



## 2019-2020 Benefits Package

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



# StaffScapes

*Human Resource Solution Center*

## **Benefit Package 2019-2020**

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 1<sup>st</sup> 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 June 2020 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

## Monthly Benefit Rate Sheet

Effective from 6/1/2019 through 05/31/2020

### Beta Alpha Discount Dental Plan\*\*

Employee	\$ 12.10
Employee Plus One Dependent	\$ 22.40
Employee Plus Two or More Dependents	\$ 32.70

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

### Unum PPO \$1500 Annual Max Dental Plan

Employee	\$ 32.60
Employee Plus One Dependent	\$ 69.96
Employee Plus Two or More Dependents	\$104.62

### Unum PPO \$2500 Annual Max Dental Plan

Employee	\$ 34.73
Employee Plus One Dependent	\$ 74.73
Employee Plus Two or More Dependents	\$112.27

### Unum/EyeMed Vision

Employee	\$ 6.81
Employee Plus One Dependent	\$ 12.84
Employee Plus Two or More Dependents	\$ 18.81

### BayBridge 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

### Unum Short Term Disability

Please view the full packet to determine monthly premiums and coverage amounts available to you.

### Unum Voluntary Insurance Rates

Please view the full packet to determine monthly premiums and coverage amounts available to you.

### BayBridge Critical Insurance Rates

Please view the full packet to determine monthly premiums and coverage amounts available to you.

Enrollment forms and plan summaries are available on our website [www.staffscapes.com](http://www.staffscapes.com) or call StaffScapes and speak to a benefits specialist.

# Unum & Beta Health Dental

## Introducing StaffScapes Dental Plans

StaffScapes offers employees a selection between three unique and useful plans which will benefit your entire family. The two PPO plans utilize the Unum DenteMax network, have no waiting periods, and offer different price points which can best suited for every budget. The Alpha Discount plan utilize the Beta Health Association network, have no waiting periods and lower discount plan option.

## Unum PPO Dental Plans

The Unum PPO plans are 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;
- Choice of \$1500 or \$2500 Annual Maximum;
- A Third visit for any expecting mothers;
- See any dentist or maximize your benefits by utilizing our national network of more than 323,000+ dental access points with discounted fees for in-network services; and
- Find an in-network provider at [unumdentalcare.com](http://unumdentalcare.com)
- Manage benefits online with AlwaysAssist.com and on-the-go with the AlwaysAssist mobile app.

### **\$1500 Annual Maximum**

<b>Employee Only:</b> \$32.60/month	<b>Employee &amp; 1</b> \$69.96/month	<b>Employee &amp; 2 or more</b> \$104.62/month
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### **\$2500 Annual Maximum**

<b>Employee Only:</b> \$34.73/month	<b>Employee &amp; 1</b> \$74.73/month	<b>Employee &amp; 2 or more</b> \$112.27/month
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## Alpha Dental Discount Plan

The Alpha Dental Plan is a discount plan which utilizes the Beta Health Association network but offers a substantial discount off fixed prices. The result is that the monthly premium is less, but there will be fees for each service you receive at each visit.

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

<b>Employee Only:</b> \$12.10/month	<b>Employee &amp; 1</b> \$22.40/month	<b>Employee &amp; 2 or more</b> \$32.70/month
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## Outline of Benefits

Unum PPO Plans	In-Network	Out-of-Network
<b>Deductible: Maximum 3 per family. Applies to Basic (Class B) and Major (Class C) Services.</b>	\$50 per benefit year	\$50 per benefit year
<b>Benefit Annual Maximums: (Class A, B, and C benefits)</b>	Choice of: \$1500 or \$2500	
<b>Preventive Services (Class A):</b> <b>No waiting periods</b> <ul style="list-style-type: none"> <li>•Routine exams (2 per 12 months)</li> <li>•Prophylaxis (2 per 12 months)</li> </ul> <i>(1 additional cleaning or periodontal maintenance per 12 months if member is in 2<sup>nd</sup> or 3<sup>rd</sup> trimester of pregnancy)</i> <ul style="list-style-type: none"> <li>•Bitewing x-rays (maximum of 4 films; 1 per 12 months)</li> <li>•Fluoride treatment for children up to age 16 (1 per 12 months)</li> <li>•Sealants for children up to age 16 (permanent molars 1 per 36 months)</li> <li>•Adjunctive pre-diagnostic oral cancer screening (1 per 12 months for age 40+)</li> <li>•Full mouth / panoramic x-rays (1 per 24 months)</li> </ul>	100%	100%
<b>Basic Services (Class B):</b> <b>No waiting periods</b> <ul style="list-style-type: none"> <li>•Emergency treatment (1 per 12 months)</li> <li>•Space maintainers for children up to age 16 (1 per 24 months)</li> <li>•Simple restorative services (fillings; benefit allowed for amalgam restorations on posterior teeth)</li> <li>•Simple extractions</li> </ul>	100%	100%
<b>Major Services (Class C):</b> <b>No waiting periods</b> <ul style="list-style-type: none"> <li>•Inlays and onlays</li> <li>•Oral surgery (extractions and impacted teeth) &amp; anesthesia (subject to review, covered with complex oral surgery)</li> <li>•Repair of crown, denture, or bridge</li> <li>•Non-surgical periodontics</li> <li>•Endodontics (root canals)</li> <li>•Surgical periodontics (gum treatments)</li> <li>•Crowns, bridges, dentures and endosteal implants (in lieu of an approved 3-unit bridge)</li> </ul>	60%	50%
<b>Plus:</b> We offer a Carryover benefit \$350 with a threshold limit of \$700 and a Carryover Account Maximum of \$1250.		

**For questions or more detailed information, please do not hesitate to contact the StaffScapes Benefits Department at 303-466-7864.**

#### Dental carryover benefit

Members who take care of their teeth, but use only part of their annual maximum benefit during a benefit period are rewarded with extra benefits in future years! If an Insured submits qualifying claims for covered expenses during a benefit year and, in that benefit year, receives benefits that are less than their group's threshold limit, the insured will be credited a carryover benefit. Carryover benefits will be accrued and stored in the insured's carryover account to be used in the next benefit year. If an insured reaches his or her certificate year maximum benefit, we will pay a benefit from the insured's carryover account up to the amount stored in the insured's carryover account. The accrued carryover benefits stored in the carryover account may not be greater than the carryover account limit.

The limits for this policy/certificate are: Carryover benefit \$350, threshold limit \$700, carryover account Limit \$1250.

#### Other specifications:

- 12- An insured's carryover account will be eliminated, and the accrued carryover benefits lost, if the insured has a break in coverage of any length of time, for any reason.
- 13- Eligibility for a carryover benefit will be established or reestablished at the time the first qualifying claim in a benefit year is received for covered expenses incurred during that benefit year.
- 14- In order to be eligible to accumulate the carryover benefit, an insured must be enrolled in the plan at least four months prior to the start of the new policy year. Example: If the plan effective date is January 1st, the insured must be enrolled by September 1st.
- 15- Only claims incurred on or after the start of the next policy year will count toward the threshold limit.
- 16- Carryover benefits will not be applied to an insured's carryover account until the policy year that starts one year from the date the rider first applies.
- 17- If charges for Class C services are not payable for an insured due to a benefit waiting period for certain covered procedures, this rider will not apply to the insured until the end of such waiting period. And, if the waiting period ends within the three months prior to the start of this plan's next benefit year, this rider will not apply to the insured until the next benefit year.
- 18- Carryover benefits will not be applied to an insured's carryover account until the benefit year that starts one year from the date the rider first applies.

#### Definitions:

- 19- "Benefit year" means calendar year or policy year, according to the type of plan applicable under the policy/certificate to which this rider is attached.
- 20- "Carryover account" means the amount of an insured's accrued carryover benefits.
- 21- "Carryover account limit" means the maximum amount of cumulative Carryover benefits that an insured can store in his or her carryover account.
- 22- "Carryover benefit" means the dollar amount, which will be added to an insured's carryover account when he or she receives benefits in a benefit year that do not exceed the threshold limit.
- 23- Qualifying claim means a claim under procedure classes A, B and C, and must include 1 exam & 1 cleaning.
- 24- "Threshold limit" means the maximum amount of benefits for all procedure classes A, B, C and D that an insured can receive during a benefit year and still be entitled to receive the carryover benefit.

Dependent children: Dependent age guidelines vary by state. Please refer to your policy certificate or contact customer service at (888) 400-9304.

Services not listed: If you expect to require a dental or vision service not included on this brochure, it may still be covered. Please contact customer service at (888) 400-9304 to confirm your exact benefits.

- Alternate treatment: Unum covers the least expensive most commonly used and accepted American Dental Association treatments. Plan members

may elect a more expensive treatment, but will be responsible for the cost difference resulting from the more expensive procedure.

#### Exclusions/limitations:

Unum members whose dental plan includes coverage of crowns and bridges will have the option of choosing an endosteal implant to replace a missing tooth instead of a conventional fixed 3-unit bridge, when a 3-unit bridge is approved for coverage. Crowns placed on implants will also be covered. Other implants or implant related services are not covered.

