

Group Benefit Program Summary for City of Urbana

Voluntary Group Short-term Disability Insurance (STD)

Today, most Americans would not be able to make payments on their homes or keep their family financially stable without their current salary. STD reduces the burden during these unstable times. It is a convenient, economical way of securing an income while out of work from an unexpected injury or illness. Voluntary Group STD is a guaranteed issue coverage, which requires no health questionnaires to complete.

Eligibility	All Active Full-Time Employees working at least 40 hours per week or more.
Group STD Benefit	\$100 - \$1,500 in increments of \$50 not to exceed 60% of basic weekly earnings
Benefits Are Payable On	15th day for Injury 15th day for Sickness
Maximum Benefit Period	11 Weeks or until LTD begins, whichever is earlier
Total Disability	Total Disability means that due to Injury or Sickness the employee is unable to perform all of the material and substantial duties of the employee's regular occupation, and the employee's disability earnings, if any, are less than the percentage (20%) of the employee's pre-disability weekly earnings.
Partial Disability	Partial Disability means that during the elimination period the employee is able to perform some, but not all, of the material and substantial duties of the employee's regular occupation. After the elimination period, partial disability means that due to Injury or Sickness the employee is able to perform some but not all of the material and substantial duties of the employee's regular occupation, and the employee's disability earnings, if any are at least the minimum percentage (20%), but less than the maximum percentage of the employee's pre-disability weekly earnings (80%).
Pre-Existing Condition Limitation	3/12 - A Pre-Existing Condition is a Sickness or Injury for which you have received treatment within 3 months prior to your effective date. Any disability contributed to or caused by a Pre-Existing Condition within the first 12 months of your effective date will not be covered.
Additional Features	Survivor Benefit, Work Incentive Benefit, Worksite Modification Benefit, FMLA Coverage Extension, Recurrent Disability



**BlueCross BlueShield
of Illinois**



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This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

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VOLUNTARY GROUP SHORT TERM DISABILITY
PREMIUM RATE GRID
INCREMENTAL PURCHASE
City of Urbana



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 for accident -14 days for sickness

Semi-Monthly Premium Cost											
You may select a weekly benefit of	Based on 24 payroll deductions per year										
	ATTAINED AGE										
	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
\$100	\$2.40	\$2.40	\$2.40	\$2.40	\$2.40	\$2.40	\$2.31	\$2.59	\$3.36	\$3.75	\$3.70
\$150	3.60	3.60	3.60	3.60	3.60	3.60	3.46	3.89	5.04	5.62	5.54
\$200	4.80	4.80	4.80	4.80	4.80	4.80	4.61	5.18	6.72	7.49	7.39
\$250	6.00	6.00	6.00	6.00	6.00	6.00	5.76	6.48	8.40	9.36	9.24
\$300	7.20	7.20	7.20	7.20	7.20	7.20	6.92	7.77	10.08	11.24	11.09
\$350	8.40	8.40	8.40	8.40	8.40	8.40	8.07	9.07	11.76	13.11	12.93
\$400	9.60	9.60	9.60	9.60	9.60	9.60	9.22	10.36	13.44	14.98	14.78
\$450	10.80	10.80	10.80	10.80	10.80	10.80	10.37	11.66	15.12	16.85	16.63
\$500	12.00	12.00	12.00	12.00	12.00	12.00	11.53	12.95	16.80	18.73	18.48
\$550	13.20	13.20	13.20	13.20	13.20	13.20	12.68	14.25	18.48	20.60	20.32
\$600	14.40	14.40	14.40	14.40	14.40	14.40	13.83	15.54	20.16	22.47	22.17
\$650	15.60	15.60	15.60	15.60	15.60	15.60	14.98	16.84	21.84	24.34	24.02
\$700	16.80	16.80	16.80	16.80	16.80	16.80	16.14	18.13	23.52	26.22	25.87
\$750	18.00	18.00	18.00	18.00	18.00	18.00	17.29	19.43	25.20	28.09	27.71
\$800	19.20	19.20	19.20	19.20	19.20	19.20	18.44	20.72	26.88	29.96	29.56
\$850	20.40	20.40	20.40	20.40	20.40	20.40	19.59	22.02	28.56	31.83	31.41
\$900	21.60	21.60	21.60	21.60	21.60	21.60	20.75	23.31	30.24	33.71	33.26
\$950	22.80	22.80	22.80	22.80	22.80	22.80	21.90	24.61	31.92	35.58	35.10
\$1,000	24.00	24.00	24.00	24.00	24.00	24.00	23.05	25.90	33.60	37.45	36.95
\$1,100	26.40	26.40	26.40	26.40	26.40	26.40	25.36	28.49	36.96	41.20	40.65
\$1,200	28.80	28.80	28.80	28.80	28.80	28.80	27.66	31.08	40.32	44.94	44.34
\$1,300	31.20	31.20	31.20	31.20	31.20	31.20	29.97	33.67	43.68	48.69	48.04
\$1,400	33.60	33.60	33.60	33.60	33.60	33.60	32.27	36.26	47.04	52.43	51.73
\$1,500	36.00	36.00	36.00	36.00	36.00	36.00	34.58	38.85	50.40	56.18	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, any extra compensation or commissions.

The information provided is only a summary of the benefits available. Refer to a certificate for details and limitations of coverage

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