

Plan Highlights

Group Basic Life and AD&D, Supplemental and Dependent Life Insurance



Northwestern Medical Center, Inc.

ELIGIBILITY

Each Active Full-Time Executive Employee working 40 or more hours per week, Full Time Flex Employees working 36 or more hours per week & Regular Part Time Employees working 32 hour or more per week, except any person working on a temporary or season basis.

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 partner.
- ▶ your unmarried financially dependent children* age 14 days to 20 years (to 26 years if full-time student).

*natural and adopted children; stepchildren and foster children in your custody.

Age limit does not apply to handicapped children.

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

BENEFIT AMOUNT

Basic Life

2 times Earnings, rounded to the next higher \$1,000, subject to a maximum of \$500,000

Supplemental Life

A choice of One, Two or Three times Earnings, rounded to the next higher \$1,000, subject to a maximum of \$500,000

Dependent Life

Spouse

Choose from a minimum of \$10,000 to a maximum of \$40,000 in \$10,000 increments

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

Dependent Child(ren)

birth but less than 6 months : \$1,000

6 months through Age 19 : \$5,000 or \$10,000

(up to age 26 if a full-time student)

GUARANTEED ISSUE (INITIAL ELIGIBILITY PERIOD ONLY)

Employee: \$250,000

Spouse: \$40,000

Child: all child amounts are guaranteed issue

CONTRIBUTION REQUIREMENTS

Basic Life:

Coverage is 100% employer paid.

Supplemental Life:

Coverage is 100% employee paid.

Spouse: Coverage is 100% employee paid.

Dependent Child(ren): Coverage is 100% employee paid.

BENEFIT REDUCTION DUE TO AGE

(applicable to employee/spouse coverage)

Age	Original Benefit	Reduced To
70		65%
75		50%

RATE

See attached Rate Sheet.

FEATURES

- ▶ Living Benefit Rider(expressed as Accelerated Death Benefit in some states and Imminent Death Benefit in PA)
- ▶ Air Bag Benefit
- ▶ Conversion Privilege
- ▶ Education Benefit
- ▶ FMLA/MSLA Continuation
- ▶ Loss of Use Benefit
- ▶ Portability
- ▶ Seat Belt Benefit
- ▶ Waiver of Premium

VALUE ADDED SERVICES

- ▶ Bereavement Counseling Service
- ▶ Travel Assistance Service

EXCLUSIONS

AD&D EXCLUSIONS:

AD&D benefits will not be payable for a loss: caused by suicide or intentionally self-inflicted injuries; caused by or resulting from war or any act of war, declared or undeclared; to which sickness, disease or myocardial infarction, including medical or surgical treatment thereof, is a contributing factor; sustained during an insured's commission or attempted commission of an assault or felony; to which the insured's acute or chronic intoxication is a contributing factor; or to which the insured's voluntary consumption of an illegal or controlled substance or a non-prescribed narcotic or drug 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 form LRS-6422, et al.

Supplemental Life Insurance



Northwestern Medical Center, Inc

Scheduled Benefit: Each eligible Employee may elect choice of 1, 2, or 3 times Earnings, rounded to the next higher \$1,000, up to \$500,000 benefit maximum.

To calculate your monthly payroll deduction, use the formula indicated below:
(Round all numbers to the nearest whole number)

1. Enter your annual salary. \$ _____
2. Choose a multiple of salary (choice of 1, 2, or 3) _____
3. Multiply your salary (Line 1) by the number on Line 2, and round up to the next higher \$1,000 to determine elected Supplemental Life amount. \$ _____
4. Find your rate from the age table displayed. \$ _____
5. Multiply the amount on Line 3 by the appropriate rate for your age entered on Line 4. \$ _____
6. Divide the amount on Line 5 by \$1,000 and enter the amount on Line 6 to get your monthly payroll deduction. \$ _____
7. Multiply the amount on Line 6 by 12, then Divide by 26 to get your bi-weekly payroll deduction. \$ _____

Age	Rate per \$1,000 benefit
18-24	.050
25-29	.061
30-34	.080
35-39	.089
40-44	.100
45-49	.150
50-54	.230
55-59	.429
60-64	.659
65-69	1.27
70+	2.058

Example Calculation: Jane Smith is Age 35, has a salary of \$50,000 and has elected 2x salary as her benefit.

1. Enter your annual salary. \$50,000
2. Choose a multiple of salary (choice of 1, 2 or 3) 2
3. Multiply your salary (Line 1) by the number on Line 2, and round up to the next higher \$1,000 to determine elected Supplemental Life amount. \$100,000
4. Find your rate from the age table displayed. \$.089
5. Multiply the amount on Line 3 by the appropriate rate for your age entered on Line 4. \$8,900
6. Divide the amount on Line 5 by \$1,000 and enter the amount on Line 6 to get your monthly payroll deduction. \$8.90
7. Multiply the amount on Line 6 by 12, then Divide by 26 to get your bi-weekly payroll deduction. \$4.11