Anthem Voluntary Long Term Disability Plan

Frequently Asked Questions

Bus

This document provides a brief overview of the Anthem Life Insurance Company (Anthem) Voluntary Long-Term Disability (VLTD) insurance plan sponsored by the SMART Transportation Division. This document is not comprehensive in nature or intent and does not address all conditions and qualifications to which benefits may be subject. The plan documents, including but not limited to the Group Policy and Certificate, govern the operation of the plan. Airline and Rail crafts are not eligible for this bus union plan.

COVERAGE INFORMATION

How do I become covered under this VLTD plan? You need to complete the Anthem enrollment form. This will be located on the SMART website. To elect VLTD Part A, which provides up to 50% of pre-disability income, or VLTD Part B, which provides up to 60% of pre-disability income (not to exceed $6,000 monthly under either option), you must agree to pay the coverage cost. For either option you must enroll:

- Prior to September 1, 2015 (the VLTD plan effective date) if you are eligible on or before July 31, 2015,* or
- Within 31 days after you become eligible if you are not eligible on July 31, 2015.

You are eligible if you are a dues-paying bus union member receiving at least 20 hours worth of pay per week, and are actively at work.

VLTD Coverage will become effective on the first of the month concurrent with or next following the date you become eligible if you are timely enrolled, or on the first of the month concurrent with or next following Anthem's acceptance of your proof of insurability if you enroll after the first 31 days following your eligibility. However, in either case the effective date may be delayed if you are not actively at work on the first of the month.

If you enroll for VLTD coverage after the first 31 days following your eligibility, you will be subject to full underwriting, with any medical exams at your expense, and you may not be able to qualify for coverage.

* If you are eligible before July 31, 2015, and had previously opted out of the VSTD coverage, you have the opportunity before September 1, 2015, to enroll in the VSTD coverage without needing to provide proof of insurability. You can choose VSTD independent of or together with VLTD. If you choose not to enroll in the VSTD coverage prior to September 1, you can sign up later, but you will be subject to full underwriting, with any medical exams at your expense, and you may not qualify for the VSTD coverage.

Once covered, if you are placed on active E-49 status, your coverage will be suspended until you are again actively at work, paying dues and premiums. Being placed on E-49 status because you become disabled does not prevent you from filing a disability claim with Anthem.

What happens if I am on active E-49 status during the initial group enrollment period – am I covered? No, because you are not eligible unless you are actively at work and paying dues. When you return to work on the basis of at least 20 hours' worth of pay per week you become eligible for coverage.

If I choose to waive (opt out) of the VLTD coverage, can I sign up at a later time? YES, but if you enroll after your first 31 days of eligibility, you will be subject to full underwriting, with any medical exams at your expense, and you may not qualify for coverage. Think carefully before deciding to waive coverage. Your decision to "opt out" may be irreversible.

BENEFIT AND PREMIUM INFORMATION

For disabilities continuing beyond roughly the first 52 weeks, the Part A coverage pays up to 50% of your pre-disability income, while the Part B coverage pays up to 60%. Part A coverage costs $31.50 per month while the Part B coverage costs $47.98 per month. Neither option's monthly benefit can exceed $6,000, and both are subject to the same specific deductions, such as certain sources of other disability income, and other limitations.

Why does Anthem reduce my benefit if I have other sources of disability income? This safeguard ensures that individuals are not "over-insured" and without incentive to return to work in a timely fashion. Without this provision, disability insurance would be excessively costly. This only applies to other sources of disability benefits, not income from sources such as savings, 401-K plans and IRA's.

Will any other income reduce the disability benefits that I may be paid? There are several other sources of disability income payments that may reduce the benefits you receive from Anthem. Those sources will be detailed in your plan certificate. Also detailed in your plan certificate are sources of income that do not reduce your disability benefit payments from Anthem.

Are there benefit limitations or exclusions I should be aware of? Yes, any disability due to a condition that was tested for or treated within 3 months prior to the date that your insurance begins will not be covered if that disability begins during the first 6 months of coverage. The full description of benefit limitations and exclusions are contained in the insurance contract.

FILING A DISABILITY INCOME CLAIM

If I am covered, how do I qualify to receive disability benefits from the plan? To qualify for benefits from the disability plan:

- You must be under the care of a qualified physician;
- You must be unable to perform the duties of your occupation;
- You must be remain disabled beyond the elimination period (approximately 52 weeks);
- Anthem must receive supporting medical information from your doctor and approve your claim; and
- You must not be earning more than 80% of your pre-disability income (not more than 60% after 24 months of disability).

