

**Columbus County Government** is offering all full-time employees a comprehensive Cafeteria Benefits plan. The Cafeteria Benefits plan is being arranged by Mark III Brokerage, an employee benefits firm that has worked in the public sector since 1973. The Cafeteria Benefits plan allows you to pay for certain insurance premiums and unreimbursed medical expenses before taxes are taken out of your paycheck. Paying for these benefits in this method reduces your taxes and increases your take home pay.

- The Plan Year begins July 1, 2009 and ends June 30, 2010

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***This booklet highlights the benefits offered through your Employer for the current plan year. This is neither an Insurance Contract nor a Summary Plan Description and only the actual policy provisions will prevail. All information in this booklet including premiums are subject to change. All policy descriptions are for informational purposes only.***

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# CIGNA Access Plus Copay Health Plan

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**Effective Date: July 1, 2009**

## **BENEFIT HIGHLIGHTS**

### **In-Network**

### **Out-of-Network<sup>1</sup>**

(See "Outpatient Clinic Services" for "outpatient clinic" or "hospital-based" services.)

#### **Physician Office Visit**

Includes Office Surgery, allergy treatment, labs and if done in the physician's office. CT Scans, MRI's and PET Scans would be paid under Outpatient Services listed below.

Primary Care Provider	\$30 copay per visit	70% after deductible
Specialist	\$40 copay per visit	70% after deductible
Allergy treatments, labs and x-rays without an office visit charge	100% no deductible	70% after deductible

#### **Preventive Care- routine examinatinns and well-baby care- all locations<sup>2</sup>**

*Please refer to the Preventive Health Benefits Quick Reference Guide*

Primary Care Provider	100% no deductible	In-Network coverage only
Specialist	100% no deductible	In-Network coverage only
Pap Smears, Mammograms, and Prostate Specific Antigen Tests	100% no deductible	70% after deductible
Colonoscopy after age 50 one every ten years regardless of diagnosis	100% no deductible	70% after deductible

*If anesthesia is billed separately, contact CIGNA for 100% payment for in-network services*

<b>Urgent Care Centers</b> <b>includes all services rendered at Urgent Care</b>	\$40 copay per visit	\$40 copay per visit
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#### **Emergency Room Visit**

**If admitted inpatient benefits would apply and ER copay waived (if ER copay is billed, contact CIGNA)**

Emergency	\$150 copay per visit	\$150 copayment
Non-Emergency	70% after deductible	70% after deductible

#### **Inpatient Services**

Inpatient Hospital Facility & Hospital Based Services	80% after deductible	70% after deductible
Inpatient Medical Physician, Surgeon and Anesthesiologist	80% after deductible	70% after deductible
Inpatient Pathologist/Labs	80% after deductible	70% after deductible
Inpatient Mammograms	80% after deductible	70% after deductible
Inpatient X-rays, Ultrasounds and other low tech diagnostic tests	80% after deductible	70% after deductible
Inpatient CT Scans, MRI's, MRA's and PET Scans	80% after deductible	70% after deductible

	<b><u>In-Network</u></b>	<b><u>Out-of-Network<sup>1</sup></u></b>
Inpatient Chemotherapy and Dialysis	80% after deductible	70% after deductible

**Outpatient Services- other than, Emergency Room & Urgent Care Centers**

Outpatient Hospital Facility & Hospital Based Services	80% after deductible	70% after deductible
Outpatient Clinical Services	80% after deductible	70% after deductible
Outpatient Medical Physician, Surgeon and Anesthesiologist	80% after deductible	70% after deductible
Outpatient Pathologist/Labs	100% no deductible	70% after deductible
Outpatient Mammograms	100% no deductible	70% after deductible
Outpatient X-rays, Ultrasounds and other low tech diagnostic tests	80% no deductible	70% after deductible
Outpatient CT Scans, MRI's, MRA's and PET Scans	80% no deductible	70% after deductible

*Including the physician's office visit, contrast dyes billed separately will be paid under the Outpatient X-Rays*

Outpatient Chemotherapy and Dialysis	80% after deductible	70% after deductible
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**Ambulance**

Emergency	80% after deductible	80% after deductible
Non-Emergency	70% after deductible	70% after deductible

**Maternity**

*Maternity Delivery includes Prenatal and Post-delivery care regardless of place of service*

Hospital & Professional Services- Delivery	80% after deductible	70% after deductible
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**Diabetic Supplies**

Please refer to Diabetic Disease Management Outline

**Skilled Nursing Facility**

60 days per Contract Period	80% after deductible	70% after deductible
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**Rehabilitative Therapy- maximums apply to home, office and outpatient settings<sup>3</sup>**

Primary Care Provider	\$30 copayment per visit	70% after deductible
Specialist	\$40 copayment per visit	70% after deductible

**Home Health Care, Durable Medical Equipment<sup>4</sup> and Hospice Services**

	80% after deductible	70% after deductible
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**Transplants**

Performed at Lifesource Center (Hospital & Professional Services)	100% after deductible	70% after deductible
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Performed at Non-Lifesource Center (Hospital & Professional Services)	80% after deductible	70% after deductible
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**Infertility & Sexual Dysfunction Services- maximum of \$4000 per lifetime<sup>5</sup>**

Primary Care Provider	\$30 copayment	70% after deductible
Specialist	\$40 copayment	70% after deductible
Inpatient & Outpatient Facilities & Professional Services	80% after deductible	70% after deductible

	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Mental Health Services</b>		
Office	\$40 copayment	70% after deductible
Inpatient	80% after deductible	70% after deductible
Intensive Outpatient Mental Health (Maximum: up to 3 programs per contract year)	80% after \$50 per program copay & ded.	70% after \$50 per program copay & ded.
<b>Substance Abuse Services</b>		
Office	\$40 copayment	70% after deductible
Inpatient	80% after deductible	70% after deductible
Intensive Outpatient Substance Abuse Maximum: up to 3 programs per contract year)	80% after \$50 per program copay & ded.	70% after \$50 per program copay & ded.
<b>Lifetime Benefit Maximum</b>	Unlimited	Unlimited
<b>Annual Maximum- In &amp; Out-of-Network combined</b>	\$10,000,000	\$10,000,000
<b>Deductibles</b>		
Individual (per Contract Year)	\$750	\$1,500
Family (per Contract Year)	\$1,500	\$3,000
<b>Coinsurance Maximum</b>		
Individual (per Contract Year)	\$3,000	\$6,000
Family (per Contract Year)	\$6,000	\$12,000

**The Deductibles and Coinsurance Maximums noted above DO NOT apply to the services below:**

**Vision Care**

Comprehensive Eye Exam (Eye exam every 12 months) \$30 deductible per exam- any vision provider  
(No network applies to this benefit only)

Routine vision benefit includes one complete eye exam including basic vision screening and refraction. Expenses incurred for charges made for the purchase of eyeglasses, contact lenses (including fitting) and frames are excluded.

**Administered by Caremark**

**Prescription Drugs- Retail (up to 30 day supply)**

*Infertility Drugs up to \$5,000 Lifetime Maximum*

<b>Tier 1 (Generic)</b>	\$0 copayment	Copayment + charge over in-net work allowed amount
<b>Tier 2 (Preferred Brand)</b>	\$35 copayment	Copayment + charge over in-net work allowed amount
<b>Tier 3 (Brand)</b>	\$55 copayment	Copayment + charge over in-net work allowed amount
<b>Tier 4 (Specialty Brand)</b>	75 % coinsurance with a maximum of \$50 and a maximum of \$100	75 % coinsurance + with a minimum charge of \$50 + charge over in-network allowed amount

**Prescription Drugs- Mail Order Drug (MOD) - 90 day supply**

<b>Tier 1 (Generic)</b>	\$0 copayment	In-network coverage only
<b>Tier 2 (Preferred Brand)</b>	\$70 copayment	In-network coverage only
<b>Tier 3 (Brand)</b>	\$110 copayment	In-network coverage only
<b>Tier 4 (Specialty Brand)</b>	75% coinsurance with a minimum of \$100 and a maximum of \$300	In-network coverage only

**Over the Counter (OTC) Smoking Cessation Products** \$10 copayment

In order to receive coverage for these OTC products through your prescription benefit, obtain a written prescription from your physician. Provide your prescription information to the pharmacy and the pharmacist will be able to process the OTC product for coverage under the Tier 1 (Generic) benefit noted above. If the cost of the retail prescription is less than your generic copay, you will pay the full cost of the OTC product.

