

VOLUNTARY TERM LIFE AND AD&D INSURANCE

BENEFITS SUMMARY



For Employees of HonorHealth

Employees

Eligibility Requirement	You must be actively at work (able to perform all normal duties of your job) to be eligible for coverage. Coverage begins first of the month following date of hire.
Dependent Eligibility Requirements	To be eligible for coverage, your dependents must be able to perform normal activities and not be confined (at home, in a hospital, or in any other care facility).
Minimum Work Hours	You must be working a minimum of 16 hours per week to be eligible for coverage.
Coverage Payment	You pay 100% of the premium for this coverage through easy payroll deduction.

COVERAGE GUIDELINES

	Employee	Spouse	Child(ren)
Minimum	1X annual salary	\$10,000	\$5,000
Maximum	5X annual salary, up to \$1,500,000	\$50,000	\$10,000
Guarantee Issue Amount	5X annual salary, up to \$500,000	\$50,000	10,000

Note: Subject to any reductions shown below, Guarantee Issue means the amount of insurance applied for which does not require evidence of insurability. Guarantee Issue is available to New Hires and coverage amounts over the Guarantee Issue Amount will require a health application/evidence of insurability. Employees may increase coverage by 1x annual salary each policy anniversary up to \$300,000 not to exceed the GI.

BENEFITS

Life Insurance Benefit Amount	<p>Within the coverage guidelines defined above, you select the amount of life insurance coverage you want. For you (the employee), you have coverage options of one to five times your annual salary.</p> <p>This plan includes the option to select coverage for your spouse and dependent child(ren). Children include those 14 days old, up to age 26</p> <p><i>Note: In the event of death, the benefit paid will equal the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.</i></p>
Accidental Death & Dismemberment (AD&D) Benefit Amount	<p>For you, your spouse and your dependent child(ren): The Principal Sum amount is equal to the amount of the life insurance benefit.</p> <p>AD&D coverage is available if you or your dependents are injured or die as a result of an accident, and the injury or death is independent of sickness and all other causes. The benefit amount depends on the type of loss incurred, and is either all or a portion of the Principal Sum.</p>

FEATURES

Living Care/Accelerated Death Benefit	80% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$250,000.
Waiver of Premium	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
Additional AD&D Benefits	In addition to basic AD&D benefits, you are protected by the following benefits: Coma, Seat Belt, Paralysis, Child Education, Airbag, Childcare Center, Felonius Assault
Portability	The portability feature allows you to continue this insurance for yourself and your dependents (if applicable) should your employment end, subject to the terms of eligibility defined in the policy, without having to provide evidence of insurability (information about your health).
Conversion	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.

Note: Additional information about the benefits and features of this plan will be included in the summary of coverage, which you will receive after enrolling, and in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.

AGE REDUCTIONS AND EXCLUSIONS

Your life insurance benefits and guarantee issue amounts are subject to age reductions. At age 70, amounts reduce to 50%. At age 75, amounts reduce to 30%. At age 80, amounts reduce to 20%. Spouse coverage terminates at age 70. Coverage terminates at retirement.

Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date of issue (the date coverage begins) of this coverage. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.

Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

Please contact your employer if you have questions prior to enrolling.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Benefits availability is subject to final acceptance and approval of the group application by Mutual of Omaha. Term life insurance and accidental death & dismemberment insurance are underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, Nebraska 68175. United of Omaha Life Insurance Company is licensed in every state except New York. Term Life Policy Form Number 7000GM-C-EZ-2001. AD&D Policy Form Number 7000M-M-EZ 2001.

COVERAGE SELECTION AND PREMIUM CALCULATION - EMPLOYEE

Use the rates in the Age/Rate Table to calculate your benefit and premium for Voluntary Term Life coverage in the worksheet below, using the example as a guide.

