

School Board of Levy County



- Medical
- Hospital Indemnity
- Dental
- Vision
- Disability
- Term Life Insurance
- Accident
- Cancer
- Healthcare Reimb. FSAs



2021 Employee Benefit Guide

Plan Year: January 1, 2021 - December 31, 2021

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 2nd – November 20th**. 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 Citrus County School Board's benefit program is 1/1/2021 - 12/31/2021.

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 Risk 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 Risk Management & Employee Relations department or CBG, the district's Third Party Administrator for approval of any qualifying event.

CONTACT INFORMATION

School Board of Levy County

352.486.5231

Employee Benefit Portal:

www.mybenefitshub.com/schoolboardoflevycounty

Enrollment/Benefit Plan Information 1 - 4	
Employee Benefits Specialist	Kalee Wade
Phone Number:	352.486.5231
Email Address	Kalee.Wade@LevyK12.org

Health Care Center 11 - 16	
Provider Name:	My Health Onsite
Provider Phone Number:	888.644.1448
Provider Web Address:	www.My-PatientPortal.com

Disability Income Protection 21 - 24	
Provider Name:	OneAmerica
Provider Phone Number:	800.553.5318
Provider Web Address:	www.OneAmerica.com

Dental 28 - 36	
Provider Name:	Humana
Provider Phone Number:	800.233.4013
Provider Web Address:	www.humanadental.com

Cancer & Accident 43 - 52	
Provider Name:	Aflac
Provider Phone Number:	1.800.99.AFLAC
Provider Web Address:	www.Aflac.com

Medical Insurance 5 - 10	
Provider Name:	Florida Blue
Provider Phone Number:	800.FLA.BLUE (352.2583)
Provider Web Address:	www.BCBSFL.com

Hospital Indemnity 17 - 20	
Provider Name:	American Public Life
Provider Phone Number:	800.256.8606
Provider Web Address:	www.AMPublic.com

Term Life Insurance 25 - 27	
Provider Name:	Sun Life Financial
Provider Phone Number:	800.733.7879
Provider Web Address:	www.slserviceresources.com

Vision 37 - 42	
Provider Name:	Humana
Provider Phone Number:	866.537.0229
Provider Web Address:	www.humanavision.com

Flexible Spending Accounts (FSAs) 53 - 56	
Provider Name:	Lockard & Williams
Provider Phone Number:	800.530.7043
Provider Web Address:	www.lockardandwilliams.com

ENROLLMENT INSTRUCTIONS

LOGIN AT:

[MYBENEFITSHUB.COM/SchoolBoardofLevyCounty](https://mybenefitshub.com/SchoolBoardofLevyCounty)

INTRODUCTION:

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

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

USERNAME & PASSWORD:

Your Username Is: The first Six (6) characters of your last name, followed by the first letter of your first name, followed by the last Four (4) digits of your Social Security Number.

Your Password Is: Last Name (Excluding punctuation) followed by the last four (4) digits of your Social Security Number.

Examples: *James Crook | 987-65-4321*

Username: *crookj4321*

Password: *crook4321*

Kelly Essman-Crook | 123-45-6789

essmank6789

essmancrook6789

If you have previously logged in this year, you will use the password that you created, NOT the password format listed above.

UPON LOGGING IN:

When you log in for the first time, you will be asked to change your password and/or electronically sign two acknowledgement pages. Outlined below is how to complete these actions, and what they mean.

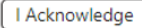
Change Password: When logging in for the first time, you will be brought to a page prompting you to update your password following your company's password policy. Once your new password has been set, click

.

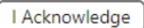
ACKNOWLEDGEMENTS:

System Acknowledgements: The System Acknowledgements page is displayed when you log in to the system as an employee. Read this section carefully as it contains disclaimer information and requires an electronic signature.

To continue in the online enrollment process, read through each section, checking each applicable box to signify acceptance of the acknowledgment.

When you have checked all applicable boxes, click  at the bottom of the page to proceed. Note that by clicking this button, you are agreeing to the terms.

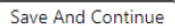
This will take you to the Company Acknowledgements page.

Company Acknowledgements: The Company Acknowledgements page is specific to your company. Read through each section, checking each applicable box to signify acceptance of the acknowledgment. Click  to continue.

Please note, there may be documents presented containing additional information for both your System and Company Acknowledgements pages. If you have already given your electronic signature you will not be asked to sign again, but you can view your previous acknowledgments in the File Cabinet.

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




button when you are ready to proceed to the next step.

Please Note: All fields in BOLD are required.

Personal Information: In addition to any other 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.

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  button after successfully adding information for each dependent. Click  at the bottom of the page after all dependents have been added. 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  button to return to the previous page.

ENROLLMENT INSTRUCTIONS

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 [Save And Continue](#) button to proceed to the next benefit.

View Important Plan Information: Importance of specific features in a plan or add any disclaimers that may be necessary in the “Plan Information” section. This section can be found at the top of the page.

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 (play button) icon when available.

View Benefit Descriptions: To view, click on the View Plan Outline of Benefit link underneath the plan name. Doing so displays 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.

EVIDENCE OF INSURABILITY:

This page is present if you have elected coverage pending carrier approval. For coverage to be submitted for carrier approval, please complete and submit any applicable Evidence of Insurability forms present. Clicking the [Save And Continue](#) button will take you to your next step.

BENEFICIARY INFORMATION:

You will be taken to the Beneficiary Information page if you have elected benefits that require beneficiary designations. Once you have selected your beneficiaries, you will be taken to the Consolidated Enrollment Form.

You can select a dependent or add a new beneficiary. Push the button to confirm that the information is correct. Bolded fields are required. Click [Save And Continue](#).

Choose what percentage of your benefits go to each beneficiary. You may not exceed a total of 100% for your primary or contingent beneficiary designation for each product.

CONSOLIDATED ENROLLMENT FORM:

If your Consolidated Enrollment Form says “Almost Done!”



ALMOST DONE!

You have completed new hire enrollment for the current plan year. Please click the continue button below to complete your open enrollment.

you have completed your New Hire enrollment but still need to complete your company’s Open Enrollment.

Click [Continue](#) to begin your Open Enrollment.

If your Consolidated Enrollment Form says “Congratulations!”



CONGRATULATIONS!

You have successfully completed your online enrollment!

this signals the end of your enrollment and the page will display information summarizing your enrollment. You may make changes to anything that is incorrect by clicking on the Benefit Plan name to restart your enrollment.

When you have completed your benefit selections, click the [Main Menu](#) 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 your 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. In addition to accessing the Evidence of Insurability, Beneficiary Information, and Consolidated Enrollment Form pages, you can also access the File Cabinet, which will contain enrollment snapshots of pages like the Acknowledgments and Consolidated Enrollment Form

Levy County School Board Effective 1/1/21 Health Benefit Plan 05360-Nonstandard

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Financial Features		
Deductible (DED ¹) (PBP ²) (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
Coinsurance (Coinsurance is the percentage the member pays for services)	20% of the allowed amount	40% of the allowed amount
Out-of-Pocket Maximum (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
Office Services		
Physician Office Services Primary Care Physician Specialist Convenient Care	\$25 Copay 20% after Deductible \$25 Copay	40% after Deductible 40% after Deductible 40% after Deductible
Virtual Visits Family Physician Specialist	\$10 Copay 20% after Deductible	Not Covered Not Covered
Maternity (Cost Share for initial visit only) Primary Care Physician Specialist	\$25 Copay 20% after Deductible	40% after Deductible 40% after Deductible
Allergy Injections (per visit) Primary Care Physician Specialist	\$10 Copay \$10 Copay	40% after Deductible 40% after Deductible
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	20% after Deductible	40% after Deductible
Medical Pharmacy - Physician-Administered Medications (applies to Office Setting and Specialty Pharmacy Vendors) In-Network Monthly Out-of-Pocket (OOP) Maximum ³ 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. Please refer to the Physician-Administered medication list in the Medication Guide for a list of drugs covered under this benefit.		
Preventive Care		
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations	\$0	40%
Mammograms	\$0	\$0
Colonoscopy (Routine for age 50+ then frequency schedule applies)	\$0	\$0
Emergency Medical Care		
Urgent Care Centers	\$35 Copay	\$35 Copay after Deductible
Emergency Room Facility Services (per visit)	20% after Deductible	20% after Deductible ⁴
Ambulance Services	20% after Deductible	20% after In-Network Deductible

