



Summary Plan Description

Addendum

sUA Technicians



Inside

2015 Schedule of benefits

**MEDICAL PROGRAM
SUMMARY SCHEDULE OF BENEFITS – TRADITIONAL PPO**

General Information		
How This Option Works	<ul style="list-style-type: none"> • Eligible in-network <u>and</u> out-of-network expenses are covered. You are not required to select a primary care physician. • If the Claims Administrator offers an enhanced provider network in certain areas, you may receive greater benefits by accessing the enhanced provider network. • The list of PPO Network providers is available on Claims Administrator website. • Negotiated plan is available only to certain represented employee groups. 	
Annual Deductible	\$250 single / \$500 family	
Coinsurance	In-Network	Out-of Network
	80/20% coinsurance	60/40% coinsurance
Annual Maximum Out-of-Pocket (Medical and Prescription Drug)	In-Network	Out-of Network
	<ul style="list-style-type: none"> • Medical: \$1,500 single / \$3,000 family maximum out-of-pocket (includes retail Rx coinsurance) • Rx: \$5,100 single / \$10,200 family maximum out-of-pocket (mail order copays only) 	<ul style="list-style-type: none"> • \$1,500 single / \$3,000 family maximum out-of-pocket (includes retail Rx coinsurance) • Rx: \$5,100 single / \$10,200 family maximum out-of-pocket (mail order copays only)
Physician Office Visit Copay	None, subject to coinsurance above	
Emergency Room Copay	None, subject to coinsurance above	
Mental Health, Substance Abuse or Chemical Dependency	Special rules may apply. See detailed Schedule of Benefits on the Plan Website (<i>see below</i>).	
Inclusions/Exclusions	The Traditional PPO includes an extensive schedule of services that are covered (inclusions) and those that are not covered (exclusions). The schedule also describes the preventative services that are covered at 100%. The Inclusions/Exclusions Schedule is available on the Plan Website (see below).	

Prescription Drugs	Retail (30-Day Supply)	Mail Order (90-Day Supply)
	80% covered after deductible	<ul style="list-style-type: none"> • \$28 copay for generics • \$89 copay for formulary or non-formulary brand <p>These amounts are subject to change from time to time.</p>
Additional Detailed Information Is Available		
Plan Website	<p>Additional detailed information on this medical plan option and each of the other medical plan options described in this SPD is available on the Plan Website. This includes detailed Schedules of Benefits, FAQs, and Contact Information for all of the Plan’s Claims Administrators and service providers. Consult the Contact Information sheet at the back of this SPD (or the updated sheet if one has been provided to you) for information on how to access the Plan Website. You can download and print the various documents available on the Plan Website. However, a printed copy of any of the documents on the website is available upon request.</p>	

**DENTAL PROGRAM
SUMMARY SCHEDULE OF BENEFITS – CORE/TRADITIONAL PLAN**

General Information		
How This Option Works	Dental PPO coverage option. You may receive dental care from any participating dentist but greater benefits are provided if you use an in-network dentist.	
Covered Benefit	In-Network	Out-of-Network
Preventive (Oral exams, cleanings, fluoride, X-rays)	100%	100%
Minor Care (Root canals, fillings, simple extractions)	80%	80%
Major Care (Crowns, surgery, inlays and onlays)	50%	50%
Deductible (Applies to Minor, Major and Orthodontia)		
Individual	\$50	\$50
Family (2 members must each satisfy)	\$100	\$100
Annual Maximum	\$2,000	\$2,000
Orthodontic Treatment		
Adult and Child	50%	50%
Orthodontic Lifetime Maximum	\$2,000	\$2,000
Additional Detailed Information Is Available		
Plan Website	Additional detailed information on this dental plan option and each of the other dental plan options described in this SPD is available on the Plan Website. This includes detailed Schedules of Benefits, FAQs, and Contact Information for all of the Plan's Claims Administrators and service providers. Consult the Contact Information Sheet at the back of this SPD (or the updated sheet if one has been provided to you) for information on how to access the Plan Website. You can download and print the various documents available on the Plan Website. However, a printed copy of any of the documents on the website is available upon request.	

