

Southwest Community Health System

Benefits At-A-Glance

All Active, full-time Employees scheduled to work at least 60 hours per pay period, excluding Management & Physicians

Optional Life Insurance

The Lincoln Term Life Insurance Plan:

- Provides a cash benefit to your loved ones in the event of your death
- Features group rates for Southwest Community Health System employees
- Also includes TravelConnect[®] services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home

Employee Life		
Coverage Options	Increments of \$10,000	
Maximum coverage amount	This amount may not exceed \$500,000	
Guaranteed Life coverage amount	\$300,000	
Dependent Spouse Life		
Coverage Option	\$20,000	
Guaranteed Life coverage amount	\$20,000	
Dependent Child (ren) Life		
Live Birth but under six months	\$2,000	
At least six months but under 26 years	\$10,000	

What your benefits cover

Employee Coverage

Guaranteed Life Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount not to exceed \$300,000 without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase your coverage amount by five levels
 without providing evidence of insurability. If you select coverage in an amount higher than this number, you will be
 required to submit evidence of insurability. If you have been previously denied coverage, you will be required to submit
 evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.

Maximum Insurance Coverage Amount

- You can choose a coverage amount up to \$500,000. Evidence of Insurability may be required for optional life coverage. See the Evidence of Insurability page for details.
- When you reach age 70, your Optional Life coverage amount will reduce to 50% of the original amount.

Dependent Spouse Coverage - You can secure term life insurance for your spouse if you select coverage for yourself.

Guaranteed Life Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to \$20,000 for your spouse without providing evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.

Maximum Insurance Coverage Amount

- You can choose a coverage amount up to \$20,000 for your spouse. Evidence of Insurability may be required.
- When you reachage 70, your Dependent Spouse Optional Life coverage amount will reduce to 50% of the original amount. When you reachage 80, life benefits will terminate.

Dependent Child(ren) Coverage - You can secure term life insurance for your dependent children when you choose coverage for yourself.

Coverage Amount

• Enrollment: you can choose a coverage amount up to \$2,000 if under six months, \$10,000 if at least age but under six months but under 26 years

Additional Plan Benefits Included with Life Coverage

Accelerated Death Benefit: Enables you to receive a portion of your policy death benefit while you are living if diagnosed with a terminal illness. Please note that the receipt of an accelerated death benefit may be taxable. A covered employee should consult their taxadvisor.	Included
Waiver of Premium: is a provision that allows you to not pay premiums during a period of disability that has lasted for a particular length of time.	Included
Conversion: If all or part of your optional and dependent life coverage ends, you may convert the amount of coverage you had under the group policy to an individual life insurance policy without medical evidence.	Included
Portability: If all or part of your optional and optional dependent life coverage ends, you may continue all or part of the amount that ends, less any amounts converted to an individual policy. Portable group term life insurance is not available if coverage ends because the group policy terminates.	Included

Benefit Exclusions

Like any insurance, this term life insurance policy does have exclusions. A suicide exclusion may apply. A complete list of benefit exclusions 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.

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State limitations apply. Beneficiary Grief counseling is the only benefit available to a beneficiary(ies) of policies issued in the state of New York. Online will prep is the only benefit available to insured employee and dependents of policies issued in the state of Washington.

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The *TravelConnect*® program is not available to insured employees and dependents of policies issued in the state of New York and Washington. Access only program available to insured employees and dependents of policies issued in the state of Missouri and Texas. Benefits provided under the Access Only program exclude payment for paid services.

Not for use in New York or Washington.

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Monthly Optional Life Insurance Premium Calculate Your Premium.

Group Life Rates for You

Employee	Life
Age	Premium
Range	Rate
0 - 24	\$0.05
25 - 29	\$0.06
30 - 34	\$0.08
35 - 39	\$0.09
40 - 44	\$0.11
45 - 49	\$0.17
50 - 54	\$0.29
55 - 59	\$0.51
60 - 64	\$0.66
65 - 69	\$1.27
70 - 74	\$2.06
75 +	\$3.34

Group Life Rates for Your Spouse and/or Dependent Child(ren)

Life Premium Rate per Dependent Unit \$4.70

Calculate Your Cost

Use the appropriate rate provided in the tables to the left to calculate your cost based on the amount of coverage you select. The following example calculates the monthly cost for a 36-year-old employee who would like to purchase \$100,000 in employee optional term life insurance coverage.