¹ DED = Deductible

² PBP = Per Benefit Period

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

⁴ 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 1/1/21

Health Benefit Plan 05360-Nonstandard

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Outpatient Diagnostic Services		
Independent Diagnostic Testing Facility Services (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
Independent Clinical Lab (e.g., Blood Work)	\$0	40% after Deductible
Outpatient Hospital Facility Services (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
Hospital / Surgical		
Ambulatory Surgical Center Facility (ASC)	20% after Deductible	40% after Deductible
Outpatient Hospital Facility Services (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
Inpatient Hospital Facility and Rehabilitation Services (per admit) Option 1 Option 2	20% after Deductible 20% after Deductible	40% after Deductible ⁴ 40% after Deductible ⁴
Mental Health / Substance Dependency		
Inpatient Hospitalization Facility Services (per admit) Option 1 and Option 2	20% after Deductible	40% after Deductible ⁴
Outpatient Hospitalization Facility Service (per visit) Option 1 and Option 2	20% after Deductible	40% after Deductible
Emergency Room Facility Services (per visit)	20% after Deductible	20% after Deductible
Provider Services at Hospital and ER Primary Care Physician / Specialist	20% after Deductible	40% after Deductible
Provider Services at Locations other than Office, Hospital and ER Primary Care Physician / Specialist	20% after Deductible	40% after Deductible
Outpatient Office Visit Primary Care Physician Specialist	20% 20% after Deductible	40% after Deductible
Other Provider Services		
Provider Services at Hospital and ER	20% after Deductible	20% after In-Network Deductible
Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC)	20% after Deductible	20% after In-Network Deductible
Provider Services at Locations other than Office, Hospital and ER Primary Care Physician Specialist	20% after Deductible 20% after Deductible	40% after Deductible 40% after Deductible
Other Special Services		
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations 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

BlueOptions

Levy County School Board Effective 1/1/21 Health Benefit Plan 05360-Nonstandard

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Other Special Services (continued)		
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
Durable Medical Equipment, Prosthetics and Orthotics	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 or call the toll-free number on your member ID card to see if a prior approval is needed and your next steps.

Benefit Maximums	
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.
- Go to 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

NetworkBlueSM 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[®]** 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.

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.

BlueScript Pharmacy Benefits – 20%/40%/50%/50% after \$200 Brand Deductible

For BlueOptions Plans– Open Formulary (Home Delivery Available)

The BlueOptions® health benefit plan your employer is offering you is paired with our BlueScript® Pharmacy Program. With a large network of Participating Pharmacies statewide and nationally, you can obtain prescription drugs at a location convenient to you.

You may also be able to receive more savings on prescription drugs by purchasing your drugs through the home delivery program.

See below for your specific plan details.

Pharmacy Deductible (DED)\$200

Drug Tier	In-Network Retail (One-Month Supply)	In-Network Home Delivery (Three-Month Supply)	Out-of-Network
Preferred Generic Prescription Drugs	20%	\$20	50%
Preferred Brand Name Prescription Drugs	DED + 40%	DED + \$50	DED + 50%
Non-Preferred Prescription Drugs	DED + 50%	DED + \$80	DED + 50%
Self-Administered Injectables	DED + 50%	Not Covered	DED + 50%

Specialty drugs are not available through home delivery.
Deductible is waived for Oral Chemotherapy Drugs.

Advantages of our Pharmacy Program

With our BlueScript Pharmacy Program, you'll receive coverage for Preferred Generic, Preferred Brand Name, and Non-Preferred Prescription Drugs, as well as self-administered injectables and specialty medications. You have easy access to Participating Pharmacies throughout Florida and to National Network Pharmacies with over 60,000 locations.

Save When Purchasing Your Prescription Drugs

You can reduce your out-of-pocket costs by purchasing Covered Prescription Drugs listed on our Preferred Medication List. These prescription drugs should cost you less than prescription drugs not on the list.

Generic Prescription Drugs

You pay a lower cost for Generic Prescription Drugs that appear on the Preferred Medication List. If you request a Brand Name

Prescription Drug when a Generic is available, you will be responsible for:

1. The copayment applicable to Brand Name Prescription Drugs; and
2. The difference in cost between the Generic Prescription Drug and the Brand Name Prescription Drug, as indicated on the BlueOptions pharmacy Program Schedule of Benefits.

More Convenient Than Ever

Take your prescriptions to a participating pharmacy to have them filled. Or, if you are taking a prescription medication on an ongoing basis, you have a couple of convenient options:

1. Your doctor can prescribe a three-month supply and you can have it filled at select participating retail pharmacies. A three-month out-of-pocket cost (copay, coinsurance, and/or deductible) applies.
2. For additional savings, fill prescriptions via our home delivery program. This program allows covered members taking prescription drugs to receive up to a three-month supply for one Home Delivery Copayment, after Pharmacy Deductible, if applicable. Prescription drugs ordered through this program are provided by AllianceRx Walgreens Prime.

Vaccines at the Pharmacy

Certain vaccines which are covered under your Wellness Benefits can be administered by Pharmacists that are certified.

Contraceptive Coverage

Generic oral contraceptives and diaphragms are covered under your pharmacy benefit and are available at no cost to you. These contraceptives must be prescribed and obtained from a participating pharmacy.

Diabetic Supplies

Diabetic supplies such as blood glucose testing strips and tablets, lancets, glucometers, and acetone test tablets and/or syringes and needles are covered under your pharmacy benefit. Diabetic supplies require a prescription and can be obtained from a participating pharmacy.

Medication Guide

The Preferred Medication List, which is part of the Medication Guide, is available online at floridablue.com. Changes in the formulary can occur over time and the most up-to-date listing can always be found by viewing the Medication Guide online or by calling the customer service number listed on your member ID card. For the hearing impaired, call Florida TTY Relay Services 711. The Medication Guide also identifies specialty drugs, and drugs requiring prior authorization. When reviewing the Preferred Medication List with your doctor, ask your provider to consider a prescription drug from

the Preferred Medication List, particularly a Preferred Generic Prescription Drug.

Pharmacy Options Affect Your Out-of-Pocket

There are two different types of pharmacies for you to be aware of as you decide where to get your prescriptions filled—retail pharmacies and specialty pharmacies. To save the most money, before you get a prescription filled you should confirm which pharmacy is considered ‘in-network’ for that particular medication.

- **Retail Pharmacy Network**

Non-specialty ‘Generic’ medications and ‘Brand Name’ medications listed on the Medication Guide can be filled at these pharmacies at a lower cost to you than other pharmacies in your area. If you go to a non-participating pharmacy, your prescription will cost you more.

- **Specialty Pharmacy Network**

We have identified certain drugs as ‘specialty drugs’ due to requirements such as special handling, storage, training, distribution, and management of the therapy. These drugs are listed as a ‘Specialty Drug’ in the Medication Guide. To be covered under your pharmacy program at the In-Network cost share, they must be purchased at a participating Specialty Pharmacy. These pharmacies are different than the retail pharmacies and are identified in both the Provider Directory and the Medication Guide. Using an in-network Specialty Pharmacy to provide these Specialty Drugs lowers the amount you pay for these medications.

