

This benefit does not require annual re-enrollment.

Accidental Death & Dismemberment



The Voluntary Accidental Death and Dismemberment (AD&D) insurance plan is underwritten by A.C. Newman and Company on behalf of Gerber Life Insurance Company (Gerber). It can pay a benefit if you suffer a loss as the result of a covered accident while you are insured under the plan. It also pays a benefit if you suffer certain disabling injuries while covered. The coverage is effective 24 hours a day, 365 days a year. It includes accidents on or off the job, while traveling by car, plane, train, boat, or any other public or private form of transportation, including while flying in any aircraft that is owned or leased by or on behalf of the State of North Carolina as a passenger, pilot, or crew member. *Pilots and crew members of the State – you are now eligible for coverage while flying in any aircraft that is owned or leased by or on behalf of the State at the*

same low cost available to all other employees. If you are currently enrolled as an employee, be sure to indicate that you are a pilot/crew member to take advantage of this coverage. This coverage is in addition to any other coverage you have under any other insurance policy.

The benefit amounts are shown below. **If you and your spouse are both eligible to elect this coverage as state agency, university or select community college employees, you both may elect to participate as employees, but only one may enroll for employee and family coverage.** The spouse who elects employee and family coverage will not have coverage for his/her spouse, only children. An employee may not be covered as both an employee and a dependent.

MONTHLY COST AND COVERAGE

The amount of insurance you purchase is called the Principal Sum. Benefit amounts include:



Principal Sum	Cost for Employee Only	Cost for Employee & Family	Principal Sum	Cost for Employee Only	Cost for Employee & Family
\$ 50,000	\$0.96	\$1.50	\$200,000	\$3.80	\$6.00
75,000	1.42	2.26	250,000	4.76	7.50
100,000	1.90	3.00	300,000	5.70	9.00
125,000	2.38	3.74	350,000	6.64	10.50
150,000	2.86	4.50	400,000	7.60	12.00
175,000	3.32	5.26	500,000	9.50	15.00

COVERAGE

If you or one of your covered dependents suffers any one of the losses listed on the chart to the right, as the result of a “covered injury,” a percentage of the Principal Sum will be paid, as listed. The maximum percentage paid for losses from any one accident is 100%.

Note: Loss of hand means complete, total and irrecoverable loss of use of a hand at or above the wrist. Loss of foot means complete, total and irrecoverable loss of use of a foot at or above the ankle joint. Loss of sight is defined as complete, total and irrecoverable loss to the sight of an eye. Loss of thumb and finger is defined as complete, total and irrecoverable loss of use of thumb and index finger at or above the knuckles. Loss of speech or hearing is defined as complete, total and irrecoverable loss of speech or hearing.

Loss of	Percentage Principal Sum
Life	100%
Sight of Both Eyes	100%
Speech and Hearing of Both Ears	100%
Both Hands or Both Feet	100%
One Hand and One Foot	100%
Loss of Use of Four Limbs	100%
Loss of Use of Three Limbs	85%
Loss of Use of Two Limbs	75%
Loss of Use of One Limb	50%
Either Hand or Foot	50%
Sight of One Eye	50%
Speech or Hearing of Both Ears	50%
Hearing of One Ear	25%
Thumb and Index Finger of Same Hand	25%

Underwritten by A.C. Newman & Company on behalf of Gerber Life Insurance Company

The information in this booklet is in abbreviated form only. It is provided to give you a general understanding of your Gerber insurance coverage but it is subject to verification by Gerber. Your actual coverage and amounts are subject to all the terms, limitations and exclusions in your Gerber certificate of coverage. If the information in this booklet differs from the group insurance policy held by your employer or plan administrator, the terms of that group insurance policy will govern.

FAMILY BENEFITS

In addition to coverage for yourself, you can elect to cover your spouse and dependent children up to age 19, or to age 26 if a full-time student. If you elect family coverage and a family member suffers a loss, the benefit paid is a percentage of the amount paid if you suffered the loss.

Family Members	Percentage of Your Benefit Payable
Spouse only	60%
Spouse and children	50% spouse; 10% each child
Children Only	15% each child

COVERAGE AFTER AGE 70

If you are actively at work at age 70 and beyond, the percentage of the amount payable declines as follows:

Age	Percentage of Full Benefit
70 – 74	65%
75 – 79	45%
80 - 84	30%
85 and older	15%

ADDITIONAL BENEFITS

Enhancement for Children — If you elect family coverage and your covered dependent child sustains a covered loss within 365 days of the accident, other than loss of life, while the policy is in force, you are paid a benefit equal to two times the dismemberment schedule listed in the “*Family Benefits*” portion of this section.

