

Additional Information Provided by Aetna Life Insurance Company

Inquiry Procedure

The plan of benefits described in the Booklet-Certificate is underwritten by:

Aetna Life Insurance Company (Aetna)
151 Farmington Avenue
Hartford, Connecticut 06156

Telephone: (860) 273-0123

If you have questions about benefits or coverage under this plan, call Aetna at the number shown above.

If you have a problem that you have been unable to resolve to your satisfaction after contacting Aetna, you should contact the Consumer Service Division of the Department of Insurance at:

300 South Spring Street
Los Angeles, CA 90013

<https://www.insurance.ca.gov/01-consumers/101-help/index.cfm>

Telephone: 1-800-927-4357 or 213-897-8921

You should contact the Bureau only after contacting Aetna at the numbers or address shown above.

Schedule of Benefits

(GR-29N-01-001-01 CA)

Employer: San Francisco Health Service System

Group Policy Number: GP-839201-GI

Issue Date: March 21, 2017

Effective Date: March 1, 2017

Schedule: 1H

Cert Base: 1

For: Life Insurance, Dependent Life Insurance, Accidental Death and Personal Loss Coverage and Dependent Accidental Death and Personal Loss Coverage for All Eligible Employees who are Members of the Health Service System and are Represented by SEIU 250, 535, 790 and 791

Schedule of Life Insurance Benefits

(GR-9N S-02-01 01)

Employees

(GR-9N S-02-01 01)

Basic Schedule

Classification (GR-9N S-02-01 01)	Amount
All Employees	\$50,000

(GR-9N S-02-01 01)

Employees

Supplemental Schedule

Classification	Amount
All Employees	\$10,000 or increments of \$10,000 to a maximum of \$500,000

Note: Your overall combined maximum for Basic and Supplemental Life Insurance is \$550,000.

You may elect coverage under any one of the available options shown above for Supplemental Life Insurance. Once you have made a selection, if you wish to make a change, your employer can provide you with information on how and when changes can be made.

Evidence Requirements

To become insured for Supplemental Life Insurance coverage, certain requirements will need to be met. You can become insured for Supplemental Life Insurance in excess of \$100,000 as long as you submit evidence of good health, and **Aetna** approves. If **Aetna** does not approve your evidence of good health, the amount of Supplemental Life Insurance will be limited to the Guaranteed Standard Issue amount.

In addition, the following apply while you are insured:

- If you first become eligible for an amount of Supplemental Life Insurance in excess of \$100,000, you can become insured for this higher amount only if you submit evidence of good health, and **Aetna** approves. This does not apply if the sole reason you become eligible for the higher amount is because of an earnings increase.
- You elect to increase your Supplemental Life Insurance by more than one level or multiple of your basic annual earnings then you can only become insured for the higher amount if you submit evidence of good health, and **Aetna** approves. This applies even if **Aetna** has approved evidence of your good health in the past.
- You elect to increase your Supplemental Life Insurance by any amount after you have applied for an Accelerated Death Benefit, you can become insured for this higher amount only if you submit evidence of good health, and **Aetna** approves.

If you do not or did not elect Supplemental Life Insurance within 31 days of the date you were first eligible to elect Supplemental Life Insurance, whether under this Plan or any other group plan sponsored by the Policyholder, coverage under this Plan will not take effect until you submit evidence of good health to Aetna. If evidence of good health is not acceptable to Aetna, you will not be eligible for coverage under this Plan.

Dependents Schedule (GR-9N S-02-02 01)

Classification	Amount*
Spouse or domestic partner	\$5,000 or increments of \$5,000 to a maximum of \$250,000
Unmarried child, age Live birth to 19 years, or 24 if full-time student	\$10,000

*but not more than 100% of the amount of your Life Insurance under this plan.

Evidence Requirements for Dependents

For your dependents to become eligible for Life Insurance coverage, certain requirements will need to be met. Note that the dependent eligibility date is the date you can first elect coverage for a dependent.

- If you request Life Insurance coverage for the dependent **within 31 days of the dependent eligibility date**; and
- If you are eligible for a Life Insurance amount in excess of \$50,000 for your spouse or domestic partner;

your dependents will become eligible for a Life Insurance amount that is greater than the limits listed in the above section as long as you submit evidence of the dependent's good health, and **Aetna** approves.