How do I file a claim for benefits? Contact the Anthem Claims Department at **800-232-0113** to request a claim form or visit the UTU website and click on the Disability Insurance link on the homepage. There you may download a claim form along with filing instructions. Your local treasurer may also have a supply of claim forms available. To expedite your claim, follow all the instructions exactly and provide all the requested information. Mail the completed claim form to:

Anthem Life Insurance Company
Disability Claims Service Center
P.O. Box 105426
Atlanta, GA 30348-5426

You must have all three sections of the claim form completed before mailing it to the Anthem Claims Department. You should complete Employee Section I, have your local chairman complete Employer Section II, and have your doctor complete Physician Section III. If the form is incomplete it may be returned to you.

CLAIMS PROCESSING

Who at Anthem will be handling my claim? A team of dedicated Disability Claim Managers (DCM) within Anthem will handle all disability claims.

How do I check the status of my claim? You may contact Anthem's Customer Service Department by calling **800-232-0113.**

Where should my physician or I send information regarding my claim? All information should be mailed to:

Anthem Life Insurance Company
Disability Claims Service Center
P.O. Box 105426
Atlanta, GA 30348-5426

Information may be faxed to:
800-850-0017
And e-mailed to:
lifeanddisabilityclaims@anthem.com

How will my claim for disability benefits be evaluated? Within a few business days from your initial claim notification, you may receive a call from the DCM assigned to your claim. The DCM may ask additional questions and describe the steps that will be taken to evaluate your claim for benefits. In evaluating your claim, the DCM will consider several factors including:

- Medical information
- Activities you can and cannot perform
- Your medical treatment plan and prognosis for recovery
- Your job description and functional requirements.

Will Anthem contact my physician? Probably. Anthem will need to contact your physician if additional information is necessary to process your claim. The claim form includes a statement of authorization that you sign, giving Anthem permission to contact your physician if necessary. This will avoid delays in the evaluation of your claim. You are ultimately responsible for ensuring that your physician(s) provide Anthem with the needed information.

What are some reasons the processing of my claim may be delayed?

- You failed to call and report your claim in a timely manner
- Your eligibility status with your bus company cannot be confirmed
- Your DCM is having difficulty obtaining necessary information from your physician

- The medical information provided is insufficient and your DCM must request further information
- You failed to provide additional information that your DCM requested

Your DCM will advise you as to the cause of any delay.

What should I expect if my claim is approved? If your claim is approved, benefits will be paid monthly as long as you meet the definition of disability. Checks will generally be processed by Anthem within 2-3 business days of receipt of the necessary supporting documentation. You will also receive an Explanation of Benefits (EOB) statement with each of your benefit checks.

Your benefit payments will end on the day prior to your expected return to work date. You will be expected to return to work on that date unless medical documentation of your continued disability is received which supports continued benefit payments. Of course, if you return to work prior to the expected date, your benefit payments will end on that date.

If approved, how will my disability claim continue to be monitored? Frequent and open communication between you and your DCM is important if you are to return to work quickly and safely. Therefore, your DCM will call you from time to time to discuss your recovery, return to work alternatives, and answer any questions you may have.

The DCM will also follow-up periodically with your physician to see how your treatment plan and recovery are progressing. Additional information from your physician may be necessary to continue disability benefits.

What should I expect if my claim for disability benefits is not approved? If your claim is not approved, you will receive a letter stating the reason(s) for denial. The letter will also outline the appeals process. That process includes a requirement that you send written appeal notification to the Anthem claims unit within 180 days of your receipt of the denial letter. Appeals are normally processed within 45 days.

What should I do when I return to work? Call your DCM immediately with your return to work date. This will avoid overpayments for which you will be required to reimburse to the plan.

The plan contains benefit exclusions, and this coverage description is intended only as a brief outline of benefits available. It does not include all of the terms of coverage offered by Anthem Life Insurance Company. The entire terms are contained in the contract documents (the applicable Certificate, Policy, and/or Trust Agreement). In the event of a conflict between the contract documents and this benefits description, the contract documents will prevail.

To better control plan costs and streamline the processes related to the Anthem VLTD plan, the SMART Group VLTD plan has assumed responsibility for some of the administrative duties typically performed by the carrier. To offset these costs, a portion of your monthly payment is used for the administrative duties performed by SMART Group VLTD plan and not for the VLTD insurance coverage.