

## Brazos County Benefits At-A-Glance

All Full-Time Employees

### Voluntary Life and AD&D Insurance

#### The Lincoln Term Life and AD&D Insurance Plan:

- Provides a cash benefit to your loved ones in the event of your death or if you die in an accident
- Provides a cash benefit to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight
- Features group rates for 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 Life and AD&D

Coverage Options	Increments of \$10,000
Maximum coverage amount	This amount may not exceed the lesser of five times Annual Earnings (rounded up to the nearest \$10,000) or \$500,000
Minimum coverage amount	\$10,000
Guaranteed Life coverage amount	\$50,000
Optional AD&D coverage amount	Equal to the life insurance amount chosen

Your coverage amount will reduce by 35% when you reach age 65; an additional 20% of the original amount when you reach age 70; an additional 15% of the original amount when you reach age 75; and an additional 10% of the original amount when you reach age 80.

**Spouse Life and AD&D** The amount of Dependent Life Insurance coverage cannot be greater than 50% of the Employee Benefit.

Coverage Options	Increments of \$5,000
Maximum coverage amount	This amount may not exceed the lesser of 50% of the Employee Benefit (rounded up to the nearest \$5,000) or \$250,000
Minimum coverage amount	\$5,000
Guaranteed Life coverage amount	\$25,000
Optional AD&D coverage amount	Equal to the life insurance amount chosen

Coverage amounts are reduced by 35% when an employee reaches age 65; an additional 20% of the original amount when an employee reaches age 70; an additional 15% of the original amount when an employee reaches age 75 and additional 10% of the original amount when an employee reaches age 80.

#### Dependent Child(ren) Life

At least six months but under 26 years	\$10,000
At least 14 days but under six months	\$250

## 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 up to \$50,000 without providing evidence of insurability.
- Annual Limited Enrollment: You can increase your coverage amount by two levels without providing evidence of insurability. If you submitted evidence of insurability in the past and were declined or withdrawn, you may be required to resubmit 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 the lesser of five times Annual Earnings (rounded up to the nearest \$10,000) or \$500,000. Evidence of Insurability may be required for voluntary life coverage. See the Evidence of Insurability page for details.

**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 \$25,000 for your spouse without providing evidence of insurability.
- Annual Limited Enrollment: You can increase your coverage amount by two levels without providing evidence of insurability. If you submitted evidence of insurability in the past and were declined or withdrawn, you may be required to resubmit 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 the lesser of 50% of the Employee Benefit (rounded up to the nearest \$5,000) or \$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.

**Guaranteed Life Insurance Coverage Options:** \$10,000

## Additional Plan Benefits Included with Life Coverage

Waiver of Premium	Included
Portability	Included
Accelerated Death Benefit	Included
Conversion	Included

## Benefit Exclusions

Like any insurance, this term life and AD&D insurance policy does have exclusions.

For life insurance, a suicide exclusion may apply.

For AD&D, benefits will not be paid if death results from suicide, or death/dismemberment occurs while:

- Inflicting or attempting to inflict injury to one's self
- Participating in a riot or as a result of war or act of war
- Serving as a member of the military, including the Reserves and National Guard
- Committing or attempting to commit a felony
- Deliberately inhaling gas (such as carbon monoxide) or using drugs other than those prescribed by a physician and administered as prescribed
- Flying in a non-commercial airplane or aircraft, such as a balloon or glider
- Driving while intoxicated

In addition, the AD&D insurance policy does not cover sickness or disease, including the medical and surgical treatment of a disease.

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

**Questions?** Call 800-423-2765 and mention Group ID: BRCOTX.

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 contract, the contract will govern.

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**The *TravelConnect®* program is not available to insured employees and dependents of policies issued in the state of New York.**

Group insurance products and services described herein 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. In New York, insurance products are issued by Lincoln Life & Annuity Company of New York (Syracuse, NY). Both are Lincoln Financial Group® companies. Product availability and/or features may vary by state. Limitations and exclusions apply. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations.



## Monthly Voluntary Life Insurance Premium

### Calculate Your Premium.

#### Group Life and AD&D Rates for You

Employee Age Range	Life Premium Rate	Life and AD&D Premium Rate
0 - 29	\$0.090	\$0.115
30 - 34	\$0.100	\$0.125
35 - 39	\$0.130	\$0.155
40 - 44	\$0.200	\$0.225
45 - 49	\$0.330	\$0.355
50 - 54	\$0.560	\$0.585
55 - 59	\$0.910	\$0.935
60 - 64	\$1.140	\$1.165
65 - 69	\$1.980	\$2.005
70 - 74	\$3.120	\$3.145
75 +	\$4.940	\$4.965

#### Group Life and AD&D Rates for Your Spouse

Employee Age Range	Life Premium Rate	Life and AD&D Premium Rate
0 - 29	\$0.090	\$0.115
30 - 34	\$0.100	\$0.125
35 - 39	\$0.130	\$0.155
40 - 44	\$0.200	\$0.225
45 - 49	\$0.330	\$0.355
50 - 54	\$0.560	\$0.585
55 - 59	\$0.910	\$0.935
60 - 64	\$1.140	\$1.165
65 - 69	\$1.980	\$2.005
70 - 74	\$3.120	\$3.145
75 +	\$4.940	\$4.965

#### Group Life Rates for your Dependent Child(ren)

Child(ren) Life Premium Rate, per \$1,000
\$2.000

One affordable monthly 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.

#### Group AD&D Rates

	AD&D Premium Rate
Employee	\$.025
Spouse	\$.025

#### Calculate Your Cost

Use the appropriate rate provided in the tables above 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 voluntary term life insurance coverage.

Calculation Example	Example	You	Spouse
Step 1	Using the table above, enter the rate that corresponds with your age.	\$0.130	
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>	\$13.00	

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

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