

# School Board of Levy County



- Medical
- Medical Gap
- Disability
- Term Life
- Dental
- Vision
- Accident
- Cancer
- FSAs



## 2018 Employee Benefit Guide

Plan Year: January 1, 2018 - December 31, 2018

# IMPORTANT INFORMATION

The School Board of Levy County is pleased to offer our employees a wide variety of benefits to suit your needs. The information found within this book is designed to assist you in making important decisions regarding your benefits and provide you with important contact information.

## Annual Enrollment

The **ANNUAL ENROLLMENT** will take place **November 13th – December 8th**. This is the time when employees can make changes to their current elections. All changes must be done through the online enrollment system. During this period representatives will be made available on campus to assist you with your enrollment. Specific dates that representatives will be on campus will be sent out through the District.

## Benefits Effective Date

Benefits will become effective January 1st or upon approval of evidence of insurability if required.

## Plan Year

The Plan Year for the School Board of Levy County's benefit program is 1/1/2018 - 12/31/2018.

## New Hire Enrollment

New employees have 31 days from your date of employment to enroll in benefits. Benefits will then become effective the first of the month following your date of hire. Failure to complete your elections during this time period will result in the forfeiture of coverage.

## Mid Year Changes

Once enrolled in the Cafeteria Plan, mid-year changes can only be made based on an approved IRS Qualifying Event. Employees have 31 days after a qualifying event to make changes based on that event. **It is the responsibility of the employee to notify the Personnel Department of such changes and to complete the proper paperwork.** Any changes to benefits must be consistent with the IRS approved qualifying event.

## IRS Approved Qualifying Events

IRS approved Qualifying Events include, but are not limited to: Change in Marital Status, Birth or Adoption of a Child, Death of a Dependent, Change of Employee's or Spouse's Employment, Entitlement to Medicare or Medicaid, FMLA, Leave of Absence and COBRA Qualifying Events. Should you have any questions regarding your certain circumstances, Please contact the Personnel department for approval of any qualifying event.

# CONTACT INFORMATION

[www.mybenefitshub.com/schoolboardoflevycounty](http://www.mybenefitshub.com/schoolboardoflevycounty)

## School Board of Levy County 1 - 2

Coordinator of Benefits & Risk Management: Kalee Wade  
Phone Number: 352..486.5231  
Email Address: Kale.Wade@levyk12.org

## Hospital Confinement 7 - 9

Provider Name: American Public Life  
Provider Phone Number: 866.874.5725  
Provider Web Address: www.AmPublic.com

## Term Life Insurance 14 - 16

Provider Name: Sun Life Financial  
Provider Phone Number: 800.733.7879  
Provider Web Address: www.AssurantEmployeeBenefits.com

## Vision 26 - 31

Provider Name: Humana  
Provider Phone Number: 866.537.0229  
Provider Web Address: www.humanavision.com

## Supplemental Accident 38 - 42

Provider Name: AFLAC  
Provider Phone Number: 1.800.99.AFLAC  
Provider Web Address: www.aflac.com

## Medical Insurance 3 - 6

Provider Name: Blue Cross Blue Shield of Florida  
Provider Phone Number: 800.FLA.BLUE (352.2583)  
Provider Web Address: www.BCBSFL.com

## Disability Income Protection 10 - 13

Provider Name: One America  
Provider Phone Number: 800.553.5318  
Provider Web Address: www.OneAmerica.com

## Dental 17 - 25

Provider Name: Humana  
Provider Phone Number: 800.233.4013  
Provider Web Address: www.humanadental.com

## Supplemental Cancer 32 - 37

Provider Name: AFLAC  
Provider Phone Number: 1.800.99.AFLAC  
Provider Web Address: www.aflac.com

## Flexible Spending Accounts 43 - 48

Provider Name: Lockard and Williams Ins. Services, P.A.  
Provider Phone Number: 228.762.2500  
Provider Web Address: www.lockardandwilliams.com



## EMPLOYEE GUIDE TO ENROLL IN BENEFITS WITH THEbenefitsHUB

THEbenefitsHUB gives you access to your benefits 24 hours a day, 7 days a week from anywhere that you have Internet access.

This guide is meant to see you through the simple enrollment process page-by-page, taking you through your enrollment screens and providing information on how to efficiently complete your enrollment walkthrough.

### Logging In

#### Employee Usage Agreement:


The Employee Usage Agreement is displayed when you login to the system as an employee. Read this section carefully as it contains disclaimer information and requires an “Electronic Signature”. By clicking the **Continue** button, you are agreeing to the terms.

- **Change Password:** When logging in for the first time, you will be prompted to update your password following your company’s password policy. Once your new password has been set, click the **Save & Continue** button.

### Demographic Information



The **Employee Information Entry** process requires you to enter demographic information. You will need to review any pre-filled information for accuracy. Complete new or missing information and click on the **Save & Continue** button when you are ready to proceed to the next step.

*Please Note: All fields in **BOLD** are required.*

- **Personal Information:** Enter an email address if you have one. If you need to use the Forgot Password link on the Login page, the system will deliver your new login credentials to this email address.
- **Emergency Information:** Enter an emergency contact and the preferred contact method.
- **Dependent Information:** To add a dependent, click on the **+** icon. To edit an existing dependent, click on the  icon or the name of the dependent listed. Click on the **Save** button after successfully adding information for each dependent. *Please make sure to indicate if your child is a full-time student and/or claimed on your tax return as this could affect eligibility on some benefit plans.*
- To revisit any of the sections mentioned select the **Back** button to return to the previous section.

### Benefits Enrollment

When you have completely entered all of your personal and dependent information, you will begin your online enrollment for any of the benefits in which you are eligible. Each benefit will appear on individual pages for your review. Choose your election and then click the **Sign & Continue** button to proceed to the next benefit.

- **View Benefit Descriptions:** To view, click on the [View Plan Outline of Benefit](#) link or the  icon next to the name of the plan you would like to review. This shows a plan summary and any available links or documentation related to this plan.
- **View Plan Cost:** Click on the checkbox next to each eligible family member or choose the coverage level you would like. The cost will automatically appear in the box to the right of the members’ names. Additionally, the “Election Summary” box will be updated as coverage adjustments are made.
- **View Total Plan Cost:** While selecting plans, the cost will automatically adjust in the “Election Summary” box in response to your selections.
- **Forms:** *One or more of your Benefit Plans may require a paper form to be submitted with the Insurance Carrier.* If this is the case, THEbenefitsHUB will prompt you to print the necessary forms during your online enrollment session.
- **View Important Plan Information:** Your benefits administrator will spotlight the importance of specific features in a plan or add any disclaimers that may be necessary in the “Plan Information” section. You may expand/collapse this information by clicking anywhere on the section.
- **Product Summary Video:** Videos are placed throughout the benefit election process. You can access product videos that explain the purpose, function and importance by clicking on the  icon when available.



## Beneficiary Information

Beneficiaries are required. You will need to choose a beneficiary *for each* applicable plan.

## Consolidated Enrollment Form

### Consolidated Enrollment Form:

This form signals the end of your enrollment walkthrough and will display information from each of the sections listed above, including personal and enrollment information. You may make changes to anything that is incorrect by clicking on the [Benefit Plan](#) name. Once you are finished with the enrollment process, you will be sent to the “Employee Menu” where you may make changes. (See *Employee Menu section*)

**When you have completed your benefit selections, click the  button and you will be redirected to the Employee Menu screen.**

## Employee Menu

After you have completed your enrollment in the system, you will see the following Employee Menu icons:



**Personal Information:** You can access and edit information by selecting the menu items under [Personal Information](#). This section will also allow you to change your [Password](#).








**Dependent Information:** You can access and edit information for **Dependents** in this section. *Make sure the HR Department knows of any changes made as this may change eligibility status or give an opportunity to change enrollment in certain benefits!*



**Benefit Plan Information:** You can access and view benefits in this section. You will not be able to change benefit elections unless it is during your annual enrollment period. See a **quick overview** of all your elected information on the [Consolidated Enrollment Form](#).

## Navigation and Information Entry Tips...

Below are tips to help you familiarize yourself with the THEbenefitsHUB:

- **HELP?** If you need assistance during the enrollment process, select [HELP](#) located at the upper right corner of the screen.
- **BACK & FORTH:** Please do not use the web browser’s “back” or “forward” arrows while in the system. Use the navigation buttons in the THEbenefitsHUB instead:  
- **REQUIRED INFORMATION:** As noted on each screen, the **BOLD** items are required to allow continuation to the next page. The more information entered, the better the system will work for you; but you may skip non-bolded items if they do not apply.
- **MOVING ON:** When each election page is complete, go to the bottom of the page and select the  button.
- **UNABLE TO FINISH?** If for any reason you are unable to complete the enrollment process you may [LOGOUT](#) and login at a later time. When you login again, you will walk through the same process. The information previously entered will be stored.
- **WHAT ARE THOSE SYMBOLS?** If you “toggle” the cursor/arrow on the icons, the definition of the icons will be revealed.  
 = Edit    = View
- **LINKS...** Any [words, names or phrases with your company’s primary color that becomes underlined](#) when you click the highlighted link it will take you to designated section.
- **SCREEN NAVIGATOR:** This line is at the top of your screen. You may click on the links to quickly jump back to those previous screens.

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
<b>Financial Features</b>		
<b>Deductible</b> (DED <sup>1</sup> ) (PBP <sup>2</sup> ) (DED is the amount the member is responsible for before Florida Blue pays)	\$1,500 per person \$4,500 per family	\$3,000 per person \$9,000 per family
<b>Coinsurance</b> (Coinsurance is the percentage the member pays for services)	20% of the allowed amount	40% of the allowed amount
<b>Out-of-Pocket Maximum</b> (PBP) (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	\$3,000 per person \$6,000 per family	\$5,000 per person \$10,000 per family
<b>Office Services</b>		
<b>Physician Office Services</b> Primary Care Physician Specialist Convenient Care e-Office Visit	\$25 Copay 20% after Deductible \$25 Copay \$10 Copay	40% after Deductible 40% after Deductible 40% after Deductible 40% after Deductible
<b>Maternity</b> (Cost Share for initial visit only) Primary Care Physician Specialist	\$25 Copay 20% after Deductible	40% after Deductible 40% after Deductible
<b>Allergy Injections</b> (per visit) Primary Care Physician Specialist	\$10 Copay \$10 Copay	40% after Deductible 40% after Deductible
<b>Advanced Imaging Services (AIS)</b> (MRI, MRA, PET, CT, Nuclear Med.)	20% after Deductible	40% after Deductible
<b>Medical Pharmacy</b> - Physician-Administered Medications (applies to Office Setting and Specialty Pharmacy Vendors) In-Network Monthly Out-of-Pocket (OOP) Maximum <sup>3</sup> Provider	\$200 20%	50% after Deductible
Physician-Administered Medications – These medications require the administration to be performed by a health care provider. The medications are ordered by a provider and administered in an office or outpatient setting. Physician-Administered medications are covered under the <i>medical</i> benefit. <b>Please refer to the Physician-Administered medication list in the Medication Guide for a list of drugs covered under this benefit.</b>		
<b>Preventive Care</b>		
<b>Routine Adult &amp; Child Preventive Services, Wellness Services, and Immunizations</b>	\$0	40%
<b>Mammograms</b>	\$0	\$0
<b>Colonoscopy</b> (Routine for age 50+ then frequency schedule applies)	\$0	\$0
<b>Emergency Medical Care</b>		
<b>Urgent Care Centers</b>	\$35 Copay	\$35 Copay after Deductible
<b>Emergency Room Facility Services</b> (per visit)	20% after Deductible	20% after Deductible <sup>4</sup>
<b>Ambulance Services</b>	20% after Deductible	20% after In-Network Deductible

<sup>1</sup> DED = Deductible

<sup>2</sup> PBP = Per Benefit Period

<sup>3</sup> In-Network Medical Pharmacy will be paid at 100% for the remainder of the calendar month once OOP max is met.

<sup>4</sup> If admitted as an Inpatient from the Emergency Room member pays Out-of-Network DED and In-Network Emergency Room Coinsurance.

**Note: Out-of-Network services may be subject to balance billing.**

Florida Blue is a trade name of Blue Cross and Blue Shield of Florida, Inc., an Independent Licensee of the Blue Cross and Blue Shield Association. Florida Blue does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

# BlueOptions

Levy County School Board Effective 1/1/18  
Health Benefit Plan 05360-Nonstandard

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
<b>Outpatient Diagnostic Services</b>		
<b>Independent Diagnostic Testing Facility Services</b> (per visit) (e.g. X-rays) (Includes Provider Services) Diagnostic Services (except AIS) Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	20% after Deductible 20% after Deductible	40% after Deductible 40% after Deductible
<b>Independent Clinical Lab</b> (e.g., Blood Work)	\$0	40% after Deductible
<b>Outpatient Hospital Facility Services</b> (per visit) (e.g., Blood Work and X-rays) Option 1 Option 2	20% after Deductible 20% after Deductible	40% after Deductible 40% after Deductible
<b>Hospital / Surgical</b>		
<b>Ambulatory Surgical Center Facility (ASC)</b>	20% after Deductible	40% after Deductible
<b>Outpatient Hospital Facility Services</b> (per visit) Therapy Services Option 1 Option 2 All other Services Option 1 Option 2	\$45 Copay \$60 Copay 20% after Deductible 20% after Deductible	40% after Deductible 40% after Deductible 40% after Deductible 40% after Deductible
<b>Inpatient Hospital Facility and Rehabilitation Services</b> (per admit) Option 1 Option 2	20% after Deductible 20% after Deductible	40% after Deductible <sup>4</sup> 40% after Deductible <sup>4</sup>
<b>Mental Health / Substance Dependency</b>		
<b>Inpatient Hospitalization Facility Services</b> (per admit) Option 1 and Option 2	20% after Deductible	40% after Deductible <sup>4</sup>
<b>Outpatient Hospitalization Facility Service</b> (per visit) Option 1 and Option 2	20% after Deductible	40% after Deductible
<b>Emergency Room Facility Services</b> (per visit)	20% after Deductible	20% after Deductible
<b>Provider Services at Hospital and ER</b> Primary Care Physician / Specialist	\$0	40% after Deductible
<b>Provider Services at Locations other than Office, Hospital and ER</b> Primary Care Physician / Specialist	40% after Deductible	40% after Deductible
<b>Outpatient Office Visit</b> Primary Care Physician Specialist	20% 20% after Deductible	40% after Deductible
<b>Other Provider Services</b>		
<b>Provider Services at Hospital and ER</b>	20% after Deductible	20% after In-Network Deductible
<b>Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC)</b>	20% after Deductible	20% after In-Network Deductible
<b>Provider Services at Locations other than Office, Hospital and ER</b> Primary Care Physician Specialist	20% after Deductible 20% after Deductible	40% after Deductible 40% after Deductible
<b>Other Special Services</b>		
<b>Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations</b> Outpatient Rehabilitation Therapy Center Outpatient Hospital Facility Services (per visit) Option 1 Option 2	20% after Deductible \$45 Copay \$60 Copay	40% after Deductible 40% after Deductible 40% after Deductible
<b>Durable Medical Equipment, Prosthetics and Orthotics</b>	20% after Deductible	40% after Deductible

69800-0516R E



# BlueOptions

Levy County School Board Effective 1/1/18

Health Benefit Plan 05360-Nonstandard

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
<b>Other Special Services (continued)</b>		
Home Health Care	20% after Deductible	40% after Deductible
Skilled Nursing Facility	20% after Deductible	40% after Deductible
Hospice	20% after Deductible	40% after Deductible

**Important:** To ensure quality care and to help you get the most value from your plan benefits, for certain medical services **you need to get an approval** from Florida Blue before your service or you'll have to **pay the entire cost** for the service. **Before an appointment**, visit [floridablue.com/Authorization](http://floridablue.com/Authorization) or call the toll-free number on your member ID card to see if a prior approval is needed and your next steps.

<b>Benefit Maximums</b>	
Home Health Care	20 Visits PBP
Inpatient Rehabilitation Therapy	30 Days PBP
Outpatient Therapy	35 Visits PBP
Spinal Manipulations	26 PBP (accumulates towards the Outpatient Therapy maximum)
Skilled Nursing Facility	60 Days PBP

## Additional Benefits and Features

- We encourage you to call the care consultants team at 1-888-476-2227 to find out more about your benefits and/or treatment options. This can help you save time and money.
- You have online access to everything about your health benefit plan as well as all of our self-service tools at [floridablue.com](http://floridablue.com).
- Go to [floridablue.com](http://floridablue.com), click on **Find a Doctor** and follow the on-screen directions to easily find a doctor in your plan's network and you don't need a referral to see a participating provider.

