

OhioHealth Corporation Benefits At-A-Glance

All Active, Full-Time and Part-Time Employees, Excluding Executives,
Physicians, Residents, and Interns

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 OhioHealth Corporation employees
- Includes *LifeKeys*® services, which provide access to counseling, financial, and legal support services
- 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

Coverage Options	One, two, three or four times Annual Earnings (see definition in policy) rounded up to the nearest \$1,000
Guaranteed coverage amount	\$600,000
Maximum coverage amount	This amount may not exceed the lesser of four times Annual Earnings or \$600,000

Dependent Spouse The amount of Dependent Life Insurance coverage cannot be greater than 100% of the combined Basic and Optional Life Employee Benefit.

Coverage Options	Increments of \$5,000
Guaranteed coverage amount	\$60,000
Maximum coverage amount	This amount may not exceed \$110,000

Dependent Child(ren)

Live Birth but under 26 years	Increments of \$5,000 not to exceed \$15,000
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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 \$600,000 without providing evidence of insurability.
- Annual Limited Enrollment/Family Status Change: If you are a continuing employee, you can increase your coverage amount by one level 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 Life Insurance Coverage Amount

- You can choose a coverage amount up to the lesser of four times Annual Earnings or \$600,000 with evidence of insurability. See the Evidence of Insurability page for details.
- Your coverage amount will reduce by 60% of the original amount when you reach age 75; 35% of the original amount when you reach age 80; 20% of the original amount when you reach age 85 and 15% of the original amount when you reach age 90.

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 \$50,000 of your for your spouse without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase the coverage amount for your spouse by \$10,000 or two 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.
- Family Status Change: Evidence of insurability is required for any increase. 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 Life Insurance Coverage Amount

- You can choose a coverage amount up to a maximum of \$110,000 for your spouse with evidence of insurability.
- When you reach age 75, your Dependent Spouse Optional Life coverage amount will reduce to 60% of the original amount. When you reach age 80, life benefits reduce to 35% of the original amount. When you reach age 85, life benefits reduce to 20% of the original amount. When you reach age 90, life benefits reduce to 15% of the original amount.

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 \$15,000 if under 26 years.

Optional Life Insurance Benefits At-A-Glance

Additional Plan Benefits

Accelerated Death Benefit: Enables you to receive cash advances against your policy death benefit in the case of being diagnosed with a terminal illness.	Included
Waiver of Premium: is a provision that allows you not to 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 that ends 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 policy terminates.	Included

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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GP-BLADD-FLI001_Z02

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.

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Monthly Optional Life Insurance Premium

Calculate Your Premium.

Group Life Rates for You

Employee Age Range	Life Premium Rate
0 - 24	\$0.050
25 - 29	\$0.060
30 - 34	\$0.080
35 - 39	\$0.090
40 - 44	\$0.100
45 - 49	\$0.140
50 - 54	\$0.150
55 - 59	\$0.190
60 - 64	\$0.240
65 - 69	\$0.360
70+	\$0.300

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.

Calculation 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. <i>To calculate, divide the coverage amount by \$1,000.</i>	100	
Step 4	Calculate the monthly cost. <i>Multiply Step 1 by Step 3.</i>	\$9.00	

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

Please see prior page for product information.
Optional Life Insurance Premium Calculation

Group Rates for Your Spouse

Spouse Age Range	Life Premium Rate
0 - 24	\$0.050
25 - 29	\$0.060
30 - 34	\$0.080
35 - 39	\$0.090
40 - 44	\$0.100
45 - 49	\$0.140
50 - 54	\$0.150
55 - 59	\$0.190
60 - 64	\$0.240
65 - 69	\$0.360

Calculate Your Cost

Use your 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.

Calculation Example		Example	You
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Step 2	Enter the desired coverage amount in dollars.	\$100,000	
Step 3	Enter the desired coverage amount in increments of \$1,000. <i>To calculate, divide the coverage amount by \$1,000.</i>	100	
Step 4	Calculate the monthly cost. <i>Multiply Step 1 by Step 3.</i>	\$9.00	

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

Dependent Child(ren) Rate for Life Insurance Coverage

Child(ren) Life Premium Rate, per \$1,000
\$0.200

Please see prior page for product information.

Optional Life Insurance Premium Calculation