



2025 EMPLOYEE BENEFITS

VOLUNTARY LIFE INSURANCE PLAN

Methodist offers voluntary life insurance so that you can purchase group coverage for yourself, your spouse and your dependent children.

EMPLOYEE COVERAGE

You can purchase voluntary life coverage for yourself in increments of \$10,000, up to a maximum of seven times your annual salary or \$500,000, whichever is less. Evidence of insurability may be required, if you are not currently covered on the voluntary employee life insurance plan, or if you are currently covered and are increasing coverage over the Guarantee Issue Amount (\$300,000).

SPOUSE AND DEPENDENT CHILDREN COVERAGE

If you elect Voluntary Employee Life Insurance or are covered under the employer paid Basic Life Insurance, you may purchase Dependent Life Insurance coverage for your spouse and dependent children. For your spouse, you can purchase coverage in increments of \$10,000, up to a maximum of \$100,000. Evidence of insurability may be required, if your spouse is not currently covered on the voluntary spouse life insurance plan, or if they are currently covered and are increasing coverage over the Guarantee Issue Amount (\$50,000). Dependent children are not required to go through Evidence of Insurability.

If you purchase coverage for your unmarried dependent children, children age 6 months up to age 26, are covered for \$10,000. Children age 14 days to 6 months are covered for \$1,000. Children are not covered prior to age 14 days. For a complete definition of Spouse and Dependent child, see the Summary Plan Description and Summary of Material Modifications in the Employee Center under Benefits.

You may not cover your spouse or dependent child if that person is covered as an employee under the Basic Life or Voluntary Life Insurance coverage. No person can be insured as a dependent (spouse or dependent child) of more than one employee under the plan.

COST OF COVERAGE

The cost of coverage for you and your spouse is based on the age of the covered person (you or your spouse) and the amount of coverage elected. Your contributions will be deducted from your paycheck and will automatically increase as the covered person's age group rate changes.

YOUR MONTHLY COVERAGE COST PER \$1,000 OF COVERAGE									
<i>You and Your Spouse Age (As of January 1 of the Current Year)</i>									
Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$0.059	\$0.078	\$0.088	\$0.116	\$0.194	\$0.301	\$0.378	\$0.524	\$1.029	\$2.907

The cost of coverage for dependent children is \$1.13 per month.

You may only elect voluntary coverage for yourself, your spouse or your dependent children during Open Enrollment each year or within 31 days of hire, eligible status, marriage or birth or adoption of a dependent child. If you do not elect coverage for yourself or a spouse upon your first opportunity to do so, but elect coverage during a subsequent enrollment opportunity, you must provide Evidence of Insurability to the life insurance carrier and be approved for coverage. Eligible dependent children can be enrolled during a subsequent enrollment opportunity without providing Evidence of Insurability.

DEFERRED EFFECTIVE DATE

EMPLOYEE: Insurance coverage or an increase in coverage will be delayed if you are not actively at work due to a physical or mental condition. Coverage or an increase in coverage will not start until the date you are actively at work.

DEPENDENT SPOUSE AND/OR CHILD: Insurance coverage or an increase in dependent spouse coverage will be deferred if that dependent is confined in a hospital or Confined Elsewhere. Coverage or an increase in coverage will not start until the dependent is discharged from the hospital or no longer Confined Elsewhere and has engaged in all the normal and customary activities of a person of like age and gender, in good health, for at least 15 consecutive days.

This Deferred Effective Date provision will not apply to Disabled children who qualify under the definition of Dependent Life for the life insurance coverage.

“Confined Elsewhere” means that your dependent spouse or child is unable to perform, unaided, the normal functions of daily living, or leave home or other place of residence without assistance.