



Voluntary Life 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.

Life Benefit	Employee	Spouse/Domestic Partner	Dependent
<i>Employee must elect coverage for Spouse/Domestic Partner or dependents to be eligible.</i>			
Amount	1, 2, 3, or 4 times your annual salary	1 times your annual salary	Age 1 Day to 14 days: \$100 14 days to age 19 (to age 25 if full-time student): \$1,000
Minimum Amount	\$10,000	\$5,000	\$1,000
Maximum Amount	\$400,000, limited to 4 times your annual salary	\$100,000, limited to 100% of employee amount	\$1,000
Guarantee Issue for Newly Eligible Employee	\$400,000	\$50,000	
Current Eligible Employees	You or your Spouse/Domestic Partner may elect or increase insurance coverage equal to 2 benefit levels on a guaranteed acceptance basis during your company's defined annual open enrollment period, provided that you or your Spouse/Domestic Partner have not been previously declined, withdrawn, or pending for coverage.		

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	35% at Spouse/Domestic Partner Age 65; Additional 20% of original amount at Spouse/Domestic Partner Age 70; Additional 15% of original amount at Spouse/Domestic Partner Age 75; Additional 10% of original amount at Spouse/Domestic Partner Age 80 Benefits terminate at Employee Retirement

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.

Additional Benefits	
See Definition:	Accelerated Death Benefit
See Definition:	Portability
See Definition:	Conversion

Definitions

Accelerated Death Benefit	Accelerated Death Benefit provides an option to withdraw a percentage of your life insurance coverage when diagnosed as terminally ill (as defined in the policy). The death benefit will be reduced by the amount withdrawn. To qualify, you have satisfied the Active Work rule and have been covered under this policy for the required amount of time as defined by the policy. Check with your tax advisor or attorney before exercising this option.
Conversion	If you terminate your employment or become ineligible for this coverage, you have the option to convert all or part of the amount of coverage in force to an individual life policy on the date of termination without Evidence of Insurability. Conversion election must be made within 31 days of your date of termination.
Guarantee Issue	For timely entrants enrolled within 31 days of becoming eligible, the Guarantee Issue amount is available without any Evidence of Insurability requirement. Evidence of Insurability will be required for any amounts above this, for late enrollees or increase in insurance, and it will be provided at your own expense.
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.
Portability	If coverage has been in force for at least 12 months, you may continue coverage for a specified period of time after your employment by paying the required premium. Portability is available if you cease employment for a reason other than total disability or retirement at Social Security Normal Retirement Age. A written application must be made within 31 days of your termination.
Term Life	Benefit provided to the designated beneficiary upon the death of the insured. The benefit is provided for the time period that you are eligible and premium is paid. There is no cash value associated with this product.
Exclusion: Suicide	Benefits will not be paid if the death results from suicide within 1 year 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 | _____ | <u>\$31,200</u> |
| 2) Determine the amount of coverage you want
(choose 1, 2, 3 or 4 times annual salary) | _____ | <u>3</u> |
| 3) Multiply Lines 1 and 2 Above: | _____ | <u>\$93,600</u>
<i>rounds up to</i>
<u>\$94,000</u> |
| 4) Round up to the next \$1,000 increment | _____ | <u>\$94</u> |
| 5) Divide Line 4 by \$1,000 | _____ | <u>0.1300</u> |
| 6) Find your age in the table at the right and
enter the corresponding Rate | _____ | <u>\$12.22</u> |
| 7) Multiply Line 5 and 6 Above: | _____ | <u>\$12.22</u> |

AGE	Monthly RATE Per \$1000
<25	0.0500
25-29	0.0600
30-34	0.0900
35-39	0.1300
40-44	0.2200
45-49	0.3300
50-54	0.5300
55-59	1.0100
60-64	1.4200
65-69	2.1200
70-74	2.1200
75-79	2.1200
80-99	2.1200

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

Dependent Children Benefit

Monthly Rate:

\$ 1,000
\$ 0.12

Premium covers all dependent children regardless of the number of children.

Monthly Spouse 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 times annual salary) | _____ | 1
_____ |
| 3) Multiply Lines 1 and 2 Above: | _____ | \$31,200
\$31,200
<i>rounds up to</i>
\$32,000
_____ |
| 4) Round up to the next \$1,000 increment | _____ | \$32
_____ |
| 5) Divide Line 4 by \$1,000 | _____ | 0.1300
_____ |
| 6) Find your age in the table at the right and
enter the corresponding Rate | _____ | 0.1300
_____ |
| 7) Multiply Line 5 and 6 Above: | _____ | \$4.16
_____ |

AGE	Monthly RATE Per \$1000
<25	0.0500
25-29	0.0600
30-34	0.0900
35-39	0.1300
40-44	0.2200
45-49	0.3300
50-54	0.5300
55-59	1.0100
60-64	1.4200
65-69	2.1200
70-74	2.1200
75-79	2.1200
80-99	2.1200

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

Dependent Children Benefit

Monthly Rate:

\$ 1,000
\$ 0.12

Premium covers all dependent children regardless of the number of children.