



Redington-Fairview General Hospital provides
this valuable benefit at no cost to you.

All Active Full-Time Employees

Life and AD&D Insurance

Safeguard the most important people in your life.

What challenges will your loved ones face after you're gone? Term life insurance can support them in so many ways by helping cover everyday expenses, pay off debt, and protect savings. Accidental death and dismemberment (AD&D) provides additional benefits if you die or suffer a covered loss in an accident.

At a glance:

- A cash benefit of one times Annual Earnings rounded to the next higher \$1,000 (up to \$50,000) to your loved ones in the event of your death, plus an additional cash benefit if you die in an accident
- A cash benefit to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight
- Personalized case management – Dedicated claim life specialist to actively guide you or your beneficiary through the life and AD&D claim process
- *LifeKeys*® services, which provide access to counseling, financial, and legal support services
- *TravelConnect*® services, which offer you and your family access to emergency medical assistance when you're on a trip 100+ miles from home

**You also have the option to increase your cash benefit by securing additional coverage at affordable group rates.
See the enclosed optional life insurance information for details.**

Additional details

Conversion: You may be able to convert your group term life coverage to an individual life insurance policy if your coverage reduces, you lose coverage due to leaving your job, or for other reasons outlined in the plan contract.

Portability: You may be able to port your group term life coverage to a separate group term life insurance policy if your coverage reduces, you lose coverage due to leaving your job, or for other reasons outlined in the plan contract.

Leave of absence/continuation of coverage: You may be able to continue your coverage if you leave your job for reasons including and not limited to Family and Medical Leave, lay-off, leave of absence, or leave of absence due to disability.

Benefit reduction: When you reach age 65, life benefits reduce to 65% of the original amount. When you reach age 70, life benefits reduce to 40% of the original amount. When you reach age 75, life benefits reduce to 25% of the original amount.

For complete benefit descriptions, limitations, and exclusions, refer to the certificate of coverage.

Reminder: Please review your beneficiary(ies) to ensure they are up to date. It's good practice to review, and if necessary update, your beneficiary(ies) annually.

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 policy, the policy will govern.

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State limitations apply. Beneficiary Grief counseling is the only benefit available to a beneficiary(ies) of policies issued in the state of New York. Online will prep is the only benefit available to insured employee and dependents of policies issued in the state of Washington.

Travel Connect® services are provided by On Call International, Salem, NH. On Call International is not a Lincoln Financial Group® company and Lincoln Financial Group does not administer these services. Each independent company is solely responsible for its own obligations. On Call International must coordinate and provide all arrangements in order for eligible services to be covered. Coverage is subject to contract language that contains specific terms, conditions, and limitations, which can be found in the program description.

The *TravelConnect*® program is not available to insured employees and dependents of policies issued in the state of New York and Washington. Access only program available to insured employees and dependents of policies issued in the state of Missouri and Texas. Benefits provided under the Access Only program exclude payment for paid services.

Not for use in New York or Washington.

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Redington-Fairview General Hospital

Benefits At-A-Glance

All Active Full-Time Employees

Employee Life and AD&D

Coverage Options	Multiple(s) of Annual Earnings (see definition in policy) rounded up to the nearest \$1,000
Maximum coverage amount	This amount may not exceed the lesser of one times Annual Earnings or \$500,000
Guaranteed Life coverage amount	The lesser of three times Annual Earnings or \$200,000

AD&D coverage provides a cash benefit to the beneficiary/beneficiaries you name if you die in an accident, or to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight

Dependent Spouse Life and AD&D

The amount of Dependent Life Insurance coverage cannot be greater than 50% of the Optional Employee Benefit.

Coverage Options	Increments of \$10,000
Maximum coverage amount	This amount may not exceed \$50,000
Guaranteed Life coverage amount	\$20,000

AD&D coverage provides a cash benefit to you should your Dependent Spouse die in an accident or suffer a covered loss in an accident, such as losing a limb or eyesight.

Dependent Child(ren) Life and AD&D

Live Birth but under six months	\$500
At least six months but under 26 years	\$10,000

AD&D coverage provides a cash benefit to you should your Dependent Child(ren) die in an accident or suffer a covered loss in an accident, such as losing a limb or eyesight.

