

Anthem®Life

Greater Cincinnati Insurance Consortium Voluntary Benefits Booklet

**Voluntary Optional Life & AD&D Insurance
Voluntary Optional Life & AD&D Rate Matrix
Voluntary Long Term Disability**

Your benefit guide of
insurance protection plans!



Your Optional Life Insurance Benefits

Greater Cincinnati Insurance Consortium

Welcome to Anthem Life!
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!

Feel confident in knowing that your family is protected with Anthem Life'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 a maximum amount of \$500,000, limited to 5x your base annual salary. Your family or beneficiary will get this additional benefit amount if you pass away.

If you choose an optional life benefit amount of more than \$250,000, you will need to have a personal health statement approved by Anthem Life. Your optional life benefit amount will be limited to this guaranteed issue amount if it's not approved by Anthem Life.

**Guaranteed Issue amounts only apply within 31 days of eligibility.*

Optional life coverage for your family

You may also choose additional life coverage for your spouse and your children:

You may purchase coverage for your spouse in \$5,000 increments to a maximum of \$250,000.

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

If you choose optional life coverage for your Spouse of more than \$30,000 your Spouse will need to have a personal health statement approved by Anthem Life. Your Spouse's optional life benefit amount will be limited to this guaranteed issue amount if it's not approved by Anthem Life.

Dependents' coverage may not exceed 50% of the employee's benefit amount.

Optional accidental death and dismemberment insurance benefit amount: Equal to Optional Group Term Life Benefit

Optional accidental Death and Dismemberment Insurance pays a benefit to your beneficiary if your death is caused by an accident. You may also get part of this benefit if an accident results in the loss of sight, a limb, certain fingers or toes, speech, hearing or certain types of paralysis (not able to move part of your body).

Benefits after age 65

You will still have benefits after age 65, though they will reduce as follows:

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

All benefits end at retirement.

Living Benefit (accelerated death benefit)

You can ask for up to 75% of your optional life benefits to be paid while you are living, if you are terminally ill with less than 12 months to live. If you take a Living Benefit payment, the amount your beneficiary gets after your death will be reduced by the amount you were paid.

Waiver of premium

We may continue your life insurance coverage until you turn 65 if you become totally disabled and not able to work prior to age 60. You will not pay premiums after the first six months after we approve your waiver of premium claim.

Portability of optional life insurance

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

Conversion

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

Resource Advisor

This support program comes with your life coverage to give you and your family private access to work/life resources, at no additional cost to you, including: counseling sessions for qualifying events; identity theft victim recovery services; legal and financial consultations; toll-free, 24/7 phone 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

This program comes with your life coverage to give you access to emergency medical help, travel services and useful tips for your trip if you travel more than 100 miles from home – all at no additional cost to you. You can 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/specialoffers.

Beneficiary support programs

If you should pass away, we're here to help your beneficiary (the person who gets your life insurance benefit):

- Beneficiaries continue to have access to Resource Advisor services, including all the features described above, plus they get three face-to-face visits with a counselor in the first six months after their loss.
- Beneficiary Companion services help them close accounts and settle important estate matters with one phone call. That way, they can focus on healing.
- Beneficiaries can order copies of *The Healing Book – Facing the Death – and Celebrating the Life – of Someone You Love* for children affected by the loss. This book can really help children at a time when they need it most – and there's no charge for it.
- Your beneficiary can choose to have your life insurance benefits paid through our Access Advantage account. That way the funds can be used right away or when they are needed. Access Advantage accounts earn interest, so important investment decisions can be made later, at a less stressful time.

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.

Exclusions and limitations are listed in detail in the certificate, policy or trust agreement that applies to this product.

Life insurance benefits provided under Certificate Form Number LBO A NY 0105 C REV 0209.