The following dental services are not covered:

- any treatment which is elective or primarily cosmetic in nature and not generally recognized as a generally accepted dental practice by the American Dental Association, as well as any replacement of prior cosmetic restorations;
- the correction of congenital malformations;
- the replacement of lost, discarded, or stolen appliances;
- replacement of bridges, dentures, crowns, inlays, onlays or dentures unless more than [5] years old and cannot be made serviceable;
- appliances, services or procedures relating to: (i) the change or maintenance of vertical dimension; (ii) restoration of occlusion; (iii) splinting; (iv) correction of attrition, abrasion, erosion or a fracture; (v) bite registration; or (vi) bite analysis;
- services provided for any type of temporomandibular joint (TMJ) dysfunctions, muscular, skeletal deficiencies involving TMJ or related structures, myofascial pain;
- charges for implants (except noted above), removal of implants, precision or semi-precision attachments, denture duplication, overdentures and any associated surgery, or other customized services or attachments, and related procedures;
- dentures for teeth missing prior to effective date of coverage; some exceptions apply and are detailed in the Certificate of Coverage;
- multiple x-rays done on same date of service will be combined to a full- mouth x-ray;
- cosmetic restorations on posterior permanent teeth and all primary teeth will be given alternate benefit;
- Anesthesia is covered with complex oral surgery only. Charges are subject to review. Pre-treatment estimate is recommended.

#### Takeover benefits:

Takeover benefits apply if we are taking over a comparable benefits plan from another carrier and only if there is no break in coverage between the original plan and the takeover date. Takeover is available to those individuals insured under the employer's dental plan in effect at the time of the employer's application. If takeover benefits are included in your benefits, then waiting periods for service will be waived for the individuals currently insured under the employer's previous plan during the month prior to coverage moving to us.

Application of takeover benefits is subject to Underwriting review and approval.

New hires with prior-like dental coverage (lapse in coverage must be less than 63 days) will receive takeover credit for the length of time they had with the prior carrier and must provide proof of coverage (including coverage dates) to receive takeover credit (i.e. one page benefit summary, certificate of creditable coverage, etc.).

Late entrants: Employees that waive coverage at initial enrollment (within 31 days of effective date) or in the new employee eligibility period and/or terminate coverage with Unum will have a twelve (12) month waiting period applied to basic and major services and orthodontia upon re-applying. The prior carrier is responsible for reimbursement of costs for procedures begun prior to the effective date.

This brochure is not intended to be a complete description of the insurance coverage available. The policies or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form Series Dental – DN2002 and DN2007 or contact your Unum Dental representative.

1. Netminder data (September 2016)

Starmount Life Insurance Company  
8485 Goodwood Boulevard • Baton Rouge, LA 70806 PH: (888)  
400-9304  
Policy Forms: Dental – DN2002 and DN2007

(06-18)

Dental plans are marketed by Unum, administered and underwritten by Starmount Life Insurance Company, Baton Rouge, LA.

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## Alpha Dental Plan of Colorado Summary of Benefits

- Average savings of 70% on all dental services
- No waiting on ANY services, including major & ortho
- Unlimited services – use as much as you like
- Very low out-of-pocket cost – significant savings!
- Affordable monthly cost
- Cosmetic dentistry included
- Orthodontics for children and adults
- No deductibles or claim forms

## How does the Alpha Dental Plan work?

- The Alpha Dental Plan is a network-only, co-pay dental plan. All of the Alpha discounted fees on our fee schedule have been pre-negotiated with every Alpha Dental General Dentist, so there are no hidden costs or expenses. This plan is not insurance.
- You must see an Alpha Dental Provider (ADP) to receive the discounted savings. There are no out-of-network benefits on this plan. Below is a list of the most common dental procedures and what you will pay. Please see the full fee schedule or link below to find all the covered procedures and your significant savings on the Alpha Dental Plan!

## Alpha Dental Plan Savings (what you pay)

<u>ADA Code</u>	<u>Dental Procedure Description</u>	<u>Normal fee</u>	<u>Alpha Fee</u>	<u>Savings</u>
0999	Office Visit	\$71	\$10	86%
0150	Comprehensive Exam	\$126	\$16	87%
0274	Bitewings x-ray (four films)	\$89	\$20	78%
1110	Prophylaxis-adult	\$108	\$15	86%
0120	Periodic oral exam-established patient	\$72	\$10	86%
0210	Intraoral- complete series	\$221	\$48	78%
2330	Resin based composite (one surface)	\$215	\$58	73%
2790*	Crown-full cast high noble metal	\$1,580	\$502	68%
3330	Molar (excluding final restoration)	\$1,425	\$539	62%
4341	Periodontal Scaling/Root Planning	\$348	\$147	58%
5110*	Complete denture-maxillary	\$2,433	\$721	70%
7140	Extraction erupted tooth	\$261	\$65	75%
9230	Nitrous Oxide	\$113	\$32	72%

Alpha Plan Provider and Full Fee Schedule Search Link:

[www.betaplans.com/Alpha19/](http://www.betaplans.com/Alpha19/)



Please visit [betaplans.com/alpha19](http://betaplans.com/alpha19) to locate a provider near you. There are providers across Colorado to select from!

## Alpha Dental - Plan 19 Fee Schedule

Code	Description	Average Regular Cost	You Pay Only	Average Savings
<b><u>Diagnostic and Preventive Services (x-rays and cleanings)</u></b>				
D0999	Routine office visit	\$71	\$10	86%
D0120	Periodic oral evaluation - established patient	\$72	\$10	86%
D0140	Limited oral evaluation - problem focused	\$107	\$21	81%
D0150	Comprehensive oral evaluation - new or established patient	\$126	\$16	87%
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$209	\$46	78%
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$99	\$25	75%
D0180	Comprehensive periodontal evaluation - new or established patient	\$135	\$31	77%
D0210	Intraoral - complete series of radiographic images	\$221	\$48	78%
D0220	Intraoral - periapical first radiographic image	\$50	\$9	82%
D0230	Intraoral - periapical each additional radiographic image	\$43	\$9	79%
D0240	Intraoral - occlusal radiographic image	\$77	\$8	90%
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	\$117	\$8	93%
D0270	Bitewing - single radiographic image	\$40	\$5	88%
D0272	Bitewings - two radiographic images	\$63	\$10	84%
D0273	Bitewings - three radiographic images	\$77	\$15	81%
D0274	Bitewings - four radiographic images	\$89	\$20	78%
D0277	Vertical bitewings - 7 to 8 radiographic images	\$137	\$25	82%
D0330	Panoramic radiographic image	\$152	\$64	58%
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	\$164	\$71	56%
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	\$97	\$31	68%
D0460	Pulp vitality tests	\$79	\$0	100%
D0470	Diagnostic casts	\$169	\$68	60%
D1110	Prophylaxis - adult	\$108	\$15	86%
D1120	Prophylaxis - child	\$81	\$15	81%
D1208	Topical application of fluoride - excluding varnish	\$55	\$16	71%
D1330	Oral hygiene instructions	\$77	\$0	100%
D1351	Sealant - per tooth	\$76	\$16	79%
D1510	Space maintainer - fixed, unilateral	\$421	\$214	49%
D1515	Space maintainer - fixed - bilateral	\$554	\$299	46%
D1520	Space maintainer - removable - unilateral	\$504	\$257	49%
D1525	Space maintainer - removable - bilateral	\$618	\$290	53%
D1550	Re-cement or re-bond space maintainer	\$121	\$22	81%
D1999	Additional prophyl (for perio maintenance)	\$108	\$46	57%
<b><u>Restorative Services (fillings and crowns)</u></b>				
D2140	Amalgam - one surface, primary or permanent	\$198	\$44	78%
D2150	Amalgam - two surfaces, primary or permanent	\$252	\$57	78%
D2160	Amalgam - three surfaces, primary or permanent	\$306	\$72	77%
D2161	Amalgam - four or more surfaces, primary or permanent	\$369	\$85	77%
D2330	Resin-based composite - one surface, anterior	\$215	\$58	73%
D2331	Resin-based composite - two surfaces, anterior	\$264	\$71	73%
D2332	Resin-based composite - three surfaces, anterior	\$318	\$92	71%
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$403	\$153	62%
D2390	Resin-based composite crown, anterior	\$648	\$357	45%
D2391	Resin-based composite - one surface, posterior	\$248	\$128	48%
D2392	Resin-based composite - two surfaces, posterior	\$322	\$180	44%
D2393	Resin-based composite - three surfaces, posterior	\$397	\$222	44%
D2394	Resin-based composite - four or more surfaces, posterior	\$460	\$239	48%
D2510	Inlay - metallic - one surface	\$1,260	\$416	67%
D2520	Inlay - metallic - two surfaces	\$1,284	\$424	67%
D2530	Inlay - metallic - three or more surfaces	\$1,367	\$451	67%
D2542	Onlay - metallic-two surfaces	\$1,384	\$457	67%
D2543	Onlay - metallic-three surfaces	\$1,410	\$467	67%
D2544	Onlay - metallic-four or more surfaces	\$1,472	\$484	67%
D2610	Inlay - porcelain/ceramic - one surface	\$1,312	\$432	67%



