

**VOLUNTARY CRITICAL ILLNESS INSURANCE
PREMIUM RATE GRID**



Lake Travis ISD

Benefit Schedule

- Employee:** You may choose a benefit amount from \$5,000 to \$50,000 in \$5,000 increments
- Spouse:** \$2,500 to \$25,000 in increments of \$2,500 not to exceed 50% of the Employee's amount
- Child:** \$2,500 to \$25,000 in increments of \$2,500 not to exceed 50% of the Employee's amount

Guarantee Issue Amount

Employee: \$20,000 **Spouse:** \$10,000 **Child:** \$10,000

Employee Monthly Premium Cost											
Based on 12 payroll deductions per year											
ATTAINED AGE											
Elected Benefit Amount	0-20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
\$ 5,000	\$2.16	\$2.16	\$2.16	\$3.21	\$3.21	\$6.25	\$6.25	\$11.83	\$11.83	\$18.67	\$30.46
\$ 10,000	\$4.31	\$4.31	\$4.31	\$6.41	\$6.41	\$12.50	\$12.50	\$23.66	\$23.66	\$37.34	\$60.92
\$ 15,000	\$6.47	\$6.47	\$6.47	\$9.62	\$9.62	\$18.75	\$18.75	\$35.49	\$35.49	\$56.01	\$91.38
\$ 20,000	\$8.62	\$8.62	\$8.62	\$12.82	\$12.82	\$25.00	\$25.00	\$47.32	\$47.32	\$74.68	\$121.84
\$ 25,000	\$10.78	\$10.78	\$10.78	\$16.03	\$16.03	\$31.25	\$31.25	\$59.15	\$59.15	\$93.35	\$152.30
\$ 30,000	\$12.93	\$12.93	\$12.93	\$19.23	\$19.23	\$37.50	\$37.50	\$70.98	\$70.98	\$112.02	\$182.76
\$ 35,000	\$15.09	\$15.09	\$15.09	\$22.44	\$22.44	\$43.75	\$43.75	\$82.81	\$82.81	\$130.69	\$213.22
\$ 40,000	\$17.24	\$17.24	\$17.24	\$25.64	\$25.64	\$50.00	\$50.00	\$94.64	\$94.64	\$149.36	\$243.68
\$ 45,000	\$19.40	\$19.40	\$19.40	\$28.85	\$28.85	\$56.25	\$56.25	\$106.47	\$106.47	\$168.03	\$274.14
\$ 50,000	\$21.55	\$21.55	\$21.55	\$32.05	\$32.05	\$62.50	\$62.50	\$118.30	\$118.30	\$186.70	\$304.60

Spouse Monthly Premium Cost											
Based on 12 payroll deductions per year											
ATTAINED AGE											
Elected Benefit Amount	0-20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
\$ 2,500	\$0.54	\$0.54	\$0.54	\$1.04	\$1.04	\$2.52	\$2.52	\$5.28	\$5.28	\$8.69	\$14.16
\$ 5,000	\$1.07	\$1.07	\$1.07	\$2.08	\$2.08	\$5.04	\$5.04	\$10.56	\$10.56	\$17.38	\$28.33
\$ 7,500	\$1.61	\$1.61	\$1.61	\$3.11	\$3.11	\$7.55	\$7.55	\$15.84	\$15.84	\$26.06	\$42.49
\$ 10,000	\$2.14	\$2.14	\$2.14	\$4.15	\$4.15	\$10.07	\$10.07	\$21.12	\$21.12	\$34.75	\$56.65
\$ 12,500	\$2.68	\$2.68	\$2.68	\$5.19	\$5.19	\$12.59	\$12.59	\$26.40	\$26.40	\$43.44	\$70.81
\$ 15,000	\$3.21	\$3.21	\$3.21	\$6.23	\$6.23	\$15.11	\$15.11	\$31.68	\$31.68	\$52.13	\$84.98
\$ 17,500	\$3.75	\$3.75	\$3.75	\$7.26	\$7.26	\$17.62	\$17.62	\$36.96	\$36.96	\$60.81	\$99.14
\$ 20,000	\$4.28	\$4.28	\$4.28	\$8.30	\$8.30	\$20.14	\$20.14	\$42.24	\$42.24	\$69.50	\$113.30
\$ 22,500	\$4.82	\$4.82	\$4.82	\$9.34	\$9.34	\$22.66	\$22.66	\$47.52	\$47.52	\$78.19	\$127.46
\$ 25,000	\$5.35	\$5.35	\$5.35	\$10.38	\$10.38	\$25.18	\$25.18	\$52.80	\$52.80	\$86.88	\$141.63

Child Monthly Premium Cost		
Based on 12 payroll deductions per year		
Elected Benefit Amount		
\$ 2,500	\$0.56	
\$ 5,000	\$1.12	
\$ 7,500	\$1.67	
\$ 10,000	\$2.23	
\$ 15,000	\$3.35	
\$ 25,000	\$5.58	

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This information is only a product highlight. Benefits may be subject to medical underwriting. Coverage for a medically underwritten benefit is not effective until the date the insurer has approved the employee's application. 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. If there is a difference between the information in this brochure and the terms of the policy or certificate, the terms of the policy and certificate control.

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