**EMPLOYEE OPTIONAL GROUP TERM LIFE & AD&D PREMIUMS
SEMI-MONTHLY PREMIUMS
GREATER CINCINNATI INSURANCE CONSORTIUM**

ATTAINED		EMPLOYEE AMOUNTS OF INSURANCE														
AGE	Rates	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000	\$110,000	\$120,000	\$130,000	\$140,000	\$150,000
<25	\$0.05	0.25	0.50	0.75	1.00	1.25	1.50	1.75	2.00	2.25	2.50	2.75	3.00	3.25	3.50	3.75
25 - 29	\$0.05	0.25	0.50	0.75	1.00	1.25	1.50	1.75	2.00	2.25	2.50	2.75	3.00	3.25	3.50	3.75
30 - 34	\$0.05	0.25	0.50	0.75	1.00	1.25	1.50	1.75	2.00	2.25	2.50	2.75	3.00	3.25	3.50	3.75
35 - 39	\$0.07	0.35	0.70	1.05	1.40	1.75	2.10	2.45	2.80	3.15	3.50	3.85	4.20	4.55	4.90	5.25
40 - 44	\$0.10	0.50	1.00	1.50	2.00	2.50	3.00	3.50	4.00	4.50	5.00	5.50	6.00	6.50	7.00	7.50
45 - 49	\$0.14	0.70	1.40	2.10	2.80	3.50	4.20	4.90	5.60	6.30	7.00	7.70	8.40	9.10	9.80	10.50
50 - 54	\$0.22	1.10	2.20	3.30	4.40	5.50	6.60	7.70	8.80	9.90	11.00	12.10	13.20	14.30	15.40	16.50
55 - 59	\$0.33	1.65	3.30	4.95	6.60	8.25	9.90	11.55	13.20	14.85	16.50	18.15	19.80	21.45	23.10	24.75
60 - 64	\$0.47	2.35	4.70	7.05	9.40	11.75	14.10	16.45	18.80	21.15	23.50	25.85	28.20	30.55	32.90	35.25
65 - 69	\$0.76	3.80	7.60	11.40	15.20	19.00	22.80	26.60	30.40	34.20	38.00	41.80	45.60	49.40	53.20	57.00
70 - 74	\$1.73	8.65	17.30	25.95	34.60	43.25	51.90	60.55	69.20	77.85	86.50	95.15	103.80	112.45	121.10	129.75
75+	\$4.23	21.15	42.30	63.45	84.60	105.75	126.90	148.05	169.20	190.35	211.50	232.65	253.80	274.95	296.10	317.25

ATTAINED		EMPLOYEE AMOUNTS OF INSURANCE														
AGE	Rates	\$160,000	\$170,000	\$180,000	\$190,000	\$200,000	\$210,000	\$220,000	\$230,000	\$240,000	\$250,000	\$260,000	\$270,000	\$280,000	\$290,000	\$300,000
<25	\$0.05	4.00	4.25	4.50	4.75	5.00	5.25	5.50	5.75	6.00	6.25	6.50	6.75	7.00	7.25	7.50
25 - 29	\$0.05	4.00	4.25	4.50	4.75	5.00	5.25	5.50	5.75	6.00	6.25	6.50	6.75	7.00	7.25	7.50
30 - 34	\$0.05	4.00	4.25	4.50	4.75	5.00	5.25	5.50	5.75	6.00	6.25	6.50	6.75	7.00	7.25	7.50
35 - 39	\$0.07	5.60	5.95	6.30	6.65	7.00	7.35	7.70	8.05	8.40	8.75	9.10	9.45	9.80	10.15	10.50
40 - 44	\$0.10	8.00	8.50	9.00	9.50	10.00	10.50	11.00	11.50	12.00	12.50	13.00	13.50	14.00	14.50	15.00
45 - 49	\$0.14	11.20	11.90	12.60	13.30	14.00	14.70	15.40	16.10	16.80	17.50	18.20	18.90	19.60	20.30	21.00
50 - 54	\$0.22	17.60	18.70	19.80	20.90	22.00	23.10	24.20	25.30	26.40	27.50	28.60	29.70	30.80	31.90	33.00
55 - 59	\$0.33	26.40	28.05	29.70	31.35	33.00	34.65	36.30	37.95	39.60	41.25	42.90	44.55	46.20	47.85	49.50
60 - 64	\$0.47	37.60	39.95	42.30	44.65	47.00	49.35	51.70	54.05	56.40	58.75	61.10	63.45	65.80	68.15	70.50
65 - 69	\$0.76	60.80	64.60	68.40	72.20	76.00	79.80	83.60	87.40	91.20	95.00	98.80	102.60	106.40	110.20	114.00
70 - 74	\$1.73	138.40	147.05	155.70	164.35	173.00	181.65	190.30	198.95	207.60	216.25	224.90	233.55	242.20	250.85	259.50
75+	\$4.23	338.40	359.55	380.70	401.85	423.00	444.15	465.30	486.45	507.60	528.75	549.90	571.05	592.20	613.35	634.50