# Alpha Dental Plan 19 Fee Schedule - Page 2 of 6

Code	Description	Average Regular Cost	You Pay Only	Average Savings
<b>Restorative Services (fillings and crowns) Continued</b>				
D2620	Inlay - porcelain/ceramic - two surfaces	\$1,335	\$454	66%
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$1,372	\$480	65%
D2642	Onlay - porcelain/ceramic - two surfaces	\$1,367	\$465	66%
D2643	Onlay - porcelain/ceramic - three surfaces	\$1,392	\$487	65%
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$1,476	\$516	65%
D2650	Inlay - resin-based composite - one surface	\$1,266	\$417	67%
D2651	Inlay - resin-based composite - two surfaces	\$1,257	\$414	67%
D2652	Inlay - resin-based composite - three or more surfaces	\$1,319	\$436	67%
D2662	Onlay - resin-based composite - two surfaces	\$1,319	\$514	61%
D2663	Onlay - resin-based composite - three surfaces	\$1,333	\$519	61%
D2664	Onlay - resin-based composite - four or more surfaces	\$1,416	\$538	62%
D2710	Crown - resin-based composite (indirect)	\$1,317	\$435	67%
D2720	Crown - resin with high noble metal	\$1,382	\$456	67%
D2721	Crown - resin with predominantly base metal	\$1,330	\$438	67%
D2722	Crown - resin with noble metal	\$1,351	\$446	67%
D2740	Crown - porcelain/ceramic	\$1,519	\$501	67%
D2750	Crown - porcelain fused to high noble metal	\$1,509	\$498	67%
D2751	Crown - porcelain fused to predominantly base metal	\$1,383	\$414	70%
D2752	Crown - porcelain fused to noble metal	\$1,419	\$481	66%
D2780	Crown - 3/4 cast high noble metal	\$1,505	\$602	60%
D2781	Crown - 3/4 cast predominantly base metal	\$1,372	\$549	60%
D2782	Crown - 3/4 cast noble metal	\$1,377	\$551	60%
D2783	Crown - 3/4 porcelain/ceramic	\$1,498	\$584	61%
D2790	Crown - full cast high noble metal	\$1,580	\$502	68%
D2791	Crown - full cast predominantly base metal	\$1,363	\$422	69%
D2792	Crown - full cast noble metal	\$1,425	\$464	67%
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$166	\$22	87%
D2920	Re-cement or re-bond crown	\$159	\$42	73%
D2930	Prefabricated stainless steel crown - primary tooth	\$368	\$128	65%
D2931	Prefabricated stainless steel crown - permanent tooth	\$442	\$153	65%
D2932	Prefabricated resin crown	\$475	\$199	58%
D2933	Prefabricated stainless steel crown with resin window	\$489	\$220	55%
D2940	Protective restoration	\$178	\$50	72%
D2950	Core buildup, including any pins when required	\$369	\$104	72%
D2951	Pin retention - per tooth, in addition to restoration	\$112	\$31	72%
D2952	Post and core in addition to crown, indirectly fabricated	\$566	\$166	71%
D2953	Each additional indirectly fabricated post - same tooth	\$427	\$117	73%
D2954	Prefabricated post and core in addition to crown	\$458	\$134	71%
D2955	Post removal	\$290	\$127	56%
D2957	Each additional prefabricated post - same tooth	\$396	\$159	60%
D2960	Labial veneer (resin laminate) - chairside	\$941	\$247	74%
D2999	Complex rehabilitation crown and bridge procedures (6 or more) per unit in the same treatment		\$145	

**PLEASE NOTE** - Any procedures listed in this section that require lab work do not include the specific billed lab fee that the provider was charged by the lab for the dental work that you are having done. Doctors, please make sure that all members fully understand what their fees will be and what the savings are from your normal full fees before treatment begins.

## Endodontic Services (root canals)

D3110	Pulp cap - direct (excluding final restoration)	\$118	\$34	71%
D3120	Pulp cap - indirect (excluding final restoration)	\$121	\$35	71%
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$301	\$99	67%
D3221	Pulpal debridement, primary and permanent teeth	\$327	\$111	66%
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$402	\$125	69%
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$429	\$131	70%
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$1,017	\$359	65%
D3320	Endodontic therapy, premolar tooth (excluding final restorations)	\$1,161	\$425	63%
D3330	Endodontic therapy, molar tooth (excluding final restorations)	\$1,425	\$539	62%
D3331	Treatment of root canal obstruction; non-surgical access	\$852	\$366	57%
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$612	\$251	59%
D3333	Internal root repair of perforation defects	\$483	\$199	59%
D3346	Retreatment of previous root canal therapy - anterior	\$1,186	\$474	60%
D3347	Retreatment of previous root canal therapy - premolar	\$1,335	\$520	61%
D3348	Retreatment of previous root canal therapy - molar	\$1,634	\$637	61%

# Alpha Dental Plan 19 Fee Schedule - Page 3 of 6

<u>Code</u>	<u>Description</u>	<u>Average Regular Cost</u>	<u>You Pay Only</u>	<u>Average Savings</u>
<u>Endodontic Services (root canals) Continued</u>				
D3351	Apexification/recalcification - initial visit (apical closure/calific repair of perforations, root resorption, etc.)	\$490	\$196	60%
D3352	Apexification/recalcification - interim medication replacement (apical closure/calific repair of perforations, root resorption, pulp space	\$359	\$148	59%
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calific repair of perforations, root resorption, etc.)	\$712	\$285	60%
D3410	Apicoectomy - anterior	\$1,002	\$443	56%
D3421	Apicoectomy - premolar (first root)	\$1,112	\$505	55%
D3425	Apicoectomy - molar (first root)	\$1,243	\$554	55%
D3426	Apicoectomy (each additional root)	\$597	\$214	64%
D3430	Retrograde filling - per root	\$389	\$143	63%
D3450	Root amputation - per root	\$717	\$273	62%
D3470	Intentional reimplantation (including necessary splinting)	\$1,030	\$391	62%
D3910	Surgical procedure for isolation of tooth with rubber dam	\$337	\$77	77%
D3920	Hemisection (including any root removal), not including root canal therapy	\$656	\$302	54%
D3950	Canal preparation and fitting of preformed dowel or post	\$360	\$163	55%
<u>Periodontic Services (gum disease)</u>				
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$866	\$410	53%
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$472	\$260	45%
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$1,024	\$439	57%
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$903	\$380	58%
D4245	Apically positioned flap	\$1,102	\$473	57%
D4249	Clinical crown lengthening - hard tissue	\$1,057	\$454	57%
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$1,536	\$703	54%
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$1,222	\$550	55%
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	\$924	\$416	55%
D4264	Bone replacement graft - retained natural tooth - each additional site in	\$778	\$342	56%
D4266	Guided tissue regeneration - resorbable barrier, per site	\$1,062	\$459	57%
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	\$1,237	\$556	55%
D4268	Surgical revision procedure, per tooth	\$1,101	\$485	56%
D4270	Pedicle soft tissue graft procedure	\$1,203	\$530	56%
D4320	Provisional splinting - intracoronal	\$724	\$338	53%
D4321	Provisional splinting - extracoronal	\$644	\$301	53%
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$348	\$147	58%
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$268	\$113	58%
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	\$251	\$125	50%
D4910	Periodontal maintenance	\$191	\$75	61%
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	\$142	\$67	53%
D4999	Periodontal screening and scoring	\$46	\$15	68%
<u>Prosthodontic Services - Removable (dentures)</u>				
D5110	Complete denture - maxillary	\$2,433	\$721	70%
D5120	Complete denture - mandibular	\$2,464	\$731	70%
D5130	Immediate denture - maxillary	\$2,606	\$1,037	60%
D5140	Immediate denture - mandibular	\$2,638	\$1,048	60%
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$1,968	\$618	69%
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$1,924	\$587	69%
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$2,495	\$724	71%
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$2,494	\$719	71%
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$1,400	\$447	68%
D5410	Adjust complete denture - maxillary	\$127	\$48	63%
D5411	Adjust complete denture - mandibular	\$127	\$48	63%
D5421	Adjust partial denture - maxillary	\$127	\$48	63%
D5422	Adjust partial denture - mandibular	\$127	\$48	63%

## Alpha Dental Plan 19 Fee Schedule - Page 4 of 6

<u>Code</u>	<u>Description</u>	<u>Average Regular Cost</u>	<u>You Pay Only</u>	<u>Average Savings</u>
<u>Prosthodontic Services - Removable (dentures) Continued</u>				
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$264	\$83	69%
D5630	Repair or replace broken clasp - per tooth	\$368	\$135	63%
D5640	Replace broken teeth - per tooth	\$276	\$94	66%
D5650	Add tooth to existing partial denture	\$314	\$121	61%
D5660	Add clasp to existing partial denture - per tooth	\$369	\$153	59%
D5710	Rebase complete maxillary denture	\$827	\$362	56%
D5711	Rebase complete mandibular denture	\$803	\$353	56%
D5720	Rebase maxillary partial denture	\$773	\$292	62%
D5721	Rebase mandibular partial denture	\$773	\$293	62%
D5730	Reline complete maxillary denture (chairside)	\$528	\$229	57%
D5731	Reline complete mandibular denture (chairside)	\$522	\$227	57%
D5740	Reline maxillary partial denture (chairside)	\$501	\$210	58%
D5741	Reline mandibular partial denture (chairside)	\$515	\$213	59%
D5750	Reline complete maxillary denture (laboratory)	\$644	\$198	69%
D5751	Reline complete mandibular denture (laboratory)	\$644	\$198	69%
D5760	Reline maxillary partial denture (laboratory)	\$632	\$199	69%
D5761	Reline mandibular partial denture (laboratory)	\$632	\$198	69%
D5810	Interim complete denture (maxillary)	\$1,284	\$475	63%
D5811	Interim complete denture (mandibular)	\$1,285	\$476	63%
D5820	Interim partial denture (maxillary)	\$1,010	\$374	63%
D5821	Interim partial denture (mandibular)	\$989	\$357	64%
D5850	Tissue conditioning, maxillary	\$304	\$87	71%
D5851	Tissue conditioning, mandibular	\$292	\$82	72%

**PLEASE NOTE** - Any procedures listed in this section that require lab work do not include the specific billed lab fee that the provider was charged by the lab for the dental work that you are having done. Doctors, please make sure that all members fully understand what their fees will be and what the savings are from your normal full fees before treatment begins.

