

LONG BEACH COMMUNITY COLLEGE

July 1, 2014

***Life and Accidental Death and
Dismemberment Insurance***

COMPLAINT NOTICE

Should you have any complaints or questions regarding your coverage, and this certificate was delivered by a broker, you should first contact the broker. You may also contact us at:

Anthem Blue Cross Life and Health Insurance Company
Customer Service
21555 Oxnard Street
Woodland Hills, CA 91367
1-800-552-2137

If the problem is not resolved, you may contact the Department of Insurance at 1-800-999-9644.

Department of Insurance, 1500 Market Street, Suite 1000, San Francisco, CA 94102-3644

1-213-897-8921 – Office of the Insurance Commissioner

1-800-482-4833 – Telecommunication Device for the Deaf

E-mail Inquiries: "Consumer Services" link at
www.insurance.ca.gov

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SUMMARY OF BENEFITS

This summary provides a brief outline of your benefits. You need to refer to the entire certificate, and the *policy*, for complete information about the benefits, conditions, limitations and exclusions of your *plan*.

EMPLOYEE LIFE INSURANCE

A benefit is payable under this coverage if you die from any cause. If you are totally disabled when your insurance ends, there are special provisions that may extend your death benefit protection. Under certain conditions, you may convert your life insurance to an individual policy.

Amount of Insurance\$25,000

ACCELERATED DEATH BENEFIT

EMPLOYEE ACCIDENTAL DEATH AND DISMEMBERMENT
INSURANCE

The coverage pays benefits for loss of your life, sight, hand, or foot caused by accidental bodily *injury*. The amount payable depends on the type of the loss. The most that will be paid for all losses resulting from *injuries* sustained by you in any one accident is your amount of insurance.

Amount of Insurance –An amount equal to your amount of Employee Life Insurance.

GENERAL INFORMATION

Contributions –Your insurance is *non-contributory insurance*.

Anthem Blue Cross Life and Health's Address–

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EMPLOYEE LIFE INSURANCE

DEATH BENEFIT

We will pay a benefit if you die while insured by this coverage. This death benefit will be paid to your *beneficiary* when due written proof of your death is received by us. The needed claim forms may be obtained from the *group* or us. See the SUMMARY OF BENEFITS of this certificate for the amount of death benefit to be paid.

BENEFICIARY

Unless you have made an assignment which limits your right to do so (see GENERAL PROVISIONS: ASSIGNMENT), you alone have the right to name your "*beneficiary*". That term means the person or persons to whom the death benefit will be paid. You may change beneficiaries at any time. To do so, written notice must be given to the *group* for entry in the plan's records. Then, the change will be effective on the date of the notice. But if you die before the notice is recorded, any death benefit we may have already paid will be deducted from the amount payable to the new *beneficiary*.

If you name more than one person to share any death benefit, you should tell how the benefit is to be divided among them. Otherwise, they will share the benefit equally. All rights of any *beneficiary* cease if he or she dies before you do.

Alternate Payment Provisions

If there is no living *beneficiary* when your death occurs, or none has been named, the death benefit will be paid to the executors or administrators of your estate. If there is no executor or administrator, we may at our option: (a) pay the benefit to your then living spouse or legally registered domestic partner; or (b) if there is no living spouse or legally registered domestic partner, pay equal shares of the benefit to your then living children; or (c) if there are no living children, pay the benefit in equal shares to your direct parents then living.

It may happen that the person to be paid a benefit (called the "payee") is legally unable to give a valid receipt for the payment. If so, we may elect instead to pay up to \$50 of that benefit per month to another person or institution. But that other person or institution must appear to us to have assumed custody and principal support of the payee. Such payments will cease when a claim for the unpaid balance is made by a duly appointed guardian or committee of the payee. We will be discharged to the extent of any such payments made in good faith.

It may be that one or more persons have incurred expenses for your fatal condition or burial. If, in our judgement this is true, then we may apply

“Elimination Period” is the period that you must have been continuously totally disabled before we waive insurance premiums under this provision. The elimination period is the lesser of 6 months or the consecutive months preceding the date of death. The elimination period begins on the day that you become totally disability under this coverage.

Proof Required Within 12 Months

Within the first 12 months that you are totally disabled, but have not died, due written proof must be given that:

1. You became totally disabled while insured and before your 60th birthday; and that
2. You have continued to be totally disabled for at least the Elimination Period, but less than 12 months.