SCHEDULE OF BENEFITS FOR LONG TERM DISABILITY (LTD) PROGRAM

<p>Coverage Effective Date</p>	<p>If you have completed one year of service with the Company, you will be automatically enrolled in the LTD Program. Coverage is effective the day following your completion of one year of service.</p> <p>If you become a mechanic employee after you have completed one year of service with the entity that is your current Company, you will be automatically enrolled in the coverage within 30 calendar days of being classified as a mechanic employee. The effective date of coverage will be the date you are classified as a mechanic employee.</p> <p>If you are absent (for example, sick leave, or absent with no pay (ANP) status) on that date, the effective date of your coverage is postponed until you have returned to the full performance of the duties of your job with the Company.</p> <p>If you decline coverage and request to enroll more than 30 calendar days after the day you first become eligible, you must provide evidence of good health. If you enroll during a subsequent Annual Enrollment Period, your coverage will become effective the later of January 1 following the Annual Enrollment Period during which you elected to participate or the date your evidence of good health is approved.</p>
<p>Declining Coverage</p>	<p>If you do not wish to be enrolled in the LTD coverage, you can cancel your LTD enrollment by going to the Plan Website to cancel coverage or you can call the United Airlines Benefits Center (UABC) to cancel your LTD benefit coverage. If you cancel your LTD coverage and you wish to participate at a later date, you will be required to submit evidence of your good health.</p>
<p>When LTD Coverage Ends</p>	<p>Your LTD benefit coverage will end when the first of the following events occurs:</p> <ul style="list-style-type: none"> • The date the group policy ends; or • The date insurance ends for your employee group; or • The end of the period for which the last premium has been paid for you; or • The date you cease to be in an eligible employee group. You will cease to be in an eligible employee group on the last day of the calendar month in which you cease active work in an eligible class, if you are not disabled don that date; or • The last day of the calendar month in which your employment ends; or • The date you retire in accordance with the last day of the calendar month in which your employment ends.
<p>Reinstatement</p>	<p>LTD coverage will be automatically reinstated upon your return to work from an authorized leave of absence or furlough, provided you were enrolled in the LTD Benefit prior to the beginning of your authorized leave of absence.</p>

<p>Contributions</p>	<p>To participate in the LTD Program, you must make contributions to the Plan through payroll deductions. These contributions are made on an after-tax basis.</p> <p>You may contact the UABC or via the web at flyingtogether.ual.com to obtain the cost of the coverage. The contribution rate is subject to change.</p> <p>During any period in which you are receiving LTD Benefits, you are not required to make contributions to the Plan to continue to receive coverage.</p>
<p>Elimination Period Before Benefits Begin</p>	<p>Your elimination period is 140 calendar days of Total Disability. The elimination period begins on the day you become Totally Disabled. It is a period of time during which no benefits are payable. You must be under the continuous care of a Doctor during your elimination period.</p> <p>You may temporarily recover from your Total Disability during your elimination period. Temporary Recovery means you cease to be Totally Disabled. During a period of Temporary Recovery you will not qualify for any change in coverage caused by a change to the rate of earnings used to determine your Predisability Earnings. If you then become Totally Disabled again due to the same or related condition, you may not have to begin a new elimination period.</p> <p>If you return to work for 35 calendar days or less during your elimination period, those days will not count towards your elimination period but will extend your elimination period by the number of days you return to work. However, if you return to work for more than 35 calendar days before satisfying your elimination period, you will have to begin a new elimination period.</p>
<p>Total Disability</p>	<p>“Totally Disabled” or “Total Disability” means that, due to sickness or accidental injury, you are receiving appropriate care and treatment from a doctor on a continuing basis, <u>and</u></p> <ul style="list-style-type: none"> • During the first 24 month period following your elimination period, you are not able to perform the duties of any part of your normal job with the entity that is your employer; or • After the first 24 month period following your elimination period, you are not able to perform the duties of any job for which you are reasonably qualified taking into account your training, education, and experience from any employer.
<p>Predisability Earnings</p>	<p>The LTD Benefit provides you with a monthly payment based on your Predisability Earnings. "Predisability Earnings" means:</p> <ul style="list-style-type: none"> • Full-time Employees: Your base monthly salary on the date your Total Disability begins not including bonuses, commissions, overtime pay, or allowances. Your Predisability Earnings is limited to a maximum of \$3,600. • Part-time Employees: Your average monthly pay received from the Company during the 12 calendar months immediately preceding the month in which you become Totally Disabled.
<p>Monthly LTD Benefit</p>	<p>The amount of your LTD Benefit is equal to 50% of the first \$3,600 of your Predisability Earnings, less certain amounts you may receive from other sources (see “Offsets” listed below).</p> <p>The maximum monthly benefit is \$1,800.</p> <p>There is a guaranteed minimum benefit of \$50 per month, which is not subject to any</p>