- **Non-Participating Pharmacy**

Choosing a non-participating pharmacy will cost you more money. You may have to pay the full cost of the medication and then file a claim to be reimbursed. Our payment will be based on our Non-Participating Pharmacy Allowance minus your deductible and/or coinsurance. You will be responsible for the deductible and/or coinsurance and the difference between our allowance and the cost of the medication.

- **The National Pharmacy Network**

The National Pharmacy Network includes more than 50,000 chain and Independent Pharmacies across the United States. The National Network Pharmacies are available to our members traveling or residing outside of Florida. Simply present your member ID card at time of purchase.

Utilization Management/Responsible Rx Programs

Prior Coverage Authorization

Drugs selected for Prior Coverage Authorization (PA) may require that specific clinical criteria be met before the drugs will be covered under your pharmacy benefit. The list of drugs requiring Prior Authorization is located in the Medication Guide and are designated with a “PA” following the product name. Florida Blue reserves the

right to change the drugs that require PA at any time and for any reason.

Responsible Quantity

Drugs included in this program allow a maximum quantity per time period. Quantity limits are typically developed based upon FDA-approved drug labeling and nationally recognized therapeutic clinical guidelines. The list of drugs that have quantity limits are designated in the Formulary List with a “QL” following the product name. Florida Blue reserves the right to change the Drugs and the quantity limits subject to the Responsible Quantity Program at any time and for any reason. In cases where a larger quantity of a Responsible Quantity Drug is medically required, your doctor or health care provider can request an override. Responsible Quantity override forms are available at floridablue.com.

Responsible Steps

Drugs included in this program require that you try another designated prerequisite drug first before a drug listed in the Responsible Steps Medication Chart will be covered. If due to medical reasons you cannot use the prerequisite drug and require the Responsible Steps Medication, your doctor or health care provider may request prior authorization for an override. If the override request is approved, coverage will be provided for the Responsible Steps Medication. These medications are designated in the Formulary List with “RS” following the product name. Medications included in the Responsible Steps Program are listed in the Medication Guide. Florida Blue reserves the right to change the drugs subject to the Responsible Steps Program at any time and for any reason.

Drugs that are Not Covered

Your Pharmacy benefit may not cover select medications. You will be responsible for paying the full cost of such medications. The Medication Guide contains a list of non-covered drugs. Some reasons a medication may not be covered are:

- The drug has been shown to have excessive adverse effects and/or safer alternatives are available.
- The drug has a preferred formulary alternative.

For drugs not covered you have access to a prescription savings discount card. With the discount card program, you will receive special discounted pricing at select participating pharmacies. This card provides savings for you or any of your family members on medications that are not covered under your BlueScript pharmacy benefit. The discount program is not an insurance product or part of your health benefit plan. For more information, log in to your account at floridablue.com. Go to My Plan and then Pharmacy to find the link to Prescription Drug Savings Card. You can also call the customer service number on the back of the member ID card.

Health insurance is offered by Blue Cross and Blue Shield of Florida, Inc., DBA Florida Blue. Florida Blue is 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.



Health Insurance

2021 Rates per pay period over
10 Months

Tier	10 Month Total Cost	Board Contribution	Monthly Employee Deduction	Per Pay Period Deduction
Employee Only	\$ 872.47	\$ 738.46	\$ 134.02	\$ 67.01
Employee & Spouse	\$ 1,762.00	\$ 795.51	\$ 966.48	\$ 483.24
Employee & Child(ren)	\$ 1,517.90	\$ 848.68	\$ 669.22	\$ 334.01
Family	\$ 2,316.15	\$ 972.12	\$1,344.02	\$ 672.01



GET TO KNOW OUR SERVICES

My Health Onsite Employee Health & Wellness Center:

Employee Health Center includes **FREE** routine checkups, sick visits, and acute condition treatment. Providers see employees, spouses, dependents, retirees and children from the ages of 8 and up for non-urgent acute care such as sore throats, ear aches, bumps and scrapes.

Personalized Health Assessment - Vital Health Profile (VHP):

My Health Onsite offers a complimentary personalized health assessment called the **Vital Health Profile (VHP)**, *previously known as Health Risk Assessment*, which includes biometric screening and laboratory studies. The VHP gives patients an opportunity to review their results with our medical provider and receive a complete physical.

Registered Dietitian & Nurse Educator available at **NO COST** to you:

Our comprehensive Health & Wellness Program provides Over 30 Services offered totally FREE including the Addition of Diabetic and Nutrition Counseling with an Onsite Dietitian Nutritionist. Plus, a personalized one-on-one health coach will be available. Please contact your provider to be referred to our Free Wellness Programs.

No Deductible or Co-Pays at My Health Onsite for:

- **Generic Medications**—most available onsite at Health Center
- **Mail Order Prescriptions & refills delivered to your home**
- **X-rays and diagnostic testing**
- **Laboratory testing** ordered at the health center and labs ordered outside by your provider
- **Pre-Diabetes & Hypertension Management, Nutritional Counseling, Immunizations and More!**



Schedule an appointment today by accessing the patient portal at www.my-patientportal.com or calling the toll free **24-hour Call Center Support Team at: 1-888-644-1448**

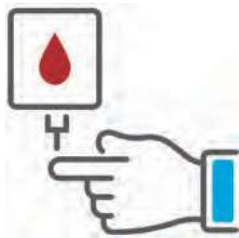
All services are provided by My Health Onsite. The School Board of Levy County does not have access to any My Health Onsite's patient medical records. My Health Onsite abides by all federal HIPAA and confidentiality regulations.



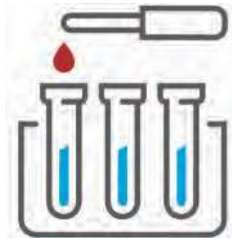
OUR CLIENTS TAKE ADVANTAGE OF OUR FREE WELLNESS PROGRAMS

My Health Onsite is your complete source for improving health and boosting productivity. Through our interactive patient portals and our onsite or near-site health centers, you will find easy access to the transformative power of onsite primary care and personalized services. **We make prevention our number one goal.** Our medical team, registered nurse educators and registered dietitians meet you where you are and provide personalized guidance and tools to support behavior change and healthy habits to prevent and reduce health risks.

PATIENTS MAY ACCESS A RANGE OF MEDICAL SERVICES AT NO COST



Diabetic Testing Supplies



Lab Services



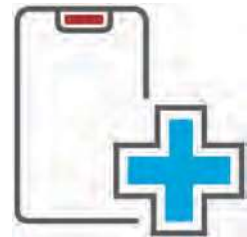
Personalized Wellness & Nutrition Coaching



Well-Woman Appointments



Medical Care for Chronic Conditions



Preventative Care Appointments

OUR TOP WELLNESS EDUCATION PROGRAMS:

- | | | |
|----------------------|--------------------------------|-----------------------------|
| ✓ Exercise | ✓ Eating Healthy & Weight Loss | ✓ Stress Management |
| ✓ Disease Prevention | ✓ Diabetes Management | ✓ Tobacco Cessation |
| ✓ Sleep | ✓ Healthy Cholesterol | ✓ Blood Pressure Management |

Schedule an appointment today by accessing the patient portal at www.my-patientportal.com or calling the toll free **24-hour Call Center Support Team at: 1-888-644-1448**



VITAL HEALTH PROFILE (VHP)

My Health Onsite Offers a FREE Annual Health Assessment

My Health Onsite offers a complimentary personalized health assessment called the **Vital Health Profile (VHP)**, previously known as *Health Risk Assessment (HRA)*, which includes biometric screening and laboratory studies. The VHP gives patients an opportunity to review their results with our medical provider and receive a complete physical.

