

Benefits At-A-Glance

All Full-Time Employees

Voluntary AD&D Insurance

The Lincoln Voluntary 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, such as losing a limb or your eyesight
- Features group rates for employees

Employee	
Coverage options	Increments of \$10,000
Maximum coverage amount	This amount may not exceed the lesser of five times Annual Earnings or \$500,000

Your employee AD&D coverage amount will reduce by 65% when you reach age 65, and an additional 50% of the original amount when you reach 70. Benefits end when you retire.

Dependent Spouse The amount of Dependent AD&D Insurance coverage cannot be greater than 100% of the Employee Benefit.	
Coverage options	Increments of \$5,000
Maximum coverage amount	This amount may not exceed the lesser of five times Annual Earnings or \$300,000

You can secure AD&D insurance for your spouse if you select coverage for yourself.

Your spouse AD&D coverage amount will reduce by 65% when you reach age 65, and an additional 50% of the original amount when you reach 70. Benefits end when you retire.

Dependent Child(ren)	
Coverage options	\$1,000 if one day to six months \$10,000 if at least six months to 26 years

You can secure AD&D insurance for your dependent children if you select coverage for yourself

Benefit Exclusions

Like any insurance, this AD&D insurance policy does have exclusions. 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
- Disease, bodily or mental illness (or medical or surgical treatment thereof)
- Infections
- 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.

This is an incomplete list of benefit exclusions. A complete list is 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.

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.

LifeKeys® services are provided by ComPsych® Corporation, Chicago, IL. *TravelConnect*® travel assistance services are provided by On Call International, Salem NH. On Call International must coordinate and provide all arrangements in order for eligible services to be covered. ComPsych and On Call International are not Lincoln Financial Group companies and Lincoln Financial Group does not administer these Services. Each independent company is solely responsible for its own obligations. Not all services are available to insured employees and dependents of policies issued in the states of New York and Washington.

The *TravelConnect*® program is not available to insured employees and dependents of policies issued in the states of New York and Washington and is an access only program in Missouri and Texas.

Coverage is subject to contract language that contains specific terms, conditions and limitations, which can be found in the program description.

Group insurance products and services described herein are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. In New York, insurance products are issued by Lincoln Life & Annuity Company of New York (Syracuse, NY). Both are Lincoln Financial Group® companies. Product availability and/or features may vary by state. Limitations and exclusions apply. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations.



Voluntary Accidental Death & Dismemberment Insurance

Calculate your premium.

Calculate Your Cost

Use the table below to calculate your cost based on the amount of coverage you select. The following example calculates the monthly cost for an employee who would like to purchase \$100,000 in employee optional AD&D insurance coverage.

Calculation Example		Example	You
Step 1	Monthly rate	\$0.139	
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>	\$13.90	

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

Calculate Your Dependent Spouse Cost

Use the table below to calculate your cost based on the amount of coverage you select. The following example calculates the monthly cost for an employee who would like to purchase \$50,000 in optional Dependent Spouse AD&D insurance coverage.

Calculation Example		Example	You
Step 1	Monthly rate	\$0.139	
Step 2	Enter the desired coverage amount in dollars.	\$50,000	
Step 3	Enter the desired coverage amount in increments of \$1,000. <i>To calculate, divide the coverage amount by \$1,000.</i>	50	
Step 4	Calculate the monthly cost. <i>Multiply Step 1 by Step 3.</i>	\$6.95	

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

Monthly Premium Calculation for Your Dependent Child(ren)

Use the table below to calculate your cost based on the amount of coverage you select. The following example calculates the monthly cost for an employee who would like to purchase \$10,000 in optional Dependent Child(ren) AD&D insurance coverage.

Calculation Example		Example	You
Step 1	Monthly rate	\$0.040	
Step 2	Enter the desired coverage amount in dollars.	\$10,000	
Step 3	Enter the desired coverage amount in increments of \$1,000. <i>To calculate, divide the coverage amount by \$1,000.</i>	10	
Step 4	Calculate the monthly cost. <i>Multiply Step 1 by Step 3.</i>	\$0.40	

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

Please see prior page for product information.
Voluntary AD&D Insurance Premium Calculation