ATTAINED		EMPLOYEE AMOUNTS OF INSURANCE														
AGE	Rates	\$310,000	\$320,000	\$330,000	\$340,000	\$350,000	\$360,000	\$370,000	\$380,000	\$390,000	\$400,000	\$410,000	\$420,000	\$430,000	\$440,000	\$450,000
<25	\$0.05	7.75	8.00	8.25	8.50	8.75	9.00	9.25	9.50	9.75	10.00	10.25	10.50	10.75	11.00	11.25
25 - 29	\$0.05	7.75	8.00	8.25	8.50	8.75	9.00	9.25	9.50	9.75	10.00	10.25	10.50	10.75	11.00	11.25
30 - 34	\$0.05	7.75	8.00	8.25	8.50	8.75	9.00	9.25	9.50	9.75	10.00	10.25	10.50	10.75	11.00	11.25
35 - 39	\$0.07	10.85	11.20	11.55	11.90	12.25	12.60	12.95	13.30	13.65	14.00	14.35	14.70	15.05	15.40	15.75
40 - 44	\$0.10	15.50	16.00	16.50	17.00	17.50	18.00	18.50	19.00	19.50	20.00	20.50	21.00	21.50	22.00	22.50
45 - 49	\$0.14	21.70	22.40	23.10	23.80	24.50	25.20	25.90	26.60	27.30	28.00	28.70	29.40	30.10	30.80	31.50
50 - 54	\$0.22	34.10	35.20	36.30	37.40	38.50	39.60	40.70	41.80	42.90	44.00	45.10	46.20	47.30	48.40	49.50
55 - 59	\$0.33	51.15	52.80	54.45	56.10	57.75	59.40	61.05	62.70	64.35	66.00	67.65	69.30	70.95	72.60	74.25
60 - 64	\$0.47	72.85	75.20	77.55	79.90	82.25	84.60	86.95	89.30	91.65	94.00	96.35	98.70	101.05	103.40	105.75
65 - 69	\$0.76	117.80	121.60	125.40	129.20	133.00	136.80	140.60	144.40	148.20	152.00	155.80	159.60	163.40	167.20	171.00
70 - 74	\$1.73	268.15	276.80	285.45	294.10	302.75	311.40	320.05	328.70	337.35	346.00	354.65	363.30	371.95	380.60	389.25
75+	\$4.23	655.65	676.80	697.95	719.10	740.25	761.40	782.55	803.70	824.85	846.00	867.15	888.30	909.45	930.60	951.75

ATTAINED		EMPLOYEE AMOUNTS OF INSURANCE														
AGE	Rates	\$460,000	\$470,000	\$480,000	\$490,000	\$500,000										
<25	\$0.05	11.50	11.75	12.00	12.25	12.50										
25 - 29	\$0.05	11.50	11.75	12.00	12.25	12.50										
30 - 34	\$0.05	11.50	11.75	12.00	12.25	12.50										
35 - 39	\$0.07	16.10	16.45	16.80	17.15	17.50										
40 - 44	\$0.10	23.00	23.50	24.00	24.50	25.00										
45 - 49	\$0.14	32.20	32.90	33.60	34.30	35.00										
50 - 54	\$0.22	50.60	51.70	52.80	53.90	55.00										
55 - 59	\$0.33	75.90	77.55	79.20	80.85	82.50										
60 - 64	\$0.47	108.10	110.45	112.80	115.15	117.50										
65 - 69	\$0.76	174.80	178.60	182.40	186.20	190.00										
70 - 74	\$1.73	397.90	406.55	415.20	423.85	432.50										
75+	\$4.23	972.90	994.05	1,015.20	1,036.35	1,057.50										

Benefits reduce by 35% at Age 65 and 50% at Age 70. Reductions will need to be applied.

This is an estimate premium cost. Actual deductions may vary slightly due to rounding.

Child(ren) Coverage*
\$.58 - \$5,000
\$1.15 - \$10,000

* Child coverage from 15 days to age 26. Premium covers all dependent children regardless of the number of children.



