



GROUP BENEFIT PROGRAM SUMMARY For CITY OF LEANDER

Today, most American 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. Group STD is a guaranteed issue coverage, which requires no health questionnaires to complete.

Voluntary Group Short Term Disability (STD)

Eligibility	All Active Full Time Employees regularly working 40 hours per week are eligible for insurance the first of the month following or coinciding with their date of hire.
Group STD Benefit	60% of basic weekly earnings
Weekly Maximum Benefit	\$750
Benefits Are Payable On	15 th day for accident; 15 th day for sickness
Maximum Benefit Period	11 Weeks or until LTD begins, whichever is earlier
Employee Contribution	100 percent
Total Disability	Total Disability means that due to Injury or Sickness the employee is unable to perform all 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	A pre-existing condition is a sickness or injury for which you have received treatment within 3 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.
Exclusions	Blue Cross Blue Shield of Texas does not pay benefits for any loss or disability caused by, resulting from, arising out of or substantially contributed to, directly by any one or more of the following: Loss of professional license, occupational license or certification, Commission of, participation in, or an attempt to commit an assault or felony, Intentionally self-inflicted injuries Attempted suicide, regardless of mental capacity, Cosmetic surgery except when required due to illness or injury, Occupational sickness or injury, Participation in a war, declared or undeclared, or any act of war
Additional Features	Survivor Benefit, Work Incentive Benefit, Worksite Modification Benefit

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.

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Texas is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.



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STD RATE GRID

Age	Monthly Rate per \$10 of Weekly Benefit	Age	Monthly Rate per \$10 of Weekly Benefit
Under 20	\$0.16	45-49	\$0.21
20-24	\$0.16	50-54	\$0.26
25-29	\$0.21	55-59	\$0.30
30-34	\$0.27	60-64	\$0.42
35-39	\$0.23	65-69	\$0.42
40-44	\$0.16	70+	\$0.42

Your Premium Calculation

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

Annual Salary								
÷ 52 =								
	Weekly Earnings		STD Benefit %	÷ 10		STD Rate		Monthly Premium
	\$ _____	x	.60%	(max. \$75.00)	x	(from above table)	=	\$ _____
			.60	_____		\$ _____		

To determine Semi-Monthly Premium, multiply Monthly Premium by 12, and then divide by 24.
 To determine Bi-Weekly Premium, multiply Monthly Premium by 12, and then divide by 26.
 To determine Weekly Premium, multiply Monthly Premium by 12, and then divide by 52.

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