



**VOLUNTARY GROUP LIFE AND AD&D
PREMIUM RATE GRID**

MONTANA UNIFIED SCHOOL TRUST F024400

Eligibility

All Active Full Time Employees of a participating Employer enrolled in the Group Medical Plan electing to offer Voluntary Coverage, who regularly work 17.5 hours per week, unless the school district has a four-day work week then 15 hours per week is required to be eligible for insurance. Refer to your Employer for your waiting period & eligibility date. (Except MTSBA)

Voluntary Life/AD&D Insurance

Employee Benefit: **\$10,000 - \$500,000 in \$10,000 increments, not to exceed 4 times annual earnings.**
 Spouse Benefit: **\$5,000 or \$10,000**
 Child Benefit: **\$5,000 or \$10,000** Live Birth to Age 26

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

Employee: Life and AD&D benefits reduce by 50% of the original amount at age 70.
 All benefits terminate at retirement unless employee chooses Retiree option.
 Spouse: Benefits terminate at Employee's Retirement.

Guarantee Issue:

Employee: **\$100,000**
 Spouse: **\$10,000**

Voluntary Life/AD&D Insurance

Monthly Premium Cost (Based on 12 payroll deductions per year)

EMPLOYEE		
Voluntary Life/AD&D		
<u>Monthly rates per \$1,000</u>		
<u>Age</u>	<u>Rates</u>	
Under 29	\$0.110	
30-34	\$0.120	
35-39	\$0.150	
40-44	\$0.220	
45-49	\$0.360	
50-54	\$0.530	
55-59	\$0.870	
60-64	\$0.990	
65-69	\$1.820	
70-74	\$2.970	
75-79	\$4.040	
80+	\$7.670	
Dependent Life/AD&D		
<u>Monthly Premium</u>		
	<u>Spouse</u>	<u>Child</u>
\$5,000	\$1.50	\$1.50
\$10,000	\$3.00	\$3.00

EMPLOYEE Benefit Amount	ATTAINED AGE												
	<29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+	
\$10,000	\$1.10	\$1.20	\$1.50	\$2.20	\$3.60	\$5.30	\$8.70	\$9.90	\$18.20	\$29.70	\$40.40	\$76.70	
\$20,000	\$2.20	\$2.40	\$3.00	\$4.40	\$7.20	\$10.60	\$17.40	\$19.80	\$36.40	\$59.40	\$80.80	\$153.40	
\$30,000	\$3.30	\$3.60	\$4.50	\$6.60	\$10.80	\$15.90	\$26.10	\$29.70	\$54.60	\$89.10	\$121.20	\$230.10	
\$40,000	\$4.40	\$4.80	\$6.00	\$8.80	\$14.40	\$21.20	\$34.80	\$39.60	\$72.80	\$118.80	\$161.60	\$306.80	
\$50,000	\$5.50	\$6.00	\$7.50	\$11.00	\$18.00	\$26.50	\$43.50	\$49.50	\$91.00	\$148.50	\$202.00	\$383.50	
\$60,000	\$6.60	\$7.20	\$9.00	\$13.20	\$21.60	\$31.80	\$52.20	\$59.40	\$109.20	\$178.20	\$242.40	\$460.20	
\$70,000	\$7.70	\$8.40	\$10.50	\$15.40	\$25.20	\$37.10	\$60.90	\$69.30	\$127.40	\$207.90	\$282.80	\$536.90	
\$80,000	\$8.80	\$9.60	\$12.00	\$17.60	\$28.80	\$42.40	\$69.60	\$79.20	\$145.60	\$237.60	\$323.20	\$613.60	
\$90,000	\$9.90	\$10.80	\$13.50	\$19.80	\$32.40	\$47.70	\$78.30	\$89.10	\$163.80	\$267.30	\$363.60	\$690.30	
\$100,000	\$11.00	\$12.00	\$15.00	\$22.00	\$36.00	\$53.00	\$87.00	\$99.00	\$182.00	\$297.00	\$404.00	\$767.00	
\$110,000	\$12.10	\$13.20	\$16.50	\$24.20	\$39.60	\$58.30	\$95.70	\$108.90	\$200.20	\$326.70	\$444.40	\$843.70	
\$120,000	\$13.20	\$14.40	\$18.00	\$26.40	\$43.20	\$63.60	\$104.40	\$118.80	\$218.40	\$356.40	\$484.80	\$920.40	
\$130,000	\$14.30	\$15.60	\$19.50	\$28.60	\$46.80	\$68.90	\$113.10	\$128.70	\$236.60	\$386.10	\$525.20	\$997.10	
\$140,000	\$15.40	\$16.80	\$21.00	\$30.80	\$50.40	\$74.20	\$121.80	\$138.60	\$254.80	\$415.80	\$565.60	\$1,073.80	
\$150,000	\$16.50	\$18.00	\$22.50	\$33.00	\$54.00	\$79.50	\$130.50	\$148.50	\$273.00	\$445.50	\$606.00	\$1,150.50	

Policy Provisions may vary by state. Refer to a certificate or enrollment brochure for details about coverage features and limitations. For internal use only: Policy number FDL1-504-707

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