

Plan Highlights



Voluntary Group Accidental Death & Dismemberment Insurance

Northwestern Medical Center, Inc.

ELIGIBILITY

Each Active, Full-Time Employee working 36 or more hours per week and each regular part-time employee working a minimum of 30 hours but less than 35.5 hours per week, except any person working on a temporary or seasonal basis.

BENEFIT AMOUNT

Employee:

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

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 & Index Finger of Same Hand	25%

*"Member" means hand, foot or eye.

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

BENEFIT REDUCTION DUE TO AGE

Age Original Benefit Reduced to:

70	65%
75	50%

RATES

See attached Rate Sheet.

FEATURES

- ▶ Conversion Privilege
- ▶ Education Benefit
- ▶ Exposure & Disappearance
- ▶ FMLA/MSLA Continuation
- ▶ Seat Belt & Air Bag Benefit
- ▶ Total Loss of Use Benefit

VALUE ADDED SERVICES

- ▶ Travel Assistance Service

EXCLUSIONS

Benefits will not be payable for any loss: to which sickness, disease, or myocardial infarction, including medical or surgical treatment thereof, is a contributing factor; caused by suicide, or intentionally self-inflicted injuries; caused by or resulting from war; caused by an accident that occurs while in the armed forces of any country; caused by or resulting from: piloting any aircraft; or riding in or getting into or out of any non civilian aircraft or any aircraft owned, leased or operated by you or any of your employers; sustained during the insured's commission or attempted commission of an assault or felony; to which the insured's acute or chronic alcoholic intoxication is a contributing factor; or, to which the insured's voluntary consumption of an illegal or controlled substance or a non-prescribed narcotic 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-8604, et al.

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Voluntary Group Accidental Death & Dismemberment 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

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

Coverage Type	Rate per \$1,000 benefit
Employee only	\$0.018

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 Voluntary AD&D amount. \$ _____
4. Find your rate from the table displayed based on the coverage type you select. \$ _____
5. Multiply the amount on Line 3 by the appropriate rate 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. \$ _____

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

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 Voluntary AD&D amount. \$100,000
4. Find your rate from the table displayed based on the coverage type you select. \$.018
5. Multiply the amount on Line 3 by the appropriate rate entered on Line 4. \$1,800
6. Divide the amount on Line 5 by \$1,000 and enter the amount on Line 6 to get your monthly payroll deduction. \$1.80
7. **Multiply** the amount on Line 6 by 12, then **Divide** by 26 to get your bi-weekly payroll deduction. \$0.83