	<p>offsets. If, however, you are in an overpayment situation, the \$50 per month will be applied towards the outstanding overpayment balance.</p>
<p>Offsets</p>	<p>Your monthly LTD Benefit amount is reduced by any amounts you may receive from certain other sources, including:</p> <ul style="list-style-type: none"> • workers' compensation, • Occupational Disease Law • the primary Social Security benefits* awarded on account of your disability and without regard to age (including continuation of such benefits after age 65), • state disability benefits (applies to California, Hawaii, New Jersey, New York, Puerto Rico, and Rhode Island), • payments under any other Company-sponsored disability or sick leave plan. <p>The amount of your monthly LTD benefit will not be reduced by any increases (other than increases due to the correction of an error) in your offsetting benefits if such increases arise after your monthly LTD benefit payments have started.</p> <p>*Social Security Disability Benefits must be pursued to the Administrative Law Judge level.</p> <p>Income from other sources will not include:</p> <ul style="list-style-type: none"> • group credit or mortgage disability insurance benefits; or • early retirement benefits not taken into constructive receipt; or • individual insurance policies. <p>The amount of your monthly LTD benefit will not be reduced by any increases (other than increases due to the correction of an error) in your offsetting benefits if such increases arise after your monthly LTD benefit payments have started. The insurance company may reduce benefits if the original calculation was based on estimated Social Security Benefits.</p> <p>An overpayment also occurs when payment is made by the insurance company that should have been made under another group plan. In that case, the insurance company may recover the payment from one or more of the following:</p> <ul style="list-style-type: none"> • any other insurance company; • any other organizations; or • any person to or for whom payment was made.
<p>Work Incentive</p>	<p>While you are Totally Disabled, you are encouraged to work or participate in a Voluntary Rehabilitation Program during your "elimination period" or while Monthly Benefits are being paid to you.</p> <p>When you work while Totally Disabled, you will receive the sum of the following amounts:</p> <ul style="list-style-type: none"> • your monthly benefit; and • the amount of your earnings for working while Totally Disabled. <p>Your monthly benefit will be reduced by 50% of your earnings from working while Totally Disabled. Your monthly benefit will be further reduced if the amount you receive from the above sources and other income benefits exceed 100% of your Predisability</p>

	<p>Earnings. Your monthly benefit will be reduced by that portion of the amount you receive which exceeds 100% of your Predisability Earnings.</p>																								
<p>Payment of Benefits</p>	<p>You are entitled to receive LTD Benefits only if you become Totally Disabled on or after the effective date of your LTD Benefit coverage. LTD Benefit payments will begin accruing on the 141st calendar day you are Totally Disabled, provided you are under appropriate doctor's care.</p> <p>You must file a claim for this benefit no later than 1 year following your original date of disability.</p> <p>If you work in California, Hawaii, New Jersey, New York, Puerto Rico, or Rhode Island, you are also covered under a state disability plan. You will receive the benefit amount required by state law and are subject to the plan provisions governed by that state.</p>																								
<p>Duration of LTD Benefits</p>	<p>Your benefits will continue according to the following schedule, or until you are no longer Totally Disabled, the end of the period specified in the insurance certificate for limitation for disabilities due to particular conditions, or no longer under a doctor's care, whichever occurs first:</p> <table border="1" data-bbox="456 884 1385 1524"> <thead> <tr> <th data-bbox="456 884 810 989">Age at Disability</th> <th data-bbox="810 884 1385 989">Maximum Benefit Duration / Maximum Number of Monthly Benefits</th> </tr> </thead> <tbody> <tr> <td data-bbox="456 989 810 1052">Less than 60</td> <td data-bbox="810 989 1385 1052">To age 65</td> </tr> <tr> <td data-bbox="456 1052 810 1094">60</td> <td data-bbox="810 1052 1385 1094">60 months</td> </tr> <tr> <td data-bbox="456 1094 810 1136">61</td> <td data-bbox="810 1094 1385 1136">48 months</td> </tr> <tr> <td data-bbox="456 1136 810 1178">62</td> <td data-bbox="810 1136 1385 1178">42 months</td> </tr> <tr> <td data-bbox="456 1178 810 1220">63</td> <td data-bbox="810 1178 1385 1220">36 months</td> </tr> <tr> <td data-bbox="456 1220 810 1262">64</td> <td data-bbox="810 1220 1385 1262">30 months</td> </tr> <tr> <td data-bbox="456 1262 810 1304">65</td> <td data-bbox="810 1262 1385 1304">24 months</td> </tr> <tr> <td data-bbox="456 1304 810 1346">66</td> <td data-bbox="810 1304 1385 1346">21 months</td> </tr> <tr> <td data-bbox="456 1346 810 1388">67</td> <td data-bbox="810 1346 1385 1388">18 months</td> </tr> <tr> <td data-bbox="456 1388 810 1430">68</td> <td data-bbox="810 1388 1385 1430">15 months</td> </tr> <tr> <td data-bbox="456 1430 810 1524">69 and over</td> <td data-bbox="810 1430 1385 1524">12 months</td> </tr> </tbody> </table> <p>If you die while receiving LTD benefits, the benefit will end with the date of your death.</p>	Age at Disability	Maximum Benefit Duration / Maximum Number of Monthly Benefits	Less than 60	To age 65	60	60 months	61	48 months	62	42 months	63	36 months	64	30 months	65	24 months	66	21 months	67	18 months	68	15 months	69 and over	12 months
Age at Disability	Maximum Benefit Duration / Maximum Number of Monthly Benefits																								
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67	18 months																								
68	15 months																								
69 and over	12 months																								

