



2015-2016 Benefits Package

Dental • Vision • Life • Short-Term
Disability •
Employee Assistance Program • Supplemental
Insurance
401K • Flexible Spending Account



StaffScapes

Human Resource Solution Center

Benefit Package 2016-2017

Welcome to StaffScapes, congratulations on your new employment! We are excited to have you on our team and would like to take this opportunity to share some exciting news with you. As a co-employee of StaffScapes, there are several exciting opportunities available to employees averaging 30 hours per week. StaffScapes offers dental, vision, life insurance and supplemental benefit options for you and your family.

StaffScapes benefits have a 60-day wait period, which means the effective date would be the 1st of the month after 60 days. Online enrollment must be completed by the effective date of coverage. If you do not take this opportunity to enroll, you will not be able to enroll again until the next Annual Enrollment in May 2017 or if you experience a qualified life event. Examples include but are not limited to, birth of a child, marriage or divorce.

Please take a couple of minutes to review the enclosed benefit information package and contact your Benefit Specialist at StaffScapes to answer any questions at (303) 466-7864.

Note: StaffScapes is required to pay all our benefit carriers one month in advance. This means we pay for July's premiums in June, August premiums in July, etc. Depending on when your company is paid, there may be back-premiums deducted from your paycheck to become current on the premiums paid schedule.



StaffScapes

Human Resource Solution Center

Open Enrollment 2016

Dental, Vision, Life, STDI, Accident and Critical Illness

The month of May is your Open Enrollment period to enroll or make changes to your benefits with an effective date of June 1, 2016, for all full-time employees averaging 30 hours a week. This is the only time during the year you can enroll or make changes to your current elections. Open enrollment allows you to add your spouse or dependents make changes or cancel your current coverage.

We have the following options available to you for Open Enrollment 2016:

- **Dental Plan Highlights** – We have two fantastic plans to choose from. Humana Dental PPO plan provides 100% coverage for preventative and basic services and 60% for major services. Humana also offers an EXTENDED MAX BENEFIT that will continue to pay 30% coinsurance on certain services after you reach the annual max. To find a dentist in the Humana Dental's PPO Network, log on to www.humana.com or you can call 1-800-233-4013. We also offer the Alpha Discount Dental Plan, a discount Colorado Network Plan with over 650 combined providers. Save an average of 65% overall off the normal fee.
- **Short Term Disability Plan** – StaffScapes is proud to offer a Short Term Disability Plan with Humana Insurance. Disability Insurance is protection for your paycheck. If you are suddenly disabled or unable to work due to an accident or illness, Disability Insurance replaces your paycheck. And, your Disability income checks are TAX FREE! Be sure to contact an enrollment specialist!
- **Vision** – EyeMed Vision by Design is a vision care program combining unlimited choice with high quality and value and is underwritten by Companion Life Insurance Co. Benefits include an annual allowance for BOTH glasses and contacts for very affordable rates.
- **Voluntary Life and AD&D** – Unum Life Insurance provides StaffScapes with life, voluntary life and our Employee Assistance Program (EAP). StaffScapes provides each eligible employee with a \$5,000 term life and AD&D benefit at **no cost to you**. Please go to our website at www.staffscapes.com for information on enrolling in voluntary life coverage and the EAP plan.
- **Accident and Critical Illness** – Peace of mind and real cash benefits, Humana provides accident and critical illness plans that pay you benefits to help cover the costs associated with unexpected bills.

Please take a couple of minutes to go to our website, www.staffscapes.com and go to the 'Resources' section. There you will find our complete benefit package in the 'Employee Benefits' section, including plan summaries for the benefits that are available. Please contact your Benefits Specialist at StaffScapes (303)466-7864 for enrollment information.

For any additional questions, please feel free to contact StaffScapes at 303-466-7864.

Monthly Benefit Rate Sheet

Effective from 6/1/16 through 05/31/17

Alpha Discount Dental Plan**

Employee	\$ 11.75
Employee Plus One Dependent	\$ 21.75
Employee Plus Two or More Dependents	\$ 31.75

***The Alpha dental plan is a discount fee for service dental plan and is in no way considered insurance*

Humana PPO Dental

Employee	\$ 35.31
Employee Plus One Dependent	\$ 75.83
Employee Plus Two or More Dependents	\$113.38

EyeMed – Vision By Design

Employee	\$ 7.44
Employee Plus One Dependent	\$ 14.03
Employee Plus Two or More Dependents	\$ 20.54

Humana Group Accident

	Employee	Employee+Spouse	Employee+Child(ren)	Family
Bronze	\$7.88	\$14.29	\$21.75	\$28.17
Silver	\$13.09	\$23.91	\$37.50	\$48.33
Gold	\$18.30	\$33.53	\$53.25	\$68.49

Humana Critical Illness Insurance Rates

These rates are age banded; please see packet following to determine monthly premiums and coverage amounts available to you.

Humana Short Term Disability Insurance Rates

These rates are age banded; please see packet following to determine monthly premiums and coverage amounts available to you.

Unum Voluntary Insurance Rates

These rates are age banded; please see packet following to determine monthly premiums and coverage amounts available to you.

Enrollment forms and plan summaries are available on our website www.staffscapes.com on the 'Resources' page in the Employee Benefit Section, or call StaffScapes and speak to a benefits specialist.



Humana Dental Plans

Introducing StaffScapes Dental Plans

StaffScapes offers employees a selection between two unique and useful plans which will benefit your entire family. Both plans utilize the widespread Humana network, have no waiting periods, and offer different price points which can best suited for every budget.

Humana PPO Dental Plan

The Humana PPO plan is what most people will think of as traditional dental insurance. The monthly premiums are more, but aside from low deductibles, you will pay less out of pocket at your regular dental appointments. The PPO Plan covers:

- 100% of Preventative Treatments;
- 100% of Basic Services;
- 60% of Major Services;
- \$1500 Annual Maximum; and
- After you reach the annual maximum amount, you will receive 30 percent coinsurance on preventive, basic, and major services for the rest of the plan year. (Implants and orthodontia excluded.
- May be eligible to receive up to a 20% discount on non-covered services. Members may contact a participating provider to determine if any discounts are available.

Employee Only: \$35.31/month	Employee & Spouse \$75.83/month	Employee & Family \$113.38/month
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Alpha Dental Discount Plan

The Alpha Dental Plan is a discount plan which utilizes the same wide Humana Network as the PPO plan, but offers a substantial discount off fixed prices. The result is that the monthly premium is less, but there will be fees for services. The Alpha Dental Plan:

- Has no annual maximums;
- Covers many routine dental concerns (including orthodontia); and
- Specialty dental visits offered at a discount of 20% off

Employee Only: \$11.75/month	Employee & Spouse \$21.75/month	Employee & Family \$31.75/month
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For questions or more detailed information, please do not hesitate to contact the StaffScapes Benefits Department at 303-466-7864.

	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
Calendar-year annual maximum (excludes orthodontia services)	\$1,500 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"> • Oral examinations • X-rays • Cleanings • Topical fluoride treatment (through age 14, one per calendar year) • Sealants (through age 14) 	100% no deductible		100% no deductible	
Basic services <ul style="list-style-type: none"> • Space maintainers (through age 14) • Emergency care for pain relief • Basic oral surgery services - basic extractions of erupted tooth or root • Fillings (amalgam, composite for anterior teeth) • Appliances for children (through age 14) • Prefabricated stainless steel crowns 	100% after deductible		80% after deductible	
Major services <ul style="list-style-type: none"> • Crowns • Inlays and onlays • Bridgework • Dentures • Denture relines and rebases • Complex surgical extractions - surgical removal of erupted tooth, impacted tooth, and tooth roots • Implants • Periodontics (gums) • Endodontics (root canals) 	60% after deductible		50% after deductible	
Orthodontia services	If you do not choose orthodontia coverage, employees may be eligible to receive up to a 20% discount on non-covered services. Members may contact a participating provider to determine if any discounts are available.			

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.

Waiting periods

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 services unless a late applicant.

The Beta Health Alpha Dental Plan focuses 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. Beta Health Alpha plan copayments for listed procedures are applicable at a participating general dentist.

Member costs listed here are for services provided by a chosen participating primary care dentist (PCD) only. A 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. Members will receive up to a 20 percent discount by visiting a participating specialist.

Summary of services

Diagnostic (Exams and x-rays) Member pays

D0999	Routine office visit	\$ 5.00
D0120	Periodic oral evaluation	no charge
D0140	Limited oral evaluation—problem focused	\$ 15.00
D0150	Comprehensive oral evaluation—new or established patient	\$ 12.00
D0210	X-ray intraoral—complete series including bitewings	\$ 29.00
D0220	X-ray intraoral—periapical, first film	\$ 6.00
D0230	X-ray intraoral—periapical, each additional film	\$ 5.00
D0240	X-rays intraoral—occlusal film	\$ 5.00
D0250	X-ray extraoral—first film	\$ 5.00
D0260	X-ray extraoral—each additional film	\$ 5.00
D0270	X-ray bitewing—single film	no charge
D0272	X-ray bitewings—two films	no charge
D0274	X-ray bitewings—four films	no charge
D0330	X-ray panoramic film	\$ 49.00
D0340	Cephalometric film	\$ 60.00
D0460	Pulp vitality test	no charge
D0470	Diagnostic casts	\$ 49.00
D0999	Emergency visit (same day)	\$ 25.00

Preventive (Cleanings) Member pays

D1110	Prophylaxis—adult cleaning (every six months)	\$ 15.00
D1120	Prophylaxis—child cleaning (every six months)	\$ 15.00
D1203	Topical application of fluoride not including prophylaxis—child	\$ 11.00
D1330	Oral hygiene instructions	no charge
D1351	Sealant—per tooth	\$ 12.00
D1510	Space maintainer—fixed, unilateral	\$ 173.00
D1515	Space maintainer—fixed, bilateral	\$ 250.00
D1520	Space maintainer—removable, unilateral	\$ 213.00
D1525	Space maintainer—removable, bilateral	\$ 246.00
D1550	Recementation of space maintainer	\$ 17.00
D1999	Additional prophylaxis (for perio maintenance)	\$ 41.00

Restorative Services

(Fillings, crowns, inlays and onlays) Member pays

D2140	Amalgam—one surface, primary or permanent	\$ 33.00
D2150	Amalgam—two surfaces, primary or permanent	\$ 44.00

