



Asbury University

Benefits-At-A-Glance

All Full-Time Employees

Voluntary accidental death and dismemberment (AD&D) insurance

The Lincoln voluntary 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, 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
- 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	Increments of \$10,000
Maximum coverage amount	This amount may not exceed the lesser of 5 times annual earnings or \$750,000

Your employee AD&D coverage amount will reduce by 35% when you reach age 70, and an additional 15% of the original amount when you reach 75. Benefits end when you retire.

Family	
You must enroll in family AD&D coverage to elect spouse or child(ren) family AD&D coverage. You may choose to cover your dependent spouse and child(ren) under the family AD&D plan. All eligible dependents will be covered. The spouse and child(ren) family AD&D coverage is a percentage of the employee coverage amount and is based on the employee's dependents.	
Spouse coverage without child(ren)	50% of your coverage amount to a maximum \$375,000
Spouse coverage with children	40% of your coverage amount to a maximum \$300,000
Child(ren) coverage without spouse	15% of your coverage amount for each dependent child to a maximum \$112,500
Child(ren) coverage with spouse	10% of your coverage amount for each dependent child to a maximum \$75,000

Your employee AD&D coverage amount will reduce by 35% when you reach age 70, and an additional 15% of the original amount when you reach age 75. Benefits end when you retire.

Benefit exclusions

Like any insurance, this AD&D insurance policy does have exclusions. 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
- Disease, bodily or mental illness, or medical or surgical treatment thereof
- Infections
- 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 an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

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.

LifeKeys® services are provided by ComPsych® Corporation, Chicago, IL. ComPsych® is not a Lincoln Financial Group® company. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations. EstateGuidance® and GuidanceResources® Online are trademarks of ComPsych® Corporation.

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.

TravelConnect® services are provided by On Call International, Salem, NH. On Call International is not a Lincoln Financial Group® company and Lincoln Financial Group does not administer these services. Each independent company is solely responsible for its own obligations. On Call International must coordinate and provide all arrangements in order for eligible services to be covered. Coverage is subject to contract language that contains specific terms, conditions, and limitations, which can be found in the program description.

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.

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.



Voluntary AD&D insurance

Calculate your premium.

Calculate your cost

Use the table below to determine your cost based on the amount of coverage you select. The following example calculates the monthly cost for an employee who would like to purchase \$100,000 in employee optional AD&D insurance coverage.

Calculation example		Example	You
Step 1	Monthly rate	\$0.033	
Step 2	Enter the desired coverage amount in dollars.	\$100,000	
Step 3	Enter the desired coverage amount in increments of \$1,000. To calculate, divide the coverage amount by \$1,000.	100	
Step 4	Calculate the monthly cost. Multiply step 1 by step 3.	\$3.30	

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

Monthly premium calculation for your family

Use the table below to determine your cost based on the amount of coverage you select. The following example calculates the monthly cost for an employee who would like to purchase \$50,000 in optional family AD&D insurance coverage.

Calculation example		Example	You
Step 1	Monthly rate	\$0.056	
Step 2	Enter the desired coverage amount in dollars.	\$50,000	
Step 3	Enter the desired coverage amount in increments of \$1,000. To calculate, divide the coverage amount by \$1,000.	50	
Step 4	Calculate the monthly cost. Multiply step 1 by step 3.	\$2.80	

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

Please see prior page for product information.

Voluntary AD&D insurance at a glance