## BlueScript Prescription Drug Program

In the event your Group has purchased pharmacy coverage from Florida Blue, you'll find a Pharmacy Program information sheet enclosed. Please review it carefully, as you'll find it contains an overview of your benefits and how to utilize them. Important Note: Your health plan may include prescription drug coverage that only provides coverage at Exclusive Pharmacies except for emergency situations.

## Access to Our Strong Networks

**NetworkBlue<sup>SM</sup>** is the Preferred Provider Network designated as "In-Network" for BlueOptions. While In-Network providers remain the best value, members are still **protected from balance billing** if they go Out-of-Network to someone who is part of our Traditional Provider Network. You may also receive **out-of-state coverage through the BlueCard<sup>®</sup>** Program with access to the participating providers of independent Blue Cross and/or Blue Shield organizations across the country.

## Physician Discount

Many NetworkBlue physicians offer BlueOptions members a rate which is at least 25 percent below the usual fees charged for services that are **not Covered Services** under your health plan. By taking advantage of this discount, you get the care you need from the doctor you trust. However, Florida Blue does not guarantee that a physician will honor the discount. Since you pay out-of-pocket for any non-covered services, it's your responsibility to discuss the costs and discounted rates for non-covered services with your physician **before** you receive services. 'Physician Discount' is not part of your insurance coverage or a discount medical plan. For more information, please refer to the online Provider Directory at [floridablue.com](http://floridablue.com).

**This is not an insurance contract or Benefit Booklet.** This Benefit Summary is only a partial description of the many benefits and services provided or authorized by Florida Blue. This does not constitute a contract. For a complete description of benefits and exclusions, please see the Florida Blue BlueOptions Benefit Booklet and Schedule of Benefits; its terms prevail.

69800-0516R E



## Health Insurance

Rates per pay period  
over 10 Months

Tier	10 Month Total Cost	Board Contribution	Monthly Employee Deduction	Per Pay Period Deduction
Employee Only	\$ 793.26	<b>\$ 682.50</b>	\$ 110.76	\$ 55.38
Employee & Spouse	\$ 1,602.00	<b>\$ 682.50</b>	\$ 919.50	\$ 459.75
Employee & Child(ren)	\$ 1,380.06	<b>\$ 751.32</b>	\$ 628.74	\$ 314.37
Family	\$ 2,106.00	<b>\$ 823.75</b>	\$1,282.25	\$ 641.12

# Decide Today <sup>To</sup>Protect Tomorrow<sup>®</sup>



AP58-22044(FL)



**American Public Life  
Insurance Company**

A member of the American Fidelity Group.



American Public Life Insurance Company  
LIMITED BENEFIT HOSPITAL INDEMNITY PLAN

Policy Form No. HI-4005

*Especially Designed for:*

*The School Board of Levy County*

APL’s HI-4005 Hospital Indemnity Plan is a great solution to help you protect you and your family from the high out-of-pocket expenses you can incur due to In-Patient treatment.

PLAN HIGHLIGHTS

- Pays regardless of all other plans (except Workers Compensation or other similar law).
- Covers Maternity as any other illness.
- Benefits are paid directly to the insured or assignable to a chosen hospital, treatment facility or physician.
- Guaranteed Issue (No Health Questions).
- Waiver of Pre-Existing Condition Limitations.

A medical reimbursement plan with benefits paid directly to the employee. These benefits are designed to help cover your Deductible, Co-Insurance and Out-of-Pocket expenses of the Health Insurance plan offered through the School Board of Levy County.

**Annual First Occurrence Hospital Confinement Benefit.....\$1,500 per year**

Pays a lump sum benefit of **\$1,500 per year** the first time each calendar year an insured is confined to a hospital as an in-patient. This confinement must be due to an injury or sickness and at the direction of a physician.

**Daily Hospital Confinement Benefit.....\$30 per day**

Pays a daily benefit of **\$30 per day**, due to a covered injury or sickness, for In-Patient hospital confinement at the direction of a physician. The plan will pay up to a maximum of 180 days per confinement, unless the confinement is due to a mental or emotional disorder. The Plan will then pay up to a maximum of 30days per confinement for mental or emotional disorders



### 9 MONTH PREMIUMS

Semi-Monthly Premiums (Per Pay Period)	
Employee Only	\$12.96
Employee & Spouse	\$23.98
Employee & Child(ren)	\$18.72
Family	\$29.54

Coverage for you and your spouse and any Eligible Dependent under age 25.

### LIMITATIONS AND EXCLUSIONS

**ELIGIBILITY:** You are eligible for insurance provided you qualify for coverage as defined in the master application and are Actively at Work on your effective date of coverage.

Actively At Work means the person is performing the normal duties of his/her principal occupation, at his/her usual place of business, on a full time basis (at least 18 hours per week). A person is deemed to be Actively at Work on each day of regular paid vacation during which he/she is not totally disabled, provided he/she was Actively At Work on the last preceding work day.

**PERIOD OF CONFINEMENT:** Period of Confinement means continuous confinement in a Hospital. Periods of confinement for the same or a related cause, which are separated by less than 90 days, will be considered the same period of confinement. Each Period of Confinement must begin while coverage is in force for the insured person confined.

**APL DOES NOT COVER HOSPITAL CONFINEMENTS OR OTHER LOSSES IN THE POLICY OR RIDERS ATTACHED THERETO:**

due to hernia, adenoids, tonsils, varicose veins, appendix, disorder of the reproduction organs or elective sterilization within six months after the insured person's effective date unless due to an emergency.

For an Injury or Sickness paid under Workers Compensation, an Employers Liability Law, benefits provided by the Federal Employee Liability Act or similar law.

## THE NEED FOR DISABILITY INSURANCE

# Protect your paycheck

You insure your home, car and other valuable possessions, so why not also protect what pays for all those things? Your income. Without it, think about how your mortgage/rent, groceries or credit card bills would get paid. That's where disability insurance can help.

A disability can happen to anyone at any time and it can last for a short or long period of time. Purchasing disability insurance through your workplace is a way to replace a portion of your pre-disability earnings if you get sick or hurt and are unable to work. Being prepared can help ease the financial burden for you.

### Things to think about

A severe injury or illness can leave you unable to work for years. Workers' compensation only covers injuries that happen on the job and, to qualify for coverage, you must meet certain eligibility requirements. Additionally, medical insurance will only help cover your medical costs.

You might be able to dip into savings or borrow money from loved ones, but if you don't have these options, can you really afford not to have disability insurance?

Protect yourself and your income with disability insurance.

Disability insurance can provide you with the income protection you need. Consider purchasing it today.

### Let's figure it out

Everyone's circumstances are different. This calculator can help you figure out how much you need to protect your lifestyle and the lifestyles of those you love if you become disabled.

### Estimate your essential monthly expenses

Living expenses	Amount
Monthly housing (e.g., mortgage, rent, insurance, taxes)	
Utilities (e.g., telephone, electricity, gas, oil, cable, TV, Internet)	
Food	
Transportation (e.g., car payments, gasoline, insurance)	
<b>Subtotal =</b>	
Debt expenses	
Education (e.g., tuition, books, supplies)	
Health care (e.g., out-of-pocket costs, insurance premiums)	
Debt payments (e.g., credit cards, other debt)	
<b>Subtotal =</b>	
Other expenses	
Dependent care	
Life insurance premiums	
<b>Subtotal =</b>	
<b>Minimum monthly amount to cover with disability insurance</b>	<b>\$</b>

**Note:** Products issued and underwritten by American United Life Insurance Company® (AUL), Indianapolis, IN, a OneAmerica company.

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## Group Educator Disability Terms and Definitions

<b>Eligible Employees:</b>	This benefit is available for employees who are actively at work on the effective date and working a minimum of 20 hours per week.
<b>Flexible Choices:</b>	Since everyone's needs are different, these plans offer flexibility for you to choose a benefit option that fits your income replacement needs and budget.
<b>Timely Enrollment:</b>	Enrolling timely means you have enrolled during the initial enrollment period when benefits were first offered by AUL, or as a newly hired employee within 31 days following completion of any applicable waiting period.
<b>Portability:</b>	Should your coverage terminate, you may be eligible to take this disability insurance with you without providing Evidence of Insurability. You must apply within 31 days from the last day you are eligible.
<b>Waiver of Premium:</b>	If approved, this benefit waives your Disability insurance premium in case you become disabled and are unable to collect a paycheck.
<b>Elimination Period:</b>	This is a period of consecutive days of disability before benefits may become payable under the contract.
<b>Total Disability:</b>	You are considered disabled if, because of injury or sickness, you cannot perform the material and substantial duties of your regular occupation, you are not working in any occupation and are under the regular attendance of a physician for that injury or sickness.
<b>Partial Disability:</b>	You may be paid a partial disability benefit, if because of injury or sickness, you are unable to perform every material and substantial duty of your regular occupation on a full-time basis, are performing at least one of the material and substantial duties of your regular occupation, or another occupation, on a full or part-time basis, and are earning less than 80% of your pre-disability earnings due to the same injury or sickness.
<b>Residual:</b>	The elimination period can be satisfied by total disability, partial disability, or a combination of both.
<b>Return to Work:</b>	You may be able to return to work for a specified time period without having your partial disability benefits reduced according to the contract. The Return to Work Benefit is offered up to a maximum of 12 months.
<b>Integration:</b>	The method by which your benefit may be reduced by Other Income Benefits.
<b>Offset:</b>	An offset is an amount that reduces your benefit amount by amounts you receive from other sources for your disability and will be specified in the contract.
<b>Pre-Existing Condition Limitations:</b>	The pre-existing period is 3/12. Certain disabilities are not covered if the cause of the disability is traceable to a condition existing prior to your effective date of coverage. A pre-existing condition is any condition for which a person has received medical treatment or consultation, taken or were prescribed drugs or medicine, or received care or services, including diagnostic measures, within a time-frame specified in the contract. You must also be treatment-free for a time-frame specified in some contracts following your individual effective date of coverage.
<b>About Your Benefits:</b>	Group Educator Disability benefits are illustrated and paid on a monthly basis.

This invitation to inquire allows eligible employees an opportunity to inquire further about AUL's group insurance and is limited to a brief description of any losses for which benefits are payable. The contract has exclusions, limitations reduction of benefits, and terms under which the contract may be continued in force or discontinued.

Levy County School Board			Plan A: Accident/Sickness Benefit Waiting Period			
			9thly Semi-Monthly Cost			
Annual Earnings	Monthly Earnings	Maximum Monthly Benefit	0/7	14 /14	30/30	90/90
\$3,600	\$300	\$200.00	\$6.34	\$5.64	\$4.64	\$2.10
\$5,400	\$450	\$300.00	\$9.51	\$8.46	\$6.96	\$3.15
\$7,200	\$600	\$400.00	\$12.68	\$11.28	\$9.28	\$4.20
\$9,000	\$750	\$500.00	\$15.85	\$14.10	\$11.60	\$5.25
\$10,800	\$900	\$600.00	\$19.02	\$16.92	\$13.92	\$6.30
\$12,600	\$1,050	\$700.00	\$22.19	\$19.74	\$16.24	\$7.35
\$14,400	\$1,200	\$800.00	\$25.36	\$22.56	\$18.56	\$8.40
\$16,200	\$1,350	\$900.00	\$28.53	\$25.38	\$20.88	\$9.45
\$18,000	\$1,500	\$1,000.00	\$31.70	\$28.20	\$23.20	\$10.50
\$19,800	\$1,650	\$1,100.00	\$34.87	\$31.02	\$25.52	\$11.55
\$21,600	\$1,800	\$1,200.00	\$38.04	\$33.84	\$27.84	\$12.60
\$23,400	\$1,950	\$1,300.00	\$41.21	\$36.66	\$30.16	\$13.65
\$25,200	\$2,100	\$1,400.00	\$44.38	\$39.48	\$32.48	\$14.70
\$27,000	\$2,250	\$1,500.00	\$47.55	\$42.30	\$34.80	\$15.75
\$28,800	\$2,400	\$1,600.00	\$50.72	\$45.12	\$37.12	\$16.80
\$30,600	\$2,550	\$1,700.00	\$53.89	\$47.94	\$39.44	\$17.85
\$32,400	\$2,700	\$1,800.00	\$57.06	\$50.76	\$41.76	\$18.90
\$34,200	\$2,850	\$1,900.00	\$60.23	\$53.58	\$44.08	\$19.95
\$36,000	\$3,000	\$2,000.00	\$63.40	\$56.40	\$46.40	\$21.00
\$37,800	\$3,150	\$2,100.00	\$66.57	\$59.22	\$48.72	\$22.05
\$39,600	\$3,300	\$2,200.00	\$69.74	\$62.04	\$51.04	\$23.10
\$41,400	\$3,450	\$2,300.00	\$72.91	\$64.86	\$53.36	\$24.15
\$43,200	\$3,600	\$2,400.00	\$76.08	\$67.68	\$55.68	\$25.20
\$45,000	\$3,750	\$2,500.00	\$79.25	\$70.50	\$58.00	\$26.25
\$46,800	\$3,900	\$2,600.00	\$82.42	\$73.32	\$60.32	\$27.30
\$48,600	\$4,050	\$2,700.00	\$85.59	\$76.14	\$62.64	\$28.35
\$50,400	\$4,200	\$2,800.00	\$88.76	\$78.96	\$64.96	\$29.40
\$52,200	\$4,350	\$2,900.00	\$91.93	\$81.78	\$67.28	\$30.45
\$54,000	\$4,500	\$3,000.00	\$95.10	\$84.60	\$69.60	\$31.50
\$55,800	\$4,650	\$3,100.00	\$98.27	\$87.42	\$71.92	\$32.55
\$57,600	\$4,800	\$3,200.00	\$101.44	\$90.24	\$74.24	\$33.60
\$59,400	\$4,950	\$3,300.00	\$104.61	\$93.06	\$76.56	\$34.65
\$61,200	\$5,100	\$3,400.00	\$107.78	\$95.88	\$78.88	\$35.70
\$63,000	\$5,250	\$3,500.00	\$110.95	\$98.70	\$81.20	\$36.75
\$64,800	\$5,400	\$3,600.00	\$114.12	\$101.52	\$83.52	\$37.80
\$66,600	\$5,550	\$3,700.00	\$117.29	\$104.34	\$85.84	\$38.85
\$68,400	\$5,700	\$3,800.00	\$120.46	\$107.16	\$88.16	\$39.90
\$70,200	\$5,850	\$3,900.00	\$123.63	\$109.98	\$90.48	\$40.95
\$72,000	\$6,000	\$4,000.00	\$126.80	\$112.80	\$92.80	\$42.00
\$73,800	\$6,150	\$4,100.00	\$129.97	\$115.62	\$95.12	\$43.05

***Find your annual/monthly earnings above to determine your Maximum Monthly Benefit. If your annual/monthly earnings are not shown, use the next lower annual/monthly earnings and corresponding Maximum Benefit.***

