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Lewis & Clark College
All Eligible Employees
Benefits as of 4/1/13

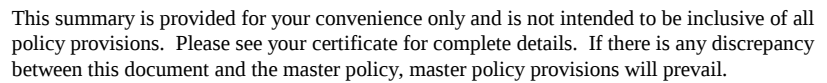
Life and Accidental Death & Dismemberment (AD&D)																														
Employer Paid																														
Basic Life Insurance	150% of your Annual Earnings rounded to the next higher \$1,000 to a maximum of \$250,000, \$15,000 Minimum.																													
Basic AD&D Insurance	150% of your Annual Earnings rounded to the next higher \$1,000 to a maximum of \$250,000, \$15,000 Minimum.																													
Age Reduction	If you are still working the required number of hours to be eligible for this insurance at age 70, your benefits will reduce to 65% at age 70, 50% at age 75.																													
AD&D Schedule	If due to an accident you die, lose a limb, sight of an eye or become paralyzed, the following benefits are available. <table><tr><td><u>100% of the Basic AD&D</u></td><td><u>75% of the Basic AD&D</u></td><td><u>50% of the Basic AD&D</u></td></tr><tr><td>Life</td><td>Paraplegia</td><td>One hand</td></tr><tr><td>Both hands</td><td>Triplegia</td><td>One foot</td></tr><tr><td>Both feet</td><td></td><td>Sight of one eye</td></tr><tr><td>Sight of both eyes</td><td><u>25% of the Basic AD&D</u></td><td>Speech</td></tr><tr><td>One hand and one foot</td><td>Thumb and Index finger</td><td>Hemiplegia</td></tr><tr><td>One hand and sight of one eye</td><td>Uniplegia</td><td>Hearing</td></tr><tr><td>One foot and sight of one eye</td><td></td><td></td></tr><tr><td>Quadriplegia</td><td></td><td></td></tr></table>			<u>100% of the Basic AD&D</u>	<u>75% of the Basic AD&D</u>	<u>50% of the Basic AD&D</u>	Life	Paraplegia	One hand	Both hands	Triplegia	One foot	Both feet		Sight of one eye	Sight of both eyes	<u>25% of the Basic AD&D</u>	Speech	One hand and one foot	Thumb and Index finger	Hemiplegia	One hand and sight of one eye	Uniplegia	Hearing	One foot and sight of one eye			Quadriplegia		
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Seat Belt Benefit	If you die in an automobile accident and were wearing your seat belt, your beneficiary(ies) will collect a \$10,000 seat belt benefit in addition to the Basic Life and Basic AD&D benefits described above.																													
Accelerated Benefit	You may collect part of your Basic Life insurance prior to death if you are diagnosed as terminally ill and have a life expectancy of less than 12 months. You may apply for up to 80% of the Basic Life insurance in force, to a \$200,000 maximum. The remaining benefit you do not elect is payable to your beneficiary upon your death.																													
Total Disability	If you become totally disabled (as defined by the policy) prior to age 60 and are disabled for at least 6 consecutive months, your basic life insurance may be continued without further premium payment by either your employer or you.																													
Repatriation	If death occurs more than 100 miles from your primary residence, we will pay the lesser of; the actual expense, 10% of the Life benefit or \$5,000 to prepare and ship your body to the place of burial or cremation.																													
Additional AD&D Benefits Included	Adaptive Home/Vehicle, AirBag, Child Education, Coma, Day Care, Exposure and Disappearance, Felonious Assault, Spouse Education.																													
Basic Life Insurance Exclusions	None.																													
AD&D Insurance Exclusions	No benefits are payable for losses due to suicide or attempted suicide, riot, war or act of war, military service, felony, voluntary use of a controlled substance.																													
Conversion	You may convert your Basic Life insurance to an individual policy if your coverage is terminated due to termination of employment or other loss of eligibility. You have 31 days from the earliest of, the date your employment terminates or other loss of eligibility to apply for the Conversion policy.																													
Portability	Portability allows you continue your Basic Life insurance up to a \$500,000 maximum if your coverage ends provided you are under age 70 are not disabled or retired. The rates charged will be the current rates plus a billing fee. To elect coverage, please contact us for a Portability Application and return it to us with your premium check to LifeMap within 31 days from the date your group coverage ends. If elected, Portability coverage will end the earliest of when you reach age 70 or when this master policy terminates.																													
(Total Disability and Accelerated Benefits not available under the Portability provision)																														
Travel Assistance - You and dependents traveling with you, when 100 or more miles away from home, or outside of your home country, can obtain emergency medical, travel, and personal security assistance 24 hours a day, anywhere in the world. You can find out more about this benefit by visiting our website at LifeMapCo.com and looking under the Products and Forms link or by contacting FrontierMEDEX directly at 1 -800-537-2029, your FrontierMEDEX ID Number is 333191.																														
This product is not insured by LifeMap Assurance Company. It is a service provided through FrontierMEDEX, a leading provider of international travel assistance services.																														