- <sup>1</sup>. Coinsurance for Out-of-Network is based on Maximum Reimbursable Charge
- <sup>2</sup>. Coverage for each member up to 24 months of age includes periodic assessments and immunizations. Benefits are limited to six well-baby visits for members through 12 months old and three well-child visits for members 13 months up to 24 months. For children and adults age 2 and older, coverage for one physician exam and related diagnosis services per contract year.
- <sup>3</sup>. Maximum visits per contract period (in and out of network): 30 visits for speech therapy; 30 visits for combined physical, occupational, and chiropractic visits; cardiac/pulmonary rehab, unlimited visits.
- <sup>4</sup>. For Durable Medical Equipment, please have your physician contact Apria (1-800-901-3566)/Unlimited visits.
- <sup>5</sup>. Infertility and Sexual Dysfunction Services- Coverage will be provided for the following services: Testing and treatment services performed in connection with an underlying medical condition. Testing performed specifically to determine the cause of infertility. Treatment and/or procedures performed specifically to restore fertility (e.g. procedures to correct an infertility)

**EXCLUSIONS-** What is not covered? (by way of example but not limited to):  
***Your plan provides coverage for medically necessary services. Your plan does not provide coverage for the following except as required by law:***

1. Care for health conditions that are required by state or local law to be treated in a public facility.
2. Care required by state or federal law to be supplied by a public school system or school district.
3. Care for military service disabilities treatable through governmental services if you are legally entitled to such treatment and facilities are reasonably available.
4. Treatment of an illness or injury which is due to war, declared or undeclared.
5. Charges for which you are not obligated to pay or for which you are not billed or would not have been billed except that you were covered under this Agreement.
6. Assistance in the activities of daily living, including but not limited to eating, bathing, dressing or other Custodial Services or self-care activities, homemaker services and services primarily for rest, domiciliary or convalescent care.

7. Any services and supplies for or in connection with experimental, investigational or unproven services. Experimental, investigational and unproven services are medical, surgical, diagnostic, psychiatric, substance abuse or other health care technologies, supplies, treatments, procedures, drug therapies or devices that are determined by the Healthplan Medical Director to be: Not demonstrated, through existing peer-reviewed, evidence-based scientific literature to be safe and effective for treating or diagnosing the condition or illness for which its use is proposed; or Not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed for the proposed use; or The subject of review or approval by an Institutional Review Board for the proposed use
8. Cosmetic Surgery and Therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance.
9. The following services are excluded from coverage regardless of clinical indications: Acupressure; Dance therapy, movement therapy; Applied kinesiology; Rolfing.
10. Dental treatment of the teeth, gums or structures directly supporting the teeth, including dental x-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition. However, charges made for services or supplies provided for or in connection with an accidental injury to sound natural teeth are covered provided a continuous course of dental treatment is started within 6 months of the accident. Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least 50% bony support and are functional in the arch.
11. Unless otherwise covered as a basic benefit, reports, evaluations, physical examinations, or hospitalization not required for health reasons, including but not limited to employment, insurance or government licenses, and court ordered, forensic, or custodial evaluations.
12. Court ordered treatment or hospitalization, unless such treatment is being sought by a Participating Physician
13. Infertility services, surgical or medical treatment programs for infertility, including in vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), variations of these procedures, and any costs associated with the collection, washing, preparation or storage of sperm for artificial insemination (including donor fees). Cryopreservation of donor sperm and eggs are also excluded from coverage.
14. Reversal of male and female voluntary sterilization procedures.
15. Transsexual surgery, including medical or psychological counseling and hormonal therapy in preparation for, or subsequent to, any such surgery.
16. Medical and hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under the Agreement.
17. Non-medical counseling or ancillary services, including, but not limited to Custodial Services, education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, hypnosis, sleep therapy, employment counseling, back school, return-to-work services, work hardening programs, driving safety, and services, training, educational therapy or other non-medical ancillary services for learning disabilities, developmental delays, autism or mental retardation.
18. Therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance, including, but not limited to routine, long-term or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.
19. Consumable medical supplies other than ostomy supplies and urinary catheters. Excluded supplies include, but are not limited to bandages and other disposable medical supplies, and skin preparations
20. Private hospital rooms and/or private duty nursing
21. Personal or comfort items such as personal care kits provided on admission to a hospital, television, telephone, newborn infant photographs, complimentary meals, birth announcements, and other articles which are not for the specific treatment of illness or injury.
22. Artificial aids, including but not limited to corrective orthopedic shoes, arch supports,

- elastic stockings, garter belts, corsets, dentures and wigs.
23. Hearing aids, including, but not limited to semi-implantable hearing devices, audiant bone conductors and Bone Anchored Hearing Aids (BAHAs). A hearing aid is any device that amplifies sound.
  24. Aids or devices that assist with non-verbal communications, including, but not limited to communication boards, pre-recorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
  25. Eyeglass lenses and frames and contact lenses (except for the first pair of contact lenses for treatment of keratoconus or post cataract surgery).
  26. Routine refraction, eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
  27. Treatment by acupuncture.
  28. All non-injectable prescription drugs, injectable prescription drugs that do not require physician supervision and are typically considered self-administered drugs, non-prescription drugs, and investigational and experimental drugs. Routine foot care, including the paring and removing of corns and calluses or trimming of nails. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.
  29. Membership costs or fees associated with health clubs, weight loss programs and smoking cessation programs. Genetic screening or pre-implantation genetic screening. General population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically-linked inheritable disease.
  30. Dental implants for any condition. Fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the Healthplan Medical Director's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
  31. Blood administration for the purpose of general improvement in physical condition. Cost of biologicals that are immunizations or medications for the purpose of travel, or to protect against occupational hazards and risks.
  32. Cosmetics, dietary supplements and health and beauty aids. All nutritional supplements and formulae are excluded, except for infant formula needed for the treatment of inborn errors of metabolism.
  33. Services for or in connection with an injury or illness arising out of, or in the course of, any employment for wage or profit.
  34. Telephone, e-mail & Internet consultations and telemedicine.
  35. Massage Therapy
  36. Cognitive Therapy

**Monthly Rates**

Employee	\$510.36	<b>(County pays \$510.36)</b>
Employee & Spouse	\$1,051.34	<b>(County pays \$510.36)</b>
Employee & Children	\$969.66	<b>(County pays \$510.36)</b>
Employee & Family	\$1,229.96	<b>(County pays \$510.36)</b>

