



MARSHFIELD CLINIC HEALTH SYSTEM, INC.

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

We are pleased to announce that all benefit eligible employees can enroll themselves and/or their dependents in a Voluntary Accidental Death & Dismemberment program underwritten by Berkley Life & Health Insurance Company. Coverage applies on a 24 hour basis, 365 days a year, worldwide. Meaningful protection is available should you or your dependents suffer a covered Accidental Death, Dismemberment, Paralysis or Loss of Use of Limb.

ELIGIBILITY

Each benefit eligible employee may enroll in this plan.

You may also enroll Your eligible Dependents under the Family Plan. Eligible Dependents include Your legally married spouse, Your unmarried children under 20 years old and Your unmarried children at least 20 years old but less than age 26 who are: not regularly employed on a full-time basis; primarily dependent on You for support and maintenance; and attending an accredited college, university or other institution of higher learning or a vocational or licensed technical school on a full-time basis. You may not be covered as a Dependent and an employee at the same time.

For those who enroll, coverage will continue for as long as 12 months should You become disabled provided that premium continues to be paid. For other leave of absences approved by MCHS or temporary layoff, coverage will continue for up to 1 month provided premium payment continues.

Insurance takes effect on the first day of the month coinciding with or next following the date you complete your enrollment elections through the MCHS enrollment process. If you are not actively at work on the day your insurance would otherwise begin, coverage will become effective on the first of the month coinciding with or next following the date you return to active work.

BENEFIT AMOUNT (PRINCIPAL SUM)

You may purchase any amount from \$50,000 to \$1,000,000. Amounts from \$50,000 to \$500,000 are available in \$50,000 increments. Amounts greater than \$500,000 cannot exceed 10 x Your base annual salary and are available in \$100,000 increments.

Your Benefit Amount will remain in effect regardless of Your age. There is no benefit reduction upon attainment of age 70.

FAMILY COVERAGE

If You elect Family coverage, the Benefit Amount that applies to Your Dependents is a percentage of Your Benefit Amount (Principal Sum).

- **Spouse with no Dependent Children:** Your Spouse is covered for 60% of Your Principal Sum.
- **Spouse with Dependent Children:** Your Spouse is covered for 50% of Your Principal Sum and each Dependent Child is covered for 10% of Your Principal Sum up to \$75,000.
- **Dependent Children (and no Spouse covered)** will be covered for 15% to a maximum of \$75,000.

PREMIUM

Your cost for this insurance is based on a rate of .03 per thousand per month for the Employee Only Plan and a rate of .045 per thousand per month for the Family Plan. This means that the options and costs available to You are as follows:

BENEFIT SELECTION	YOUR MONTHLY COST FOR THE EMPLOYEE ONLY PLAN	YOUR MONTHLY COST FOR THE FAMILY PLAN
\$50,000	\$1.50	\$2.25
\$100,000	\$3.00	\$4.50
\$150,000	\$4.50	\$6.75
\$200,000	\$6.00	\$9.00
\$250,000	\$7.50	\$11.25
\$300,000	\$9.00	\$13.50
\$350,000	\$10.50	\$15.75
\$400,000	\$12.00	\$18.00
\$450,000	\$13.50	\$20.25
\$500,000	\$15.00	\$22.50
*\$600,000	\$18.00	\$27.00
*\$700,000	\$21.00	\$31.50
*\$800,000	\$24.00	\$36.00
*\$900,000	\$27.00	\$40.50
*\$1,000,000	\$30.00	\$45.00

**You may only select these amounts if it does not exceed 10 times Your salary.*

BENEFITS PROVIDED

ACCIDENTAL DEATH AND DISMEMBERMENT

Should a Covered Person suffer an Injury resulting in any of the Covered Losses shown below, within 365 days of the Covered Accident, You or Your beneficiary will receive the percentage of the Principal Sum shown below for that loss. If multiple losses from the same Covered Accident occur, only one Benefit, the largest, will be paid.

SCHEDULE OF COVERED LOSSES

<u>LOSS OF</u>	<u>BENEFIT</u> (Percent of Principal Sum)
Life	100%
Quadriplegia	100%
Two or More Members	100%
One Member	50%
Hemiplegia	75%
Paraplegia	75%
Uniplegia	25%
Thumb and Index Finger of the Same Hand	25%
Four Fingers of the Same Hand	25%

ADDITIONAL BENEFITS THAT ARE AUTOMATICALLY INCLUDED

OCCUPATIONAL HIV & OCCUPATIONAL HEPATITIS BENEFIT

If You contract HIV or ARC/Hepatitis as a result of occupational exposure, a Benefit Amount equal to 25% of Your Principal Sum up to a maximum of \$100,000 will be paid to You. You must test positive for HIV/ARC/Hepatitis within 365 days of the Accident. Payment will be divided monthly over a 24 month period.