D2160	Amalgam—three surfaces, primary or permanent	\$ 54.00
D2161	Amalgam—four or more surfaces, primary or permanent	\$ 63.00
D2330	Resin based composite—one surface, anterior	\$ 45.00
D2331	Resin based composite—two surfaces, anterior	\$ 58.00
D2332	Resin based composite—three surfaces, anterior	\$ 77.00
D2335	Resin based composite—four or more surfaces or involving incisal angle (anterior)	\$ 124.00
D2390	Resin based composite crown, anterior	\$ 262.00
D2391	Resin based composite—one surface, posterior	\$ 98.00
D2392	Resin based composite—two surfaces, posterior	\$ 135.00
D2393	Resin based composite—three surfaces, posterior	\$ 172.00
D2394	Resin based composite—four or more surfaces, posterior	\$ 188.00
D2510*	Inlay—metallic, one surface	\$ 299.00
D2520*	Inlay—metallic, two surfaces	\$ 309.00
D2530*	Inlay—metallic, three or more surfaces	\$ 327.00
D2542*	Onlay—metallic, two surfaces	\$ 332.00
D2543*	Onlay—metallic, three surfaces	\$ 343.00
D2544*	Onlay—metallic, four or more surfaces	\$ 352.00
D2610*	Inlay—porcelain/ceramic, one surface	\$ 318.00
D2650*	Inlay—resin based composite, one surface	\$ 306.00
D2651*	Inlay—resin based composite, two surfaces	\$ 314.00
D2652*	Inlay—resin based composite, three or more surfaces	\$ 328.00
D2710*	Crown—resin based composite, indirect	\$ 319.00
D2720*	Crown—resin with high noble metal	\$ 375.00
D2721*	Crown—resin with predominantly base metal	\$ 340.00
D2722*	Crown—resin with noble metal	\$ 346.00
D2740*	Crown—porcelain/ceramic substrate	\$ 395.00
D2750*	Crown—porcelain fused to high noble metal	\$ 384.00
D2751*	Crown—porcelain fused to predominantly base metal	\$ 315.00
D2752*	Crown—porcelain fused to noble metal	\$ 370.00
D2790*	Crown—full cast high noble metal	\$ 366.00
D2791*	Crown—full cast predominantly base metal	\$ 318.00
D2792*	Crown—full cast noble metal	\$ 345.00
D2910	Recement inlay, onlay, or partial coverage restoration	\$ 15.00
D2920	Recement crown	\$ 31.00

D2930	Prefabricated stainless steel crown—primary tooth	\$ 101.00
D2931	Prefabricated stainless steel crown—permanent tooth	\$ 123.00
D2932	Prefabricated resin crown	\$ 157.00
D2933	Prefabricated stainless steel crown with resin window	\$ 179.00
D2940	Sedative filling	\$ 37.00
D2950	Core buildup, including any pins	\$ 82.00
D2951	Pin retention—per tooth, in addition to restoration	\$ 23.00
D2952	Cast post and core in addition to crown	\$ 134.00
D2954	Prefabricated post and core in addition to crown	\$ 107.00
D2955	Post removal (not in conjunction with endodontic therapy)	\$ 139.00
D2960	Labial veneer (resin laminate)—chairside	\$ 187.00
D2999	Bleaching (per arch) (\$125 additional charge per unit for multiple crown units—complex rehabilitation)	\$ 162.00

Endodontic Services (Root canals) Member pays

D3110	Pulp cap—direct (excluding final restoration)	\$ 26.00
D3120	Pulp cap—indirect (excluding final restoration)	\$ 27.00
D3220	Therapeutic pulpotomy excluding final restoration	\$ 72.00
D3230	Pulpal therapy—anterior, primary tooth (excluding restoration)	\$ 102.00
D3240	Pulpal therapy—posterior, primary tooth (excluding restoration)	\$ 113.00
D3310	Root canal therapy—one canal (excluding final restoration)	\$ 275.00
D3320	Root canal therapy—two canals (excluding final restoration)	\$320.00
D3330	Root canal therapy—three canals or more	\$ 400.00
D3410	Apicoectomy/periradicular surgery—anterior	\$ 328.00
D3421	Apicoectomy/periradicular surgery—bicuspid (first root)	\$ 366.00
D3425	Apicoectomy/periradicular surgery—molar (first root)	\$ 424.00
D3426	Apicoectomy/periradicular surgery (each additional root)	\$ 161.00
D3430	Retrograde filling—per root	\$ 116.00
D3910	Surgical procedure for isolation of tooth with rubber dam	\$64.00

Periodontic Services (Gum disease) Member pays

D4210	Gingivoplasty or givectomy—four or more contiguous or bounded teeth spaces per quadrant	\$ 333.00
D4211	Gingivoplasty or givectomy—one to three contiguous or bounded teeth spaces per quadrant	\$178.00
D4240	Gingival flap, including root planing—four or more contiguous or bounded teeth spaces per quadrant	\$352.00
D4260	Osseous surgery including flap entry and closure—four or more contiguous or bounded teeth spaces per quadrant	\$ 521.00
D4320	Provisional splinting—intracoronal	\$ 260.00
D4321	Provisional splinting—extracoronal	\$ 246.00
D4341	Periodontal scaling and root planing—four or more teeth per quadrant	\$ 112.00

D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$ 89.00
D4910	Periodontal maintenance	\$ 57.00
D4999	Periodontal screening and scoring	\$ 10.00

Prosthodontics (Removable/Complete Dentures, etc.) Member pays

D5110	Complete denture—maxillary	\$ 533.00
D5120	Complete denture—mandibular	\$ 533.00
D5130	Immediate denture—maxillary	\$ 764.00
D5140	Immediate denture—mandibular	\$ 778.00
D5211	Maxillary partial denture—resin base (including clasps and teeth)	\$ 463.00
D5212	Mandibular partial denture—resin base (including clasps and teeth)	\$ 442.00
D5213	Maxillary partial denture—cast metal framework, resin denture bases (including clasps and teeth)	\$ 547.00
D5214	Mandibular partial denture—cast metal framework, resin denture bases (including clasps and teeth)	\$ 545.00
D5410	Adjust complete denture—maxillary	\$ 36.00
D5411	Adjust complete denture—mandibular	\$ 36.00
D5421	Adjust partial denture—maxillary	\$ 36.00
D5422	Adjust partial denture—mandibular	\$ 36.00
D5510	Repair broken complete denture base	\$ 88.00
D5520	Replace missing or broken teeth—complete denture (each tooth)	\$ 62.00
D5610	Repair resin denture base	\$ 82.00
D5620	Repair cast framework	\$ 139.00
D5630	Repair or replace broken clasp	\$ 105.00
D5640	Replace broken teeth—per tooth	\$ 68.00
D5650	Add tooth to existing partial denture	\$ 93.00
D5660	Add clasp to existing partial denture	\$ 121.00
D5710	Rebase complete maxillary denture	\$ 276.00
D5711	Rebase complete mandibular denture	\$ 276.00
D5720	Rebase maxillary partial denture	\$ 230.00
D5721	Rebase mandibular partial denture	\$ 231.00
D5730	Reline complete mandibular denture (chairside)	\$ 175.00
D5731	Reline complete mandibular denture (chairside)	\$ 175.00
D5740	Reline maxillary partial denture (chairside)	\$ 167.00
D5741	Reline mandibular partial denture (chairside)	\$ 167.00
D5750	Reline complete maxillary denture (laboratory)	\$ 155.00
D5751	Reline complete mandibular denture (laboratory)	\$ 155.00
D5760	Reline maxillary partial denture (laboratory)	\$ 158.00
D5761	Reline mandibular partial denture (laboratory)	\$ 157.00
D5850	Tissue conditioning, maxillary	\$ 66.00
D5851	Tissue conditioning, mandibular	\$ 65.00

NOTE: In addition to the fees listed above in section 5000 through 6000, additional fees may be charged for upgraded teeth and enhanced cosmetics, personalization beyond norm or techniques involving precision dentures.

Prosthodontics (Fixed/Partial Dentures, etc.) Member pays

D6210*	Pontic—cast high noble metal	\$ 359.00
D6211*	Pontic—cast predominantly base metal	\$ 303.00
D6212*	Pontic—cast noble metal	\$ 320.00
D6240*	Pontic—porcelain fused to high noble metal	\$ 383.00
D6241*	Pontic—porcelain fused to predominantly base metal	\$ 312.00

D6242*	Pontic—porcelain fused to noble metal	\$ 331.00
D6750*	Crown—porcelain fused to high noble metal . .	\$ 345.00
D6251*	Crown—porcelain fused to predominantly base metal	\$ 323.00
D6252*	Pontic—resin with noble metal	\$ 325.00
D6720*	Crown—resin with high noble metal	\$ 380.00
D6721*	Crown—resin with predominantly base metal .	\$ 344.00
D6722*	Crown—resin with noble metal	\$ 352.00
D6750*	Crown—porcelain fused to high noble metal .	\$ 384.00
D6751*	Crown—porcelain fused to predominantly base metal	\$ 315.00
D6752*	Crown—porcelain fused to noble metal	\$ 335.00
D6790*	Crown—full cast high noble metal	\$ 359.00
D6791*	Crown—full cast predominantly base metal .	\$ 323.00
D6792*	Crown—full cast noble metal	\$ 330.00
D6930	Recement fixed partial denture	\$ 69.00

Oral Surgery (Extractions, etc.) **Member pays**

D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$ 46.00
D7210	Surgical extraction—erupted tooth with removal of bone	\$ 81.00
D7220	Removal of impacted tooth—soft tissue . . .	\$ 92.00
D7230	Removal of impacted tooth—partially bony .	\$ 163.00
D7240	Removal of impacted tooth—completely bony .	\$ 210.00
D7241	Removal of impacted tooth—completely bony with unusual surgical complication . . .	\$ 248.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$ 118.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$ 243.00
D7280	Surgical access of an unerupted tooth	\$ 235.00
D7285	Biopsy of oral tissue—hard (bone, tooth) . . .	\$ 217.00
D7286	Biopsy of oral tissue—soft	\$ 150.00
D7310	Alveoloplasty in conjunction with extractions—per quadrant	\$ 126.00
D7320	Alveoloplasty not in conjunction with extractions—per quadrant	\$ 195.00
D7510	Incision and drainage of abscess—intraoral soft tissue	\$ 99.00
D7910	Suture of recent small wounds up to 5 cm . . .	no charge
D7960	Frenulectomy (frenectomy or frenotomy)— separate procedure	\$ 128.00
D7970	Excision hyperplastic tissue—per arch	\$ 207.00

General miscellaneous services **Member pays**

D9110	Palliative (emergency) treatment of dental pain—minor procedure	\$ 48.00
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide—first 30 minutes	\$ 27.00
D9310	Consultation—diagnostic services provided by dentist or physician other than practitioner providing treatment	no charge
D9910	Application of desensitizing medicament . . .	\$ 6.00
D9941	Fabrication of athletic mouthguard	\$ 107.00
D9951	Occlusal adjustment—limited	\$ 77.00
D9952	Occlusal adjustment—complete	\$ 286.00
D9999	Missed appointment (without 24 hour notice) .	\$ 30.00

Orthodontics (Braces)
for Children & Adults (Monthly Payment) **Member pays**

13 month treatment plan (\$137/month)	\$2,409.00
16 month treatment plan (\$137/month)	\$2,820.00
19 month treatment plan (\$137/month)	\$3,231.00
22 month treatment plan (\$137/month)	\$3,642.00
25 month treatment plan (\$137/month)	\$4,053.00
28 month treatment plan (\$137/month)	\$4,464.00
31 month treatment plan (\$137/month)	\$4,875.00
34 month treatment plan (\$137/month)	\$5,286.00
36 month treatment plan (\$137/month)	\$5,560.00

Other Orthodontic Guidelines

1. A \$382 charge will apply at the end of treatment (included in the above amounts) to cover all retention office visits (unlimited).
2. Services not listed above will be discounted 30% off of the participating Orthodontist's Usual and Customary fees (except #5 listed below).
3. Services must only be provided by a contracted Orthodontic Specialist.
4. The amounts listed above also include an initial one-time \$246 charge for all records, mold, x-rays, etc. to determine the Orthodontic Treatment for the patient.
5. Invisalign® procedures are to be discounted 15% off the participating Orthodontist's Usual and Customary fees.