Rehabilitation Benefit — If you or a covered dependent suffers a loss within 90 days of a covered accident, and are receiving rehabilitation therapy from an accredited therapist as a result of the accident, you will receive a benefit of 2% of the Principal Sum to a maximum of \$2,000 per month payable for up to 12 months.

Common Disaster Benefit — If both you and your spouse die as a result the same covered accident within 365 days of the covered accident, your spouse’s coverage increases to 100% of your Principal Sum.

Survivor’s Benefit — If you have family coverage and you or your spouse dies within 365 days as a result of a covered injury, an additional benefit of 1% of the Principal Sum to a maximum of \$5,000 per month will be paid to each surviving dependent child for 12 months.

Coma Benefit — If a covered accident puts you or a covered dependent in a coma, a benefit of 1% of the Principal Sum to a maximum of \$5,000 per month is payable for the lesser of 24 months or until the person recovers or dies.

Accidental In-Hospital Indemnity Benefit — If you or a covered dependent is confined as a bed-patient in a licensed hospital within 30 days as a result of a covered accident, you will receive a benefit of 1% of the benefit to a maximum of \$1,000 for each full calendar month of confinement for a maximum of 6 months.

College Education Benefit — If you have family coverage and you or your spouse die within 365 days as a result of a covered injury, an extra benefit of 5% of the Principal Sum to a maximum of \$5,000, is paid on behalf of any qualified children in order to help provide support for the child’s education in a licensed or accredited school beyond the 12th grade level on a full-time basis. Dependent children who qualify for this benefit receive payments annually to a maximum of four years.

Spouse Training Benefit — If you have family coverage and you die within 365 days as a result of a covered injury, an extra benefit of 3% of the Principal Sum to a maximum of \$3,000, is paid on behalf of your qualified spouse in order to help provide support for your spouse’s enrollment in a school of higher education or vocational training for the purpose of preparing for full-time employment.

Child Care Center Benefit — If you have family coverage and you or your spouse die within 365 days as a result of a covered injury, an extra benefit of 3% of the Principal Sum to a maximum of \$3,000, is paid for each eligible dependent child under age 13 to help provide support for the child’s attendance in a licensed child care center on a full-time basis. This benefit is paid annually to a maximum of four years.

Seat Belt Benefit — If you or a covered dependent suffer a loss as the result of a covered accident involving a private passenger vehicle in which the person suffering the loss is wearing a seat belt, an additional 10% of the benefit to a maximum of \$25,000 will be paid.

Air Bag Benefit — If you or a covered dependent suffer a loss as the result of a covered accident involving a private passenger vehicle in which the person suffering the loss is wearing a seat belt, and positioned in a seat protected by an air bag that deploys on impact, an additional 5% of the benefit to a maximum of \$10,000 will be paid.



Criminal Assault Benefit — If you or a covered dependent suffers a loss as the result of a covered accident resulting from being the victim of a violent criminal act, an additional 10% of the benefit to a maximum of \$25,000 will be paid.



Accidental Permanent Disfigurement Benefit — If you or a covered dependent suffers permanent disfigurement as a result of a covered accident within 90 days, you will receive a benefit of 10% of the benefit to a maximum of \$25,000.



COBRA Benefit — If you have family plan coverage and you die of a covered injury which causes your death within 90 days of the accident, an additional benefit of 1% of the Principal Sum to a maximum of \$3,000 will be paid in order to help provide support for the continuation of your dependents' health benefits if your dependents are also covered under the States's health plan.



Accidental HIV Benefit — If you or a dependent are diagnosed with HIV as a result of an accidental cut, accidental wound, or accidental puncture of the skin a benefit of \$25,000 will be paid.



Custodial Care Benefit — If you or a covered dependent is medically confined in a licensed facility providing custodial care on a long term basis within 90 days of a covered accident, you will receive a benefit of 2% of the benefit to a maximum of \$2,000. This benefit is paid monthly up to a maximum of 12 months.



