

# How much does long-term disability insurance cost?

Annual salary

Cost of long-term disability insurance

**\$125,000**

**\$104 to \$313 per month**

\$150,000

\$125 to \$375 per month

\$175,000

\$146 to \$438 per month

\$200,000

\$167 to \$500 per month

[6 more rows](#) • Aug 15, 2023

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## How Much Does Long-Term Disability Insurance Cost? - Policygenius

40 plans (no filters added)

No saved plans

Sort by

- Lowest premium
- Lowest deductible

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Blue Cross and Blue Shield of Montana

[Blue Focus Gold POS<sup>SM</sup> 207](#)

Gold | POS | Plan ID: 30751MT0670021

Rating New plan - Not rated

Premium

\$622.52 /month

Estimated total yearly cost

[Add yearly cost](#)

Deductible

\$250

Individual total

(health & drug combined)

[Extra deductible for some services](#)

Out-of-pocket maximum

\$9,450

Individual total

Give Feedback

40 plans (no filters added)

No saved plans

Sort by

- Lowest premium
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Blue Cross and Blue Shield of Montana

[Blue Preferred Gold PPO<sup>SM</sup> 204](#)

Gold | PPO | Plan ID: 30751MT0550044

Rating

Premium

\$761.29 /month

Give Feedback

Estimated total yearly cost

[Add yearly cost](#)

Deductible

\$750

Individual total

Health: \$750

Drug: \$0

[Extra deductible for some services](#)

Out-of-pocket maximum

\$9,450

Individual total

40 plans (no filters added)

No saved plans

Sort by

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Blue Cross and Blue Shield of Montana

[Blue Preferred Silver PPO<sup>SM</sup> 203](#)

Silver | PPO | Plan ID: 30751MT0550047

Rating

Premium

\$695.04 /month

Estimated total yearly cost

[Add yearly cost](#)

Deductible

\$1,200

Individual total

(health & drug combined)

[Extra deductible for some services](#)

Out-of-pocket maximum

\$9,450

Individual total

Give Feedback

40 plans (no filters added)

No saved plans

Sort by

Lowest premium

Lowest deductible

Back to top to add filters

Blue Cross and Blue Shield of Montana

Blue Focus Gold POS<sup>SM</sup> 707

Easy pricing

Gold | POS | Plan ID: 30751MT0670023

Rating New plan - Not rated

Premium

\$668.12 /month

Estimated total yearly cost

Add yearly cost

Deductible

\$1,500

Individual total

(health & drug combined)

Extra deductible for some services

Out-of-pocket maximum

\$8,700

Individual total

Give Feedback

40 plans (no filters added)

No saved plans

Sort by

Lowest premium

Lowest deductible

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PacificSource Health Plans

Navigator Standard Gold

Easy pricing

Gold | PPO | Plan ID: 23603MT0290018

Rating 4.5 stars

Give Feedback

Premium

\$717.00 /month

Estimated total yearly cost

Add yearly cost

Deductible

\$1,500

Individual total

(health & drug combined)

Extra deductible for some services

Out-of-pocket maximum

\$8,700

40 plans (no filters added)

No saved plans

Sort by

Lowest premium

Lowest deductible

Back to top to add filters

PacificSource Health Plans

Navigator Gold 1500

Gold | PPO | Plan ID: 23603MT0290003

Rating 4.5 stars

Premium

\$746.00 /month

Estimated total yearly cost

Add yearly cost

Deductible

\$1,500

Individual total

(health & drug combined)

Extra deductible for some services

Out-of-pocket maximum

\$7,000

Individual total

Give Feedback

40 plans (no filters added)

No saved plans

Sort by

Lowest premium

Lowest deductible

Back to top to add filters

Blue Cross and Blue Shield of Montana

Blue Preferred Gold PPO<sup>SM</sup> 704

Easy pricing

Gold | PPO | Plan ID: 30751MT0550094

Rating ★★★★★

Premium

\$782.53 /month

Estimated total yearly cost

Add yearly cost

Deductible

\$1,500

Individual total

(health & drug combined)

Extra deductible for some services

Out-of-pocket maximum

\$8,700

Give Feedback

40 plans (no filters added)