NOTE:

- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- 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•

All Plans General Limitations and Exclusions

1. All fees listed above do not include all appropriate lab fees. Member must agree (in writing) to all upgraded materials before treatment is started. See each section for specific details (if applicable).
2. All patients are responsible for paying all fees (as listed above) at the time services are rendered.
3. These fees are for General Dentists only. A participating specialist list is available by calling our office at 303-744-3007 or 1-800-807-0706.
4. Any procedures not listed will be discounted 20% off the participating General Dentists normal fees.
5. Medical costs associated with any dental procedures are not covered.
6. Dentures or appliances will be replaced only after 3 years have elapsed since such dentures or appliances were provided under any plan program, unless the denture or appliance becomes unserviceable due to illness or other causes not controlled by other means. Replacement of dentures, appliances, or bridgework due to loss or theft are not covered.
7. Any dental treatment started prior to the Member's eligibility to receive services under this plan or started after a Member's termination are not covered.
8. Failure to follow the prescribed treatment or accidents occurring during the course of treatment may result in additional charges by your plan provider.
9. Failure to pay scheduled fees at the time service is rendered may prevent future dental services from being received until all fees have been paid in full.
10. Services provided by non-participating dentists are not covered.
11. Services which, in the opinion of the attending dentist, are not necessary for the patient's dental health, or are contrary to established dental ethics are not covered.
12. Cosmetic dental procedures are covered only if the attending dentist and patient agree on the specific procedure.
13. Services which are compensable under Worker's Compensation or employer liability laws are not covered.
14. General anesthesia and IV sedation are not covered.
15. Myofunctional therapy procedure for training, treating or developing muscles in and around the jaw or mouth including TMJ are not covered except by participating plan specialists.
16. Any dental procedure or service that cannot be performed in the dental office due to general and/or physical limitations of a member are not covered.
17. Expenses incurred for dental procedures initiated prior to member's eligibility or after termination are not covered.
18. Any services that the Participating General Dentist recommends be performed by a specialist are covered only by a plan participating specialist.
19. The liability of Beta Health Association, Inc. is limited to the return of the membership fees paid for one year by the member.
20. Extractions for asymptomatic third molars (wisdom teeth) are not covered unless causing movement of the teeth. An example of symptomatic include severe decay, and ontogenic cysts, chronic pericoronitis, and infection.
21. The Beta Health Association, Inc. dental programs do not constitute dental insurance and are considered discount, fee-for-service dental plans.
22. Fees are subject to change on an as needed basis. Please contact Beta Health Association, Inc. for current fees.

Insured or administered by Beta Health Association, Inc.

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CO52439HD 12/12



Humana.com



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

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.

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.





StaffScapes

Human Resource Solution Center

EyeMed Vision Plan

Introducing *Vision by Design*

What is *Vision by Design*? It's a managed vision care program combining unlimited choice with high quality and value. *Vision by Design* is underwritten by Companion Life Insurance Company and marketed exclusively in Colorado by Beta Health Association, Inc. (BHA). The provider network, customer service and claim administration is through EyeMed Vision Care.

Extensive Provider Network

Unlike other programs that may restrict provider options, *Vision by Design* offers a nationwide network of convenient, accessible options for eye care. BHA, in association with Companion Life and EyeMed Vision Care, offers easy access to thousands of conveniently located vision care providers including optometrists, ophthalmologists, opticians and many leading optical retailers, such as LensCrafters®, Target Optical®, and most Sears Optical® and Pearle Vision® locations.

- access to more than 43,000 vision care providers at 18,000 convenient locations nationwide
- evening and weekend hours at many locations
- choice of thousands of fashionable, designer frames
- no appointment necessary, and service in "about an hour" in most locations



Quality Vision Care

EyeMed has a firm commitment to quality and patient satisfaction. All EyeMed Vision Care providers must meet NCQA credentialing standards. Providers are monitored through EyeMed's Quality Assurance Program and re-credentialing process.

Quality Products

Vision by Design members have unlimited choice of available eyewear products. Our members are free to select from any available frame including designer frames by Luxottica, such as Vogue®, Brooks Brothers®, Anne Klein®, and many more.

Superior Value & Service Excellence

Members enjoy savings of up to 40% off retail prices, with continued savings after the initial benefit has been used. EyeMed focuses on delivering service excellence throughout all areas of program administration, featuring call center representatives available seven days a week, including evenings. They combine innovative solutions with the most current technology to enhance the administrative experience for both clients and members.

Employee Only: \$7.44/month	Employee & Spouse \$14.03/month	Employee & Family \$20.54/month
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Vision Select *Vision by Design*[®]

Effective Date: 06/01/07

Vision Select	Exam and Eyewear	
<u>Vision Care Services:</u> Exam with Dilation (as necessary): Contact Lens Fit and Follow-up: (Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed) Standard* Premium**	<u>In-Network Only</u> \$10 Copay \$0 Copay \$0 Copay, 10% off retail, then apply \$55 allowance	<u>Out-of-Network</u> \$35 Allowance \$40 Allowance \$40 Allowance
<u>Frames:</u> Any available frame at provider location	<u>In-Network Only</u> \$130 Frame allowance, 20% off balance over allowance	<u>Out-of-Network</u> \$72 Allowance
<u>Standard Plastic Lenses:</u> Single Bifocal Trifocal	<u>In-Network</u> \$10 Copay \$10 Copay \$10 Copay	<u>Out-of-Network</u> \$25 \$40 \$55
<u>Lens Options:</u> UV Coating Tint (Solid and Gradient) Standard Scratch Resistant Coating Standard Polycarbonate Standard Anti-Reflective Coating Standard Progressive (Add-On to Bifocal) Other Add-Ons and Services	<u>In-Network Member Pays:</u> \$15 \$15 \$15 \$40 \$45 \$65 20% off retail	<u>Out-of-Network</u> Discount available only at Network providers and retailers
<u>Contact Lenses (Material Only):</u> Medically Necessary	<u>Conventional and Disposable:</u> <u>In-Network</u> \$0 Copay, \$120 allowance, 15% off balance over allowance (conventional only). Paid in full.	<u>Out-of-Network</u> \$96 allowance \$200 allowance
<u>Frequency:</u> Examination Frames Eyeglass Lenses Contact Lenses (in lieu of eyeglass lenses)	12 months 12 months 12 months† 12 months††	
Call 866-723-0596 to locate the nearest EyeMed provider, or visit EyeMedVisionCare.com.		

*Standard Contact Lens Fitting: spherical clear contact lenses in conventional wear planned replacement (examples include, but not limited to, disposable, frequent replacement, etc.).

**Premium Contact Lens Fitting - all lenses design, materials and fittings other than Standard (examples include, but not limited to, toric, multifocal, etc.)

†Eyeglass lenses are paid in lieu of the contact lenses benefit. Once in a 12-month period defined by last date of service.

††The contact lens benefit is paid in lieu of eyeglass lenses. Once in a 12-month period defined by last date of service.

Disclaimer: This is a summary of benefits only. Please refer to the policy for comprehensive benefit details. Payment is based upon allowable charges in the area in which the service is rendered.





StaffScapes

Human Resource Solution Center

Unum Life and AD&D Plans

Voluntary Life and AD&D Coverage for You and Your Family

Voluntary Life and AD&D coverage is a great way to help your loved ones manage their financial needs in case there is an unexpected death.

Guarantee Issue during initial enrollment

Employee: Up to \$100,000

Spouse: Up to \$25,000 (no medical questions for eligible children)

Guarantee your insurability for the future

If you or your eligible dependents participate in the minimum amount of coverage during your initial enrollment, you can increase your coverage with no medical questions to the guarantee issue point in the future

Get as much coverage as you need

Employee: Lesser of 5x of your annual income or \$500,000

Spouse: Up to 100% of employee elected life coverage

Child: Up to \$10,000

You can take your coverage with you should you ever leave StaffScapes

Employee Assistance Program

What is it?

This program provides support to you or your significant other in handling life events that may occur. These events include but are not limited to financial planning, stress management and health information.

What types of services are included?

Toll-free phone access to master's-level consultants, up to three face-to-face sessions to help with more serious issues; and online resources.

This is a FREE service

Available for you and your family members 24 hours a day, 365 days a year

StaffScapes Provided Life & AD&D Coverage

\$5,000 Term Life and AD&D coverage provided for all eligible employees of StaffScapes. This coverage is at **no cost to you** and should you become ineligible or leave you the company, you may be eligible to take this coverage with you.



Please read carefully the following description of your Unum Term Life and AD&D insurance plan.

Your Plan

Eligibility

All employees working at least 30 hours each week in active employment in the U.S. with the employer, and their eligible spouses and children (up to age 19, or to 26 if they are full-time students).

Coverage Amounts

Your Term Life coverage options are:

Employee: Up to 5 times salary in increments of \$10,000.

Not to exceed \$500,000.

Spouse: Up to 100% of employee amount in increments of \$5,000.

Not to exceed \$500,000. Benefits will be paid to the employee.

Child: Up to 100% of employee coverage amount in increments of \$2,000.

Not to exceed \$10,000.

The maximum death benefit for a child between the ages of live birth and 6 months is \$1,000. Benefits will be paid to the employee.

In order to purchase Life coverage for your spouse and/or child, you must purchase Life coverage for yourself.

Your AD&D coverage options are:

Employee: Up to 5 times salary in increments of \$10,000.

Not to exceed \$500,000.

You may purchase AD&D coverage for yourself regardless of whether you purchase Life coverage.

Spouse: Up to 100% of employee amount in increments of \$5,000.

Not to exceed \$500,000. Benefits will be paid to the employee.

Child: Up to 100% of employee coverage amount in increments of \$2,000.

Not to exceed \$10,000.