### Implant / Abutment Supported Prosthetic Services (where available)

D6000 through D6199	30% Discount
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**PLEASE NOTE** - Doctors, please make sure that all members understand what their fees will be and what the savings are from your normal full fees before treatment begins.

### Prosthodontic Services - Fixed (dentures)

D6210	Pontic - cast high noble metal	\$1,531	\$485	68%
D6211	Pontic - cast predominantly base metal	\$1,398	\$408	71%
D6212	Pontic - cast noble metal	\$1,418	\$423	70%
D6240	Pontic - porcelain fused to high noble metal	\$1,520	\$501	67%
D6241	Pontic - porcelain fused to predominantly base metal	\$1,400	\$413	70%
D6242	Pontic - porcelain fused to noble metal	\$1,437	\$439	69%
D6245	Pontic - porcelain/ceramic	\$1,536	\$492	68%
D6250	Pontic - resin with high noble metal	\$1,441	\$459	68%
D6251	Pontic - resin with predominantly base metal	\$1,397	\$433	69%
D6252	Pontic - resin with noble metal	\$1,398	\$435	69%
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$1,253	\$464	63%
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$1,344	\$483	64%
D6720	Retainer Crown - resin with high noble metal	\$1,440	\$475	67%
D6721	Retainer Crown - resin with predominantly base metal	\$1,372	\$453	67%
D6722	Retainer Crown - resin with noble metal	\$1,390	\$458	67%
D6740	Retainer Crown - porcelain/ceramic	\$1,522	\$533	65%
D6750	Retainer Crown - porcelain fused to high noble metal	\$1,533	\$505	67%
D6751	Retainer Crown - porcelain fused to predominantly base metal	\$1,386	\$415	70%
D6752	Retainer Crown - porcelain fused to noble metal	\$1,424	\$442	69%
D6780	Retainer Crown - 3/4 cast high noble metal	\$1,493	\$492	67%
D6781	Retainer Crown - 3/4 cast predominantly base metal	\$1,378	\$455	67%
D6782	Retainer Crown - 3/4 cast noble metal	\$1,402	\$476	66%
D6783	Retainer Crown - 3/4 porcelain/ceramic	\$1,486	\$490	67%
D6790	Retainer Crown - full cast high noble metal	\$1,556	\$493	68%
D6791	Retainer Crown - full cast predominantly base metal	\$1,394	\$432	69%
D6792	Retainer Crown - full cast noble metal	\$1,466	\$446	70%
D6930	Re-cement or re-bond fixed partial denture	\$240	\$90	63%

**PLEASE NOTE** - Any procedures listed in this section that require lab work do not include the specific billed lab fee that the provider was charged by the lab for the dental work that you are having done. Doctors, please make sure that all members fully understand what their fees will be and what the savings are from your normal full fees before treatment begins.

# Alpha Dental Plan 19 Fee Schedule - Page 5 of 6

<u>Code</u>	<u>Description</u>	<u>Average Regular Cost</u>	<u>You Pay Only</u>	<u>Average Savings</u>
<u>Oral Surgery Services (extractions)</u>				
D7111	Extraction, coronal remnants - deciduous tooth	\$190	\$62	67%
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$261	\$65	75%
D7210	Erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$387	\$106	73%
D7220	Removal of impacted tooth - soft tissue	\$440	\$118	73%
D7230	Removal of impacted tooth - partially bony	\$549	\$214	61%
D7240	Removal of impacted tooth - completely bony	\$674	\$270	60%
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$768	\$300	61%
D7250	Removal of residual tooth roots (cutting procedure)	\$440	\$161	63%
D7270	Tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth	\$760	\$303	60%
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	\$996	\$524	47%
D7280	Exposure of an unerupted tooth	\$668	\$291	56%
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	\$760	\$331	56%
D7286	Incisional biopsy of oral tissue-soft	\$475	\$207	56%
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$422	\$161	62%
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$633	\$234	63%
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$797	\$287	64%
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$1,325	\$491	63%
D7510	Incision and drainage of abscess - intraoral soft tissue	\$343	\$133	61%
D7911	Complicated suture - up to 5 cm	\$837	\$419	50%
D7912	Complicated suture - greater than 5 cm	\$1,378	\$689	50%
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	\$624	\$161	74%
D7970	Excision of hyperplastic tissue - per arch	\$698	\$248	64%
D7971	Excision of pericoronal gingiva	\$403	\$216	46%

## Orthodontic Services (braces for children and adults)

D0330	Panoramic radiographic image	\$152	\$64	58%
D8660	Pre-orthodontic treatment examination to monitor growth and development		20% Discount	
D8670	Periodic orthodontic treatment visit (child)		20% Discount	
D8670	Periodic orthodontic treatment visit (adult)		20% Discount	
D8680	Orthodontic retention		20% Discount	
D8693	Recement or rebond fixed retainer		20% Discount	
D8999	Orthodontic treatment plan and records		20% Discount	

### Other Orthodontic Procedure Guidelines

1. Invisalign procedures and treatment are to be discounted 20% off of the participating providers normal full fee.
2. All procedures not listed are to be discounted 20% off of the participating providers normal full fee.

## Miscellaneous Services

D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$185	\$64	65%
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$106	\$54	49%
D9211	Regional block anesthesia	\$120	\$23	81%
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$87	\$16	82%
D9230	Inhalation of nitrous oxide / anxiolysis, analgesia	\$113	\$32	72%
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$119	\$52	56%
D9440	Office visit - after regularly scheduled hours	\$264	\$113	57%
D9910	Application of desensitizing medicament	\$91	\$7	92%
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	\$109	\$45	58%
D9941	Fabrication of athletic mouthguard	\$396	\$134	66%
D9950	Occlusion analysis - mounted case	\$490	\$220	55%
D9951	Occlusal adjustment - limited	\$290	\$106	64%
D9952	Occlusal adjustment - complete	\$922	\$342	63%
D9970	Enamel microabrasion	\$290	\$113	61%
D9972	External bleaching - per arch - performed in office	\$504	\$253	50%
D9973	External bleaching - per tooth	\$339	\$170	50%
D9974	Internal bleaching - per tooth	\$384	\$193	50%
D9975	External bleaching for home applications, per arch. Includes materials and fabrication	\$448	\$224	50%
D9986	Missed appointment (without 24 hour notice)	\$81	\$45	45%
D9987	Cancelled appointment (without 24 hour notice)	\$79	\$44	44%

**General Plan Limitations and Exclusions**

1. All procedures listed above do not include any specific lab fees or precious metal costs that are required. Members must agree in writing to all upgraded materials used before treatment begins and what the savings are off of your participating providers normal full fee. See each section for specific details.
2. Members are responsible for paying all amounts due to plan providers at the time services are rendered unless mutually agreed upon by all parties.
3. The above fees are for General Dentist use only. Plan specialist lists are available by calling 1(800) 807-0706 or emailing support@betaplans.com. All contracted plan specialists offer members up to a 25% discount off of their normal full fees depending on the provider and location.
4. Any procedure not listed (except Orthodontic treatment) will be discounted 30% off of the participating providers normal full fee.
5. Medical costs associated with any dental procedure are not covered on this plan.
6. Dentures or appliances will be replaced only after 5 years have elapsed since such dentures or appliances were provided under this program, unless the denture or appliance becomes unserviceable due to illness.
7. Any dental treatment started prior to members eligibility to receive services under this plan or started after a members 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 services are rendered may prevent future dental services from being received until all past fees have been paid in full.
10. Services provided by non-participating providers are not covered on this plan.
11. Services which, in the opinion your plan provider, are not necessary for the members dental health, or are contrary to established dental ethics are not covered.
12. Cosmetic dental procedures are covered only if the attending dentist and member agree on the procedure and cost.
13. Services that are compensable under workmen's compensation or employer liability laws are not covered.
14. Myofunctional therapy procedures for training, treating, or developing muscles in and around the jaw or mouth including TMJ are not covered except by plan participating specialists (where available).
15. Any dental procedures or services that cannot be performed in the dental office due to the physical limitations of the member are not covered.
16. Any services that a participating General Dentist recommends be performed by a specialist are covered only if members sees a participating specialist.
17. The liability of Beta Health Association, Inc. is limited to the return of the members membership fees paid for one year by the member.
18. Members enrolled in this Beta Health Association, Inc. dental plan agree that neither it or it's employees are liable for dentistry or services provided by any contracted or non-contracted plan providers.
19. Members understand that plan providers are independent contractors and are not employed by Beta Health Association, Inc.
20. Extractions for asymptomatic third molars (wisdom teeth) are not covered unless they are causing movement of the teeth.
21. This dental program is in no way to be considered insurance. It is a discount fee-for-service dental plan.
22. Fees are subject to change on an as needed basis. Please contact Beta Health at 1-(800) 807-0706 for current fees.