**FOR CLAIMS/CUSTOMER SERVICE, PLEASE CALL: 866.622.2288**

**website address: [www.cigna.com](http://www.cigna.com)**





*Covering the counties that cover our state.*

## Preventive Health Benefits Wellness Exams & Immunizations

	<b>Birth to 2 years</b>	<b>Ages 3 to 10</b>	<b>Ages 11 to 18</b>	<b>Ages 19 and older</b>
Well-baby/Well-child/ Well-person exams	Birth, 1, 2, 4, 6, 9, 12, 15, 18, & 24 months. Additional visit at 2-4 days for infants discharged less than 48 hours after delivery	Once a year for children ages 3-5 & every 2 years for children ages 6-10	Once a year	Periodic visits, depending on your age
Diphtheria, tetanus, and acellular pertussis (DTaP)	2, 4, & 6 months & between 15 & 18 months	Between ages 4 & 6	Tetanus - diphtheria - acellular pertussis (Tdap) given once, ages 11-64	Tetanus - diphtheria (Td) every 10 years; Tdap given once, ages 11-64
Haemophilus influenzae b (Hib)	2, 4, & 6 months & between 12 & 15 months			
Hepatitis A	Between 12 & 23 months			May be required for persons at risk
Hepatitis B virus (HBV)	At birth, 1-4 months & 6-8 months	Between ages 3 & 10 if not previously immunized	Between ages 11 & 18 if not previously immunized	May be required for persons at risk
HPV (Gardasil)		Girls 9 -10, as your doctor advises	Girls and women ages 11 - 12, catch up ages 13 -26	Catch up, women through age 26
Influenza vaccine	Annually between 6 & 23 months			Ages 19 & 49, as your doctor advises; age 50 & older, annually
Measles-mumps-rubella (MMR)	Between 12 & 15 months	Between ages 4 & 6 or 11 & 12 if not given earlier	If not already immune	Rubella (German measles) women of childbearing age if not immune
Meningococcal (MCV4)			Between ages 11-12 or prior to high school (age 15); college freshman living in dorms	
Pneumococcal conjugate (PCV) pneumonia	2, 4 & 6 months & between 12 & 16 months			Age 65 & older, once (or younger than 65 for those with risk factors)
Poliovirus (IPV)	2 & 4 months & between 6 & 18 months	Between ages 4 & 6		
Rotavirus (RotaTeq)	2, 4 & 6 months			

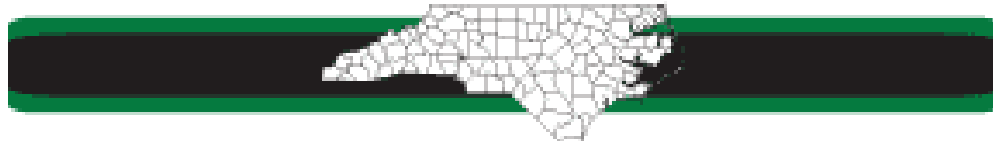
	Birth to 2 years	Ages 3 to 10	Ages 11 to 18	Ages 19 and older
Varicella (chickenpox)	Between 12 & 15 months	Between ages 4 & 6	Second dose catch up or if no evidence of prior immunization or chickenpox	Second dose catch up or if no evidence of prior immunization or chickenpox
Zoster				Age 60+
<b>Screenings</b>				
Blood pressure		At each visit	Once a year	Every 2 years or as your doctor advises
Cholesterol		Selective screening of children at risk due to family history		Complete lipoprotein profile, fasting non-fasting at ages 20 & older, every 5 years
Colon Cancer				Colorectal cancer screening at ages 50 and older: <ul style="list-style-type: none"> <li>• Sigmoidoscopy once every 5 years</li> <li>• Colonoscopy once every 10 years</li> <li>• Fecal occult blood test annual</li> <li>• Barium enema once every 5 years</li> </ul>
Diabetes				45 & older, or if history of risk factor, every 3 years
Fluoride	Evaluate for sufficient fluoride in drinking water			
Hearing	Newborn & as doctor advises	4, 5, 6, 8, & 10 or as doctor advises	12, 15 & 18 or as doctor advises	65 & older or as your doctor advises
Hemoglobin or hematocrit			Once a year for females after menarche	
PSA				Once a year for men 50+ or any age with risk factors
Size measurements	Weight, length & head circumference at each visit	Height and weight at each visit	Height and weight once a year	Height and weight periodically, include BMI
Ultrasound AAA				Men 65-75 who have ever smoked
Vision		3, 4, 5, 6, 8 & 10 or as doctor advises	12, 15 & 18 or as doctor advises	By Snellen chart ages 65 & older, as often as your doctor advises

<b>WOMEN'S HEALTH</b>	
	<b>Ages 19 and older</b>
Chlamydia	Sexually active females under age 25
Mammogram	Women ages 40 & older, annually
Osteoporosis	Age 65 or older (or at 60 for women at risk)
Pap Test	Women ages 19-64 at least every 3 years

For additional information on what is covered by your plan, please review your Summary of Benefits. This summary contains highlights only. The specific terms of coverage, exclusions and limitations, including legislated benefits, are included in the Summary Plan Description or Insurance certificate.

These preventive health benefits are based on recommendations from the Advisory Committee on Immunization Practices, U.S. and other nationally recognized authorities. This document is a general guide. Always discuss your preventive care needs with your doctor.

# COUNTY HEALTH PLAN



*Covering the counties that cover our state.*

## THE COUNTY HEALTH PLAN COVERAGE FOR DIABETES DISEASE MANAGEMENT

	CIGNA	CAREMARK
<b>WHAT IS OFFERED</b>	<b>1-866-622-2288</b>	<b>1-866-209-6409</b>
<b>RN Guidance</b>	RN: Access to a personal, experienced registered nurse to call for guidance and support	
<b>Newsletter &amp; Mailings</b>	Newsletter & Mailings: Diabetes Outlook, a personal workbook to keep important medical dates; a record of symptoms and self-care guidelines; educational mailings; reminders of important screenings, test and exams, including Hemoglobin A1C tests, cholesterol screenings, retinal eye exams and foot exams.	
<b>Diabetic Supplies</b>		<b>At IN-NETWORK RETAIL &amp; MAIL ORDER:</b> Testing strips, lancets, needles and syringes will be covered with no deductible and in-network co-insurance.
<b>Glucose Meters</b>		One touch and Accu-check version are no-charge if you fill a new RX for strips at a 90 days supply. The manufacturer will send you a "coupon" for a free meter.
<b>Insulin Pumps</b>	The insulin pumps are covered under the medical plan and subject to the deductible and coinsurance. Benefits are paid as Durable Medical Equipment.	
<b>Insulin Pump Supplies</b>	Insulin supplies like batteries, cannulas, and reservoirs are covered at 100%, no deductible. Benefits are paid as Consumable Medical Supplies.	
<b>Insulin</b>		Covered at the pharmacy for a co-pay, available for a 90 day supply by mail order

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# Ameritas Dental

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**Effective Date: July 1, 2009**

**LIFETIME DEDUCTIBLE- \$100 for Basic Procedures (Type II) & Major Procedures (Type III)**- The deductible is applicable once per lifetime on the dental plan for each covered employee and dependent.

**Type I - PREVENTIVE AND DIAGNOSTIC** - Type I benefits are payable at 100% U & C\*. No deductible applies.

Evaluations (Two per benefit period)	Space Maintainers
Cleanings (Two per benefit period)	Radiographs (X-rays)
Fluoride for Children (Under age 19)	Bitewings x-rays (Two per benefit period)

**Type II - BASIC PROCEDURES** - Type II benefits are payable at 80% U & C\*. \$100.00 deductible applies.

Sealants (under 17)	Oral Surgery - Complex Extractions
Limited Exams	Anesthesia
Oral Surgery - Simple Extractions	Denture Repair
Restorative Amalgam & Resin	

**Type III- MAJOR PROCEDURES** - Type III benefits are payable at 50% U & C\*. \$100.00 deductible applies.

Endodontics- Root Canal	Restorative - Crowns
Prosthodontics - Fixed Pontics or Abutment	Prosthodontics
Prosthodontics- Removable Dentures, Partial	Periodontics- Gum Disease
Crown Repair	

**ORTHODONTIA - ADULT & CHILDREN** (up to age 19) - Paid at 50% U & C\* with a \$1,000 lifetime maximum. No deductible applies.

