

# Voluntary Life and AD&D Insurance

### The Lincoln Term Life and AD&D Insurance Plan:

- Provides a cash benefit to your loved ones in the event of your death or if you die in an accident
- Provides a cash benefit to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight
- Features group rates for employees
- Includes LifeKeys® services, which provide access to counseling, financial, and legal support services
- Also includes TravelConnect services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home

## Meridian Healthcare Benefits At-A-Glance

All Full-Time Employees

Employee Life and AD&D	
Coverage Options	Increments of \$10,000
Maximum coverage amount	This amount may not exceed the lesser of 5 times Annual Earnings or \$500,000
Minimum coverage amount	\$10,000
Guaranteed Life coverage amount	\$150,000
Optional AD&D coverage amount	Equal to the life insurance amount chosen

Your coverage amount will reduce by 35% when you reach age 65; an additional 25% of the original amount when you reach age 70; and an additional 15% of the original amount when you reach age 75.

<b>Spouse Life and AD&amp;D</b> The amount of Dependent Life Insurance coverage
cannot be greater than 50% of the Employee Benefit.

Coverage Options	Increments of \$5,000
Maximum coverage amount	This amount may not exceed 50% of the Employee's amount
Minimum coverage amount	\$10,000
Guaranteed Life coverage amount	\$30,000
Optional AD&D coverage amount	Equal to the life insurance amount chosen

Coverage amounts are reduced by 35% when an employee reaches age 65, and terminates upon the employee's attainment of age 70 or retirement, whichever occurs first.

# Dependent Child(ren) Life and AD&D At least six months but under 26 years, or under 26 years if a full-time student At least 14 days but under six months Live Birth but under 14 days Optional AD&D coverage amount Dependent Child(ren) Life and AD&D \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000. \$100 Signature 14 days who coverage \$100 Signature 14 days who coverage amount the life insurance amount chosen

#### What your benefits cover

#### **Employee Coverage**

#### **Guaranteed Life Insurance Coverage Amount**

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to \$150,000 without providing evidence of insurability.
- Annual Limited Enrollment: You can increase your coverage amount by two levels without providing evidence of insurability up to the Guaranteed Life coverage amount. If you submitted evidence of insurability in the past and were declined or withdrawn, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.

#### **Maximum Insurance Coverage Amount**

• You can choose a coverage amount up to \$500,000. Evidence of Insurability may be required for voluntary life coverage. See the Evidence of Insurability page for details.

Spouse Coverage - You can secure term life insurance for your spouse if you select coverage for yourself.

#### **Guaranteed Life Insurance Coverage Amount**

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to \$30,000 for your spouse without providing evidence of insurability.
- Annual Limited Enrollment: You can increase the coverage amount for your spouse by two levels without providing evidence of insurability up to the Guaranteed Life coverage amount. If you submitted evidence of insurability in the past and were declined or withdrawn, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.

#### **Maximum Insurance Coverage Amount**

• You can choose a coverage amount up to \$250,000 for your spouse. Evidence of Insurability may be required.

**Dependent Child(ren) Coverage -** You can secure term life insurance for your dependent children when you choose coverage for yourself.

**Guaranteed Life Insurance Coverage Options:** \$10,000

#### **Additional Plan Benefits Included with Life Coverage**

Waiver of Premium	Included
Portability	Included
Accelerated Death Benefit	Included
Conversion	Included

#### **Benefit Exclusions**

Like any insurance, this term life and AD&D insurance policy does have exclusions.

For life insurance, a suicide exclusion may apply.

For AD&D, benefits will not be paid if death results from suicide, or death/dismemberment occurs while:

- Inflicting or attempting to inflict injury to one's self
- Participating in a riot or as a result of war or act of war
- Serving as a member of the military, including the Reserves and National Guard
- Committing or attempting to commit a felony
- Deliberately inhaling gas (such as carbon monoxide) or using drugs other than those prescribed by a physician and administered as prescribed
- Flying in a non-commercial airplane or aircraft, such as a balloon or glider
- Driving while intoxicated

In addition, the AD&D insurance policy does not cover sickness or disease, including the medical and surgical treatment of a disease.

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

Questions? Call 800-423-2765 and mention Group ID: MERIDIANS2.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

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# Semi-Monthly Voluntary Life Insurance Premium Calculate Your Premium.

#### **Group Life Rates for You**

Employee	Life			
Age	Premium			
Range	Rate			
0 - 24	\$0.040			
25 - 29	\$0.040			
30 - 34	\$0.050			
35 - 39	\$0.065			
40 - 44	\$0.085			
45 - 49	\$0.125			
50 - 54	\$0.200			
55 - 59	\$0.355			
60 - 64	\$0.495			
65 - 69	\$0.895			
70 - 74	\$1.600			
75 +	\$1.600			

## Group Life Rates for Your Spouse (based on employee's age)

Employee	Life		
Age	Premium		
Range	Rate		
0 - 24	\$0.040		
25 - 29	\$0.040		
30 - 34	\$0.050		
35 - 39	\$0.065		
40 - 44	\$0.085		
45 - 49	\$0.125		
50 - 54	\$0.200		
55 - 59	\$0.355		
60 - 64	\$0.495		
65 - 69	\$0.895		

#### **Group AD&D Rates**

	AD&D Premium Rate
Employee	\$0.009
Spouse	\$0.009
Child(ren)	\$0.016

## Group Life Rates for your Dependent Child(ren)

Child(ren) Life	
Premium Rate, per	
\$1,000	
\$0.125	

One affordable monthly premium covers all of your eligible dependent children.

Note: To be eligible for coverage, a spouse or dependent child cannot be confined on the date the increase or addition is to take effect, it will take effect when the confinement ends.

#### **Calculate Your Cost**

Use the appropriate rate provided in the tables above to calculate your cost based on the amount of coverage you select. The following example calculates the Semi-Monthly cost for a 36-year-old employee who would like to purchase \$100,000 in employee voluntary term life insurance coverage.

Calculati	on Example	Example	You	Spouse
Step 1	Using the table above, enter the rate that corresponds with your age.	\$0.065		
Step 2	Enter the desired coverage amount in dollars.	\$100,000		
Step 3	Enter the desired coverage amount in increments of \$1,000. To calculate, divide the coverage amount by \$1,000.	100		
Step 4	Calculate the monthly cost. <i>Multiply Step</i> 1 by Step 3.	\$6.50		

Note: Rates are subject to change and can vary over time.