



## Group Term Life and Accidental Death & Dismemberment Benefits

Group Term Life Insurance (GTL) is designed to provide benefits to your designated beneficiary for loss of life. Accidental Death and Dismemberment (ADD) is payable if within 365 days of a covered accident, you suffer loss of life or dismemberment, occurring on or off the job.

**Note:** Additional information about the benefits and features of this plan will be included in the summary of coverage and in the certificate booklet, which you will receive after enrolling

<b>Eligibility</b>
All Full Time Active Employees All Retirees
<b>Coverage Amounts</b>
<b>Active Employees</b> -Your Life/AD&D Benefit is a flat <b>\$5,000</b> <b>Spouse</b> -Your Life Benefit is a flat <b>\$5,000</b> <b>Child</b> (each) from birth but less than 6 months is a flat <b>\$500</b> Life benefit. 6 Months but less than 26 years is a flat <b>\$1,000</b> Life benefit. <b>Retired Employees</b> -Your Life benefit is a flat <b>\$1,000.</b> (No AD&D) <ul style="list-style-type: none"> <li>Active Employee bi-weekly cost is \$0.44/weekly cost is \$0.22</li> <li>Employee bi-weekly cost for to add Dependent Life is \$0.16/weekly cost is \$0.08.</li> <li>Your employer pays 50% of the cost for Actives and Retirees.</li> </ul>
<b>Reduction Schedule</b>
*Benefits terminate at age 75.
<b>Waiver of Premium</b>
The employee's life insurance may continue in force without premium payment while one becomes totally disabled without interruption for at least six (6) months and the total disability begins before age 60
<b>Right of Conversion</b>
When the employee's coverage ceases, an employee may convert all or part of their life insurance to an individual life insurance policy.

## Voluntary Group Term Life & Voluntary Accidental Death and Dismemberment Benefits

*VGTL- If you need additional term life protection for you and your eligible family members.*

*VADD- Allows you to purchase benefits to provide protection in the event of an unexpected loss of accidental death or dismemberment.*

*\*the employee pays for the cost of this benefit through pay-roll deduction*

<b>Employee Benefit</b>
Each employee may select any amount desired in units of \$10,000 from a minimum of \$10,000 to a maximum of \$350,000
<b>Spouse Benefit</b>
With the election of employee benefits, coverage for spouse may be selected in units of \$5,000 from a minimum of \$50,000 to maximum of \$50,000
<b>Benefit for Children</b>
Children age live birth to 6 months - \$1,000
Children age 6 months but less than 25 years* - \$ 5,000 or \$10,000

Voluntary Life - Monthly Rates	
Ages	Employees Per \$10,000 Unit
<b>Under 30 yrs old</b>	<b>\$0.70</b>
<b>30 - 34</b>	<b>\$0.70</b>
<b>35 - 39</b>	<b>\$0.90</b>
<b>40 - 44</b>	<b>\$1.30</b>
<b>45 - 49</b>	<b>\$2.10</b>
<b>50 - 54</b>	<b>\$3.90</b>
<b>55 - 59</b>	<b>\$6.20</b>
<b>60 - 64</b>	<b>\$9.50</b>
<b>65-69</b>	<b>\$14.90</b>
<b>70-74</b>	<b>\$27.70</b>
<b>75+</b>	<b>\$48.10</b>

VADD - Monthly Rates	
Employee	\$0.03 per \$1,000 Benefit Amount
Spouse	\$0.03 per \$1,000 Benefit Amount
Dependent	\$0.03 per \$1,000 Benefit Amount

Voluntary Life Rates for Dependents	
SPOUSE:	Premiums are determined by employees age, with rates the same as employees.
CHILDREN:	All eligible children can be covered for one premium.
Coverage: \$10,000	Monthly Premium: \$3.00
Coverage: \$5,000	Monthly Premium: \$1.50

**\*If you participate in the Voluntary Life/AD&D as an Active employee, it will automatically reduce to \$5,000 when you retire.**

**Benefits terminate at age 75.**

## Guaranteed Issue

With 25% employee participation, existing amounts of employee and spouse insurance will be “grandfathered” without evidence of insurability. New participants and increased amounts of existing coverage will be subject to evidence of insurability

With 25% employee participation. Guarantee Issue of \$100,000 is available to employees through Age 69.

