

Publix Accidental Death & Dismemberment Coverage (AD&D)

Coverage Specifics

	Associate	Spouse
Eligibility Requirements	Must be a full-time or part-time Publix associate currently participating in the Supplemental Life Insurance Plan.	Must be the spouse of a full-time or part-time Publix associate who is currently participating in the Supplemental Life Insurance Plan. The spouse must also be currently participating in the Supplemental Life Insurance Plan.
Coverage Amounts	The full benefit amount is equal to the associate's Supplemental Life Insurance coverage amount. Partial benefits are also available as outlined in this document.	The full benefit is equal to the spouse's Supplemental Life Insurance coverage amount. Partial benefits are also available as outlined in this document.
Effective Date of Coverage	If proof of good health is not required, coverage will be effective on the date that Mercer Voluntary Benefits receives your completed Supplemental Life Insurance enrollment form and Accidental Death and Dismemberment coverage is elected. All coverage requiring proof of good health will be effective the first day of the month after coverage is approved by MetLife and payroll deductions begin.	If proof of good health is not required, coverage will be effective on the date that Mercer Voluntary Benefits receives your completed Supplemental Life Insurance enrollment form and Accidental Death and Dismemberment coverage is elected. All coverage requiring proof of good health will be effective the first day of the month after coverage is approved by MetLife and payroll deductions begin.

Schedule of Benefits

Covered Loss	Benefit Amount
Loss of Life	Full benefit amount (equal to Supplemental Life Insurance coverage amount)
Loss of One Hand	50% of the full benefit amount
Loss of One Foot	50% of the full benefit amount
Loss of One Arm	75% of the full benefit amount
Loss of One Leg	75% of the full benefit amount

Loss of Sight of One Eye	50% of the full benefit amount
Loss of Any Combination of One Hand, One Foot and/or Sight of One Eye	Full benefit amount
Loss of Thumb and Index Finger of Same Hand	25% of the full benefit amount
Loss of Speech and Hearing in Both Ears	Full benefit amount
Loss of Speech	50% of the full benefit amount
Loss of Hearing in Both Ears	50% of the full benefit amount
Quadriplegia	Full benefit amount
Paraplegia	50% of the full benefit amount
Hemiplegia	50% of the full benefit amount
Paralysis of One Arm or One Leg	25% of the full benefit amount
Brain Damage	Full benefit amount
Coma	1% of the full benefit amount on a monthly basis

Benefits payable in addition to the covered loss benefit:

Additional Benefits	Benefit Amount
Seat Belt Benefit for Loss of Life	Additional 10% of the full benefit amount to a maximum of \$25,000
Air Bag Benefit for Loss of Life	Additional 5% of the full benefit amount to a maximum of \$10,000
Hospital Confinement Benefit	For each full month of hospital confinement, the benefit is equal to the lesser of 1% of the full benefit amount monthly and \$2,500
Common Carrier Benefit for Loss of Life	Additional 100% of the full benefit amount
Spouse Education Benefit	This benefit pays an amount equal to the tuition charges incurred for a period of up to one academic year, not to exceed an academic year maximum of \$5,000 and an overall maximum of 3% of the full benefit amount.
Child Education Benefit	For each qualifying child, this benefit pays an amount equal to the tuition charges incurred for a period of up to four consecutive academic years, not to exceed an academic year maximum of \$10,000 and an overall maximum of 20% of the full benefit amount.
Child Care Center Benefit	This benefit pays an amount equal to the child care center charges incurred for a period of up to four consecutive years, not to exceed 12% of the full benefit amount to a maximum of \$5,000. This benefit is available to children up to age 12.

Other advantages include:

- Year-round, worldwide, 24-hour protection.
- Benefits that are payable in addition to any other insurance you may have.

**For more information, please contact
Mercer Voluntary Benefits at:
1-888-374-6377
www.personal-plans.com/publix**

Program Offered & Administered by Mercer Health & Benefits Administration LLC

AR Insurance License #100102691
CA Insurance License #0G39709
In CA d/b/a Mercer Health & Benefits Insurance Services LLC