

# VOLUNTARY PERSONAL ACCIDENT (AD&D) INSURANCE OVERVIEW



Prepared for Employees of Brown & Brown, Inc. and its Subsidiaries

## Who Needs Personal Accident Insurance?

You do. Accident insurance can help you pay expenses if you or your spouse is seriously injured or killed in a covered accident. This insurance can help ensure that tragedy doesn't take both an emotional and financial toll on your family. By purchasing Cigna's accident insurance through Brown & Brown, Inc., you also benefit from affordable group rates and convenient payroll deductions.

## Personal Accident (AD&D) Insurance Coverage

<p><b>Who is Eligible?</b></p>	<p><b>You:</b> You are eligible if you are an active, Full-time Employee of Brown &amp; Brown, Inc. or a covered Subsidiary and work 30 or more hours per week. If you are a new hire, you will be eligible to elect insurance on the first of the month following 30 days of Active Service.</p> <p><b>Your Spouse:</b> You may elect coverage for a lawful spouse up to age 99.</p> <p><b>Your Dependent Children:</b> You may elect coverage for your unmarried dependent children from live birth until the end of the calendar year in which the child reaches age 26.</p> <p><i>No one may be covered more than once under this plan. If covered as an employee, you cannot also be covered as a dependent.</i></p>	
<p><b>How Much Coverage Can You Buy?</b> <i>You may choose one of four affordable options. Your cost will depend on the option &amp; amount of coverage you select.</i></p>	<p><b>Option 1: Employee Only</b></p>	<p>You may select from \$25,000 to \$1,500,000 of coverage, in units of \$25,000, not to exceed 8 times your salary.</p>
<p><b>Option 2: Employee &amp; Spouse</b></p>	<p>For You: you may select from \$25,000 to \$1,500,000 of coverage, in units of \$25,000, not to exceed 8 times your salary.</p> <p>For Your Spouse: your spouse's benefit will be 60% of yours. Your spouse's benefit cannot exceed \$600,000.</p>	
<p><b>Option 3: Employee, Spouse, &amp; Dependent Child(ren)</b></p>	<p>For You: you may select from \$25,000 to \$1,500,000 of coverage, in units of \$25,000, not to exceed 8 times your salary.</p> <p>For Your Spouse: your spouse's benefit will be 50% of yours. Your spouse's benefit cannot exceed \$600,000.</p> <p>For Your Child(ren): each covered child's benefit will be equal to 20% of your benefit amount. The benefit amount per child cannot exceed \$100,000. Premium is the same regardless of the number of children.</p>	
<p><b>Option 4: Employee &amp; Dependent Child(ren)</b></p>	<p>For You: you may select from \$25,000 to \$1,500,000 of coverage, in units of \$25,000, not to exceed 8 times your salary.</p> <p>For Your Child(ren): each covered child's benefit will be equal to 25% of your benefit amount. The benefit amount per child cannot exceed \$100,000. Premium is the same regardless of the number of children.</p>	

*You may need to request changes to your existing coverage if, in the future, you no longer have dependents who qualify for coverage. Premiums may be refundable if you do not notify us of this and it is determined at the time of a claim that premium has been overpaid.*

*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 No. OK-809523 issued in Florida. Please refer to your official Certificate of Insurance for more detailed information. Coverage is underwritten by Life Insurance Company of North America. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. © Cigna 2018*



## Cost of Personal Accident Insurance Coverage

The cost will depend on the benefit option and coverage amount you select from the rate chart below. Costs shown are **monthly** based on your benefit amount, and would be automatically deducted from your paycheck.