Optional Life and AD&D Insurance

The Lincoln Term Life Insurance Plan:

- Provides a cash benefit to your loved ones in the event of your death
- Features group rates for Redington-Fairview General Hospital 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

The Lincoln AD&D Insurance Plan:

- Provides a cash benefit to your loved ones if you die in an accident
- Provides a cash benefit to you if you suffer a covered loss in an accident
- Features group rates for Redington-Fairview General Hospital employees

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 not to exceed the lesser of three times Annual Earnings or \$200,000 without providing evidence of insurability.
- Annual Limited Enrollment/Family Status Change: If you are a continuing employee, you can increase your coverage amount by one level without providing evidence of insurability. If you select coverage in an amount higher than this number, you will be required to submit evidence of insurability. If you have been previously denied coverage, you will 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 the lesser of one times Annual Earnings or \$500,000. Evidence of Insurability may be required for optional life coverage. See the Evidence of Insurability page for details.
- When you reach age 65, your Optional Life and AD&D coverage amount will reduce to 65% of the original amount. When you reach age 70, life benefits reduce to 40% of the original amount. When you reach age 75, life benefits reduce to 25% of the original amount.

Dependent 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 \$20,000 for your spouse without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase the coverage amount for your spouse by one level without providing evidence of insurability. If you select coverage in an amount higher than this number, you will be required to submit evidence of insurability. If you have been previously denied coverage, you will 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 \$50,000 for your spouse. Evidence of Insurability may be required.
- When you reach age 65, your Dependent Spouse Optional Life and AD&D coverage amount will reduce to 65% of the original amount. When you reach age 70, life benefits reduce to 40% of the original amount. When you reach age 75, life benefits reduce to 25% of the original amount.

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

Coverage Amount

- Enrollment: you can choose a coverage amount up to \$500 if under six months, \$10,000 if at least six months but under 26 years.

Additional Plan Benefits Included with Life Coverage

Accelerated Death Benefit: Enables you to receive a portion of your policy death benefit while you are living if diagnosed with a terminal illness. Please note that the receipt of an accelerated death benefit may be taxable. A covered employee should consult their tax advisor.	Included
Waiver of Premium: is a provision that allows you to not pay premiums during a period of disability that has lasted for a particular length of time.	Included
Conversion: If all or part of your optional life coverage ends, you may convert the amount of coverage you had under the group policy to an individual life insurance policy without medical evidence.	Included
Portability: If all or part of your optional and optional dependent life coverage ends, you may continue all or part of the amount that ends, less any amounts converted to an individual policy. Portable group term life insurance is not available if coverage ends because the group policy terminates.	Included

REMINDER: Please review your beneficiary(ies) to ensure they are up to date. It's good practice to review, and if necessary update, your beneficiary(ies) annually.

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Benefit Exclusions

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

For Life Coverages: A suicide exclusion may apply. A complete list of benefit exclusions is included in the policy. State variations apply.

For AD&D coverages: Benefits will not be paid if death or dismemberment occurs as the result of:

- War, declared or undeclared, or any act of war
- Intentionally self-inflicted injuries, while sane or insane
- Suicide, or suicide attempt, while sane or insane
- Active Participation in a riot
- Committing or attempting to commit a felony or misdemeanor
- Disease, bodily or mental illness (or medical or surgical treatment thereof)
- Infections, except septic infections of and through a visible wound
- Controlled Substances voluntarily taken, ingested or injected, unless prescribed or administered by a Physician
- Serving on full-time active duty in the Armed Forces of any country or international authority
- The presence of alcohol in the Covered Person's blood which raises the presumption that the Covered Person was under the influence of alcohol and contributed to the cause of the accident

*A complete list of benefit exclusions and descriptions are included in the policy. State variations apply.

REMINDER: Please review your beneficiary(ies) to ensure they are up to date. It's good practice to review, and if necessary update, your beneficiary(ies) annually.

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Monthly Optional Life Insurance Premium Calculate Your Premium.