School Board of Levy County			Plan B: Accident/Sickness Benefit Waiting Period			
			9thly Semi-Monthly Cost			
Annual Earnings	Monthly Earnings	Maximum Monthly Benefit	0/7	14 /14	30/30	90/90
\$3,600	\$300	\$200.00	\$5.40	\$4.82	\$3.96	\$1.58
\$5,400	\$450	\$300.00	\$8.10	\$7.23	\$5.94	\$2.37
\$7,200	\$600	\$400.00	\$10.80	\$9.64	\$7.92	\$3.16
\$9,000	\$750	\$500.00	\$13.50	\$12.05	\$9.90	\$3.95
\$10,800	\$900	\$600.00	\$16.20	\$14.46	\$11.88	\$4.74
\$12,600	\$1,050	\$700.00	\$18.90	\$16.87	\$13.86	\$5.53
\$14,400	\$1,200	\$800.00	\$21.60	\$19.28	\$15.84	\$6.32
\$16,200	\$1,350	\$900.00	\$24.30	\$21.69	\$17.82	\$7.11
\$18,000	\$1,500	\$1,000.00	\$27.00	\$24.10	\$19.80	\$7.90
\$19,800	\$1,650	\$1,100.00	\$29.70	\$26.51	\$21.78	\$8.69
\$21,600	\$1,800	\$1,200.00	\$32.40	\$28.92	\$23.76	\$9.48
\$23,400	\$1,950	\$1,300.00	\$35.10	\$31.33	\$25.74	\$10.27
\$25,200	\$2,100	\$1,400.00	\$37.80	\$33.74	\$27.72	\$11.06
\$27,000	\$2,250	\$1,500.00	\$40.50	\$36.15	\$29.70	\$11.85
\$28,800	\$2,400	\$1,600.00	\$43.20	\$38.56	\$31.68	\$12.64
\$30,600	\$2,550	\$1,700.00	\$45.90	\$40.97	\$33.66	\$13.43
\$32,400	\$2,700	\$1,800.00	\$48.60	\$43.38	\$35.64	\$14.22
\$34,200	\$2,850	\$1,900.00	\$51.30	\$45.79	\$37.62	\$15.01
\$36,000	\$3,000	\$2,000.00	\$54.00	\$48.20	\$39.60	\$15.80
\$37,800	\$3,150	\$2,100.00	\$56.70	\$50.61	\$41.58	\$16.59
\$39,600	\$3,300	\$2,200.00	\$59.40	\$53.02	\$43.56	\$17.38
\$41,400	\$3,450	\$2,300.00	\$62.10	\$55.43	\$45.54	\$18.17
\$43,200	\$3,600	\$2,400.00	\$64.80	\$57.84	\$47.52	\$18.96
\$45,000	\$3,750	\$2,500.00	\$67.50	\$60.25	\$49.50	\$19.75
\$46,800	\$3,900	\$2,600.00	\$70.20	\$62.66	\$51.48	\$20.54
\$48,600	\$4,050	\$2,700.00	\$72.90	\$65.07	\$53.46	\$21.33
\$50,400	\$4,200	\$2,800.00	\$75.60	\$67.48	\$55.44	\$22.12
\$52,200	\$4,350	\$2,900.00	\$78.30	\$69.89	\$57.42	\$22.91
\$54,000	\$4,500	\$3,000.00	\$81.00	\$72.30	\$59.40	\$23.70
\$55,800	\$4,650	\$3,100.00	\$83.70	\$74.71	\$61.38	\$24.49
\$57,600	\$4,800	\$3,200.00	\$86.40	\$77.12	\$63.36	\$25.28
\$59,400	\$4,950	\$3,300.00	\$89.10	\$79.53	\$65.34	\$26.07
\$61,200	\$5,100	\$3,400.00	\$91.80	\$81.94	\$67.32	\$26.86
\$63,000	\$5,250	\$3,500.00	\$94.50	\$84.35	\$69.30	\$27.65
\$64,800	\$5,400	\$3,600.00	\$97.20	\$86.76	\$71.28	\$28.44
\$66,600	\$5,550	\$3,700.00	\$99.90	\$89.17	\$73.26	\$29.23
\$68,400	\$5,700	\$3,800.00	\$102.60	\$91.58	\$75.24	\$30.02
\$70,200	\$5,850	\$3,900.00	\$105.30	\$93.99	\$77.22	\$30.81
\$72,000	\$6,000	\$4,000.00	\$108.00	\$96.40	\$79.20	\$31.60
\$73,800	\$6,150	\$4,100.00	\$110.70	\$98.81	\$81.18	\$32.39

***Find your annual/monthly earnings above to determine your Maximum Monthly Benefit. If your annual/monthly earnings are not shown, use the next lower annual/monthly earnings and corresponding Maximum Benefit.***



## Voluntary Life

**School Board of Levy County** announces Life insurance protection for its employees

Effective Date: 01/01/2018

Voluntary Group Term Life and Accidental Death and Dismemberment (AD&D) coverage is available to you for purchase through payroll deduction. Voluntary Life insurance can be a way to protect your family in the event of your death, particularly if you have financial obligations such as a mortgage or children in college.

**The plan your employer has selected includes the following features:**

### **Eligibility**

You are eligible to participate in the plan if you are a full-time employee of the policyholder or an associated company,

- who is at active work, and
- who is working in the United States of America, except any temporary or seasonal worker.
- Any other requirements set by your employer must also be met. "Full-time" means working at least 20 hours per week.
- Dependent Life insurance is available for eligible dependents, including your lawful spouse (if not disabled or hospital confined on the effective date) and unmarried children (if not hospital confined) from live birth to age 19, or to age 25 if a full-time student. The hospital confinement exception does not apply to a child born while dependent insurance is in effect.
- If you and your spouse work for the same employer and are both eligible for this insurance as employees, you cannot cover each other as dependents, and only one of you may insure any dependent children.

### **Voluntary Life Schedule Amounts**

- Life insurance coverage is available in \$10,000 units from a minimum of \$20,000 to a maximum of \$500,000, not to exceed 5 times your basic annual earnings.
- At age 70, we will reduce by 33% the original Life insurance amount, rounded to the next higher \$10,000, if not already an exact multiple of \$10,000; at age 75, reduce by 33% of the inforce amount, similarly rounded. The reduced amount will not be less than \$20,000.
- If you elect coverage for yourself, you can buy up to 50% of that amount for your spouse in \$5,000 units to a maximum of \$250,000. If you elect child coverage, your children are eligible to be covered for \$1,000, \$5,000 or \$10,000 each. The amount of insurance for an eligible dependent cannot be more than 50% of your Life insurance amount.

### **Accidental Death and Dismemberment Insurance (AD&D)**

- The AD&D benefit, if elected, equals the employee or dependent Life amount, to a maximum of \$500,000. You must elect AD&D for yourself in order to elect AD&D for your dependents. AD&D provides 24-hour coverage and a benefit in the event of your loss of life, limb or eyesight as a direct result of an accident, provided the loss occurs within 365 days of the accident. The coverage includes:
  - A Higher Education Benefit that pays an additional \$3,000 per year for up to 4 consecutive years for eligible dependent students. (Applies to Employee AD&D Only.)

- An Automobile Accident Benefit that pays an additional 20% of the scheduled AD&D benefit, to a maximum of \$100,000, if the covered person dies from an automobile accident injury while wearing a seat belt, provided an AD&D benefit is payable. Limitations and exclusions may apply.
- **AD&D Exclusions** - We will not pay benefits if the loss results directly or indirectly from war; riot or insurrection; service in the armed forces; physical or mental disease; infection (except pyogenic infection that occurs from an accidental wound); assault or felony committed by the covered person; suicide or attempted suicide; intentionally self-inflicted injury; the use of any drug, unless it is used as prescribed by a doctor; or your intoxication, including but not limited to operating a motor vehicle while you are intoxicated.

#### **Proof of good health requirements for employees hired before 01/01/2015**

- Guarantee Issue amounts apply to timely applicants. The Guarantee Issue amount for an employee is **\$180,000**; a spouse is **\$50,000**; a child is **\$10,000**. You are considered a timely applicant if you apply for coverage within 31 days from the date that all eligibility requirements are met. If you were eligible for coverage under the prior plan and chose not to enroll for coverage, you are considered a late applicant under our plan.
- If you are insured under the prior plan on the day before our plan takes effect for an amount in excess of the Guarantee Issue amounts, your amount will be limited to the Guarantee Issue amounts until documentation of the prior coverage amount is received and approved by us.
- In addition, there is a Special One Time "Open" Enrollment Provision that applies only on our plan effective date. This provision allows any eligible employee (even those who did not participate in the prior plan) to elect amounts of coverage up to the guarantee issue amounts shown previously. Any increases over the amounts described above will be subject to proof of good health.

#### **Additional Features**

- If you become disabled, your premiums may be waived to the earliest of age 65, recovery or retirement if disabled prior to age 60. If you become disabled at age 60 through 64, the waiver of premium will be to the earliest of one year, age 65 or retirement. You may be considered disabled for Life insurance if you are considered disabled under our Long-Term Disability policy. Any time Life insurance is continued under the Waiver of Premium, AD&D insurance will also be continued (and the premium waived) for up to 1 year from the date of disability. Limitations and exclusions apply.
- An Accelerated Benefit pays up to 80% of the Life benefit to a maximum of \$250,000 in the event of a life threatening medical condition where there is a life expectancy of 12 months or less. An Accelerated Benefit may also be available for an insured spouse. Limitations and exclusions apply.
- Plan portability allows you to continue coverage for up to 3 years after terminating current employment. Limitations and exclusions apply.
- A Conversion Privilege allows you to convert to an individual policy if any or all of your Life insurance ends while you are insured under our group Life policy. AD&D coverage is not eligible for conversion. Limitations and exclusions apply.
- For insureds or dependents who commit suicide within the first year after the effective date of their coverage, the only benefit amount payable is a refund of the amount of the insured's contributions. This coverage has limitations and exclusions. Not all plan provisions or options are available in all states. In addition, some states require modifications to the benefits described here. For complete details, please contact your company's benefits representative or refer to your benefit booklet. This highlight sheet provides a brief description of coverage. In the event that a discrepancy exists, the policy provisions will prevail. We can cancel the policy after giving the policyholder 31 days written notice.



**VOLUNTARY TERM LIFE WITH AD&D**  
**9 MONTH - SEMI-MONTHLY RATES - 18 PER PAY PERIOD DEDUCTIONS**  
**EMPLOYEE & SPOUSE RATES**

	\$ 10,000.00	\$ 20,000.00	\$ 30,000.00	\$ 40,000.00	\$ 50,000.00	\$ 60,000.00	\$ 70,000.00	\$ 80,000.00	\$ 90,000.00	\$ 100,000.00
0 - 24	\$ 0.63	\$ 1.25	\$ 1.88	\$ 2.51	\$ 3.13	\$ 3.76	\$ 4.39	\$ 5.01	\$ 5.64	\$ 6.27
25 - 29	\$ 0.71	\$ 1.43	\$ 2.14	\$ 2.85	\$ 3.57	\$ 4.28	\$ 4.99	\$ 5.71	\$ 6.42	\$ 7.13
30 - 34	\$ 0.80	\$ 1.60	\$ 2.40	\$ 3.20	\$ 4.00	\$ 4.80	\$ 5.60	\$ 6.40	\$ 7.20	\$ 8.00
35 - 39	\$ 0.89	\$ 1.79	\$ 2.68	\$ 3.57	\$ 4.47	\$ 5.36	\$ 6.25	\$ 7.15	\$ 8.04	\$ 8.93
40 - 44	\$ 1.16	\$ 2.32	\$ 3.48	\$ 4.64	\$ 5.80	\$ 6.96	\$ 8.12	\$ 9.28	\$ 10.44	\$ 11.60
45 - 49	\$ 1.69	\$ 3.39	\$ 5.08	\$ 6.77	\$ 8.47	\$ 10.16	\$ 11.85	\$ 13.55	\$ 15.24	\$ 16.93
50 - 54	\$ 2.76	\$ 5.52	\$ 8.28	\$ 11.04	\$ 13.80	\$ 16.56	\$ 19.32	\$ 22.08	\$ 24.84	\$ 27.60
55 - 59	\$ 4.45	\$ 8.89	\$ 13.34	\$ 17.79	\$ 22.23	\$ 26.68	\$ 31.13	\$ 35.57	\$ 40.02	\$ 44.47
60 - 64	\$ 6.67	\$ 13.33	\$ 20.00	\$ 26.67	\$ 33.33	\$ 40.00	\$ 46.67	\$ 53.33	\$ 60.00	\$ 66.67
65 - 69	\$ 12.71	\$ 25.43	\$ 38.14	\$ 50.85	\$ 63.57	\$ 76.28	\$ 88.99	\$ 101.71	\$ 114.42	\$ 127.13
70 - 74	\$ 20.53	\$ 41.07	\$ 61.60	\$ 82.13	\$ 102.67	\$ 123.20	\$ 143.73	\$ 164.27	\$ 184.80	\$ 205.33
75 +	\$ 20.53	\$ 41.07	\$ 61.60	\$ 82.13	\$ 102.67	\$ 123.20	\$ 143.73	\$ 164.27	\$ 184.80	\$ 205.33

	\$ 110,000.00	\$ 120,000.00	\$ 130,000.00	\$ 140,000.00	\$ 150,000.00	\$ 160,000.00	\$ 170,000.00	\$ 180,000.00	\$ 190,000.00	\$ 200,000.00
0 - 24	\$ 6.89	\$ 7.52	\$ 8.15	\$ 8.77	\$ 9.40	\$ 10.03	\$ 10.65	\$ 11.28	\$ 11.91	\$ 12.53
25 - 29	\$ 7.85	\$ 8.56	\$ 9.27	\$ 9.99	\$ 10.70	\$ 11.41	\$ 12.13	\$ 12.84	\$ 13.55	\$ 14.27
30 - 34	\$ 8.80	\$ 9.60	\$ 10.40	\$ 11.20	\$ 12.00	\$ 12.80	\$ 13.60	\$ 14.40	\$ 15.20	\$ 16.00
35 - 39	\$ 9.83	\$ 10.72	\$ 11.61	\$ 12.51	\$ 13.40	\$ 14.29	\$ 15.19	\$ 16.08	\$ 16.97	\$ 17.87
40 - 44	\$ 12.76	\$ 13.92	\$ 15.08	\$ 16.24	\$ 17.40	\$ 18.56	\$ 19.72	\$ 20.88	\$ 22.04	\$ 23.20
45 - 49	\$ 18.63	\$ 20.32	\$ 22.01	\$ 23.71	\$ 25.40	\$ 27.09	\$ 28.79	\$ 30.48	\$ 32.17	\$ 33.87
50 - 54	\$ 30.36	\$ 33.12	\$ 35.88	\$ 38.64	\$ 41.40	\$ 44.16	\$ 46.92	\$ 49.68	\$ 52.44	\$ 55.20
55 - 59	\$ 48.91	\$ 53.36	\$ 57.81	\$ 62.25	\$ 66.70	\$ 71.15	\$ 75.59	\$ 80.04	\$ 84.49	\$ 88.93
60 - 64	\$ 73.33	\$ 80.00	\$ 86.67	\$ 93.33	\$ 100.00	\$ 106.67	\$ 113.33	\$ 120.00	\$ 126.67	\$ 133.33
65 - 69	\$ 139.85	\$ 152.56	\$ 165.27	\$ 177.99	\$ 190.70	\$ 203.41	\$ 216.13	\$ 228.84	\$ 241.55	\$ 254.27
70 - 74	\$ 225.87	\$ 246.40	\$ 266.93	\$ 287.47	\$ 308.00	\$ 328.53	\$ 349.07	\$ 369.60	\$ 390.13	\$ 410.67
75 +	\$ 225.87	\$ 246.40	\$ 266.93	\$ 287.47	\$ 308.00	\$ 328.53	\$ 349.07	\$ 369.60	\$ 390.13	\$ 410.67

**CHILD(REN) LIFE RATES W/ AD&D - UP TO AGE 19 (TO AGE 25 IF FULL-TIME STUDENT)**

	\$ 1,000.00	\$ 2,000.00	\$ 3,000.00	\$ 4,000.00	\$ 5,000.00	\$ 6,000.00	\$ 7,000.00	\$ 8,000.00	\$ 9,000.00	\$ 10,000.00
	\$ 0.22	\$ 0.45	\$ 0.67	\$ 0.89	\$ 1.11	\$ 1.34	\$ 1.56	\$ 1.78	\$ 2.00	\$ 2.23

### School Board of Levy County

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist	
<b>Calendar-year deductible</b> (excludes orthodontia services)	<b>Individual</b> \$50	<b>Family</b> \$150	<b>Individual</b> \$50	<b>Family</b> \$150
Deductible applies to all services excluding preventive services.				
<b>Calendar-year annual maximum</b> (excludes orthodontia services)	\$1,000 After you reach the annual maximum amount, you will receive 30 percent coinsurance on preventive, basic, and major services for the rest of the year (excludes orthodontia.)			
<b>Preventive services</b> <ul style="list-style-type: none"><li>• Routine oral examinations (2 per year)</li><li>• Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older)</li><li>• Routine cleanings (2 per year)</li><li>• Fluoride treatment (1 per year, through age 14)</li><li>• Sealants (permanent molars, through age 14)</li><li>• Space maintainers (primary teeth, through age 14)</li><li>• Oral Cancer Screening (1 per year, ages 40 and older)</li></ul>	100% no deductible		80% no deductible	
<b>Basic services</b> <ul style="list-style-type: none"><li>• Emergency care for pain relief</li><li>• Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth)</li><li>• Composite fillings (1 per tooth every 2 years, molar teeth)</li><li>• Oral surgery (tooth extractions including impacted teeth)</li><li>• Stainless steel crowns</li><li>• Harmful habit appliances for children (1 per lifetime, through age 14)</li><li>• Periodontics (periodontal cleanings 4 per year, scaling/root planing and surgery 1 per quadrant every 3 years)</li></ul>	80% after deductible		50% after deductible	
<b>Major services</b> <ul style="list-style-type: none"><li>• Crowns (1 per tooth every 5 years)</li><li>• Inlays/onlays (1 per tooth every 5 years)</li><li>• Bridges (1 per tooth every 5 years)</li><li>• Dentures (1 per tooth ever 5 years)</li><li>• Denture relines/rebases (1 every 3 years, following 6 months of denture use)</li><li>• Denture repair and adjustments (following 6 months of denture use)</li><li>• Implants (1 every 5 years limited to crowns, bridges, and dentures. Coverage limited to equivalent cost of a non-implant service. Implant placement itself is not covered)</li><li>• Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)</li></ul>	50% after deductible		50% after deductible	
<b>Orthodontia services</b>	Members may receive a discount on non-covered services of up to 20%. Members may contact their participating provider to determine if any discounts are available on non-covered services.			

