



# Cheyenne Regional Medical Center

## Benefits At-A-Glance

All Full-Time and Regular Part-Time Employees

### Voluntary Life Insurance

#### The Lincoln Term Life Insurance Plan:

- Provides a cash benefit to your loved ones in the event of your death or if you die in an accident
- 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	
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 \$300,000
Minimum coverage amount	\$10,000
Guaranteed Life coverage amount	\$300,000
Your coverage amount will reduce by 35% when you reach age 65; an additional 25% of the original amount when you reach age 70; and an additional 15% of the original amount when you reach age 75.	
Spouse Life	
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 \$30,000
Minimum coverage amount	\$5,000
Guaranteed Life coverage amount	\$30,000
Coverage amounts are reduced by 35% when an employee reaches age 65. Spouse Insurance will terminate when you attain age 70 or retire, whichever occurs first	
Dependent Child(ren) Life	
At least 14 days but under 19 years, or under 26 years if a full-time student	Increments of \$5,000 to a maximum of \$10,000

## 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 \$300,000 without providing evidence of insurability.
- Annual Limited Enrollment: You can increase your coverage amount by two levels without providing evidence of insurability up to the Guaranteed Life coverage amount. If you submitted evidence of insurability in the past and were declined or withdrawn, you may be required to resubmit evidence of insurability.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 \$300,000. 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 \$30,000 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 up to the Guaranteed Life coverage amount. 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 \$30,000 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:** \$5,000 or \$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 insurance policy does have exclusions.

For life insurance, a suicide exclusion may apply.

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: UNIMEDCNT2.

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.**

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## Monthly Voluntary Life Insurance Premium Calculate Your Premium.

### Group Life Rates for You

Employee Age Range	Life Premium Rate
0 - 34	\$0.060
35 - 39	\$0.070
40 - 44	\$0.100
45 - 49	\$0.150
50 - 54	\$0.240
55 - 59	\$0.390
60 - 64	\$0.600
65 - 69	\$1.010
70 - 74	\$1.920
75 +	\$3.640

### Group Life Rates for Your Spouse

Employee Age Range	Life Premium Rate
0 - 34	\$0.060
35 - 39	\$0.070
40 - 44	\$0.100
45 - 49	\$0.150
50 - 54	\$0.240
55 - 59	\$0.390
60 - 64	\$0.600
65 - 69	\$1.010

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

Child(ren) Life Premium Rate, per \$1,000
\$0.200

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.

### 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
Step 1	Using the table above, enter the rate that corresponds with your age.	\$0.070
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>	\$7.00

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

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