## **ANNUAL MAXIMUM BENEFIT**

- Type I (Preventive), Type II (Basic), and Type III (Major) Procedures - \$1,000 per calendar year per person.
- Orthodontia Procedures - \$1,000 Lifetime per person.

## **\*Usual & Customary**

## **DENTAL EXCLUSIONS (DEFERMENT PERIOD)**

During the first 36 months following your or your dependent's dental coverage effective date, the initial placement of dentures, partial dentures, or bridges, if it includes the replacement of teeth all of which are missing prior to the effective date. (For currently covered insureds, Ameritas will use the employees date of hire to deter-

mine the 36 month period.) This exclusion will not apply if the prosthesis replaces a sound natural tooth which is extracted while the patient is insured under this dental coverage and which is replaced within 12 months of the extraction. During the first 36 months of coverage, the replacement of bridges, partial dentures, dentures, inlays or crowns is excluded. **Exceptions** to this exclusion will be made if the replacement is made necessary by: a) accidental bodily injury to sound natural teeth (chewing injuries are not considered accidental bodily injuries), or b) the extraction of a sound natural tooth provided the replacement is completed within 12 months of the date of the injury or extraction.

### **ELIGIBLE EMPLOYEES**

You are eligible for insurance if you are a full-time active employee working at least 30 hours per week.

### **ELIGIBLE DEPENDENTS**

Provides coverage on:

- your spouse
- children up to age 19 and unmarried (up to age 25 if wholly dependent upon you for maintenance and support and if enrolled as a full-time student in an accredited school or college.)

### **PREDETERMINATION OF BENEFITS**

A treatment plan may be filed if a proposed course of treatment will exceed \$200.00. With this information, Ameritas can determine the benefits payable under this policy prior to the work actually being done. It will give the insured the amount payable, along with an idea of the out of pocket expense.

### **COORDINATION OF BENEFITS**

If you or any of your dependents incur charges which are covered by any other group plan, the benefits of this plan will be coordinated with the benefits of the other plan so that the total benefits received are not greater than the charges incurred.

### **CERTIFICATE OF INSURANCE**

The certificate of insurance issued to you describes in detail the benefits and limitations of this plan. This brochure is for general information only.

### **SECTION 125**

This policy is provided as part of the policyholder's section 125 plan. Each member has the option under the section 125 plan of participating or not participating in this policy. A member may change their election only during an annual election period, except for a change in family status. Examples of such events would be marriage, divorce, birth of a child, death of a spouse or child or termination of employment. Please see your plan administrator for details.

**ORTHODONTIA LIMITATIONS-** (This is not a complete list)

No benefit is payable for expenses incurred:

- In connection with a Treatment Program which was begun before the individual became insured for orthodontic benefits.
- During any quarter of a Treatment Program if the individual was not continuously insured for orthodontic benefits for the entire quarter.
- After the individual's insurance for orthodontic benefits terminates.

**LIMITATIONS/EXCLUSIONS**

(This is not a complete List)

- For any treatment which is for cosmetic purposes. Facings on crowns or pontics behind the 2nd bicuspid are considered cosmetic.
- Charges incurred prior to the date the individual became insured under this plan, or following the date of termination of coverage.
- Services which are not recommended by a dentist or which are not required for necessary care and treatment.
- Expenses incurred to replace lost or stolen appliances.
- Expenses incurred by an insured because of a sickness for which he /she is eligible for benefits under Worker's Compensation Act or similar laws.

**LATE ENTRANT**

If you do not elect to participate in the dental program when first eligible, you will be considered a Late Entrant and you must wait 12 months for most benefits. For a Late Entrant, benefits will be limited to **exams, cleanings, and child fluoride treatments**. The late entrant provision is waived if the employee comes on the plan as a result of a qualifying event.

**Monthly Rates**

Employee	\$24.16
Employee + Spouse	\$48.28
Employee + Children	\$56.68
Employee + Family	\$80.80

For Claims/Customer Service call Ameritas: **800-487-5553**  
 Website: **www.ameritasgroup.com**



This insurance is underwritten by Ameritas Life Insurance Corp.

## **Cancer Can Affect Anyone**

### **Statistics Predict:**

- Cancer will strike one in every two men and one in every three women in the U.S.\*
- One out of eight women will develop breast cancer in her lifetime\*.
- One out of every six men will develop prostate cancer\*.
- The number of people with cancer will double in this decade\*\*.

### **Are you prepared for the cost of cancer?**

Your medical insurance covers most of the direct charges such as hospital and physicians' bills, but may not cover these indirect costs:

- Loss of wages while caring for a family member
- Loss of wages while you receive treatment
- Everyday living expenses and bills
- Childcare
- Home health care expenses
- Transportation for non-local or specialized treatment centers
- Experimental treatment
- Meals eaten out, fast food for family at home
- Lodging during non-local treatment

In fact, non-medical costs account for 67 percent of all costs associated with cancer\*. Many Americans find themselves financially strapped as the result of the battle against cancer or a specified disease, even with medical insurance.

***THIS CANCER PLAN* is designed to create a source of extra cash that will help you and your family cope during the battle against cancer or a specified disease.**

### **Extra cash when you need it. Here's how it works:**

- We provide cash benefits to you.
- You use the money to meet your needs - loss of income, house and car payments, transportation for treatment, other bills, etc. These non-medical expenses of cancer may not be covered by your major medical insurance.

### **Plus, you get these unique features:**

- Guaranteed renewable for life. You can't lose your coverage, as long as you continue to pay your premiums.
- Cash benefits paid to you regardless of any other medical insurance plan
- Coverage is portable. Employees can keep the coverage if they change jobs.

### **Selected benefits paying cash to you:**

- Cancer Screening Tests
- Chemotherapy, Radiation, Immunotherapy, or Radioactive Isotopes Therapy
- Experimental Treatment
- Individual/Family Transportation and Lodging

\*Cancer Facts & Figures, American Cancer Society, 2001.

\*\*Report from the American Hospital Administration.

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## ***Assurity Cancer & Hospital Admission Rider***

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***Effective Date: July 1, 2009***

Policy availability, rates and provisions may vary by state. This policy contains limitations and exclusions. For more detailed and complete information, please contact Assurity Life Insurance Company and ask to review the policy contract.

### **BASIC BENEFITS**

Provides benefits caused by cancer and certain other specified diseases for the employee, spouse and covered children with continuous benefit and premium policy for life. The Family Rider allows for the addition of family members to the employee's policy.

### **RATE STRUCTURE**

Unisex Rates; Employee Issue Ages: 18-69, Family: Up to Age 69 on spouse and 25 on children if a full-time student in an accredited school. Issue Age is age of last birthday on the day policy is issued.

### **PRE-EXISTING CONDITIONS**

Assurity will not pay any benefits for loss caused by a pre-existing condition during the first two years (**one year in NC** and SC) following the Issue Date. Loss due to such conditions will be payable unless specifically excluded from coverage after this two year (**one year in NC** and SC) period.

A pre-existing condition is defined as cancer or a specified disease which first manifests itself within five years (**two years in NC**) prior to the issue date for each insured. Conditions which are fully disclosed to Assurity on the application and are not excluded or limited by Assurity are not considered pre-existing conditions. In GA, the policy does not contain a definition for pre-existing condition. In NC, pre-existing conditions for insureds age 65 or older shall include only conditions specifically excluded by rider.

### **ISSUE AGE**

The Assurity cancer policy is available for persons ages 18-69, including spouses. The issue age of children is 15 days through 18 years of age. The coverage is continued up to age 25 if the child is a fulltime student in an accredited school.

