



Voluntary Accidental Death & Dismemberment Insurance

SUMMARY OF BENEFITS

Sponsored by: Sagewell Healthcare Benefits Trust on Behalf of Alliance Healthcare Services, Inc.

All Full-Time Employees of Alliance Healthcare Services, Inc. electing the Employee Only Plan
All Full-Time Employees of Alliance Healthcare Services, Inc. electing the Family Plan

| Benefit | Employee Only Plan | Family Plan |
|----------------------------|--|--|
| Amount | 1, 2, 3, 4 or 5 times your annual salary | Spouse/Domestic Partner: 50% of the employee benefit (Spouse/Domestic Partner and employee covered) Each Child: 15% of employee benefit (Children and employee covered) Spouse/Domestic Partner + Each Child: Spouse/Domestic Partner 40% and Child 10% of the employee benefit (Spouse/Domestic Partner, children and employee covered) |
| Maximum Amount | \$400,000, limited to 5 times your annual salary | |
| Benefit Reduction | Employee | Spouse/Domestic Partner |
| Benefits will reduce: | 35% at age 65; Additional 20% of original amount at age 70; Additional 15% of original amount at age 75; Additional 10% of original amount at age 80; Benefits terminate at retirement | Benefits terminate at Employee Retirement |
| Additional Benefits | Safe Driver; Education; Spouse/Domestic Partner Training; Felonious Assault; Alternate; Child Care; Coma; Common Disaster; Exposure; Disappearance; and Common Carrier | |
| Eligibility | Employee | Spouse/Domestic Partner and Dependents |
| | All employees in an eligible class. | Cannot be in a period of limited activity on the day coverage takes effect. |

Definitions

AD&D Accidental Death and Dismemberment (AD&D) insurance provides specified benefits for a covered accidental bodily injury that directly causes dismemberment (e.g., the loss of a hand, foot, or eye). In the event that death occurs from a covered accident, both the life and the AD&D benefit would be payable. This insurance is optional and can be purchased by you and your Spouse/Domestic Partner.

Limited Activity A period when a Spouse/Domestic Partner or dependent is confined in a health care facility; or, whether confined or not, is unable to perform the regular and usual activities of a healthy person of the same age and sex.

Exclusion: Suicide Benefits will not be paid if the death results from suicide after coverage is effective. May apply if employee contributes toward the premium.

Additional Benefits

LifeKeysSM Online will & testament preparation service, identity theft resources and beneficiary assistance support for all employees and eligible dependents covered under the Group Term Life and/or AD&D policy.

TravelConnectSM Travel assistance services for employees and eligible dependents traveling more than 100 miles from home.

For assistance or additional information Contact Lincoln Financial Group at

(800) 423-2765; reference ID: **ALHLTHCAR2**

www.LincolnFinancial.com

NOTE: 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 details. Should there be a difference between this summary and the contract, the contract will govern.

Insurance products are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. Product availability and/or features may vary by state. Limitations and exclusions apply. **Not for use in New York.**

Monthly Employee Premium
Life Premium for sample benefit amounts

To calculate your estimated premium, please follow the instructions below:

EXAMPLE: Age 35

| | | |
|--|-------|--|
| 1) List your annual earnings | _____ | \$31,200 |
| 2) Determine the amount of coverage you want (choose 1, 2, 3, 4 or 5 times annual salary) | _____ | 3 |
| 3) Multiply Lines 1 and 2 Above: | _____ | <u>\$93,600</u> \$93,600 |
| 4) Round up to the next \$1,000 increment | _____ | <i>rounds up to</i> <u>\$94,000</u> |
| 5) Divide Line 4 by \$1,000 | _____ | <u>\$94</u> |
| 6) Find your age in the table at the right and enter the corresponding Rate | _____ | <u>0.0180</u> |
| 7) Multiply Line 5 and 6 Above: | _____ | <u>\$1.69</u> |

| Employee Only Monthly RATE Per \$1000 | Family Plan Monthly RATE Per \$1,000 |
|---|---|
| 0.0180 | 0.0300 |

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.