<p>Social Security Assistance Program</p>	<p>If you are approved for LTD benefits, the Claims Administrator offers the following services to assist you with your Social Security disability benefits:</p> <ul style="list-style-type: none"> • Contact prior to application for Social Security disability benefits; • Assistance with the Social Security application process; • Guidance through the appeal process by Social Security specialists; and • Referrals to attorneys who specialize in Social Security law. (The Social Security approved attorney's fee will be credited to the LTD overpayment, which results upon receipt of the retroactive Social Security benefits.)
<p>Early Intervention Program</p>	<p>A voluntary Early Intervention Program is offered to all Participants. The Early Intervention Program helps identify early those employees who might benefit from vocational analyses and rehabilitation services before they are eligible for LTD benefits. Early rehabilitation efforts are more likely to reduce the length of your LTD and help you return to work sooner than expected.</p> <p>If you cannot work, or can only work part-time due to a disability, the Company will notify the Claims Administrator, which may provide any of the following services:</p> <ul style="list-style-type: none"> • Reviewing and evaluating your disabling condition, even before a claim for LTD benefits is submitted (with your consent); • Designing individualized return to work plans that focus on your abilities, with the goal of return to work; • Identifying local community resources; • Coordinating services with other benefit providers, including: medical carrier, short term disability carrier, workers' compensation carrier, and state disability plans; • Monitoring return to work plans in progress and modifying them as recommended by the attending physician (with your consent).
<p>Voluntary Return to Work Program</p>	<p>You are automatically eligible to participate in the Voluntary Return to Work Program. The program focus is vocational rehabilitation, which means identifying the necessary training and therapy that can help you return to work. In many cases, this means helping you return to your former occupation, although rehabilitation can also lead to a new occupation which is better suited to your condition and makes the most of your abilities.</p>
<p>When New LTD Benefits May Begin</p>	<p>If you are receiving LTD benefits and return to work for fewer than 90 days, but are again unable to work because of the same or a related disability, you will immediately resume LTD benefit payments.</p> <p>If you return to work for longer than 90 days, or if your new disability is from an unrelated cause, you will have to wait 180 days before receiving new LTD benefits.</p>
<p>Preexisting Conditions</p>	<p>You may be Totally Disabled due to a preexisting condition. No benefits are payable under the plan in connection with that Total Disability unless your elimination period starts after you have been active employee under the plan for 12 consecutive months.</p> <p>A preexisting condition is an injury or sickness for which you, in the 12 months before your effective date:</p> <ul style="list-style-type: none"> • Received medical treatment, consultation, care, or services; • Took prescription medications or had medications prescribed; or

	<ul style="list-style-type: none"> • Had symptoms or conditions which would cause a reasonably prudent person to seek diagnosis, care, or treatment.
Limitations for Disabilities	<p>You are covered for 24 months of Total Disability, after Elimination Period(s) during your lifetime if you are Totally Disabled due to a neuromusculoskeletal and soft tissue disorder including, but not limited to, any disease or disorder of the spine or extremities and their surrounding soft tissue; including sprains and strains of joints and adjacent muscles, unless the Total Disability has objective evidence of:</p> <ul style="list-style-type: none"> • Seropositive arthritis; • Spinal tumors, malignancy, or vascular malformations; • Radiculopathies; • Myelopathies; • Traumatic spinal cord necrosis; or • Musculopathies.
Limitations and Exclusions	<p>LTD benefits are not available for Disabilities caused, contributed to by, or resulting from:</p> <ul style="list-style-type: none"> • war, or any act thereof whether declared or not; • service in the Armed Forces of any country or international authority; or • suicide or attempted suicide while sane or insane.
Worker's Compensation	<p>The insurance certificate(s) for the LTD Program do not replace or affect any requirement for coverage by workers' compensation insurance.</p>
Mandatory Disability Income Benefit Laws	<p>For Residents of California, Hawaii, New Jersey, New York, Rhode Island and Puerto Rico. The insurance certificate(s) for the LTD Program do not affect any requirement for any government mandated temporary disability income benefits law.</p> <p>Please contact the insurance company identified in the Contact Information Sheet for additional information regarding any government mandated temporary disability income benefits law that may be applicable to you.</p>
Additional Detailed Information Is Available	
<p>Additional detailed information on the LTD Program described in this SPD is available. Consult the Contact Information Sheet at the back of this SPD (or the updated sheet if one has been provided to you) for information on how to contact the insurance company.</p>	

