



# Group Term Life Benefit Summary for City of Houston

<b>Eligibility:</b>	Active elected officials and active full-time employees working at least 40 hours per week and active part-time (PT/30) employees working at least 30 hours per week. Seasonal and temporary employees are not eligible.
<b>Basic Benefit:</b>	
<b>Active Employees:</b>	1 times annual earnings, rounded to the nearest multiple of \$1,000, to a maximum of \$300,000, but no less than \$16,000 prior to any applied reductions
<b>Dependent Spouse:</b>	\$2,000
<b>Dependent Child(ren):</b>	\$1,000
<b>Supplemental Benefit:</b>	
<b>Active Employees:</b>	You may choose 1, 2, 3 or 4 times your annual earnings, rounded to the nearest multiple of \$1,000, to a combined Basic and Supplemental maximum of \$1,000,000.
<b>Dependent Spouse:</b>	0.5 times the Employee's Supplemental Life benefit amount prior to any applied reductions to a maximum of \$50,000.
<b>Dependent Child(ren):</b>	0.5 times the Employee's Supplemental Life benefit amount prior to any applied reductions to a maximum of \$10,000.
<i>Note: No person may be covered more than once under the policy. Child(ren) are eligible up to age 26 (includes stillborn child(ren)).</i>	
<b>Evidence of Insurability:</b>	Evidence of Insurability is required for: <ol style="list-style-type: none"> <li>1. All amounts for previously eligible individuals who did not enroll within 31 days of initial eligibility;</li> <li>2. If electing within 31 days of initial eligibility, Employee Supplemental amounts in excess of 3 times annual earnings rounded to the nearest multiple of \$1,000;</li> <li>3. Any requests to increase Supplemental benefits following the initial period of eligibility;</li> <li>4. All amounts if you voluntarily canceled your insurance and choose to reapply.</li> </ol>
<b>Premium:</b>	Your employer pays 100% of the premium for Basic benefits. You pay 100% of the premium for Supplemental benefits.
<b>Life insurance includes the following benefits:</b>	<ul style="list-style-type: none"> <li>• Conversion Privilege</li> <li>• Accelerated Death Benefit (ADB) – Available upon request if diagnosed with a terminal illness and a life expectancy of 24 months or fewer. Pays a lump sum up to 75% of Employee life insurance and a maximum of \$500,000.</li> <li>• Waiver of Premium – If an Employee is unable to engage in any occupation as a result of sickness or injury for at least 6 months, prior to age 60, the Employee life insurance premium may be waived. An application for Waiver of Premium must be made within 18 months from date of total disability.</li> <li>• Accidental Occupational Death Benefit – Pays an amount equal to the Employee Basic Life benefit amount if the Employee's death is caused by or results in the scope of employment.</li> <li>• Repatriation Services – If the Employee's death occurs more than 100 miles from home, expenses incurred to transport the body of up to \$15,000 are covered when arrangements are made using Travel Resource Services.</li> </ul>
<b>Additional Services:</b>	<ul style="list-style-type: none"> <li>• <b>Beneficiary Resource Services™<sup>1</sup></b> – Includes grief, legal and financial counseling for beneficiaries and funeral planning.</li> <li>• <b>Travel Resource Services™<sup>2</sup></b> – Helps travelers deal with the unexpected™ that may take place while traveling. Services include emergency medical assistance; financial, legal and communication assistance; and access to other critical services and resources available via the Internet.</li> </ul>

**For additional information regarding your benefits, including a copy of your certificate, visit [www.houstontx.gov/hr/benefits](http://www.houstontx.gov/hr/benefits).**

<sup>1</sup>Employee Benefit Plan Review

<sup>2</sup>Beneficiary Resource Services is provided by LifeWorks (formerly Morneau Shepell). LifeWorks is an independent organization that does not provide Blue Cross and Blue Shield of Texas or Dearborn Life Insurance Company products or services.

<sup>3</sup>Travel Resource Services is administered by Assist America, Inc. Assist America is an independent organization that does not provide Blue Cross and Blue Shield of Texas or Dearborn Life Insurance Company products or services.

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.

# Supplemental Group Life Premium Rate Grid for City of Houston

<b>Eligibility:</b>	You are eligible to enroll if you work the minimum number of hours per week by your employer and you have satisfied any waiting period.
<b>Supplemental Life Insurance</b>	
<b>Employee Benefit:</b>	1, 2, 3 or 4 times annual earnings, rounded to the nearest multiple of \$1,000, and a combined Basic and Supplemental maximum of \$1,000,000.
<b>Spouse Benefit:</b>	0.5 times the Employee's Supplemental Life benefit amount prior to any applied reductions and a maximum of \$50,000.
<b>Child Benefit:</b>	Birth to age 26. 0.5 times the Employee's Supplemental Life benefit amount prior to any applied reductions and a maximum of \$10,000.
<i>Note: Spouse and Child(ren) may not have coverage unless the Employee has coverage.</i>	
<b>Guarantee Issue<sup>1</sup></b>	
<b>Employee:</b>	3 times annual earnings, rounded to the nearest of \$1,000
<b>Spouse:</b>	\$50,000
<b>Child:</b>	\$10,000

<b>Reduction of Benefits:</b>	None
-------------------------------	------

EMPLOYEE / SPOUSE Supplemental Life Monthly Rates per \$1,000			
Age <sup>2</sup>	Rates	Age <sup>2</sup>	Rates
< 30	\$0.095	60-64	\$1.016
30-34	\$0.114	65-69	\$1.590
35-39	\$0.152	70-74	\$2.766
40-44	\$0.200	75-79	\$4.073
45-49	\$0.304	80-84	\$5.381
50-54	\$0.451	85+	\$8.120
55-59	\$0.742		