The maximum death benefit for a child between the ages of live birth and 6 months is \$1,000. Benefits will be paid to the employee.

In order to purchase AD&D coverage for your spouse and/or child, you must purchase AD&D coverage for yourself.

AD&D Benefit Schedule: The full benefit amount is paid for loss of:

- Life
- Both hands or both feet or sight of both eyes
- One hand and one foot
- One hand and the sight of one eye
- One foot and the sight of one eye
- Speech and hearing

Other losses may be covered as well.

Please see your Plan Administrator.

Coverage amount(s) will reduce according to the following schedule:

Age:	Insurance Amount Reduces to:
65	65% of original amount
70	50% of original amount

Coverage may not be increased after a reduction.



Guarantee Issue If you and your eligible dependents enroll within 31 days of your eligibility date, you may apply for any amount of Life insurance coverage up to \$100,000 for yourself and any amount of coverage up to \$25,000 for your spouse. Any Life insurance coverage over the Guarantee Issue amount(s) will be subject to evidence of insurability. If you and your eligible dependents do not enroll within 31 days of your eligibility date, you can apply for coverage only during an annual enrollment period and will be required to furnish evidence of insurability for the entire amount of coverage. AD&D coverage does not require evidence of insurability. If you and your eligible dependents enroll within 31 days of your eligibility date, and later, wish to increase your coverage, you may increase your Life insurance coverage, with evidence of insurability, at any time during the year. However, you may wait until the next annual enrollment and only Life insurance coverage over the Guarantee Issue amount(s) will be subject to evidence of insurability.

Term Life Coverage Rates

Rates shown are your Monthly deduction:
A tobacco user is defined as anyone who currently uses or has used a tobacco product within the last 12 months.

Age Band	Employee per \$10,000		Spouse per \$5,000	Child per \$2,000
	Non-Tobacco	Tobacco		
>24	\$0.56	\$1.04	\$0.30	
25-29	\$0.56	\$1.04	\$0.36	\$0.70
30-34	\$0.64	\$1.12	\$0.46	
35-39	\$0.88	\$1.60	\$0.66	
40-44	\$1.36	\$2.50	\$0.90	
45-49	\$2.40	\$4.40	\$1.48	
50-54	\$4.10	\$7.40	\$2.30	
55-59	\$7.20	\$13.00	\$3.50	
60-64	\$7.50	\$13.50	\$6.00	
65-69	\$13.50	\$23.00	\$10.00	
70-74	\$24.00	\$42.00	\$18.00	
75+	\$24.00	\$42.00	\$36.00	

NOTE: The premium paid for child coverage is based on the cost of coverage for one child, regardless of how many children you have.
NOTE: Your rate will increase as you age and move to the next age band.

AD&D Coverage Rates

	AD&D Cost Per:	Monthly Rate
Employee:	\$10,000	\$0.40
Spouse:	\$ 5,000	\$0.20
Child:	\$ 2,000	\$0.06



Additional Benefits

Life Planning Financial & Legal Resources

This personalized financial counseling service provides expert, objective financial counseling to survivors and terminally ill employees at no cost to you. This service is also extended to you upon the death or terminal illness of your covered spouse. The financial consultants are master level consultants. They will help develop strategies needed to protect resources, preserve current lifestyles, and build future security. At no time will the consultants offer or sell any product or service.

Portability/Conversion

If you retire, reduce your hours or leave your employer, you can take this coverage with you according to the terms outlined in the contract. However, if you have a medical condition which has a material effect on life expectancy, you will be ineligible to port your coverage. You may also have the option to convert your Term life coverage to an individual life insurance policy.

Accelerated Benefit

If you become terminally ill and are not expected to live beyond a certain time period as stated in your certificate booklet, you may request up to 100% of your life insurance amount up to \$250,000, without fees or present value adjustments. A doctor must certify your condition in order to qualify for this benefit. Upon your death, the remaining benefit will be paid to your designated beneficiary(ies). This feature also applies to your covered dependents.

Waiver of Premium

If you become disabled (as defined by your plan) and are no longer able to work, your premium payments will be waived during the period of disability.

Retained Asset Account

Benefits of \$10,000 or more are paid through the Unum Retained Asset Account. This interest bearing account will be established in the beneficiary's name. He or she can then write a check for the full amount or for \$250 or more, as needed.

Additional AD&D Benefits

Education Benefit: If you or your insured spouse die within 365 days of an accident, an additional benefit is paid to your dependent child(ren). Your child(ren) must be a full-time student beyond grade 12. (Not available in Illinois or New York.)

Seat Belt/Air Bag Benefit: If you or your insured dependent(s) die in a car accident and are wearing a properly fastened seat belt and/or are in a seat with an air bag, an amount will be paid in addition to the AD&D benefit.

Limitations/Exclusions/ Termination of Coverage

Suicide Exclusion

Life benefits will not be paid for deaths caused by suicide in the first twenty-four months after your effective date of coverage. No increased or additional benefits will be payable for deaths caused by suicide occurring within 24 months after the day such increased or additional insurance is effective.

AD&D Benefit Exclusions

AD&D benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body or diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders;
- Suicide, self-destruction while sane, intentionally self-inflicted injury while sane, or self-inflicted injury while insane;
- War, declared or undeclared, or any act of war;
- Active participation in a riot;
- Attempt to commit or commission of a crime;
- The voluntary use of any prescription or non-prescription drug, poison, fume, or other chemical substance unless used according to the prescription or direction of your or your dependent's doctor. This exclusion does not apply to you or your dependent if the chemical substance is ethanol;
- Intoxication. ("Intoxicated" means that the individual's blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.)



Termination of Coverage

Your coverage and your dependents' coverage under the Summary of Benefits ends on the earliest of:

- The date the policy or plan is cancelled;
- The date you no longer are in an eligible group;
- The date your eligible group is no longer covered;
- The last day of the period for which you made any required contributions;
- The last day you are in active employment unless continued due to a covered layoff or leave of absence or due to an injury or sickness, as described in the certificate of coverage;
- For dependent's coverage, the date of your death.

In addition, coverage for any one dependent will end on the earliest of:

- The date your coverage under a plan ends;
- The date your dependent ceases to be an eligible dependent;
- For a spouse, the date of divorce or annulment.

Unum will provide coverage for a payable claim which occurs while you and your dependents are covered under the policy or plan.

Questions

If you should have any questions about your coverage or how to enroll, please contact your Plan Administrator.

This plan highlight is a summary provided to help you understand your insurance coverage from Unum. Some provisions may vary or not be available in all states. Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern. For complete details of coverage, please refer to policy form number C.FP-1, et al.

Life Planning is provided by Ceridian Incorporated. The services are subject to availability and may be withdrawn by Unum without prior notice.

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StaffScapes

Human Resource Solution Center

Humana Accident & Critical Illness Plans

StaffScapes, Inc. has a sincere interest in the welfare of all employees and would like to introduce Humana's line of Group Insurance Plans. These plans are offered to you at a discounted rate through payroll deduction.

Group Insurance Options:

Accident Insurance – 24 Hour Coverage

- Do you have savings for an unexpected trip to the emergency room?? Humana can help cover you, in addition to your other insurance, for those unexpected incidents and emergency room visits.
- *Portability – take the coverage with you*
- *Wellness benefit pays \$50 per member annually, \$200 family maximum*

Critical Illness

- Do you have a family history of chronic disease or illness? Humana is here to help you cover the enormous expenses that can occur with these illnesses while you focus on recovery.
- *Portability – take the coverage with you*
- *Health Screening benefit pays \$50 per member annually*

Why Choose Humana -

- On and off the job benefits
- Pays regardless of other coverage
- Affordable
- Belongs to you, not your company
- Benefits help with unexpected expenses
- Pays you cash benefits to use as you see fit

For more information please contact StaffScapes Benefits Department at 303-466-7864.

POLICY FORM HIC-GP-ACC-POL 0812
 Underwritten by Humana Insurance Company

► **Plan Features**

On and off the job benefits
Pays regardless of other coverage
Portable (take it with You)

Benefits For:

Accident Medical Expense Benefit
Accident Hospital Indemnity
Dislocations and Fractures
Accidental Death and Dismemberment

	Bronze 1 Unit	Silver 2 Units	Gold 3 Units
Accident Medical Expense Benefit We will pay the Actual Charges incurred up to \$250 per unit if, as a result of Injury, a Covered Person requires medical or surgical treatment.	\$250	\$500	\$750
Accident Hospital Indemnity Benefit We will pay for each day a Covered Person is Confined during one or more periods of Hospital Confinement if: a) the Confinement is due to Injury; or b) the first day of Confinement occurs within 90 days after the accident.	\$100	\$200	\$300
Ambulance Service Benefit We will pay for regular ambulance service and for air Ambulance if as a result of an injury, a Covered Person requires ambulance service for transfer; a) to a Hospital; or b) from a Hospital.	Regular Ambulance / Air Ambulance \$100 / \$200	\$200/\$400	\$300/\$600

Dislocation and Fracture Benefit

We will pay the following amount shown based on Your selection of coverage:

For Fracture of Bone or Bones of:	Bronze 1 Unit	Silver 2 Units	Gold 3 Units	For Complete Dislocation of:	Bronze 1 Unit	Silver 2 Units	Gold 3 Units
Skull (except Bones of Face or Nose)	\$1,900	\$3,800	\$5,700	Hip Joint	\$2,000	\$4,000	\$6,000
Hip, Thigh (Femur)	\$2,000	\$4,000	\$6,000	Knee Joint (Except Patella)	\$ 800	\$1,600	\$2,400
Pelvis (Except Coccyx)	\$2,000	\$4,000	\$6,000	Bone or Bones of the Foot, Other than Toes	\$ 800	\$1,600	\$2,400
Arm, Between Shoulder and Elbow (Shaft)	\$1,100	\$2,200	\$3,300	Ankle Joint	\$ 800	\$1,600	\$2,400
Shoulder Blade (Scapula)	\$1,100	\$2,200	\$3,300	Wrist Joint	\$ 700	\$1,400	\$2,100
Leg (Tibia or Fibula)	\$1,100	\$2,200	\$3,300	Elbow Joint	\$ 600	\$1,200	\$1,800
Ankle	\$ 800	\$1,600	\$2,400	Shoulder Joint	\$ 400	\$ 800	\$1,200
Knee Cap (Patella)	\$ 800	\$1,600	\$2,400	Bone or Bones of the Hand, Other than Fingers	\$ 300	\$ 600	\$ 900
Collar Bone (Clavicle)	\$ 800	\$1,600	\$2,400	Collar Bone	\$ 300	\$ 600	\$ 900
Forearm (Radius or Ulna)	\$ 800	\$1,600	\$2,400	Two or More Fingers	\$ 140	\$ 280	\$ 420
Foot (Except Toes)	\$ 700	\$1,400	\$2,100	Two or More Toes	\$ 140	\$ 280	\$ 420
Hand or Wrist (Except Fingers)	\$ 700	\$1,400	\$2,100	One Finger or One Toe	\$ 60	\$ 120	\$ 180
Lower Jaw (Except Alveolar Process)	\$ 400	\$ 800	\$1,200				
Two or More Ribs, Fingers or Toes	\$ 300	\$ 600	\$ 900				
Bones of Face or Nose	\$ 300	\$ 600	\$ 900				
One Rib, Finger or Toe	\$ 140	\$ 280	\$ 420				
Coccyx	\$ 140	\$ 280	\$ 420				