**Policy will pay the following specified benefits based on policy provisions:**

### **Hospital Indemnity**

Assurity will pay you benefits for each day while the Insured is confined in the hospital for cancer or certain other specified diseases for the first 75 days of each period of confinement. There are three options for the daily benefit amount: \$150, \$250, and \$350.

### **Prescription Drugs and Medicines**

Assurity will pay the actual charges, up to 25% of the Daily Hospital Confinement benefit shown on the policy schedule per day for the hospital charges for the prescribed drugs and medicines taken during hospital confinement for an insured person. This benefit is limited to the first 75 days for each period of confinement.

### **Surgical Benefit**

Assurity will pay up to \$7,500 for the actual charges made by a surgeon for a surgery in or out of a hospital up to the maximum amount shown in the Surgical Benefits Schedule. For operations not listed, a comparable reasonable benefit will be paid. Surgical procedures performed through the same incision or in the same body opening will be considered one operation.

### **Anesthesia**

Assurity will pay up to 25% of the amount payable under the Surgical Benefit for the administration of an anesthetic for an insured person. This amount does not apply to skin cancer operations. Assurity will pay the actual charges up to \$50 per skin cancer operation.

### **Additional Surgical Opinions**

Assurity will pay up to \$150 for a second opinion. If the second opinion differs from the first, pays up to \$150 for a third opinion.

### **Artificial Limb and Prosthesis**

The policy pays actual charges for artificial limb or reconstructive procedure to affix or implant it up to a 2,000 lifetime maximum per Insured.

### **Attending Physician**

The policy pays actual charges up to \$35 per day for in-hospital physician's visits, other than surgeon charges.

### **Private Duty Nurse**

The policy pays actual charges up to \$150 per day while confined in the hospital when authorized by a physician when a Private Nurse is required.

### **Radiation, Radio-Active Isotopes Therapy, Chemotherapy or Immunotherapy**

Assurity will pay 50% of the actual charges up to the monthly maximum and lifetime maximum shown in the Policy Schedule for the following treatment techniques, provided they are used for the purpose of modification or destruction of cancerous tissue. Benefits will also be provided for immunotherapy when used for treatment of covered specified diseases. •teleradio therapy using either natural or artificial propagated radiation. This includes actual charges for radiation treatment delivery only. It does not include charges for clinical treatment planning, clinical treatment management, medical radiation physics, dosiMetry, treatment devices or special services; •interstitial or intracavity application of radium or radioisotopes in sealed or non-sealed sources;

•chemical substances and their administration including hormonal therapy. This includes the actual charges for only those chemical substances which modify or destroy cancerous tissue, and does not include other drugs or medicines given in conjunction with this treatment; •antigenic preparations of immunosuppressive techniques.

### **Experimental Treatment**

Assurity pays the actual charges incurred up to \$25,000 per calendar year for experimental treatment, except for experimental bone marrow transplants for an insured person. This benefit is in lieu of all other benefits under this policy for the same treatment.

### **Physical and Speech Therapy**

The policy pays the actual charges up to \$25 per therapy session up to a lifetime maximum of \$1,000.

### **Extended Care Facility**

The policy pays up to \$60 per day for confinement in an extended care facility. Confinement must be recommended by a physician and begin within 14 days following a covered hospital stay. Benefits are limited to the number of days of the prior hospital confinement.

### **Bone Marrow Transplant for Cancer**

The policy pays actual charges up to a lifetime maximum of \$25,000 for bone marrow transplants or other forms of stem cell rescue and all related services or supplies. This benefit is payable in lieu of any other benefits payable under this policy, except Transportation and Lodging for Bone Marrow Donors.

### **Transportation and Lodging for Bone Marrow Donors**

The policy pays (a) actual charges up to \$2,500 for medical expenses for a donor when directly related to such a transplant, (b) pays actual charges for a round trip coach fare on a common carrier or a personal automobile allowance of 50 cents per mile in excess of 50 miles one-way to the city where the transplant is performed, up to 700 miles round trip, and (c) pays actual charges up to \$50 per day for lodging and meal expenses when donor stays at a hotel, motel or other accommodations acceptable to Assurity when the donor is asked to remain near the hospital. This payment is in lieu of any other benefit payable under this policy when the donor is a person insured under this policy.

### **Transportation for Non-local Treatment Which Requires Hospital Confinement**

For covered treatment, the policy pays (a) actual charges for non-local round trip charges by common carrier to the nearest hospital that provides the prescribed treatment or (b) 50 cents per mile for personal automobile expenses in excess of 50 miles one way, up to 700 miles round trip. Transportation benefits will not be paid for periodic checkups or when receiving non-covered treatments.

### **Transportation and Lodging for Non-local Treatment Which Does Not Require Hospital Confinement**

For non-local covered treatment prescribed by the attending physician as medically necessary which is not available locally, Assurity will pay for an insured person:

- the actual charges for round trip coach fare on a common carrier to the facility that provides the prescribed treatment or 50 cents per mile for personal automobile expense in excess of 50 miles one way, not to exceed 700 miles round trip up to a maximum of \$1,500 per calendar year. Mileage will be measured from the insured person's residence to the nearest facility where the treatment is administered; and
- the actual charges up to \$50 per day for lodging and meal expenses incurred by an insured person when staying at a hotel, motel or other accommodations acceptable to Assurity. Benefits will be paid up to the number of days covered treatment is received.

### **Adult Companion Transportation and Lodging**

The policy pays the following expenses for one adult companion to be near the insured when the insured is confined in a nonlocal hospital for specialized covered treatment (a) up to a maximum of \$1,500 per calendar year for actual charges for non-local round trip coach fare by a common carrier to the nearest hospital that provides the prescribed treatment or 50 cents per mile for personal automobile expenses in excess of 50 miles one-way, up to 700 miles round trip and (b) pays actual charges up to \$50 per day for lodging and meal expenses when staying at a hotel, motel or other accommodation acceptable to Assurity, limited to the number of days of each confinement.

### **Outpatient Positive Diagnostic Test**

Assurity will pay up to \$250 for the actual charges incurred for the diagnostic test that leads to a positive diagnosis within 90 days of such test for an insured person. This benefit is not payable if the same cancer or specified disease recurs.

### **Outpatient Surgery Benefit**

Assurity will pay a benefit equal to the Daily Hospital Confinement benefit shown on the policy schedule for outpatient surgery in a hospital or ambulatory surgical center for an insured person. This benefit is not payable for surgery in a physician's office or clinic, and is not available for skin cancer treatment.

### **Skin Cancer**

The policy pays up to \$150 for actual charges for the removal of skin cancer when diagnosis is made by a physician, other than a legally qualified pathologist.

### **Ambulance**

The policy pays actual charges up to \$75 per trip to transfer an insured person to the hospital for confinement as an inpatient.

### **Hospice Care**

Assurity will pay the actual charges up to \$100 per day for care provided by a Hospice if the insured person has been diagnosed as terminally ill. This benefit is payable for confinement in a Hospice care center, including centers that are in designated areas of a Hospital, or in the insured person's home, limited to a policy maximum of \$7,500.

### **Government or Charity Hospital**

The policy pays \$200 per day for confinement in a government or charity hospital. Payment of this benefit is in lieu of all other policy benefits.

### **Blood and Blood Plasma**

The policy pays the actual charges for blood, blood plasma and platelets. Policy does not pay for blood that is donated or replaced.

