

Group Life Insurance

Supplemental Life and Accidental Death & Dismemberment

SUMMARY OF BENEFITS

Class 1

Sponsored By: Clarinda Regional Health Center
Effective Date: January 1, 2024
Policy Number: 01-020738-00

The information in this summary may be replaced by any subsequently issued summary or policy amendment.

Eligibility

All Full-Time Employees excluding Contracted Physicians working a minimum of 30 hours per week and their eligible dependents.

Employee Life and AD&D Benefit

Amount	Increments of \$10,000
Minimum Amount	\$10,000
Maximum Amount	Lesser of \$500,000 or 5 x Earnings
Life Guaranteed Issue	\$100,000

Spouse Life and AD&D Benefit

Spouse Amount	Increments of \$10,000
Minimum Amount	\$10,000
Maximum Amount	\$250,000 not to exceed 100% of Supplemental Employee Coverage
Life Guaranteed Issue	\$30,000

Child Life and AD&D Benefit

Child Amount	Live Birth to 26 year(s): \$10,000
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Benefit Reduction Employee

Original Benefit	60% at age 75
Amount Reduced To	35% at age 80
	28% at age 85
	20% at age 90
	8% at age 95
	5% at age 100

Benefit Reduction Spouse

Original Benefit	60% at age 75
Amount Reduced To	35% at age 80
	28% at age 85
	20% at age 90
	8% at age 95
	5% at age 100

Evidence of Insurability

One-Time Initial Open Enrollment for 1/1/2024: Life Coverage can be elected up to the guarantee issue amounts without submitting Evidence of Insurability.

Ongoing Annual Enrollment after 1/1/2024: Evidence of Insurability is required for all amounts of insurance selected after the initial 31 day eligibility period and for any amount in excess of the Guarantee Issue amount.

Evidence of Insurability is required for all Life amounts in excess of the Guarantee Issue amounts.

Additional Benefit Details

Accelerated Death Benefit	If an employee has been diagnosed as terminally ill, Symetra Life Insurance Company may pay a portion of the death benefit in advance to the employee. Please refer to your employee certificate for additional information.
Conversion	A conversion benefit is available that allows you to convert your group coverage to an individual policy if certain conditions apply. Please refer to your employee certificate for additional information.
Portability	This coverage may be continued at group rates upon termination of employment. Certain restrictions apply. Please refer to your employee certificate for additional information.
Waiver of Premium	With proof of disability, Symetra Life Insurance Company will waive Life Insurance premiums for a period of time for an employee that becomes disabled prior to a certain qualifying age. Certain restrictions, such as an elimination period, apply. Please refer to your employee certificate for additional information.
AD&D Riders	Includes Seat Belt, Airbag, Repatriation, Child Education, Day Care, Rehabilitation, Spouse Education and Adaptive Home and Vehicle benefits. Please refer to your employee certificate for additional information.

Rates for Supplemental Life coverage

Monthly Supplemental Employee and Spouse Life Rates per \$1,000 of coverage

**Spouse Life Rates are based on Spouse's Own Age*

AGE	RATE
Under 25	\$0.070
25 - 29	\$0.070
30 - 34	\$0.070
35 - 39	\$0.110
40 - 44	\$0.180
45 - 49	\$0.300
50 - 54	\$0.460
55 - 59	\$0.690
60 - 64	\$1.150
65 - 69	\$1.370
70 - 74	\$2.570
75 -	\$2.570

Monthly Supplemental Child Life Rate per \$1,000 of coverage is \$0.1500

Monthly Supplemental Employee AD&D Rate per \$1,000 of coverage is \$0.0300

Monthly Supplemental Spouse AD&D Rate per \$1,000 of coverage is \$0.0300

Monthly Supplemental Child AD&D Rate per \$1,000 of coverage is \$0.0300

Calculating Your Cost

Supplemental Employee Life:	$\frac{\text{(volume)}}{\text{(volume)}} \times \frac{\text{(rate)}}{\text{(rate)}} / 1,000 = \frac{\$}{\text{Monthly Cost}}$
Supplemental Spouse Life:	$\frac{\text{(volume)}}{\text{(volume)}} \times \frac{\text{(rate)}}{\text{(rate)}} / 1,000 = \frac{\$}{\text{Monthly Cost}}$
Supplemental Child Life:	$\frac{\text{(volume)}}{\text{(volume)}} \times \frac{0.150}{\text{(rate)}} / 1,000 = \frac{\$}{\text{Monthly Cost}}$
Supplemental Employee AD&D:	$\frac{\text{(volume)}}{\text{(volume)}} \times \frac{0.030}{\text{(rate)}} / 1,000 = \frac{\$}{\text{Monthly Cost}}$
Supplemental Spouse AD&D:	$\frac{\text{(volume)}}{\text{(volume)}} \times \frac{0.030}{\text{(rate)}} / 1,000 = \frac{\$}{\text{Monthly Cost}}$
Supplemental Child AD&D:	$\frac{\text{(volume)}}{\text{(volume)}} \times \frac{0.030}{\text{(rate)}} / 1,000 = \frac{\$}{\text{Monthly Cost}}$



Contact Information for Claims

Phone: 1-877-377-6773

Fax: 1-877-737-3650

Symetra Life Insurance Company
Life and Absence Management Center
P.O. Box 1230
Enfield, CT 06083-1230

This summary provides only a brief description of the Life Insurance coverage insured by Symetra Life Insurance Company under the LGC-13000 8/06 series Group Life Insurance policy. For a complete description, including all definitions, exclusions, limitations, and reductions in coverage, as well as information on termination of benefits, please contact your benefit administrator or refer to the Group Insurance Certificate you will receive when you become insured. Coverage will be offered under Group Policy number 01-020738-00. All benefits are subject to the terms and conditions of the Group Policy. If there is a difference between the information in this summary and the information contained in the Group Insurance Certificate, the terms of the Group Insurance Certificate will prevail. The terms of coverage may change over time; always refer to your current Group Insurance Certificate for information regarding your insurance benefits.

Insured by Symetra Life Insurance Company