Primary Insured Coverage 100%/Spouse Coverage 50%/ Child Coverage 25%



**BAY BRIDGE
 ADMINISTRATORS**

*"Your solutions begin
 at the Bridge"®*

Accidental Death and Dismemberment Benefit

We will pay the following amount shown based on Your selection of coverage:

For Loss of:	Bronze 1 Unit	Silver 2 Units	Gold 3 Units		Bronze 1 Unit	Silver 2 Units	Gold 3 Units
Life	\$20,000	\$40,000	\$60,000	One Hand or One Arm	\$10,000	\$20,000	\$30,000
Both Hands or Both Feet or Sight of Both Eyes	\$20,000	\$40,000	\$60,000	One Foot or One Leg	\$10,000	\$20,000	\$30,000
Both Arms or Both Legs	\$20,000	\$40,000	\$60,000	One or More Entire Toes	\$ 1,000	\$ 2,000	\$ 3,000
One Hand or Arm and One Foot or Leg	\$20,000	\$40,000	\$60,000	One or More Entire Fingers	\$ 800	\$ 1,600	\$ 2,400
Sight of One Eye	\$10,000	\$20,000	\$30,000				

Primary Insured Coverage 100%/Spouse Coverage 50%/ Child Coverage 25%

Loss means with regard to:

a) hands and feet--actual severance through or above wrist or ankle joints; b) sight, entire and irrecoverable loss thereof; c) toes and fingers--actual severance through or above the metacarpophalangeal joints. If loss is sustained by a Covered Person while riding as a fare-paying passenger on a scheduled Common Carrier, We will pay three times the amount payable under the Accidental Death and Dismemberment Benefit.

Exclusions and Limitations

No Benefits are payable when a Covered Person's loss is caused or contributed to by:

- suicide, while sane or insane, or attempted suicide;
- intentionally self-inflicted Injury;
- any act of war whether or not declared;
- participation in a riot, or insurrection;
- Injury sustained while on full-time active duty (other than for two (2) months or less training) in any military, naval or air force. When the Employee gives Us written notice, any unearned Premium will be refunded pro-rata for any period not covered by the Policy due to this exclusion;
- Injury occurring prior to the Employee's start date of insurance;
- Injury while engaged in an illegal activity;
- aviation, except flight in a regularly scheduled passenger aircraft;
- being intoxicated as established by the laws of his or her state of residence;
- the voluntary taking of any sedative, drug, alcohol, poison or inhalation of any gas unless taken as prescribed or administered by a physician;
- participation in a felony;
- dental care or treatment unless caused by Injury to natural teeth;
- all Sicknesses including pregnancy, illness, mental illness or emotional disorders, bodily infirmity, rest cure, convalescent care or rehabilitation. Complications of Pregnancy that are the result of accidental Injury are covered;
- Injury while sky diving, hang gliding, parachuting, bungee jumping, rock climbing, ballooning or scuba diving;
- driving in any race or speed test or while testing an automobile or vehicle on any racetrack or speedway;
- services received in an emergency room, unless required because of emergency treatment;
- participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received;
- hernia, carpal tunnel syndrome or any complication therefrom;
- any bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound).

No Benefits of the Policy will be paid for loss that takes place outside of the United States.

Pre-existing Condition Limitation

Pre-existing Condition means a condition which a Physician has treated or for which a Physician has advised treatment of the Covered Person within 12 months before the Covered Person's Effective Date. It is also one which would cause a person to seek diagnosis or care within the same 12-month period.

Losses that occur after the Pre-existing Condition provision has been satisfied will be covered for an Injury that occurred before the date the person becomes a Covered Person under the Policy unless the Injury has been specifically excluded by name or description within the Policy or Rider.

Covered Persons

Covered Person means: a) You; and b) each person named as Your Dependent in the Enrollment Form

Child (Children) means a person who is primarily dependent upon and living with the Insured in a permanent parent-child relationship and a:

- natural or adopted child of the Insured or Spouse;
- Child placed with the Insured or Spouse for adoption;
- Child legally placed with the Insured or Spouse as a foster Child;
- stepchild of the Insured; or
- a child of a Designated Beneficiary is covered on the same basis as a stepchild of the Named Insured

Child does not include a:

- person not meeting the above Child definition;
- Child living outside of the United States (unless living with an Insured); or
- Child on active military duty for a period in excess of 30 days.

Termination of Coverage

A Covered Person's insurance under the Group Policy will automatically terminate on the earliest of the following dates:

- (a) the date that the Group Policy terminates.
- (b) the date the Group Policy is amended to terminate the eligibility of the Employee class.
- (c) any premium due date, if premium remains unpaid by the end of the grace period.
- (d) the premium due date coinciding with or next following the date the Employee ceases to be a member of an eligible class;
- (e) the date of death of the Employee
- (f) the date of attainment of the Group Policy Age Limit as shown in the Schedule of Benefits

Dependent Termination: A Dependent's coverage will end:

- (a) with respect to a covered Spouse, on the date he or she is divorced from the Primary Covered Person;
- (b) on the date the primary Covered Person dies;
- (c) on the date the required premium for the Dependent's coverage is not paid;
- (d) with respect to a covered Dependent, first of the month following the date the Dependent is a member of an eligible Class; or
- (e) on the date the Primary Covered Person reaches the Policy Age Limit noted on the Insuring Information page.

Portability

On the date the Policy terminates or the date the Named Insured ceases to be a member of an eligible class, Named Insureds and their covered dependents will be eligible to exercise the portability privilege. Portability coverage may continue beyond the termination date of the Policy, subject to the timely payment of premiums. Portability coverage will be effective on the day after insurance under the Policy terminates.

The benefits, terms and conditions of the portability coverage will be the same as those provided under the Policy when the insurance terminated. The initial portability premium rate is the rate in effect under the Policy for active employees who have the same coverage. The premium rate for portability coverage may change for the class of Covered Persons on portability on any premium due date.

**Additional Benefits Rider
HIC-GP-ACC-ABR-0812**

In consideration of an additional premium, We will pay the benefits listed below. Coverage for Primary Insured, Spouse and Child/Children based on Your selection of coverage.

**Benefit Schedule
(1 Unit of Coverage)****Abdominal or Thoracic Surgery Benefit**

We will pay \$1,000 if a Covered Person undergoes abdominal or thoracic surgery to repair internal injuries as a result of a covered Accident. The surgery must be performed within 3 days of the covered Accident. We will pay \$100 for exploratory surgery with no surgical repair done as a result of a covered Accident. Benefit is payable once per Covered Person per Covered Accident.

Accident Follow Up Treatment Benefit

We will pay \$50 per visit when a Covered Person receives a follow up treatment provided that a benefit has been paid under the Medical Expense Benefit and such benefit has been exhausted. Treatments must be administered by a Physician in the Physician's office or in a Hospital on an outpatient basis. Follow up treatments must begin within 90 days of the covered Accident and take place no longer than 6 months after the covered Accident. This Benefit is not payable at the same time a benefit is payable under the Physical Therapy Benefit. This benefit is limited to 2 treatments per covered Accident per Covered Person.

Appliance Benefit

We will pay \$125 for medical appliances prescribed by a Physician that aid in personal mobility including a wheelchair, crutches or a walker. Use of these devices must begin within 90 days of a covered Accident. Benefit is payable only once per Covered Person per covered Accident.

Blood and Plasma Benefit

We will pay \$300 for blood or plasma for a required transfusion due to or resulting from a covered Accident. The transfusion must be within 3 days of the covered Accident. Benefit is payable only once per Covered Person per Accident.

Brain Injury Diagnosis Benefit

We will pay \$150 for the first diagnosis of the following traumatic brain injuries: cerebral contusion; cerebral laceration; concussion; or intracranial hemorrhage resulting from a covered Accident. The Covered Person must be diagnosed within 3 days of a covered Accident; and diagnosis must be made by computed tomography (CT) scan, electroencephalogram (EEG), magnetic resonance imaging (MRI), positron emission tomography (PET) scan or X ray. The diagnosis must occur within 30 days of the Accident. This benefit is payable only once per Covered Person.

Burn Benefit

We will pay \$100 if burns cover 15% or less of the body surface and \$500 if burns cover more than 15% of the body surface for second or third degree burns resulting from a covered Accident other than a sun burn. Benefit is payable only once per Covered Person per covered Accident.

Coma Benefit

We will pay \$15,000 if a Covered Person is in a Coma as defined in this Rider which lasts 5 or more consecutive days as a result of a covered Accident. Benefit is payable only once per Covered Person per Covered Accident.

Eye Injury Benefit

We will pay \$100 for surgery on the eye or the removal of a foreign object from the eye resulting from a covered Accident. Surgery must be performed by a Physician and occur within 90 days of the Accident. An examination without anesthesia is not considered a surgery. Benefit is payable only once per Covered Person per covered Accident.

Family Member Lodging Benefit

We will pay \$100 per day for lodging of one adult member of a Covered Person's family when a Covered Person is confined in a Non Local Hospital or Specialty Free Standing Treatment Center undergoing treatment for a covered Accident. This benefit is payable only if the Non Local Transportation Benefit is payable under the covered Accident. This benefit will not be paid if the family member lives within 60 miles of the Hospital or treatment facility. This benefit is payable for 30 days for each covered Accident.

Hospital Intensive Care Confinement Benefit

We will pay \$400 per day that a Covered Person is confined to a Hospital Intensive Care Unit as the result of a covered Accident. Confinement must begin within 3 days after a covered Accident. For a partial day confinement, the daily benefit will be pro rated based on the number of hours confined divided by 24 hours. Benefit is payable for up to 60 days of continuous confinement in the Intensive Care Unit.

Immediate Hospitalization Benefit

We will pay \$1,000 upon the first confinement to a Hospital during a calendar year for a covered Accident providing that a benefit is payable under the Accident Hospital Indemnity Confinement Benefit of the policy. The Covered Person must be confined to the Hospital within 3 days of a covered Accident. Benefit is payable only once per Covered Person per Hospital confinement and only once per calendar year.

Laceration Benefit

We will pay \$50 for lacerations or cuts treated by a Physician within 3 days of a covered Accident. Benefit is only payable once per Covered Person per calendar year.

