,000	\$600	\$14.40	\$14.40	\$14.40	\$14.40	\$14.40	\$14.40	\$13.83	\$15.54	\$20.16	\$22.47	\$22.17	\$22.17
\$56,334	\$650	\$15.60	\$15.60	\$15.60	\$15.60	\$15.60	\$15.60	\$14.98	\$16.84	\$21.84	\$24.34	\$24.02	\$24.02
\$60,667	\$700	\$16.80	\$16.80	\$16.80	\$16.80	\$16.80	\$16.80	\$16.14	\$18.13	\$23.52	\$26.22	\$25.87	\$25.87
\$65,000	\$750	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00	\$17.29	\$19.43	\$25.20	\$28.09	\$27.71	\$27.71
\$69,334	\$800	\$19.20	\$19.20	\$19.20	\$19.20	\$19.20	\$19.20	\$18.44	\$20.72	\$26.88	\$29.96	\$29.56	\$29.56
\$73,667	\$850	\$20.40	\$20.40	\$20.40	\$20.40	\$20.40	\$20.40	\$19.59	\$22.02	\$28.56	\$31.83	\$31.41	\$31.41
\$78,000	\$900	\$21.60	\$21.60	\$21.60	\$21.60	\$21.60	\$21.60	\$20.75	\$23.31	\$30.24	\$33.71	\$33.26	\$33.26
\$82,334	\$950	\$22.80	\$22.80	\$22.80	\$22.80	\$22.80	\$22.80	\$21.90	\$24.61	\$31.92	\$35.58	\$35.10	\$35.10
\$86,667	\$1,000	\$24.00	\$24.00	\$24.00	\$24.00	\$24.00	\$24.00	\$23.05	\$25.90	\$33.60	\$37.45	\$36.95	\$36.95
\$91,000	\$1,050	\$25.20	\$25.20	\$25.20	\$25.20	\$25.20	\$25.20	\$24.20	\$27.20	\$35.28	\$39.32	\$38.80	\$38.80
\$95,334	\$1,100	\$26.40	\$26.40	\$26.40	\$26.40	\$26.40	\$26.40	\$25.36	\$28.49	\$36.96	\$41.20	\$40.65	\$40.65
\$99,667	\$1,150	\$27.60	\$27.60	\$27.60	\$27.60	\$27.60	\$27.60	\$26.51	\$29.79	\$38.64	\$43.07	\$42.49	\$42.49
\$104,000	\$1,200	\$28.80	\$28.80	\$28.80	\$28.80	\$28.80	\$28.80	\$27.66	\$31.08	\$40.32	\$44.94	\$44.34	\$44.34
\$108,334	\$1,250	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$28.81	\$32.38	\$42.00	\$46.81	\$46.19	\$46.19
\$130,000	\$1,500	\$36.00	\$36.00	\$36.00	\$36.00	\$36.00	\$36.00	\$34.58	\$38.85	\$50.40	\$56.18	\$55.43	\$55.43

*Weekly Earnings means your weekly rate of earnings from your employer in effect immediately prior to the date disability begins. It includes total income before taxes including deduction made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account. It does not include bonuses, overtime pay, or any extra compensation other than commissions. Commissions will be averaged over the 12 month period prior to the date disability begins.

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