

## LIFE TERM INSURANCE

(This Benefit is insured through Guardian Life Insurance)

If you die from any cause while you are covered under this Plan, a death benefit of \$150,000 will be paid to any beneficiary you name. You may change your beneficiary whenever you wish. If you fail to name a beneficiary, this benefit will be paid to your estate.

Your Term Life Insurance is assignable only as a gift assignment.

You must be at work actively on a full time basis to be eligible for any changes in the terms of this benefit.

### Insurance During Total Disability

If you are eligible for benefits under this Plan and you become disabled before you reach age 60, your Term Life Insurance may be continued at no cost to you while you remain totally disabled. This benefit is also called the Extended Life Benefit with Waiver of Premium. You must furnish proof of total disability within one year of the date total disability starts, and as required thereafter. If you die during the first year of total disability, your death benefit will be paid to your beneficiary even if you had not yet furnished proof of the disability. For the purpose of this section only, you will be considered totally disabled only if:

- You are not engaged in any gainful occupation, and
- You are completely unable, due to sickness or injury or both, to engage in any gainful occupation for which you are reasonably fit, by education, training or experience.
- You are receiving regular doctor's care appropriate to the cause of the disability; unless you have reached your maximum point of recovery yet are still disabled under the terms of the Plan.
- You remain totally disabled for nine consecutive months. However, you may apply for this benefit immediately upon the onset of disability.

In the event that you receive the Extended Life Benefit with Waiver of Premium nine months after you become disabled, in order for you to maintain your Dependent Life Insurance coverage, you must convert your spouse's policy to an individual permanent or term policy.

### Accelerated Life Benefit

**IMPORTANT NOTICE:** Use of the benefit provided in this section may have tax implications and may affect government benefits or creditors. You should consult with your tax or financial advisor before applying for this benefit.

**NOTE:** The amount of group term insurance is permanently reduced by the amount of the accelerated benefit paid to you.

An Accelerated Life Benefit is a payment of part of your group term life insurance made to you before you die. If you have a medical condition that is expected to result in your death within 6 months, you may apply for the Accelerated Life Benefit. The minimum amount of the Accelerated Life Benefit for which you can apply is \$50,000. The maximum amount of the Accelerated Life Benefit for which you can apply is \$75,000.

Guardian will not pay an Accelerated Life Benefit to you if you are required by law to use the payment to meet the claims of creditors whether or not you are in bankruptcy; or are required by court order to pay all or part of the benefit to another person; or are required by a government agency to use the benefit to apply for, to receive or to maintain a governmental benefit or entitlement; or lose your coverage under the group plan for any reason after you elect the Accelerated Life Benefit but before Guardian pays such benefit to you.

Burial Benefit: At its option, Guardian Life Insurance may pay up to \$500 of the life insurance benefit to any person who appears to have incurred an expense in connection with your burial. Guardian's liability will be discharged to the extent of the amount paid.

## **Beneficiary Designation**

You may change your beneficiary at any time by filing a written notice of the change with the Plan Office.

If you designate more than one beneficiary and fail to specify each beneficiary's share, each beneficiary will receive equal shares. If your beneficiary dies before you do, his or her share will be shared equally by any beneficiaries that survive you, unless you indicate otherwise. If all your beneficiaries die before you do, or your life insurance benefit amount cannot otherwise be disposed of, the amount will be payable to your estate unless you made a gift assignment.

## **Conversion to an Individual Policy**

During the first 31 days following:

- the termination of your employment, or
- the group policy providing your Group Term Life Insurance ends, or
- the amount of your insurance is reduced by amendment,

You may convert your Group Term Life Insurance to one of a number of Guardian individual life insurance policies up to the amount of the coverage you lost. You must apply in writing for a conversion policy and pay the first premium within 31 days after your insurance ends or is reduced. You will not have to furnish evidence of good health. The policy will be effective at the end of the 31-day period, and the premiums will be based on current individual policy premium rates. If you die during the 31-day period, your death benefit will be paid whether or not you have applied for an individual policy.

**By law, you are responsible for the value of your life insurance over \$50,000. You will be notified of the amount by your employer.**

**SPD is a quick reference guide to your benefits through the House Staff Benefits Plan. For additional details, call the Benefits Office and ask for the HSBP Plan Documents.**

## **ANCILLARY DEATH BENEFIT**

(This Benefit is insured through HSBP)

The purpose of this benefit is to assist in the payment for transporting the remains of a deceased participant or deceased eligible dependent to the place of burial. The benefit will cover up to a maximum of \$5,000 for transportation of the remains of a deceased participant to the place of burial where the place of burial is more than 200 miles from New York City.

At the time notification of the death is made to the Benefits Plan Office, the Benefits Representative will assist the caller with this benefit.

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## **LIFE TERM INSURANCE FOR YOUR DEPENDENT SPOUSE OR REGISTERED DOMESTIC PARTNER**

(This Benefit is insured through Guardian Life Insurance)

A death benefit of \$20,000 will be paid to you if your legal spouse or registered domestic partner dies from any cause while covered under this Plan.

### **Conversion to an Individual Policy**

During the first 31 days following:

- the Term Life Insurance for your Dependent Spouse ends, or
- the amount of the Term Life Insurance for your Dependent Spouse is reduced by amendment, your spouse may convert such life insurance to one of a number of Guardian individual life insurance policies up to the amount of coverage lost without the need to furnish evidence of good health. Your spouse must apply in writing for a conversion policy and pay the first premium within 31 days after his/her insurance ends or is reduced. The policy will be effective at the end of the 31-day period, and the premiums will be based on current individual policy premium rates. If your spouse dies during the 31-day period, this death benefit will be paid whether or not your spouse has applied for an individual policy.