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Dependent Life Voluntary Payroll Deduction (\$2.54 per family, per month)	
Dependent Life Benefits	\$5,000 Spouse, \$5,000 per Child
Eligible Dependents	Legal spouse, State Certified Domestic Partner and children to age 26. See Certificate of Coverage for definition of eligible dependent child.
Exclusions	None
Underwriting	Coverage is guaranteed if applied for during your initial 31 day eligibility period. Please fill out Form RLH 161. If coverage is elected after your initial 31 day eligibility period including during any annual enrollment period, you must answer medical questions for each eligible dependent and coverage must be approved by LifeMap Assurance Company
Conversion	You may convert your Dependent Life insurance to an individual policy if your coverage is terminated due to termination of employment or other loss of eligibility. You have 31 days from the earliest of, the date your employment terminates or other loss of eligibility to apply for the Conversion policy.
Portability	Portability allows you (or your spouse) to continue Basic Dependent Life for your covered dependents if their coverage ends provided your spouse is under age 70 and dependent children are under age 26. The rates charged will be the current rates plus a billing fee. To elect coverage, please contact us for a Portability Application and return it to us with your premium check to LifeMap within 31 days from the date your group coverage ends. If elected, Portability coverage will end the earliest of; the date your spouse reaches age 70, dependent children reach age 26 or when this master policy terminates.



Long Term Disability Benefits Core Plan – Employer Paid

Long Term Disability Benefits Buy-up – Employee Paid	
Benefits	The elimination period decreases to 90 days. All other benefits above remain the same as the Core benefits indicated above.
Taxability	A portion of your benefits are non-taxable.
Enrollment – Initial Eligibility	If you are applying during your initial 31 day eligibility period, please complete Form RLH 161. You do not need to answer medical questions.
Enrollment – After Initial Eligibility	If you are applying after your initial 31 day eligibility period, you can either wait to enroll at the next annual open enrollment with no medical questions OR you can apply at any time after your initial eligibility period by answering the medical questions. Please use Form RLH 161. Any application made answering medical questions must be approved by RLH. If you apply by answering medical questions and are declined, you are not eligible for future annual open enrollments. The pre-existing conditions clause will apply separately to your Buy-up effective date whether medical questions are answered or not.
Cost	The rate is \$.00211 per \$1 of covered salary.
Cost Example	Employee earns \$30,000 per year. \$30,000 divided by 12 to arrive at monthly income is \$2,500. \$2,500 multiplied by the rate of \$.00211 is \$5.28. So the monthly cost for this employee is \$5.28.
Your Cost Calculation	Fill in the blanks below to determine your monthly premium. _____ divide by 12 _____ multiply by .00211 _____ Annual Income Monthly Income Monthly (not to exceed \$8,333) Premium

