## Employee Only <br> Stand Alone AD\&D

## Semi-Monthly Premium

|  | Employee Only AD/D - <br>  <br>  <br> Semi-Monthly Premium |  |
| :--- | :--- | :--- |
| Benefit Amount | Ages 00-64 | Age 65+ |
| $\$$ | $110,000.00$ | 1.93 |
| $\$$ | $120,000.00$ | 2.10 |
| $\$$ | $130,000.00$ | 2.28 |
| $\$$ | $140,000.00$ | 2.45 |
| $\$$ | $150,000.00$ | 2.63 |


| Benefit Amount |  | Employee Only AD/D - <br> Semi-Monthly Premium |  |
| :---: | :---: | :---: | :---: |
|  |  | 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 |
| \$ | 400,000.00 | 7.00 | 4.55 |


| Benefit Amount |  | Employee Only AD/D -Semi-Monthly Premium |  |
| :---: | :---: | :---: | :---: |
|  |  | 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 |

## Family Stand Alone AD\&D Rates

|  | Family AD/D- <br> Semi-Monthly Premium |  |  |
| :--- | ---: | ---: | ---: |
| 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 |
| $\$$ | $\mathbf{1 0 0} 0000.00$ | 2.75 | 1.79 |


|  | Family AD/D - <br>  <br>  <br> Semi-Monthly Premium |  |  |
| :--- | ---: | ---: | ---: |
| Benefit 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- <br> Semi-Monthly Premium |  |  |
| :--- | ---: | ---: | ---: |
| Benefit 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 - <br>  <br>  <br>  Semi-Monthly Premium |  |
| :--- | ---: | ---: | ---: |


|  | Family AD/D - <br> Semi-Monthly Premium |  |  |
| :--- | ---: | ---: | ---: |
| Benefit 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 example |  | Example | You |
| :---: | :--- | :---: | :---: |
| Step 1 | Monthly rate | $\$ 0.055$ |  |
| Step 2 | Enter the desired coverage amount in <br> dollars. | $\$ 50,000$ |  |
| Step 3 | Enter the desired coverage amount in <br> increments of \$1,000. To calculate, divide <br> the coverage amount by \$1,000. | 50 |  |
| Step 4 | Calculate the monthly cost. Multiply step <br> 1 by step 3. | $\$ 2.75$ |  |

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.

Group insurance products and services described herein are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. In New York, insurance products are issued by Lincoln Life \& Annuity Company of New York (Syracuse, NY). Both are Lincoln Financial Group ${ }^{\circledR}$ companies. Product availability and/or features may vary by state. Limitations and exclusions apply. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations.

C2022 Lincoln National Corporation
LCN-4232172-012522
GP-VLADD-FLI001_Z01

