

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



**BlueCross BlueShield  
of Montana**

**St. Peter's Health - VF029766**

**Eligibility**

All Active Full-Time Employees working at least 32 hours per week and Part-Time Employees working at least 16 hours per week.

**Voluntary AD&D Insurance - EMPLOYEE**

**\$50,000 - \$500,000 in \$25,000 increments.**

**Voluntary AD&D Insurance - FAMILY**

**SPOUSE: 50% of Employee up to \$250,000**

**CHILD: 25% of Employee up to \$25,000**

**Voluntary AD&D**

Monthly rates per \$1,000

Employee Plan \$0.020  
Family Plan \$0.035

**AGE REDUCTION SCHEDULE:**

Benefits reduce by 35% at age 70 and 50% at age 75. Benefits terminate at retirement. Benefits are reduced by the percentage indicated and are calculated from the original amount at the attainment of the age shown.

**Voluntary AD&D Insurance**

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

Benefit Amount	VAD&D EE	VAD&D FAM
\$50,000	\$1.00	\$1.75
\$75,000	\$1.50	\$2.63
\$100,000	\$2.00	\$3.50
\$125,000	\$2.50	\$4.38
\$150,000	\$3.00	\$5.25
\$175,000	\$3.50	\$6.13
\$200,000	\$4.00	\$7.00
\$225,000	\$4.50	\$7.88
\$250,000	\$5.00	\$8.75
\$275,000	\$5.50	\$9.63
\$300,000	\$6.00	\$10.50
\$325,000	\$6.50	\$11.38
\$350,000	\$7.00	\$12.25
\$375,000	\$7.50	\$13.13
\$400,000	\$8.00	\$14.00
\$425,000	\$8.50	\$14.88
\$450,000	\$9.00	\$15.75
\$475,000	\$9.50	\$16.63
\$500,000	\$10.00	\$17.50

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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