Such proof may be given by you or someone acting for you. When we receive that proof, we will provide employee life insurance for you without premiums while it is shown that you remain totally disabled.

While your employee life insurance is provided without premiums, due proof that you remain totally disabled will be required at reasonable intervals. Such proof will be required at least once a year. We, at our expense, may also require that you be examined by our *physician* at reasonable intervals. Such exams by a *physician* will not be more often

1. You were totally disabled when you applied to convert; and
2. You return the individual policy to us with no claim other than a refund of the premiums you paid for it.

When A Premium Waiver Ceases

Insurance provided for you without premiums will cease when any of these events occur:

- 1.

RIGHT TO CONVERT

If you are not totally disabled when your insurance ceases for one of these reasons, you may obtain an individual policy only if: (a) you have been insured by this plan for at least five years; and (b) your employee life insurance was not fully replaced by this or another group insurance plan within the next 31 days. If these conditions are met, all other terms of this RIGHT TO CONVERT will apply as though your status had changed; but the amount of your individual policy will not exceed \$2,000.

As used here, the term "totally disabled" means that an *injury* or *illness* prevents you from performing any occupation for which you are qualified by education, training or experience. If you can engage in any such occupation, you are not deemed to be "totally disabled".

Death While Eligible To Convert

Any individual policy issued to you under this RIGHT TO CONVERT provision will become effective at the end of the 31 day period allowed for you to apply. If you should die during that 31 days, a death benefit will be paid by this coverage. This is true regardless of whether you

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2. The reason for your life expectancy being 12 months or less is due to:
 - a. Your attempted suicide, while sane or insane; or
 - b. Your intentionally self-inflicted injury;
3. You have received an accelerated death benefit under the *policy*;
4. You are required by law or court order to use your employee life insurance benefit to meet the claims of creditors, whether in bankruptcy or otherwise;
5. You live in a community property state, and we have not received consent in writing from your spouse;
6. You are divorced, and as a part of your court approved divorce agreement all or part of your employee life insurance must be paid to your children or former spouse; or
7. You have assigned your rights under the employee life insurance coverage to an assignee or an irrevocable *beneficiary*, and we have not received consent, in writing, that the assignee or irrevocable *beneficiary* has agreed to payment of the accelerated death benefit to you.

SCHEDULE OF LOSSES AND BENEFITS

Your full amount of coverage is payable for:

- x The permanent loss of both hands; or
- x The permanent loss of both feet; or
- x The permanent loss of sight of both eyes; or
- x The permanent loss of one hand and sight of one eye; or
- x The permanent loss of one foot and sight of one eye; or
- x The permanent loss of one hand and one foot; or
- x The permanent loss of hearing and speech; or
- x Quadriplegia; or
- x Paraplegia; or
- x Hemiplegia.

One-half of your full amount is payable for:

- x The permanent loss of one hand; or
- x The permanent loss of one foot; or
- x The permanent loss of sight of one eye; or
- x The permanent loss of hearing in both ears; or
- x The permanent loss of speech.

One-quarter of your full amount is payable for:

- x The permanent loss of thumb and index finger of same hand; or
- x The permanent loss of thumbs of both hands; or
- x The permanent loss of all four fingers of one hand; or
- x Uniplegia.

One-eighth of your full amount is payable for:

- x The permanent loss of the toes of one foot.

Reference to loss of a hand means severance at or above the wrist.

Reference to loss of a foot means severance at or above the ankle at or above 3(t t)-13(he)-12(w)9(r)-6(i)3(s)-8(tR00 1 Tf

qualify for an Additional Benefit for Coma after such other loss, the amount of Additional Benefit for Coma will be re-determined in accordance with the calculation stated above. Only one Additional Benefit for Coma will be paid for any one month of a coma, regardless of the number of injuries contributing to or causing the coma.

We will require monthly proof of the continuing comatose condition. We retain the right to investigate to determine whether the coma exists and continues.

The Additional Benefit for Coma for the employee will be paid to the *beneficiary* if the employee is dead. If

1. Your accidental death occurred more than 75 miles from your principal residence.
2. One or more persons have incurred expenses for the preparation and transportation of your remains to a mortuary for burial.

We will pay an additional benefit toward reimbursement of the expenses incurred by the person or persons who incurred them preparing and transporting your remains to a mortuary for burial. The total amount of the additional benefit for repatriation of remains will not be more than \$5,000.