# Humana Dental PPO 14

Non-participating dentists can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in our network. If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee for covered services. If a member sees an out-of-network dentist, coinsurance will apply to the usual and customary charge. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

## Waiting periods

### Voluntary funding: 10+ enrolled employees

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	No	Not available
Late applicant <sup>1,2</sup>	No	12 months	12 months	Not available

<sup>1</sup> Late applicants not allowed with open enrollment option.  
<sup>2</sup> Waiting periods do not apply to endodontic or periodontic services unless a late applicant.

## Per Pay Period Rates (18)

Employee Only...	\$ 14.32
Employee + One...	25.06
Family...	43.10

## Questions?

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit [Humana.com](http://Humana.com).

## Feel good about choosing a HumanaDental plan

### Make regular dental visits a priority

Regular cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.\* Your HumanaDental PPO plan focuses on prevention and early diagnosis, providing four exams and cleanings every calendar year: two regular and two periodontal.

\* [www.perio.org](http://www.perio.org)

### Go to MyDentalIQ.com

Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

### Tips to ensure a healthy mouth

- Use a soft-bristled toothbrush
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Floss daily
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings

Did you know that 74 percent of adult Americans believe an unattractive smile could hurt a person's chances for career success?\* HumanaDental helps you feel good about your dental health so you can smile confidently.

\* American Academy of Cosmetic Dentistry

## Use your HumanaDental benefits

### Find a dentist

With HumanaDental's PPO plan, you can see any dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in the HumanaDental PPO Network. To find a dentist in HumanaDental's PPO Network, log on to **Humana.com** or call 1-800-233-4013.

### Know what your plan covers

The other side of this page gives you a summary of HumanaDental benefits. Your plan certificate describes your HumanaDental benefits, including limitations and exclusions. You can find it on MyHumana, your personal page at **HumanaDental.com** or call 1-800-233-4013.

### See your dentist

Your HumanaDental identification card contains all the information your dentist needs to submit your claims. Be sure to share it with the office staff when you arrive for your appointment. If you don't have your card, you can print proof of coverage at **Humana.com**.

### Learn what your plan paid

After HumanaDental processes your dental claim, you will receive an explanation of benefits or claims receipt. It provides detailed information on covered dental services, amounts paid, plus any amount you may owe your dentist. You can also check the status of your claim on MyHumana at **Humana.com** or by calling 1-800-233-4013.

Humana group dental plans are offered by Humana Insurance Company, HumanaDental Insurance Company, Humana Insurance Company of New York, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc., Humana Medical Plan of Utah, CompBenefits Company, CompBenefits Dental, Inc., Humana Employers Health Plan of Georgia, Inc. or DentiCare, Inc. (d/b/a CompBenefits)

This is not a complete disclosure of plan qualifications and limitations. Your agents will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.



[Humana.com](http://Humana.com)





# HumanaDental Prepaid HS210 Plan

Florida

## Feel good about choosing a HumanaDental plan

The HumanaDental HS Series dental plan has you covered for any circumstance. Whether you simply need routine dental care or unexpected dental treatment, you know what to expect with HumanaDental.

- No waiting periods
- No claims to file
- No annual maximums

### Use your HumanaDental benefits

After you enroll in a plan and receive your ID card, you can manage your plan information on your personal home page on **HumanaDental.com**.

- You have the freedom to select any participating general dentist as your primary care dentist. To select a dental provider from our network, simply visit **HumanaDental.com**. Once there, you can also check your benefits, email us and get a new or temporary ID card. If you prefer, contact us at 1-800-342-5209.
- Life without claim forms! With the HumanaDental Prepaid plan you pay your dentist directly, when applicable.
- Your primary dentist will provide all of your routine dental care and you will pay any copayment or discounted charges at the time of service.

## Good health starts with a healthy mouth

### Make dental visits a priority

One of the first lines of defense in overall health is dental care. Regular dental cleanings can help manage problems throughout the body, such as heart disease, diabetes, and stroke. In fact, a healthy mouth can add 6.4 years to RealAge® life expectancy.<sup>1</sup> The HumanaDental Prepaid plan enables you to take better care of your teeth, and you'll pay less for your dental care doing so.

### Go to MyDentalIQ.com

Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

## Per Pay Period Rates (18)

Employee Only...	\$ 9.56
Employee + One...	18.14
Family...	24.70

## Tips to ensure a healthy mouth

- Use a soft-bristled toothbrush
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Floss daily
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings

## Questions?

Check out [HumanaDental.com](https://www.humana.com/dental)

Call 1-800-233-4013, Monday through  
Friday, 8 a.m. to 6 p.m.  
(TDD: 1-800-325-2025).

For exclusions and limitations, please review the Specialty Benefits Regulatory and Technical Information Guide available at **Disclosure.Humana.com**.

<sup>1</sup> Dr. Michael Roizen, RealAge.com

# HumanaDental Prepaid HS210 Plan

The HumanaDental Prepaid plans focus on maintaining oral health, prevention and cost-containment. Members may see a primary care dentist as often as necessary. There are no yearly maximums, no deductibles to meet and no waiting periods. HS plans copayments for listed procedures are applicable at either a participating general dentist or a participating specialist dentist.

A primary care dentist (PCD) may decide that a member needs to see a contracted dental specialist. No referral is necessary to see a network specialist.

**Specialists services:** Should members need a specialist, (i.e., endodontist, oral surgeon, periodontist, pediatric dentist), they may be referred by a participating general dentist, or members can self-refer to any participating specialist.

## Summary of services

Services marked with a single asterisk (\*) below also require separate payment of laboratory charges. The laboratory charges must be paid to the plan dentist in addition to any applicable copayment for the service.

### Appointments Member pays

D9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment) .....	\$ 25.00
D9430	Office visit (normal hours) .....	\$ 10.00
D9440	Office visit (after regularly scheduled hours) ....	\$ 45.00
D9987	Cancelled appointment .....	\$ 10.00
D9986	Missed Appointment .....	\$ 10.00

### Diagnostic Member pays

D0120	Periodic oral examination (two per calendar year) ..	no charge
D0140	Limited/comprehensive/detailed and extensive oral eval .....	no charge
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver ...	no charge
D0150	Limited/comprehensive/detailed and extensive oral eval (two per calendar year) .....	no charge
D0160	Limited/comprehensive/detailed and extensive oral eval .....	no charge
D0170	Re-evaluation—problem focused (not post-operative visit) .....	no charge
D0180	Comprehensive periodontal evaluation (two per calendar year) .....	\$ 25.00
D0210	X-ray intraoral—complete series including bitewings (once per three calendar years) .....	no charge
D0220	X-ray intraoral—periapical, first radiographic image	no charge
D0230	X-ray intraoral—periapical, each additional radiographic image .....	no charge
D0240	X-rays intraoral—occlusal radiographic image ..	no charge
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector .....	no charge
D0270	X-ray bitewing—single radiographic image (two per calendar year) .....	no charge
D0272	X-ray bitewings—two radiographic images (two per calendar year) .....	no charge
D0273	X-ray bitewings—three radiographic images (two per calendar year) .....	no charge
D0274	Bitewings—four radiographic images (two per calendar year) .....	no charge

D0277	X-ray bitewings, vertical—seven to eight radiographic images (two per calendar year) .....	no charge
D0330	Panoramic radiographic image (once per three calendar years) .....	no charge
D0350	Oral/facial photography images .....	no charge
D0415	Collect microorganisms culture & sensitivity ....	no charge
D0425	Caries susceptibility tests .....	no charge
D0431	Oral cancer screening using a special light source. \$	65.00
D0460	Pulp vitality tests (not covered if a root canal is performed) .....	no charge
D0470	Diagnostic casts .....	no charge
D0472	Pathology report—gross examination of lesion. .	no charge
D0473	Pathology report—microscopic examination of lesion .....	no charge
D0474	Pathology report—microscopic examination of lesion and area .....	no charge

### Preventive Member pays

D1110	Prophylaxis—adult, routine (two per calendar year, by primary care dentist). .	no charge
D1120	Prophylaxis—child, routine (two per calendar year) .....	no charge
D1206	Topical application of fluoride varnish (for child <16) (two per calendar year) .....	no charge
D1208	Topical application of fluoride excluding varnish—child (up to 16 years of age) (two per calendar year)	no charge
D1310	Nutrition counseling for the control or avoidance of dental disease .....	no charge
D1320	Tobacco counseling services for the control or prevention of oral disease .....	no charge
D1330	Oral hygiene instruction .....	no charge
D1351	Sealant—per tooth (permanent teeth only to age 16) .....	\$ 15.00
D1510*	Space maintainer—fixed, unilateral (through age 14) .....	\$ 75.00
D1515*	Space maintainer—fixed, bilateral (through age 14) .....	\$105.00
D1520*	Space maintainer—removable, unilateral (through age 14) .....	\$ 95.00
D1525*	Space maintainer—removable, bilateral	

(through age 14).....	\$100.00
D1550 Re-cement or re-bond space maintainer.....	\$ 15.00

<b>Restorative</b>	<b>Member pays</b>
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D2140 Amalgam—one surface, primary or permanent. .	\$ 20.00
D2150 Amalgam—two surfaces, primary or permanent. .	\$ 25.00
D2160 Amalgam—three surfaces, primary or permanent. .	\$ 30.00
D2161 Amalgam—four or more surfaces, primary or permanent.....	\$ 35.00
D2940 Sedative filling .....	\$ 20.00

### Resin restorative

(inlays and onlays limited to one per tooth every five years)

#### Member pays

D2330 Resin based composite—one surface, anterior ..	\$ 35.00
D2331 Resin based composite—two surfaces, anterior. .	\$ 50.00
D2332 Resin based composite—three surfaces, anterior. .	\$ 65.00
D2335 Resin based composite—four or more surfaces or involving incisal angle (anterior) .....	\$ 80.00
D2390 Resin based composite crown, anterior .....	\$ 80.00
D2391 Resin based composite—one surface, posterior. .	\$ 55.00
D2392 Resin based composite—two surfaces, posterior. .	\$ 70.00
D2393 Resin based composite—three surfaces, posterior. .	\$ 90.00
D2394 Resin based composite—four or more surfaces, posterior .....	\$100.00
D2510* Inlay—metallic, one surface .....	\$285.00
D2520* Inlay—metallic, two surfaces .....	\$295.00
D2530* Inlay—metallic, three or more surfaces.....	\$305.00
D2542* Onlay—metallic, two surfaces .....	\$310.00
D2543* Onlay—metallic, three surfaces .....	\$320.00
D2544* Onlay—metallic, four or more surfaces .....	\$330.00
D2610* Inlay—porcelain/ceramic, one surface.....	\$310.00
D2620* Inlay—porcelain/ceramic, two surfaces.....	\$320.00
D2630* Inlay—porcelain/ceramic, three or more surfaces .	\$330.00
D2642* Onlay—porcelain/ceramic, two surfaces .....	\$335.00
D2643* Onlay—porcelain/ceramic, three surfaces.....	\$345.00
D2644* Onlay—porcelain/ceramic, four or more surfaces. .	\$355.00
D2650* Inlay—resin based composite, one surface .....	\$285.00
D2651* Inlay—resin based composite, two surfaces ....	\$295.00
D2652* Inlay—resin based composite, three or more surfaces .....	\$305.00
D2662* Onlay—resin based composite, two surfaces....	\$310.00
D2663* Onlay—resin based composite, three surfaces ..	\$320.00
D2664* Onlay—resin based composite, four or more surfaces .....	\$350.00

### Crown and bridge

(limited to one per tooth every five years)

#### Member pays

D2710* Crown—resin based composite, indirect .....	\$350.00
D2712* Crown—3/4 resin based composite, indirect ....	\$350.00
D2720* Crown—resin with high noble metal .....	\$350.00
D2721 Crown—resin with predominantly base metal. .	\$350.00
D2722* Crown—resin with noble metal.....	\$350.00
D2740* Crown—porcelain/ceramic substrate .....	\$350.00
D2750* Crown—porcelain fused to high noble metal....	\$350.00
D2751 Crown—porcelain fused to predominantly base metal.....	\$350.00
D2752* Crown—porcelain fused to noble metal.....	\$350.00
D2780* Crown—3/4 cast high noble metal.....	\$350.00
D2781 Crown—3/4 cast predominantly base metal ....	\$350.00
D2782* Crown—3/4 cast noble metal.....	\$350.00
D2783* Crown—3/4 porcelain/ceramic .....	\$350.00
D2790* Crown—full cast high noble metal.....	\$350.00
D2791 Crown—full cast predominantly base metal ....	\$350.00

D2792* Crown—full cast noble metal.....	\$350.00
D2794* Crown—titanium .....	\$350.00
D2799 Provisional crown .....	no charge
D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration .....	\$ 20.00
D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core .....	no charge
D2920 Re-cement or re-bond crown .....	\$ 20.00
D2929 Crown—prefabricated porcelain/ceramic crown - primary tooth .....	\$ 90.00
D2930 Prefabricated stainless steel crown—primary tooth.....	\$ 90.00
D2931 Prefabricated stainless steel crown—permanent tooth .....	\$ 30.00
D2932 Prefabricated resin crown.....	\$ 80.00
D2933 Prefabricated stainless steel crown with resin window .....	\$ 80.00
D2934 Prefabricated esthetic coated stainless steel crown—primary tooth .....	\$ 80.00
D2950 Core buildup, including any pins .....	\$ 65.00
D2951 Pin retention—per tooth, in addition to restoration .....	\$ 20.00
D2952* Cast post and core in addition to crown .....	\$125.00
D2953* Each additional cast post—same tooth.....	\$120.00
D2954 Prefabricated post and core in addition to crown	\$105.00
D2955 Post removal.....	\$ 15.00
D2957 Each additional prefabricated post—same tooth, base metal post .....	\$ 40.00
D2960 Labial veneer (resin laminate)—chairside .....	\$260.00
D2961* Labial veneer (resin laminate)—laboratory.....	\$360.00
D2962* Labial veneer (porcelain laminate)—laboratory .	\$425.00
D2971 Additional procedure—new crown existing partial denture.....	\$ 60.00
D2980 Crown repair .....	\$ 15.00
D2981 Inlay repair .....	\$ 15.00
D2982 Onlay repair.....	\$ 15.00
D2983 Veneer repair .....	\$ 15.00
D6940 Stress breaker.....	\$160.00
D6950 Precision attachment .....	\$210.00

### Prosthodontics (fixed)

(replacement limited to every five years, adjustments once per year)

#### Member pays

D6210* Pontic—cast high noble metal.....	\$350.00
D6211 Pontic—cast predominantly base metal .....	\$350.00
D6212* Pontic—cast noble metal .....	\$350.00
D6240* Pontic—porcelain fused to high noble metal ....	\$350.00
D6241 Pontic—porcelain fused to predominantly base metal .....	\$350.00
D6242* Pontic—porcelain fused to noble metal.....	\$350.00
D6750* Retainer crown—porcelain fused to high noble metal.....	\$350.00
D6751 Retainer crown—porcelain fused to predominantly base metal .....	\$350.00
D6752* Retainer crown—porcelain fused to noble metal	\$350.00
D6790* Retainer crown—full cast high noble metal ....	\$350.00
D6791 Retainer crown—full cast predominantly base metal.....	\$350.00
D6792* Retainer crown—full cast noble metal .....	\$350.00
D6794* Retainer crown—titanium.....	\$350.00
D6930 Re-cement or re-bond fixed partial denture (per unit).....	\$ 30.00

**Prosthodontics**

(replacement limited to every five years)

**Member pays**

D5110*	Complete denture—maxillary .....	\$475.00
D5120*	Complete denture—mandibular .....	\$475.00
D5130*	Immediate denture—maxillary .....	\$475.00
D5140*	Immediate denture—mandibular .....	\$475.00
D5211*	Maxillary partial denture—resin base .....	\$450.00
D5212*	Mandibular partial denture—resin base .....	\$450.00
D5213*	Maxillary partial denture—cast metal framework, resin denture bases .....	\$475.00
D5214*	Mandibular partial denture—cast metal framework, resin denture bases .....	\$475.00
D5221	Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth) .....	\$475.00
D5222	Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth) .....	\$475.00
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) .....	\$475.00
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) .....	\$475.00
D5225*	Maxillary partial denture—flexible (including clasps, rests and teeth) .....	\$475.00
D5226*	Mandibular partial denture—flexible (including clasps, rests and teeth) .....	\$475.00
D5281*	Removable partial denture—one piece cast metal .....	\$395.00
D5410	Adjust complete denture—maxillary .....	\$ 20.00
D5411	Adjust complete denture—mandibular .....	\$ 20.00
D5421	Adjust partial denture—maxillary .....	\$ 20.00
D5422	Adjust partial denture—mandibular .....	\$ 20.00
D5660*	Add clasp to existing partial denture—per tooth .....	\$100.00