Requests Submitted More Than 31 Days after the Dependent Eligibility Date

If you request Life Insurance coverage for a dependent spouse or domestic partner more than 31 days after the dependent eligibility date, the dependent spouse or domestic partner can become insured as long as you submit evidence of the dependent's good health, and **Aetna** approves.

If, while insured for dependent coverage you first become eligible for a Life Insurance amount that is greater than \$50,000 for your spouse or domestic partner, your dependent spouse or domestic partner can become insured for a Life Insurance amount that exceeds the limits noted above. This only applies if you submit evidence of your dependent's good health, and **Aetna** approves.

Thereafter, when eligible, you may increase your dependent spouse or domestic partner coverage by one additional increment of up to \$25,000 without having to submit evidence of good health to **Aetna**. If you elect to increase

coverage by more than one increment or if the incremental increase is more than \$25,000, evidence of good health will be required. This applies even if, in the past, **Aetna** has approved evidence of your dependent's good health.

If you must submit evidence of your dependent spouse's or domestic partner's good health, you must notify **Aetna** if any information that has been submitted to **Aetna** on your dependent spouse's or domestic partner's behalf has or would change as a result of knowledge gained prior to **Aetna** notifying you that your dependent spouse or domestic partner has been approved for the Life Insurance amount which is subject to evidence of good health.

Accelerated Death Benefit (GR-9N 03-003 01)

Employees and Dependent
Spouses and domestic partners

ADB months	12 months
ADB percentage	up to 75%
ADB minimum	\$5,000
ADB maximum	up to \$500,000

Accidental Death and Personal Loss Coverage

(GR-29N 03-01 01)

Schedule of Accidental Death and Personal Loss Benefits

Employees

Supplemental Schedule

Classification

All Employees

Principal Sum

\$10,000 or increments of \$10,000 to a maximum of \$500,000

Dependents Schedule Classification

For your spouse or domestic partner

Principal Sum

\$5,000 or increments of \$5,000 to a maximum of \$250,000

For your unmarried child, age

Live birth to 19 years, or 24 if full-time student

\$10,000

The amount of the person's Principal Sum will be based on the amount of coverage in-force on the date of the accident, not the amount of coverage that may be in-force at the time of the loss.

You may elect any one of the available options shown above for Supplemental Accidental Death and Personal Loss Coverage. Once you have made a selection, if you wish to make a change in your coverage, your employer will provide you with information on how and when changes can be made.

Additional Accidental Death and Personal Loss Benefit Maximums

(GR-9N S-03-02 01)

Employees and Dependents

Passenger Restraint Benefit Maximum

for you

\$10,000*

for each covered dependent

\$10,000 and your covered dependent's principal sum, whichever is less**

Airbag Benefit Maximum

One half of a person's **Passenger Restraint** Benefit

Education Benefit Maximum

for each dependent child

Your actual expenses not to exceed 5% of your or your spouse's or domestic partner's principal sum or \$5,000 per year for up to 4 years, whichever is less

for your spouse or domestic partner

Your actual expenses not to exceed 5% of your principal sum or \$5,000 per year for up to 4 years, whichever is less

Child Care Benefit Maximum

for each child

Your actual expenses not to exceed 3% of your principal sum or \$2,000 per year per child for up to 4 years, whichever is less

Repatriation of Remains Benefit Maximum

Your actual expenses up to \$5,000*

Children's Double Indemnity

for each covered dependent

2X the principal sum payable for the covered loss

**With respect to a dependent, the amount of the person's Principal Sum will be based on the amount of coverage in-force on the date of the accident, not the amount of coverage that may be in-force at the time of the loss.

Family Income Benefit for your surviving dependents

\$250 per month for a maximum benefit period of 3 months.

Felonious Assault

5% of your principal sum not to exceed \$10,000

Occupational HIV/AIDS Accident Benefit

.5% of your principal sum not to exceed \$1,000

Surgical Reattachment Benefit	25% of your principal sum
Therapeutic Counseling Benefit	The lesser of actual expenses or 5% of your principal sum not to exceed 5,000
Organ and Tissue Donation Benefit	.5% of your principal sum not to exceed \$5,000

General (GR-9N S-28-01 01)

This Schedule of Benefits replaces any similar Schedule of Benefits previously in effect under your plan of benefits. Requests for coverage other than that to which you are entitled in accordance with this Schedule of Benefits cannot be accepted. This Schedule is part of your Booklet-Certificate and should be kept with your Booklet-Certificate form GR-9N. Coverage is underwritten by Aetna Life Insurance Company.