

Life Insurance Plan and Costs

Cardinal offers group Accidental Death and Dismemberment (AD&D) life insurance through Transamerica to all eligible employees. You are also able to obtain coverage up to five (5) times your annual salary with a cap of \$500,000 with minimal health questions.

Dependent coverage is also available. You may insure your spouse in \$5,000 increments, not to exceed \$100,000 or 50% of your approved coverage. Coverage for your dependent child(ren) may be selected in the following amount: \$5,000 or \$10,000.

Eligibility Requirements:

- 60 days of consecutive employment
- 30 hrs/wk hour requirement

Open Enrollment Date:

- NONE
- BUT, if you enroll after your eligibility date, you must complete all the medical questions and may be subject to a physical and even be denied coverage by the carrier.

Premium Costs:

• The monthly premiums for each \$1,000 of coverage for employees and eligible spouses are shown below:

Age	Non-Smoker	Smoker	
Under 30	0.13	0.16	
30-34	0.14	0.18	
35-39	0.15	0.20	
40-44	0.22	0.31	
45-49	0.35	0.56	
50-54 55-59	0.53 0.81	0.88	
		1.33	
60-64	1.13	1.85	
65-69	1.75	2.80	
70-74	3.26	4.84	
75-79	6.43	9.64	
80-99	7.69	11.54	

Child Coverage Monthly Rates

Rate		
15 days – 25 years		
\$5,000	\$1.25	
\$10,000	\$2.50	

EXAMPLE: How to calculate your monthly amount. You are under 30 years old, are a non-smoker and elected \$50,000 of coverage. This means that for every \$1,000 of coverage you will pay \$0.13. Calculation: $50 \times 0.13 = 6.50 per month. (Some employers may sponsor part of the premium – Contact Cardinal to find out if you qualify). Premium amounts for child(ren) coverage are \$1.25 for \$5,000 of coverage, and \$2.50 for \$10,000 of coverage.

Rates: Effective January 1, 2022 – December 31, 2022



Benefits

Employee Coverage

Your elected life insurance amount must be in \$10,000 increments. The elected amount may not exceed the lesser of \$500,000 or five times your annual base salary (excluding bonuses or commissions.) Your AD&D coverage will match the amount of your Group Term Life Insurance, and is available from ages 16 through 65.

Under this plan, when a covered accident results in any of the following losses to you or your insured spouse, we will pay the following specified percentage of your Voluntary/Supplemental Group Term coverage. Limitations and exclusions apply.

Loss of life or loss of two or more members ("Member refers to hand, foot or eye)	
Quadriplegia (total and permanent paralysis of both upper and lower limbs)	
Loss of speech and hearing of both ears	
Paraplegia (total paralysis of both lower limbs)	
Loss of one member of loss of speech or loss of hearing of both ears	
Hemiplegia (total and permanent paralysis of the upper and lower limbs of one side of the body	
Loss of hearing of one ear or the loss thumb and index of the same hand	

Spouse Coverage

Your spouse's amount must be in \$5,000 increments, not to exceed \$100,000. Spouse coverage may not exceed 50% of your approved coverage amount. Your spouse's AD&D coverage amount will match the amount of his or her Group Term Life Insurance, and is available from ages 16 through 65.

Dependent Children Coverage

You may select \$5,000 or \$10,000 of life insurance for your eligible children. If you are a resident of Puerto Rico, coverage on children may not exceed \$2,000. Coverage may not exceed 50% of your approved coverage amount. One monthly insurance premium covers all of your dependent children. AD&D coverage is not available on your dependent children.

Benefit Reduction Schedule

Coverage on any Insured (other than an insured dependent child) will be automatically reduced when that Insured reaches the age state below:

Coverage reduced to 65% of the pre-age 65 amount	
Coverage reduced to 50% of the pre-age 65 amount	Age 70
Coverage reduced to 25% of the pre-age 65 amount	Age 75
Coverage amount will be lesser of \$5,000 or the amount at age 75	

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