With 25% employee participation, Guarantee Issue of \$30,000 is available to spouses through the spouse’s age 69.

Child coverage of \$5,000 or \$10,000 is Guaranteed Issue.

## Portability and Conversion

**Portability benefit (Active Employees Only):** Insured employee and spouse may continue voluntary term life insurance if employment terminate.

**Conversion benefit:** An insured may convert all or part of their life insurance to an individual policy when employment terminates.

## Voluntary Short Term Disability

*Voluntary Short Term Disability (VSTD) is designed to provide partial income replacement should you become disabled as the result of:*

- Injury
- Illness
- Pregnancy

*USable Life will pay the weekly benefit if you become disabled while insured and are under the regular care of a physician*

*\*the employee pays for the cost of this benefit through pay-roll deduction*

## Eligible Employee

All regular active employees who:

- Are actively employed
- Work full time (at least 20 hours/week) for the employer
- Retirees are not eligible for coverage.

## Amount of Insurance

60% of the employees’ basic weekly earnings to a maximum of \$1,000 per week.

## Benefits

**Benefit Duration:** Coverage for up to or 26 weeks for a disability resulting from an accident or a sickness is available  
**Benefits begin on day 15 for Accident and day 15 for Illnesses**

<b>Pre-Existing Condition Exclusion</b>
This Plan will not cover any disability, which is caused or contributed to by, or results from a pre-existing condition; and which begins in the first 12 months after the insured's effective date.
<i>*A Pre-existing condition refers to a diagnosed sickness or injury for which the insured received treatment during the 12-month (90 days for residents of Pennsylvania) period immediately preceding the effective date of coverage.</i>

<b>Monthly Rates for Employees per \$10 Weekly Benefit</b>		
<b>Duration: 15/15/26</b>		
<b>Under 50 yrs of age</b>	<b>50-59 yrs of age</b>	<b>Over 60 yrs</b>
<b>\$0.90</b>	<b>\$1.33</b>	<b>\$2.19</b>

**Voluntary Long Term Disability**

*Long Term Disability (LTD) insurance provides partial income replacement in the event of a serious injury or illness, and helps you return to work-when you're ready.*

*\*the employee pays for the cost of this benefit through pay-roll deduction*

<b>Coverage Amounts</b>
Monthly benefit may be selected in \$100 increments not to exceed 60% of the employees' monthly salary. Not to exceed \$5,000.
*Retirees are not eligible for coverage.
Your disability benefit may be reduced by deductible sources of income and any earnings you have while disabled. Please see your certificate of coverage for definitions of deductible sources of income.
*You pay the premium for this benefit
<b>Elimination Period and Benefit Duration</b>
Benefits will begin after 180 consecutive days of being out of work for any one period of disability. Benefits are payable to age 65.
<b>Definition of Disability</b>
The loss of one or more essential duty of your occupation. A loss of earnings is not required to satisfy the plan elimination period. Benefits, however, are only payable when a claimant is suffering both a loss of duties and a loss of earnings. If, at the end of the elimination period, a claimant still has only a loss of duties, we will extend the elimination period for up to 12 months from the date of disability or until such time as the current monthly earnings are less than 80% of pre-disability earnings, whichever occurs first.
<b>Benefit Duration</b>
Your duration of benefits is based on your age when the disability occurs. Your LTD benefits are payable for the period during which you continue to meet the definition of disability up to the Social Security Normal Retirement Age.

### Pre-Existing Condition Limitation

This limitation applies to conditions for which an employee receives medical services in the 12 months prior to the effective date of coverage. No benefits are payable for a disability resulting from such a condition until the employee has been covered for 6 consecutive months with no medical care for the condition, or until the employee has been covered for 24 consecutive months. In addition, the amount of a benefit increase, which results from a change in benefit options, a change of class or a change in the plan, will not be paid for any disability that is due to, contributed to by, or results from a pre-existing condition.

## Cancer Care Elite

***Offers employees peace of mind throughout the preventive, treatment, and recovery processes for cancer and other specified diseases.***

When you choose a Cancer Care Elite Plan:

- Benefits are paid directly to you.
- Money can be used toward your choice of expenses, including deductibles, co-insurance, co-payments, and daily living costs.
- Coverage is guaranteed renewable for your lifetime and is not dependent on your employment.
- An at-Home Recovery Benefit pays a monthly amount to assist you with home maintenance expenses, such as yard work and house cleaning.

