

## San Francisco Health Service System – CCSF Employee

### Summary of Group Term Life and Accidental Death and Personal Loss (AD&PL) Benefits

#### Your Group Life Insurance Benefits

Minding what matters most – the ones you love

#### Am I eligible for coverage?

You qualify if you are an active full or part-time employee working **at least 20 hours a week**. You must be working in an eligible group as defined by your employer. The Voluntary Group Term Life and AD&PL benefits described in this document are not available to Employees of San Francisco Unified School District or San Francisco Community College District.

#### When does my coverage begin?

<p><b>When does coverage become effective?*</b></p>	<p>The "<b>Guaranteed Issue Amount</b>" is the most coverage you can get without having to submit Evidence of Insurability (EOI). Coverage up to the Guaranteed Issue Amounts will begin on <b>01/01/2018</b>.</p> <p><small>*You must be actively-at-work for your coverage to begin. Other rules may apply. Please review your policy documents for more information.</small></p>
<p><b>Do I have to provide proof of good health known as Evidence of Insurability (EOI) to enroll?*</b></p>	<p><b>Late Applicant</b> (did not enroll during your initial eligibility period): <b>EOI is not required</b> for you and your dependents to enroll up to specific Guaranteed Issue Amounts during this <b>Special Enrollment</b>.*</p> <p><b>Currently Covered: EOI is not required</b> for you and your dependents to increase coverage up to specific Guaranteed Issue Amounts.*</p> <p><b>New hire/Newly eligible: EOI is not required</b> to enroll up to the Guaranteed Issue Amount during your <b>31-day</b> period of initial eligibility. If you don't enroll, you will be considered a "<b>late applicant</b>." During future enrollments, you may be required to submit EOI for any amount of coverage.</p> <p><small>*EOI (medical questionnaire) is required for amounts above the Guaranteed Issue maximum. Coverage that requires EOI is subject to Aetna approval. See page 2 for more details. EOI is required for any amount of coverage if you or your dependents have ever been declined.</small></p>
<p><b>When will coverage that requires (EOI) begin?*</b></p>	<p>Coverage will begin after Aetna approves your EOI. If your EOI is not approved, your coverage will be limited to any Guaranteed Issue amount that may apply.</p> <p><small>* You must be actively-at-work for coverage to begin, or any increases to take effect.</small></p>

#### What is Life and AD&PL coverage?

**Group Term Life Insurance** helps provide financial protection for those who rely on your income if something happens to you. Term life insurance is a simple and inexpensive form of life insurance, which builds no cash value. Premium rates will change as you move between age ranges. You'll also enjoy the advantage of group rates.

**AD&PL** pays a benefit in addition to your life insurance, if you die as a result of an accident. Additional benefits are also paid for loss of limb or sight or hearing or speech, and other serious injuries or conditions, like paralysis or coma, caused by an accident. Your basic coverage may begin to reduce when you reach a certain age.

#### Can I buy coverage and how much will it cost?

You can buy coverage called Voluntary Life insurance for yourself and your spouse/domestic partner and children. You can purchase Voluntary AD&PL coverage for yourself and your spouse/domestic partner and children.

Life insurance plans/policies are offered and/or underwritten by Aetna Life Insurance Company (Aetna).



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### Voluntary Life Coverage

Available Coverage Amounts	
<b>You:</b>	Increments of <b>\$10,000</b> up to a maximum of <b>\$500,000</b>
<b>Your Spouse/Domestic Partner:</b>	Increments of <b>\$5,000</b> up to a maximum of <b>\$250,000</b>
<b>Your Child(ren):</b>	<b>\$10,000</b>

  

Guaranteed Issue Amounts	
New Hire/Newly Eligible*	
<b>You:</b>	<b>\$100,000</b>
<b>Your Spouse/Domestic Partner:</b>	<b>\$50,000</b>
<b>Your Child(ren):</b>	<b>\$10,000</b>

\***New Hire/Newly Eligible:** Enroll without EOI during your initial eligibility period. See page 1, or your policy documents, for more information.

Employees must buy supplemental life coverage to buy dependent life coverage.

Dependent coverage cannot exceed 100% of employee's coverage amount.

Child(ren) Eligibility: Live birth to age 19 or up to age 24 if a full-time student.

Spouse/Domestic Partner rates are based on Employee's age.

#### During this Special Enrollment Period 10/01/2017-10/31/2017

*Enroll up to specified amounts without EOI*

- **You (late applicant/not currently covered):** Enroll by \$10,000 increments up to a guarantee issue maximum of \$100,000
- **You (currently covered):** Increase coverage by \$10,000 increments up to a maximum of \$50,000, not to exceed an overall maximum of \$150,000
- **Your Spouse/Domestic Partner (late applicant/not currently covered):** Enroll by \$5,000 increments up to a guarantee issue maximum of \$50,000
- **Your Spouse/Domestic Partner (currently covered):** Increase by \$5,000 increments up to an overall maximum of \$50,000
- **Child(ren):** Enroll for \$10,000 of coverage, EOI is not required for child(ren)

Amounts requested above specified amounts will require EOI.

