

# TERM LIFE AND AD&D INSURANCE BENEFITS SUMMARY



**For Apprentices with the Associated Builders and Contractors Golden Gate Chapter**

**ELIGIBILITY - APPRENTICES OF THE ABC-GGC TRUST**

<b>Eligibility Requirement</b>	<p>All active full-time Apprentices of Member Firms working 30 or more hours per week, who have accumulated the dollars banked, as established by the group, who meet any applicable waiting period required by the group, and who meet the following additional criteria:</p> <p>a) Are defined as an employee under state and federal law</p> <p>b) Are actively working or are able to return to active work, or have accumulated dollars banked to continue to provide for his or her continued eligibility as determined by group and have certain rights pertaining to leaves of absence if his or her condition improves. Consultants, temporary or leased labor, suppliers or contractors are not Eligible Employees.</p> <p>All other eligible employees not needing to meet the dollar bank requirement, must work a minimum of 30 hours per week and meet any applicable waiting period required by the employer.</p>
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**GUARANTEE ISSUE AMOUNT(S)**

<b>For You</b>	\$50,000
<p><i>Note: Subject to any reductions shown below, guarantee issue means the amount of insurance applied for which does not require evidence of insurability. Guarantee Issue is available to New Hires only. For New Hires, coverage amounts over the Guarantee Issue Amount will require a health application/evidence of insurability. For Late Entrants, all coverage amounts will require a health application/evidence of insurability.</i></p>	

**BENEFITS**

<b>Life Insurance Benefit Amount</b>	<p>For You: \$50,000*</p> <p><i>* In the event of death, the benefit paid will equal the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.</i></p>
<b>Accidental Death &amp; Dismemberment (AD&amp;D) Benefit Amount</b>	<p>For You: The Principal Sum amount is equal to the amount of life insurance benefit.</p>

**FEATURES**

<b>Living Care/Accelerated Death Benefit</b>	75% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$250,000.
<b>Waiver of Premium</b>	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
<b>Additional AD&amp;D Benefits</b>	<p>In addition to basic AD&amp;D benefits, you are protected by the following benefits:</p> <ul style="list-style-type: none"> <li>- Seat Belt</li> <li>- Airbag</li> <li>- Common Carrier</li> <li>- Paralysis</li> </ul>
<b>Travel Assistance</b>	The Travel Assistance program is an added benefit that provides assistance for your travels over 100 miles away from home or outside the country.
<b>Employee Assistance Program (EAP)</b>	The EAP program provides you and your loved ones access to trained professionals and resources for assistance with personal and workplace issues.
<b>Conversion</b>	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.

*Note: Additional information about the benefits and features of this plan will be included in the summary of coverage, which you will receive after enrolling, and in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.*

**AGE REDUCTIONS**

Your life insurance benefits and guarantee issue amounts are subject to age reductions. At age 65, amounts reduce to 65%. At age 70+, amounts reduce to 50%. Coverage terminates at retirement. Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling. Please contact United Administrative Services at 408-288-4441 if you have questions prior to enrolling.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Term life insurance and accidental death & dismemberment insurance are underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, Nebraska 68175. United of Omaha Life Insurance Company is licensed in every state except New York. Term Life Policy Form Number 7000GM-C-EZ-2001. AD&D Policy Form Number 7000M-M-EZ 2001.

# UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

## DENTAL INSURANCE BENEFITS SUMMARY



For Apprentices with the Associated Builders and Contractors Golden Gate Chapter

### ELIGIBILITY - APPRENTICES OF THE ABC-GGC TRUST

<p><b>Employee Eligibility Requirement</b></p>	<p>All active full-time Apprentices of Member Firms working 30 or more hours Per week, who have accumulated the dollars banked, as established by the group, who meet any applicable waiting period required by the group, and who meet the following additional criteria:</p> <p>a) Are defined as an employee under state and federal law</p> <p>b) Are actively working or are able to return to active work, or have accumulated dollars banked to continue to provide for his or her continued eligibility as determined by group and have certain rights pertaining to leaves of absence if his or her condition improves. Consultants, temporary or leased labor, suppliers or contractors are not Eligible Employees.</p> <p>All other eligible employees not needing to meet the dollar bank requirement, must work a minimum of 30 hours per week and meet any applicable waiting period required by the employer.</p>
<p><b>Dependent Eligibility Requirement</b></p>	<p>To be eligible for coverage, your dependents must be able to perform normal activities and not be confined (at home, in a hospital, or in any other care facility).</p>