# Unum Vision<sup>SM</sup> Powered by EyeMed

## More flexibility, choice and savings

Through EyeMed's Insight network, Unum Vision<sup>SM</sup> Powered by EyeMed provides the right mix of independent and retail providers – including popular national chains and regional favorites, as well as online options. You have access to care and services that offer more flexibility, choice and savings.

Vision provider search engine is available 24/7 at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)

### Outline of benefits

Vision care services	In-network member cost	Out-of-network reimbursements
<b>Exam (1 per 12 months)</b>	\$10 co-pay	Up to \$40
<b>Retinal Imaging Benefit</b>	\$39	Not Covered
<b>Standard plastic lenses (1 per 12 months)</b>		
Single Vision	\$10 co-pay	Up to \$30
Bifocal	\$10 co-pay	Up to \$50
Trifocal	\$10 co-pay	Up to \$70
Lenticular	\$10 co-pay	Up to \$70
Standard Progressive	\$10 co-pay	Up to \$70
Premium Progressive Lens	\$75 co-pay	Up to \$50
Tier 1	\$95 co-pay	Up to \$50
Tier 2	\$105 co-pay	Up to \$50
Tier 3	\$120 co-pay	Up to \$50
Tier 4	\$75 co-pay, 80% of charge less \$120 allowance	Up to \$50
<b>Lens Options</b>		
Polycarbonate lenses (under age 19)	Covered	Up to \$32
Standard Polycarbonate lenses	Covered	Up to \$32
Standard Scratch Resistant Coating	Covered	Up to \$12
UV Coating	Covered	Up to \$12
<b>Frames (1 per 12 months)</b>		
Members may select any frame available	\$130 allowance	Up to \$91
<b>Contact lenses (1 per 12 months)</b>		
<i>In lieu of eyeglass lenses</i>	\$0 Co-pay	
Elective	\$130 allowance	Up to \$130
Medically Necessary	Covered	Up to \$210
Standard contact lens fitting exam fee	Covered	Up to \$40
Specialty contact lens fitting exam fee	\$55	Up to \$40
<b>Plus:</b> We offer nationwide access to discounts on LASIK surgery through a partnership with U.S. Laser Network. Discounts are available with participating providers. This is not an insured benefit. Visit our web site to find the specialist closest to you.		

**40%**  
discount on second  
complete pair of  
glasses  
in-network

**20% off**  
non-prescription  
sunglasses  
in-network

**20% off**  
remaining balance  
beyond plan  
coverage  
in-network

**Employee Only:**  
\$6.81/month

**Employee & 1**  
\$12.84/month

**Employee & 2 or more**  
\$18.81/month

LENSCRAFTERS

PEARLE VISION

TARGET  
Optical

Sears  
Optical

PRIVATE PRACTITIONERS

**Note:** Plan & rates are available in CO.  
12-month frame frequency EyeMed plan number: 10000055

## Other Unum Vision Powered by EyeMed specifications

**Dependent children:** Dependent age guidelines vary by state. Please refer to your policy certificate or contact customer service at (855) 652-8686.

**Services not listed:** If you expect to require a vision service not included on this brochure, it may still be covered. Refer to the member portal at [www.eyemedvisioncare.com/unum](http://www.eyemedvisioncare.com/unum), to confirm your exact benefits.

This is a primary vision care benefit and is intended to cover only eye examinations and/or corrective eyewear. Medical or surgical treatment of eye disease or injury is not provided under this plan.

Coverage may not exceed the lesser of actual cost of covered services and materials or the limits of the policy.

No benefits will be paid for services, materials connected with, or charges arising from:

- Orthoptic or vision training, subnormal vision aids and any associated supplemental testing;
- Aniseikonic lenses;
- Medical and/or surgical treatment of the eye, eyes or supporting structures; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment;
- Safety eyewear;
- Plano (non-prescription) lenses;
- Non-prescription sunglasses;
- Two pair of glasses in lieu of bifocals;
- Services or materials provided by any other group benefit plan providing vision care;
- Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order;
- Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

Member receives a 20% discount on items not covered by the plan at EyeMed In-Network locations. Discount does not apply to EyeMed Provider's professional services or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states, members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers.

Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products EyeMed Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs.

Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Service and amounts listed above are subject to change at any time. Fees charged by a Provider for services other than a covered benefit must be paid in full by the Insured Person to the Provider. Such fees or materials are not covered under the Policy. Benefit allowances provide no remaining balance for future use within the same Benefit Frequency.

### **Laser Vision Correction Network**

Membership provides access to preferred pricing. Transactions are handled directly between members and providers. Refractive surgery is an elective procedure and may involve potential risks to patients. This is not an insured benefit. Unum cannot and does not guarantee the outcome of any refractive surgical procedure or a total elimination of the need for glasses or contacts. Providers may not be available in all metropolitan areas. Login to [www.eyemedvisioncare.com/unum](http://www.eyemedvisioncare.com/unum) for a list of participating laser vision correction providers.

### **Hearing Savings Plan included at no additional cost to the member!**

Unum offers a **Hearing Savings Plan** at no additional cost, to all of its Unum Vision Powered by EyeMed members. Partnering with Amplifon, the Hearing Savings Plan provides:

- 40% off hearing exams at thousands of convenient locations nationwide
  - Discounted set pricing on thousands of hearing aids, including those with the newest, most advanced technology
  - Low price guarantee – if you find the same product at a lower price elsewhere, Amplifon will beat it by 5%
  - 60-day hearing aid trial period with no restocking fees
  - Free batteries for 2 years with initial purchase
- 3-year warranty plus loss and damage coverage

This brochure is not intended to be a complete description of the insurance coverage available. The policies or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form Series VI-2002 and VI-2007 or contact your Unum Vision representative.

Vision plans are marketed by Unum and EyeMed, administered by First American Administrators and underwritten by Starmount Life Insurance Company, Baton Rouge, LA.

8485 Goodwood Boulevard • Baton Rouge, LA 70806

Policy Forms: Vision - VI-2002 and VI-2007  
Customer Service: (855) 652-8686

(08-18)





## Short Term Disability Insurance

can pay you a weekly benefit if you have a covered disability that keeps you from working.

Employee Funded  
Choice Plan

### How does it work?

If a covered illness or injury keeps you from working, Short Term Disability Insurance can replace part of your income while you recover. As long as you remain disabled, you can continue to receive benefits. You may have a choice of coverage amounts and benefit durations.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

### Why is this coverage so valuable?

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

### Consider your weekly expenses



Food \$ \_\_\_\_\_



Transportation (gas, car payments, repairs) \_\_\_\_\_



Child care/elder care \_\_\_\_\_



Mortgage/rent \_\_\_\_\_



Utilities (electric, water, cable, phone) \_\_\_\_\_



Medical costs (co-pays, medications) \_\_\_\_\_

\$ \_\_\_\_\_

### What's covered?

This insurance may cover a variety of conditions and injuries. Here are Unum's top reasons for short term disability claims:<sup>1</sup>

- Normal pregnancy
- Injuries
- Joint disorders
- Back disorders
- Digestive disorders

This plan does not cover pre-existing conditions. See the disclosure section to learn more.

<sup>1</sup> Unum internal data, 2015

Age	Rates	
	Options	
	EP: 14/14 BD: 11 weeks	EP: 7/7 BD: 12 weeks
15-24	\$0.290	\$0.360
25-29	\$0.600	\$0.760
30-34	\$0.730	\$0.920
35-39	\$0.520	\$0.660
40-44	\$0.380	\$0.490
45-49	\$0.390	\$0.500
50-54	\$0.480	\$0.620
55-59	\$0.630	\$0.810
60-64	\$0.820	\$1.040
65+	\$1.000	\$1.270

Billed amount may vary slightly. Your rate is based on your age and will increase as you move to the next age band.

## How much coverage can I get?

You\*

You are eligible for coverage if you are an active employee in the United States working a minimum of 30 hours per week.

#### Coverage amounts

Cover 60% of your weekly income, up to a maximum benefit of \$1,000 per week.

The weekly benefit may be reduced or offset by other sources of income.