**SCHEDULE OF BENEFITS FOR
LIFE INSURANCE AND PERSONAL ACCIDENT INSURANCE (“PAI”)**

Company-Paid Basic Life Insurance Coverage - Employee	
Waiting Period	None
Contributions	<u>Company pays the entire cost for basic life insurance coverage.</u> No employee contributions are required.
Coverage Amount	2,080 times Schedule A base hourly rate of pay in effect as of January 1 st of each year, rounded to next higher \$1,000
Maximum Benefit	\$70,000
Minimum Benefit	\$30,000
When Coverage Ends	Your coverage generally ends on the earliest of the date: <ul style="list-style-type: none"> • you are no longer an eligible employee, • you stop working for the Company, or • the Company terminates the Company life insurance benefit.
Guaranteed Issue Level	All coverage guaranteed
Accelerated Benefit Option (“ABO”) – special election for lump sum advance payment for terminal illness	<p><u>Eligibility:</u> Eligible active and disabled employees</p> <p><u>Life Expectancy:</u> 24 months or less</p> <p><u>Minimum and Maximum Benefit:</u> At least 25%, up to a maximum 100%, of the face amount of the life insurance coverage amount may be paid</p> <p><u>Frequency:</u> Payable only once during employee’s lifetime</p> <p><u>Other Restrictions and Considerations:</u> The ABO is subject to state availability and regulation, including limitations on the amount that may be paid under the ABO feature. The amount of the Company life insurance benefit payable as a death benefit is reduced by the amount paid under the ABO feature. The ABO distribution may be taxable. You should consult with your tax advisor before receiving an ABO distribution.</p>
Continuation of Coverage During Disability	<p>If you become Totally and Permanently Disabled before you reach age 60 and your disability continues for at least six consecutive months, your Company-Paid Basic Life Insurance coverage may be paid to you in monthly installments. The monthly installments are equal to \$18.50 for each \$1,000 of insurance, which includes compound interest at the rate of three and one-half percent (3½%) from the date of the first payment. The total number of disability installment benefit payments will not exceed 60 months.</p> <p>For purposes of this benefit, Totally and Permanently Disabled means that because of a sickness or an injury either you are expected never again to be able to do: your job, any other job for which you are fit by education, training or</p>

	<p>experience; or you lose, entirely and irrecoverably, the use of both eyes, both fee, both hands, one eye and one foot, one eye and one hand, or one hand and one foot.</p> <p>You must file for disability benefits no later than 1 year following the date you become Totally and Permanently Disabled. You will be required to provide acceptable proof of your disability to the insurance company.</p> <p>If you die while receiving disability payments, any amount of your remaining benefit not paid to you will be paid to your beneficiary(ies).</p> <p>Contact the UABC for additional information.</p>
<p>Continuation of Coverage During Leave of Absence</p>	<p>If your active employment ends due to a personal, educational or military leave, you may continue Company life insurance benefit coverage for a specified period as long as you pay 100% of the required premiums. You will be billed directly by the insurance company. If your leave continues beyond the specified period, you may convert your coverage to an individual policy if you wish to retain your coverage. Contact the UABC for additional information.</p>
<p>Conversion to Individual Policy</p>	<p>You may convert all or part of your Company life insurance benefit coverage to an individual policy within 45days after your group coverage:</p> <ul style="list-style-type: none"> • ends because you no longer work for the Company, or • ends after your specified leave of absence coverage period (provided you continued the coverage by making the required premium payments directly to the insurance company). <p>If you do not receive written notice of the conversion right under this certificate at least 15 days prior to the end of the 45-day conversion period, you will have an additional period within which to exercise such right. This additional period will expire 15 days after you are given such notice, but in no event will such additional period be extended beyond 60 days after the end of the conversion period. Notice of the conversion right will be presented to you or sent to your last known address. Receipt of this certificate will constitute such notice. Nothing contained herein will be construed to continue any insurance beyond the period provided in this certificate. This extension does not extend the 31-day period after group coverage ends during which the insurance company will pay a death benefit regardless of whether a conversion application has been made; if you die after 31 days from the date group coverage ends and have not elected conversion, no benefit is payable. Additional restrictions may apply to your conversion rights. Please contact the insurance company identified in the Contact Information Sheet for additional information.</p>
<p>Company-Paid Life Insurance Coverage – Dependent</p>	
<p>Waiting Period</p>	<p>None</p>

