



**BlueCross BlueShield
of Illinois**

Group Benefit Program Summary for Berwyn North Public School District #98

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
Group STD Benefit	60% of basic weekly earnings
Weekly Maximum Benefit	\$1,500
Benefits Are Payable On	8th day for Injury 8th day for Sickness
Maximum Benefit Period	12 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	12/12 - A Pre-Existing Condition is a Sickness or Injury for which you have received treatment within 12 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

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 Short-Term Disability Insurance Berwyn North Public School District #98

Benefit Schedule

		Monthly Rate per \$10 of Weekly Benefit	
		Age	Rate
Benefit Percentage	60% of Weekly Earnings* to a maximum weekly benefit of \$1,500	Under 20	\$0.558
Elimination Period - Injury	7 Days	20-24	\$0.559
Elimination Period - Sickness	7 Days	25-29	\$0.595
Benefits Begin – Injury	8th Day	30-34	\$0.514
Benefits Begin – Sickness	8th Day	35-39	\$0.455
Maximum Period Payable	12 weeks or until LTD begins, whichever is earlier	40-44	\$0.385
		45-49	\$0.382
Pre-Existing Conditions Limitation	12/12	50-54	\$0.443
		55-59	\$0.552
Work Incentive Benefit, Worksite Modification Benefit, Continuity of Coverage	Included	60-64	\$0.662
		65-69	\$0.677
		70+	\$0.766

*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 other extra compensation other than commissions. Commissions will be averaged over the 12-month period prior to the date disability begins.

Sample Premium Calculation

(Sample assumes a 30-year-old employee with \$45,000 in annual earnings)

Annual Salary ÷ 52	=	Weekly Earnings	x	STD Benefit %	=	÷ 10 (max. \$200)	x	STD Rate (from table above)	=	Monthly Premium	x 12 ÷ 26 =	Bi-weekly Premium
\$45,000 ÷ 52	=	\$865	x	\$0.60	=	\$51.90	x	\$0.514	=	\$26.68	x 12 ÷ 26 =	\$12.31

Your Premium Calculation

(Enter your salary and the rate for your current age from the table above)

Annual Salary ÷ 52	=	Weekly Earnings	x	STD Benefit %	=	÷ 10 (max. \$200)	x	STD Rate (from table above)	=	Monthly Premium	x 12 ÷ 26 =	Bi-weekly Premium
\$ ÷ 52	=	\$	x	\$0.60	=	\$	x	\$	=	\$	x 12 ÷ 26 =	\$

To determine Bi-Weekly Premium, multiply Monthly Premium by 12, and then divide by 26.

To determine Semi-Monthly Premium, multiply Monthly Premium by 12, and then divide by 24.

To determine Weekly Premium, multiply Monthly Premium by 12, and then divide by 52.

This information is only a product highlight. This Premium Cost Chart is for illustrative purposes only; your premium cost may be slightly higher or lower due to rounding. NOTE: For purposes of this illustration, we have assumed a 40-hour work week. The policy has exclusions, limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period. Product features and availability vary by state and company, and are solely the responsibility of each affiliate. Refer to your certificate for complete details and limitations of coverage.

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