3 EASY STEPS TO COMPLETE YOUR VHP:

1



Vital Healthy History

History Questionnaire which can be completed at the Health Center or from the Patient Portal

2



Nurse/Lab Visit

Complete Biometrics & Annual Labs

3



Provider Visit

Annual Labs & biometrics are reviewed and physical performed in person or televisit available

Your FREE Annual Labs include the following:

Complete Metabolic Profile (14 Tests Including: Glucose, Electrolytes, Kidney, and Liver Functions). **Complete Lipid Profile** and **Complete Blood Count**. In addition, Reflex labs may be added which are personalized to you.

Based on your history, reflex labs may include:

Hemoglobin A1C, thyroid testing, Uric Acid, Hepatitis C and/or Urine Microalbumin/Creatinine Ratio.



Schedule an appointment today by accessing the patient portal at www.my-patientportal.com or calling the toll free **24-hour Call Center Support Team at: 1-888-644-1448**



LEARN MORE ABOUT YOUR NO-COST PRESCRIPTIONS AT MY HEALTH ONSITE

First of all, any prescription dispensed at My Health Onsite has no out-of-pocket expense to you!

All medications dispensed, including refills, require an appointment with a Health Center Provider. It is important to bring all your current prescribed medications in the original bottle with you for a first-time provider visit and evaluation.

Getting a prescription dispensed at the Health Center is fast and convenient. Typically, prescriptions are dispensed at the time of your provider appointment.

The Health Center has over **200+ generic medications** ready to dispense onsite for acute treatments and chronic conditions like *hypertension, diabetes, high blood pressure and much more.*

Schedule an appointment and learn more about your medication options by accessing the patient portal at www.my-patientportal.com or calling the toll free **24-hour Call Center Support Team at: 1-888-644-1448**



APPOINTMENT GUIDE

All eligible employees and their covered dependents are encouraged to utilize the School Board of Levy County Employee Health & Wellness Center to address any chronic and acute medical concerns. To make an appointment, please go to: www.my-patientportal.com or call the toll-free 24-hour Call Center at **1-888-644-1448** to reach an operator to schedule by phone. The employee health and wellness location and hours of operation are below:

Hours of Operation

455 Ishie Avenue, Bronson, FL 32621

Monday: 7:00am–4:00pm
(Closed for Lunch 12:00pm–1:00pm)

Tuesday: 7:00am–4:00pm
(Closed for Lunch 12:00pm–1:00pm)

Wednesday: 9:00am–6:00pm
(Closed for Lunch 1:00pm–2:00pm)

Thursday: 1:00pm–5:00pm

Friday: 8:00am–1:00pm

No-Shows

The demand on the available appointment slots has been over-whelming; however, the practice of employees/dependents not showing for an appointment is greatly diminishing the capacity for others to be seen. We have had an increased number of employees and dependents not showing up and not canceling appointments for lab draws and medical appointments. We have found the need to track this information, so No-Show appointments will be reported monthly to the School Board of Levy County Employee Health and Wellness Center.

Cancellation of Appointments

If the need arises for a last-minute appointment cancellation, please cancel with enough time to allow another School Board of Levy County employee to utilize the newly available appointment slot. For your convenience, please log onto your Patient Portal at www.my-patientportal.com or call the toll-free 24-hour Call Center at 1-888-644-1448 to reach an operator to cancel or reschedule your appointment.

Late for Appointments

If you arrive at the My Health Onsite Employee Health and Wellness Center 10 minutes or later for your scheduled appointment time, you will be considered a no-show.

Acute Medical Problems

For those eligible to use the health and wellness center that have an acute medical problem that needs attention, we will make every effort to see those patients as quickly as possible. Please contact the My Health Onsite Call Center at 1-888-644-1448 to reach an operator and asked to be transferred through to the center.

24-hour Call Center Support Team at: 1-888-644-1448 | www.myhealthonsite.com

Please be reminded that the My Health Onsite Health and Wellness Centers are not equipped nor staffed as an emergency room. Any sudden onset symptoms suggestive of a potentially life-threatening situation (shortness of breath, chest pain, fainting, etc.) should be immediately evaluated in an urgent care setting, hospital emergency room or by calling 911.



HOW TO SCHEDULE PATIENT PORTAL APPOINTMENTS

NEW! Easier to Find First Available Appointments

Note: Please set zoom setting in web browser to 100% or lower.

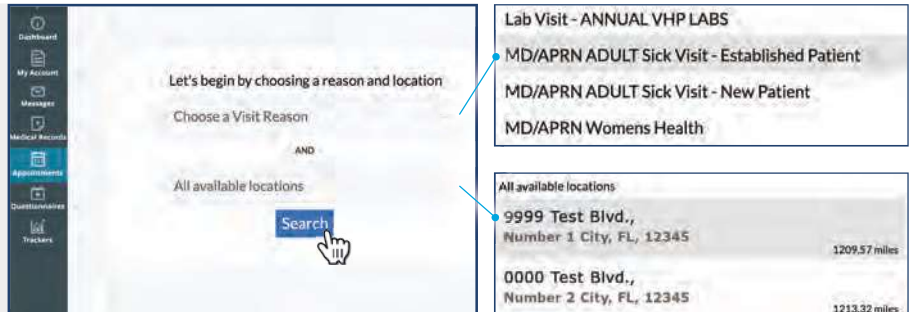


STEP 1 Go to: www.my-patientportal.com and enter your Username & Password. Click **“Login”** to enter Patient Portal.

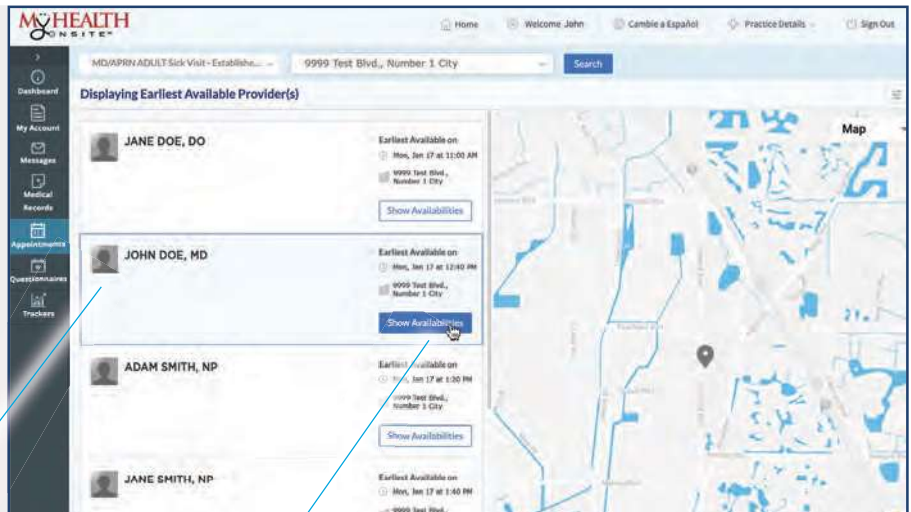


STEP 2 Select the Appointments Tab at left and select **“New Appointment”** at dropdown menu or hit the **“Search for Appointment”** tab at top right.

STEP 3 Choose a **“Reason for Visit”** and then **“All Available Locations”** or search by a specific location.



STEP 4 Select the Provider you would like to see and then select **“Show Availabilities”**.



Select the Provider You Want to See



Select Show Availabilities



Steps Continued on Next Page

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

This policy/certificate will be issued to those persons who meet American Public Life Insurance Company's insurability requirements. Evidence of insurability acceptable to Us may be required.

If You are working either under contract to or as an employee of the Policyholder, or are a member in or employed by the association, if the Policy is issued to an association, 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 working day.

Base Policy and Riders

No benefits are payable for the first twelve (12) months as a result of a Pre-Existing Condition. A Pre-Existing Condition means a disease, or physical condition for which the Insured Person had treatment; incurred expense; took medication; or received a diagnosis or advice from a Physician; during the twelve (12) month period of time immediately before the Effective Date of the Insured Person's coverage. The term "Pre-Existing Condition" will also include conditions that are related to such disease or physical condition. Pre-Existing Conditions specifically named or described as permanently excluded in any part of this contract are never covered. Pre-Existing Conditions specifically named or described as excluded for a limited time will be covered after the excluded period expires. All benefits payable only up to the maximum benefit listed on the Policy/Certificate Schedule in the policy.