Your Benefit Amount	You Only	You & Your Spouse	You, Your Spouse, & Child(ren)	You & Your Child(ren)
\$1,500,000	\$31.50	\$49.50	\$52.50	\$42.00
\$1,250,000	\$26.25	\$41.25	\$43.75	\$35.00
\$1,000,000	\$21.00	\$33.00	\$35.00	\$28.00
\$975,000	\$20.48	\$32.18	\$34.13	\$27.30
\$950,000	\$19.95	\$31.35	\$33.25	\$26.60
\$925,000	\$19.43	\$30.53	\$32.38	\$25.90
\$900,000	\$18.90	\$29.70	\$31.50	\$25.20
\$875,000	\$18.38	\$28.88	\$30.63	\$24.50
\$850,000	\$17.85	\$28.05	\$29.75	\$23.80
\$825,000	\$17.33	\$27.23	\$28.88	\$23.10
\$800,000	\$16.80	\$26.40	\$28.00	\$22.40
\$775,000	\$16.28	\$25.58	\$27.13	\$21.70
\$750,000	\$15.75	\$24.75	\$26.25	\$21.00
\$725,000	\$15.23	\$23.93	\$25.38	\$20.30
\$700,000	\$14.70	\$23.10	\$24.50	\$19.60
\$675,000	\$14.18	\$22.28	\$23.63	\$18.90
\$650,000	\$13.65	\$21.45	\$22.75	\$18.20
\$625,000	\$13.13	\$20.63	\$21.88	\$17.50
\$600,000	\$12.60	\$19.80	\$21.00	\$16.80
\$575,000	\$12.08	\$18.98	\$20.13	\$16.10
\$550,000	\$11.55	\$18.15	\$19.25	\$15.40
\$525,000	\$11.03	\$17.33	\$18.38	\$14.70
\$500,000	\$10.50	\$16.50	\$17.50	\$14.00
\$475,000	\$9.98	\$15.68	\$16.63	\$13.30
\$450,000	\$9.45	\$14.85	\$15.75	\$12.60
\$425,000	\$8.93	\$14.03	\$14.88	\$11.90
\$400,000	\$8.40	\$13.20	\$14.00	\$11.20
\$375,000	\$7.88	\$12.38	\$13.13	\$10.50
\$350,000	\$7.35	\$11.55	\$12.25	\$9.80
\$325,000	\$6.83	\$10.73	\$11.38	\$9.10
\$300,000	\$6.30	\$9.90	\$10.50	\$8.40
\$275,000	\$5.78	\$9.08	\$9.63	\$7.70
\$250,000	\$5.25	\$8.25	\$8.75	\$7.00
\$225,000	\$4.73	\$7.43	\$7.88	\$6.30
\$200,000	\$4.20	\$6.60	\$7.00	\$5.60
\$175,000	\$3.68	\$5.78	\$6.13	\$4.90
\$150,000	\$3.15	\$4.95	\$5.25	\$4.20
\$125,000	\$2.63	\$4.13	\$4.38	\$3.50
\$100,000	\$2.10	\$3.30	\$3.50	\$2.80
\$75,000	\$1.58	\$2.48	\$2.63	\$2.10
\$50,000	\$1.05	\$1.65	\$1.75	\$1.40
\$25,000	\$0.53	\$0.83	\$0.88	\$0.70

Costs are subject to change. Benefit amounts cannot exceed 8 times your salary. Dependent coverages are a percentage of your benefit amount and cannot exceed \$600,000 for your spouse and \$100,000 for each child. There are no age-based benefit reductions to this plan.

## How to calculate your estimated monthly premium:

The monthly rate per \$1,000 of coverage is:

**\$0.021** for Employee Only

**\$0.033** for Employee & Spouse

**\$0.035** for Employee, Spouse, & Child(ren)

**\$0.028** for Employee & Child(ren) Only

Divide the amount you select by 1,000 and multiply that number by the appropriate cost.

*Example 1: if you choose the Employee Only option and select \$500,000 of coverage*

*Example 2: if you choose the Employee, Spouse, & Child(ren) option and select \$200,000 of coverage*

	Rate Per \$1,000		Benefit Amount				Estimated Monthly Cost
<i>Example 1</i>	\$0.021	x	\$500,000	÷	\$1,000	=	\$10.50
<i>Example 2</i>	\$0.035	x	\$200,000	÷	\$1,000	=	\$7.00
Input your election to estimate your cost:		x		÷	\$1,000	=	

*\*Costs are subject to change.*

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

### A Valuable Combination of Benefits

Personal Accident Insurance helps protect you against losses due to accidents. A covered accident is a sudden unforeseeable event that results in injury or death and that occurs while coverage is in force. We will pay the full benefit amount in the event of accidental loss of life occurring within 365 days of a covered accident. To help survivors of severe accidents adjust to new living circumstances, we will pay benefits for paralysis, dismemberment, loss of eyesight, speech or hearing according to the chart below.

If, within 365 days of a covered accident, bodily injuries result in:	The % of the benefit amount payable is:
Loss of life	<b>100%</b>
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	<b>100%</b>
Total paralysis of both lower or upper limbs	<b>75%</b>
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	<b>50%</b>
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	<b>25%</b>
Loss of all toes of the same foot	<b>20%</b>

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

**Paralysis** means loss of use, without severance, of a limb, that is determined irreversible by a doctor.

**Severance** means complete separation and dismemberment of the limb from the body.

**Loss of a hand or foot** means complete severance through or above the wrist or ankle joint.

**Loss of sight** means the total/permanent loss of sight irrecoverable by natural, surgical or artificial means.

**Loss of an arm or leg** means complete severance through or above the elbow or knee joint.

**Loss of speech** means total, permanent and irrecoverable loss of audible communication.

**Loss of hearing** means total/permanent loss of hearing which cannot be corrected by any hearing aid or device.

**Loss of a thumb and index finger** means complete severance through or above the metacarpophalangeal joints.

*California Residents: Loss of a thumb and index finger means complete severance of at least one whole phalanx (a bone of the finger).*

*South Carolina Residents: Loss of four whole fingers from one hand means the loss of one hand.*

## Additional Benefits of Voluntary 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 10% but not more than \$25,000 if the insured person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag).

