

### Optional Life and AD&D 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 Odyssey Systems Consulting Group employees

#### The Lincoln AD&D Insurance Plan:

- Provides a cash benefit to your loved ones if you die in an accident
- Provides a cash benefit to you if you suffer a covered loss in an accident
- Features group rates for Odyssey Systems Consulting Group employees

#### Employee Life and AD&D

Coverage Options	Increments of \$10,000
Maximum coverage amount	This amount may not exceed \$500,000
Minimum coverage amount	\$10,000
Guaranteed Life coverage amount	\$150,000

AD&D 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

#### Dependent Spouse Life and AD&D

Coverage Options	Increments of \$5,000
Maximum coverage amount	This amount may not exceed \$250,000
Guaranteed Life coverage amount	\$30,000

AD&D 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.

#### Dependent Child(ren) Life and AD&D

Live Birth under six months	\$1,000
At least 6 months but under 26 years	Increments of \$1,000 Minimum of \$1,000, Maximum of \$10,000

AD&D 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.

## 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 \$150,000 without providing evidence of insurability.
- Annual Limited Enrollment/Family Status Change: If you are a continuing employee, you can increase your coverage. If you increase your coverage, 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.

### 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 \$30,000 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. If you increase your coverage, 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 \$250,000 for your spouse. Evidence of Insurability may be required.

### 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 \$1,000 if under six months and increments of \$1,000 up to \$10,000 if at least 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 tax advisor.	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 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 and AD&D insurance policy does have exclusions.

**For Life Coverages:** A suicide exclusion may apply. A complete list of benefit exclusions is included in the policy. State variations apply.

**For AD&D coverages:** 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.

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

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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Optional Life Insurance Benefits At-A-Glance

## Biweekly Optional Life Insurance Premium Calculate Your Premium.

### Group Life Rates for You

Employee Age Range	Life Premium Rate
0 - 24	\$0.020
25 - 29	\$0.020
30 - 34	\$0.022
35 - 39	\$0.027
40 - 44	\$0.041
45 - 49	\$0.064
50 - 54	\$0.103
55 - 59	\$0.160
60 - 64	\$0.237
65 - 69	\$0.380
70 - 74	\$0.719
75 +	\$0.719

### 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 biweekly 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.	\$0.027	
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 biweekly cost. <i>Multiply Step 1 by Step 3.</i>	\$2.70	

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

### Group AD&D Rates for You

AD&D Premium Rate
\$0.008

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

## Group Life Rates for Your Spouse

Employee Age Range	Life Premium Rate
0 - 24	\$0.020
25 - 29	\$0.020
30 - 34	\$0.022
35 - 39	\$0.027
40 - 44	\$0.041
45 - 49	\$0.064
50 - 54	\$0.103
55 - 59	\$0.160
60 - 64	\$0.237
65 - 69	\$0.380
70 - 74	\$0.719
75 +	\$0.719

## Group AD&D Rates for Your Spouse

AD&D Premium Rate
\$0.008

## Calculate Your Dependent Spouse 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 biweekly cost for a 36-year-old employee who would like to purchase \$100,000 in spouse optional term life insurance coverage.

Calculation Example		Example	You
Step 1	Using the table above, enter the rate that corresponds with your age.	\$0.027	
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 biweekly cost. <i>Multiply Step 1 by Step 3.</i>	\$2.70	

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

## Group Life and AD&D Rates for your Dependent Child(ren)

Child(ren) Life Premium Rate, per \$1,000	Child(ren) AD&D Premium Rate, per \$1,000
\$0.092	\$0.021

One affordable biweekly premium covers all of your eligible dependent children.

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](#)