ADDITIONAL BENEFIT FOR USING A SEAT BELT

This additional benefit is payable for your loss of life if a benefit is payable for the loss under the other terms of this Accidental Death and Dismemberment Insurance coverage or would be payable except for any limitation per accident of those terms. But, this benefit is payable only if all of these conditions are met:

1. You were a driver or passenger in a motor vehicle.
2. The motor vehicle you were riding in was being operated by a licensed driver.
3. The driver of the motor vehicle you were riding in was not:
 - a. Intoxicated;
 - b. Impaired; or
 - c.

ADDITIONAL BENEFIT FOR YOUR CHILDREN'S EDUCATION

We will pay an additional benefit for the education of certain of your *children* if a benefit is payable for your loss of life under the other terms of this Accidental Death and Dismemberment Insurance coverage or would be payable except for any limitation per accident of those terms.

may have already paid will be deducted from the amount payable to the new *beneficiary*.

If you name more than one person to share any death benefit, you should tell how the benefit is to be divided among them. Otherwise, they will share the benefit equally. All rights of any *beneficiary* cease if he or she dies before you do.

Alternate Payment Provisions

If there is no living beneficiary when your death occurs, or none has been named, the death benefit will be paid to the executors or administrators of your estate. If there is no executor or administrator, the insurer may at its option: (a) pay the benefit to your then-living spouse or domestic partner; or (b) if there is no living spouse or domestic partner, pay equal shares of the benefit to your then-living children; or (c) if there are no living children, pay the benefit in equal shares to your direct

HOW COVERAGE BEGINS AND ENDS

HOW COVERAGE BEGINS

ELIGIBLE STATUS

Permanent *full-time employees* are eligible to enroll as *insured employees*. A *full-time employee* is one who works at least 30 hours a week in the conduct of the business of the *group*.

ELIGIBILITY DATE

For Employees: You become eligible for coverage in accordance with rules established by your employer. For specific information about your employer's eligibility rules for coverage, please contact your Human Resources or Benefits Department.

If, after you become covered under this *plan*, you cease to be eligible due to termination of employment, and you return to an eligible status within six months after the date your employment terminated, you will become eligible to re-enroll for coverage on the first day of the month following the date you return.

APPLICATION FOR ENROLLMENT

To enroll as an *employee*, you must properly file an application. An

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Timely Payment of Claims. Any benefits due under this *plan* shall be due once we have received proper, written proof of loss, together with such reasonably necessary additional information we may require to determine our obligation.

Physical Examination. At our expense, we have the right and opportunity to examine any *insured person* claiming benefits when and as often as reasonably necessary while a claim is pending.

Legal Actions. No attempt to recover on the plan through legal or equity action may be made until at least 60 days after the written proof of loss has been furnished as required by this plan. No such action may be

- b. A copy of that application is or has been furnished to you or your *beneficiary*.

2. It will not be used:

- a. If it relates to a claim, in the contest after that amount of insurance has been in force, before the contest, for at least two years during your lifetime.
- b. If it relates to your insurability, to contest the validity of insurance which has been in force, before the contest, for at least two years during your lifetime.

MISSTATEMENT OF AGE

If the age of any *insured person* has been misstated, the premium may be adjusted. If the amount of insurance would be affected by such misstatement, it will be changed to the amount the *insured person* would have had at the correct age. The premium will be based on the correct age and amount.

DEFINITIONS

The meanings of key terms used in this certificate are shown below. Whenever any of the key terms shown below appear, it will appear in italicized letters. When any of the terms below are italicized in your certificate, you should refer to this section.

Actively at work requirement is a requirement that you be actively at work on a full time basis at the *group's* place of business, or at any other place that the *group's* business requires you to go.

Anthem Blue Cross Life and Health Insurance Company (p l a (t) - 1 (h e

Insured employee (employee) is you; that is, the person who is allowed to enroll under this *plan* for himself or herself.

Insured person is the *insured employee*.

Physician means a licensed practitioner of the healing arts acting within the scope of their license.

Plan is the set of benefits described in this booklet and in the amendments to this booklet (if any). This plan is subject to the terms and conditions of the *policy* we have issued to the *group*. If changes are made

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VALUE ADDED SERVICES

Note: The Value Added additional services are not a part of Your Certificate of Coverage and do not modify your insured benefits.

The Value Added Services are provided based on negotiated agreements between the insurance company and certain service providers. Although the insurance company endeavors to make these services available to all policyholders and certificateholders as described below, modifications to our agreements with service providers may require that services be periodically modified or terminated. Such modification or termination of services may be made based on cost to the insurer, availability of services, or other business reasons at the discretion of the insurer or service providers.