Non Local Transportation Benefit

We will pay \$300 towards transportation for Non Local treatment at a Hospital or Specialty Free Standing Treatment Center nearest the Covered Person's home for a covered Accident. Treatment must be prescribed by a Physician and the same treatment or care cannot be obtained locally. We do not pay for visits to a physician's office or clinic or for services other than actual treatment. This benefit does not cover ground or air ambulance. Benefit is payable 3 times per covered Accident.

Paralysis Benefit

We will pay \$10,000 for paraplegia and \$20,000 for quadriplegia if a Covered Person receives a spinal cord injury resulting in complete and permanent loss of use of two or more limbs as the result of an Accident. An attending Physician must confirm the paralysis within 3 days of the covered Accident and the paralysis must last for at least 90 consecutive days. Benefit is payable only once per Covered Person.

Physical Therapy Benefit

We will pay \$30 per day a Covered Person receives physical therapy treatment as the result of an Injury due to a covered Accident. This benefit is only payable if a benefit has been paid under the Medical Expense Benefit of the Policy. This benefit is only payable for Injuries resulting from a covered Accident where physical therapy treatment begins within 90 days of the covered Accident. Treatments after 6 months of a covered Accident are not covered. This Rider is not payable at the same time a benefit is payable under the Accident Follow Up Treatment Benefit. We will pay for a maximum of 1 treatment per day with a maximum of 6 treatments per covered.

Prosthesis Benefit

We will pay \$500 for 1 device and \$1,000 for 2 or more devices for a prosthetic hand, foot, or eye that is prescribed by a Physician. This benefit is payable only if a benefit is paid for the loss of hand, foot, or eye under the Accidental Dismemberment benefit of the Policy. The device or devices must be received within 180 days of a covered Accident. This benefit is payable only once per Covered Person per covered Accident.

Ruptured Disc Benefit

We will pay \$500 for a ruptured disc of the spine. The ruptured disc must be diagnosed as a result of a covered Accident and surgically repaired by a Physician within 180 days of the date of the covered Accident. Benefit is payable once per Covered Person per Covered Accident.

Skin Graft Benefit

We will pay 50% of the Burn Benefit under this Rider if a Covered Person receives a skin graft for a burn for which a benefit is paid under the Burn Benefit. The skin graft must be performed by a Physician to treat a covered burn within 90 days of a covered Accident. Benefit is payable only once per Covered Person per covered Accident.

Tendon, Ligament, Rotator Cuff or Knee Cartilage Benefit

We will pay \$500 per Accident for an injured tendon, ligament, rotator cuff or knee cartilage. The injury site must be torn, ruptured, or severed and surgically repaired by a Physician within 180 days of a covered Accident. If exploratory surgery using arthroscopy is done and no surgical repair is done, we will pay \$150 for the exploratory surgery. This benefit is not paid if a benefit is paid under the Ruptured Disc Benefit. Benefit is payable once per Covered Person per Covered Accident

Form Number: HIC-GP-ACC-SB-CO

GENERAL PROVISIONS

Pre-existing Conditions: The benefits under this Rider are subject to the Pre-existing Condition Limitation of the Policy. All other general provisions of the Policy and Certificate remain the same. This Rider does not vary, waive, alter or extend any of the terms, conditions, or provisions of the Policy, except as stated herein.

Wellness Benefit

In consideration of additional premium, We will pay \$25 (twenty-five dollars) per unit as shown on the Schedule of Benefits if You or any Covered Dependent undergoes routine examinations or other preventive testing during a Calendar year. Services covered are:

- annual physical examinations
- dental exams
- mammograms
- pap smears
- eye examinations
- immunizations
- flexible sigmoidoscopies
- prostate-specific antigen tests (PSAs)
- ultrasounds
- blood screenings

The Benefit is limited to 2 visits per calendar year per Covered Person; and a maximum of 4 visits per calendar year if the policy is in force as Dependent coverage. Services must be provided under the supervision of or recommended by a Physician, received while coverage is in force, and a charge must be incurred.

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Upon receipt of your policy, please review it and your application.

If any information is incorrect, please contact:

Bay Bridge Administrators

P.O. Box 161690 | Austin, Texas 78716 | 1-800-845-7519

Group Accident Insurance Rates



Coverage Tier	Bronze Level	Silver Level	Gold Level
Individual	\$7.88	\$13.09	\$18.30
Ind + Spouse	\$21.75	\$23.91	\$33.53
Ind + Child(ren)	\$14.29	\$37.50	\$37.50
Family	\$27.17	\$48.33	\$68.49

Underwritten by:
Humana Insurance Company

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POLICY FORM HIC-GP-CI-POL 0212
Underwritten by Humana Insurance Company

▶ **Plan Features**

Pays regardless of other coverage
Portable (take it with You)

Choose from flexible benefit options including:

Heart Attack and Stroke
Coronary Bypass Surgery
Major Organ Transplant
Cancer

End Stage Renal Failure
Alzheimer's Dementia
Diabetes

Benefits

Heart Attack Benefit

We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person is diagnosed with a covered Heart Attack.

Heart Transplant Benefit

We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person:

- demonstrates Heart Failure; and
- is registered with and on the waiting list of the United Network for Organ Sharing or its successor for a human to human replacement of the whole heart.

Heart Transplant under this Policy includes a Heart Lung Transplant.

Stroke Benefit

We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person is diagnosed with a covered Stroke.

Coronary By Pass Surgery Benefit

We will pay 25% of the Face Amount when We receive Proof of Loss showing that a Covered Person has undergone a covered Coronary Artery Bypass Surgery.

Angioplasty

We will pay 10% of the Face Amount when We receive Proof of Loss showing that a Covered Person has undergone Angioplasty.

Invasive Cancer or Malignant Melanoma Benefit

We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person is diagnosed with a covered Invasive Cancer.

Carcinoma in Situ Benefit

We will pay 25% of the Face Amount when We receive Proof of Loss showing that a Covered Person is diagnosed with a covered Carcinoma in Situ.

Major Organ Transplant Benefit

We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person:

- demonstrates Major Organ Failure; and
- is registered with and on the waiting list of the United Network for Organ Sharing or its successor for a human to human replacement of the failing Major Organ.

Major Organ Transplant does not include:

- Heart Transplant; or
- Heart Lung Transplant.

End Stage Renal Failure Benefit

We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person is diagnosed with a covered End Stage Renal Failure.



Loss of Vision, Speech or Hearing Benefit

We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person is diagnosed with a Covered:

- Loss of Vision;
- Loss of Speech; or
- Loss of Hearing.

Coma Benefit

We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person is diagnosed with a covered Coma.

Severe Burns Benefit

We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person is diagnosed with covered Severe Burns caused by an Accident.

Permanent Paralysis Benefit

We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person is diagnosed with a covered Permanent Paralysis caused by an Accident.

Occupational HIV Benefit

We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person is diagnosed with an Occupational HIV.

Alzheimer's Dementia Benefit

We will pay 25% of the Face Amount when We receive Proof of Loss showing that a Covered Person is diagnosed with Alzheimer's Dementia.

Loss of Independent Living Benefit

We will pay 25% of the Face Amount for a Covered Person when We receive Proof from a Physician that the Loss of Independent Living is permanent and has continued after the end of the 90 day Elimination Period. This benefit is payable only once per lifetime per Covered Person.

Diabetes Benefit

We will pay 10% of the Face Amount when We receive Proof of Loss showing that a Covered Person is diagnosed with Type I or Type II Diabetes

Additional Occurrence Benefit

We pay one additional benefit upon the diagnosis of a covered condition for which benefits have not been previously paid. The diagnosis must be separated from any other critical illness by at least six months.

Recurrence Benefit

With the exception of Diabetes, We will pay this Benefit one time if a Covered Person is diagnosed for a second time with one of the named Critical Illnesses for which We paid a Benefit before. We will not pay a Recurrence Benefit for Diabetes. The Benefit is 25% of the Face Amount. This is subject to the following:

- the second diagnosis must follow the first by more than 12 months;
- the Covered Person must not have received treatment during a 12 consecutive month period between the two diagnoses; and
- the second diagnosis must take place while the Covered Person's coverage is in effect.

For the purposes of this Benefit, "treatment" does not include:

- preventative medications in the absence of disease; or
- routine scheduled follow-up visits to a Physician.

This Benefit is available once for a Covered Person during the entire time that His Certificate is in force. When this Benefit is paid, it ends for the Covered Person. No Recurrence Benefit will be paid thereafter for recurrence of any Critical Illness of the Covered Person.

Health Screening Benefit

We will pay the amount shown on the schedule, if during a Calendar Year, a Covered Person has one or more of the following tests performed more than 90 days after the Date of Certificate.

- | | | |
|---|--|---|
| • Bone Marrow Testing | • Electrocardiogram (EKG) (including stress EKG) | • Pap Smear (including ThinPrep Pap Test) |
| • CA-125 (blood test for ovarian cancer) | • Blood Test for Triglycerides | • Serum Protein Electrophoresis (test for myeloma) |
| • Chest x-ray | • Fasting blood glucose test | • Stress test (bike or treadmill) |
| • Flexible Sigmoidoscopy | • CA 15-3 (blood test for breast cancer) | • Lipid Panel (total cholesterol count) |
| • Mammography (including breast ultrasound) | • CEA (blood test for colon cancer) | • Oral Cancer Screening using ViziLite, OraTest or other or other Current Dental Terminology © Code D0431 |
| • PSA (blood test for prostate cancer) | • Colonoscopy | • Serum cholesterol test to determine level of HDL and LDL |
| • Biopsy for Skin Cancer | • Hemocult stool analysis | |

Waiver of Premium Benefit

We will waive Premiums from the first day of Total Disability when Your Total Disability:

- starts while the Policy and Your Certificate are in force or in the Grace Period;
- starts before the Certificate Anniversary following Your 60th birthday; and
- continues without interruption for at least 60 days.

Waiver will start on the first day of Total Disability. We will waive Premiums:

- as they fall due while You remain Totally Disabled; and
- using the mode of Premium payment that was in effect when Total Disability began.

We will not end a claim if You attempt to return to work for 14 days or less.

Spouse Coverage is 50% of the Face Amount/ Child Coverage is 25% of the Face Amount. The Face Amount Reduces by 50% at Age 70. Payment of Benefits Shall Not Exceed 300% of the Face Amount. Subject to the Recurrence Benefits, payment of Benefits within a Benefit Group will not exceed 100% of the Face Amount.

Payment of Benefits

We will pay Benefits when We receive Proof of Loss acceptable to Us. Benefits are subject to the Benefit Conditions, Limitations and Exclusions provision.

Benefit Conditions, Limitations and Exclusions

A Critical Illness must be diagnosed after the effective date of coverage and during the lifetime of the Covered Person while the Certificate is in force. When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one Benefit. The Benefit paid will be the larger. If the Benefits are equal, the Employee may choose the Benefit to be paid.