**SPOUSE OPTIONAL GROUP TERM LIFE & AD&D PREMIUMS
SEMI-MONTHLY PREMIUMS
GREATER CINCINNATI INSURANCE CONSORTIUM**

ATTAINED																
SPOUSE AMOUNTS OF INSURANCE - based on employee's age																
AGE	Rates	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000
<25	\$0.05	0.13	0.25	0.38	0.50	0.63	0.75	0.88	1.00	1.13	1.25	1.38	1.50	1.63	1.75	1.88
25 - 29	\$0.05	0.13	0.25	0.38	0.50	0.63	0.75	0.88	1.00	1.13	1.25	1.38	1.50	1.63	1.75	1.88
30 - 34	\$0.05	0.13	0.25	0.38	0.50	0.63	0.75	0.88	1.00	1.13	1.25	1.38	1.50	1.63	1.75	1.88
35 - 39	\$0.07	0.18	0.35	0.53	0.70	0.88	1.05	1.23	1.40	1.58	1.75	1.93	2.10	2.28	2.45	2.63
40 - 44	\$0.10	0.25	0.50	0.75	1.00	1.25	1.50	1.75	2.00	2.25	2.50	2.75	3.00	3.25	3.50	3.75
45 - 49	\$0.14	0.35	0.70	1.05	1.40	1.75	2.10	2.45	2.80	3.15	3.50	3.85	4.20	4.55	4.90	5.25
50 - 54	\$0.22	0.55	1.10	1.65	2.20	2.75	3.30	3.85	4.40	4.95	5.50	6.05	6.60	7.15	7.70	8.25
55 - 59	\$0.33	0.83	1.65	2.48	3.30	4.13	4.95	5.78	6.60	7.43	8.25	9.08	9.90	10.73	11.55	12.38
60 - 64	\$0.47	1.18	2.35	3.53	4.70	5.88	7.05	8.23	9.40	10.58	11.75	12.93	14.10	15.28	16.45	17.63
65 - 69	\$0.76	1.90	3.80	5.70	7.60	9.50	11.40	13.30	15.20	17.10	19.00	20.90	22.80	24.70	26.60	28.50
70 - 74	\$1.73	4.33	8.65	12.98	17.30	21.63	25.95	30.28	34.60	38.93	43.25	47.58	51.90	56.23	60.55	64.88
75+	\$4.23	10.58	21.15	31.73	42.30	52.88	63.45	74.03	84.60	95.18	105.75	116.33	126.90	137.48	148.05	158.63

ATTAINED																
SPOUSE AMOUNTS OF INSURANCE - based on employee's age																
AGE	Rates	\$80,000	\$85,000	\$90,000	\$95,000	\$100,000	\$105,000	\$110,000	\$115,000	\$120,000	\$125,000	\$130,000	\$135,000	\$140,000	\$145,000	\$150,000
<25	\$0.05	2.00	2.13	2.25	2.38	2.50	2.63	2.75	2.88	3.00	3.13	3.25	3.38	3.50	3.63	3.75
25 - 29	\$0.05	2.00	2.13	2.25	2.38	2.50	2.63	2.75	2.88	3.00	3.13	3.25	3.38	3.50	3.63	3.75
30 - 34	\$0.05	2.00	2.13	2.25	2.38	2.50	2.63	2.75	2.88	3.00	3.13	3.25	3.38	3.50	3.63	3.75
35 - 39	\$0.07	2.80	2.98	3.15	3.33	3.50	3.68	3.85	4.03	4.20	4.38	4.55	4.73	4.90	5.08	5.25
40 - 44	\$0.10	4.00	4.25	4.50	4.75	5.00	5.25	5.50	5.75	6.00	6.25	6.50	6.75	7.00	7.25	7.50
45 - 49	\$0.14	5.60	5.95	6.30	6.65	7.00	7.35	7.70	8.05	8.40	8.75	9.10	9.45	9.80	10.15	10.50
50 - 54	\$0.22	8.80	9.35	9.90	10.45	11.00	11.55	12.10	12.65	13.20	13.75	14.30	14.85	15.40	15.95	16.50
55 - 59	\$0.33	13.20	14.03	14.85	15.68	16.50	17.33	18.15	18.98	19.80	20.63	21.45	22.28	23.10	23.93	24.75
60 - 64	\$0.47	18.80	19.98	21.15	22.33	23.50	24.68	25.85	27.03	28.20	29.38	30.55	31.73	32.90	34.08	35.25
65 - 69	\$0.76	30.40	32.30	34.20	36.10	38.00	39.90	41.80	43.70	45.60	47.50	49.40	51.30	53.20	55.10	57.00
70 - 74	\$1.73	69.20	73.53	77.85	82.18	86.50	90.83	95.15	99.48	103.80	108.13	112.45	116.78	121.10	125.43	129.75
75+	\$4.23	169.20	179.78	190.35	200.93	211.50	222.08	232.65	243.23	253.80	264.38	274.95	285.53	296.10	306.68	317.25