Routine follow up care to determine whether a breast cancer has recurred in a person who has been previously determined to be free of breast cancer does not constitute medical advice, diagnosis, care, or treatment for the purposes of determining pre-existing conditions unless evidence of breast cancer is found during or as a result of the follow up care.

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.

Daily Hospital Confinement Benefit

Benefits payable will not exceed the Maximum Total Benefit of 180 Days for any one Period of Confinement, unless such confinement is due to a Mental or Emotional Disorder. If confinement is due to a Mental or Emotional Disorder, benefits payable will not exceed the Maximum Total Benefit of 30 days for any one Period of Confinement. The Hospital Confinement must begin while this policy/certificate is in force for the Insured Person. The Daily Benefit is shown in the Policy Schedule.

A Hospital is not an institution used as a place for rest, or for the aged; a nursing or convalescent home; a long term nursing unit or geriatrics ward; or an extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

Annual First Occurrence Hospital Rider

The Benefit for this rider is payable one time each Calendar year for You and each of Your covered Dependents. The first day of confinement must be in the Calendar Year for which the benefit amount is payable.

Renewability

This policy/certificate is optionally renewable. This means that We have the right to terminate your policy/certificate on any premium due date after the first Policyholder's Anniversary Date. We must give the Policyholder at least 60 days written notice prior to cancellation. We cannot cancel Your coverage because of change in Your age or health. We can change Your premiums if We change premiums for all similar Certificates issued to the Policyholder. We must give the Policyholder at least 60 days written notice before We change Your premiums.

We do not cover hospital confinements or other losses in the Policy or Riders attached thereto:

- (a) 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;
- (b) for an Injury or Sickness paid under Workers Compensation, an Employers Liability Law, benefits provided by the Federal Employee Liability Act or similar law;
- (c) for an Injury or Sickness due to war or act of war, whether declared or undeclared;
- (d) for injuries that are intentionally self-inflicted;
- (e) for an Injury or Sickness incurred while committing or attempting to commit a felony;
- (f) for an Injury or Sickness incurred while engaging in an illegal occupation;

Limitations and Exclusions *continued*

- (g) for cosmetic care, except when the Hospital confinement is due to medically necessary reconstructive plastic surgery. Medically necessary reconstructive plastic surgery is defined as:
 - 1. surgery to restore a normal bodily function.
 - 2. surgery to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect.
- (h) which are primary for rest care, convalescent care or for rehabilitation;
- (i) due to being intoxicated. (Intoxication means that which is determined and defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred);
- (j) for Injury sustained or Sickness, which manifests itself while on full-time duty in the armed forces. Upon notice, We will refund the proportion of unearned premium paid while in such forces;
- (k) for treatment of alcoholism or drug addiction;
- (l) which are rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of Sickness or accidental Injury sustained while traveling for business or pleasure;
- (m) for which payment is not legally required, except for:
 - 1. Medicaid;
 - 2. treatment of non-service connected disabilities in Veteran Administration hospitals; and,
 - 3. inpatient care rendered to armed services retirees and dependents in military medical facilities of the United States Government; nor,
- (n) Pre-Existing Conditions, unless the Insured Person has satisfied the Pre-Existing Condition Exclusion Period shown in the Schedule.

Termination of Coverage

Termination of Certificate

Your Insurance coverage will end on the earliest of these dates: the date You no longer qualify as an Insured; the last day of the period for which a premium has been paid, subject to the Grace Period; the date the Policy terminates; the date You retire; the date You cease to be on Actively at Work, as defined in the Policy/Certificate; the date You cease employment, or terminate Your contract with the employer through whom You originally became insured under the Policy; or the date We receive Your written request for termination.

Termination of Dependent(s)

Insurance coverage on Your Dependent will end on the earliest of these dates: the date the coverage under the Certificate terminates; the date the Dependent no longer meets the definition of Eligible Dependent, as defined in the Policy/Certificate; the date the Policy is modified so as to exclude Dependent coverage; or the date We receive Your written request for termination.

We may end the coverage of any Insured Person who submits a fraudulent claim.

Underwritten by:



2305 Lakeland Drive | Flowood, MS | 39232
ampublic.com | 800.256.8606

This is a brief description of the coverage. For actual benefits and other provisions, please refer to the policy/certificate. This coverage does not replace Workers' Compensation Insurance. **This product is inappropriate for people who are eligible for Medicaid coverage.** | This policy is considered an employee welfare benefit plan established and/or maintained by an association or employer intended to be covered by ERISA, and will be administered and enforced under ERISA. Group policies issued to governmental entities and municipalities may be exempt from ERISA guidelines. | Policy Form HI-4005 series | Florida | Limited Benefit Hospital Indemnity Insurance | (04/14)

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)	
Subtotal =	
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)	
Subtotal =	
Other expenses	
Dependent care	
Life insurance premiums	
Subtotal =	
Minimum monthly amount to cover with disability insurance	\$

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

© 2016 OneAmerica Financial Partners, Inc. All rights reserved.

Group Educator Disability Terms and Definitions

Eligible Employees:	This benefit is available for employees who are actively at work on the effective date and working a minimum of 20 hours per week.
Flexible Choices:	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.
Timely Enrollment:	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.
Portability:	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.
Waiver of Premium:	If approved, this benefit waives your Disability insurance premium in case you become disabled and are unable to collect a paycheck.
Elimination Period:	This is a period of consecutive days of disability before benefits may become payable under the contract.
Total Disability:	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.
Partial Disability:	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.
Residual:	The elimination period can be satisfied by total disability, partial disability, or a combination of both.
Return to Work:	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.
Integration:	The method by which your benefit may be reduced by Other Income Benefits.
Offset:	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.
Pre-Existing Condition Limitations:	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.
About Your Benefits:	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: 01/01/2021

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.

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	\$ 0.69	\$ 1.39	\$ 2.08	\$ 2.77	\$ 3.47	\$ 4.16	\$ 4.85	\$ 5.55	\$ 6.24	\$ 6.93
25 - 29	\$ 0.79	\$ 1.59	\$ 2.38	\$ 3.17	\$ 3.97	\$ 4.76	\$ 5.55	\$ 6.35	\$ 7.14	\$ 7.93
30 - 34	\$ 0.89	\$ 1.79	\$ 2.68	\$ 3.57	\$ 4.47	\$ 5.36	\$ 6.25	\$ 7.15	\$ 8.04	\$ 8.93
35 - 39	\$ 1.00	\$ 2.00	\$ 3.00	\$ 4.00	\$ 5.00	\$ 6.00	\$ 7.00	\$ 8.00	\$ 9.00	\$ 10.00
40 - 44	\$ 1.31	\$ 2.61	\$ 3.92	\$ 5.23	\$ 6.53	\$ 7.84	\$ 9.15	\$ 10.45	\$ 11.76	\$ 13.07
45 - 49	\$ 1.92	\$ 3.84	\$ 5.76	\$ 7.68	\$ 9.60	\$ 11.52	\$ 13.44	\$ 15.36	\$ 17.28	\$ 19.20
50 - 54	\$ 3.15	\$ 6.29	\$ 9.44	\$ 12.59	\$ 15.73	\$ 18.88	\$ 22.03	\$ 25.17	\$ 28.32	\$ 31.47
55 - 59	\$ 5.09	\$ 10.17	\$ 15.26	\$ 20.35	\$ 25.43	\$ 30.52	\$ 35.61	\$ 40.69	\$ 45.78	\$ 50.87
60 - 64	\$ 7.64	\$ 15.28	\$ 22.92	\$ 30.56	\$ 38.20	\$ 45.84	\$ 53.48	\$ 61.12	\$ 68.76	\$ 76.40
65 - 69	\$ 14.59	\$ 29.19	\$ 43.78	\$ 58.37	\$ 72.97	\$ 87.56	\$ 102.15	\$ 116.75	\$ 131.34	\$ 145.93
70 - 74	\$ 23.59	\$ 47.17	\$ 70.76	\$ 94.35	\$ 117.93	\$ 141.52	\$ 165.11	\$ 188.69	\$ 212.28	\$ 235.87
75 +	\$ 23.59	\$ 47.17	\$ 70.76	\$ 94.35	\$ 117.93	\$ 141.52	\$ 165.11	\$ 188.69	\$ 212.28	\$ 235.87