No Benefits of the Policy will be paid for loss that is contributed to, caused by, or occurs during:

- any intentionally self-inflicted injury;
- suicide, or attempted suicide, while sane or insane;
- active duty military service;
- participation in the commission or attempted commission of a felony;
- being intoxicated or under the influence of alcohol, drugs or any narcotic (including overdose) unless administered on, and taken in accordance with, the instructions of a Physician;
- psychosis; or
- alcoholism or drug addiction.

Pre-Existing Condition Limitation

Any loss due to a Pre-existing Condition will not be covered if the loss begins within 12 months after the Covered Person's Effective Date of Insurance. However, Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered:

- by a Replaced Policy; and
- by the Policy on its Initial Effective Date.

Pre-existing Condition means any of the following which a Physician has treated or for which a Physician has advised treatment of the Covered Person within 12 months before the Covered Person's Effective Date of Insurance:

- Heart Attack
- Stroke
- Invasive Cancer
- Carcinoma in Situ
- Coma
- End-Stage Renal Failure
- Loss of Vision, Speech or Hearing
- Severe Burns
- Permanent Paralysis
- Occupational HIV
- Alzheimer's Dementia
- Diabetes (Type I or II)

Pre-existing Condition also means any of the following which a Physician has treated or for which a Physician has advised treatment (by transplant, bypass surgery, medication or otherwise) of the Covered Person within 12 months before the Covered Person's Effective Date of Insurance:

- failure of the liver, kidney(ies), pancreas, or lung(s);
- failure of the heart; or
- coronary artery disease.

Pre-existing Condition also means that a Physician has given a Tentative Diagnosis of Invasive Cancer or Carcinoma in Situ of the Covered Person within 12 months before the Covered Person's Effective Date of Insurance.

Pre-existing Condition also means a condition causing Total Disability which a Physician has treated or for which a Physician has advised treatment of the Employee within 12 months before the Employee's Effective Date of Insurance.

Termination of Insurance – Covered Persons

Subject to the Portability provisions, all insurance ends on the earliest of the following dates:

- Your retirement;
- the Maximum Renewal Age shown on the Schedule
- the date shown on the Schedule;
- the end of the Grace Period, if Premium for this coverage is not paid;
- the end of the Calendar Month when the Covered Person is no longer Eligible;
- the Policy's termination date;
- the end of the Calendar Month when We receive a request to end this insurance;
- the date that a Spouse reaches age 70;
- the date that a Child reaches Age 26; or
- Your death.

If a Recurrence Benefit is paid for a Covered Person, the Recurrence Benefit for that person ends. When Your coverage ends, insurance on other persons covered by this Certificate will also end. Termination of insurance on a Covered Person or of the Policy is without prejudice to claims that occur or start prior to the date of termination.

Covered Persons

Covered Person

means an eligible Employee or Eligible Dependent who is covered under the Policy. Persons eligible for coverage are shown on the Schedule.

Child (Children)

means the Covered Employee's unmarried child, including a natural child from the moment of birth, stepchild, foster or legally adopted child, or child in the process of adoption (including a child while the Covered Employee is a party to a proceeding in which the adoption of such child by the Covered Employee is sought); a child for whom the Covered Employee is required by a court order to provide medical support, and grandchildren who are dependent on the Covered Employee for federal income tax purposes at the time of application.

Child does not include a:

- person not meeting the above Child definition;
- Child living outside of the United States (unless living with you); or
- Child on active military duty for a period in excess of 30 days.

Eligible Dependents

means a Spouse, His or Her Child(ren) and the Child(ren) of an Eligible Employee. We must approve eligibility of the Spouse and Child(ren) of an Employee. Each such person must meet the Eligibility requirements shown in the Schedule. If a Child is covered by the Policy, the Child's Eligibility will not end if the Child is and remains:

- unmarried;
- incapable of self-sustaining employment due to mental incapacity or physical handicap; and
- chiefly dependent on the Employee or Spouse for support.

However, in no event will Eligibility or coverage of any Child continue beyond the date that the Employee's coverage ends. The Employee must furnish Us with proof of physical or mental incapacity within 31 days after the Child's Eligibility would otherwise end. Thereafter, We may require proof, but not more frequently than annually.

Portability

On the date the Policy terminates or the date the Named Insured ceases to be Actively at Work as an Employee and is not Totally Disabled, Insureds and their covered dependents will be eligible to exercise the portability privilege. Portability coverage may continue beyond the termination date of the Policy, subject to the timely payment of premiums. Portability coverage will be effective on the day after insurance under the Policy terminates.

The benefits, terms and conditions of the portability coverage will be the same as those provided under the Policy when the insurance terminated. The initial portability premium rate is the rate in effect under the Policy for active employees who have the same coverage. The premium rate for portability coverage may change for the class of Covered Persons on portability on any premium due date.

Non-Tobacco

Issue Age	EE	EE + SP	EE + CH	Family
18 - 35	\$6.03	\$9.90	\$7.14	\$11.01
36 - 49	\$17.00	\$26.67	\$18.10	\$27.77
50 - 59	\$32.06	\$49.97	\$33.05	\$50.95
60 - 64	\$45.29	\$70.41	\$46.16	\$71.29
65 - 69	\$49.43	\$76.70	\$50.24	\$77.52

Tobacco

Issue Age	EE	EE + SP	EE + CH	Family
18 - 35	\$8.23	\$13.19	\$9.34	\$14.31
36 - 49	\$28.00	\$43.17	\$29.10	\$44.27
50 - 59	\$54.77	\$84.26	\$55.75	\$85.25
60 - 64	\$76.81	\$118.15	\$77.68	\$119.03
65 - 69	\$82.28	\$126.48	\$83.09	\$127.30

Benefit Face Amount

Benefit	Employee	Spouse	Child
Heart	\$10,000	\$5,000	\$2,500
Cancer	\$10,000	\$5,000	\$2,500
Other	\$10,000	\$5,000	\$2,500
Recurrence	\$2,500	\$1,250	\$625
Health Screening	\$50	\$50	\$50

Benefit Details

Recurrence Benefit	25%
Recurrence Waiting Period	12 Months

Vascular Benefits

Heart Attack	100%
Heart Transplant	100%
Stroke	100%
Coronary Bypass	25%
Angioplasty	10%

Cancer Benefits

Invasive Cancer	100%
Malignant Melanoma	100%
Cancer in Situ	25%

Other Benefits

Major Organ Transplant	100%
End Stage Renal Failure	100%
Coma	100%
Loss of Sight	100%
Loss of Speech or Hearing	100%
Paralysis	100%
Severe Burns	100%
Occupational HIV	100%
Alzheimer's Dementia	0%
Loss of Independent Living	0%
Diabetes	0%

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Humana Insurance Company

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Non-Tobacco

Issue Age	EE	EE + SP	EE + CH	Family
18 - 35	\$8.12	\$13.02	\$9.58	\$14.48
36 - 49	\$24.32	\$37.66	\$25.77	\$39.11
50 - 59	\$46.57	\$71.87	\$47.82	\$73.13
60 - 64	\$66.11	\$101.94	\$67.19	\$103.02
65 - 69	\$72.32	\$111.39	\$73.32	\$112.39

Tobacco

Issue Age	EE	EE + SP	EE + CH	Family
18 - 35	\$11.43	\$17.97	\$12.90	\$19.44
36 - 49	\$40.82	\$62.43	\$42.27	\$63.88
50 - 59	\$80.62	\$123.32	\$81.87	\$124.58
60 - 64	\$113.38	\$173.56	\$114.46	\$174.64
65 - 69	\$121.58	\$186.06	\$122.58	\$187.06

Benefit Face Amount

Benefit	Employee	Spouse	Child
Heart	\$15,000	\$7,500	\$3,750
Cancer	\$15,000	\$7,500	\$3,750
Other	\$15,000	\$7,500	\$3,750
Recurrence	\$3,750	\$1,875	\$938
Health Screening	\$50	\$50	\$50

Benefit Details

Recurrence Benefit	25%
Recurrence Waiting Period	12 Months

Vascular Benefits

Heart Attack	100%
Heart Transplant	100%
Stroke	100%
Coronary Bypass	25%
Angioplasty	10%

Cancer Benefits

Invasive Cancer	100%
Malignant Melanoma	100%
Cancer in Situ	25%

Other Benefits

Major Organ Transplant	100%
End Stage Renal Failure	100%
Coma	100%
Loss of Sight	100%
Loss of Speech or Hearing	100%
Paralysis	100%
Severe Burns	100%
Occupational HIV	100%
Alzheimer's Dementia	0%
Loss of Independent Living	0%
Diabetes	0%

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Humana Short Term Disability Plan

What is Disability Insurance?

An easy explanation is; Disability Insurance is protection for your paycheck. Imagine if you were suddenly disabled, unable to work, due to an accident or illness. How would you pay your bills? How would you maintain you and your family's lifestyle? Disability Insurance replaces your paycheck when you are unable to work.

How much Disability Insurance do I need?

Everyone's personal situation is different, but, a good way to calculate how much you will need in the event your paycheck stops, is to look at what your financial needs and obligations are. For example, how much is your mortgage/rent, car payment, credit card payments, utilities, food, other insurance, etc. You may apply for coverage up to 60% of your current income. And, your Disability Income checks are tax free! So, applying for 60% of your current income, with the favorable tax treatment afforded disability income payments, will guarantee you a level of benefit very similar to your current income.

How do I calculate the cost of Disability Insurance?

There are two options, a 14/14 and a 30/30 Elimination Period. (The Elimination Period is the time between the accident/illness that caused the disability, and the time that the policy begins paying benefits.) When choosing an Elimination Period, consider how much sick leave/vacation time you have and are willing to use.

What is the benefit period?

The duration of benefits will be for 6 months with the 14/14 elimination period and 3 months with the 7/7 elimination period.

When to enroll?

During your initial enrollment period you can enroll with Guarantee Issue (no medical underwriting) up to a \$3,000 monthly benefit amount. If your salary justifies you to elect \$3,500 to \$5,000 you will be subject to Simplified Issue (underwriting for final approval).

Example:

A 37 year old non-smoker earning \$45,000 (\$3,750 per month) is looking to purchase Short Term Disability insurance to protect their earnings. The maximum monthly disability benefit they can purchase is \$2,000 (60% of their monthly salary).

If the above employee elects the **14 day** elimination period for both accident and sickness with a 6 month benefit and elects the **\$2,000** benefit the premium would be:

\$80.05 / month

If the above employee elects the **7 day** elimination period for both accident and sickness with a 3 month benefit and elects a **\$2,000** benefit the premium would be:

\$86.25 / month

Disability Income Plus provides a monthly disability income benefit as a result of a non-occupational "off-the-job" accident or sickness. If you're totally disabled by an accident or illness, Disability Income Plus can be there to help, helping pay the bills that won't go away just because you can't work: housing costs, food, car payments, and additional medical costs. You can focus on a full recovery and successful return to the workplace.

