

VOLUNTARY CRITICAL ILLNESS INSURANCE
PREMIUM RATE GRID



**BlueCross BlueShield
of Texas**

Compass Rose Education, Inc.

Benefit Schedule

Employee: You may choose a benefit amount from \$5,000 to \$20,000 in \$5,000 increments

Spouse: \$2,500 to \$10,000 in increments of \$2,500 not to exceed 50% of the Employee's amount

Child: \$2,500 to \$10,000 in increments of \$2,500 not to exceed 50% of the Employee's amount

Perpetual Guarantee Issue Amount

Employee: \$20,000

Spouse: \$10,000

Child: \$10,000

Employee Semi-Monthly Premium Cost						
Based on 24 payroll deductions per year						
Elected Benefit Amount	ATTAINED AGE					
	0-29	30-39	40-49	50-59	60-64	65-99
\$ 5,000	\$1.11	\$1.56	\$2.91	\$6.23	\$8.72	\$17.33
\$ 10,000	\$2.22	\$3.12	\$5.82	\$12.46	\$17.43	\$34.67
\$ 15,000	\$3.32	\$4.67	\$8.73	\$18.68	\$26.15	\$52.00
\$ 20,000	\$4.43	\$6.23	\$11.64	\$24.91	\$34.86	\$69.33

Spouse Semi-Monthly Premium Cost						
Based on 24 payroll deductions per year						
Elected Benefit Amount	ATTAINED AGE					
	0-29	30-39	40-49	50-59	60-64	65-99
\$ 2,500	\$0.86	\$1.10	\$1.80	\$3.48	\$4.73	\$9.27
\$ 5,000	\$1.73	\$2.21	\$3.61	\$6.97	\$9.46	\$18.53
\$ 7,500	\$2.59	\$3.31	\$5.41	\$10.45	\$14.19	\$27.80
\$ 10,000	\$3.46	\$4.42	\$7.22	\$13.94	\$18.92	\$37.07

Child Semi-Monthly Premium Cost		
Based on 24 payroll deductions per year		
Elected Benefit Amount		
\$ 2,500	\$0.29	
\$ 5,000	\$0.57	
\$ 7,500	\$0.86	
\$ 10,000	\$1.15	

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.

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.