Calculati	on Example	Example	You
Step 1	Using the table above, enter the rate that corresponds with your age.	\$0.090	
Step 2	Enter the desired coverage amount in dollars.	\$100,000	
Step 3	Enter the desired coverage amount in increments of \$1,000. To calculate, divide the coverage amount by \$1,000.	100	
Step 4	Calculate the monthly cost. <i>Multiply Step</i> 1 by Step 3.	\$9.00	

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

Calculate Your Dependent Spouse/Child(ren) Cost

One affordable monthly premium covers all of your eligible dependents.

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

Note: To be eligible for coverage, a spouse or dependent child cannot be confined on the date the increase or addition is to take effect, it will take effect when the confinement ends.

Please see prior page for product information.

Optional Life Insurance Premium Calculation



Optional AD&D Insurance

The Lincoln AD&D Insurance Plan:

- Provides a cash benefit to your loved onesif you die in an accident
- Provides a cash benefit to you if you suffer a covered loss in an accident
- Features group rates for Southwest Community Health System employees
- Also includes TravelConnect® services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home

Southwest Community Health System

Benefits At-A-Glance

All Active, full-time Employees scheduled to work at least 60 hours per pay period, excluding Management & Physicians

Employee

This coverage provides a cash benefit to the beneficiary/beneficiaries you name if you die in an accident, or to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight

Coverage options	Increments of \$10,000
Maximum coverage amount	This amount may not exceed \$500,000

Dependent Spouse

This coverage provides a cash benefit to you should your Dependent Spouse die in an accident or suffer a covered loss in an accident, such as losing a limb or eyesight.

Coverage options	\$50,000
Maximum coverage amount	This amount may not exceed \$50,000

Dependent Child (ren)

This coverage provides a cash benefit to you should your Dependent Child(ren) die in an accident or suffer a covered loss in an accident, such as losing a limb or eyesight.

Coverage options	\$10,000

Additional Plan Benefits

Note: See the policy for details and specific requirements for each of these benefits.

When you reach age 70 your Optional AD&D coverage amount will reduce to 50% of the original amount.

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.

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State limitations apply. Beneficiary Grief counseling is the only benefit available to a beneficiary(ies) of policies issued in the state of New York. Online will prep is the only benefit available to insured employee and dependents of policies issued in the state of Washington.

Travel Connect® services are provided by On Call International, Salem, NH. On Call International is not a Lincoln Financial Group® company and Lincoln Financial Group does not administer these services. Each independent company is solely responsible for its own obligations. On Call International must coordinate and provide all arrangements in order for eligible services to be covered. Coverage is subject to contract language that contains specific terms, conditions, and limitations, which can be found in the program description.

The *TravelConnect*® program is not available to insured employees and dependents of policies issued in the state of New York and Washington. Access only program available to insured employees and dependents of policies issued in the state of Missouri and Texas. Benefits provided under the Access Only program exclude payment for paid services. Not for use in New York or Washington.

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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 or misdemeanor
- Disease, bodily or mental illness (or medical or surgical treatment thereof)
- Infections, except septic infections of and through a visible wound
- 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.

^{*}A complete list of benefit exclusions and descriptions are included in the policy. State variations apply.

Optional 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.

Calculati	on Example	Example	You
Step 1	Monthly rate	\$0.020	
Step 2	Enter the desired coverage amount in dollars.	\$100,000	
Step 3	Enter the desired coverage amount in increments of \$1,000. To calculate, divide the coverage amount by \$1,000.	100	
Step 4	Calculate the monthly cost. <i>Multiply Step</i> 1 by Step 3.	\$2.00	

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

Calculate Your Dependent Cost

Monthly rate per dependent unit	\$1.56
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Note: Rates are subject to change and can vary over time.