\*See the Legal Disclosures for more information

Coverage is guaranteed as long as a certain number of employees purchase coverage. If you don't sign up now but decide to apply later, you may have to answer medical questions.

### Elimination period (EP)

This is the number of days that must pass between your first day of a covered disability and the day you can begin to receive your disability benefits. You can choose the elimination period you want: 14/14 or 7/7. The first number is the number of days for accidents. The second number is for illnesses.

### Benefit duration (BD)

The maximum number of weeks you can receive benefits while you're disabled. You have a choice of 11 or 12 weeks

## Calculate your cost

- Follow the instructions on the worksheet at right to determine your cost per paycheck.
- For step 2:  
Enter your rate amount from the Rate Chart, based on your age and elimination period choice you want. (Choose the age you will be when your coverage becomes effective on 06/01/2019.)

Disability worksheet			
<b>1 Calculate your weekly disability benefit.</b>			
\$ _____ ÷ 52 = \$ _____ Your annual earnings	x _____ Your weekly earnings	60% = (Max % of income covered)	\$ _____ Max weekly benefit available (if the amount exceeds the plan max of \$1,000, enter \$1,000.)
<b>2 Calculate your cost per paycheck.</b>			
\$ _____ ÷ 10 = \$ _____ Your weekly benefit amount	x _____ Your rate	=	\$ _____ Your monthly cost

### Exclusions and limitations

#### Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by StaffScapes, Inc for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

#### Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

#### Definition of disability

You are considered disabled when Unum determines that, due to sickness or injury:

- You are limited from performing the material and substantial duties of your regular occupation; and
- You have a 20% or more loss in weekly earnings

You must be under the regular care of a physician in order to be considered disabled.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

"Substantial and material acts" means the important tasks, functions and operations generally required by employers from those engaged in your usual occupation that cannot be reasonably omitted or modified. Unless the policy specifies otherwise, as part of the disability claims evaluation process, Unum will evaluate your occupation based on how it is normally performed in the national economy, not how work is performed for a specific employer, at a specific location or in a specific region.

#### Pre-existing conditions

You have a pre-existing condition if:

- You received medical treatment, consultation, care or services including diagnostic measures for the condition, or took prescribed drugs or medicines for it in the 3 months just prior to your effective date of coverage; and
- The disability begins in the first 12 months after your effective date of coverage.

#### Deductible sources of income

Your disability benefit may be reduced by deductible sources of income and any earnings you have while you are disabled, including such items as group disability benefits or other amounts you receive or are entitled to receive:

- Workers' compensation or similar occupational benefit laws
- State compulsory benefit laws
- Automobile liability insurance policy
- Motor vehicle insurance policy or plan
- No fault motor vehicle plan
- Legal judgments and settlements
- Salary continuation or sick leave plans, if applicable
- Other group or association disability programs or insurance
- Social Security or similar governmental programs

### Exclusions and limitations

Your plan does not cover any disabilities caused by, contributed to by, or resulting from your:

- Occupational sickness or injury - however, Unum will cover disabilities due to occupational sicknesses or injuries for partner or sole proprietors who cannot be covered by a workers' compensation law
- Intentionally self-inflicted injuries while sane;
- Active participation in a riot;
- Loss of a professional license, occupational license or certification;
- Commission of a crime for which you have been convicted;
- Pre-existing conditions (See the disclosure section to learn more.)

Your plan will not cover a disability due to war, declared, or undeclared, or any act of war.

Unum will not pay a benefit for any period of disability during which you are incarcerated.

#### Termination of coverage

Your coverage under the policy ends on the earliest of the following:

- 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 except as provided under the covered layoff or leave of absence provision.

Unum will provide coverage for a payable claim that occurs while you are covered under the policy or plan.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al., or contact your Unum representative.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

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**Term Life and Accidental Death & Dismemberment (AD&D) Insurance** can provide money for your family if you die or are diagnosed with a terminal illness.

Employee Funded

### How does it work?

You choose the amount of coverage that's right for you, and you keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is also available, which pays a benefit if you survive an accident but have certain serious injuries. It pays an additional amount if you die from a covered accident.

### Why is this coverage so valuable?

If you initially purchased coverage, you can increase it up to \$100,000 to meet your growing needs—with no health questions or exams.

### What else is included?

#### A "Living" Benefit

If you are diagnosed with a terminal illness with less than 12 months to live, you can request 100% of your life insurance benefit (up to \$250,000) while you are still living. This amount will be taken out of the death benefit, and may be taxable.

#### Waiver of premium

Your cost may be waived if you are totally disabled for a period of time.

#### Portability

You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

### Who can get Term Life coverage?

If you are actively at work at least 30 hours per week, you may apply for coverage for:

You	Choose from \$10,000 to \$500,000 in \$10,000 increments, up to 5 times your earnings.  If you previously purchased coverage, you can increase it up to \$100,000, your guaranteed issue amount, with no health questions. If you previously declined coverage, you may have to answer some health questions.
Your Spouse	Get up to \$500,000 of coverage in \$5,000 increments. Spouse coverage cannot exceed 100% of the coverage amount you purchase for yourself.  If you previously purchased coverage for your spouse, they can increase their coverage up to \$25,000, their guaranteed issue amount, with no health questions or exams, if eligible (see delayed effective date). If you previously declined spouse coverage, some health questions may be required.
Your Children	Get up to \$10,000 of coverage in \$2,000 increments if eligible (see delayed effective date). One policy covers all of your children until their 19th birthday – or until their 26th birthday if they are full-time students.  The maximum benefit for children live birth to 6 months is \$1,000.

### Who can get Accidental Death & Dismemberment (AD&D) coverage?

You	Get up to \$500,000 of AD&D coverage for yourself in \$10,000 increments to a maximum of 5 times your earnings.
Your Spouse	Get up to \$500,000 of AD&D coverage for your spouse in \$5,000 increments, if eligible (see delayed effective date).
Your Children	Get up to \$10,000 of coverage for your children in \$2,000 increments if eligible (see delayed effective date).

No questions or health exams required for AD&D coverage. Delayed Effective Date: If your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

## How much coverage can I get?

### Calculate your costs

1. Enter the Term Life coverage amount you want.<sup>†</sup>
2. Divide by the amount shown.
3. Multiply by the rate. Use the Term Life rate table (at right) to find the rate based on age. (Choose the age you will be when your coverage becomes effective. To determine your spouse rate, choose the age the employee will be when coverage becomes effective. See your plan administrator for your plan effective date.)
4. Enter your monthly cost.

Term Life	1	2	3	4
Employee	\$_____,000	÷ \$10,000 = \$_____	X \$_____	= \$_____
Spouse	\$_____,000	÷ \$5,000 = \$_____	X \$_____	= \$_____
Child	\$_____,000	÷ \$2,000 = \$_____	X \$_____	= \$_____
Total cost				

Term Life monthly rate for employee			Spouse monthly rate	Child monthly rate
Age	Per \$10,000 of coverage		Per \$5,000 of coverage	\$0.700 per \$2,000 of coverage
	Tobacco <sup>††</sup>	Non-tobacco	Cost	
15-24	\$1.040	\$0.560	\$0.300	
25-29	\$1.040	\$0.560	\$0.360	
30-34	\$1.120	\$0.640	\$0.460	
35-39	\$1.600	\$0.880	\$0.660	
40-44	\$2.500	\$1.360	\$0.900	
45-49	\$4.400	\$2.400	\$1.480	
50-54	\$7.400	\$4.100	\$2.300	
55-59	\$13.000	\$7.200	\$3.500	
60-64	\$13.500	\$7.500	\$6.000	
65-69	\$23.000	\$13.500	\$10.000	
70-74	\$42.000	\$24.000	\$18.000	
75+	\$42.000	\$24.000	\$36.000	

1. Enter the AD&D coverage amount you want.<sup>†</sup>
2. Divide by the amount shown.
3. Multiply by the rate. Use the AD&D rate table (at right) to find the rate.
4. Enter your monthly cost.

AD&D	1	2	3	4
Employee	\$_____,000	÷ \$10,000 = \$_____	X \$0.400	= \$_____
Spouse	\$_____,000	÷ \$5,000 = \$_____	X \$0.200	= \$_____
Child	\$_____,000	÷ \$2,000 = \$_____	X \$0.060	= \$_____
Total cost				

AD&D monthly rates		
	Coverage amount	Rate
Employee	per \$10,000 of coverage	\$0.400
Spouse	per \$5,000 of coverage	\$0.200
Child	per \$2,000 of coverage	\$0.060

Billed amount may vary slightly.

<sup>†</sup> If you apply for coverage above the guaranteed issue amount, you will be asked health-related questions which may affect your ability to get the larger coverage amount. In order to purchase coverage for your dependents, you must buy coverage for yourself. Coverage amounts cannot exceed 100% of your coverage amounts. <sup>††</sup> A tobacco user is defined as anyone who currently uses or has used a tobacco product within the last 12 months.

## Exclusions and limitations

### Actively at work

Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence or lay off.

An unmarried handicapped dependent child who becomes handicapped prior to the child's attainment age of 26 may be eligible for benefits. Please see your plan administrator for details on eligibility.

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage. Spouses and dependents must live in the U.S. to receive coverage.

Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

### Exclusions and limitations

Life insurance benefits will not be paid for deaths caused by suicide occurring within 24 months after the effective date of coverage. The same applies for increased or additional benefits.

### AD&D specific exclusions and limitations:

Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body; diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- 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
- Committing or attempting to commit a crime under state or federal law
- 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 – "Being intoxicated" means your or your dependent's blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.

### Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Delayed Effective Date: If your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

### Age reduction

Coverage amounts for Life and AD&D Insurance for you and your dependents will reduce to 65% of the original amount when you reach age 65, and will reduce to 50% of the original amount when you reach age 70. Coverage may not be increased after a reduction.

### Termination of coverage

Your coverage and your dependents' coverage under the policy 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 actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage

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 a divorce or annulment
- For dependents, the date of your death

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

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.

Life Planning Financial & Legal Resources services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance.

Services are not valid after coverage terminates. Please contact your Unum representative for details.

Unum complies with state civil union and domestic partner laws when applicable.

### Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

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# StaffScapes

Human Resource Solution Center

## BayBridge/MetLife Accident & Critical Illness Plans

StaffScapes, Inc. has a sincere interest in the welfare of all employees and would like to introduce BayBridge'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?? Accident insurance 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? This 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 BayBridge -

- 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.**

## Group Accident Insurance

### 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
<b>Accident Medical Expense Benefit</b>			
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
<b>Accident Hospital Indemnity Benefit</b>			
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
<b>Ambulance Service Benefit</b>	Regular Ambulance / Air Ambulance		
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.	\$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

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

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.

**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

<b>Coverage Tier</b>	<b><i>Bronze Level</i></b>	<b><i>Silver Level</i></b>	<b><i>Gold Level</i></b>
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

Administered by:



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## Group Critical Illness Insurance

**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**

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### **Benefits**

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#### **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.



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**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   |
| • PSA (blood test for prostate cancer)      | • Colonoscopy                                    | or other Current Dental Terminology © Code D0431           |
| • Biopsy for Skin Cancer                    | • Hemocult stool analysis                        | • Serum cholesterol test to determine level of HDL and LDL |

**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            | • Loss of Vision, Speech or Hearing |
| • Stroke                  | • Severe Burns                      |
| • Invasive Cancer         | • Permanent Paralysis               |
| • Carcinoma in Situ       | • Occupational HIV                  |
| • Coma                    | • Alzheimer's Dementia              |
| • End-Stage Renal Failure | • 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.

## \$10,000 Group Critical Illness Insurance Rates

### 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

Administered by:



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## \$15,000 Group Critical Illness Insurance Rates

### 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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## SECTION 125 PLAN ELECTION FORM

Section 125 Plans provide an added benefit for employees who regularly have medical and childcare expenses while also reducing their income. Employees can deduct their insurance premiums pretax and set aside pretax funds to use toward qualified medical and dependent care expenses.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

DOB: \_\_\_\_\_ OR SSN: \_\_\_\_\_ Employer: \_\_\_\_\_

### Insurance Premium Pre-tax Election

Use this section during new hire *Initial Eligibility* and health plan open enrollment period

Please indicate which benefits you would like to have deducted on a pre-tax basis:

☐ Health Insurance

☐ Entire monthly employee paid contribution

### Flexible Spending Plan Election

Use this section for new hire *Initial Eligibility* or flexible spending plan open enrollment to begin in January

FSA's provide an added benefit to employees especially those that regularly have medical and childcare expenses. Section 125 Flexible Spending accounts can save employees money in federal, state and local taxes on items they already pay out-of-pocket. Any expenses paid under this plan must be eligible expenses as governed by Internal Revenue Service (IRS) regulations must be for services provided for me or a qualifying individual and must not be reimbursed from any other source. The reimbursements submitted must have been rendered during the plan year. For more information please refer to the Flexible Spending Account plan highlights or contact StaffScapes.

☐ Qualified Medical Expenses

\$ \_\_\_\_\_ per year (\$2500 per year max)

☐ Dependent Care

\$ \_\_\_\_\_ per year (\$5000 per year max)

\*Please note the annual amount elected will be calculated into a per paycheck deduction.

\*\* Any unreimbursed amount remaining in the FSA account at the end of the plan year will be forfeited.

I elect to reduce my salary by the benefit amount(s) shown below on a pre-tax basis for the purpose of participating in the flexible spending account plan. Furthermore, by signing below, I agree to the terms and conditions of the StaffScapes Salary Reduction Plan. My signature below indicates that I have read and understand that my election is effective as of the date below and continues in effect until the next annual election period. I also understand that by signing and submitting this enrollment form, I am making an irrevocable election for the current plan year unless I have a qualified event as defined by the IRS.

\_\_\_\_\_  
Employee Signature (required)

\_\_\_\_\_  
Date

1070 W 124<sup>th</sup> Ave., Suite 900, Westminster, CO 80234

Phone: (303) 466-7864 Fax: (303) 466-7947

## **Flexible Spending Account**

### **General Plan Information**

- Your plan year information is available through StaffScapes benefits department.
- Expenses must be incurred during the plan year and receipts must reflect actual Date of Services rendered.
- Each employee must use the amount in the flexible spending account by the end of the plan year, or lose it. The “use it or lose it” rule means that employees cannot take cash at the end of the year for amount not used.
- Funds remaining at the end of each plan year may not be rolled over to the next year. These funds will be used to offset expenses for the plan.
- 90 days are allowed beyond the end of the plan year to request reimbursement of any funds remaining in your account. **LATE CLAIMS WILL NOT BE CONSIDERED.** Mailed claims must be postmarked by the last day of the 90-day grace period to be accepted.
- Upon termination of employment, eligibility for the 125 plan also terminates. Reimbursements for expenses incurred during the time of employment may be requested through the 90 days following the termination date. You may be eligible to elect Flex COBRA in order to continue your Flex Plan. Please consult StaffScapes Benefits Department for further information.
- The opportunity to participate in the plan is given at the beginning of the plan year, or when you become eligible upon employment. It may not be changed during the plan year unless there is a qualifying event, per IRS regulations, such as the employee’s marriage or divorce, birth or adoption of a child of the employee, change in daycare provider, death of an employees spouse or dependent, termination or drastic change in hours of employment of the employee or the employee’s spouse.
- Because social security is now based on your reduced (adjusted) gross income, those benefits, when you become eligible for them, could be reduced.

### **Medical Expense Account Information**

- Only medical expenses may be reimbursed through the medical expense account.
- Out-of-pocket medical expenses include those services incurred by other family members (spouse and dependents) in addition to the participant.
- Medical expenses may not be reimbursed under any other plan.
- If utilizing the medical expense reimbursement through Flex, those dollars allocated cannot apply toward a medical deduction (7.5% of gross income) for your income taxes.
- The maximum allowed for the medical expense account is \$2,500.00 per year.
- Receipts are required for the medical expense account reimbursement. (If expenses are covered through your health plan, they should be submitted to your insurance carrier). You may attach an explanation of benefits statement from your insurance carrier, which shows the date(s) of service, etc. or a receipt. Please note that receipts must show the DATE OF SERVICE (with in the current plan year), DESCRIPTION OF SERVICE, AND PAYMENT FOR EACH SERVICE. Check copies alone are not acceptable.

### **Dependent Care Expense Account Information**

- Only dependent care expenses may be reimbursed through the dependent care expense account.
- Dependent care expenses include day care expenses for dependents under the age of 13 and/or care for the elderly. Expenses for dependent care are eligible if it allows you to work. The Dependent Care account can only be used for daycare or before/after-school care. Tuition for education beyond kindergarten is non-reimbursable, unless this is classified as a special need due to handicap.
- The Internal Revenue Service will require the Social Security Number and/or Tax Identification Number of all dependent care providers you have utilized throughout the year on your personal income tax form. (If not an institution, the day care provider may be a relative, but must be at least 19 years old and be reporting your expense as their income).
- IRS limits dependent care reimbursement to a maximum of \$5,000.00 yearly per family (or \$2,500.00 yearly if married and filing single).
- Receipts are required for Dependent Care Expense Account reimbursement. Any written statement showing dates of service, description of service, amount paid and provider's signature will be sufficient. Please note that the IRS will require the Tax Identification Number and/or social Security Number of all day care providers you have utilized throughout the year on your personal income tax form.

NOTE: It is wise to keep copies of all submitted paperwork for yourself in case any are lost in transit to StaffScapes, Inc. In most cases claims will be paid within one month of submission.

### **Qualified Events**

Employees can make changes to their plan elections, when certain "qualified" events occur. These changes must be made within 30 days of the qualified event. Some examples of a qualified event are:

- Marriage or Divorce
- Birth or adoption of a child
- Death of a spouse or child
- Start or termination of employment
- A change from part-time to full-time status
- A significant change in health coverage

These are just some examples of Qualified Events, and each participant's specific event must be reviewed to assure eligibility.

## **Expenses Reimbursable From a Flexible Spending Account**

Below is a listing of some of the expenses that are eligible to be reimbursed under a qualified Flexible Spending Account. This listing does not include all expenses so please contact StaffScapes to review your specific expenses and eligibility.