Contributions	<u>Company pays the entire cost for this life insurance coverage.</u> No employee contributions are required.
Coverage Amount	<u>Eligible Spouse/Qualified Domestic Partner:</u> \$10,000 <u>Dependent Child:</u> \$10,000
When Coverage Ends	Coverage for your dependent ends on the earliest of the date: <ul style="list-style-type: none"> • your dependent is no longer an eligible dependent, • your coverage ends, or • dependent insurance coverage is discontinued under the insurance policy.
Guaranteed Issue Level	All coverage guaranteed
Accelerated Benefit Option (“ABO”) – special election for lump sum advance payment for terminal illness	<u>Eligibility:</u> Eligible spouses and qualified domestic partners <u>Life Expectancy:</u> 24 months or less <u>Minimum and Maximum Benefit:</u> At least 25%, up to a maximum 100%, of the face amount of the life insurance coverage amount may be paid <u>Frequency:</u> Payable only once during employee’s lifetime <u>Other Restrictions and Considerations:</u> The ABO is subject to state availability and regulation, including limitations on the amount that may be paid under the ABO feature. The amount of the Company life insurance benefit payable as a death benefit is reduced by the amount paid under the ABO feature. The ABO distribution may be taxable. You should consult with your tax advisor before receiving an ABO distribution.
Conversion to Individual Policy	<p>You may convert all or part of your Company life insurance benefit coverage to an individual policy within 45 days after your group coverage:</p> <ul style="list-style-type: none"> • ends because you no longer work for the Company, or • ends after your 180-day leave of absence coverage period (provided you continued the coverage by making the required premium payments directly to the insurance company). <p>If you do not receive written notice of the conversion right under this certificate at least 15 days prior to the end of the 45-day conversion period, you will have an additional period within which to exercise such right. This additional period will expire 15 days after you are given such notice, but in no event will such additional period be extended beyond 60 days after the end of the conversion period. Notice of the conversion right will be presented to you or sent to your last known address. Receipt of this certificate will constitute such notice. Nothing contained herein will be construed to continue any insurance beyond the period provided in this certificate. This extension does not extend the 31-day period after group coverage ends during which the insurance company will pay a death benefit regardless of whether a conversion application has been made; if you die after 31 days from the date group coverage ends and have not elected conversion, no benefit is payable. Additional restrictions may apply to your conversion rights. Please contact the UABC for additional information.</p>

Employee-Paid Voluntary Life Insurance Coverage – Employee and Eligible Dependents	
Eligibility	If you reduce or cancel the automatic coverage described below and wish to enroll yourself or your eligible dependents at a later date, you will be required to submit evidence of good health.
Type of Coverage	Group Term Life
Waiting Period	None
Contributions	You make employee contributions by payroll deductions for the full cost of coverage. You may call the UABC to obtain the costs of the required premiums. The premiums are subject to change.
Optional Coverage Amounts That May Be Elected	<p><u>Employee</u>: 1 to 10 times base annual salary, rounded to next higher \$1,000 Note: Base annual salary is equal to monthly rate of pay times 12.</p> <p><u>Eligible Spouse/Qualified Domestic Partner</u>: \$10,000 increments</p> <p><u>Dependent Child</u>: \$10,000 (term coverage)</p>
Automatic Enrollment	<p><u>Employee</u>: Automatically enrolled in optional life insurance coverage equal to four times your base annual salary (not to exceed \$800,000)</p> <p><u>Eligible Spouse/ Qualified Domestic Partner</u>: Automatically enrolled in optional life insurance equal to \$30,000</p> <p><u>Dependent Child</u>: Each dependent child is automatically enrolled in optional life insurance equal to \$10,000</p> <p>You may cancel or reduce the amount of coverage at any time by sending written notice to the insurance company identified in the Contact Information Sheet. Please contact the insurance company for additional information.</p>
Maximum Benefit	<p><u>Employee</u>: \$3,000,000 (in combination with the Company-Paid Basic Life Insurance Coverage)</p> <p><u>Eligible Spouse/Qualified Domestic Partner</u>: \$250,000</p> <p><u>Dependent Child</u>: \$10,000</p>
Minimum Benefit	<p><u>Employee</u>: 1 times base annual salary, rounded to next higher \$1,000</p> <p><u>Eligible Spouse /Qualified Domestic Partner</u>: \$10,000</p> <p><u>Dependent Child</u>: \$10,000</p>
Automatic Increase Feature	Coverage will automatically increase (not to exceed the plan maximum) if your salary increases. If your coverage increases, your payroll deduction amount will also increase to cover the additional life insurance protection. If your salary decreases, your coverage will not decrease.

