

Louisiana State University System

Summary of Benefits Supplemental Life Insurance



Effective Date	Beginning with 1/1/2021
Eligibility	All active full-time Salaried Academic, Unclassified and Classified Employees working at 75% full-time employment or greater per pay period (average 30 hours per week), with an appointment of more than 120 days or one regular academic semester.
Employee Supplemental Life Benefit	<p>Increments of \$10,000, to a maximum of \$350,000* not to exceed 3 times the Employee's Basic Annual Earnings</p> <p>Guarantee Issue Limit: \$350,000, not to exceed 3 times the Employees Basic Annual Earnings</p> <p>* Note: If you currently have an amount of coverage in excess of \$350,000 you may maintain that amount of coverage as a Grandfathered amount (subject to the plan design and limitations). No increase to this Grandfathered amount is allowed</p>
Spouse Supplemental Life Benefit	<p>If you elect Supplemental Life Insurance for yourself, you may choose to purchase Spouse Supplemental Life Insurance:</p> <p>Increments of \$5,000, to a maximum of \$175,000* not to exceed 50.0% of the Employee's amount of Supplemental Life</p> <p>Guarantee Issue Limit: \$100,000</p> <p>You may not elect coverage for your Spouse if they are already covered as an Employee under this policy.</p> <p>* Note: If your amount of Supplemental Life is Grandfathered your Spouse amount of coverage will also be Grandfathered (subject to the plan design and limitations). No increase to the Spouse Grandfathered amount is allowed</p>
Child(ren) Supplemental Life Benefit	<p>If you elect Supplemental Life Insurance for yourself, you may choose to purchase Child(ren) Supplemental Life Insurance:</p> <p>Increments of \$5,000, to a maximum of \$20,000 for each child.</p> <p>Guarantee Issue Limit: \$20,000</p> <p>* Note: If your amount of Supplemental Life is Grandfathered your Child(ren) amount of coverage will also be Grandfathered (subject to the plan design and limitations). No increase to the Child(ren) Grandfathered amount is allowed</p>
Please see the certificate of coverage for the complete Benefit Schedule.	
Additional Benefits	
Waiver of Premium	If you become totally disabled your life insurance premium may be waived. See the certificate of coverage for details
Accelerated Death Benefit	If you are diagnosed as terminally ill you may receive payment of a portion of your Life Insurance. The remaining amount of your Life Insurance would be paid to your beneficiary when you die.
Conversion	Included. Please see the certificate of coverage for provision details.
Portability	Included. Please see the certificate of coverage for provision details.
Benefit Reductions	Initial benefit age reduction is the percent of the face amount, any subsequent benefit age reductions are the percent of the original amounts.
Employee Supplemental Life	None
Spouse Supplemental Life	None
Evidence of Insurability Requirements	Coverage terminates at employee's retirement
	<p>New Hire, First Time Eligible: Employee: You may elect up to the Maximum benefit amount. Spouse: You may elect up to the Guarantee Issue limit. Amounts greater will require evidence of good health/insurability. Child(ren): You may elect up to the Maximum benefit amount.</p>
	<p>Late Entrant (did not enroll within 31 days of eligibility): For <u>Spouse</u> coverage, evidence of good health/insurability is required for any requested amount.</p>
	<p>A one-time exception for an Open Enrollment has been approved for 1/1/21. An Employee who is not currently insured or insured for less than the Maximum Benefit amount (the lesser of \$350,000 or 3 times the Employee's Basic Annual Earnings) may increase coverage with no proof of good health up to the Maximum benefit amount as long as the Employee was not previously declined for coverage or declined for an increase in coverage by UnitedHealthcare. A <u>Spouse</u> who is not currently insured or insured for less than the Guarantee Issue Limit of \$100,000 may increase coverage with no proof of good health not to exceed the Guaranteed Issue Limit as long as the Spouse was not previously declined for coverage or declined for an increase in coverage by UnitedHealthcare. A <u>Child</u> may increase coverage up to the Maximum Benefit amount of \$20,000 with no proof of good health.</p> <p>Notes: 1. The above limits are based on amounts prior to any age reductions 2. All requested amounts are subject to the Supplemental Life plan designs and limitations 3. The actively at work requirement for the employees and the non-confinement in a hospital or medical facility requirement for the dependents will apply for any increased amount. 4. An employee or spouse who has been declined for coverage or has been declined for an increase in coverage must submit satisfactory proof of good health and be approved for any increase in coverage. 5. A spouse whose current amount is at or over the Guarantee Issue Limit must submit satisfactory proof of good health and be approved for any increase in coverage.</p>
	<p>During the employer's future scheduled Supplemental Life Annual Enrollment Periods: An <u>Employee</u>: Who is insured for Supplemental Life may increase coverage by 1 increment of \$10,000 with no proof of good health to the Maximum Benefit amount (the lesser of \$350,000 or 3 times the Employees Basic Annual Earnings) as long as not previously declined for an increase in coverage by UnitedHealthcare. An <u>Employee</u>: Who is not insured for Supplemental Life may elect \$10,000 with no proof of good health as long as not previously declined for coverage by UnitedHealthcare. A <u>Spouse</u>: Who is insured for Supplemental Dependent Life may increase coverage by 1 increment of \$5,000 with no proof of good health not to exceed the Guaranteed Issue Limit of \$100,000 as long as the Spouse was not previously declined for an increase in coverage by UnitedHealthcare. A <u>Child</u>: May elect coverage up to the Maximum Benefit amount of \$20,000 with no proof of good health.</p> <p>Notes: 1. The above limits are based on amounts prior to any age reductions 2. All requested amounts are subject to the Supplemental plan designs and limitations 3. The actively at work requirement for the employees and the non-confinement in a hospital or medical facility requirement for the dependents will apply for any increased amount. 4. A spouse whose current amount is at or over the Guarantee Issue Limit must submit satisfactory proof of good health and be approved for any increase in coverage. 5. An employee or spouse who has been declined for coverage or declined for an increase in coverage by UnitedHealthcare must submit satisfactory proof of good health and be approved for any increase in coverage. 6. A Spouse who is not insured for coverage is considered a late applicant and must submit satisfactory proof of good health and be approved for any amount of coverage.</p>