**Endodontics**

(each procedure limited to once per tooth per life)

**Member pays**

D3110	Pulp cap—direct (excluding final restoration) .....	\$ 20.00
D3120	Pulp cap—indirect (excluding final restoration) ..	\$ 15.00
D3220	Therapeutic pulpotomy .....	\$ 55.00
D3221	Pulpal debridement, primary and permanent teeth .....	\$120.00
D3230	Pulpal therapy (resorbable filling)—anterior, primary tooth (excluding final restoration) .....	\$ 55.00
D3240	Pulpal therapy (resorbable filling)—posterior, primary tooth (excluding final restoration) .....	\$ 75.00
D3310	Root canal therapy—anterior (excluding final restoration) .....	\$135.00
D3320	Root canal therapy—bicuspid (excluding final restoration) .....	\$240.00
D3330	Root canal therapy—molar (excluding final restoration) .....	\$310.00
D3331	Treatment of root canal obstruction—non-surgical access .....	\$ 95.00
D3332	Incomplete endodontic therapy—inoperable or fractured tooth .....	\$ 95.00
D3333	Internal root repair of perforation defects .....	\$100.00
D3351	Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.) .....	\$110.00
D3352	Apexification/recalcification—interim .....	\$ 85.00

D3353	Apexification/recalcification—final visit .....	\$110.00
D3410	Apicoectomy/periradicular surgery—anterior ...	\$165.00
D3421	Apicoectomy/periradicular surgery—bicuspid (first root) .....	\$170.00
D3425	Apicoectomy/periradicular surgery—molar (first root) .....	\$170.00
D3426	Apicoectomy/periradicular surgery (each additional root) .....	\$ 75.00
D3430	Retrograde filling—per root .....	\$ 45.00
D3450	Root amputation—per root (not covered in conjunction with procedure D3920) ..	\$110.00
D3910	Surgical procedure to isolate tooth with rubber dam	\$ 35.00
D3920	Hemisection not included in root canal therapy ..	\$105.00
D3950	Root canal prepare and fit preformed dowel/post .....	\$ 20.00

**Periodontics (gum treatment)****Member pays**

D4210	Gingivectomy/gingivoplasty—four or more teeth, per quadrant .....	\$135.00
D4211	Gingivectomy/gingivoplasty per tooth—one to three teeth, per quadrant .....	\$ 75.00
D4240	Gingival flap, including root planing—four or more teeth, per quadrant .....	\$180.00
D4241	Gingival flap, including root planing—one to three teeth, per quadrant .....	\$135.00
D4245	Apically positioned flap .....	\$200.00
D4249	Clinical crown lengthening—hard tissue .....	\$175.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant .....	\$400.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant .....	\$375.00
D4263	Bone replacement graft—first site in quadrant ..	\$240.00
D4264	Bone replacement graft—each additional site in quadrant bone .....	\$145.00
D4265	Biological materials which can aid soft and osseous tissue regeneration .....	\$115.00
D4266	Guided tissue regeneration—resorbable barrier, per site .....	\$290.00
D4267	Guided tissue regeneration—nonresorbable barrier, per site (includes membrane removal) ..	\$375.00
D4270	Pedicle soft tissue graft procedure .....	\$295.00
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft .....	\$400.00
D4274	Distal or proximal wedge procedure .....	\$105.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft .....	\$425.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft ...	\$300.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site ....	\$210.00
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site ....	\$400.00



D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site.....	\$425.00
D4320	Provisional splinting—intracoronal.....	\$120.00
D4321	Provisional splinting—extracoronal.....	\$100.00
D4341	Periodontal scaling and root planing, per quadrant (a maximum of four quadrants will be paid in any combinations, per 24 calendar months for procedures D4341 and D4342).....	\$ 70.00
D4342	Periodontal scaling and root planing one to three teeth per quadrant (a maximum of four quadrants will be paid in any combinations, per 24 calendar months for procedures D4341 and D4342).....	\$ 60.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis (once per five calendar years).....	\$ 65.00
D4381	Localized delivery of chemotherapeutic agents (per tooth) (limited to once per tooth per 12 months to a maximum of three tooth sites per quadrant, and performed no less than three months following active periodontal therapy)....	\$ 65.00
D4910	Periodontal maintenance (covered only after active periodontal therapy).....	\$ 55.00

#### **Extractions/oral and maxillofacial surgery    Member pays**

D7111	Coronal remnants, deciduous tooth.....	no charge
D7140	Extraction, erupted tooth or exposed tooth.....	\$ 40.00
D7210	Surgical removal of erupted tooth.....	\$ 55.00
D7220	Removal of impacted tooth—soft tissue.....	\$ 60.00
D7230	Removal of impacted tooth—partially bony.....	\$ 85.00
D7240	Removal of impacted tooth—completely bony..	\$105.00
D7241	Removal of impacted tooth—completely bony, unusual complications by report.....	\$140.00
D7250	Surgical removal of residual tooth roots.....	\$ 45.00
D7260	Oroantral fistula closure.....	\$400.00
D7261	Primary closure of a sinus perforation.....	\$250.00
D7270	Tooth stabilization of accidentally avulsed or displaced tooth.....	\$ 75.00
D7280	Surgical access of an unerupted tooth (excluding wisdom teeth).....	\$135.00
D7282	Mobilization of erupted or malposed tooth to aid eruption.....	\$110.00
D7285	Incisional biopsy of oral tissue—hard (bone, tooth) ..	\$400.00
D7286	Incisional biopsy of oral tissue—soft (all others) ..	\$130.00
D7287	Exfoliative cytological sample collection.....	\$ 60.00
D7288	Brush biopsy—transepithelial sample collection..	\$ 65.00
D7310	Alveoloplasty in conjunction with extractions—per quadrant.....	\$ 45.00
D7311	Alveoloplasty in conjunction with extractions— one to three teeth or tooth spaces, per quadrant ..	\$ 20.00
D7320	Alveoloplasty not in conjunction with extractions—per quadrant.....	\$ 85.00
D7321	Alveoloplasty not in conjunction with extractions—one to three teeth or tooth spaces, per quadrant.....	\$ 45.00
D7450	Removal of benign odontogenic cyst or tumor— up to 1.25 cm.....	\$190.00
D7451	Removal of benign odontogenic cyst or tumor— greater than 1.25 cm.....	\$260.00
D7471	Removal of lateral exostosis (maxilla or mandible).....	\$110.00

D7472	Removal of torus palatinus.....	\$ 75.00
D7473	Removal of torus mandibularis.....	\$ 75.00
D7485	Surgical reduction of osseous tuberosity.....	\$ 65.00
D7510	Incision and drainage of abscess—extraoral soft tissue.....	\$ 40.00
D7970	Excision hyperplastic tissue—per arch.....	\$ 90.00
D7971	Excision of pericoronal gingival.....	\$ 60.00

#### **Repairs to prosthetics**

#### **Member pays**

D5510*	Repair broken complete denture base.....	\$ 45.00
D5520*	Replace missing or broken teeth—complete denture (each tooth).....	\$ 45.00
D5610*	Repair resin denture base.....	\$ 45.00
D5620*	Repair cast framework.....	\$ 45.00
D5630*	Repair or replace broken clasp—per tooth.....	\$ 45.00
D5640*	Replace broken teeth—per tooth.....	\$ 45.00
D5650*	Add tooth to existing partial denture.....	\$ 45.00
D5670*	Replace all teeth and acrylic framework—maxillary.....	\$235.00
D5671*	Replace all teeth and acrylic framework—mandibular.....	\$290.00
D5710*	Rebase complete maxillary denture.....	\$210.00
D5711*	Rebase complete mandibular denture.....	\$210.00
D5720*	Rebase maxillary partial denture.....	\$210.00
D5721*	Rebase mandibular partial denture.....	\$210.00
D5730	Reline complete maxillary denture (chairside)...	\$ 80.00
D5731	Reline complete mandibular denture (chairside)	\$ 80.00
D5740	Reline maxillary partial denture (chairside).....	\$ 80.00
D5741	Reline mandibular partial denture (chairside) ...	\$ 80.00
D5750*	Reline complete maxillary denture (laboratory) ..	\$125.00
D5751*	Reline complete mandibular denture (laboratory) ..	\$125.00
D5760*	Reline maxillary partial denture (laboratory) ....	\$125.00
D5761*	Reline mandibular partial denture (laboratory) ..	\$125.00
D5810*	Interim complete denture (maxillary).....	\$275.00
D5811*	Interim complete denture (mandibular).....	\$275.00
D5820*	Interim partial denture (maxillary).....	\$135.00
D5821*	Interim partial denture (mandibular).....	\$135.00
D5850	Tissue conditioning, maxillary.....	\$ 40.00
D5851	Tissue conditioning, mandibular.....	\$ 40.00
D6214*	Pontic titanium.....	\$350.00
D6245*	Pontic—porcelain/ceramic.....	\$350.00
D6250*	Pontic—resin with high noble metal.....	\$350.00
D6251	Pontic—resin with predominantly base metal ..	\$350.00
D6252*	Pontic—resin with noble metal.....	\$350.00
D6253*	Provisional pontic.....	no charge
D6545*	Retainer—cast metal, resin bonded fixed prosthesis.....	\$275.00
D6548*	Retainer—porcelain/ceramic, resin bonded fixed prosthesis.....	\$275.00
D6549	Resin retainer – for resin bonded fixed prosthesis	\$275.00
D6600*	Retainer inlay—porcelain/ceramic, two surfaces	\$350.00
D6601*	Retainer inlay—porcelain/ceramic, three or more surfaces.....	\$350.00
D6602*	Retainer inlay—cast high noble metal, two surfaces.....	\$350.00
D6603*	Retainer inlay—cast high noble metal, three or more surfaces.....	\$350.00
D6604	Retainer inlay—cast predominantly base metal, two surfaces.....	\$350.00
D6605	Retainer inlay—cast predominantly base metal, three or more surfaces.....	\$350.00
D6606*	Retainer inlay—cast noble metal, two surfaces ..	\$350.00
D6607*	Retainer inlay—cast noble metal, three or more surfaces.....	\$350.00

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D6608*	Retainer onlay—porcelain/ceramic, two surfaces	\$350.00
D6609*	Retainer onlay—porcelain/ceramic, three or more surfaces	\$350.00
D6610*	Retainer onlay—cast high noble metal, two surfaces	\$350.00
D6611*	Retainer onlay—cast high noble metal, three or more surfaces	\$350.00
D6612	Retainer onlay—cast predominantly base metal, two surfaces	\$350.00
D6613	Retainer onlay—cast predominantly base metal, three or more surfaces	\$350.00
D6614*	Retainer onlay—cast noble metal, two surfaces	\$350.00
D6615*	Retainer onlay—cast noble metal, three or more surfaces	\$350.00
D6624*	Retainer inlay titanium	\$350.00
D6634*	Retainer onlay titanium	\$350.00
D6710*	Retainer crown—indirect resin based composition	\$350.00
D6720*	Retainer crown—resin with high noble metal	\$350.00
D6721	Retainer crown—resin with predominantly base metal	\$350.00
D6722*	Retainer crown—resin with noble metal	\$350.00
D6740*	Retainer crown—porcelain/ceramic	\$350.00
D6780*	Retainer crown—3/4 cast high noble metal	\$350.00
D6781	Retainer crown—3/4 cast predominantly base metal	\$350.00
D6782*	Retainer crown—3/4 cast noble metal	\$350.00
D6783*	Retainer crown—3/4 porcelain/ceramic, denture	\$350.00

#### **Adjunctive general service** **Member pays**

D9110	Palliative (emergency) treatment	\$ 20.00
D9215	Local anesthesia	no charge

D9223	Deep sedation/general anesthesia – each 15 minute increment	\$185.00
D9230	Analgesia (nitrous oxide), per 15 minutes	\$ 30.00
D9243	Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment	\$ 80.00
D9450	Case presentation, detailed and extensive treatment planning	no charge
D9951	Occlusal adjustment—limited	\$ 40.00
D9952	Occlusal adjustment—complete	\$185.00

#### **Bleaching** **Member pays**

D9972	External bleaching in office—per arch	\$185.00
D9975	External bleaching at home—per arch	\$185.00

#### **Orthodontics** **Member pays**

D8070 or D8080	children up to 19 years of age, up to 24 months of routine orthodontic treatment for Class I and Class II cases.	
	Consultation	no charge
	Evaluation	\$ 45.00
	Records/treatment planning	\$ 250.00
	Orthodontic treatment	\$ 1,900.00
D8090	adult 19 years of age and over, up to 24 months of routine orthodontic treatment for Class I and Class II cases.	
	Consultation	no charge
	Evaluation	\$ 45.00
	Records/treatment planning	\$ 250.00
	Orthodontic treatment	\$ 1,900.00
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$ 455.00

#### NOTE:

- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- Unlisted procedures may be eligible for up to a 25% discount. Members may contact their participating provider to determine if any discounts apply.
- When crown and/or bridgework exceeds six units in the same treatment plan, the patient may be charged an additional \$75 per unit
- Some covered services are typically only offered by a specialist (like many oral surgery procedures)
- Additional exclusions and limitations are listed along with full plan information in your certificate of benefits. If you do not have a certificate of benefits, please review the Specialty Benefits Regulatory and Technical Information Guide available at [Disclosure.Humana.com](http://Disclosure.Humana.com).

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Insured or administered by Humana Insurance Company and CompBenefits Company



[Humana.com](http://Humana.com)



### School Board of Levy County

#### Vision care services

	If you use an IN-NETWORK provider (Member cost)	If you use an OUT-OF-NETWORK provider (Reimbursement)
Exam with dilation as necessary • Retinal imaging <sup>1</sup>	\$10 Up to \$39	Up to \$30 Not covered
Contact lens exam options <sup>2</sup> • Standard contact lens fit and follow-up • Premium contact lens fit and follow-up	Up to \$55 10% off retail	Not covered Not covered
Frames <sup>3</sup>	Up to \$130 20% off balance over \$130	Up to \$65
Standard plastic lenses <sup>4</sup> • Single vision • Bifocal • Trifocal • Lenticular	\$15 \$15 \$15 \$15	Up to \$25 Up to \$40 Up to \$60 Up to \$100
Covered lens options <sup>4</sup> • UV coating • Tint (solid and gradient) • Standard scratch-resistance • Standard polycarbonate - adults • Standard polycarbonate - children <19 • Standard anti-reflective coating • Premium anti-reflective coating  - Tier 1 - Tier 2 - Tier 3 • Standard progressive (add-on to bifocal) • Premium progressive - Tier 1 - Tier 2 - Tier 3 - Tier 4 • Photochromatic / plastic transitions • Polarized	\$15 \$15 \$15 \$40 \$40 \$45 Premium anti-reflective coatings as follows: \$57 \$68 80% of charge \$15 Premium progressives as follows: \$110 \$120 \$135 \$90, 80% of charge, then up to \$120 \$75 20% off retail	Not covered Not covered Not covered Not covered Not covered Not covered Premium anti-reflective coatings as follows: Not covered Not covered Not covered Up to \$40 Premium progressives as follows: Not covered Not covered Not covered Not covered Not covered Not covered
Contact lenses <sup>5</sup> (applies to materials only) • Conventional  • Disposable • Medically necessary	Up to \$130, 15% off balance over \$130 Up to \$130 \$0	Up to \$104  Up to \$104 Up to \$200



## Humana Vision 130

Vision care services	If you use an IN-NETWORK provider (Member cost)	If you use an OUT-OF-NETWORK provider (Reimbursement)
<b>Frequency</b> <ul style="list-style-type: none"> <li>• Examination</li> <li>• Lenses or contact lenses</li> <li>• Frame</li> </ul>	Once every 12 months Once every 12 months Once every 24 months	Once every 12 months Once every 12 months Once every 24 months
<b>Diabetic Eye Care: care and testing for diabetic members</b> <ul style="list-style-type: none"> <li>• Examination               <ul style="list-style-type: none"> <li>- Up to (2) services per year</li> </ul> </li> <li>• Retinal Imaging               <ul style="list-style-type: none"> <li>- Up to (2) services per year</li> </ul> </li> <li>• Extended Ophthalmoscopy               <ul style="list-style-type: none"> <li>- Up to (2) services per year</li> </ul> </li> <li>• Gonioscopy               <ul style="list-style-type: none"> <li>- Up to (2) services per year</li> </ul> </li> <li>• Scanning Laser               <ul style="list-style-type: none"> <li>- Up to (2) services per year</li> </ul> </li> </ul>	\$0 \$0 \$0 \$0 \$0	Up to \$77 Up to \$50 Up to \$15 Up to \$15 Up to \$33

<sup>1</sup> Member costs may exceed \$39 with certain providers. Members may contact their participating provider to determine what costs or discounts are available.

