

Plan Highlights

Voluntary Group Accidental Death & Dismemberment Insurance



Augusta Healthcare, Inc.

ELIGIBILITY

Employees: Each Active, Full-time and Part-time Employee, except any person employed on a temporary (PRN) or seasonal basis.

BENEFIT AMOUNT

Employee:

Choose from a minimum of \$10,000 to a maximum of \$500,000 in \$10,000 increments.

Spouse and Child(ren):

Spouse: Choose from a minimum of \$5,000 to a maximum of \$500,000 in \$5,000 increments.

Child(ren):

\$10,000

Dependents:

You must be insured in order for Dependents to be covered.

Dependents are:

- ▶ Your legal spouse who is not legally separated or divorced from you or your domestic partner.
- ▶ Your unmarried financially child(ren)*, birth to 26 years

*natural and adopted children; stepchildren and foster children in your custody

A person may not have coverage as both an Employee and Dependent. Only one insured spouse may cover Dependent children.

AD&D SCHEDULE

For Accidental Loss of:	Amount Payable:
Life	100%
Two or more Members	100%
Speech and hearing	100%
One Member	50%*
Speech or Hearing	50%*
Thumb & Index Finger of Same Hand	25%

*"Member" means hand, foot or eye.

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

FEATURES

- ▶ COMA Benefit
- ▶ Conversion Privilege
- ▶ Day Care Benefit
- ▶ Education Benefit
- ▶ Exposure & Disappearance
- ▶ FMLA/MSLA Continuation
- ▶ Seat Belt & Air Bag Benefit
- ▶ Total Loss of Use Benefit

VALUE ADDED SERVICES

- ▶ Travel Assistance Service

EXCLUSIONS

Benefits will not be payable for any loss: to which sickness, disease, or myocardial infarction, including medical or surgical treatment thereof, is a contributing factor; caused by suicide, or intentionally self-inflicted injuries; caused by or resulting from war; caused by an accident that occurs while in the armed forces of any country; caused by or resulting from: piloting any aircraft; or riding in or getting into or out of any non civilian aircraft or any aircraft owned, leased or operated by you or any of your employers; sustained during the insured's commission or attempted commission of an assault or felony; to which the insured's acute or chronic alcoholic intoxication is a contributing factor; or, to which the insured's voluntary consumption of an illegal or controlled substance or a non-prescribed narcotic is a contributing factor.

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-8604, et al.