ATTAINED																
SPOUSE AMOUNTS OF INSURANCE - based on employee's age																
AGE	Rates	\$155,000	\$160,000	\$165,000	\$170,000	\$175,000	\$180,000	\$185,000	\$190,000	\$195,000	\$200,000	\$205,000	\$210,000	\$215,000	\$220,000	\$225,000
<25	\$0.05	3.88	4.00	4.13	4.25	4.38	4.50	4.63	4.75	4.88	5.00	5.13	5.25	5.38	5.50	5.63
25 - 29	\$0.05	3.88	4.00	4.13	4.25	4.38	4.50	4.63	4.75	4.88	5.00	5.13	5.25	5.38	5.50	5.63
30 - 34	\$0.05	3.88	4.00	4.13	4.25	4.38	4.50	4.63	4.75	4.88	5.00	5.13	5.25	5.38	5.50	5.63
35 - 39	\$0.07	5.43	5.60	5.78	5.95	6.13	6.30	6.48	6.65	6.83	7.00	7.18	7.35	7.53	7.70	7.88
40 - 44	\$0.10	7.75	8.00	8.25	8.50	8.75	9.00	9.25	9.50	9.75	10.00	10.25	10.50	10.75	11.00	11.25
45 - 49	\$0.14	10.85	11.20	11.55	11.90	12.25	12.60	12.95	13.30	13.65	14.00	14.35	14.70	15.05	15.40	15.75
50 - 54	\$0.22	17.05	17.60	18.15	18.70	19.25	19.80	20.35	20.90	21.45	22.00	22.55	23.10	23.65	24.20	24.75
55 - 59	\$0.33	25.58	26.40	27.23	28.05	28.88	29.70	30.53	31.35	32.18	33.00	33.83	34.65	35.48	36.30	37.13
60 - 64	\$0.47	36.43	37.60	38.78	39.95	41.13	42.30	43.48	44.65	45.83	47.00	48.18	49.35	50.53	51.70	52.88
65 - 69	\$0.76	58.90	60.80	62.70	64.60	66.50	68.40	70.30	72.20	74.10	76.00	77.90	79.80	81.70	83.60	85.50
70 - 74	\$1.73	134.08	138.40	142.73	147.05	151.38	155.70	160.03	164.35	168.68	173.00	177.33	181.65	185.98	190.30	194.63
75+	\$4.23	327.83	338.40	348.98	359.55	370.13	380.70	391.28	401.85	412.43	423.00	433.58	444.15	454.73	465.30	475.88

ATTAINED																
SPOUSE AMOUNTS OF INSURANCE - based on employee's age																
AGE	Rates	\$230,000	\$235,000	\$240,000	\$245,000	\$250,000										
<25	\$0.05	5.75	5.88	6.00	6.13	6.25										
25 - 29	\$0.05	5.75	5.88	6.00	6.13	6.25										
30 - 34	\$0.05	5.75	5.88	6.00	6.13	6.25										
35 - 39	\$0.07	8.05	8.23	8.40	8.58	8.75										
40 - 44	\$0.10	11.50	11.75	12.00	12.25	12.50										
45 - 49	\$0.14	16.10	16.45	16.80	17.15	17.50										
50 - 54	\$0.22	25.30	25.85	26.40	26.95	27.50										
55 - 59	\$0.33	37.95	38.78	39.60	40.43	41.25										
60 - 64	\$0.47	54.05	55.23	56.40	57.58	58.75										
65 - 69	\$0.76	87.40	89.30	91.20	93.10	95.00										
70 - 74	\$1.73	198.95	203.28	207.60	211.93	216.25										
75+	\$4.23	486.45	497.03	507.60	518.18	528.75										

Benefits reduce by 35% at Age 65 and 50% at Age 70. Reductions will need to be applied.