Employee Assistance Program	<u>Employee Assistance Program</u> – For Employees covered under an LTD plan with LifeMap. You and dependents and all household members have access to an Employee Assistance Program with services provided by Reliant Behavioral Health (RBH). The EAP provides services to help people privately resolve problems that may interfere with work, family and life. You can find out more about this benefit by contacting RBH directly at 1 -866-750-1327. Please inform them you have LTD coverage with LifeMap. You may also visit their Website at www.myrbh.com, use Access Code: LIFE MAP. This product is not insured by LifeMap Assurance Co. It is a service provided through Reliant Behavioral Health, a leading provider of employee assistance services.
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Voluntary Life Insurance (Payroll Deduction)																																	
Eligibility	Employees enrolled in the basic life plan and their spouses.																																
Amounts Available	• \$10,000 to \$300,000 in \$10,000 increments. • Spouses do not need to select the same amount of coverage as the employee.																																
Age Reduction	If you are still working the required number of hours to be eligible for this insurance at age 70, your benefits will reduce to 65% at age 70, 50% at age 75.																																
Accelerated Benefit	You may collect part of your voluntary life insurance prior to death if you are diagnosed as terminally ill and have a life expectancy of less than 6 months. You may apply for up to 80% of the voluntary life insurance in force, to a \$240,000 maximum. The remaining % of benefit you do not elect is payable to your beneficiary upon your death.																																
Underwriting and Effective Date	Employees may apply for up to \$100,000 guarantee issue (no health statement required) if applied for within 31 days of initial eligibility. If coverage is applied for AFTER the initial 31 day eligibility period (late enrollment), a health statement is required. ANY amount of coverage or increase in coverage applied for AFTER the initial 31 eligibility period requires a health statement. All amounts of coverage applied for at any time for spouses require a health statement. Any coverage requiring a health statement is not effective until approved in writing by LifeMap Assurance Company. If approved, coverage will be effective first of the month following the date of approval. In some cases, we may request a Paramed Exam. If requested, the Paramed Exam will be at LifeMap’s expense.																																
Total Disability	If you become totally disabled (as defined by the policy) prior to age 60 and are disabled for at least 6 consecutive months, your voluntary life insurance may be continued without further premium payment by either your employer or you.																																
Cost - Rates	Premiums are based on the applicant’s age and are paid through payroll deduction. <u>Monthly Rate per \$10,000 of Coverage</u> <table><thead><tr><th>Age</th><th>Male</th><th>Female</th></tr></thead><tbody><tr><td>Under age 30</td><td>\$.60</td><td>\$.40</td></tr><tr><td>30-34</td><td>.80</td><td>.50</td></tr><tr><td>35-39</td><td>.90</td><td>.60</td></tr><tr><td>40-44</td><td>1.70</td><td>.80</td></tr><tr><td>45-49</td><td>3.00</td><td>1.40</td></tr><tr><td>50-54</td><td>5.10</td><td>2.30</td></tr><tr><td>55-59</td><td>9.20</td><td>3.60</td></tr><tr><td>60-64</td><td>10.50</td><td>4.70</td></tr><tr><td>65-69</td><td>18.60</td><td>8.40</td></tr></tbody></table> For over age 70 rates, please see your certificate for details.			Age	Male	Female	Under age 30	\$.60	\$.40	30-34	.80	.50	35-39	.90	.60	40-44	1.70	.80	45-49	3.00	1.40	50-54	5.10	2.30	55-59	9.20	3.60	60-64	10.50	4.70	65-69	18.60	8.40
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Exclusions	No benefits are payable if death is due to suicide or attempted suicide during the first two years of coverage.																																
Portability	Portability allows you to continue Voluntary Life Insurance for yourself and your covered spouse if your coverage ends provided you are under age 70 and are not disabled or retired. If you’re covered for Basic Life, the combined maximum that can be ported, including your Basic and Voluntary Life, is \$500,000. The rates charged will be the current rates plus a billing fee. To elect coverage, please contact us for a Portability Application and return it to us with your premium check to LifeMap within 31 days from the date your group coverage ends. If elected, Portability coverage will end the earliest of when you reach age 70 or when this master policy terminates.																																



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Voluntary Accidental Death & Dismemberment (AD&D) Employee Paid