RESOURCE ADVISOR

When you feel pressure from everyday problems like work-related stress or family issues, Resource Advisor can help you get emotional, legal and financial support. No issue is too big or too small - and there's no extra cost to you.

Call us – support is one phone call away 24/7

You and your family can talk to a Resource Advisor counselor by phone who can:

- x Give you advice and arrange for up to three visits with a counselor, if you need it.
- x Put you in touch with a financial advisor if you have money problems.
- x Connect you with a lawyer if you need legal help. You can meet by phone or in person.

Let us help if your identity is stolen

If your wallet or purse is lost or your identity stolen, we'll assign a Fraud Resolution Specialist to help get your identity back and restore your good credit. Services include:

- x Placing "fraud alerts" on credit reports and with creditors.
- x Closing bank and credit card accounts where your identity is an issue.
- x Arranging a phone meeting with a financial counselor.
- x Setting up a meeting with a lawyer on issues around the identity theft (each visit must be for a separate issue).

Go online for help any time . . . and a lot more

When you visit www.ResourceAdvisorCA.Anthem.com you'll find:

- x Tips on handling difficult life events and a depression screening tool.
- x Parenting information. There's even a child and elder care provider finder.
- x Financial tools to help you plan for major purchases or life events.
- x You and your family members can register for identity monitoring at no cost.
- x State-specific online wills and a legal library.

Highlights of the program

- x You're enrolled in travel assistance when you choose group term life and AD&D coverage
- x Travel assistance services are offered to you and your family 24 hours a day, seven days a week

Your travel companion

Not only does this program help out during medical emergencies, it also offers these personal services:

- x Send and receive emergency messages
- x Emergency cash advances (up to \$500²)
- x Emergency medical payments (up to \$10,000²)
- x Legal help and bail (up to \$5,000²)

Easy access to travel tips

Europ Assistance USA can give you useful tips before you travel, such as vaccine and passport requirements, foreign exchange rates, travel advice and weather conditions. You can get details by calling Europ Assistance USA:

From the U.S. and Canada: 866-295-4890

From other countries (call collect): 202-296-7482

Username: AnthemBC

Password: 95164

¹ In all cases, Europ Assistance USA only suggests a medical professional, medical facility or attorney that gives services to the eligible member. They are not employees or agents of Europ Assistance USA or Anthem Blue Cross Life and Health Insurance Company. You choose the medical professional, facility or legal counsel you want. Europ Assistance USA or Anthem Blue Cross Life and Health Insurance Company is not liable for any medical advice or legal counsel given by the medical professional or attorney. Europ Assistance USA is also not liable for the negligence or other wrongful acts or omissions of any of the health or legal care professionals who give these services. The covered member cannot take action against Europ Assistance USA or Anthem Blue Cross Life and Health Insurance Company for its suggestion of or contract with a medical professional or attorney.

² You must pay back Europ Assistance USA for these costs.

Europ Assistance USA is not affiliated with Anthem Blue Cross Life and Health Insurance Company and the services provided are not part of the insurance coverage provided by Anthem Blue Cross Life and Health Insurance Company. The agreement between Europ Assistance USA and Anthem Blue Cross Life and Health Insurance Company is subject to change, which may affect the services offered.

Valid only for eligible members. Retirees are not eligible for travel assistance services.

BLUE CROSS AND BLUE SHIELD ASSOCIATION DISCLOSURE

The *group*, on behalf of itself and its participants, hereby expressly acknowledges its understanding this *policy* constitutes a contract solely between the *group* and Anthem Blue Cross Life and Health which is an independent corporation operating under a license from the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans, (the "Association") permitting Anthem Blue Cross Life and Health to use the Blue Cross Service Mark in the State of California, and that Anthem Blue Cross Life and Health is not contracting as the agent of the Association. The *group*, on behalf of itself and its *insured employees*, acknowledges and agrees that it has not entered into this *policy* based upon representations by any person other than Anthem Blue Cross Life and Health and that no person, entity, or organization other than Anthem Blue Cross Life and Health shall be held accountable or liable to the *group* for any of its obligations to the *group* created under this *policy*. This provision shall not create any additional obligations whatsoever on the part of Anthem Blue Cross Life and Health other than those obligations created under the other provisions of this *policy*.