Applicants who have applied and been previously declined for coverage will be required to provide EOI.

Late Applicants may need to provide EOI for any amount of coverage during future enrollments.

Current and new coverage totaling more than \$150,000 together is subject to Proof of Good Health and Aetna approval.



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Monthly Rates for Term Life Insurance (rate per \$1,000)\*

Age bands	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Tobacco	\$0.060	\$0.060	\$0.070	\$0.090	\$0.100	\$0.120	\$0.160	\$0.250	\$0.470	\$0.720	\$1.380	\$2.240	\$2.240
Non-Tobacco	\$0.040	\$0.040	\$0.050	\$0.070	\$0.080	\$0.100	\$0.150	\$0.230	\$0.430	\$0.660	\$1.270	\$2.060	\$2.060

Child(ren): \$1.50 per \$10,000 of coverage

Voluntary AD&PL Coverage\*

Coverage Amounts**	Voluntary AD&PL Monthly Rates
<b>You:</b> Amounts Equal to Voluntary Life	Employee rate is <b>\$0.020</b> per \$1,000 of coverage.
<b>Your Spouse/ Domestic Partner:</b> Amounts Equal to Voluntary Life	Spouse/Domestic Partner rate is <b>\$0.020</b> per \$1,000 of coverage.
<b>Your Child(ren):</b> Amounts Equal to Voluntary Life	Family rate is <b>\$0.025</b> per \$1,000 of coverage.

\*Employees must buy voluntary life coverage to be eligible to buy voluntary AD&PL coverage.

\*\*AD&PL coverage amounts must match of voluntary life coverage amounts.

Reductions that apply to Life Insurance

Your coverage will reduce as you age.

Your coverage will reduce as follows:

At age 65 your coverage will reduce to 65% of the original amount.  
 At age 70 your coverage will reduce to 50% of the original amount.  
 At age 75 your coverage will reduce to 30% of the original amount.

What additional features should I know about?

**Extension of Life Insurance** for permanently and totally disabled employees

If you are unable to work at any job due to an injury or illness for an extended period of time, you may be eligible to have your life insurance coverage continued without paying premiums.

**Accelerated Death Benefit Provision**

You and your spouse/domestic partner may be eligible to receive up to **75%** of your voluntary life insurance coverage if diagnosed with a terminal or serious medical condition.



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### AD&PL Features

A benefit is paid to your surviving spouse/domestic partner or dependent children if you die in an accident.

**Seatbelt/airbag Benefits:** If you or a covered dependent die from a motor vehicle accident while wearing a seatbelt, a benefit is paid. An added benefit is paid if an airbag inflated.

**Educational Benefit:** For your spouse and each eligible dependent child under 23.

**Childcare Benefit:** For each dependent child under 13 to help pay for childcare.

**Repatriation of Mortal Remains:** If you or your covered dependent die in an accident 200 miles or more from home, a benefit will be paid to transport the body to your hometown funeral home.

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### Conversion

If your coverage ends or is reduced, you can convert your Group Term Life policy to a Whole Life Policy.

You may convert your basic and/or voluntary coverage into a Whole Life Policy at rates based on your age at time of conversion by paying premiums directly to Aetna. Whole life insurance is generally more expensive than term life insurance so a change in your premium may apply. You will have **31** days to convert your coverage without answering any medical questions.

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### Portability

If your coverage ends, you can continue coverage as a Term Life Policy

You have an additional option to conversion. You can continue your voluntary life insurance as a Term Life Policy by paying premiums directly to Aetna. Term insurance is generally less expensive than Whole Life insurance but your rates will increase as you reach higher age bands. You will have **31** days to convert or apply for portability without answering any medical questions.

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### Aetna Life Essentials®

**Legal:** Create a will, living will, health care directive or a durable/financial power of attorney.

**Financial:** Financial planning to help your beneficiaries maximize their death benefit.

**Emotional:** Master-level social workers provide emotional support in the event of an advanced illness or disabling condition.

**Physical:** Save on the cost of gym memberships, fitness equipment, eyeglasses, contact lenses and hearing aids.

To learn more visit: [www.aetna.com/aetnalifeessentials](http://www.aetna.com/aetnalifeessentials)

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### Funeral Planning and Concierge Services

Advisory Assistance to help you and your family make decisions on all funeral-related issues. Planning advice and cost-comparison tools available **24/7** by phone and online. Call **1-800-913-8318** or visit [www.everestfuneral.com/aetna](http://www.everestfuneral.com/aetna) (Create an ID by entering your e-mail address and the Enrollment Identification Code: **AETNA0100**.)