Availability	You (the Insured) may elect coverage (the Principal Sum) from a minimum of \$25,000 to \$300,000 in \$25,000 increments.																										
Benefit Options	You may elect coverage for yourself only (Employee Only) or you may elect to cover yourself and your family (Employee & Family). If both husband and wife are employees of Lewis & Clark College, both may enroll as Employee Only or one may elect to enroll for Employee & Family. If you elect Employee & Family coverage, your eligible dependents will be covered as follows: • If you have an eligible spouse, but no eligible dependent children, your spouse will be insured for 50% of the principal sum. • If you have an eligible spouse AND eligible dependent children, your spouse will be insured for 40% of the principal and each eligible dependent child will be insured for 10% of the principal. • If you have eligible dependent children, but no eligible spouse, each eligible dependent child will be insured 15% of the principal sum.																										
Age Reduction	If you are still working the required number of hours to be eligible for this insurance at age 70, your benefits will reduce according to the following scale. If the Family Plan is selected, coverage for your Spouse will end at age 70. <table><tr><td><u>Benefits reduce to:</u></td><td><u>At age:</u></td></tr><tr><td>65%</td><td>70</td></tr><tr><td>45%</td><td>75 and above</td></tr></table>			<u>Benefits reduce to:</u>	<u>At age:</u>	65%	70	45%	75 and above																		
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Table of Losses	If you die, lose a limb, the sight of an eye or become paralyzed as the result of an accident, the following benefits are available. <table><tr><td><u>100% of Principal Sum</u></td><td><u>50% of Principal Sum</u></td><td><u>25% of Principal Sum</u></td></tr><tr><td>Life</td><td>One hand, foot or sight of one eye</td><td>Thumb and index</td></tr><tr><td>Both hands or both feet</td><td>Speech or hearing in both ears</td><td>finger of the same</td></tr><tr><td>Sight of both eyes</td><td>*Hemiplegia</td><td>hand.</td></tr><tr><td>One hand and one foot</td><td>*Paraplegia</td><td></td></tr><tr><td>One hand or foot and sight of one eye</td><td></td><td></td></tr><tr><td>Speech and hearing in both ears</td><td></td><td></td></tr><tr><td>*Quadriplegia</td><td></td><td></td></tr></table> *Coverage for loss resulting from paralysis terminates at age 70.			<u>100% of Principal Sum</u>	<u>50% of Principal Sum</u>	<u>25% of Principal Sum</u>	Life	One hand, foot or sight of one eye	Thumb and index	Both hands or both feet	Speech or hearing in both ears	finger of the same	Sight of both eyes	*Hemiplegia	hand.	One hand and one foot	*Paraplegia		One hand or foot and sight of one eye			Speech and hearing in both ears			*Quadriplegia		
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*Quadriplegia																											
Special Riders	• <u>Spouse Retraining</u> – If the insured has selected the Family Plan and dies as a result of a covered accident, a benefit of up to \$3,000 will be paid to the insured’s spouse for the purpose of retraining or refreshing skills needed for employment. • <u>Child Care Benefits</u> – If the Family Plan is selected, and the Employee or insured spouse dies in a covered accident, a benefit equal to 2% of the Employee’s Principal Sum not to exceed \$5,000 per year will be paid for each child enrolled in a licensed Child Care Center. • <u>Coma</u> – If a covered person is injured as a result of a covered accident, we will pay an additional benefit if the covered person becomes Comatose within 365 days of the accident and remains Comatose beyond the waiting period. • <u>Continuation Clause</u> – If the Family Plan has been selected and the Employee dies, coverage will be continued for the Employee’s dependents for six (6) months from the date of death without payment of premium. • <u>Beneficiary Critical Period</u> - If the Family Plan has been selected and the Employee or insured spouse dies in a covered accident, an additional benefit of ½% of the deceased person's Principal Sum will be paid monthly for 12 months. • <u>Special Education Benefit</u> – If the Family Plan has been selected and the insured dies in a covered accident, an additional benefit equal to 5% of the insured’s Principal Sum, not to exceed \$3,750, will be paid for a maximum of four years for each child enrolled at a school of higher learning.																										
Exclusions and Limitations	No benefits will be paid by the Voluntary AD&D policy or any riders for loss resulting from in whole or in part of: suicide, intentionally self-inflicted injury, or any attempt to injure oneself, while sane or insane; active participation in a riot."Active participation" does not include being at the scene of a riot during the performance of official duties; war or any act or war, whether declared or undeclared; injury suffered while serving in the military forces of any country; committing or attempting to commit an assault or felony; any sickness or pregnancy existing at the time of the Accidental Bodily Injury; voluntary use or consumption of any poison, chemical compound or drug, except a prescription drug used or consumed in accordance with the directions of the prescribing Physician; heart attack (including but not limited to myocardial infarction) or stroke (including but not limited to cerebrovascular accident); bodily infirmity or disease from bacterial or viral infections, other than infection caused from an Accidental Bodily Injury sustained while the Insured Person was covered under this Rider; or diagnostic test, medical or surgical treatment. Air Travel coverage is generally limited to riding as a passenger in a commercial airliner. Please see your certificate for complete details.																										
Cost	<table><tr><td>Employee Only</td><td>\$.03 per \$1,000</td><td>Example *\$100,000 of coverage;</td><td>\$.03 x 100 = \$3.00 per Month</td></tr><tr><td>Employee + Family</td><td>\$.05 per \$1,000</td><td>Example *\$125,000 of coverage;</td><td>\$.05 x 125 = \$6.25 per Month</td></tr></table> *coverage must be elected in \$25,000 increments			Employee Only	\$.03 per \$1,000	Example *\$100,000 of coverage;	\$.03 x 100 = \$3.00 per Month	Employee + Family	\$.05 per \$1,000	Example *\$125,000 of coverage;	\$.05 x 125 = \$6.25 per Month																
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