Therapeutic Counseling Benefit — If you or a covered dependent suffers a loss as a result of a covered injury and begin receiving therapeutic counseling from an accredited and state licensed therapist, psychiatrist or psychologist within 90 days of a covered accident, you will receive a benefit of 2% of the benefit to a maximum of \$2,000 per month payable for up to 12 months.



Adaptive Home and Vehicle Benefit — If you or a covered dependent suffers a loss as a result of a covered injury and incur expenses for alterations to your principal residence or personal private automobile as a result of such injury within 90 days of the covered accident, you will receive a benefit of 5% of the Principal Sum to a maximum of \$5,000.



Funeral Expense Benefit — If you or a covered dependent dies within 365 days as a result of a covered injury, an extra benefit will be paid for the reasonable burial expenses incurred to a maximum of \$5,000.



Surgical Reattachment Benefit — If you or a covered dependent are in a covered accident, and require medical surgical reattachment of a severed arm, leg, hand or foot within 5 days of the accident, a benefit will be paid, as listed. The maximum percentage paid for any one accident is 50%.



Loss	Percentage Principal Sum
Both Legs or Arms	50%
Both Hands or Feet	50%
One Arm and One Leg	50%
One Hand and One Foot	50%
Either Arm or Leg	25%
Either Hand or Foot	25%
Thumb and Index Finger of Same Hand	15%

Worldwide Emergency Travel Assistance Services — These services are provided by Assist America, Inc. to arrange and pay for the following when a medical emergency happens more than 100 miles from your home or in a foreign country:

- Medical Consultation, Evaluation & Referral
- Hospital Admission Guarantee
- Emergency Medical Evacuation
- Critical Care Monitoring
- Medically Supervised Repatriation
- Prescription Assistance
- Emergency Message Transmission
- Transportation to Join Patient
- Care for Minor Children
- Return of Mortal Remains
- Emergency Trauma Counseling
- Lost Luggage or Document Assistance
- Interpreter & Legal Referrals
- Pre-trip Information

Worldwide emergency travel assistance services are provided by Assist America, Inc. and is available to you and your covered dependents. Exclusions, limitations and prior notice requirements may apply, and service features, terms and eligibility criteria are subject to change. The service is not valid after termination of the coverage and may be withdrawn at any time.

You may contact Assist America at 1-800-872-1414.

Conversion Benefit — You may apply for a conversion policy if your coverage ends because your employment ends, or you are no longer a member of an eligible class. The converted policy will be limited to the lesser of your Principal Sum under the plan, or \$250,000.

Your covered spouse may apply for a conversion policy if you die, or your marriage ends. The converted policy will be limited to the lesser of his/her Principal Sum under the plan, or \$150,000.

Your covered dependent children may apply for a conversion policy if you die, your marriage ends, or when your dependent child marries, or reaches the age limit for coverage under the plan. The converted policy will be limited to the lesser of his or her Principal Sum under the plan, or \$37,500.

You or a covered dependent must apply in writing and pay the first premium within 45 days of coverage terminating under the plan.

Portability Benefits — When your employment ends, you may elect to continue your AD&D coverage for yourself and your dependents at the current group rates. Coverage begins on the latest date of the following: the date your state coverage ends, the date you apply for coverage, or the date you pay your premium.

You need to apply for portable coverage within 45 days of your termination date.

If you are not a retiree and you choose an AD&D portability option, you are eligible for PortAssist. PortAssist offers the same travel assistance services to you and your dependents as Assist America. You may contact PortAssist at 1-800-257-0930

Your annual cost for PortAssist is:

Employee Only \$85
Family \$150

WHAT IS EXCLUDED FROM COVERAGE

We will not pay claim for a loss that is caused by, or resulting from:

- suicide or self-inflicted injury; whether sane or not (in Missouri, while sane);
- bacterial infection, except those which occur with a cut or wound at the time of accident;
- any kind of disease;
- medical or surgical treatment (except surgical treatment required by the accident);
- war or any act of war occurring in your country of domicile, the United States, Iraq, or Afghanistan;
- injury sustained while riding as a pilot or crew member of any aircraft, except State pilots and crew members flying aboard State owned aircraft;
- voluntarily taking any drug, chemical or controlled substance, unless taken as prescribed by a licensed physician;
- committing or attempting to commit a felony; or
- operating any vehicle with a blood alcohol level greater than the legal limit.