<sup>2</sup> Standard contact lens exam fit and follow up costs and premium contact lens exam discounts up to 10% may vary by participating provider. Members may contact their participating provider to determine what costs or discounts are available.

<sup>3</sup> Discounts available on all frames except when prohibited by the manufacturer.

<sup>4</sup> Lens option costs may vary by provider. Members may contact their participating provider to determine if listed costs are available.

<sup>5</sup> Plan covers contact lenses or frames, but not both, unless you have the Eye Glass and Contact Lens Rider.

### Additional plan discounts

- Member may receive a 20% discount on items not covered by the plan at network Providers. Members may contact their participating provider to determine what costs or discounts are available. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered. Certain brand name Vision Materials may not be eligible for a discount if the manufacturer imposes a no-discount practice. Frame, Lens, & Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price.
- Members may also receive 15% off retail price or 5% off promotional price for LASIK or PRK from the US Laser Network, owned and operated by LCA Vision. Since LASIK or PRK vision correction is an elective procedure, performed by specialty trained providers, this discount may not always be available from a provider in your immediate location.

### Per Pay Period Rates (18)

Employee Only... \$ 4.93    Employee + Spouse...\$ 9.85

Employee + Child(ren)...\$ 10.53    Family...\$ 15.47

## Limitations and Exclusions:

In addition to the limitations and exclusions listed in your "Vision Benefits" section, this policy does not provide benefits for the following:

1. Any expenses incurred while you qualify for any worker's compensation or occupational disease act or law, whether or not you applied for coverage.
2. Services:
  - That are free or that you would not be required to pay for if you did not have this insurance, unless charges are received from and reimbursable to the U.S. government or any of its agencies as required by law;
  - Furnished by, or payable under, any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
  - Furnished by any U.S. government-owned or operated hospital/institution/agency for any service connected with sickness or bodily injury.
3. Any loss caused or contributed by:
  - War or any act of war, whether declared or not;
  - Any act of international armed conflict; or
  - Any conflict involving armed forces of any international authority.
4. Any expense arising from the completion of forms.
5. Your failure to keep an appointment.
6. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthesiologist.
7. Prescription drugs or pre-medications, whether dispensed or prescribed.
8. Any service not specifically listed in the Schedule of Benefits.
9. Any service that we determine:
  - Is not a visual necessity;
  - Does not offer a favorable prognosis;
  - Does not have uniform professional endorsement; or
  - Is deemed to be experimental or investigational in nature.
10. Orthoptic or vision training.
11. Subnormal vision aids and associated testing.
12. Aniseikonic lenses.
13. Any service we consider cosmetic.
14. Any expense incurred before your effective date or after the date your coverage under this policy terminates.
15. Services provided by someone who ordinarily lives in your home or who is a family member.
16. Charges exceeding the reimbursement limit for the service.
17. Treatment resulting from any intentionally self-inflicted injury or bodily illness.
18. Plano lenses.
19. Medical or surgical treatment of eye, eyes, or supporting structures.
20. Replacement of lenses or frames furnished under this plan which are lost or broken, unless otherwise available under the plan.
21. Any examination or material required by an Employer as a condition of employment.
22. Non-prescription sunglasses.
23. Two pair of glasses in lieu of bifocals.
24. Services or materials provided by any other group benefit plans providing vision care.
25. Certain name brands when manufacturer imposes no discount.
26. Corrective vision treatment of an experimental nature.
27. Solutions and/or cleaning products for glasses or contact lenses.
28. Pathological treatment.
29. Non-prescription items.
30. Costs associated with securing materials.
31. Pre- and Post-operative services.
32. Orthokeratology.
33. Routine maintenance of materials.
34. Refitting or change in lens design after initial fitting, unless specifically allowed elsewhere in the certificate.
35. Artistically painted lenses.

## Vision health impacts overall health

Routine eye exams can lead to early detection of vision problems and other diseases such as diabetes, hypertension, multiple sclerosis, high blood pressure, osteoporosis, and rheumatoid arthritis <sup>1</sup>.



<sup>1</sup> Thompson Media Inc.

## Questions

Check out [Humana.com](http://Humana.com)

Call 1-866-995-9316 seven days a week: 8 a.m. to 6 p.m. Eastern Time Monday through Saturday, and 11 a.m. to 8 p.m. Sunday.

Humana Vision products insured by Humana Insurance Company, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc. or Humana Insurance Company of New York.

This is not a complete disclosure of the plan qualifications and limitations. Specific limitations and exclusions as contained in the Regulatory and Technical Information Guide will be provided by the agent. Please review this information before applying for coverage.

NOTICE: Your actual expenses for covered services may exceed the stated cost or reimbursement amount because actual provider charges may not be used to determine insurer and member payment obligations.





# HumanaVision Lasik

## Reduced fees

Lasik procedures are available if you are nearsighted or have astigmatism and wear glasses or contacts.<sup>2</sup> We have contracted with many well-known facilities and eye doctors to offer these procedures at substantially reduced fees.

You can take advantage of these low fees when procedures are done by network providers. The network locations listed below offer the following prices (per eye):

	Conventional / Traditional		Custom	
<b>TLC</b> 888-358-3937 (designated locations only)	<b>\$895</b>		<b>\$1,295</b>	<b>\$1,895*</b>
<b>LasikPlus</b> 866-757-8082	<b>\$695<sup>3*</sup></b> LasikPlus free enhancements for 1 year	<b>\$1,395*</b> LasikPlus free enhancements for life	<b>\$1,895*</b> LasikPlus free enhancements for life	
<b>QualSight LASIK</b> 855-456-2020	<b>\$895</b> QualSight free enhancements for 1 year	<b>\$1,295</b> with QualSight Lifetime Assurance Plan	<b>\$1,320</b>	<b>\$1,995*</b> with QualSight Lifetime Assurance Plan

\*with IntraLase™

You can also use independent Lasik provider network doctors to receive a 10% discount from usual and customary prices and pay no more than \$1,800 per eye for Conventional Lasik and \$2,300 per eye for Custom Lasik.

## Easy access to service

During your comprehensive eye health examination, your doctor can determine if you are a candidate for Lasik. If you qualify, the doctor can also make arrangements for the procedure with one of the centers that participates in this program.

Your HumanaVision ID card verifies your eligibility for Lasik discounts. You can obtain a list of providers from our website, **HumanaVisionCare.com** or by calling a Customer Care Specialist at 866-537-0229.

This discount cannot be combined with any other discount or promotional offer. The HumanaVision Lasik program is not affiliated with any medical or health plan.

### Opening doors to better vision for thousands of people – with affordable Lasik procedures<sup>1</sup>

Network doctors can help you understand these new procedures and provide access to our network of Lasik providers.

<sup>1</sup> Laser-assisted in-situ keratomileusis  
<sup>2</sup> If qualified as a Lasik candidate by the network doctor  
<sup>3</sup> Nearsighted better than -2 with astigmatism better than -1 and other restrictions apply

The Lasik program is a discount only for HumanaVision members and is not a covered benefit.

Insured by Humana Insurance Company or CompBenefits Insurance Company, or The Dental Concern, Inc.

## See the difference a bigger, better HumanaVision network can make for you.

**HumanaVision VCP** has a newly expanded network. Choose from more than 35,000 participating optometrist, ophthalmologist, and national retail locations, including LensCrafters, Pearle Vision, Sears Optical, Target Optical, and JCPenney.



### HumanaVision offers:

- **Cost-Savings** — Your benefits for eyewear apply at even more HumanaVision provider locations. And you'll pay the same cost for frames no matter where you go.
- **Choice** — You now have access to exclusive lines of designer frames, such as Dolce & Gabbana®, Oakley®, Prada®, Ralph Lauren®, and Ray-Ban®.
- **Convenience** — Take care of eye exams and frames all in one visit. Many locations offer night and weekend appointments to fit your schedule.

Start enjoying these benefits today. Be on the lookout for enrollment session information or visit:

[HumanaVisionCare.com](http://HumanaVisionCare.com)

**Humana.**



LENSCRAFTERS®

PEARLE VISION®

Sears  
Optical

Target OPTICAL



Finding a provider is easy.

Call Customer Care at **1-866-537-0229**  
or go to **HumanaVisionCare.com**.



To offer the widest choice, HumanaVision also includes independent optometrists and ophthalmologists located throughout the country. For a complete listing of providers near you, visit **humanavisioncare.com**.

**LENSCRAFTERS**

Looking for a great pair of glasses to fit your unique personality and lifestyle? LensCrafters is the right place for you. You can choose from a wide selection of fashion frames including the latest designers like Prada®, Versace®, Burberry®, and Dolce & Gabbana®. Add the latest lens technology for that great pair of glasses. More than 850 locations nationwide. Visit **lenscrafters.com** for the latest styles and trends and your nearest location.

**PEARLE VISION**

Pearle Vision continues the legacy of personalized eye care that Dr. Stanley Pearle started over 45 years ago. Combine that with a great selection of frames and lens options and over 750 convenient locations to make Pearle Vision a great place for your family's eye care. Go to **pearlevision.com** to learn more.

**Sears**  
Optical

Sears Optical has been helping families see better and look great at the right price for over 45 years. Everything you love and trust about Sears is what you'll find at Sears Optical — professional service, stylish selection of frames and the latest contact lens advancements, quality, and great value for the entire family. Satisfaction guaranteed or your money back. More than 850 Sears Optical locations are conveniently located nationwide. Visit **searsoptical.com** for one near you.

**TARGET OPTICAL**

Your eyes. Your style. Target Optical provides fashion for less than you've come to expect from Target, with the care of a professional independent doctor of optometry. You can choose from a huge selection of frames and sunglasses, including brands like Mossimo®, Vogue®, and Versus®. The latest contact lens technology is also available at affordable prices. Visit **target.com** for more information.



JCPenney Optical is a full-service optical center conveniently located in more than 350 JCPenney department stores. Choose from hundreds of frames that will inspire and reflect your lifestyle, including exclusive designer brands such as Bisou Bisou®, a.n.a.®, Liz & Co.®, and Arizona®. JCPenney Optical also offers eye exams, contact lenses, and non-prescription sunwear to meet all of your eyewear needs.



# AFLAC CANCER CARE

## CANCER INDEMNITY INSURANCE

Policy Series A78000

CC  
CLASSIC

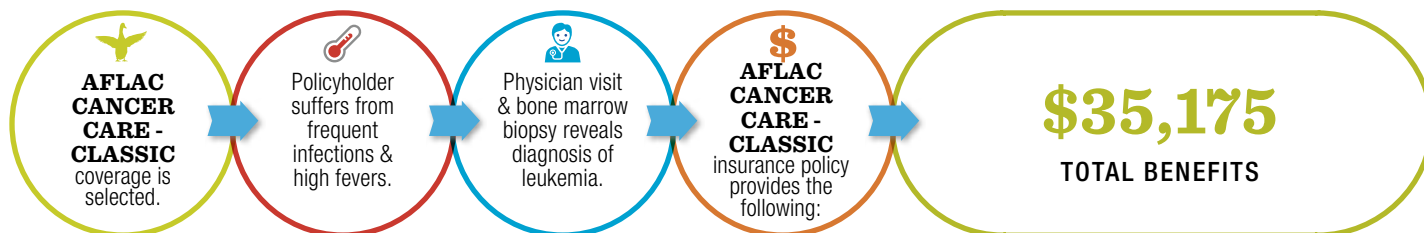
## Added Protection for You and Your Family

Chances are you know someone who's been affected, directly or indirectly, by cancer. You also know the toll it's taken on them—physically, emotionally, and financially. That's why we've developed the Aflac Cancer Care insurance policy. The plan pays a cash benefit upon initial diagnosis of a covered cancer, with a variety of other benefits payable throughout cancer treatment. You can use these cash benefits to help pay out-of-pocket medical expenses, the rent or mortgage, groceries, or utility bills—the choice is yours.

And while you can't always predict the future, here at Aflac we believe it's good to be prepared. The Aflac Cancer Care plan is here to help you and your family better cope financially—and emotionally—if a positive diagnosis of cancer ever occurs. That way you can worry less about what may be ahead.



### HOW IT WORKS



The above example is based on a scenario for Aflac Cancer Care – Classic that includes the following benefit conditions: Physician visit (Cancer Wellness Benefit) of \$75, bone marrow biopsy (Surgical/Anesthesia Benefit) of \$125, NCI Evaluation/Consultation Benefit of \$500, Initial Diagnosis Benefit of \$4,000, venous port (Surgical/Anesthesia Benefit) of \$125, Injected Chemotherapy Benefit (10 weeks) of \$6,000, Immunotherapy Benefit (3 months) of \$1,050, Antinausea Benefit (3 months) of \$300, Hospital Confinement Benefit (10-week hospitalization) of \$22,000, Blood/Plasma Benefit (10 transfusions) of \$1,000.

### THE FACTS SAY YOU NEED THE PROTECTION OF AFLAC'S CANCER CARE PLAN:

#### FACT NO. 01

IN THE UNITED STATES, MEN HAVE SLIGHTLY LESS THAN A

**1-in-2**

LIFETIME RISK OF DEVELOPING CANCER.<sup>1</sup>

#### FACT NO. 02

IN THE UNITED STATES, WOMEN HAVE SLIGHTLY MORE THAN A

**1-in-3**

LIFETIME RISK OF DEVELOPING CANCER.<sup>1</sup>

<sup>1</sup>Cancer Facts & Figures 2012, American Cancer Society.

The policy has limitations and exclusions that may affect benefits payable. For costs and complete details of the coverage, contact your Aflac insurance agent/producer. This brochure is for illustrative purposes only. Refer to the policy for benefit details, definitions, limitations, and exclusions.

# Classic Cancer Care Benefit Overview

## BENEFIT NAME

## BENEFIT AMOUNT

Cancer Wellness Benefit

\$75 per year, per Covered Person

### Cancer Diagnosis Benefits:

Initial Diagnosis Benefit

Insured/Spouse: \$4,000; Dependent Child: \$8,000; payable once per Covered Person

Medical Imaging With Diagnosis Benefit

\$135; two payments per year, per Covered Person; no lifetime max

NCI Evaluation/Consultation Benefit

\$500 payable only once per Covered Person

### Cancer Treatment Benefits:

Injected Chemotherapy Benefit

\$600 per week; no lifetime max

Nonhormonal Oral Chemotherapy Benefit

\$250 per prescription, per month up to \$750 max per month for Oral/Topical Benefit<sup>2</sup>

Hormonal Oral Chemotherapy Benefit

\$250 per prescription, per month up to 24 months; after 24 months \$75 per month up to \$750 max per month for Oral/Topical Benefit<sup>2</sup>

Topical Chemotherapy Benefit

\$150 per prescription, per month up to \$750 max per month for Oral/Topical Benefit<sup>2</sup>

Radiation Therapy Benefit

\$350 per week; no lifetime max

Experimental Treatment Benefit

\$350 per week if charged; \$100 per week if no charge; no lifetime max

Immunotherapy Benefit

\$350 once per month; \$1,750 lifetime max per Covered Person

Antinausea Benefit

\$100 per month; no lifetime max

Stem Cell Transplantation Benefit

\$7,000; lifetime max \$7,000 per Covered Person

Bone Marrow Transplantation Benefit

\$7,000; \$7,000 lifetime max per Covered Person; \$750 to donor

Blood and Plasma Benefit

Inpatient: \$100 times the number of days paid under the Hospital Confinement Benefit; Outpatient: \$175 per day; no lifetime max

Surgical/Anesthesia Benefit

\$100–\$3,400 (Anesthesia: additional 25% of Surgical Benefit); maximum daily benefit not to exceed \$4,250; no lifetime max on number of operations

Skin Cancer Surgery Benefit

\$35–\$400; no lifetime max on number of operations

Additional Surgical Opinion Benefit

\$200 per day; no lifetime max

### Hospitalization Benefits:

Hospital Confinement Benefit:

- Hospitalization for 30 days or less
- Hospitalization for Days 31+

Insured/Spouse: \$200 per day; Dependent Child: \$250 per day; no lifetime max

Insured/Spouse: \$400 per day; Dependent Child: \$500 per day; no lifetime max

Outpatient Hospital Surgical Room Charge Benefit

\$200 (payable in addition to Surgical/Anesthesia Benefit); no lifetime max on number of operations

### Continuing Care Benefits:

Extended-Care Facility Benefit

\$100 a day, limited to 30 days per year, per Covered Person

Home Health Care Benefit

\$100 per day; limited to 30 days per year, per Covered Person

Hospice Care Benefit

\$1,000 for the 1st day; \$50 per day thereafter; \$12,000 lifetime max per Covered Person

Nursing Services Benefit

\$100 per day; no lifetime max

Surgical Prosthesis Benefit

\$2,000; lifetime max \$4,000 per Covered Person

Nonsurgical Prosthesis Benefit

\$175 per occurrence; lifetime max \$350 per Covered Person

Reconstructive Surgery Benefit

\$220–\$2,000 (Anesthesia: 25% of Reconstructive Surgery Benefit); no lifetime max on number of operations

Egg Harvesting and Storage (Cryopreservation) Benefit

\$1,000 to have oocytes extracted; \$350 for storage; \$1,350 lifetime max per Covered Person

### Ambulance, Transportation, Lodging, and Other Benefits:

Ambulance Benefit

\$250 ground or \$2,000 air; no lifetime max

Transportation Benefit

\$.40 per mile; max \$1,200 per round trip; no lifetime max

Lodging Benefit

\$65 per day; limited to 90 days per year

Bone Marrow Donor Screening Benefit

\$40; limited to one benefit per Covered Person, per lifetime

<sup>2</sup>Up to three different oral/topical chemotherapy medicines per calendar month.