### **Breast Cancer/Breast Reconstruction/Breast Prosthesis**

The policy pays a benefit equal to the daily hospital confinement benefit for a minimum of 48 hours of inpatient care following a mastectomy and for a minimum of 24 hours of inpatient care following a lymph node dissection for the treatment of breast cancer. Lifetime maximum of \$2,500 per breast. Assurity will pay the actual charges incurred for an external breast prosthesis or an internal breast prosthesis and the surgeon's fee for implantation for an insured person. For natural tissue breast reconstruction surgery, Assurity will pay the actual charges incurred with a lifetime maximum of \$2,500 per breast. Assurity will pay the actual charges for reconstructive surgery and any adjustments made to the nondiseased breast if performed within 24 months (five years in TN) of reconstruction of the diseased breast for an Insured Person.

### **Hairpiece Benefit**

The policy pays a one-time benefit of up to \$150 for a hairpiece when hair loss is a result of cancer treatment.

### **Cancer (Wellness) Screening Tests**

The policy pays the amount charged up to \$100 per calendar year for cancer screening test. Tests covered are:

- Mammography Screening
- Pap Smear (test only)
- CA125 (blood test for ovarian cancer)
- PSA (blood test for prostate cancer)
- Hemocult Stool Specimen
- Flexible Sigmoidoscopy
- CEA (blood test for colon cancer)
- Colonoscopy
- Chest X-ray
- Thermography
- Serum Protein Electrophoresis

### **Wellness Claims**

An employee can file a wellness claim by fax, call-in or mail. Employees can call Assurity to get a wellness claim form or download one from [www.markiibrokerage.com/columbuscountync](http://www.markiibrokerage.com/columbuscountync). Employees can also call in their wellness claim at (888)-358-8808 ext. 23. The call in service requires all the information on the wellness claim form. The wellness claim form must include the name and phone number of your physician. All claims are subject to verification.

### **Home Health Care Services**

When services are provided by a licensed Home Health Care Agency, when prescribed by a physician, policy pays (a) up to \$60 per day for services provided at home, not to exceed 180 days per calendar year, (b) up to \$100 per day for Private Duty Nursing, not to exceed 15 days per calendar year, and (c) pays actual charges for a physician's visit up to \$40 per day not to exceed 15 days per calendar year. Care cannot be provided by a relative. This benefit is in lieu of all other benefits.

### **Rental or Purchase of Durable Medical Equipment**

The policy pays the actual charges up to \$1,000 per calendar year for purchase or rental of (a) a respirator or similar medical device, (b) brace, (c) crutches, (d) hospital bed or (e) wheel chair.

### **Professional Mental Health Consultation**

The policy pays actual charges up to \$50 per session not to exceed a lifetime maximum of \$250, when receiving treatment for cancer or a specified disease for which benefits are payable.

### **Extended Benefits**

If a covered hospital confinement lasts for more than 75 consecutive days, policy pays usual and customary charges for hospital room and board, medicines, lab tests and other medically necessary hospital charges, up to \$1,000 per day beginning on the 76th day. Payable after the 75th day in lieu of all other policy benefits for the same time period.

### **Waiver of Premium**

If while this policy is in force and before an insured person turns age 65, he or she becomes disabled due to cancer or a specified disease (as indicated on the Policy Schedule), and is receiving treatment for such cancer or specified disease for which benefits are payable under this policy and remains disabled for 90 consecutive days, Assurity will waive premiums starting with the first renewal premium following the 90-day period of disability. Assurity will waive premiums for as long as the insured person remains disabled. Premiums waived will be in accordance with the mode of payment in effect when treatment began.

### **Specified Disease Benefits**

The benefits of the policy will be extended to pay for the loss that results from the following specified diseases:

Addison's Disease	Myasthenia Gravis
Botulism	Osteomyelitis
Brucellosis	Polio
Budd-Chiari Syndrome	Q Fever
Cystic Fibrosis	Reye's Syndrome
Diphtheria	Rheumatic Fever
Encephalitis	Rocky Mountain Spotted Fever
Histoplasmosis	Sickle Cell Anemia
Legionnaires' Disease	Tay-Sachs Disease
Lou Gehrig's Disease	Tetanus
Lupus Erythematosus	Trichinosis

Malaria  
 Meningitis  
 Multiple Sclerosis  
 Muscular Dystrophy

Toxic Shock Syndrome  
 Tuberculosis  
 Typhoid Fever  
 Whooping Cough

**Cancer or other Specified Disease Claims**

You may file a claim for cancer or specified diseases by completing an Assurity Claim Form. Please make sure to include all pertinent information as stated on the form. You can obtain a claim form by contacting Assurity, or by downloading one from [www.markiibrokerage.com/columbuscountync](http://www.markiibrokerage.com/columbuscountync). Should you have any questions on how to file or submit a claim or regarding the Assurity Cancer Plan, please call (888) 358-8808 ext. 23.

**OPTIONAL RIDERS**

**Intensive Care Rider – pays a \$300 or \$600** daily benefit if an insured person is confined to a Hospital’s Intensive Care Unit, up to a maximum of 20 days per period of confinement.

**Internal Cancer First Occurrence Rider -- pays \$2,500 or \$5,000** the first time an insured is diagnosed as having internal cancer.

**First Hospital Admission Rider (AAW-DR236)** - This rider pays the benefit amount for an Insured Person’s First Hospital Confinement according to the schedule below. The benefit amount will be the amount next to the total number of days of the hospital confinement. Benefits for the rider will be limited to the First Hospital Confinement each policy year for each insured. (This includes one continuous Hospital Confinement or several Hospital Confinements for the same or a related cause, which are separated by no more than 90 days from the date of discharge.) This benefit amount is not a cumulative benefit and will not exceed \$5,000 for each Insured for each policy year.

<b>Total Days of First Hospital Confinement</b>	<b>Benefit Amount</b>
One Day	\$ 500.00
Two Days	\$1,000.00
Three Days	\$2,000.00
Four Days	\$3,000.00
Five Days	\$4,000.00
Six Days	\$5,000.00

*\*This rider is fully underwritten\**

**First Hospital Admission Rider - *cost of rider must be added to Cancer premiums.***

<b><u>Insured</u></b>	<b><u>Monthly Premium</u></b>
Employee	\$15.00
Employee & Spouse	\$30.00
Employee & Children	\$22.50
Employee & Family	\$37.50

## **LIMITATIONS AND EXCLUSIONS**

### **30-Day Waiting Period**

There is a 30-day waiting period during which no benefits will be paid during the first 30 days. Covered losses which manifest after the issue date will be payable starting on the 31st day.

### **Exclusions**

Assurity will not pay any Benefits for loss caused by or resulting from:

1. Injuries;
2. Sickness, illness or bodily infirmity resulting from anything other than Cancer or Specified Disease;
3. Any sickness, illness, bodily infirmity or incapacity that has been caused, complicated, worsened, or affected by cancer or a specified disease or as a result of cancer or specified disease treatment (not applicable in SC);
4. Hospital confinement or expenses that are incurred prior to the Issue Date regardless of the date of positive diagnosis;
5. Experimental treatment, except as specifically provided in the experimental treatment benefit or bone marrow transplant benefit (Benefits for experimental treatment are limited to \$25,000 per calendar year. Benefits for bone marrow transplants are limited to a policy lifetime maximum of \$25,000. No other benefits are payable for such treatment.) In TN, benefits for experimental treatment will not be denied based solely on the fact that the insured was a participant in a clinical trial;
6. Care and/or treatment received outside the U.S. or its territories; or
7. Care, confinement and/or treatment in a government or charity hospital except as specifically provided in the government or charity hospital benefit.