*\*the employee pays for the cost of this benefit through pay-roll deduction.*

## Multiple Plan Options for Financial Flexibility

You are able to choose from three different plan options, see below.

For additional information about these plans please refer to the Indigo brochure or your HR representative.

Plan I	Plan II	Plan III
<b>Inpatient Hospital Confinement</b>		
\$100 per day for first 60 days, \$200 for each subsequent day	\$250 per day for first 60 days, \$500 each subsequent day	\$300 per day for first 60 days, \$600 for each subsequent day
Beginning on the first day of confinement, benefits double for covered children.		
<b>Inpatient or Outpatient Radiation, Chemotherapy, and Blood Plasma Transfusion</b>		
\$5,000 maximum per calendar year	\$10,000 maximum per calendar year	\$15,000 maximum per calendar year

### **Radiation, Radioactive Isotopes Therapy, and Physician Administered Chemotherapy**

Pays charges up to 100% of the calendar-year maximum selected.

### **Self-Administered Chemotherapy, Anti-Nausea/Comfort or Relief, and malignant Growth Prevention Substances**

Pays charges up to 10% of the calendar-year maximum selected.

### **Blood and Blood Plasma**

Pays charges up to the calendar-year maximum selected.

### **Inpatient or Outpatient Surgery and Anesthesia**

\$1,000 maximum per operation

\$2,000 maximum per operation

\$4,000 maximum per operation

Pays for surgery, including skin cancer, as detailed in the surgical schedule up to selected amount. Anesthesia pays 30% of the amount payable under the surgical benefit.

## **What You Can Expect to Pay for Coverage**

The cost per month for the core plan options are:

	<b>Individual</b>	<b>Individual + Child(ren)</b>	<b>Family</b>
<b>Plan I</b>	<b>\$12.70</b>	<b>\$15.60</b>	<b>\$23.46</b>
<b>Plan II</b>	<b>\$18.14</b>	<b>\$22.12</b>	<b>\$33.54</b>
<b>Plan III</b>	<b>\$21.72</b>	<b>\$26.62</b>	<b>\$42.74</b>

## **Cancer Diagnosis Benefit Rider**

Pays the amount selected below for the first diagnosis of internal cancer. Insured family members qualify for 100 percent of the primary insured benefit amount.

	<b>Individual</b>	<b>Individual + Child(ren)</b>	<b>Family</b>
<b>\$1,000 Benefit</b>	<b>\$.84</b>	<b>\$1.02</b>	<b>\$1.56</b>
<b>\$2,000 Benefit</b>	<b>\$1.68</b>	<b>\$2.04</b>	<b>\$3.12</b>
<b>\$3,000 Benefit</b>	<b>\$2.52</b>	<b>\$3.06</b>	<b>\$4.68</b>
<b>\$4,000 Benefit</b>	<b>\$3.36</b>	<b>\$4.08</b>	<b>\$6.24</b>
<b>\$5,000 Benefit</b>	<b>\$4.20</b>	<b>\$5.10</b>	<b>\$7.80</b>

## Cancer Disability Benefit Rider

Pays the selected monthly disability income benefit for one year due to internal cancer.

	Individual	Individual + Child(ren)	Family
\$250 Benefit	\$1.20	\$1.20	\$2.16
\$500 Benefit	\$2.40	\$2.40	\$4.32

*\*Please note that these rates are for Massachusetts residents only. Rates may vary slightly if you reside outside of Massachusetts. CancerCare Elite is an individual product, and therefore is filed with the Division of Insurance in each state. CancerCare Elite may not be available for purchase in every state.*

*\* To learn more about CancerCare Elite, please see the USABLE Life brochure that outlines the plan designs, any additional benefits, and all limitations. These pages summarize the benefits of your cancer care plan. Your subscriber certificate and riders define the full terms and conditions in greater detail. For a complete list of limitations and exclusions, please refer to your subscriber certificate and riders.*

## Critical Care Elite

***When a critical illness is diagnosed, CriticalCare Elite steps in to help pay for expenses that regular medical insurance may not cover, such as co-payments, deductibles, home finances, and childcare. When illness strikes, there's enough worry without the added stress of how the bills are going to be paid.***

*\*the employee pays for the cost of this benefit through pay-roll deduction.*

Employees can choose between two plan options—Critical Care Elite with Cancer or Critical Care Elite without Cancer. Coverage face amounts are available in \$5,000 increments up to \$100,000.