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**Your Summary of Group Term Life and AD&PL Benefits**

**Premium calculation**

<b>Calculation:</b>	
<b>Step 1:</b>	Benefit _____ / 1000 = _____ # Units
<b>Step 2:</b>	# Units _____ x _____ Age-banded Rate = \$ _____ Premium Per Month
<b>Step 3:</b>	Monthly Premium _____ x 12 = _____ Annual Premium / _____ # Pay Periods = \$ _____ Payroll Deduction

<b>Example: 35 year old non-tobacco rate, \$100,000 Benefit</b>	
<b>Step 1:</b>	\$100,000 / 1000 = 100 Units
<b>Step 2:</b>	100 x 0.080 (35 year old non-tobacco rate) = \$8.00 Premium Per Month

Insurance plans contain exclusions and limitations. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Policies may not be available in all states, and rates and benefits may vary by location. Policies are subject to United States economic and trade sanctions. Merrill Edge is available through Merrill Lynch, Pierce, Fenner & Smith Incorporated (MLPF&S), and consists of the Merrill Edge Advisory Center (investment guidance) and self-directed online investing. MLPF&S is a registered broker dealer, Member SIPC, and a wholly owned subsidiary of Bank of America Corporation. The Financial Services Program is independently offered and administered by MLPF&S. Aetna does not provide financial services and makes no representations or warranties as to the quality of the information or services provided by MLPF&S. The Legal Reference™ program is independently administered by ARAG® Services LLC. Aetna has provided its life insurance policyholders with access to Everest Funeral Planning and Concierge Services (“Services”), which are independently administered by Everest Funeral Package, LLC (“Everest”). Access to these Services is not insurance, may be discontinued at any time without notice, and is void where prohibited. Everest is solely responsible for furnishing these Services, and Aetna makes no guarantee or representations as to their quality or suitability. Policy form numbers issued in Idaho and Oklahoma include: **GR-9/GR-9N and/or GR-29/GR-29N**.

## Non-Discrimination Notice

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance. If you need a qualified interpreter, written information in other formats, translation or other services, email [TranslationsWSM@aetna.com](mailto:TranslationsWSM@aetna.com).

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,  
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),  
1-800-648-7817, TTY: 711,  
Fax: 859-425-3379 (CA HMO customers: 860-262-7705), [CRCoordinator@aetna.com](mailto:CRCoordinator@aetna.com).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

*Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).*

## Availability of Language Assistance Services

TTY: 711

For language assistance in your language email [TranslationsWSM@aetna.com](mailto:TranslationsWSM@aetna.com) at no cost to you. (English)

Si necesita la asistencia de un representante que hable su idioma, envíenos un correo electrónico sin costo a [TranslationsWSM@aetna.com](mailto:TranslationsWSM@aetna.com). (Spanish)

如欲獲得以您的語言提供的語言協助，請寄送電子郵件至 [TranslationsWSM@aetna.com](mailto:TranslationsWSM@aetna.com)，您無需付費。(Chinese)

Pour une assistance linguistique gratuite dans votre langue, écrivez à [TranslationsWSM@aetna.com](mailto:TranslationsWSM@aetna.com). (French)

Para sa tulong sa wika sa inyong wika mag-email sa [TranslationsWSM@aetna.com](mailto:TranslationsWSM@aetna.com) na wala kayong babayaran. (Tagalog)

Sprachliche Unterstützung in Ihrer Sprache können Sie kostenfrei erhalten, wenn Sie eine E-Mail senden an [TranslationsWSM@aetna.com](mailto:TranslationsWSM@aetna.com). (German)

للحصول على مساعدة لغوية بلغتك، أرسل رسالة إلكترونية (إيميل) على [TranslationsWSM@aetna.com](mailto:TranslationsWSM@aetna.com) من دون أي كلفة عليك. (Arabic)

Pou w ka jwenn asistans nan lang ou voye yon imel nan [TranslationsWSM@aetna.com](mailto:TranslationsWSM@aetna.com) gratis. (French Creole)

Per assistenza linguistica nella sua lingua, invii un email a [TranslationsWSM@aetna.com](mailto:TranslationsWSM@aetna.com) a costo zero. (Italian)

無料の日本語による援助をご希望の場合、[TranslationsWSM@aetna.com](mailto:TranslationsWSM@aetna.com)まで電子メールでお知らせください。(Japanese)

귀하가 구사하는 언어로 무료 도움을 받으려면 [TranslationsWSM@aetna.com](mailto:TranslationsWSM@aetna.com) 으로 이메일을 보내 주십시오. (Korean)

برای دریافت کمک و راهنمایی به زبان خودتان، به طور رایگان به آدرس [TranslationsWSM@aetna.com](mailto:TranslationsWSM@aetna.com) ایمیل بفرستید. (Persian)

W celu otrzymania pomocy w swoim języku napisz e-mail na adres [TranslationsWSM@aetna.com](mailto:TranslationsWSM@aetna.com) nie ponosząc żadnych opłat. (Polish)

Para assistência linguística em seu idioma, envie um e-mail para [TranslationsWSM@aetna.com](mailto:TranslationsWSM@aetna.com) sem nenhum custo para você. (Portuguese)

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