No saved plans

Sort by

Lowest premium

Lowest deductible

Back to top to add filters

Mountain Health CO-OP

Connect Gold

Gold | PPO | Plan ID: 32225MT0090001

Rating 4 stars

Premium

\$690.93 /month

Estimated total yearly cost

Add yearly cost

Deductible

\$1,000

Individual total

(health & drug combined)

Extra deductible for some services

Out-of-pocket maximum

\$6,500

Individual total

Give Feedback

14 plans (no filters added)

No saved plans

Sort by

- Lowest premium
- Lowest deductible

Back to top to add filters

BlueCare Dental<sup>SM</sup> 1A

PPO | Plan ID: 30751MT0580001

Premium

\$36.80 /month

Guaranteed Rate

Deductible

See plan brochure [PDF]

Out-of-pocket maximum

See plan brochure [PDF]

(Applies to child essential health benefits only)

Find covered providers

Add doctors & facilities

Give Feedback

Save

Compare

14 plans (no filters added)

No saved plans

Sort by

- Lowest premium
- Lowest deductible

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Guardian

[Guardian Basics for Families and Individuals](#)

Indemnity | Plan ID: 62818MT0080002

Premium

\$30.83 /month

Guaranteed Rate

Give Feedback

Deductible

[See plan brochure](#)

Out-of-pocket maximum

[See plan brochure](#)

(Applies to child essential health benefits only)

Find covered providers

[Add doctors & facilities](#)

14 plans (no filters added)

No saved plans

Sort by

- Lowest premium
- Lowest deductible

[Back to top to add filters](#)

**BEST Life**

[BESTOne Gold Plus](#)

Indemnity | Plan ID: 93895MT0020007

**Premium**

\$31.42 /month

✓ Guaranteed Rate

**Deductible**

[See plan brochure](#)

**Out-of-pocket maximum**

[See plan brochure](#)

(Applies to child essential health benefits only)

**Find covered providers**

[Add doctors & facilities](#)

Give Feedback

14 plans (no filters added)

No saved plans

Sort by

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- Lowest deductible

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Guardian

[Guardian Essentials for Families and Individuals](#)

Indemnity | Plan ID: 62818MT0070002

Premium

\$36.71 /month

Guaranteed Rate

Give Feedback

Deductible

[See plan brochure](#)

Out-of-pocket maximum

[See plan brochure](#)

(Applies to child essential health benefits only)

Find covered providers

[Add doctors & facilities](#)

14 plans (no filters added)

No saved plans

Sort by

- Lowest premium
- Lowest deductible

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**BEST Life**

[BESTne Advantage Gold](#)

Indemnity | Plan ID: 93895MT0020003

**Premium**

\$37.80 /month

✓ Guaranteed Rate

Give Feedback

**Deductible**

[See plan brochure](#)

**Out-of-pocket maximum**

[See plan brochure](#)

(Applies to child essential health benefits only)

**Find covered providers**

[Add doctors & facilities](#)

14 plans (no filters added)

No saved plans

Sort by

- Lowest premium
- Lowest deductible

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PacificSource Health Plans

[Dental Choice 0-20-50 1000](#)

Indemnity | Plan ID: 23603MT0320001

Premium

\$53.00 /month

Guaranteed Rate

Give Feedback

Deductible

[See plan brochure](#)

Out-of-pocket maximum

[See plan brochure](#)

(Applies to child essential health benefits only)

Find covered providers

[Add doctors & facilities](#)

14 plans (no filters added)

No saved plans

Sort by

- Lowest premium
- Lowest deductible

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PacificSource Health Plans

[Dental Choice 0-20-50 1500](#)

Indemnity | Plan ID: 23603MT0320003

Premium

\$59.00 /month

Guaranteed Rate

Give Feedback

Deductible

[See plan brochure](#)

Out-of-pocket maximum

[See plan brochure](#)

(Applies to child essential health benefits only)

Find covered providers

[Add doctors & facilities](#)

14 plans (no filters added)

No saved plans

Sort by

- Lowest premium
- Lowest deductible

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Delta Dental

[Delta Dental PPO Preferred Plan for Families](#)

PPO | Plan ID: 71788MT0010004

Premium

\$54.11 /month

Guaranteed Rate

Deductible

[See plan brochure \[PDF\]](#)

Out-of-pocket maximum

[See plan brochure \[PDF\]](#)

(Applies to child essential health benefits only)

Find covered providers

[Add doctors & facilities](#)

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