For additional information about these plans please refer to the Indigo brochure or your HR representative.

Monthly Premiums per \$5,000 in Coverage				
	Critical Care with Cancer		Critical Care without Cancer	
Age:	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
All Children	\$1.14	\$1.14	\$0.66	\$0.66
18–29	\$1.74	\$3.58	\$1.16	\$1.98
30–39	\$2.84	\$6.56	\$1.80	\$3.66
40–49	\$4.50	\$11.68	\$2.76	\$6.46
50–59	\$7.02	\$19.02	\$4.18	\$10.30
60–64	\$9.72	\$24.64	\$5.70	\$13.40

### Guaranteed Renewable

Critical Care Elite is guaranteed renewable as long as the covered person remains eligible and premiums are paid. Covered persons who become ineligible may convert to an individual policy without evidence of insurability within 31 days of loss of eligibility or the death of the policy holder.

### Pre-Existing Condition Limitation

The benefits of the policy will not be payable for any loss caused by a pre-existing condition during the first six months the policy is in force. After this six-month period, however, loss due to such conditions will be payable unless specifically excluded from coverage. This six-month period is measured from the effective date of coverage for each covered person. A pre-existing condition means a specified critical illness that is diagnosed or treated within six months prior to the effective date of coverage for each covered person. Conditions are not considered pre-existing conditions when they are:

- fully disclosed to us on the application; and
- not excluded or limited by us are not considered pre-existing conditions.

## Covered Illnesses

Specified Critical Illness	Plan 1	Plan 2
Cancer	100%	n/a
Heart Attack	100%	100%
Stroke	100%	100%
Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)	100%	100%
Complications from End-Stage Renal Disease	100%	100%
Major Organ Transplant Surgery	100%	100%
Quadriplegia	100%	100%
Coronary Atherosclerosis in Bypassed Artery <sup>1</sup>	25%	25%
Balloon Angioplasty Post procedural Complications, Stent Post procedural Complications, or Complications from Laser Relief Procedure <sup>1</sup>	10%	10%
Carcinoma in Situ <sup>1</sup>	10%	n/a

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## Additional Benefits

### New Directions Employee Assistance Program and Will Prep

In today's world of continuous and competing pressures, Employee Assistance Programs every day are helping employees and their family members identify challenges that might adversely impact their work performance, health and well-being. Through counseling, training, management consultation, and interactive website and crisis intervention services, the EAP can help deliver a positive impact on absenteeism, productivity, turnover and healthcare claims costs.

New Directions allows employees to create an on-line will. The will helps to control who gets control of property, who will be the guardian of children and who will manage the estate upon an employee's death. Living Will preparation and Durable Power of attorney documents are also available at no cost.

Contact New Directs at 1-800-624-5544 or visit [www.ndbh.com](http://www.ndbh.com) Member Log-in Code: SGE3F

### Travel Assistance Plan

Global Emergency Services from Assist America, protecting you whenever you travel with Assist America's array of resources. As part of your company's benefit plan, you can connect with quality medical care whenever they travel 100 miles or more from home, or in another country.

The fully paid global emergency services include: Medical Consultation & Referral, Medical Monitoring, Prescription Assistance, Hospital Admission Guarantee, Emergency Medical Evacuation, Compassionate Visit, Care of Minor Children, Medical Repatriation, Return of Mortal Remains, Emergency Trauma Counseling, Legal & Interpreter Referrals, and much more. Visit [www.assistamerica.com](http://www.assistamerica.com) for information, or call 800-872-1414 (in U.S.A) or 1-609-986-1234 (outside U.S.A.) if assistance is needed.

*This employee benefit summary provides a brief description of the important features of the coverage. This is not the insurance contract, and only the actual issued policy and certificate provisions will control. The policy and certificate set forth in detail the rights and obligations of both you and the insurance company. Group Name will be provided with certificates for distribution to all covered employee. Please read your certificate carefully*

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