Group Life Rates for You

Employee Age Range	Life Premium Rate
0 - 24	\$0.035
25 - 29	\$0.035
30 - 34	\$0.052
35 - 39	\$0.078
40 - 44	\$0.121
45 - 49	\$0.190
50 - 54	\$0.328
55 - 59	\$0.510
60 - 64	\$0.683
65 - 69	\$1.106
70 - 74	\$1.978
75 +	\$3.308

Calculate Your Cost

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

Calculation Example		Example	You
Step 1	Using the table above, enter the rate that corresponds with your age.	\$0.078	
Step 2	Enter the desired coverage amount in dollars.	\$100,000	
Step 3	Enter the desired coverage amount in increments of \$1,000. <i>To calculate, divide the coverage amount by \$1,000.</i>	100	
Step 4	Calculate the monthly cost. <i>Multiply Step 1 by Step 3.</i>	\$7.80	

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

Group AD&D Rates for You

AD&D Premium Rate
\$0.015

Please see prior page for product information.
Optional Life Insurance Premium Calculation

Group Life Rates for Your Spouse

Employee Age Range	Life Premium Rate
0 - 24	\$0.035
25 - 29	\$0.035
30 - 34	\$0.052
35 - 39	\$0.078
40 - 44	\$0.121
45 - 49	\$0.190
50 - 54	\$0.328
55 - 59	\$0.510
60 - 64	\$0.683
65 - 69	\$1.106
70 - 74	\$1.978
75 +	\$3.308

Calculate Your Dependent Spouse Cost

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

Calculation Example		Example	You
Step 1	Using the table above, enter the rate that corresponds with your age.	\$0.078	
Step 2	Enter the desired coverage amount in dollars.	\$100,000	
Step 3	Enter the desired coverage amount in increments of \$1,000. <i>To calculate, divide the coverage amount by \$1,000.</i>	100	
Step 4	Calculate the monthly cost. <i>Multiply Step 1 by Step 3.</i>	\$7.80	

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

Group AD&D Rates for Your Spouse

AD&D Premium Rate
\$0.020

Group Life and AD&D Rates for Your Dependent Child(ren)

Child(ren) Life Premium Rate, per \$1,000	Child(ren) AD&D Premium Rate, per \$1,000
\$0.400	\$0.040

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.

Please see prior page for product information.

[Optional Life Insurance Premium Calculation](#)

Benefits At-A-Glance

All Active Hourly Full-Time Employees excluding Physicians

Voluntary STD (paid by you through payroll deduction)

Weekly benefit amount	50% of your weekly salary, limited to \$1,000 per week
Maximum coverage period	26 weeks

Supplemental Short-Term Disability Insurance

The Lincoln Short-term Disability Insurance Plan:

- Provides a cash benefit when you are out of work for up to 26 weeks due to injury, illness, surgery, or recovery from childbirth
- Features group rates for Redington-Fairview General Hospital employees
- Offers a fast, no-hassle claims process

Elimination Period

- This is the number of days you must be disabled before you can collect disability benefits.
- Benefits are payable after a period of 14 calendar days due to injury or sickness.

Partial Disability Benefits

- Partial disability benefits can be payable if your earnings are between 20% and 80% of your pre-disability earnings.

Successive Disability Benefits

- If you become disabled for the same condition within 14 days following your prior disability, your benefits will continue under the same claim.

Maximum Coverage Period

- This is the number of weeks you can collect disability benefits (also known as the benefit duration).

Benefit Exclusions & Reductions

Like any insurance, this short-term disability insurance policy does have some exclusions. You will not receive benefits if:

- Your disability is the result of a self-inflicted injury or act of war
- Your disability is the result of cosmetic surgery, unless related to a disabling condition
- Your disability occurs while you are committing a felony or misdemeanor or participating in a riot

Your benefits may be reduced if you are eligible to receive benefits from:

- Sick pay from your employer
- A state disability plan or similar compulsory benefit act or law
- A retirement plan
- Social Security
- Any form of employment
- Workers' Compensation

A complete list of benefit exclusions and reductions is included in the policy. State restrictions may apply to this plan.

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 policy, the policy will govern.

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Supplemental Short-Term Disability Premium Calculate Your Premium

Use the employee voluntary short-term disability premium rate table provided to below to calculate your cost and benefit. The following example calculates the monthly cost for an employee with annual earnings of \$35,400.

Note: The maximum weekly covered earnings are equal to the maximum weekly benefit divided by the benefit percentage.