Coverage type	Disability Income Plus is a group disability income insurance policy that provides a monthly disability income benefit due to an off-the-job accident or injury.
Benefit amount	Minimum benefit of \$300 and maximum benefit of \$3,500 per month, not to exceed 60% of base monthly income.
Plan design	Accident & Sickness: Provides coverage for disabilities caused by either an accidental injury or sickness.
Benefit period	Three months
Elimination period	Provides off-the-job coverage for injuries after 7 days and off-the-job sicknesses after 7 days of total disability. The number of continuous days, beginning with the first day of a total disability, before any monthly benefit amount is payable. Separate elimination periods apply to injury and illness.
Definition of disability	<p>Total disability: for the first 24 months of a disability that the employee/member is unable to perform the substantial and material duties of his or her regular occupation, not working in any other occupation, and under the care of a physician for the disability.</p> <p>After 24 months of total disability, totally disabled means that the employee/member is unable to perform the duties of any occupation, and under the care of a physician for the disability.</p> <p>Partial disability: because of a covered sickness or injury, the employee/member is working more than 20% but not more than 80% of the normal pre-disability schedule, and under the regular care of a physician.</p> <p>The normal pre-disability schedule is as defined by the employee/member's employer but does not include overtime.</p>

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the Workplace Voluntary Benefit products at [Disclosure.Humana.com](https://www.humana.com/disclosure). Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS.

Policy: 8014

Underwritten by Kanawha Insurance Company, a Humana company.



Definition of disability

Recurrent disability: total and/or partial disability that is due to the same or related causes as a prior period of disability, follows a prior period for which a monthly benefit was paid, and occurs within 180 days after the end of a prior period for which a monthly benefit was paid.

Additional included benefits

Partial disability: Pays 50 percent of the total benefit when employee cannot perform 20 percent to 80 percent of his or her normal work schedule for up to six consecutive months.

Recurrent disability: If employee becomes disabled again within 180 days of returning to work, the elimination period is waived and benefits are immediately available for up to the remaining benefit from the previous disability.

Waiver of premium: Premium is waived if the employee is totally disabled for more than 90 days or the elimination period, whichever is longer.

Portability: Before age 70, employees can take their coverage with them at the same rate if they leave their jobs. Coverage can continue as long as premiums are paid, the group master policy remains in force, and the employee is less than 70.

Pre-existing provision

12/12

Pregnancy

Treated as any other illness.

Product restrictions

Employers with employees working in HI, NJ, & RI refer to Risk Management. Not available for sale with Accident if the Accident Total Disability Benefits Rider is included.
Riders not available for sale with Health Care Plus.

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the Workplace Voluntary Benefit products at **Disclosure.Humana.com**. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS.

Policy: 8014

Underwritten by Kanawha Insurance Company, a Humana company.



Short Term Disability 7/7 Rates



Disability Income Plus rates

Standard Industry Classification Code: Standard

Non-tobacco coverage, monthly payroll deductions based on monthly premium calculation including Portability.

Age	Benefit Amount						
	\$500	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500
18-35	\$21.35	\$40.45	\$59.55	\$78.65	\$97.75	\$116.85	\$135.94
36-45	\$23.25	\$44.25	\$65.25	\$86.25	\$107.25	\$128.24	\$149.24
46-55	\$24.50	\$46.75	\$69.00	\$91.25	\$113.50	\$135.74	\$157.99
56-65	\$25.55	\$48.85	\$72.15	\$95.45	\$118.75	\$142.04	\$165.34
66+	\$31.95	\$61.65	\$91.35	\$121.05	\$150.74	\$180.44	\$210.14

Tobacco coverage, monthly payroll deductions based on monthly premium calculation including Portability.

Age	Benefit Amount						
	\$500	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500
18-35	\$26.15	\$50.05	\$73.95	\$97.85	\$121.75	\$145.64	\$169.54
36-45	\$28.45	\$54.65	\$80.85	\$107.05	\$133.24	\$159.44	\$185.64
46-55	\$30.05	\$57.85	\$85.65	\$113.45	\$141.24	\$169.04	\$196.84
56-65	\$31.35	\$60.45	\$89.55	\$118.65	\$147.74	\$176.84	\$205.94
66+	\$39.40	\$76.55	\$113.70	\$150.84	\$187.99	\$225.14	\$262.29

The proposed rates are for an effective date no later than June 1, 2016.



1-800-584-4214 | HumanaVoluntaryBenefits.com



Policy: 8014
Underwritten by Kanawha Insurance Company, a Humana company.

Disability Income Plus provides a monthly disability income benefit as a result of a non-occupational "off-the-job" accident or sickness. If you're totally disabled by an accident or illness, Disability Income Plus can be there to help, helping pay the bills that won't go away just because you can't work: housing costs, food, car payments, and additional medical costs. You can focus on a full recovery and successful return to the workplace.

Coverage type	Disability Income Plus is a group disability income insurance policy that provides a monthly disability income benefit due to an off-the-job accident or injury.
Benefit amount	Minimum benefit of \$300 and maximum benefit of \$3,500 per month, not to exceed 60% of base monthly income.
Plan design	Accident & Sickness: Provides coverage for disabilities caused by either an accidental injury or sickness.
Benefit period	Six months
Elimination period	Provides off-the-job coverage for injuries after 14 days and off-the-job sicknesses after 14 days of total disability. The number of continuous days, beginning with the first day of a total disability, before any monthly benefit amount is payable. Separate elimination periods apply to injury and illness.
Definition of disability	<p>Total disability: for the first 24 months of a disability that the employee/member is unable to perform the substantial and material duties of his or her regular occupation, not working in any other occupation, and under the care of a physician for the disability.</p> <p>After 24 months of total disability, totally disabled means that the employee/member is unable to perform the duties of any occupation, and under the care of a physician for the disability.</p> <p>Partial disability: because of a covered sickness or injury, the employee/member is working more than 20% but not more than 80% of the normal pre-disability schedule, and under the regular care of a physician.</p> <p>The normal pre-disability schedule is as defined by the employee/member's employer but does not include overtime.</p>

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the Workplace Voluntary Benefit products at [Disclosure.Humana.com](https://www.humana.com/disclosure). Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS.

Policy: 8014
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Definition of disability	Recurrent disability: total and/or partial disability that is due to the same or related causes as a prior period of disability, follows a prior period for which a monthly benefit was paid, and occurs within 180 days after the end of a prior period for which a monthly benefit was paid.
Additional included benefits	<p>Partial disability: Pays 50 percent of the total benefit when employee cannot perform 20 percent to 80 percent of his or her normal work schedule for up to six consecutive months.</p> <p>Recurrent disability: If employee becomes disabled again within 180 days of returning to work, the elimination period is waived and benefits are immediately available for up to the remaining benefit from the previous disability.</p> <p>Waiver of premium: Premium is waived if the employee is totally disabled for more than 90 days or the elimination period, whichever is longer.</p> <p><input type="checkbox"/> Portability: Before age 70, employees can take their coverage with them at the same rate if they leave their jobs. Coverage can continue as long as premiums are paid, the group master policy remains in force, and the employee is less than 70.</p>
Pre-existing provision	12/12
Pregnancy	Treated as any other illness.
Product restrictions	Employers with employees working in HI, NJ, & RI refer to Risk Management. Not available for sale with Accident if the Accident Total Disability Benefits Rider is included. Riders not available for sale with Health Care Plus.

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the Workplace Voluntary Benefit products at **Disclosure.Humana.com**. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS.

Policy: 8014
Underwritten by Kanawha Insurance Company, a Humana company.



Short Term Disability 14/14 Rates



Disability Income Plus rates

Standard Industry Classification Code: Standard

Non-tobacco coverage, monthly payroll deductions based on monthly premium calculation including Portability.

Age	Benefit Amount						
	\$500	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500
18-35	\$20.20	\$38.15	\$56.10	\$74.05	\$92.00	\$109.95	\$127.89
36-45	\$21.70	\$41.15	\$60.60	\$80.05	\$99.50	\$118.95	\$138.39
46-55	\$24.40	\$46.55	\$68.70	\$90.85	\$113.00	\$135.14	\$157.29
56-65	\$26.60	\$50.95	\$75.30	\$99.65	\$124.00	\$148.34	\$172.69
66+	\$34.30	\$66.35	\$98.40	\$130.44	\$162.49	\$194.54	\$226.59

Tobacco coverage, monthly payroll deductions based on monthly premium calculation including Portability.

Age	Benefit Amount						
	\$500	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500
18-35	\$24.70	\$47.15	\$69.60	\$92.05	\$114.50	\$136.94	\$159.39
36-45	\$26.50	\$50.75	\$75.00	\$99.25	\$123.50	\$147.74	\$171.99
46-55	\$29.95	\$57.65	\$85.35	\$113.05	\$140.74	\$168.44	\$196.14
56-65	\$32.70	\$63.15	\$93.60	\$124.05	\$154.49	\$184.94	\$215.39
66+	\$42.30	\$82.35	\$122.40	\$162.44	\$202.49	\$242.54	\$282.59

The proposed rates are for an effective date no later than June 1, 2016.



1-800-584-4214 | HumanaVoluntaryBenefits.com



Policy: 8014
Underwritten by Kanawha Insurance Company, a Humana company.



Mass Mutual Retirement Plan

StaffScapes is proud to announce the availability of a 401(k) program to help you in your retirement planning. A 401(k) savings plan can reduce your current income taxes considerably and allow your investment to grow dramatically over the years. This program has many tax advantages and we strongly recommend that you take advantage of this benefit. This program allows you to set aside before tax dollars to accumulate on a tax deferred basis for retirement. The Plan includes the following significant features:

-
- 2%-50% minimum weekly investment allocation
 - Maximum investment 50% of gross pay not to exceed \$17,500.00
 - Catch up contributions up to \$5,500.00
 - Over 25 Different investments
 - Roth 401(k) After Tax Option
 - Investment allocations may be changed daily
 - Contribution percentage may be changed monthly
 - Quarterly statements mailed to participants home
 - Participation may begin 90 days after becoming an employee of StaffScapes
 - Employee contribution only (StaffScapes will not be contributing to this plan)
 - Hardship provisions available for early withdrawal (10% penalty otherwise)

StaffScapes is also pleased to save our clients money and offer benefits not affordable before. Start-up and administration of a 401(k) plan for a company with 10 employees could cost \$2500 to \$5000 per year and upwards of \$12,000 a year for a larger company.

To receive additional 401(k) information or request an enrollment kit, please complete this form and return it to StaffScapes' Benefits Department.

Client/ Co. Name: _____

Employee Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____