	\$ 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	\$ 7.63	\$ 8.32	\$ 9.01	\$ 9.71	\$ 10.40	\$ 11.09	\$ 11.79	\$ 12.48	\$ 13.17	\$ 13.87
25 - 29	\$ 8.73	\$ 9.52	\$ 10.31	\$ 11.11	\$ 11.90	\$ 12.69	\$ 13.49	\$ 14.28	\$ 15.07	\$ 15.87
30 - 34	\$ 9.83	\$ 10.72	\$ 11.61	\$ 12.51	\$ 13.40	\$ 14.29	\$ 15.19	\$ 16.08	\$ 16.97	\$ 17.87
35 - 39	\$ 11.00	\$ 12.00	\$ 13.00	\$ 14.00	\$ 15.00	\$ 16.00	\$ 17.00	\$ 18.00	\$ 19.00	\$ 20.00
40 - 44	\$ 14.37	\$ 15.68	\$ 16.99	\$ 18.29	\$ 19.60	\$ 20.91	\$ 22.21	\$ 23.52	\$ 24.83	\$ 26.13
45 - 49	\$ 21.12	\$ 23.04	\$ 24.96	\$ 26.88	\$ 28.80	\$ 30.72	\$ 32.64	\$ 34.56	\$ 36.48	\$ 38.40
50 - 54	\$ 34.61	\$ 37.76	\$ 40.91	\$ 44.05	\$ 47.20	\$ 50.35	\$ 53.49	\$ 56.64	\$ 59.79	\$ 62.93
55 - 59	\$ 55.95	\$ 61.04	\$ 66.13	\$ 71.21	\$ 76.30	\$ 81.39	\$ 86.47	\$ 91.56	\$ 96.65	\$ 101.73
60 - 64	\$ 84.04	\$ 91.68	\$ 99.32	\$ 106.96	\$ 114.60	\$ 122.24	\$ 129.88	\$ 137.52	\$ 145.16	\$ 152.80
65 - 69	\$ 160.53	\$ 175.12	\$ 189.71	\$ 204.31	\$ 218.90	\$ 233.49	\$ 248.09	\$ 262.68	\$ 277.27	\$ 291.87
70 - 74	\$ 259.45	\$ 283.04	\$ 306.63	\$ 330.21	\$ 353.80	\$ 377.39	\$ 400.97	\$ 424.56	\$ 448.15	\$ 471.73
75 +	\$ 259.45	\$ 283.04	\$ 306.63	\$ 330.21	\$ 353.80	\$ 377.39	\$ 400.97	\$ 424.56	\$ 448.15	\$ 471.73

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	
Calendar-year deductible (excludes orthodontia services)	Individual \$50	Family \$150	Individual \$50	Family \$150
	Deductible applies to all services excluding preventive services.			
Calendar-year annual maximum (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.)			
Preventive services <ul style="list-style-type: none">• Routine oral examinations (2 per year)• Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older)• Routine cleanings (2 per year)• Fluoride treatment (1 per year, through age 14)• Sealants (permanent molars, through age 14)• Space maintainers (primary teeth, through age 14)• Oral Cancer Screening (1 per year, ages 40 and older)	100% no deductible		80% no deductible	
Basic services <ul style="list-style-type: none">• Emergency care for pain relief• Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth)• Composite fillings (1 per tooth every 2 years, molar teeth)• Oral surgery (tooth extractions including impacted teeth)• Stainless steel crowns• Harmful habit appliances for children (1 per lifetime, through age 14)• Periodontics (periodontal cleanings 4 per year, scaling/root planing and surgery 1 per quadrant every 3 years)	80% after deductible		50% after deductible	
Major services <ul style="list-style-type: none">• Crowns (1 per tooth every 5 years)• Inlays/onlays (1 per tooth every 5 years)• Bridges (1 per tooth every 5 years)• Dentures (1 per tooth ever 5 years)• Denture relines/rebases (1 every 3 years, following 6 months of denture use)• Denture repair and adjustments (following 6 months of denture use)• 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)• Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)	50% after deductible		50% after deductible	
Orthodontia services	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 ^{1,2}	No	12 months	12 months	Not available

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

Per Pay Period Rates (18)

Employee Only...	\$ 16.90
Employee + One...	29.57
Family...	50.87

Questions?

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit 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

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.



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.¹ 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)

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**.

¹ 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

Restorative	Member pays
--------------------	--------------------

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

Current Dental Terminology © 2016 American Dental Association. All rights reserved.

FL52376HD 0216

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—intraoral 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

Current Dental Terminology © 2016 American Dental Association. All rights reserved.

FL52376HD 0216

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.

Current Dental Terminology © 2016 American Dental Association. All rights reserved.

Insured or administered by Humana Insurance Company and CompBenefits Company



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 ¹	\$10 Up to \$39	Up to \$30 Not covered
Contact lens exam options ² • 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 ³	Up to \$130 20% off balance over \$130	Up to \$65
Standard plastic lenses ⁴ • Single vision • Bifocal • Trifocal • Lenticular	\$15 \$15 \$15 \$15	Up to \$25 Up to \$40 Up to \$60 Up to \$100
Covered lens options ⁴ • 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 ⁵ (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)
Frequency <ul style="list-style-type: none"> • Examination • Lenses or contact lenses • Frame 	Once every 12 months Once every 12 months Once every 24 months	Once every 12 months Once every 12 months Once every 24 months
Diabetic Eye Care: care and testing for diabetic members <ul style="list-style-type: none"> • Examination <ul style="list-style-type: none"> - Up to (2) services per year • Retinal Imaging <ul style="list-style-type: none"> - Up to (2) services per year • Extended Ophthalmoscopy <ul style="list-style-type: none"> - Up to (2) services per year • Gonioscopy <ul style="list-style-type: none"> - Up to (2) services per year • Scanning Laser <ul style="list-style-type: none"> - Up to (2) services per year 	\$0 \$0 \$0 \$0 \$0	Up to \$77 Up to \$50 Up to \$15 Up to \$15 Up to \$33

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

² 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.

³ Discounts available on all frames except when prohibited by the manufacturer.

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

⁵ 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 anesthetist.
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 ¹.



¹ Thompson Media Inc.

