



**BlueCross BlueShield
of Illinois**



Select your coverage option 1 to 5 times basic annual salary, in increments of 1.00 times salary to a maximum of \$500,000 with a minimum of \$10,000 *Benefits reduce by 50% of the original amount at age 70

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Age (Based on attained age of last birthday)	(per \$1,000 of coverage)	(per \$1,000 of coverage)	Age (Based on attained age of last birthday)	(per \$1,000 of coverage)	(per \$1,000 of coverage)
Less than 20	\$005	\$048	45-49	\$013	\$048
20-24	\$005	\$048	50-54	\$018	\$048
25-29	\$005	\$048	55-59	\$032	\$048
30-34	\$006	\$048	60-64	\$052	\$048
35-39	\$007	\$048	65-69	\$088	\$048
40-44	\$009	\$048	70+	\$205	\$048
\$008 per \$1,000 of coverage					

