

Employee Only AD/D-Semi-Monthly Premium Benefit Amount Ages 00-64 Age 65+ 10,000.00 0.18 0.11 \$ 20,000.00 0.35 0.23 \$ 0.34 30,000.00 0.53 \$ 40,000.00 0.46 0.70 \$ 50,000.00 0.88 0.57 \$ 60,000.00 0.68 1.05 \$ 0.80 70,000.00 1.23 \$ 1.40 0.91 80,000.00 \$ 90,000.00 1.58 1.02 100,000.00 1.75 1.14

	Employee Only AD/D - Semi-Monthly Premium		
Benefit Amount	Ages 00-64	Age 65+	
\$ 210,000.00	3.68	2.39	
\$ 220,000.00	3.85	2.50	
\$ 230,000.00	4.03	2.62	
\$ 240,000.00	4.20	2.73	
\$ 250,000.00	4.38	2.84	
\$ 260,000.00	4.55	2.96	
\$ 170,000.00	2.98	1.93	
\$ 180,000.00	3.15	2.05	
\$ 190,000.00	3.33	2.16	
\$ 300,000.00	5.25	3.41	

	Employee Only AD/E Semi-Monthly Prem	
Benefit Amount	Ages 00-64	Age 65+
\$ 410,000.00	7.18	4.66
\$ 420,000.00	7.35	4.78
\$ 430,000.00	7.53	4.89
\$ 440,000.00	7.70	5.01
\$ 450,000.00	7.88	5.12
\$ 460,000.00	8.05	5.23
\$ 470,000.00	8.23	5.35
\$ 480,000.00	8.40	5.46
\$ 490,000.00	8.58	5.57
\$ 500,000.00	8.75	5.69

Employee Only Stand Alone AD&D

Semi-Monthly Premium

	Employee Only AD/E)-	
	Semi-Monthly Premi	ium	
Benefit Amount Ages 00-64 Age 65+			
\$ 110,000.00	1.93	1.25	
\$ 120,000.00	2.10	1.37	
\$ 130,000.00	2.28	1.48	
\$ 140,000.00	2.45	1.59	
\$ 150,000.00	2.63	1.71	
\$ 160,000.00	2.80	1.82	
\$ 170,000.00	2.98	1.93	
\$ 180,000.00	3.15	2.05	
\$ 190,000.00	3.33	2.16	
\$ 200,000.00	3.50	2.28	

		Employee Only AD/E Semi-Monthly Premi	
	Benefit Amount	Ages 00-64	Age 65+
\$	310,000.00	5.43	3.53
\$	320,000.00	5.60	3.64
\$	330,000.00	5.78	3.75
\$	340,000.00	5.95	3.87
\$	350,000.00	6.13	3.98
\$	360,000.00	6.30	4.10
\$	370,000.00	6.48	4.21
\$	380,000.00	6.65	4.32
\$	390,000.00	6.83	4.44
Ś	400,000,00	7.00	4.55

Family Stand Alone AD&D Rates

		Family AD/D - Semi-Monthly F	remium
Benefit Amount		Ages 00-64	Age 65+
\$	10,000.00	0.28	0.18
\$	20,000.00	0.55	0.36
\$	30,000.00	0.83	0.54
\$	40,000.00	1.10	0.72
\$	50,000.00	1.38	0.89
\$	60,000.00	1.65	1.07
\$	70,000.00	1.93	1.25
\$	80,000.00	2.20	1.43
\$	90,000.00	2.48	1.61
\$	100,000.00	2.75	1.79

		Family AD/D - Semi-Monthly F	Premium
Bei	nefit Amount	Ages 00-64	Age 65+
\$	110,000.00	3.03	1.97
\$	120,000.00	3.30	2.15
\$	130,000.00	3.58	2.32
\$	140,000.00	3.85	2.50
\$	150,000.00	4.13	2.68
\$	160,000.00	4.40	2.86
\$	170,000.00	4.68	3.04
\$	180,000.00	4.95	3.22
\$	190,000.00	5.23	3.40
\$	200,000.00	5.50	3.58

		Family AD/D - Semi-Monthly F	Premium
Ве	nefit Amount	Ages 00-64	Age 65+
\$	210,000.00	5.78	3.75
\$	220,000.00	6.05	3.93
\$	230,000.00	6.33	4.11
\$	240,000.00	6.60	4.29
\$	250,000.00	6.88	4.47
\$	260,000.00	7.15	4.65
\$	170,000.00	4.68	3.04
\$	180,000.00	4.95	3.22
\$	190,000.00	5.23	3.40
\$	300,000.00	8.25	5.36

		Family AD/D - Semi-Monthly P	remium
Be	nefit Amount	Ages 00-64	Age 65+
\$	310,000.00	8.53	5.54
\$	320,000.00	8.80	5.72
\$	330,000.00	9.08	5.90
\$	340,000.00	9.35	6.08
\$	350,000.00	9.63	6.26
\$	360,000.00	9.90	6.44
\$	370,000.00	10.18	6.61
\$	380,000.00	10.45	6.79
\$	390,000.00	10.73	6.97
\$	400,000.00	11.00	7.15

		Family AD/D - Semi-Monthly F	Premium
Be	nefit Amount	Ages 00-64	Age 65+
\$	410,000.00	11.28	7.33
\$	420,000.00	11.55	7.51
\$	430,000.00	11.83	7.69
\$	440,000.00	12.10	7.87
\$	450,000.00	12.38	8.04
\$	460,000.00	12.65	8.22
\$	470,000.00	12.93	8.40
\$	480,000.00	13.20	8.58
\$	490,000.00	13.48	8.76
\$	500,000.00	13.75	8.94

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

Monthly premium calculation for your family

Use the table below to determine your cost based on the amount of coverage you select. The following example calculates the monthly cost for an employee who would like to purchase \$50,000 in optional family AD&D insurance coverage.

Calculation	Calculation example		You
Step 1	Step 1 Monthly rate		
Step 2	Enter the desired coverage amount in dollars.	550 000	
Step 3	Enter the desired coverage amount in increments of \$1,000. To calculate, divide the coverage amount by \$1,000.	50	
Step 4	Calculate the monthly cost. Multiply step 1 by step 3.	\$2.75	

REMINDER: Please review your beneficiary(ies) to ensure they are up to date. It's good practice to review, and if necessary, update your beneficiary(ies) annually.

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 policy, the policy will govern.

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