Assurity Life Insurance Company

PO Box 82533, Lincoln, NE, 68501-2533

Assurity Customer Service: (866) 289-7337

Website: [www.assurity.com](http://www.assurity.com)

To **Call** in a Wellness Claim: 1.888.358-8808 Ext. 23

To **Fax** in a Claim/Toll Free: 1.800.869-0368

Policy Form No. AAW-C120

Rider Form Nos. AAW-CR261, AAW-CR262, AAW-CR263, AAW-CR264

A501-0509



## Assurity Life Cancer & Specified Disease Plan- Monthly Rates

		\$150 Daily Benefit	\$250 Daily Benefit	\$350 Daily Benefit
Base Policy (\$10,000 per month/\$100,000 lifetime maximum) (radiation/chemotherapy)	Individual	\$20.92	\$23.22	\$25.52
	EE & Spouse	\$32.04	\$35.62	\$39.19
	EE & Children	\$25.99	\$28.60	\$31.21
	Family	\$37.11	\$41.00	\$44.88
Base Policy with Intensive Care Rider (\$300 daily benefit)	Individual	\$23.02	\$25.32	\$27.62
	EE & Spouse	\$36.24	\$39.82	\$43.39
	EE & Children	\$29.29	\$31.90	\$34.51
	Family	\$42.51	\$46.40	\$50.28
Base Policy with Intensive Care Rider (\$600 daily benefit)	Individual	\$25.12	\$27.42	\$29.72
	EE & Spouse	\$40.44	\$44.02	\$47.59
	EE & Children	\$32.59	\$35.20	\$37.81
	Family	\$47.91	\$51.80	\$55.68
Base Policy with First Occurrence Benefit Rider (\$2,500 benefit)	Individual	\$23.75	\$26.05	\$28.35
	EE & Spouse	\$36.27	\$39.85	\$43.42
	EE & Children	\$29.41	\$32.02	\$34.63
	Family	\$41.93	\$45.82	\$49.70
Base Policy with First Occurrence Benefit Rider (\$2,500 benefit) and Intensive Care Rider (\$300 daily benefit)	Individual	\$25.85	\$28.15	\$30.45
	EE & Spouse	\$40.47	\$44.05	\$47.62
	EE & Children	\$32.71	\$35.32	\$37.93
	Family	\$47.33	\$51.22	\$55.10
Base Policy with First Occurrence Benefit Rider (\$2,500 benefit) and Intensive Care Rider (\$600 daily benefit)	Individual	\$27.95	\$30.25	\$32.55
	EE & Spouse	\$44.67	\$48.25	\$51.82
	EE & Children	\$36.01	\$38.62	\$41.23
	Family	\$52.73	\$56.62	\$60.50
Base Policy with First Occurrence Benefit Rider (\$5,000 benefit)	Individual	\$26.58	\$28.88	\$31.18
	EE & Spouse	\$40.50	\$44.08	\$47.65
	EE & Children	\$32.83	\$35.44	\$38.05
	Family	\$46.75	\$50.64	\$54.52
Base Policy with First Occurrence Benefit Rider (\$5,000 benefit) and Intensive Care Rider (\$300 daily benefit)	Individual	\$28.68	\$30.98	\$33.28
	EE & Spouse	\$44.70	\$48.28	\$51.85
	EE & Children	\$36.13	\$38.74	\$41.35
	Family	\$52.15	\$56.04	\$59.92
Base Policy with First Occurrence Benefit Rider (\$5,000 benefit) and Intensive Care Rider (\$600 daily benefit)	Individual	\$30.78	\$33.08	\$35.38
	EE & Spouse	\$48.90	\$52.48	\$56.05
	EE & Children	\$39.43	\$42.04	\$44.65
	Family	\$57.55	\$61.44	\$65.32





## **REFRACTIVE SURGERY DISCOUNTS**

### **IN-NETWORK**

**15% discount** off the usual and customary surgical fees at US Laser Network.

### **OUT-OF-NETWORK - Not Covered**

**Covered Expenses will not include and no benefits will be payable for expenses incurred for:**

- lenses more than the frequency as indicated on the plan summary page.
- frames more than the frequency as indicated on the plan summary page.
- contact lenses more than once in any twelve month period. When chosen, contact lenses shall be in lieu of any other lens benefit during the twelve month period. When eyeglass lenses are chosen, expenses for contact lenses are not Covered Expenses during the twelve month period.
- contacts limited to the amount shown on the plan summary page unless they are medically necessary. Contact lenses are defined as medically necessary if the individual is diagnosed with one of the following conditions:
  - keratoconus where the patient is not correctable to 20/30 in either or both eyes using standard spectacle lenses.
  - high Ametropia exceeding -12 D or +9 D in spherical equivalent.
  - anisometropia of 3 D or more.
- patients whose vision can be corrected two (2) lines of improvement on the visual acuity chart when compared to best corrected standard spectacle lenses.

If the member is diagnosed with a medically necessary condition, the Provider will submit a request for pre-authorization to EyeMed. The Medical Director reviews all requests for medically necessary contact lenses. If approved, the member will be covered for medically necessary contact lenses up to the plan allowance. Such payment is limited to once in any twelve month period and is in lieu of lens benefits under this proposal.

- orthoptics or eye care training and any associated testing.
- plano non-prescription lenses and non-prescription sunglasses (except for 20% discount).
- two pairs of glasses in lieu of bifocals. (Does not apply to Secondary Discounts).
- lenses and frames which are lost or broken, except at the normal intervals when services are otherwise available.
- medical and/or surgical treatment of the eye, eyes, or supporting structures.
- services for which a claim is filed more than 1 year after completion of the service.
- for any procedure not listed on the Schedule of Eye Care Services.

**Monthly High Plan Rates**

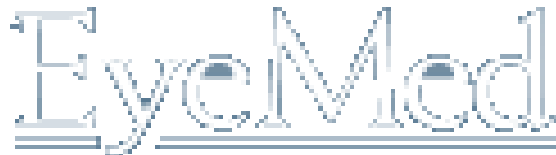
Employee Only	\$9.08
Employee & Spouse	\$19.24
Employee & Child(ren)	\$16.48
Employee & Family	\$26.64

**Member Services, Provider Listings and Claims Services:  
866.939.3633**

**Fax for Claims:  
866.293.7373**

**Web Site:  
[www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)**

**Address:  
EyeMed Vision Services, Inc  
4000 Luxottica Place  
Mason, OH 45040**



## ***Disability Is A Fact of Life!***

- ◆ 27,000,000 Americans are currently on disability.
- ◆ 6.85 out of 10 people between the ages of 20 and 35 will suffer a disability that lasts 3 months or longer.
- ◆ If a disability lasts longer than 3 months, its average duration is 2.9 years at age 30, 3.9 years at age 40 and 4.5 years at age 50.
- ◆ 48% of all home foreclosures done in this country today are a result of disabilities, only 3% are due to premature death.
- ◆ Death rates are down; disability rates are up.
- ◆ At ages 35 - 40, your chances of being disabled are twice as great as those of dying.
- ◆ Worker's Compensation rates recently rose again. Analysts attribute this in part to the inclusion of stress on the job as a possible claim.
- ◆ Each year, the statistics average as follows:
  - ▶ 1 in 106 people die
  - ▶ 1 in 88 homes catch fire
  - ▶ 1 in 70 cars is involved in a serious accident
  - ▶ 1 in 8 people are disabled

*Source: Commissioners Disability Trade, US Gov't Housing/Finance, Society of Actuaries*

## ***Could You Live Off Of Savings?***

# Standard Life Short Term Disability

**Effective Date: July 1, 2009 (pending underwriting approval)**

- Payable in addition to sick leave
- Benefits payable regardless of other insurance
- Weekends and holidays are covered
- Benefits are paid directly to you
- Benefits are tax free
- Disability from pregnancy is covered as any other sickness
- No change in premium due to age
- You may continue coverage if you leave your Employer, provided you maintain continuous employment.

## ACCIDENT & SICKNESS PROTECTION

On or off the job, 24 hour a day coverage. Income is provided when you are disabled due to a sickness or as a result of an accident. Benefits begin on the ***first day*** if you are disabled due to an accident. Benefits begin on the ***eighth day*** if you are disabled due to sickness.