# AFLAC CANCER CARE

## CANCER INDEMNITY INSURANCE

Policy Series A78000



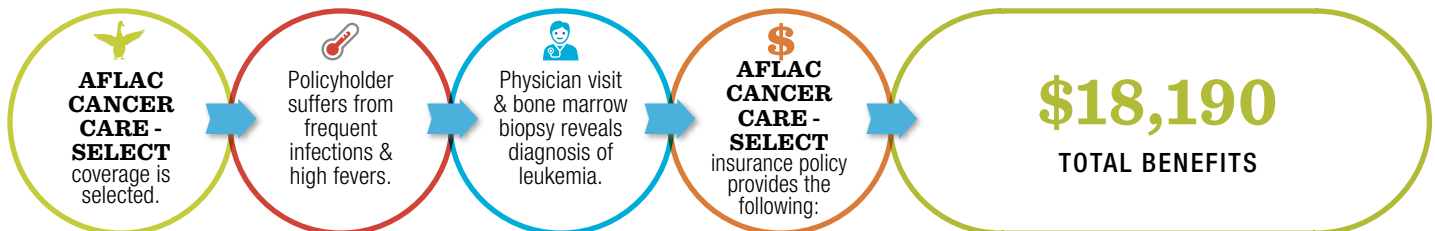
## Added Protection for You and Your Family

Chances are you know someone who's been affected, directly or indirectly, by cancer. You also know the toll it's taken on them—physically, emotionally, and financially. That's why we've developed the Aflac Cancer Care insurance policy. The plan pays a cash benefit upon initial diagnosis of a covered cancer, with a variety of other benefits payable throughout cancer treatment. You can use these cash benefits to help pay out-of-pocket medical expenses, the rent or mortgage, groceries, or utility bills—the choice is yours.

And while you can't always predict the future, here at Aflac we believe it's good to be prepared. The Aflac Cancer Care plan is here to help you and your family better cope financially—and emotionally—if a positive diagnosis of cancer ever occurs. That way you can worry less about what may be ahead.



### HOW IT WORKS



The above example is based on a scenario for Aflac Cancer Care – Select that includes the following benefit conditions: Physician visit (Cancer Wellness Benefit) of \$40, bone marrow biopsy (Surgical/Anesthesia Benefit) of \$62.50, NCI Evaluation/Consultation Benefit of \$500, Initial Diagnosis Benefit of \$2,000, venous port (Surgical/Anesthesia Benefit) of \$62.50, Injected Chemotherapy Benefit (10 weeks) of \$3,000, Immunotherapy Benefit (3 months) of \$525, Antinausea Benefit (3 months) of \$150, Hospital Confinement Benefit (10-week hospitalization) of \$11,000, Blood/Plasma Benefit (10 transfusions) of \$850.

### THE FACTS SAY YOU NEED THE PROTECTION OF AFLAC'S CANCER CARE PLAN:

#### FACT NO. 01

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**1-in-2**

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LIFETIME RISK OF DEVELOPING CANCER.<sup>1</sup>

<sup>1</sup>Cancer Facts & Figures 2012, American Cancer Society.

The policy has limitations and exclusions that may affect benefits payable. For costs and complete details of the coverage, contact your Aflac insurance agent/producer. This brochure is for illustrative purposes only. Refer to the policy for benefit details, definitions, limitations, and exclusions.

# Select Cancer Care Benefit Overview

## BENEFIT NAME

## BENEFIT AMOUNT

Cancer Wellness Benefit

\$40 per year, per Covered Person

### Cancer Diagnosis Benefits:

Initial Diagnosis Benefit

Insured/Spouse: \$2,000; Dependent Child: \$4,000; payable once per Covered Person

Medical Imaging With Diagnosis Benefit

\$75; two payments per year, per Covered Person; no lifetime max

NCI Evaluation/Consultation Benefit

\$500 payable only once per Covered Person

### Cancer Treatment Benefits:

Injected Chemotherapy Benefit

\$300 per week; no lifetime max

Nonhormonal Oral Chemotherapy Benefit

\$135 per prescription, per month up to \$405 max per month for Oral/Topical Benefit<sup>2</sup>

Hormonal Oral Chemotherapy Benefit

\$135 per prescription, per month up to 24 months; after 24 months \$50 per month up to \$405 max per month for Oral/Topical Benefit<sup>2</sup>

Topical Chemotherapy Benefit

\$100 per prescription, per month up to \$405 max per month for Oral/Topical Benefit<sup>2</sup>

Radiation Therapy Benefit

\$175 per week; no lifetime max

Experimental Treatment Benefit

\$175 per week if charged; \$75 per week if no charge; no lifetime max

Immunotherapy Benefit

\$175 once per month; \$875 lifetime max per Covered Person

Antinausea Benefit

\$50 per month; no lifetime max

Stem Cell Transplantation Benefit

\$3,500; lifetime max \$3,500 per Covered Person

Bone Marrow Transplantation Benefit

\$3,500; \$3,500 lifetime max per Covered Person; \$500 to donor

Blood and Plasma Benefit

Inpatient: \$85 times the number of days paid under the Hospital Confinement Benefit; Outpatient: \$140 per day; no lifetime max

Surgical/Anesthesia Benefit

\$50–\$1,700 (Anesthesia: additional 25% of Surgical Benefit); maximum daily benefit not to exceed \$2,125; no lifetime max on number of operations

Skin Cancer Surgery Benefit

\$20–\$200; no lifetime max on number of operations

Additional Surgical Opinion Benefit

\$100 per day; no lifetime max

### Hospitalization Benefits:

Hospital Confinement Benefit:

- Hospitalization for 30 days or less
- Hospitalization for Days 31+

Insured/Spouse: \$100 per day; Dependent Child: \$125 per day; no lifetime max

Insured/Spouse: \$200 per day; Dependent Child: \$250 per day; no lifetime max

Outpatient Hospital Surgical Room Charge Benefit

\$100 (payable in addition to Surgical/Anesthesia Benefit); no lifetime max on number of operations

### Continuing Care Benefits:

Extended-Care Facility Benefit

\$75 a day, limited to 30 days per year, per Covered Person

Home Health Care Benefit

\$50 per day; limited to 30 days per year, per Covered Person

Hospice Care Benefit

\$1,000 for the 1st day; \$50 per day thereafter; \$12,000 lifetime max per Covered Person

Nursing Services Benefit

\$50 per day; no lifetime max

Surgical Prosthesis Benefit

\$1,000; lifetime max \$2,000 per Covered Person

Nonsurgical Prosthesis Benefit

\$90 per occurrence; lifetime max \$180 per Covered Person

Reconstructive Surgery Benefit

\$110–\$1,000 (Anesthesia: 25% of Reconstructive Surgery Benefit); no lifetime max on number of operations

Egg Harvesting and Storage (Cryopreservation) Benefit

\$500 to have oocytes extracted; \$175 for storage; \$675 lifetime max per Covered Person

### Ambulance, Transportation, Lodging, and Other Benefits:

Ambulance Benefit

\$250 ground or \$2,000 air; no lifetime max

Transportation Benefit

\$.35 per mile; max \$1,000 per round trip; no lifetime max

Lodging Benefit

\$50 per day; limited to 90 days per year

Bone Marrow Donor Screening Benefit

\$40; limited to one benefit per Covered Person, per lifetime

<sup>2</sup>Up to three different oral/topical chemotherapy medicines per calendar month.

## TERMS YOU NEED TO KNOW

**ACTIVITIES OF DAILY LIVING (ADLs):** BATHING: washing oneself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower; MAINTAINING CONTINENCE: controlling urination and bowel movements, including your ability to use ostomy supplies or other devices such as catheters; TRANSFERRING: moving between a bed and a chair, or a bed and a wheelchair; DRESSING: putting on and taking off all necessary items of clothing; TOILETING: getting to and from a toilet, getting on and off a toilet, and performing associated personal hygiene; EATING: performing all major tasks of getting food into your body.

**ASSOCIATED CANCEROUS CONDITION:** Myelodysplastic blood disorder, myeloproliferative blood disorder, or internal carcinoma in situ (in the natural or normal place, confined to the site of origin without having invaded neighboring tissue). An Associated Cancerous Condition must receive a Positive Medical Diagnosis. **Premalignant conditions or conditions with malignant potential, other than those specifically named above, are not considered Associated Cancerous Conditions.**

**CANCER:** Disease manifested by the presence of a malignant tumor and characterized by the uncontrolled growth and spread of malignant cells, and the invasion of tissue. Cancer also includes but is not limited to leukemia, Hodgkin's disease, and melanoma. Cancer must receive a Positive Medical Diagnosis.

- 1. INTERNAL CANCER:** All Cancers other than Nonmelanoma Skin Cancer (see definition of "Nonmelanoma Skin Cancer").
- 2. NONMELANOMA SKIN CANCER:** A Cancer other than a melanoma that begins in the outer part of the skin (epidermis).

Associated Cancerous Conditions, premalignant conditions, or conditions with malignant potential will not be considered Cancer.

**COVERED PERSON:** Any person insured under the coverage type you applied for: individual (named insured listed in the Policy Schedule), named insured/Spouse only (named insured and Spouse), one-parent family (named insured and Dependent Children), or two-parent family (named insured, Spouse, and Dependent Children). "Spouse" is defined as the person to whom you are legally married and who is listed on your application. Newborn children are automatically insured from the moment of birth. If coverage is for individual or named insured/Spouse only and you desire uninterrupted coverage for a newborn child, you must notify Aflac in writing within 60 days of the birth of your child, and Aflac will convert the policy to one-parent family or two-parent family coverage and advise you of the additional premium due. Coverage will include any other Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap and who became so incapacitated prior to age 26 and while covered under the policy. "Dependent Children" are your natural children, stepchildren, legally adopted children, foster children, or children in your custodial care who are under age 26.

**EFFECTIVE DATE:** The date coverage begins, as shown in the Policy Schedule. The Effective Date is not the date you signed the application for coverage.

**PHYSICIAN:** A person legally qualified to practice medicine, other than you or a member of your immediate family, who is licensed as a Physician by the state where treatment is received to treat the type of condition for which a claim is made.

## ADDITIONAL INFORMATION

An Ambulatory Surgical Center does not include a doctor's or dentist's office, clinic, or other such location.

The term "Hospital" does not include any institution or part thereof used as an emergency room; an observation unit; a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a psychiatric unit; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial, educational, or rehabilitative care, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol.

A Bone Marrow Transplantation does not include Stem Cell Transplantations.

A Stem Cell Transplantation does not include Bone Marrow Transplantations.

If Nonmelanoma Skin Cancer is diagnosed during hospitalization, benefits will be limited to the day(s) the Covered Person actually received treatment for Nonmelanoma Skin Cancer.

If treatment for Cancer or an Associated Cancerous Condition is received in a U.S. government Hospital, the benefits listed in the policy will not require a charge for them to be payable.





## Cancer Plan

Rates per pay period

First Occurrence	Employee Only	Employee & Child(ren)	Employee & Spouse	Family
Select - \$2,000	\$ 13.78	\$ 13.78	\$ 23.23	\$ 23.23
Classic - \$4,000	\$ 25.40	\$ 25.40	\$ 43.16	\$ 43.16
Bldg Benefit (adds \$500 per Year)	\$ 4.34	\$ 4.34	\$ 9.59	\$ 9.59
Dependent Child (\$10,000 upon diagnosis)	n/a	\$ 0.61	n/a	\$ 0.61
Specified Disease Rider	\$ 0.61	\$ 0.61	\$ 1.31	\$ 1.31

# Aflac Accident Advantage

## ACCIDENT-ONLY INSURANCE – OPTION 3

We've been dedicated to helping provide peace of mind and financial security for more than 60 years.



**Aflac** SmartClaim®  
**One Day Pay**™

# AFLAC ACCIDENT ADVANTAGE

## ACCIDENT-ONLY INSURANCE – OPTION 3

Policy Series A36000



## Be Prepared for Life's Unexpected Mishaps

Accidents can happen at any time. You could suffer an accidental injury while you are working around the house or walking into work. Or your child may get injured at basketball practice. When an accident happens, it can be costly. Even with major medical insurance, there may be out-of-pocket expenses that you'll have to pay.

In the event of an unexpected injury, Aflac can help protect your personal finances. We provide individuals and families affordable insurance that helps with expenses that may not be covered by major medical insurance. Aflac pays cash benefits directly to you (unless you specify otherwise), so you can use the cash for anything you want. Which means uncovered medical expenses won't break the bank if you are injured.

And since we can process your claim quickly, Aflac helps give you the peace of mind knowing you can spend more time recovering and less time worrying about bills.



### The facts say you need the protection of the Aflac Accident Advantage insurance policy:

#### FACT NO. 1

ABOUT **1** OUT OF **8**

PEOPLE SEEK MEDICAL ATTENTION FOR AN INJURY.<sup>1</sup>

#### FACT NO. 2

**\$5,600**

THE AVERAGE MEDICAL EXPENSES FOR AN ACCIDENTAL INJURY.<sup>1</sup>

<sup>1</sup>*Injury Facts*, 2015 Edition, National Safety Council.

## Understand the difference Aflac can make in your financial security.

Aflac pays cash benefits for covered accidental injuries directly to you, unless assigned. Your own peace of mind and the assurance that your family will have help financially are powerful reasons to consider Aflac.

The financial impact of an accident is often surprising. Most people have expenses after an accident they never thought of before. From out-of-pocket medical costs to a temporary loss of income, your finances may be strained. If you or a family member suffered an accidental injury, can your finances handle it?

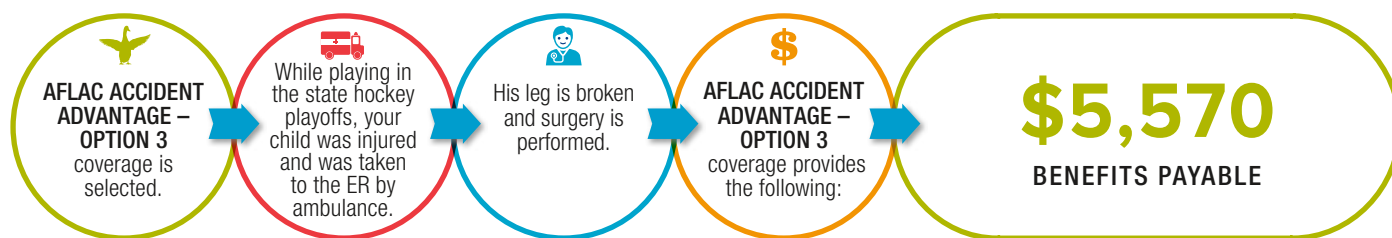
### What does the Aflac Accident Advantage policy include?

- A wellness benefit payable for routine medical exams to encourage early detection and prevention.
- Benefits payable for fractures, dislocations, lacerations, concussions, burns, emergency dental work, eye injuries, and surgical procedures.
- Benefits payable for initial treatment, X-rays, major diagnostic exams, and follow-up treatments.
- Benefits payable for physical, speech, and occupational therapy.
- Daily hospitalization benefits payable for hospital stays, and additional daily benefits paid for stays in a hospital intensive care unit.

