



BlueCross BlueShield  
of Illinois

## Group Benefit Program Summary for

# Cicero Public School District #99 - F196451

### Voluntary Term Life

The death of a family member can mean not only dealing with the loss of a loved one, but the loss of financial security as well. With Our Group Term Life plan, an employee can achieve peace of mind by giving their family the financial security they can depend on.

Eligibility	All Eligible, Active Full Time Employees
Group Term Life Benefit Employee	Choice of: \$25,000; \$50,000; \$100,000; \$150,000; \$200,000; \$250,000
Guarantee Issue Amount* Employee	\$150,000 *New Hire
Group Term Life Benefit Spouse (Includes Domestic Partner)	Eligible for 50% of the employee's Voluntary Life benefit amount to a maximum of \$125,000
Guarantee Issue Amount - Spouse	\$20,000
Group Term Life Benefit Child(ren)	Birth to 14 days: \$0 Age 15 days to 6 months: \$500 Age 6 months to 19 years (23 if full-time student): Eligible for 10% of the employee's amount to a maximum of \$10,000
Age Reduction Schedule	Life benefits reduce by 35% of the original amount at age 65 and further reduce by 60% of the original amount at age 70 and further reduce by 75% of the original amount at age 75 and further reduce by 85% of the original amount at age 80.
Employee Contribution	100 percent
Waiver of Premium	Elimination Period: 6 Months; Duration: To age 65
Accelerated Death Benefit (ADB)	Benefit: Up to 50% of the employee's life insurance; Life expectancy: 24 months or less
Portability Feature (Life Coverage)	Included (employee)
Conversion Privilege (Life Coverage)	Included
Beneficiary Resource Services	Includes grief, legal and financial counseling for beneficiaries, funeral planning; and online legal library, including templates to create a legal will and other legal documents.
Travel Resource Services	Helps travelers with the unexpected that may take place while traveling. Services include emergency medical assistance, financial, legal and communication assistance and access to other critical services and resources available via the Internet.
Exclusions	<b>One-year suicide exclusion applies to Voluntary Group Term Life coverage. AD&amp;D exclusions are the same as Basic AD&amp;D exclusions.</b>

For illustrative purposes only. May not be available in all jurisdictions. Coverage may be subject to limitations, exclusions and other coverage conditions contained in issued policy. Please consult the policy for the actual terms of coverage.

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Illinois, is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

# Voluntary Life

## PREMIUM RATE GRID



BlueCross BlueShield  
of Illinois

### Cicero Public School District #99 - F196451

#### 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.

#### Voluntary Life

Employee Benefit: **\$25,000; \$50,000; \$100,000; \$150,000; \$200,000; \$250,000**

Spouse Benefit: **Eligible for 50% of the employee's Voluntary Life benefit amount to a maximum of \$125,000**

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

*The spouse benefit may not exceed the employee benefit amount.*

#### Guarantee Issue\*

Employee **\$150,000**

Spouse **\$20,000**

\*New Hire

#### Child Coverage

Birth to 14 days: **\$0**

15 days to 6 months: **\$500**

6 months to age 19: **Eligible for 10% of the employee's amount to a maximum of \$10,000**

(Student Maximum Age:23)

Life benefits reduce by 35% of the original amount at age 65 and further reduce by 60% of the original amount at age 70 and further reduce by 75% of the original amount at age 75 and further reduce by 85% of the original amount at age 80.

#### Spouse Voluntary Life

Monthly rates per \$1,000

Age	Rates
Under 20	\$0.040
20-24	\$0.040
25-29	\$0.040
30-34	\$0.050
35-39	\$0.060
40-44	\$0.130
45-49	\$0.130
50-54	\$0.220
55-59	\$0.340
60-64	\$0.440
65-69	\$0.680
70-74	\$1.200
75	*

\*Please contact your HR Department

#### Dependent Life (Children)

Monthly Premium per Family

Per \$1,000

\$0.13

#### Voluntary Life Premium Cost (Based on 12 payroll deductions per year)

Benefit Amount	ATTAINED AGE											
	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
\$12,500	\$0.50	\$0.50	\$0.50	\$0.63	\$0.75	\$1.63	\$1.63	\$2.75	\$4.25	\$5.50	\$8.50	\$15.00
\$25,000	\$1.00	\$1.00	\$1.00	\$1.25	\$1.50	\$3.25	\$3.25	\$5.50	\$8.50	\$11.00	\$17.00	\$30.00
\$50,000	\$2.00	\$2.00	\$2.00	\$2.50	\$3.00	\$6.50	\$6.50	\$11.00	\$17.00	\$22.00	\$34.00	\$60.00
\$75,000	\$3.00	\$3.00	\$3.00	\$3.75	\$4.50	\$9.75	\$9.75	\$16.50	\$25.50	\$33.00	\$51.00	\$90.00
\$100,000	\$4.00	\$4.00	\$4.00	\$5.00	\$6.00	\$13.00	\$13.00	\$22.00	\$34.00	\$44.00	\$68.00	\$120.00
\$125,000	\$5.00	\$5.00	\$5.00	\$6.25	\$7.50	\$16.25	\$16.25	\$27.50	\$42.50	\$55.00	\$85.00	\$150.00

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