<p>When Coverage Ends</p>	<p>Coverage ends on the earliest of the following to occur:</p> <ul style="list-style-type: none"> • you are no longer an eligible employee (or, for any coverage relating to your dependent, when such dependent is no longer eligible for optional life insurance coverage); • the insured cancels the coverage (by providing written notice to the insurance company); • the coverage lapses due to nonpayment of premium; • the certificate maturity effective date (if any); • the insured dies; • the Company terminates the optional life insurance benefit; or • such other event(s) as may be specified in the insurance certificate or insurance policy applicable to your employee group under the Life and Accident Insurance Program.
<p>New Hire - Guaranteed Issue Level</p>	<p><u>Employee</u>: 4 times base annual salary up to \$800,000 <u>Eligible Spouse/Qualified Domestic Partner</u>: \$30,000 <u>Dependent Child</u>: all coverage guaranteed</p>
<p>Annual Enrollment - Guaranteed Issue Level</p>	<p><u>Employee</u>: One times annual salary not to exceed 4 times annual earning or \$800,000 whichever is less. <u>Spouse/QDP</u>: one \$10,000 increment not to exceed \$30,000 <u>Any child life insurance</u></p>
<p>“Life Event” (See below) – Guaranteed Issue Level</p>	<p><u>Employee</u>: One times annual salary not to exceed 4 times annual earning or \$800,000 whichever is less. <u>Spouse/QDP</u>: one \$10,000 increment not to exceed \$30,000 <u>Any child life insurance</u></p>
<p>Life Event Option</p>	<p>When a “Life Event” occurs, you may enroll for or increase coverage without providing evidence of good health, provided the additional coverage is requested within 45 days following a qualified “Life Event.” “Life Event” changes are:</p> <ul style="list-style-type: none"> • marriage; • a new Qualified Domestic Partner; • divorce, legal separation, annulment, dissolution of domestic partnership; • birth or adoption of a child; • death of your spouse, Qualified Domestic Partner or dependent child; and • purchase of a primary home. <p>You may also increase or elect coverage at any time and for any reason, subject to the program maximums. In such event, evidence of good health satisfactory to the insurance company will be required. You may decrease</p>

	your coverage at any time without evidence of good health.
Late Enrollment	No guaranteed coverage; evidence of insurability is required.
Accelerated Benefit Option (“ABO”)	<p><u>Eligibility:</u> Eligible active and disabled employees, spouses and qualified domestic partners</p> <p><u>Life Expectancy:</u> 24 months or less</p> <p><u>Minimum and Maximum Benefit:</u> At least 25%, up to a maximum 100%, of the face amount of the life insurance coverage amount may be paid</p> <p><u>Frequency:</u> Payable only once during employee’s lifetime</p> <p><u>Other Restrictions and Considerations:</u> The ABO is subject to state availability and regulation, including limitations on the amount that may be paid under the ABO feature. The amount of the Company life insurance benefit payable as a death benefit is reduced by the amount paid under the ABO feature. The ABO distribution may be taxable. You should consult with your tax advisor before receiving an ABO distribution.</p>
Waiver of Premium	If you are totally and permanently disabled before age 60 and your disability continues at least six months, your life insurance premiums may be waived. You must file for disability benefits no later than 1 year following the date you become totally and permanently disabled. Contact the UABC for additional information.
Portability of Life Insurance Coverage	Yes, the insured may continue his or her coverage by paying the applicable insurance premiums directly to the insurance company. These insurance rates will be higher than the employee group rates. Please contact the UABC for additional information.
Continuation of Coverage During Unpaid Leave of Absence	If you are on a Company-approved unpaid leave of absence, your optional life insurance benefit will remain in effect as long as you continue to pay the insurance company the appropriate premium. You will be billed by the insurance company for the premium.
Additional Limitations and Exclusions	The death benefit, or an increase in the death benefit, will be limited to a refund of premiums paid if the insured commits suicide or dies due to intentionally self-inflicted injuries within the first two years of the effective date of the optional life insurance coverage or within two years of the effective date of an increase in coverage. Please contact the insurance company identified in the Contact Information Sheet for additional information regarding any additional limitations and exclusions.
Personal Accident Insurance (“PAI”) Benefits	
Company-Paid PAI	<p>This benefit provides a benefit if you suffer an accidental dismemberment (the loss of a limb or your eyesight) or you die as a direct result of a non-work-related accident. The benefit is provided under a contract with the insurance company identified in the Contact Information Sheet.</p> <p><u>Contributions:</u> The Company pays the entire cost for basic life insurance coverage. No employee contributions are required.</p>