LOSS OF USE BENEFIT

LOSS OF	BENEFIT (Percent of Principal Sum)
Use of Both Arms and Both Legs	100%
Use of Both Arms or Both Legs	75%
Use of One Arm and One Leg	75%
Use of Both Hands or Both Feet	75%
Use of One Hand and One Foot	75%
Use of One Arm or One Leg	25%
Use of One Hand or One Foot	25%

BEREAVEMENT & TRAUMA COUNSELING BENEFIT

If a Covered Person suffers a Covered Loss, You or Your Immediate Family Member will be reimbursed up to \$150 per session (up to a maximum of 10 sessions) for approved expenses incurred and ordered by a Physician for counseling sessions for coping with the loss. Expenses must be incurred within 1 year of the Accident and will not be paid if these expenses are payable by Worker's Compensation.

CHILD CARE CENTER BENEFIT

If a Covered Person who is covered by the Family Plan, suffers a covered accidental loss of life under the policy, a benefit of up to \$5,000 per year per child is payable for the cost of sending Your child to a Day Care Center. The benefit applies to children under age 13 who were already enrolled in a Day Care Center, or who enroll, in a licensed Day Care Center within 90 day of the Covered Person's loss of life.

CHILD(REN)'S DOUBLE DISMEMBERMENT BENEFIT

For those enrolled in the Family Plan, if a Dependent Child suffers a Covered Loss (other than loss of life), the benefit payable will be doubled. (If the Dependent Child suffers multiple losses as a result of any one Accident, only one loss, the greatest shall apply).

COMA BENEFIT

If a Covered Person's injuries resulting in Coma within 90 from a Covered Accident, and if the Coma continues for 30 consecutive days, a monthly benefit equal to 2% of the Principal Sum will be paid on a monthly basis until the coma ends or after 11 months, the remainder of the Principal Sum will be paid in month 12.

COMMON DISASTER BENEFIT

If enrolled in the Family Plan, if both You and Your Spouse suffer a covered accidental loss of life under the policy, within 365 days of a Common Disaster and are survived by one or more Dependent Children, the Spouse's benefit will be increased to equal Your Principal Sum.

EDUCATION BENEFIT (CHILD)

If enrolled in the Family Plan and You or Your covered Spouse/ suffers a covered loss of life, a benefit of 5% of Principal Sum to a maximum of \$6,000 per year up to four years will be paid on behalf of Your Dependent Children who are enrolled or are in 12th grade and subsequently, enrolls in a college, university, vocational or licensed technical school or institute of higher learning within 1 year of the Covered Person's loss of life. This benefit is applicable to Dependent Children under age 23. If no Dependent Child qualifies, a one-time additional \$1,000 will be paid.

SPOUSE RETRAINING

If You suffer a covered accidental loss of life and Your Spouse was enrolled as a full-time student in an accredited college, institute of higher learning or vocational or licensed technical school on date of the Covered Person's loss of life or enrolls in one within 30 months of Your death, an additional benefit of up to \$5,000 will be paid annually for the duration of enrollment not to exceed 4 years. If the Spouse does not qualify, an additional one-time \$1,000 payment will be made.

ELDER SURVIVOR BENEFIT

If a Covered Person suffers a covered loss of life, a benefit of 5% of Your Principal Sum will be paid in equal shares to the Covered Person's Dependent Parents. (Only one benefit will be paid regardless of the number of dependent parents). A Dependent Parent must be not regularly employed on a full-time basis, primarily dependent on the Covered Person for support and maintenance due to a proven mental or physical incapacity, residing in the Covered Person's home and eligible to be claimed as a dependent on the federal income tax return to qualify.

FELONIOUS ASSAULT BENEFIT

If a Covered Person suffers a Covered Loss from a Felonious Assault perpetrated by someone other than the Spouse, Immediate Family Member, employee of MCHS or any person residing with the Covered Person, an additional benefit of 10% of Your Benefit Amount that applies to the Covered Loss will be paid. In addition, if the assault results in a hospital stay, \$100 per day of the hospital stay will be paid for a maximum of 30 days.

HOME ALTERATION & VEHICLE MODIFICATION BENEFIT

If a Covered Person suffers a Covered Loss, other than loss of life, and the person did not previously require the use of any adaptive devices or any adaptation of residence or vehicle and as a direct result of such Covered Loss, now does require modification to the home and or vehicle based on the injuries, a benefit of 10% of Principal Sum to a maximum of \$25,000 will be paid for the costs incurred within one year of the date of the accident.