Important Details

This Summary of Benefits sheet is an overview of the Life Insurance being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the Summary of Benefits sheet and the insurance policy, the terms of the insurance policy apply.

Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail.

You must be Actively at Work with your employer on the day your coverage takes effect.

This coverage, like most group benefit insurance, requires that a certain percentage of eligible employees participate. If that group participation minimum is not met, the insurance coverage that you have elected may not be in effect.

Annual Earnings are defined in UnitedHealthcare's contract with your employer.

Eligible Child(ren) are covered from Live birth to age 26.

Value-Added Services (All features may not apply. Some states may have restrictions.)

Beneficiary Services: Provides beneficiaries with services for grief consultation, financial/legal assistance and referral to community resources. For more information, call 866-302-4480.

· Toll-free line available 24/7 as well as referrals for face-to-face counseling. Specialists provide in-depth consultation, information and referral to community resources such as grief support groups. Includes access to a national network of credentialed clinicians for grief and loss counseling. Beneficiaries receive two complimentary sessions.**

· Financial and Legal Services. Telephonic access to financial consultants for assistance with financial decision-making. Includes access to a network of 22,000 attorneys for either a 30-minute telephonic or an in-person consultation. Clients may retain the same attorney for representation at a discounted rate. CLC, Inc. provides access to legal services.

· Communication Support. We provide a "Beneficiary Kit" with informational resources to help beneficiaries with the emotional and financial process that follows the loss of a loved one.

Wealth Management Account: An enhanced benefit payment process. Life claim proceeds in excess of \$5,000 will automatically be deposited into an OptumBank Wealth Management Account (WMA). Beneficiaries receive an FDIC-insured, beneficiary-owned, interest earning account with convenient access to their claim proceeds via debit card or checkbook.***

**Beneficiary Services offered through United Behavioral Health, a company of UnitedHealth Group.

***Eligibility for automatic deposit into an OptumHealth Bank Wealth Management Account is subject to qualifying conditions evaluated by OptumHealth Bank and UnitedHealthcare Specialty Benefits at the time of claim review to include limited availability in certain states. For more information please contact your Specialty Benefits representative. OptumHealth Bank, Member FDIC, is part of the financial services unit of OptumHealth, a health and wellness company serving more than 60 million people. OptumHealth is a UnitedHealth Group (NYSE:UNH) company.

UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company, and certain products in California by Unimerica Life Insurance Company. Texas Coverage is provided on Form LASD-POL-TX (05/03), Form UHCLD-POL 2/2008-TX, or UICLD-POL-TX 4/5.

UnitedHealthcare Insurance Company is located in Hartford, CT; Unimerica Insurance Company and Unimerica Life Insurance Company in Milwaukee, WI.