**For Brain Damage** - 50% of full benefit amount, subject to a maximum of \$100,000, if you or your insured family member suffers brain damage beginning 60 days from the date of a covered accident.

**For Comas** - 1% of full benefit amount, for up to 11 months, if you or your insured family member is 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.

**Critical Burn** – Benefits are payable if you or your insured family member suffers a Third Degree Burn. If the Third Degree Burn covers 75% or more of the body, the benefit payable is 100%. If the Third Degree Burn covers 50%-74% of the body, the benefit payable is 50%.

**For Exposure & Disappearance** - Benefits are payable if you or your insured family member suffers a covered loss due to unavoidable exposure to the elements as a result of a covered accident. If you or your insured family member's body is not found within one year of the disappearance, wrecking or sinking of the conveyance in which you or your 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.

**Increased Accidental Injury Benefit for Child(ren)** - If an insured child suffers a covered accidental injury, we will double the benefit amount, with a maximum coverage amount of \$20,000. If your child subsequently dies within 90 days of the accident, then only the death benefit is payable under the plan.

**For Furthering Education** - If you or your spouse dies in a covered accident, we will pay an extra benefit for each insured child under age 26 who enrolls in a school of higher learning within one year of you or your spouse's death. We will increase your benefit by 10% or \$25,000, whichever is less, for each qualifying child, each year for 4 consecutive years as long as your child continues his/her education. If there is no qualifying child, we will pay an additional \$1,000 to your beneficiary.

**For Child Care Expenses** - If you or your spouse dies as a result of a covered accident, we will pay a benefit for a surviving child under 13 who is enrolled in a licensed child care center at the time of the accident or within 90 days afterwards. This benefit is 5% of your benefit amount per year, but not more than \$10,000 per year for 4 years or until the child turns 13, whichever occurs first, for each covered child.

**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 up to 10% of your benefit amount, not exceeding \$25,000 per year, for up to 4 years. If there is no qualifying spouse, we will pay an additional \$1,000 to your beneficiary.

**For a Loss Resulting From a Common Carrier** - If you or your insured family member suffers a covered loss while riding as a passenger in, or being struck by, a common carrier, we will pay an additional 100% of the benefit amount.

**Owned Aircraft Coverage** - Up to 100% of coverage may be payable if you or your insured family member suffers a covered loss that occurs during travel or flight in, including getting in or out of, any aircraft that is owned, leased, operated or controlled by Brown & Brown, Inc. or any of its subsidiaries.

**Pilot Coverage** - Up to 100% of coverage may be payable if you or your insured family member suffers a covered loss while flying as a licensed pilot or member of crew of aircraft for which he or she is licensed and qualified, including aircraft owned, leased, operated or controlled by Brown & Brown, Inc. or any of its subsidiaries.

## 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, except for self-preservation • 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) • air travel, except as a passenger on a regularly scheduled commercial airline, owned aircraft, 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 in which the covered person is the pilot or a member of the crew.

## When Your Coverage Begins and Ends

Current employees can sign up during any enrollment period. New employees have 30 days from the date they began employment to enroll. Coverage will become effective first of the month following the date of hire or date of change. Dependent coverage will start when your coverage begins.

Your coverage will not begin unless you are actively at work on the effective date. Dependent coverage will not begin for any dependent who on the effective date is an inpatient in a hospital or receiving outpatient care for chemotherapy or radiation therapy, confined at home under the care of a Physician for sickness or injury; or totally disabled.

Coverage will continue while you and your dependents remain eligible, the group policy is in force, and required premiums are paid. For your spouse and dependent child(ren), coverage ends when your coverage terminates, when their premiums are not paid, or when he or she is no longer eligible, whichever occurs first.

## Conversion

If this coverage ends before you reach age 70 for any reason except non-payment of premium or age, you can convert to an individual policy. No medical certification required. You must simply apply for a conversion policy and pay the first premium within 31 days after your group coverage ends. Family members may convert their coverage as long as they have not reached the maximum age limitation.

Coverage cannot exceed the amount purchased under your group plan and cannot be less than \$25,000 nor more than \$250,000.

Converted policies are subject to certain benefits and limits as outlined in your certificate, should you become insured under the plan.

## Signing Up Is Easy!

**No medical examination is required to apply.**

Just choose the benefit amount and coverage option that are right for you. Enroll or make changes to your benefits online when you are newly hired or during annual enrollment.

*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 No. OK-809523 issued in Florida. Please refer to your official Certificate of Insurance for more detailed information. Coverage is underwritten by Life Insurance Company of North America. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. © Cigna 2018*