### LATE ENTRANTS WAITING PERIODS

<p><b>Type A</b></p>	<p>Waived</p>
<p><b>Type B</b></p>	<p>12 Months</p>
<p><b>Type C</b></p>	<p>12 Months</p>

CALENDAR YEAR DEDUCTIBLES AND MAXIMUMS	PARTICIPATING PROVIDERS <sup>2</sup>	NON-PARTICIPATING PROVIDERS <sup>2*</sup>
<p><b>Type A Deductible</b></p>	<p>Waived</p>	<p>Waived</p>
<p><b>Type B &amp; C Deductible</b></p>	<p>\$50</p>	<p>\$75</p>
<ul style="list-style-type: none"> <li>▪ Each Insured Person</li> <li>▪ Family</li> </ul>	<p>3 times Individual</p>	<p>3 times Individual</p>
<p><b>Maximum(s)</b> (For Each Insured Person)</p>	<p>\$1,000</p>	<p>\$1,000</p>
<ul style="list-style-type: none"> <li>▪ Type A, B &amp; C Combined</li> </ul>	<p>\$1,000</p>	<p>\$1,000</p>

<sup>2</sup>The same expense(s) may be used to satisfy the deductibles for participating and non-participating providers.

COVERED SERVICES	PARTICIPATING	NON-PARTICIPATING*
<p><b>Type A Services</b></p> <ul style="list-style-type: none"> <li>▪ Examination(s)/Evaluation(s)</li> <li>▪ Bitewing X-ray(s)</li> <li>▪ Other X-ray(s)</li> <li>▪ Fluoride Treatment(s)</li> <li>▪ Cleaning(s) (Prophylaxis)</li> <li>▪ Brush Biopsy/Cancer Screening</li> <li>▪ Harmful Habit Appliance(s)</li> </ul>	<p>100%</p>	<p>50%</p>
<p><b>Type B Services</b></p> <ul style="list-style-type: none"> <li>▪ Sealant(s)</li> <li>▪ Space Maintainer(s) (Including Recementation)</li> <li>▪ Emergency Treatment</li> <li>▪ Periodontal Maintenance (Following Active Periodontal Treatment)</li> <li>▪ Filling(s)</li> <li>▪ Stainless Steel Crowns</li> <li>▪ Extraction(s)</li> <li>▪ Oral Surgery</li> <li>▪ General Anesthesia or Intravenous (I.V.) Sedation</li> <li>▪ Endodontics</li> <li>▪ Periodontics</li> </ul>	<p>80%</p>	<p>50%</p>

COVERED SERVICES (CONTINUED)	PARTICIPATING	NON-PARTICIPATING*
<b>Type C Services</b> <ul style="list-style-type: none"> <li>▪ Full or Partial Removable Dentures</li> <li>▪ Replacement of Removable Dentures</li> <li>▪ Repair of Removable Dentures</li> <li>▪ Adjustments, Tissue Conditioning, Rebasing or Relining of Removable Dentures</li> <li>▪ Bridgework (Fixed Dentures)</li> <li>▪ Replacement of Bridgework</li> <li>▪ Repair and Re-Cementation of Bridges</li> <li>▪ Crowns, Inlays, Onlays</li> <li>▪ Replacement of Crowns/Inlays/Onlays</li> <li>▪ Repair and Re-cementation of Cast Crowns/Inlays/Onlays</li> <li>▪ Endosteal Implant(s)</li> </ul>	50%	50%

*The plan pays the percentage shown after the deductible is satisfied, up to the maximum. Additional information about the benefits and covered services of this plan will be included in the certificate booklet, which you will receive after enrolling for this coverage. Please contact your employer or benefits administrator if you have questions prior to enrolling.*

*This plan provides different coverage levels for participating and non-participating providers. By using a participating provider, plan members will save more through the predetermined fee arrangement and better benefit coverage.*

*\*The Maximum Allowance for non-participating providers is based on the 90th percentile of prevailing fee data for the geographical area.*

*Charges that exceed the Maximum Allowance (as defined in the certificate booklet) for any covered dental service are not considered.*

### **LIMITATIONS AND EXCLUSIONS**

Information about the limitations and exceptions for this plan will be included in the certificate booklet, which you will receive after enrolling for this coverage. Please contact United Administrative Services at 408-288-4441 if you have any questions prior to enrolling.

*This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions and limitations. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Dental insurance is underwritten by Mutual of Omaha Insurance Company or United of Omaha Life Insurance Company. Mutual of Omaha Insurance Company is licensed in all 50 states. United of Omaha Life Insurance Company is licensed in all states but New York. In New York, Mutual of Omaha Insurance Company underwrites the plan. Policy Form Number 7000GM-MU-EZ 2001.*