

Louisiana State University System

Summary of Benefits

Supplemental Life Insurance and Voluntary AD&D



Effective Date	January 1, 2025
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.
Class Description	All eligible active employees who enrolled in the coverage on or after 1/1/01 and; all eligible active employees who were enrolled for coverage prior to 1/1/01, and then elected to switch coverage to this plan.
Employee Supplemental Life Benefit	Increments of \$10,000, to a maximum of \$350,000, not to exceed 3 times Annual Earnings. Guarantee Issue Limit: All Guarantee Issued
Spouse Supplemental Life	If you elect Supplemental Life Insurance for yourself, you may choose to purchase Spouse Supplemental Life Insurance: Increments of \$5,000, to a maximum of \$175,000 not to exceed 50.0% of the Employee's amount of Supplemental Life. Guarantee Issue Limit: \$100,000 You may not elect coverage for your Spouse if they are already covered as an Employee under this policy.
Child(ren) Supplemental Life	If you elect Supplemental Life Insurance for yourself, you may choose to purchase Child(ren) Supplemental Life Insurance: Increments of \$5,000, to a maximum of \$20,000 Guarantee Issue Limit: All Guarantee Issued
Voluntary AD&D Benefit - Employee Only	<u>Employee Benefit</u> : Choice of: \$27,500; \$55,000; \$82,500; \$110,000; \$165,000; \$220,000; \$275,000 or \$300,000
Voluntary AD&D Benefit - Employee & Family	<u>Employee Benefit</u> : Choice of: \$27,500; \$55,000; \$82,500; \$110,000; \$165,000; \$220,000; \$275,000 or \$300,000 <u>Spouse Benefit</u> : 50% of the Employee's amount of Voluntary AD&D benefit if there are no insured Dependent Children at the time of the Accident; or 40% of the Employee's amount of Voluntary AD&D benefit if there are insured Dependent Children at the time of the Accident. <u>Child(ren) Benefit</u> : 15% of the Employee's amount of Voluntary AD&D benefit if there is no insured Spouse at the time of the Accident; or 10% of the Employee's amount of Voluntary AD&D benefit if there is an insured Spouse at the time of the Accident.
	Please see the certificate of coverage for the complete Benefit Schedule.
Additional Benefits	
Life Conversion	Included. Please see the certificate of coverage for provision details.
Life 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 Coverage terminates at employee's retirement
Spouse Supplemental Life	None Coverage terminates at employee's retirement
Employee Voluntary AD&D	To 82.5% at age 70, 57.5% at age 75, 37.5% at age 80, 20% at age 85 Coverage terminates at employee's retirement (unless eligible for coverage as a retiree) Note: Spouse and Child coverage will automatically reduce as the Employee's coverage reduces

Evidence of Insurability Requirements Supplemental Life	
	<p>New Hire, First Time Eligible: <u>Employee:</u> You may elect up to the Maximum benefit amount. <u>Spouse:</u> You may elect up to the Guarantee Issue limit. Amounts greater will require evidence of good health/insurability. <u>Child(ren):</u> You may elect up to the Maximum benefit amount.</p>
	<p>During the employer's scheduled Supplemental Life Annual Enrollment Periods: <u>An Employee: Who is insured for Supplemental Life</u> 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. <u>An Employee: Who is not insured for Supplemental Life</u> may elect \$10,000 with no proof of good health as long as not previously declined for coverage by UnitedHealthcare. <u>A Spouse:</u> Must submit proof of good health and be approved for any increase in coverage. <u>A Child:</u> May elect coverage up to the Maximum Benefit amount of \$20,000 with no proof of good health.</p> <p>Notes:</p> <ol style="list-style-type: none"> 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. 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. 5. A Spouse who requests an increase in coverage 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>Late Entrant <u>An Employee</u> who did not enroll within 31 days of eligibility or who did not enroll during the Annual Enrollment Periods: Evidence of good health/insurability is required for any requested amount. <u>A Spouse:</u> who did not enroll within 31 days of eligibility: Evidence of good health/insurability is required for any requested amount.</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.

Exclusions:

Disease, bodily or mental infirmity, suicide or intentionally self-inflicted injury, commission of an assault or felony, war, use of any drug unless prescribed by physician, driving while intoxicated, engaging in any hazardous activities, or travel in a private aircraft.*

Other exclusions may apply depending upon your coverage. Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail.

As is standard with most term life Insurance, this Insurance coverage includes certain limitations and exclusions:

Death by suicide 2 Years*.

* Some state variations may apply

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.