Questions

Check out [Humana.com](https://www.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.² 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):

Opening doors to better vision for thousands of people – with affordable Lasik procedures¹

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

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

¹ Laser-assisted in-situ keratomileusis

² If qualified as a Lasik candidate by the network doctor

³ 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

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

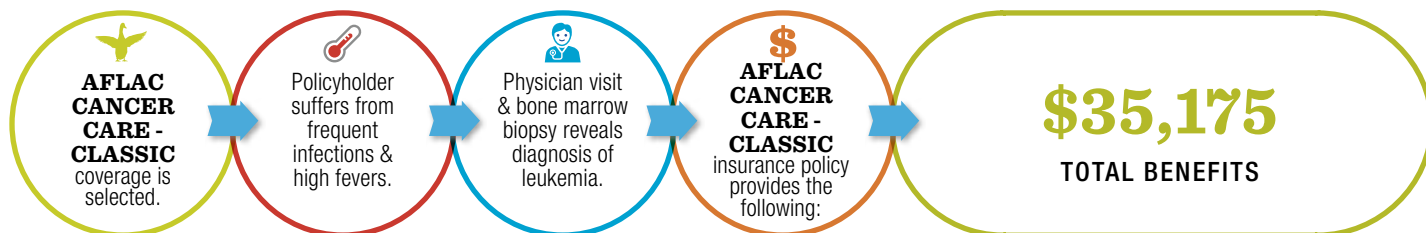
Added Protection for You and Your Family

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.¹

FACT NO. 02

IN THE UNITED STATES, WOMEN HAVE SLIGHTLY MORE THAN A

1-in-3

LIFETIME RISK OF DEVELOPING CANCER.¹

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 Benefit²

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 Benefit²

Topical Chemotherapy Benefit

\$150 per prescription, per month up to \$750 max per month for Oral/Topical Benefit²

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

AFLAC CANCER CARE

CANCER INDEMNITY INSURANCE

Policy Series A78000

CC
SELECT

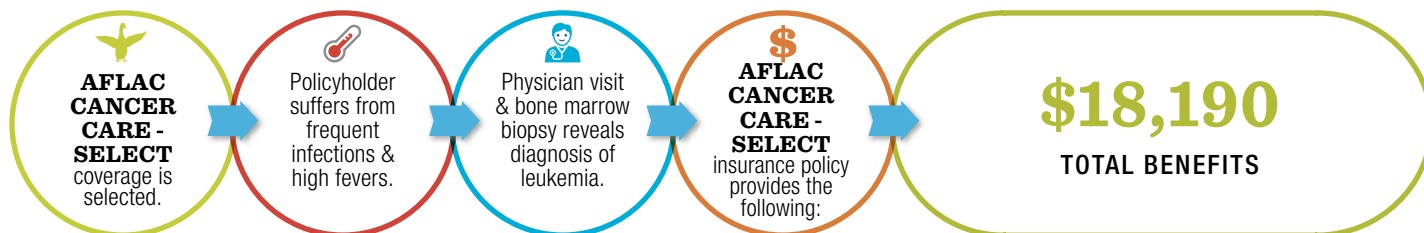
Added Protection for You and Your Family

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

IN THE UNITED STATES, MEN HAVE SLIGHTLY LESS THAN A

1-in-2

LIFETIME RISK OF DEVELOPING CANCER.¹

FACT NO. 02

IN THE UNITED STATES, WOMEN HAVE SLIGHTLY MORE THAN A

1-in-3

LIFETIME RISK OF DEVELOPING CANCER.¹

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 Benefit²

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 Benefit²

Topical Chemotherapy Benefit

\$100 per prescription, per month up to \$405 max per month for Oral/Topical Benefit²

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

²Up 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.



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.¹

FACT NO. 2

\$5,600

THE AVERAGE MEDICAL EXPENSES FOR AN ACCIDENTAL INJURY.¹

¹Injury 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?

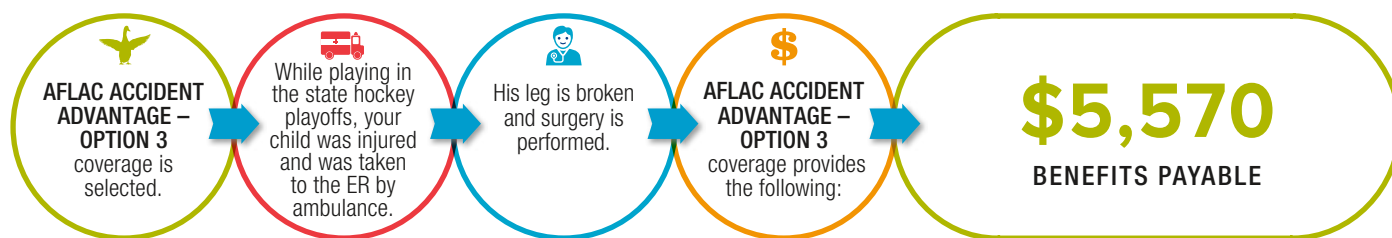
What does the Aflac Accident Advantage policy include?

- 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 answer²
- 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.

²Association 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><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></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		



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



Accident Plan

Rates per pay period (18)

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

YOU can make **MORE**
money this year...

with the
**Flexible Benefits
Plan!**

Take advantage of your company's

Flexible Benefits Plan

And take home more money.

Lockard & Williams



INSURANCE SERVICES, P.A.

Plan Administrator ♦ Kenny Anderson
Phone (850) 516-7043 ♦ Fax (850) 479-2923
Toll Free (800) 530-7222

► Step I: Your Options

There are several accounts you can participate in with the Flexible Benefits Plan.

I. Healthcare Reimbursement Account

This account reimburses you for medical, dental & vision expenses not covered by insurance. You set aside money, tax-free, through regular payroll deductions. During the year, you can be reimbursed directly from your account for those qualified healthcare services provided they are not covered by insurance.

Common expenses that qualify for reimbursement are – doctor visits, deductibles, co-payments, prescriptions, dental services and orthodontics, chiropractor services, eye exams, glasses & contacts.

II. Dependent Care Reimbursement Account

This account reimburses you for daycare expenses for eligible children and adults. Through regular payroll deductions, you set aside part of your income to pay for these expenses on a tax-free basis.

To qualify, your dependent must be:

- A child under the age of 13, or
- A child, spouse or other dependent who is physically or Mentally incapable of self-care and spends at least 8 hours a day in your household.

Qualified expenses for reimbursement include – adult and child daycare centers, preschool and before/after school care.

Please note: A dependent care credit is available on your annual tax return. Whether or not to participate in the daycare portion of this plan depends on your income, filing status, number of dependents and annual daycare expenses. You will also receive your tax savings throughout the year, rather than once a year when you file your taxes. Contact your plan administrator for further information.

III. Additional Benefit

Your employer may have included benefits in addition to the programs described above. Your Human Resources Department will send notification, along with this enrollment brochure, if any such additional benefits are being offered at this time.

IV. Premium Savings Account

This account allows you to pay for your employer-provided health coverage and other insurance premiums with tax-free dollars. If you are covered under your employer's health and/or other insurance plans, you are automatically enrolled in this account! Be sure to let your employer know if you do not want your premiums paid tax-free.

► Step II: Determining Your Reimbursable Expenses

By completing the following information, you can calculate your annual reimbursement expenses. Take into consideration the services to be provided during the upcoming year for you and your dependents.

Healthcare Expenses

Medical (1)*

Deductibles \$ _____
Co-payments \$ _____
Doctor visits \$ _____
Prescriptions \$ _____
Other \$ _____

Total \$ _____

Dental (3)*

Routine Check-ups \$ _____
Fillings/Crowns \$ _____
Orthodontics \$ _____
Other \$ _____

Total \$ _____

Dependent Daycare Expenses

Children \$ _____
Adults \$ _____

Total \$ _____

Other Reimbursable Expenses **

Total \$ _____

Vision (2)

Exams \$ _____
Eye Surgery \$ _____
Lenses \$ _____
Frames \$ _____
Contacts \$ _____
Solutions \$ _____
Other \$ _____

Total \$ _____

Estimated Annual Expenses and Tax Savings

Total Healthcare Expenses (add 1 + 2 + 3) \$ _____

Total Dependent Daycare Expenses \$ _____

Total Other Reimbursable Expenses \$ _____

Total Expenses \$ _____

Tax Bracket Percentage (see below) _____ %

Annual Tax Savings \$ _____

(multiply total expenses by number of paychecks
you receive each year - 52, 26, 24, 12)

Savings Amount Per Paycheck \$ _____

(divide total expenses by number of paychecks
you receive each year - 52, 26, 24, 12)

Tax Estimate Table

Based on a combination of social security,
federal, and state income taxes

If your annual household earnings are:	Estimated tax rate is:
Less than \$30,000	25%
\$30,000 to \$40,000	29%
\$40,000 to \$70,000	31%
Greater than \$70,000	33%

These tax rates are estimates based on national averages and may not reflect your actual tax rate.

