

## VOLUNTARY CRITICAL ILLNESS INSURANCE PREMIUM RATE GRID

## **Brightpoint**

## **Benefit Schedule**

Employee: You may choose a benefit amount of \$15,000, \$20,000, or \$30,000

Spouse: Amounts of \$7,500, \$10,000, or \$15,000, not to exceed 50% of the Employee's amount Child: Amounts of \$7,500, \$10,000, or \$15,000, not to exceed 50% of the Employee's amount

**Perpetual Guarantee Issue Amount** 

**Employee:** \$30,000 **Spouse:** \$15,000 **Child:** N/A

Em	ployee Bi-V	Veekly Pr	remium (	Cost										
Base	d on 26 payro	II deductio	ns per year	r										
Elect	ed						ATTAINE	O AGE						
Bene	efit Amoun	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-99
\$	15,000	\$2.15	\$2.15	\$2.55	\$3.09	\$3.90	\$5.24	\$6.99	\$8.66	\$11.28	\$14.44	\$19.41	\$25.86	\$38.08
\$	20,000	\$2.86	\$2.86	\$3.41	\$4.12	\$5.20	\$6.99	\$9.31	\$11.55	\$15.05	\$19.26	\$25.87	\$34.48	\$50.77
\$	30,000	\$4.29	\$4.29	\$5.11	\$6.18	\$7.80	\$10.48	\$13.97	\$17.32	\$22.57	\$28.88	\$38.81	\$51.72	\$76.15

Spo	use Bi-Wee	kly Pren	nium Cos	it										
Base	d on 26 payro	II deductio	ns per year	r										
Elect	ed						ATTAINED	AGE						
Bene	fit Amoun	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-99
\$	7,500	\$0.66	\$0.66	\$0.69	\$0.82	\$1.02	\$1.32	\$1.78	\$2.40	\$3.42	\$4.57	\$6.41	\$8.39	\$11.22
\$	10,000	\$0.88	\$0.88	\$0.92	\$1.10	\$1.36	\$1.75	\$2.37	\$3.20	\$4.56	\$6.10	\$8.55	\$11.18	\$14.95
\$	15,000	\$1.32	\$1.32	\$1.38	\$1.65	\$2.04	\$2.63	\$3.55	\$4.80	\$6.84	\$9.15	\$12.83	\$16.77	\$22.43

Child Bi-Weekly Premium Cost							
Base	d on 26 payro	deductions per year					
Elected							
Bene	fit Amount						
\$	7,500	\$0.47					
\$	10,000	\$0.63					
\$	15,000	\$0.94					

This Premium Cost Chart is for illustrative purposes only; your premium cost may be slightly higher or lower due to rounding. This piece is intended to provide only a brief summary of the type of policy and insurance coverage advertised. The policy has exclusions, conditions, limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. Refer to your certificate for complete details and limitations of coverage. 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.

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