**Abortion Legal**

**Acupuncture**

**Alcoholism and drug abuse**

**Ambulance**

**Artificial limb**

**Artificial teeth**

**Birth control pills and devices**

**Braille books and magazines**

**Breast reduction** - medically necessary

**Car controls** - special equipment installed in a car for the use of a person with disabilities.

**Chiropractor**

**Christian Science practitioners**

**Contact lenses**

**Crutches**

**Deductibles & Co-pays**

**Dental treatment**

**Eyeglasses**

**Fertility** - Treatment of infertility

**Flu shots**

**Guide dog**

**Hearing aids**

**Hospital**

**Human guide**

**Impotence or sexual inadequacy**

**Insulin**

**Laboratory fees**

**Laser eye surgery**

**Lead-based paint removal**

**►► Massage Therapy ONLY with Dr. Diagnosis and prescription**

**Medical aids** - Medical aids such as false teeth, hearing aids, orthopedic shoes, crutches and elastic hosiery are reimbursable.

**Medical monitoring and testing devices**

**Medical records charges**

**Norplant insertion or removal**

**Orthodontia**

**Orthopedic shoes**

**Organ donor**

**Osteopath**

**Oxygen**

**Physical therapy**

**Pre-existing conditions** - Medical expenses not covered because of the plan's pre-existing condition limitation are reimbursable.

**Prescription drugs**

**Prescription sunglasses**

**Prosthesis**

**Psychiatric care**

**Psychoanalysis**

**Psychologist**

**Radial Keratotomy**

**Seeing-eye dog**

**►► Smoking cessation program (over-the-counter) with prescription**

**Sterilization**





## **Expenses Reimbursable From a Flexible Spending Account**

**Substance abuse**

**Telephone & Television** - Special equipment for a hearing-impaired person

**Transportation** - Can deduct 12 cents a mile for use of car to obtain medical care, and parking fees and tolls can also be deducted.

**Vaccines**

**Vasectomy**

**Vision care**

**Well baby care**

**Wheelchair**

**X-ray fees**

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**NOTE: THE FOLLOWING ITEMS ARE NOT ELIGIBLE FOR REIMBURSEMENT**

**►► Over-the-Counter Medications without prescription**

*Holistic & Natural Remedies*

*Contact Lens replacement Insurance*

*Cosmetic Surgery*

*Electrolysis & Hair Transplants*

*Over-the-Counter Vitamins*

*Funeral and burial expenses*

*Health club dues*

*Cosmetic dental work*

**►► Teeth whitening/bonding - Cosmetic**

*Exercise equipment*



## **Definition of Qualified Dependent Care Expenses**

1. Qualified Dependent Care Expenses generally are expenses which you incur with respect to a Qualified Dependent, which will enable you to be able to work for the Company.
2. Under the Dependent Care Assistance Plan, a person will be treated as your "Qualified Dependent" if the person is a member of your household and is either a dependent of yours who is under the age of 13, for whom you are entitled to an exemption on your personal Federal tax return, or the person is your spouse or your dependent and is physically or mentally incapable of caring for himself or herself.
3. Included within the category of Qualified Dependent Care Expenses are expenses for household services and expenses for the care of a Qualified Dependent which are incurred in order to enable you to be employed at the company. If the expenses are incurred for services performed outside of your household, they will only be treated as Qualified Dependent Care Expense if the Qualified Dependent on whose behalf the services are performed either is under the age of 13 or regularly spends at least eight (8) hours per day in your household.
4. Expenses incurred with respect to a day care center will be treated as a Qualified Dependent Care Expenses under the Dependent Care Assistance Plan only if the day care center (i) complies with all applicable state and local government laws and regulations, (ii) provides care for more than six (6) persons (other than persons who reside at the day care center), and (iii) receives a fee, payment or grant for providing services.
5. Expenses which are paid to related individuals may be reimbursed, subject to the following special limits. Under the Dependent Care Assistance Plan, no reimbursement will be made for any expense which would otherwise be a Qualified Dependent Care Expense if you pay such expense (i) to your child who is either under the age 19 or who is a full time student, or (ii) to any other person for whom you (or your spouse) is entitled to an exemption on your personal federal income tax return.
6. Expenses paid for sending a Qualified Dependent to overnight camp are not treated as Qualified Dependent Care Expenses.
7. The amount of Qualified Dependent Care Expenses will reduce, dollar-for-dollar, the amount of expenses which are otherwise eligible for the Federal dependent care credit on your federal income tax return.

**NOTE:** Both you and your spouse must be employed. Child care expenses will be reimbursed only after services are rendered.

## **Flexible Benefits Plan: Frequently Asked Questions**

### **What is Flexible Spending?**

It is a tax savings method of accumulating monies that you spend during the "Plan Year" on eligible expenses. The "Plan Year" is defined as a 12-month calendar year.

### **How will the Flexible Benefits Plan save tax dollars?**

The monies accumulated in your flexible spending account will not be reported as earned income. There will be no taxes on this money and the tax savings will appear as increased take home pay. See Example.

### **What happens to my Flex Dollars?**

Let's assume you'll spend \$5000.00 over a 52-week period for childcare (as in the prior example). Each week for 52 weeks we will credit your childcare account for \$96.15. On a monthly basis, you submit a receipt for paid childcare and we will send you a check for the amount of the receipt as long as services have been rendered and the amount does not exceed the balance in your Flexible Spending Account for childcare.

### **What if I have monies left in my account at the end of the plan Year?**

In the Tax Reform Act of 1986, the IRS ruled that eligible expenses may only be taken in the Plan Year and you must submit receipts for reimbursement. All receipts must be for services received after your enrollment date in the Cafeteria Plan. Only estimate eligible expenses that you feel you can supply receipts for in the Plan Year. If you do not supply receipts you will forfeit any monies in your account. All receipts must be dated prior to the end of the Plan Year (December 31st) and received prior to March 31st of the following year.

### **What about medical reimbursements?**

This is another way to create tax savings by flexing deductibles, examinations, office visits for medical, dental, vision and hearing. Please be sure to provide a copy of any applicable Explanation of Benefits (EOB) forms along with a corresponding receipt.

### **Will a Flexible Spending Account help me?**

Each individual and/or family situation is different - so you must examine your own financial picture. For most taxpayers the flexing of childcare and medical expenses will save tax dollars providing you actually incurred the expense and can furnish paid receipts.

### **If my employment is terminated, what happens to my Flexible Spending Account?**

Your plan year would then end as of your termination date, unless COBRA continuation is elected. If COBRA were not elected, no additional funds would be deposited to your account; however, you still may submit receipts for eligible expenses and receive your reimbursement for the Plan Year. Your receipts must be dated prior to the date of termination, and received within 90 days of that termination.

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Eric Villanueva  
Relationship Banker  
Vectra Bank Park Centre  
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IMPORTANT DISCLOSURES AND DETAILS ON REVERSE SIDE

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## Important Information on VectraWorks

1. **VectraWorks Eligibility:** VectraWorks participation is available to the employees of Vectra Bank Colorado business customers. Employment or payroll verification may be required at enrollment and upon fulfillment of promotional offers. In order to receive on-going announcements and VectraWorks specials a valid email address is required.
2. **\$150 Cash Bonus:** This offer is available to the primary account holder for new Advantage Checking, Anytime Checking, Anytime Interest Checking or Premium Interest Checking accounts opened between 09/01/2019 and 12/31/2019. To qualify for the bonus customer must: 1) meet VectraWorks eligibility requirements; AND 2) have a debit card and conduct 5 transactions monthly; AND 3) enroll in personal internet banking; AND 4) enroll in direct deposit; OR 5) enroll in Electronic Payments with at least one scheduled per month. All requirements must be met within 90 days of checking account opening. Once requirements are met, the bonus will be deposited into the personal checking account within 30 days of satisfying the last offer requirement. In the event of more than one personal checking account being present at the time of offer fulfillment, the bonus will be deposited into the account most recently opened. Limit of one (1) Bonus per customer. Minimum opening deposit of \$50 required and the bonus cannot be used as the opening deposit. If you close your account within 90 days of account opening, you will be charged a \$25 early closure fee. Accounts overdrawn or closed at the time of bonus fulfillment are not eligible for this offer. All tax liabilities, if any, associated with the benefits are the responsibility of the recipient, and the recipient may receive an IRS tax reporting statement that includes the approximate retail value of the benefits. If tax documentation including a valid W-9 or W-8 is not completed, the prize may be forfeited.
3. **\$400 Credit:** Subject to credit approval. Terms and conditions apply. Closing cost discount is only available for home purchases or refinancing through Vectra Residential Lending Group and will be in the form of a lender credit.
4. **Vectra Exclusive Checks:** Discounted check orders must be ordered through Vectra Bank to qualify. Checks can be ordered through a branch, Online Banking, or through Customer Service.
5. **Safe Deposit Boxes:** Availability varies by branch. Cannot be used in conjunction with other safe deposit box accounts.
6. **MyPHOTocard:** First image is free with myPHOTocard®. Subsequent images are \$5.00.
7. **Mobile Banking:** Mobile provider fees may apply. Personal Online Banking required.

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