Employee Age/Rate Table	
Age	Rate (per \$1,000 of coverage)
0 - 29	\$.06
30 - 34	\$.07
35 - 39	\$.08
40 - 44	\$.12
45 - 49	\$.17
50 - 54	\$.25
55 - 59	\$.42
60 - 64	\$.65
65 - 69	\$1.14
70+	\$2.02

Benefit and Premium Calculation Example	
<i>This example is for 42-year-old employee, earning \$41,676.51 a year.</i>	
A. Enter your annual salary*	\$41,676.51
B. Determine the amount of coverage you want: Enter 1 for one times salary, 2 for two times salary, etc.	5
C. Multiply "A" times "B"	\$208,382.55
D. Round "C" up to the next higher \$1,000	\$210,000
E. Enter the Maximum coverage amount (5.00 times "A" rounded up to the next higher \$1,000, or \$3,500,000, whichever is less)	\$210,000
F. Enter the lesser of "D" or "E"; This is your benefit amount	\$210,000
G. Divide "F" by 1,000	210
H. Enter the rate for your age (from the Age/Rate Table)	\$.12
I. Multiply "G" times "H"	\$25.20
J. Multiply "I" by 12	\$302.40
K. Enter the pay cycle	24
L. Divide "J" by "K"; This is your cost per paycheck	\$12.60

Benefit and Premium Calculation Worksheet	
A. Enter your annual salary*	
B. Determine the amount of coverage you want: Enter 1 for one times salary, 2 for two times salary	
C. Multiply "A" times "B"	
D. Round "C" up to the next higher \$1,000	
E. Enter the Maximum coverage amount (7.00 times "A" rounded up to the next higher \$1,000, or \$3,500,000, whichever is less)	
F. Enter the lesser of "D" or "E"; This is your benefit amount	
G. Divide "F" by 1,000	
H. Enter the rate for your age (from the Age/Rate Table)	
I. Multiply "G" times "H"	
J. Multiply "I" by 12	
K. Enter the pay cycle	24
L. Divide "J" by "K"; This is your cost per paycheck	

* If you are uncertain what your current annual salary is, please consult your employer.

COVERAGE SELECTION AND PREMIUM CALCULATION - DEPENDENTS

Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding.

To select a coverage amount/benefit and calculate the premium for dependent spouse coverage, do the following:

- 1) Locate the benefit amount you want to select for your spouse from the top row of the premium table. The benefit amount must be in an increment of \$10,000 (ex. \$10,000, \$20,000 or \$30,000). Refer to the Coverage Guidelines section for minimums and maximums, if needed.
- 2) **Your spouse's rate is based on your spouse's age**, so find your spouse's age bracket in the far left column of the Spouse Premium Table.
- 3) The premium amount is found in the box where the row (the age) and the column (benefit amount) intersect.
- 4) Enter the benefit and premium amounts into their respective areas in the Voluntary Life section of your enrollment form.

If the benefit amount you want to select is greater than \$50,000, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want to select. For example, if you want \$100,000 in coverage, you obtain your premium amount by multiplying the rate for \$50,000 times 2.

Spouse Premium Table (24 Payroll Deductions Per Year)					
	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
0 – 29	\$0.35	\$0.70	\$1.05	\$1.40	\$1.75
30 – 34	\$0.50	\$1.00	\$1.50	\$2.00	\$2.50
35 – 39	\$0.55	\$1.10	\$1.65	\$2.20	\$2.75
40 – 44	\$0.65	\$1.30	\$1.95	\$2.60	\$3.25
45 – 49	\$1.05	\$2.10	\$3.15	\$4.20	\$5.25
50 – 54	\$1.65	\$3.30	\$4.95	\$6.60	\$8.25
55 – 59	\$2.55	\$5.10	\$7.65	\$10.20	\$12.75
60 – 64	\$3.90	\$7.80	\$11.70	\$15.60	\$19.50
65 – 69	\$6.90	\$13.80	\$20.70	\$27.60	\$34.50

All Children Premium Table (24 Payroll Deductions Per Year)*	
\$5,000	\$10,000
\$0.33	\$0.65

*Regardless of how many children you have, they are included in the "All Children" premium amounts listed in the table above.