Calculation Example		Example	You	Premium Rate
Step 1	Enter the monthly rate per \$10 of weekly benefit.	\$0.550		\$0.550
Step 2	Enter your weekly earnings. <i>Divide your annual earnings by 52.</i>	\$681		
Step 3	If your weekly earnings are greater than the maximum weekly covered earnings of \$2,000, indicate \$2,000. Otherwise, indicate the amount from Step 2.	\$681		
Step 4	Calculate your weekly benefit. <i>Multiply Step 3 by 0.50.</i>	\$341		
Step 5	Enter your weekly benefit in increments of \$10. <i>To calculate, divide the amount in Step 4 by 10.</i>	34.1		
Step 6	Calculate your monthly cost. <i>Multiply Step 1 by Step 5.</i>	\$18.76		

This worksheet allows you to approximate your monthly contributions for voluntary short-term disability insurance coverage. Cost of insurance may change in the future due to age and/or coverage amount elected.

Benefits At-A-Glance

All Active Full-Time Hourly Employees

Voluntary Long-Term Disability Insurance

The Lincoln Long-term Disability Insurance Plan:

- Provides a cash benefit after you are out of work for 180 days or more due to injury, illness, or surgery
- Features group rates for eligible Redington-Fairview General Hospital employees
- Includes *EmployeeConnect*SM services, which give you and your family confidential access to counselors as well as personal, legal, and financial assistance

Voluntary LTD (paid by you through payroll deduction)

Monthly benefit amount	60% of your monthly salary, limited to \$5,000 per month
Elimination period	180 days

Elimination Period

- This is the number of days you must be disabled before you can collect disability benefits.

Maximum Coverage Period

- This is the total amount of time you can collect disability benefits (also known as the benefit duration).
- Benefits are limited to 24 months for mental illness; 24 months for substance abuse.

Age at Disability	Maximum Benefit Period
Less than age 60 -----	Greater of Social Security Normal Retirement age or to age 65 (but not less than 5 years)
60 -----	60 months
61 -----	48 months
62 -----	42 months
63 -----	36 months
64 -----	30 months
65 -----	24 months
66 -----	21 months
67 -----	18 months
68 -----	15 months
69 and over -----	12 months

Additional Plan Information

Pre-existing Condition

- If you have a medical condition that begins before your coverage takes effect, and you receive treatment for this condition within the three months leading up to your coverage start date, you may not be eligible for benefits for that condition until you have been covered by the plan for 12 months.

Benefit Exclusions & Reductions

Like any insurance, this long-term disability insurance policy does have some exclusions. You will not receive benefits if:

- Your disability is the result of a self-inflicted injury or act of war
- Your disability is the result of cosmetic surgery, unless related to a disabling condition
- Your disability occurs while you are committing a felony or misdemeanor or participating in a riot

Your benefits may be reduced if you are eligible to receive benefits from:

- A state disability plan or similar compulsory benefit act or law
- A retirement plan
- Social Security
- Any form of employment
- Workers' Compensation
- Salary continuance
- Sick leave

A complete list of benefit exclusions and reductions is included in the policy. State restrictions may apply to this plan.

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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Voluntary Long-Term Disability Insurance

Calculate Your Premium

Use the employee voluntary long-term disability premium rate table provided below to calculate your cost and benefit. The following example calculates the monthly cost for a 36-year-old employee with annual earnings of \$35,400.

Note: The maximum monthly covered earnings are equal to the maximum monthly benefit divided by the benefit percentage.

Calculation Example		Example	You
Step 1	Enter the monthly rate per \$100 of monthly covered payroll.	\$0.570	
Step 2	Enter your monthly earnings. (Divide your annual earnings by 12.)	\$2,950	
Step 3	If your monthly earnings are greater than the maximum monthly covered earnings of \$8,333.33, indicate \$8,333.33. Otherwise, indicate the amount from Step 2.	\$2,950	
Step 4	Calculate your monthly benefit. Multiply Step 3 by 0.60.	\$1,770	
Step 5	Enter your monthly earnings in increments of \$100 of monthly covered payroll. To calculate, divide the amount in Step 3 by \$100.	29.5	
Step 6	Calculate your monthly cost. Multiply Step 1 by Step 5.	\$16.82	

Age Range	Premium Rate
0 - 24	\$0.252
25 - 29	\$0.304
30 - 34	\$0.415
35 - 39	\$0.570
40 - 44	\$0.763
45 - 49	\$1.029
50 - 54	\$1.274
55 - 59	\$1.414
60 +	\$1.748

This worksheet allows you to approximate your monthly contributions for voluntary long-term disability insurance coverage. Cost of insurance may change in the future due to age and/or coverage amount elected.