In the event that you, the employee, become totally and permanently disabled and you apply for and receive the Extended Life Benefit with Waiver of Premium, life insurance for your spouse will terminate. In order to maintain your spouse's coverage, you must convert the coverage to an individual policy.

If your dependent is confined for medical care or treatment either in an institution or at home on the date this dependent life insurance would otherwise go in effect, or on the date any adjustment to the benefit amount would become effective, then your dependent's insurance will be deferred until his/her final release from medical confinement.

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## MAJOR MEDICAL BENEFIT (supplemental)

(This Benefit is insured through HSBP)

The Plan will supplement reimbursements you have received from your primary major medical carrier (under your hospital's base plan). You must attach the Explanation of Benefits (EOB) received from your primary carrier.

This supplement will pay an additional 20% of the amount reimbursed in connection with benefits provided by your primary major medical carrier. No benefits will be provided for mental, psychoneurotic and personality disorders. This 20% supplement will be calculated based on the total reimbursements received under the base plan during the benefit year. The maximum supplement per person per benefit year is 20% of \$5,000 in reimbursements or \$1,000 per person per benefit year.

**For Example:** Your dependent requires a surgery for which the surgeon charges \$8,000.00. The usual and customary charge for this surgery is \$8,000.00, and your primary carrier will pay 80% of the charges, or \$6,400.00. Since your dependent has not used the Supplemental Major Medical Benefit in this plan year, you will be paid 20% of the amount reimbursed by the primary carrier up to the annual limit of \$1,000.00. Since 20% of \$6,400.00 is \$1,280.00, you will be paid \$1,000.00 or the annual Supplemental Major Medical Benefit maximum.

Under the Supplemental Major Medical Benefit, you may also receive reimbursement for co-pay amounts for office visits, out-patient diagnostic tests (x-rays, lab tests, etc.), emergency room care and hospital admissions. These co-pay amounts will be reimbursed up to 100% and will be a part of the Supplemental Major Medical Benefit with the annual benefit year maximum of \$1,000.00. The following is the procedure for obtaining a reimbursement for a co-pay from the Supplemental Major Medical Benefit.

**For example:** Your primary major medical carrier is Guardian. Your co-pay for an office visit is \$15.00. You obtain a receipt for the office visit for the \$15.00 co-pay because you cannot be reimbursed under the Supplemental Major Medical Benefit without one. You submit the receipt along with a claim form. Assuming you have not yet met your \$1,000.00 Benefit Year maximum, you will be reimbursed \$15.00.

Smoking Cessation expenses are covered under Major Medical reimbursement. Acceptable programs include Smoke Enders, and programs sponsored by the New York Lung Association. The Smoking Cessation Benefit can also be used to reimburse you for nicotine patches or gum.

If you are unsure as to whether the service is being rendered by an "Eligible Provider," please contact the Benefits Plan Office.

A "Benefit Year" is a period of twelve consecutive months beginning July 1 and running through the following June 30.

## **MENTAL HEALTH OUTPATIENT BENEFIT**

(This Benefit is insured through HSBP)

The eligible expenses are charges incurred for the services of an eligible provider in connection with diagnosis and treatment of mental, psychoneurotic and personality disorders. These services must be rendered on an outpatient basis.

During the benefit year, out-patient psychiatric benefits will be reimbursed at 80% of the reasonable and customary provider charge not to exceed \$200 per office visit (for example: the maximum a member may receive is \$160; 80% of a \$200 office visit is \$160). In no instance will the HSBP reimburse the member for more than what the member is responsible for in copayments or coinsurance charges. In addition, in no instance will the maximum benefit per individual per Benefit Year exceed \$5,000. A "Benefit Year" is a period of twelve consecutive months beginning July 1 and running through the following June 30. Your eligible provider must complete your claim(s) with the exact date(s), diagnosis and procedure codes for which services were rendered.

### **Eligible Providers**

Eligible providers must be certified and licensed. Their degrees can be any one of the following: M.D., PhD., EdD., PsyD. (Doctor of Psychology), MSW (Master of Social Work), CSW (Certified Social Worker) or Psychiatric Nurse Practitioner (RN together with a master's, post-master's or doctorate from an accredited program). If you are unsure as to whether an "Eligible Provider" is rendering the service, please contact the Benefits Plan Office.

### **Exclusions**

This benefit does not cover expenses due to:

- Services rendered by an eligible provider during a hospital confinement resulting in a room and board charge.
- Sickness covered under Workers' Compensation or similar laws.
- Services (a) furnished by or for the U.S. Government, or (b) furnished by or for any other government unless payment is legally required or (c) to the extent provided under any governmental program or law under which the individual is, or could be, covered.
- Anything not ordered by an eligible provider, or not necessary for medical care; the portion of a charge for a service in excess of the reasonable and customary charge (the charge usually made by the provider when there is no insurance, not to exceed the prevailing charge in the area for a service of the same nature and duration and performed by a person of similar training and experience).
- Covered services rendered by yourself, your spouse, or, in New York State only, your domestic partner or a child, brother, sister, or parent of yourself, your spouse.
- Services received as a result of an act of war occurring while covered.
- Care that is not medically necessary.

If any information is missing from the claim form, it must be furnished to the HSBP before the claim can be adjudicated.