* Cosmetic procedures like teeth bleaching and face lifts are not eligible expenses for reimbursement.

** An "Additional Benefit" may not be offered by your employer. Check with your Human Resources Department.

► Step III: Complete the Participation Form

Using the information you calculated in Step II, complete the attached Participation Form and return it to your Human Resources Department.

**Plan restrictions may apply. Check with your plan administrator.*

The following health care expenses qualify for reimbursement under a Flexible Spending Account (FSA) plan.*

Only health care expenses *not* reimbursed by insurance can be claimed. Prescription (Rx) required beginning 1/1/2011

Acupuncture (excluding remedies and treatments prescribed by acupuncturist)	Endodontist fees	Physician fees (cosmetic procedures not eligible)
Alcoholism treatment	Eyeglasses prescribed by your doctor	Podiatrist fees
Ambulance	Eye examination fees	Prescribed medicines
Artificial limbs/teeth	Eye surgery (cataracts, LASIK, etc.)	Psychiatric care
Chiropractors	Hearing devices and batteries	Psychologist and psychiatrist fees
Christian Science practitioner's fees	Home health care	Radiology
Contact lenses and solutions	Hospital bills	Routine physicals and other non-diagnostic services or treatments
Co-payments (doctor, dental, vision, pharmacy)	Insulin	Smoking cessation over-the-counter drugs (Rx)
Costs for physical or mental illness confinement	Laboratory fees	Smoking cessation programs
Crutches	Laser eye surgery	Surgical fees
Deductibles	Office visits	Weight loss over-the-counter drugs (Rx)
Dental fees (cosmetic procedures not eligible)	Obstetrics and fertility	Weight loss programs with a doctor's letter of medical necessity
Dentures	Oral surgery	Wheelchair
Diagnostic fees	Orthodontic fees	Vitamins, with doctor's letter of medical necessity
Dietary Supplements and vitamins with doctor's letter of medical necessity	Orthopedic devices	X-rays and MRI
Dental and medical supplies (syringes, needles, etc.)	Osteopath fees	
	Over-the-Counter drugs that are medically necessary like allergy medications, aspirin, or antacids (Rx)	
	Oxygen	
	Periodontist fees	

Items *requiring* a physician's letter listing a medical condition making the item necessary.*

Bedpans and ring cushions
Boost®/Pediasure®
Foot Spa
Herbs
Massagers
Massages
Minerals
Oxygen
Reconstructive surgery in connection with birth defect, disease, or accident.
Special supplements
Special school for disabled child
Special teeth cleaning system
Therapeutic support gloves
Vitamins
Weight loss programs and fees pertaining to a specific disease
Wigs for hair loss caused by disease

Health care expenses that *do not* qualify for reimbursement under an FSA plan.*

Cosmetic surgery, procedure, and/or medications
Dental bleaching
Hair restoration (procedures, drugs or medications)
Health club or gym memberships for general health
Marriage and family counseling
Over-the-Counter drugs or medications that re not prescribed by your physician
Weight loss programs for general health or appearance
Mail order prescriptions from another country
Premiums you or your spouse pay for insurance coverage (Payroll-deducted premiums sponsored by your employer are eligible under the Premium Only Plan.)

**Plan restrictions may apply. Check with your plan administrator.*

Accepted Over-the-Counter (OTC) Items*

Antiseptics Prescription (Rx) required beginning 1/1/2011

Antiseptic wash or ointment for cuts or scrapes (Rx)
Antiseptic mouthwash (Rx)
Benzocaine swabs (Rx)
Boric acid powder (Rx)
First aid wipes (Rx)
Hydrogen peroxide (Rx)
Iodine tincture (Rx)
Rubbing alcohol (Rx)
Sublime sulfur powder (Rx)

Cold, Flu, Asthma and Allergy Medications

Prescription (Rx) required beginning 1/1/2011
Allergy medications (Rx)
Bronchodilator/expectorant tablets (Rx)
Bronchial asthma inhalers (Rx)
Cold relief syrup, tablets and drops (Rx)
Cough relief syrup, tablets and drops (Rx)
Flu relief syrup, tablets and drops (Rx)
Medicated chest rub (Rx)
Nasal decongestant spray, drops or inhaler (Rx)
Nasal strips to improve congestion (Rx)
Sinus and allergy nasal spray (Rx)
Homeopathic sinus medications (Rx)
Sinus medications (Rx)
Vapor patch cough suppressant (Rx)

Diabetes Prescription (Rx) required beginning 1/1/2011

Diabetic lancets
Diabetic needles
Diabetic supplies
Diabetic syringes
Diabetic test strips
Glucose meters
Glucose tablets (Rx)

Ear/Eye Care Letter of Medical Necessity required from a physician (LOMN)

Prescription (Rx) required beginning 1/1/2011
Airplane ear protection (LOMN)
Ear drops for swimmers (Rx)
Ear water-drying aid (Rx)
Earwax removal drops (Rx)
Homeopathic earache tablets (Rx)
Contact lens solutions (Rx)

Health Aids (Rx) required beginning 1/1/2011

Anit-fungal treatments (Rx)
Denture adhesives
Diuretics and water pills (Rx)
Hemorrhoid relief (Rx)
Lice control
Medicated bandages
Motion sickness tablets (Rx)
Respiratory stimulant ammonia (Rx)
Sleeping aids (Rx)

Pain Relief Prescription (Rx) required beginning 1/1/2011

Arthritis pain reliever (Rx)
Bunion and blister treatments (Rx)
Itch relief (Rx)
Orajel® (Rx)
Pain relievers, aspirin and non-aspirin (Rx)
Throat pain medications (Rx)

Personal Test Kits

Cholesterol tests
Colorectal cancer screening tests
Home drug tests
Ovulation indicators
Pregnancy tests

Skin Care Prescription (Rx) required beginning 1/1/2011

Acne medications (Rx)
Anti-itch lotion (Rx)
Bunion and blister treatments (Rx)
Cold sore and fever blister medications (Rx)
Corn and callus removal medications (Rx)
Diaper rash ointment (Rx)
Eczema cream (Rx)
Medicated bath products (Rx)

Stomach Care Prescription (Rx) required beginning 1/1/2011

Acid reducing gum, liquid and tablets (Rx)
Anti-diarrhea medications (Rx)
Gas prevention tablets or drops (Rx)
Ipecac syrup (Rx)
Laxatives (Rx)
Pinworm treatment (Rx)
Upset stomach medications (Rx)

Over-the-Counter (OTC) items*

Letter of Medical Necessity required from a physician (LOMN)

Prescription (Rx) required beginning 1/1/2011

Adhesive or elastic bandages	Minerals (Rx)
Blood pressure meter	Multivitamins (Rx)
Cold or hot compresses	Saline nose drops (Rx)
Eye drops (Rx)	Special supplements (Rx)
Foot spa (LOMN)	Special teeth cleaning system (LOMN)
Gauze and tape (LOMN)	Thermometers
Gloves and masks (LOMN)	Vitamins (Rx)
Herbs (Rx)	
Leg or arm braces	
Massagers (LOMN)	

OTC items – not acceptable*

Aromatherapy	Low “carb” food
Baby bottles and cups	Low calorie food
Baby oil	Mouthwash
Baby wipes	Oral care
Breast enhancement system	Petroleum jelly
Cosmetics	Shampoo and conditioner
Cotton swabs	Skin care
Dental floss	Spa salts
Deodorants	Sun tanning products
Feminine care	Toothbrushes
Hair regrowth	

**Plan restrictions may apply. Check with your plan administrator.*

