

Plan Highlights

Group Voluntary and Dependent Life Insurance



Loudoun Medical Group

ELIGIBILITY

Each Active Full-Time Physician and Midlevel Employee working 32 hours or more per week and all other Active Full-Time Employees working 36 hours or more per week, except any person working on a temporary or seasonal basis.

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

Dependents are:

- ▶ your legal spouse not legally separated or divorced from you.
- ▶ unmarried financially dependent child(ren) to age 19, to age 25 if full-time student.

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

Age limit does not apply to handicapped children.

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

BENEFIT AMOUNT

Voluntary Life:

Choose from a minimum of \$10,000 to a maximum of \$300,000 in \$10,000 increments (not to exceed five times earnings)

Dependent Life

Spouse

Choose from a minimum of \$5,000 to a maximum of \$150,000 in \$5,000 increments (spouse amount may not exceed 50% of employee amount)

Dependent Child(ren)

14 Day to 6 Months : \$250
6 Months to Age 19 : \$10,000
(up to age 25 if a full-time student)

GUARANTEED ISSUE

Employee: \$120,000

Spouse: \$40,000

Child: all child amounts are guaranteed issue

CONTRIBUTION REQUIREMENTS

Employee:

Coverage is 100% employee paid.

Spouse: Coverage is 100% employee paid.

Dependent Child(ren): Coverage is 100% employee paid.

BENEFIT REDUCTION DUE TO AGE

(applicable to employee/spouse coverage)

Age	Original Benefit Reduced
65	To 65%
70	50%
75	35%

FEATURES

- ▶ Accelerated Death Benefit (expressed as Living Benefit Rider in some states and Imminent Death Benefit in PA)
- ▶ Conversion Privilege
- ▶ FMLA/MSLA Continuation
- ▶ Portability
- ▶ Waiver of Premium

VALUE ADDED SERVICES

- ▶ Bereavement Counseling Service
- ▶ Travel Assistance Service
- ▶ Employee Assistance Program
- ▶ Identity Theft Recovery Services

EXCLUSIONS

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-6422, et al.