REHABILITATION EXPENSE BENEFIT

If a Covered Person suffers a Covered Loss, 10% of Principal Sum up to a maximum of \$25,000 will be paid for Medically Necessary physical, occupational, speech or hearing therapy and other rehabilitation training and Medically Necessary services or supplies related to rehabilitation therapy obtained within two years of the Covered Accident. Benefits are excess of what is payable by Worker's Compensation.

SEVERE BURN BENEFIT

If a Covered Person suffers cosmetic disfigurement from a Covered Accident resulting in a full-thickness or third degree burn, the following benefit schedule will apply:

SEVERE BURN OF AT LEAST	BENEFIT <i>(Percent of Principal Sum)</i>
75% of the body	100%
50% of the body	50%
25% of the body	25%

Under no circumstances will the Company pay more than the Covered Person's Principal Sum for all Covered Losses combined, including this Severe Burn Benefit, which are incurred as the result of the same Covered Accident.

SAFETY DEVICE BENEFIT

If a Covered Person suffers a covered loss of life while riding in or driving a private passenger automobile and was using a properly fastened factory-installed seat belt, and additional benefit of 10% of Principal Sum to a maximum of \$20,000 will be paid. Additionally, if the Covered Person was positioned in a seat protected by a properly functioning, factory-installed air bag that inflates on impact, an additional benefit of 10% of the Principal Sum to a maximum of \$20,000 is payable.

EMERGENCY MEDICAL EVACUATION & REPATRIATION BENEFIT

If a Covered Person is traveling 100 miles or more from the Covered Person's place of residence and suffers a Covered Accident or Medical emergency which requires emergency medical transport for Medically Necessary treatment and/or the return of mortal remains to the place of residence, this benefit will pay up to 100% of the Usual & Customary charges for the Covered Expenses provided that it is ordered and certified by a physician, arranged by EuropAssist and pre-approved by Berkley.

CONTINUATION OF INSURANCE

If You were enrolled in the Family Plan and You suffer a covered loss of life, coverage for Your family will be continued for up to one year and premium will be waived.

NEWBORN CHILD/NEWLYWED COVERAGE

Coverage shall automatically apply for a period up to 31 days for a newborn child or a newlywed spouse even if not previously enrolled in the Family Plan. In order to cover Your new family members beyond the 31 day period, You must enroll in the Family Plan within the 31 day period.

WHAT'S NOT COVERED (EXCLUSIONS)

No benefits are payable for losses resulting from:

1. Suicide, self-destruction, attempted self-destruction or intentional self-inflicted injury while sane or insane.
2. War or any act of war, declared or undeclared.
3. Service or Active Duty in the armed forces, National Guard, military, naval or air service or organized reserve corps of any country or international organization.
4. Sickness, disease or any bacterial infection, except one that results from an accidental cut or wound or pyogenic infections that result from accidental ingestion of contaminated substances.
5. Violation or in violation or attempt to violate any duly-enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation.
6. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
 - i. While riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
 - ii. While being used for any test or experimental purpose; or
 - iii. While piloting, operating, learning to operate or serving as a member of the crew thereof; orExcept as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a non-scheduled, private aircraft used for business or pleasure purposes.

BENEFICIARY DESIGNATION

Benefits for Your loss of life will be payable to the beneficiary or beneficiaries designated in writing by You and on file with MCHS; otherwise, the beneficiary will be the person designated under the Group Life Policy issued to MCHS. If none is designated, the beneficiary will be the first in the following order: a) Spouse; b) Your Children; c) Your parents; d) Your estate.

A Dependent's beneficiary is the Insured Employee.

IMPORTANT INFORMATION

This summary provides a brief description of coverage provided under policy form series AH51051, underwritten by Berkley Life and Health Insurance Company (domiciled in Iowa - California Certificate of Authority #08527) and/or StarNet Insurance Company (domiciled in Delaware - California Certificate of Authority #6978) 2445 Kuser Road, Suite 201, Hamilton Square, NJ 08690 and is subject to the terms, conditions, limitations and exclusions of the policy. Please see the policy for complete details. Coverage terms, conditions, limitations and exclusions may vary or may not be available in all states. Please see the policy for complete details or contact us at SpecialRiskSolutions@BerkleyAH.com. Coverage does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from offering or providing insurance.

The insurance described in this document provides limited benefits. Limited benefit plans are insurance products with reduced benefits intended to supplement comprehensive health insurance plans. This insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential coverage as set forth under the Patient Protection and Affordable Care Act.