

# ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE OVERVIEW

Prepared for the employees of Columbia University

AD&D Insurance Coverage – paid by you		
<b>Eligibility</b>	All active benefits-eligible Employees of the Employer regularly working a minimum of 20 hours per week*	
<b>Eligibility Waiting Period</b>	N/A	
<b>Employee Only</b>	<b>Benefit Amount</b>	Units of \$10,000
	<b>Maximum</b>	The lesser of 10 times annual compensation rounded to the next highest \$10,000 if not already a multiple, to a maximum of \$1,000,000
<b>Family</b>	<b>Benefit Amount</b>	Units of \$10,000
	<b>Maximum</b>	The lesser of 10 times annual compensation rounded to the next highest \$10,000 if not already a multiple, to a maximum of \$1,000,000
	<b>Family Member Coverage</b>	Based on family members at time of accident:  50% of election amount for spouse if no children 40% of election amount for spouse if eligible children 10% of election amount for children if eligible spouse 15% of election amount for children if no spouse  Spouse Maximum Coverage: \$250,000 Child Maximum Coverage: \$10,000

\*Columbia University Post-Doctoral Fellows and Members of TWU are ineligible. No one may be covered more than once under this plan

## How Much Your Accidental Death & Dismemberment Coverage will Cost per Month

	Cost Per \$1,000
<b>Employee</b>	<b>\$.015</b>
<b>Family</b>	<b>\$.0250</b>

## Cost Calculation Example (based on the Benefit Amount)

	Rate Per \$1,000		Benefit Amount				Estimated Cost – Per Month
<i>Example AD&amp;D Costs</i>	.015	X	\$500,000	÷	1,000	=	\$7.50
<b>Input Your Costs</b>							



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## Other Accidental Death & Dismemberment (AD&D) Coverage Features

### A Valuable Combination of Benefits

To help survivors of severe accidents adjust to new living circumstances, we will pay benefits according to the chart below.

If, within 365 days of a covered accident, bodily injuries result in:	We will pay this % of the benefit amount:
Loss of life	100%
Total paralysis of upper and lower limbs, or Loss of any combination of two: hands, feet or eyesight, or Loss of speech and hearing in both ears	100%
Total paralysis of both lower or upper limbs	75%
Total paralysis of upper and lower limbs on one side of the body, or Loss of hand, foot or sight in one eye, or Loss of speech or loss of hearing in both ears, or Severance and Reattachment of one hand or foot	50%
Total paralysis of one upper or lower limb, or Loss of all four fingers of the same hand, or Loss of thumb and index finger of the same hand	25%
Loss of all toes of the same foot	20%

Only one benefit (the largest) will be paid for losses from the same accident.

### Additional Benefits of Personal Accident Insurance

**For Wearing a Seatbelt & Protection by an Airbag** - Additional 10% benefit but not more than \$25,000 if the covered person dies in an automobile accident while wearing a seatbelt or approved child restraint. We will increase the benefit by an additional 5% but not more than \$10,000 if the insured person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag).

**For Comas** - 1% of full benefit amount, for up to 11 months, if you, your spouse, or your children are in a coma for 30 days or more as a result of a covered accident. If the covered person is still in a coma after 11 months, or dies, the full benefit amount will be paid.

**For Exposure & Disappearance** - Benefits are payable if you or an insured family member suffer a covered loss due to unavoidable exposure to the elements as a result of a covered accident. If you or an insured family member's body is not found within one year of the disappearance, wrecking or sinking of the conveyance in which you or an insured family member were riding, on a trip otherwise covered, it will be presumed that you sustained loss of life as a result of a covered accident.

**For Training for Your Spouse** - If you die from a covered accident, your spouse will receive educational reimbursement if he or she enrolls, within 3 years of your death, in an accredited school to gain skills needed for employment. We will pay the actual cost of the education or training program to 3% of your benefit amount, not exceeding \$3,000.

#### What is Not Covered

Self-inflicted injuries or suicide while sane or insane • commission or attempt to commit a felony or an assault • any act of war, declared or undeclared • any active participation in a riot, insurrection or terrorist act • bungee jumping • parachuting • skydiving • parasailing • hang-gliding • sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food • voluntarily using any drug, narcotic, poison, gas or fumes except one prescribed by a licensed physician and taken as prescribed • operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the covered person has been provided a written warning against operating a vehicle while taking it • a Covered Accident that occurs while the covered person is engaged in the activities of active duty service in the military, navy or air force of any country or international organization (this does not include Reserve or National Guard training, unless it extends beyond 31 days) • traveling in an aircraft that is owned, leased or controlled by the sponsoring organization or any of its subsidiaries or affiliates • air travel, except as a passenger on a regularly scheduled commercial airline or in an aircraft being used by the Air Mobility Command or its foreign equivalent • flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface being flown by the covered person or in which the covered person is a member of the crew.

This information is a brief description of the important features of the plan. It is not a contract. Terms and conditions of coverage are set forth in Group Policy. Please refer to your Certificate of Insurance or Summary Plan Description for more detailed information. Coverage is underwritten by Cigna Life Insurance Company of New York, a Cigna company.