### Why Aflac Accident Advantage may be the right choice for you:

- No underwriting questions to answer<sup>2</sup>
- No coordination of benefits—we pay regardless of any other insurance you may have
- No network restrictions—you choose your own health care provider
- Portable—take the plan with you if you change jobs or retire
- 24-hour accident insurance

### How it works



The above example is based on a scenario for the Aflac Accident Advantage – Option 3 that includes the following benefit conditions: Ambulance Benefit of \$200 (ground ambulance transportation); Accident Treatment Benefit of \$200 (hospital emergency room treatment with X-rays); Accident Specific-Sum Injuries Benefit of \$1,750 (fractured leg {femur}—open reduction under anesthesia); Initial Accident Hospitalization Benefit of \$1,000; Accident Hospital Confinement Benefit of \$250 (hospitalized for 1 day); Major Diagnostic and Imaging Exams Benefit of \$200 (CT scan); Appliances Benefit of \$300 (wheelchair); Therapy Benefit of \$315 (9 physical therapy treatments); Accident Follow-Up Treatment Benefit of \$210 (6 follow-up treatments); Family Support Benefit of \$20 (hospitalized for 1 day); Family Lodging Benefit of \$125 (hospital and motel/hotel more than 50 miles from residence); and Organized Sporting Activity Benefit of \$1,000.

The policy has limitations and exclusions that may affect benefits payable. For costs and complete details of the coverage, contact your Aflac insurance agent/producer. This brochure is for illustrative purposes only. Refer to the outline of coverage and policy for complete benefit details, definitions, limitations, and exclusions.

<sup>2</sup>Association and associate-only accounts have one underwriting question.



## AFLAC ACCIDENT ADVANTAGE – OPTION 3 BENEFIT OVERVIEW

BENEFIT NAME	BENEFIT AMOUNT		
INITIAL ACCIDENT HOSPITALIZATION BENEFIT	\$1,000 when admitted for a hospital confinement of at least 18 hours or \$2,000 when admitted directly to an intensive care unit of a hospital for a covered accident, per calendar year, per covered person		
ACCIDENT HOSPITAL CONFINEMENT BENEFIT	\$250 per day, up to 365 days per covered accident, per covered person		
INTENSIVE CARE UNIT CONFINEMENT BENEFIT	Additional \$400 per day for up to 15 days, per covered accident, per covered person		
ACCIDENT TREATMENT BENEFIT	Payable once per 24-hour period and only once per covered accident, per covered person Hospital emergency room with X-ray: \$200 Hospital emergency room without X-ray: \$170 Office or facility (other than a hospital emergency room) with X-ray: \$150 Office or facility (other than a hospital emergency room) without X-ray: \$120		
AMBULANCE BENEFIT	\$200 ground ambulance transportation or \$1,500 air ambulance transportation		
BLOOD/PLASMA/PLATELETS BENEFIT	\$200 once per covered accident, per covered person		
MAJOR DIAGNOSTIC AND IMAGING EXAMS BENEFIT	\$200 per calendar year, per covered person		
ACCIDENT FOLLOW-UP TREATMENT BENEFIT	\$35 for one treatment per day (up to a max of 6 treatments), per covered accident, per covered person		
THERAPY BENEFIT	\$35 for one treatment per day (up to a max of 10 treatments), per covered accident, per covered person		
APPLIANCES BENEFIT	Benefits are payable for the medical appliances listed below: <div>Back brace: \$300      Wheelchair: \$300      Walker: \$100 Body jacket: \$300      Leg brace: \$125      Walking boot: \$100 Knee scooter: \$300      Crutches: \$100      Cane: \$25</div> Payable once per covered accident, per covered person		
PROSTHESIS BENEFIT	\$800 once per covered accident, per covered person		
PROSTHESIS REPAIR OR REPLACEMENT BENEFIT	\$800 once per covered person, per lifetime		
REHABILITATION FACILITY BENEFIT	\$150 per day		
HOME MODIFICATION BENEFIT	\$3,000 once per covered accident, per covered person		
ACCIDENT SPECIFIC-SUM INJURIES BENEFITS	Pays benefits for the treatments listed below: <div>DISLOCATIONS ..... \$100–\$3,750 BURNS.....\$125–\$12,500 SKIN GRAFTS ..... 50% of the burns benefit amount paid for the burn involved EYE INJURIES Surgical repair.....\$300 Removal of foreign body by a physician ..\$65 LACERATIONS Not requiring sutures ..... \$35 Less than 5 centimeters ..... \$65 At least 5 cm but not more than 15 cm . \$250 Over 15 centimeters ..... \$500 FRACTURES..... \$125–\$3,500 CONCUSSION (brain) ..... \$150</div> <div>EMERGENCY DENTAL WORK Broken tooth repaired with crown ..... \$400 Broken tooth resulting in extraction ..... \$130 COMA ..... \$12,500 PARALYSIS Quadriplegia ..... \$12,500 Paraplegia.....\$6,250 Hemiplegia..... \$4,750 SURGICAL PROCEDURES ..... \$200–\$1,250 MISCELLANEOUS SURGICAL PROCEDURES ..... \$120–\$300 PAIN MANAGEMENT (NON-SURGICAL) Epidural..... \$100</div>		
ACCIDENTAL-DEATH BENEFIT	<div>Common-Carrier Accident</div> <div>INSURED \$187,500</div> <div>SPOUSE \$187,500</div> <div>CHILD \$31,250</div>	<div>Other Accident</div> <div>\$50,000</div> <div>\$50,000</div> <div>\$15,500</div>	<div>Hazardous Activity Accident</div> <div>\$10,000</div> <div>\$10,000</div> <div>\$5,000</div>
ACCIDENTAL-DISMEMBERMENT BENEFIT	\$300–\$40,000		
WELLNESS BENEFIT	\$60 once per calendar year		
FAMILY SUPPORT BENEFIT	\$20 per day (up to 30 days), per covered accident		
ORGANIZED SPORTING ACTIVITY BENEFIT	Additional 25% of the benefits payable, limited to \$1,000 per policy, per calendar year		
WAIVER OF PREMIUM BENEFIT	Yes		
TRANSPORTATION BENEFIT	\$600 per round trip, up to 3 round trips per calendar year, per covered person		
FAMILY LODGING BENEFIT	\$125 per night, up to 30 days per covered accident		



## Accident Plan

Rates per pay period (18)

Employee Only	Employee & Child(ren)	Employee & Spouse	Family
\$ 12.40	\$ 22.10	\$ 20.28	\$ 31.20

# Section 125 Cafeteria Plan

## How the Plan Works

An IRS Section 125 Plan provides participants an opportunity to receive certain benefits on a pre-tax basis. Under your Employers' Plan, you may pay the premiums pre-tax for your medical, dental, vision and supplemental health plans. Flexible spending accounts are also offered for your health care and dependent care needs for you and your family.

## Example of Employee Savings?

	Without a Section 125 Plan (After-Tax Deductions)	With a Section 125 Plan (Pre-Tax Deductions)
Employee Gross Pay	\$ 3,000.00	\$ 3,000.00
Pre-Tax Medical Premiums		\$ 304.00
Taxable Income	\$ 3,000.00	\$ 2,696.00
Tax Rate	25 %	25 %
Taxes Withheld	\$ 750.00	\$ 674.00
Employee Net Pay	\$ 2,250.00	\$ 2,022.00
Post-Tax Medical Premiums	\$ 304.00	
Take Home Pay	\$ 1,946.00	\$ 2,022.00

## Flexible Spending Accounts

A Flexible Spending Account (FSA) is a special account for healthcare expenses. When you enroll in an FSA, you decide how much to contribute to each account for the entire Plan Year. This annual contribution is then deducted in equal amounts from your paycheck, before Federal & State income taxes and FICA taxes are deducted. These "pre-taxed" funds are automatically deposited in your account through payroll deduction. Unless you have a qualifying event under Section 125 regulations, your election amount will not change during the Plan year.

## Managing Your Flexible Spending Accounts

Expenses in your flex account that are not incurred by the end of the plan year will be subject to the "use it or lose it" rules regulated by the Internal Revenue Service. Therefore, a decision as to how much you will contribute to your FSA accounts should be made carefully. Based on your Employer's flexible benefits plan year, you have a specified date or "run-off period" following the end of the plan year to

# Flexible Spending Accounts

submit your claims for reimbursement. If you do not exhaust your account balance, all funds still remaining in your account will be forfeited after this claim period ends. Check with the Plan Administrator to verify the last date that you may file claims to be reimbursed for your eligible FSA expenses.

## Healthcare Reimbursement Flexible Spending Account

A Health Care Flexible Spending Account (FSA) is designed to reimburse you for out-of-pocket health care expenses incurred by you or your eligible dependents that are not reimbursable by your medical, dental and vision insurance plans.

## Eligible Health Expenses

These expenses may be incurred by you or your eligible dependents. Expenses include deductibles, coinsurance payments, office co-pays, orthodontics, glasses and contacts.

An eligible expense item must not be used for general health or cosmetic purposes. In some instances, you will be required to submit a letter of medical necessity from your health care provider to demonstrate a medical need.

Once enrolled in a health FSA, the entire annual election is available to you on the first day of the plan year. You must spend the funds by the end of the plan year or they will be forfeited from your account.

## Special Health Care Expenses

IRS does not allow pre-payment of certain medical treatment programs that may span over multiple plan years. These include orthodontic and prenatal expenses. Reimbursement of the entire expense generally violates the IRS requirement that expenses must be “incurred” during the coverage period and cannot be paid in advance.

## Orthodontic Expenses

IRS stipulates how orthodontic expenses can be reimbursed in a health care FSA. You should carefully plan when deciding on your annual election if it includes orthodontic expenses. Special planning should be considered if you are planning to take advantage of an up-front discount payment. Please remember, services must be performed and incurred within the current plan year. Reimbursement of a lump sum payment to a dentist may not be eligible for services. Also consider services that will be performed over more than one plan year. You will need to provide a copy of your contract with your dental provider, showing the initial deposit and monthly payments. This expense may be setup as a recurring expense throughout your plan year.

# Flexible Spending Accounts

## Prenatal Expenses

For maternity related expenses, payment cannot be advanced, but are reimbursed as they are incurred. Eligible charges may be reimbursed each time you are seen by your physician for prenatal care, but not in advance of the delivery.

## Over The Counter (OTC) Items

The recently enacted Patient Protection and Affordable Care Act of 2010 changes the rules for the purchase of over-the-counter (OTC) products using Flexible Spending Accounts (FSA).

Effective for tax years January 1, 2011, over-the-counter medicines or drugs (e.g. Advil, Ibuprofen, and cough syrup) are not eligible for reimbursement under an FSA, HRA, or HSA without a doctor's prescription. Insulin is the only medicine that doesn't require a prescription.

Supplies you need for medical care (e.g. contact lens solutions, bandages for wounds, thermometers) will continue to be eligible for reimbursement. There are some medical items that may not be allowed unless you have a prescription or letter of necessity from a medical professional for a specific medical condition.

We recommend you retain copies of all OTC documentation for your records. Documentation for reimbursement must state the place of purchase, date, amount, item name, and purchases can be claimed within reasonable quantities. Treatment for eligible expenses cannot be for preventative purposes and items purchased for personal care are not eligible for reimbursement. For example: toothpaste, vitamins, supplements and herbal remedies, and other items used for personal hygiene cannot be claimed for reimbursement.

## Examples of Eligible Expenses

In order to use your health care flexible spending account (FSA), the health care item or service needs to be considered "eligible." The Internal Revenue Service – better known as the IRS – has guidelines to determine which expenses are eligible and qualify for reimbursement from your FSA. Typically, an eligible expense must be a service or product that is purchased for medical care to help treat a medical condition or prevent a disease, among other things.

As you shop for care and for health care items, use this as a helpful guide. This list does not include everything. In fact, the IRS may modify the guidelines from time to time, which may cause the list to change.

- Acupuncture
- Alcoholism treatment
- Ambulance
- Artificial limbs
- Artificial teeth
- Breast reconstruction surgery (mastectomy-related)
- Chiropractor
- Contact lenses and solutions

# Flexible Spending Accounts

- Cosmetic surgery, but only if necessary due to disfiguring trauma or disease
- Dental treatment (X-rays, cleanings, fillings, braces, extractions, etc.)
- Diagnostic devices (blood sugar test kits for diabetics)
- Doctor's office visits and procedures
- Drug addiction treatment
- Drug prescriptions
- Eyeglasses and vision exams
- Eye surgery (laser eye surgery)
- Fertility treatment
- Hearing aids and batteries
- Hospital services
- Laboratory fees
- Operations/surgery (excluding unnecessary cosmetic surgery)
- Physical therapy
- Psychiatric care (if the expense is for mental health care provided by a psychiatrist, psychologist or other licensed professional)
- Special education for learning disabilities
- Speech therapy
- Stop-smoking programs including nicotine gum or patches
- Vasectomy
- Wheelchair

## Ineligible medical expenses examples:

- Advance payment for future medical care
- Amounts reimbursed from any other source (health coverage or another FSA)
- Cosmetic surgery (unless necessary due to disfiguring trauma or disease)
- Diaper service
- Electrolysis or hair removal
- Health insurance premiums (e.g., COBRA, AD&D, LTD, STD, long-term care, group and individual health insurance and Medicare premiums)
- Health club dues
- Household help
- Illegal operations and treatments
- Long-term care for medical expenses
- Maternity clothes
- Nutritional supplements, such as multi-vitamins, for general good health
- Personal use items, such as toothbrush, toothpaste, etc.
- Swimming lessons
- Teeth whitening

## Submit valid documentation for Flex Expenses

### Health Care Claims

The Internal Revenue Service requires that **ALL** health care claims be documented for approval in order to be eligible for reimbursement. Valid substantiation documentation for health care expenses will have the following:

- Name of service provider
- Name of patient
- Date of service or sale
- Description of service or product
- Amount of unreimbursed service or *sale*

# Flexible Spending Accounts

## Flex Debit Card

The Flex Card is an automatic way to pay for qualified health care expenses. It is not a credit card, but can be used to pay for your eligible health flexible spending account (FSA) purchases. The value of the participant's annual contribution is loaded on the Card, and amounts of qualified purchases will be automatically deducted from your account. The Card may be used for eligible flexible spending account (FSA) expenses as determined by Section 213(d) of the Internal Revenue code.

You may use the Card for co-pays at hospitals, physician offices, pharmacies, dental offices, vision service locations, and wherever they accept MasterCard® or Visa® cards. Only eligible expenses incurred during the current plan year and/or grace period can be claimed as eligible expenses.

### Substantiation of Flex Card purchases

Many purchases do not require receipts and can be automatically substantiated by one of the following IRS approved methods:

**IIAS Approved**      *If you purchase your FSA eligible item at a merchant utilizing the Inventory Information Approval System, the charge is fully substantiated without the need for submission of a receipt or further review.*

**Co-Payment**      *If the dollar amount on your Flex Card transaction at a health care provider equals the dollar amount of the co-payment for the service under your major medical plan, the charge is fully substantiated with no need for submission of a receipt or further review.*

**Recurring Expense**      *If you use your Flex Card for recurring medical expenses, the charge is substantiated with no need for submission of a receipt or further review. Please note that an initial receipt request will be made to establish the expense as recurring.*

**Receipt Request**      *You will be required to submit itemized receipts for the following flex card debit purchases:*

- *All FSA eligible items purchased at a 90% Rule Merchant*
- *All transactions at a health care provider that does not equal your co-pay amount*
- *Some dental procedures and vision care products and expenses*

*You will receive a "Receipt Request" letter notification if you are required to submit receipts to substantiate a Flex Card purchase*



# Flexible Spending Accounts

## Reasons your Flex Card may be declined

Your Flex Card may be declined for the following reasons:

- *Merchants do not Accept Master Card or Visa*
- *Ineligible Medical Expense*
- *Non IIAS Merchant*
- *Non-Medical Facility*
- *The expense is greater than you available FSA fund balance*
- *Your Flex Card has been inactivated due to outstanding receipt requests for substantiation*
- *Merchant is attempting to process your Flex Card as a debit card instead of a credit card*
- *Merchant is experiencing problems with their system.*

## Termination of Employment

### Health Care FSA

When you terminate employment, your participation in the plan ends and you will no longer be able to incur expenses for reimbursement. Your salary reductions will end; however you may still file claims for dates of service incurred before your termination as long as they are within your eligible plan year.

### COBRA

COBRA may apply to your Health Care FSA account and allow you to continue participation in your URM, thus allowing you to receive reimbursement for medical expenses incurred after your employment termination if you terminate employment and you have contributed more into your Health Care FSA than you have received in benefits.

