

Plan Highlights

Voluntary Group Accidental Death & Dismemberment Insurance



Sarah Bush Lincoln Health System

ELIGIBILITY

Class 1: Each Active, Full-time and Part-time employee not covered in any other class, working 20 or more hours per week, except any person working on a temporary or seasonal basis.

BENEFIT AMOUNT

Employee:

In \$25,000 increments, choose to a maximum of \$250,000 or 12 times annual base salary rounded to the next \$10,000 (whichever is less)

Dependent Life

Spouse

In \$25,000 increments, choose to a maximum of \$125,000.

(spouse amount may not exceed 100% of employee amount)

Dependent Child(ren)

Birth to under 6 months: \$1,000

6 month to under 26 years: In increments of \$7,500 to a maximum of \$37,500.

Dependents:

You must be insured in order for Dependents to be covered.

Dependents are:

- ▶ your legal spouse not legally separated or divorced from you or your domestic/civil union partner if legally recognized under state law.
- ▶ your unmarried financially dependent child(ren), including adoptive, foster and stepchildren under age 26; or 30 if the dependent is an Illinois resident; served as a member of the active or reserve components of any of the branches of the Armed Forces of the United States, and has received a release or discharge other than a dishonorable discharge.

A person may not have coverage as both an Employee and Dependent. Only one insured spouse may cover Dependent children.

AD&D SCHEDULE

For Accidental Loss of:	Amount Payable:
Life	100%
Two Members	100%*
Speech and hearing	100%
One Member	50%*
Speech or Hearing	50%
Thumb & Index Finger of Same Hand	25%

*"Member" means hand, foot or eye.

Spouse coverage ends when employee turns age 70

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

BENEFIT REDUCTION DUE TO AGE

Age Original Benefit Reduced to:

65	65%
70	40%
75	20%

FEATURES

- ▶ Conversion Privilege
- ▶ Day Care Benefit
- ▶ Education Benefit
- ▶ Exposure & Disappearance
- ▶ Seat Belt & Air Bag Benefit

VALUE ADDED SERVICES

- ▶ Travel Assistance Service

EXCLUSIONS

Benefits will not be payable for any loss: to which sickness, disease, or myocardial infarction, including medical or surgical treatment thereof, is a contributing factor; caused by suicide, or intentionally self-inflicted injuries; caused by or resulting from war; caused by an accident that occurs while in the armed forces of any country; caused by or resulting from: piloting any aircraft; or riding in or getting into or out of any non civilian aircraft or any aircraft owned, leased or operated by you or any of your employers; sustained during the insured's commission or attempted commission of an assault or felony; to which the insured's acute or chronic alcoholic intoxication is a contributing factor; or, to which the insured's voluntary consumption of an illegal or controlled substance or a non-prescribed narcotic is a contributing factor.

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy for m LRS-8604, et al.