



Good news—life insurance coverage is easy to understand. This benefit summary gives a basic outline of life insurance coverage including benefits that can be used now, and much more!

Anthem[®]Life

Optional Group Term Life Insurance

Trumbull Public Schools

Benefits effective 7/1/2014

YOUR ANTHEM LIFE OPTIONAL GROUP TERM LIFE COVERAGE AT-A-GLANCE

Feel confident in knowing that your family is protected with Anthem Life Insurance Company's Optional Group Term Life Insurance. Please review your benefit certificate for specific plan details, eligibility definitions, limitations and exclusions.

OPTIONAL GROUP TERM LIFE INSURANCE BENEFIT AMOUNT:

You may purchase coverage in an amount from \$10,000 to \$500,000 or 5x salary, whichever is less.

The benefit amount is the payment your family or beneficiary will receive if you pass away.

BENEFITS AFTER AGE 65

You will still receive benefit payments after age 65, though they will reduce according to the following schedule:

35% reduction at age 65; 50% reduction at age 70.

All benefits end at retirement.

OPTIONAL ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE BENEFIT AMOUNT: Equal to Optional Group Term Life Benefit Amount.

Optional Accidental Death and Dismemberment Insurance pays a benefit to your beneficiary if your death is caused by an accident. You may also receive a portion of this benefit if an accident results in the loss of sight, a limb, certain digits, speech, hearing or paralysis.

Your coverage also includes additional benefits for certain losses:

Seat Belt Benefit – extra benefit if you lose your life in an auto accident while wearing a seatbelt.

Air Bag Benefit - extra benefit if you lose your life in an auto accident while wearing a seatbelt in a car equipped with an airbag.

Child Education Benefit – helps pay for your eligible child's college if you lose your life due to an accident.

Repatriation Benefit – helps pay preparation and transportation expenses if you die in an accident more than 75 miles from home.

Common Carrier Benefit – extra payment if you die in a public transportation accident.

Coma Benefit – pays a benefit if you are in a coma due to an accident.

COVERAGE FOR YOUR FAMILY

You also have the option to select the following life insurance coverage amounts for your spouse and children:

You may purchase coverage for your spouse in \$5,000 increments to a maximum of \$100,000.

You may purchase coverage for your children in \$5,000 increments to a maximum of \$10,000.

Benefit amounts elected for your Spouse in excess of \$25,000 will require evidence of insurability to be submitted.

Coverage for dependents may not exceed 50% of the employee's benefit amount.

RESOURCE ADVISOR

This value-added program gives you and your family free and confidential access to work/life resources, including: counseling sessions for qualifying events; legal/financial consultations; toll-free, 24/7 telephone consultations and referrals from anywhere in the United States; and unlimited access to Resource Advisor online resources at www.resourceadvisor.anthem.com, program name "anthemresourceadvisor". You can also access Resource Advisor benefits by calling (888) 209-7840.

TRAVEL ASSISTANCE

If you are traveling more than 100 miles from home, the value-added Travel Assistance program gives you access to emergency medical assistance, travel services and pre-departure information. To access benefits, visit www.europassistance-usa.com. The username is AnthemLife, the password is 75293. You can also access Travel Assistance benefits by calling: US and Canada (866) 295-4890, other locations (call collect) (202) 296-7482.

SPECIALOFFERS@ANTHEMSM

This program gives you and your family money saving discounts on products and services that promote better health and well-being. To find out more about SpecialOffers@AnthemSM discounts and benefits, go to anthem.com.

ACCESS ADVANTAGE PROGRAM

Life insurance benefits are conveniently paid through an interest-bearing checking account. This gives your family or beneficiary the funds for immediate needs, without having to make important investment decisions during a stressful time.

LIVING BENEFIT

Should you be diagnosed as terminally ill with less than 12 months to live, you can request up to 75% of your group term life benefits to be paid while you are living. The benefit paid to your beneficiary after your death will then be reduced by the Living Benefit amount paid.

CONVERSION

If you leave your job for any reason, you may be able to convert your group life coverage to an individual life insurance policy. You must apply for coverage and pay the first month's premium for the individual life insurance policy within 31 days of the last day you were employed.

PORTABILITY

If you leave employment for reasons other than retirement or disability, this feature allows you to take your life insurance coverage with you by paying the required premiums. Plus, the rates are typically lower than an individual policy.

Employee and Spouse Optional Group Term Life and Optional AD&D Rates			
AGE	Monthly Rate per \$1,000 of Coverage	AGE	Monthly Rate per \$1,000 of Coverage
<25	.08	50-54	.29
25-29	.07	55-59	.46
30-34	.07	60-64	.66
35-39	.09	65-69	1.13
40-44	.13	70-74	2.48
45-49	.19	75+	4.02
Spouse Optional Group Term Life Rates – BASED ON EMPLOYEE'S AGE			
AGE	Monthly Rate per \$1,000 of Coverage	AGE	Monthly Rate per \$1,000 of Coverage
<25	.06	50-54	.27
25-29	.05	55-59	.44
30-34	.05	60-64	.64
35-39	.07	65-69	1.11
40-44	.11	70-74	2.46
45-49	.17	75+	4.00
Child Optional Group Term Life Rates – Monthly Rate per \$1,000 of Coverage: \$0.21			

How to Calculate Your Premium

In the above rate chart, you will see monthly rates per \$1,000 of coverage. Find your age band and note the rate, then complete the information below to find your monthly, weekly, bi-weekly or semi-monthly premium.

Employee Age: _____

Employee Monthly Rate per \$1,000 of Coverage: _____ (A)

Spouse Monthly Rate per \$1,000 of Coverage: _____ (B)

Child Monthly Rate per \$1,000 of Coverage: _____ (C)

_____ of coverage X _____ (A) / 1,000 = _____ Monthly Premium for Employee (D)

_____ of coverage X _____ (B) / 1,000 = _____ Monthly Premium for Spouse (E)

_____ of coverage X _____ (C) / 1,000 = _____ Monthly Premium for Child (F)

TOTAL MONTHLY PREMIUM (D) + (E) + (F) = _____ (G)

This is not a contract. It is a partial listing of benefits and services that is dependent on the Plan Options chosen. This benefit overview is only one piece of your entire enrollment package. All benefits and services are subject to the conditions, limitations, exclusions and provisions listed in the contract documents: the Certificate, Policy, and/or Trust Agreement for this product. In the event of a conflict between the contract documents and this benefits description, the contract documents will prevail. If you have any questions, please contact your Human Resources/Benefits manager.