	<p><u>Benefit Amounts:</u> \$4,000 benefit for accidental death; lower benefit amounts for accidental dismemberments depending on the type of covered loss.</p>
<p>Voluntary PAI</p>	<p>This benefit pays benefits for certain accidental death or injuries that happen either on or off the job. Participation in this coverage is completely voluntary. The benefit is provided under a group insurance contract with the insurance company identified in the Contact Information Sheet.</p> <p><u>Eligibility:</u> You must enroll to receive voluntary PAI coverage. If you do not enroll within 30 days following your date of employment as an eligible employee, you may enroll only during the annual enrollment period or when you have a “change in status event,” as described in the <i>General Plan Information</i> chapter, which permits you to enroll mid-year.</p> <p><u>Contributions:</u> You make employee contributions by payroll deductions for the full cost of coverage. You may call the UABC to obtain the costs of the required premiums. The premiums are subject to change.</p> <p><u>Voluntary coverage amounts that can be elected:</u></p> <p><u>Employee:</u> \$25,000 to \$500,000, in \$25,000 increments</p> <p><u>Eligible Spouse / Qualified Domestic Partner:</u> \$10,000 to \$500,000, in \$10,000 increments</p> <p><u>Dependent Child:</u> \$10,000 to \$100,000, in \$10,000 increments</p> <p>Benefit amounts depend on the type of accidental injury and whether it results in death or a covered loss.</p> <p><u>Post-Retirement All Conveyance Coverage:</u> You may enroll yourself and your eligible dependents for accidental death and dismemberment coverage in All Conveyance Insurance if you are enrolled in PAI at the time you retire. When you retire, you will be notified of your eligibility to participate. You must enroll within 30 days after the date you retire. To receive coverage for you and any of your eligible dependents, you must make annual contributions to the Plan.</p>
<p>Additional Detailed Information Is Available</p>	
<p>Additional detailed information on the benefits provided under the Life and Accident Insurance Program described in this SPD is available by contacting the insurance company and/or by consulting the Plan Website. Consult the Contact Information sheet at the back of this SPD (or the updated sheet if one has been provided to you) for information on how to contact the insurance company and/or to access the Plan Website.</p>	

**SUMMARY SCHEDULE OF BENEFITS FOR
BENEFITS AFTER RETIREMENT PROGRAM**

Benefits After Retirement Program	Before and After Medicare Program
Eligibility Requirements	<p>See the eligibility requirements in the collective bargaining agreement applicable to your employee group.</p> <p>The first two months of coverage are at no cost to you if you pay your required contribution for the third month.</p>
Type of Retiree Medical Coverage	<p>Under the Before Medicare Medical Program, you may elect coverage under one of the coverage options available to active employees.</p> <p>Under the After Medicare Medical Program, you may elect coverage under one or more coverage options that is secondary to Medicare.</p>
Right to Suspend Retiree Medical Coverage and Re-Enroll at a Future Date	<p>Retirees may suspend coverage during any annual enrollment period or when they are first eligible for retiree medical coverage while they have alternative coverage (other than Medicare) under a group health plan, Medigap-Plan J, TRICARE, a Medicare HMO, Medigap-Plan F, a qualified individual medical insurance policy eligible for the federal Health Coverage Tax Credit (“HCTC”), an individual policy under a state health insurance exchange, or non-US national health insurance. Retirees may also choose to suspend coverage of one or more eligible dependents and either retain or suspend coverage for themselves at the same time. However, retirees may not suspend coverage for themselves while maintaining coverage for their dependents.</p> <p>The retiree (and/or dependents if applicable) may re-enroll in coverage during a future annual enrollment period or after a qualifying status change event. In order to re-enroll, the retiree (and/or dependents if applicable) must provide the UABC with satisfactory proof of the alternative coverage described above while coverage under the Program was suspended.</p>

