

Plan Highlights

Voluntary Group Accidental Death & Dismemberment Insurance



CharterCARE Health Partners

ELIGIBILITY

Each Active Full-Time Management EE, PA and NP working 20 hours or more per week, except for any person working on a temporary or seasonal basis.

Dependents: You must be insured for your Dependents to be covered. Dependents are:

- ▶ Your legal spouse who is not legally separated or divorced from you
- ▶ Your legally-recognized domestic or civil union partner
- ▶ Your eligible employee's children from birth to age 26.
- ▶ A person may not have coverage as both an Employee and Dependent.
- ▶ Only one insured spouse may cover dependent children.

BENEFIT AMOUNT

Employee: Choose from a minimum of \$25,000 to a maximum of \$750,000 in \$25,000 increments, not to exceed 5 times earnings for amount over \$250,000.

Spouse: Choose from a minimum of \$5,000, a maximum of \$250,000 in \$5,000 increments, not to exceed 100% of employee principal sum.

Child(ren): Birth to age 26 years: \$5,000 to \$10,000 in increments of \$5,000.

CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

AD&D SCHEDULE

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

* "Member" refers to a hand, foot or eye

BENEFIT REDUCTION DUE TO AGE (Applicable to employee / spouse coverage)

Age	Original Benefit Reduced to
65	67%
70	50%

RATES

See attached Rate Sheet

FEATURES

- ▶ COMA Benefit
- ▶ Conversion Privilege
- ▶ Day Care Benefit
- ▶ Education Benefit
- ▶ Exposure and Disappearance
- ▶ MSLA Continuation
- ▶ Seat Belt and Air Bag Benefit
- ▶ Total Loss of Use Benefit

VALUE-ADDED SERVICES

- ▶ Travel Assistance Services

Reliance Standard Plans Voluntary AD&D Insurance Premium Table

Plan Holder: CharterCARE Health Partners

Employee Bi-Weekly Premiums

Benefit Amount	Employee	Benefit Amount	Employee	Benefit Amount	Employee
\$25,000	\$0.35	\$275,000	\$3.81	\$525,000	\$7.27
\$50,000	\$0.69	\$300,000	\$4.15	\$550,000	\$7.62
\$75,000	\$1.04	\$325,000	\$4.50	\$575,000	\$7.96
\$100,000	\$1.38	\$350,000	\$4.85	\$600,000	\$8.31
\$125,000	\$1.73	\$375,000	\$5.19	\$625,000	\$8.65
\$150,000	\$2.08	\$400,000	\$5.54	\$650,000	\$9.00
\$175,000	\$2.42	\$425,000	\$5.88	\$675,000	\$9.35
\$200,000	\$2.77	\$450,000	\$6.23	\$700,000	\$9.69
\$225,000	\$3.12	\$475,000	\$6.58	\$725,000	\$10.04
\$250,000	\$3.46	\$500,000	\$6.92	\$750,000	\$10.38

Spouse Bi-Weekly Premiums

Benefit Amount	Spouse	Benefit Amount	Spouse	Benefit Amount	Spouse	Benefit Amount	Spouse	Benefit Amount	Spouse
\$5,000	\$0.07	\$55,000	\$0.76	\$105,000	\$1.45	\$155,000	\$2.15	\$205,000	\$2.84
\$10,000	\$0.14	\$60,000	\$0.83	\$110,000	\$1.52	\$160,000	\$2.22	\$210,000	\$2.91
\$15,000	\$0.21	\$65,000	\$0.90	\$115,000	\$1.59	\$165,000	\$2.28	\$215,000	\$2.98
\$20,000	\$0.28	\$70,000	\$0.97	\$120,000	\$1.66	\$170,000	\$2.35	\$220,000	\$3.05
\$25,000	\$0.35	\$75,000	\$1.04	\$125,000	\$1.73	\$175,000	\$2.42	\$225,000	\$3.12
\$30,000	\$0.42	\$80,000	\$1.11	\$130,000	\$1.80	\$180,000	\$2.49	\$230,000	\$3.18
\$35,000	\$0.48	\$85,000	\$1.18	\$135,000	\$1.87	\$185,000	\$2.56	\$235,000	\$3.25
\$40,000	\$0.55	\$90,000	\$1.25	\$140,000	\$1.94	\$190,000	\$2.63	\$240,000	\$3.32
\$45,000	\$0.62	\$95,000	\$1.32	\$145,000	\$2.01	\$195,000	\$2.70	\$245,000	\$3.39
\$50,000	\$0.69	\$100,000	\$1.38	\$150,000	\$2.08	\$200,000	\$2.77	\$250,000	\$3.46

Child(ren) Bi-Weekly Premiums

Benefit Amount	Premium
\$5,000	\$0.07
\$10,000	\$0.14

(One rate and benefit amount for all eligible children in family, regardless of number)

Rates are subject to change.