Dependent Life (Children) Monthly Rates per \$1,000
\$0.24

<sup>1</sup> Assumes 25% participation

<sup>2</sup> Use Employee Age for all Rates

## EMPLOYEE AND SPOUSE SUPPLEMENTAL LIFE INSURANCE Premium Cost (Based on 24 payroll deductions per year)

Benefit Amount	ATTAINED AGE												
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+
\$10,000	\$0.48	\$0.57	\$0.76	\$1.00	\$1.52	\$2.26	\$3.71	\$5.08	\$7.95	\$13.83	\$20.37	\$26.91	\$40.60
\$20,000	\$0.95	\$1.14	\$1.52	\$2.00	\$3.04	\$4.51	\$7.42	\$10.16	\$15.90	\$27.66	\$40.73	\$53.81	\$81.20
\$30,000	\$1.43	\$1.71	\$2.28	\$3.00	\$4.56	\$6.77	\$11.13	\$15.24	\$23.85	\$41.49	\$61.10	\$80.72	\$121.80
\$40,000	\$1.90	\$2.28	\$3.04	\$4.00	\$6.08	\$9.02	\$14.84	\$20.32	\$31.80	\$55.32	\$81.46	\$107.62	\$162.40
\$50,000	\$2.38	\$2.85	\$3.80	\$5.00	\$7.60	\$11.28	\$18.55	\$25.40	\$39.75	\$69.15	\$101.83	\$134.53	\$203.00
\$60,000	\$2.85	\$3.42	\$4.56	\$6.00	\$9.12	\$13.53	\$22.26	\$30.48	\$47.70	\$82.98	\$122.19	\$161.43	\$243.60
\$70,000	\$3.33	\$3.99	\$5.32	\$7.00	\$10.64	\$15.79	\$25.97	\$35.56	\$55.65	\$96.81	\$142.56	\$188.34	\$284.20
\$80,000	\$3.80	\$4.56	\$6.08	\$8.00	\$12.16	\$18.04	\$29.68	\$40.64	\$63.60	\$110.64	\$162.92	\$215.24	\$324.80
\$90,000	\$4.28	\$5.13	\$6.84	\$9.00	\$13.68	\$20.30	\$33.39	\$45.72	\$71.55	\$124.47	\$183.29	\$242.15	\$365.40
\$100,000	\$4.75	\$5.70	\$7.60	\$10.00	\$15.20	\$22.55	\$37.10	\$50.80	\$79.50	\$138.30	\$203.65	\$269.05	\$406.00
\$110,000	\$5.23	\$6.27	\$8.36	\$11.00	\$16.72	\$24.81	\$40.81	\$55.88	\$87.45	\$152.13	\$224.02	\$295.96	\$446.60
\$120,000	\$5.70	\$6.84	\$9.12	\$12.00	\$18.24	\$27.06	\$44.52	\$60.96	\$95.40	\$165.96	\$244.38	\$322.86	\$487.20
\$130,000	\$6.18	\$7.41	\$9.88	\$13.00	\$19.76	\$29.32	\$48.23	\$66.04	\$103.35	\$179.79	\$264.75	\$349.77	\$527.80
\$140,000	\$6.65	\$7.98	\$10.64	\$14.00	\$21.28	\$31.57	\$51.94	\$71.12	\$111.30	\$193.62	\$285.11	\$376.67	\$568.40
\$150,000	\$7.13	\$8.55	\$11.40	\$15.00	\$22.80	\$33.83	\$55.65	\$76.20	\$119.25	\$207.45	\$305.48	\$403.58	\$609.00
\$200,000	\$9.50	\$11.40	\$15.20	\$20.00	\$30.40	\$45.10	\$74.20	\$101.60	\$159.00	\$276.60	\$407.30	\$538.10	\$812.00
\$250,000	\$11.88	\$14.25	\$19.00	\$25.00	\$38.00	\$56.38	\$92.75	\$127.00	\$198.75	\$345.75	\$509.13	\$672.63	\$1,015.00
\$300,000	\$14.25	\$17.10	\$22.80	\$30.00	\$45.60	\$67.65	\$111.30	\$152.40	\$238.50	\$414.90	\$610.95	\$807.15	\$1,218.00
\$350,000	\$16.63	\$19.95	\$26.60	\$35.00	\$53.20	\$78.93	\$129.85	\$177.80	\$278.25	\$484.05	\$712.78	\$941.68	\$1,421.00
\$400,000	\$19.00	\$22.80	\$30.40	\$40.00	\$60.80	\$90.20	\$148.40	\$203.20	\$318.00	\$553.20	\$814.60	\$1,076.20	\$1,624.00
\$450,000	\$21.38	\$25.65	\$34.20	\$45.00	\$68.40	\$101.48	\$166.95	\$228.60	\$357.75	\$622.35	\$916.43	\$1,210.73	\$1,827.00
\$500,000	\$23.75	\$28.50	\$38.00	\$50.00	\$76.00	\$112.75	\$185.50	\$254.00	\$397.50	\$691.50	\$1,018.25	\$1,345.25	\$2,030.00

This Premium Cost Chart is for illustrative purposes only; your premium cost will be based on your salary and may be slightly higher or lower than illustrated above due to rounding.

\* The combined amount of Basic Life insurance and Voluntary Life insurance may not exceed \$1,000,000.

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. 758212.0123