This is an estimate premium cost. Actual deductions may vary slightly due to rounding.

Child(ren) Coverage*
\$.58 - \$5,000
\$1.15 - \$10,000

* Child coverage from 15 days to age 26. Premium covers all dependent children regardless of the number of children.





Voluntary Group Long Term Disability Insurance

Greater Cincinnati Insurance Consortium

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

How would your family meet its day-to-day financial obligations if you faced a serious disability and were unable to work? Voluntary Group Long Term Disability Insurance answers that concern by providing income if your finances are ever interrupted because of a disability. Please review your benefit certificate for specific plan details, eligibility definitions, limitations and exclusions.

Voluntary Group long term disability benefit amount: 60% of monthly earnings up to a maximum monthly benefit of 3,000.

The benefit amount is the payment you may receive if you become disabled. See your benefit certificate for specific information about how your benefit is calculated, including offsets and deductions from your benefit.

Elimination period

The elimination period is how long you must be disabled before benefits begin: 90 days

Benefit duration

If needed, your benefits will be paid: to normal Social Security retirement age

Note: Please see your certificate for specific maximum payment durations based on age at the time of disability. Benefits paid at the time you are disabled may vary from the benefit duration period shown.

Partial disability benefits

If you are able to return to work part-time, you may still receive a portion of your long term disability benefit to help fill the gap in your income.

Survivor benefit

If you pass away after receiving Long Term Disability benefits for at least 180 consecutive days, and are receiving benefits at the time of your death, a lump-sum payment benefit will be paid to your beneficiary. The Survivor Benefit is equal to three times your monthly benefit.

Vocational rehabilitation

We may provide services, such as vocational testing and training, job modifications and job placement to help you return to active employment if you suffer a disability.

Social Security assistance

If you are receiving long term disability benefits, we will help you apply for Social Security and, if necessary, offer guidance through the appeal process.

Resource Advisor

This support program comes with your long term disability coverage to give you and your family private access to work/life resources, at no additional cost to you, including: counseling sessions for qualifying events; identity theft victim recovery services; legal and financial consultations; toll-free, 24/7 phone 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.

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/specialoffers.

Deductible Sources of Income (Offsets)

The Voluntary Long Term Disability benefit will be offset by other sources of income.

Pre-existing conditions

A pre-existing condition is an illness or injury for which you received treatment or where symptoms were present within 3 months prior to your effective date of coverage. A disability that begins in the first 12 months after your effective date will not be covered if it results from a pre-existing condition.

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.

Exclusions and limitations are listed in detail in the certificate, policy or trust agreement that applies to this product.

Disability insurance benefits provided under Certificate Form Number DLS A NY 0205 C. The expected benefit ratio for the Disability policies is 60%. This ratio is the portion of future premiums which the company expects to return as benefits, when averaged over all people with this policy.

Cost for voluntary long term disability benefits

Voluntary Group Long Term Disability Rates

Age	Monthly Rate per \$100 of Coverage	Age	Monthly Rate per \$100 of Coverage
<25	.11	50-54	.94
25-29	.19	55-59	1.05
30-34	.33	60-64	1.10
35-39	.44	65-69	1.15
40-44	.62	70-74	1.21
45-49	.79	75+	1.27

How to Calculate Your Premium

In the above rate chart, you will see monthly rates per \$100 of coverage. Find your age band and note the rate, then complete the information below to find your monthly, bi-weekly or semi-monthly premium.

Age: _____ Monthly Rate per \$100 of Coverage: _____ (A)

Note: If your annual salary is over \$60,000 please use \$60,000 to do your calculation to include maximum limitations.

_____ your annual salary/12 X _____ (A) / 100 = _____ (B) Monthly Premium

_____ (B)* 12 / 26 (pays per year) = _____ Bi-weekly Premium

_____ (B)* 12 / 24 (pays per year) = _____ Semi-Monthly Premium