You can choose to insure up to ***70% of your gross monthly income***, up to a maximum of \$2,000.00 per month. Income will be provided for the benefit period you choose up to 365 days.

<b>Benefit Duration: 90 Days</b>		<b>Benefit Duration: 180 Days</b>		<b>Benefit Duration: 365 Days</b>	
<b>Monthly Benefit</b>	<b>Monthly Premium</b>	<b>Monthly Benefit</b>	<b>Monthly Premium</b>	<b>Monthly Benefit</b>	<b>Monthly Premium</b>
\$500	\$11.25	\$500	\$17.50	\$500	\$22.50
\$600	\$13.50	\$600	\$21.00	\$600	\$27.00
\$700	\$15.75	\$700	\$24.50	\$700	\$31.50
\$800	\$18.00	\$800	\$28.00	\$800	\$36.00
\$900	\$20.25	\$900	\$31.50	\$900	\$40.50
\$1,000	\$22.50	\$1,000	\$35.00	\$1,000	\$45.00
\$1,100	\$24.75	\$1,100	\$38.50	\$1,100	\$49.50
\$1,200	\$27.00	\$1,200	\$42.00	\$1,200	\$54.00
\$1,300	\$29.25	\$1,300	\$45.50	\$1,300	\$58.50
\$1,400	\$31.50	\$1,400	\$49.00	\$1,400	\$63.00
\$1,500	\$33.75	\$1,500	\$52.50	\$1,500	\$67.50
\$1,600	\$36.00	\$1,600	\$56.00	\$1,600	\$72.00
\$1,700	\$38.25	\$1,700	\$59.50	\$1,700	\$76.50
\$1,800	\$40.50	\$1,800	\$63.00	\$1,800	\$81.00
\$1,900	\$42.75	\$1,900	\$66.50	\$1,900	\$85.50
\$2,000	\$45.00	\$2,000	\$70.00	\$2,000	\$90.00

## **Eligibility**

These benefit plans are optional and all full-time employees under 65 years of age may apply. The disability benefit is for employees only.

## **POLICY FEATURES**

**Pre-existing Conditions:** If you received medical advice for treatment of a health condition within twelve months prior to the effective date of insurance, there will be no coverage for that condition until twelve consecutive months beyond the effective date.

**Disability Due to Pregnancy:** Benefits are covered provided conception occurs **after** the effective date of the policy.

**Portability:** When you leave employment, you may continue the short term disability coverage, subject to the renewability provision, provided you maintain continuous employment. Coverage is subject to occupational and income underwriting rules. **\*\*This coverage expires on the policy anniversary date following your 65th birthday.**

### **Limits and Exclusions:**

Benefits will not be paid for any total disability which:

- Occurs while the policy is not in force;
- Does not require the regular care of a physician;
- Is due to the use of intoxicants or narcotics, except on the advice of a physician;
- Is on account of intentional self-inflicted injury;
- Is a result of mental or nervous disorders;
- Results from armed conflicts;
- Arises out of aviation, except scheduled passengers on commercial airlines;
- Results from traveling more than forty miles outside the US;
- Results from the participation in a felony or working at an illegal job.
- Results from a pre-existing condition, as defined in the policy.

**Proof of Loss:** You must give us written proof of loss within ninety days after a period of disability for which we owe you benefits. If you are not able to give us written proof of loss within the time required, it will not have a bearing on your claim if proof is given to us as soon as it is reasonably possible. In any event, proof must be given no later than one year from the time specified.

This is a brief description of the important features of your policy. This is not an insurance contract; therefore, it is important that you read your policy carefully.

If you have any questions regarding the Standard Life Disability Plan, **please call: 800-327-0695**

**Toll Free Claims Line: 800-227-0251**



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## ***The Standard Term Life Plan***

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***Effective Date: (If a Health Statement is submitted for you or your dependent(s), Term Life coverage will not be issued until approved by Underwriting at The Standard Life Insurance Company).***

### **BASIC EMPLOYEE LIFE INSURANCE**

This insurance is payable for death from any cause to any person you name as beneficiary.

### **ADDITIONAL EMPLOYEE LIFE INSURANCE**

Your employer sponsored basic life coverage provides important protection for you, but you may need to add to that protection. To help meet this need, you have the opportunity to elect additional group life insurance under the additional portion of your plan.

### **ADDITIONAL DEPENDENT LIFE INSURANCE**

Provides coverage on:

- Your Spouse
- Child(ren) from ***birth to age 20*** (through age 24 if wholly dependent upon you for maintenance and support ***or to age 25*** for full-time students in an accredited school or college). Handicapped children can continue to be covered with no age limit if handicap is diagnosed prior to age 20.

***(It is your responsibility to notify payroll in writing when a dependent is ineligible for coverage. Examples of ineligible dependent status are divorce or a child graduates from college).***

### **ACCIDENTAL DEATH AND DISMEMBERMENT**

Benefits under this coverage are payable as described in your certificate. All active employees have Basic Accidental Death and Dismemberment coverage.

### **ELIGIBILITY**

You will be eligible for insurance if you are a permanent full-time employee, working at least 30 hours per week.

### **ENROLLMENT**

Enrollment is simple - just fill out the application provided by your employer. You have 31 days from the date you become benefits eligible to enroll in the additional life plan. You will be notified as to when coverage starts.

### **BENEFICIARY**

You have the right to designate the beneficiary of your choice under employee coverage. The beneficiary elected on your life enrollment form designates your beneficiary for basic and additional coverage. You are automatically the beneficiary under Dependent Life. It is your responsibility to update the beneficiary designation as needed.

**SUICIDE EXCLUSION**

No additional life benefits will be payable if death is a result of suicide or other intentional self-inflicted injury within 2 years of your effective date of the coverage.

**WHEN YOUR BASIC INSURANCE STARTS**

All employees are eligible the 1st of the month after 30 consecutive days as an employee of Columbus County Government.

**WHEN YOUR ADDITIONAL INSURANCE STARTS**

For guaranteed issue amounts, coverage is effective upon enrollment or the effective date of the plan year, provided you are a benefits eligible employee and actively at work. For any amounts over the guaranteed issue limit, coverage is effective the date Standard Life approves your enrollment application and medical evidence of insurability.

**REDUCTIONS IN INSURANCE**

If you reach an age shown below, the amount of insurance will be the amount determined from the Schedule of Insurance, multiplied by the appropriate percentage below:

<b>Attained Age</b>	<b>Reduction Schedule</b>
65-69	65%
70-74	50%
75 or over	35%

**TERMINATION OF COVERAGE**

Life insurance coverage may be continued for 31 days following termination or last day of employment with the County of Columbus, as long as the group policy remains in force.

**WAIVER OF PREMIUM**

If you become totally disabled prior to age 60 for 180 days or longer and meet the policy's definition of totally disabled, coverage will be continued without premium payment. The amount of insurance is subject to any reductions due to age. Waiver of Premium terminates the earlier of the date you cease to be totally disabled or age 65.

**THE ACCELERATED DEATH BENEFIT (ADB)**

The Accelerated Death Benefit (ADB) is part of your group life benefits. Under this option, if you are diagnosed as having a terminal illness, you may be eligible to receive an advance payment of up to 75% of your life insurance benefit to a maximum of \$500,000.

**STATEMENT OF HEALTH**

Increases in coverage, a re-entry in the plan and participants who enroll 31 days beyond the eligibility period will be required to provide evidence of insurability satisfactory to Standard Life. Term Life insurance above the guaranteed issue amounts will also require evidence of insurability.

## PORTABILITY AND CONVERSION

If your insurance ends because your employment terminates, you may be eligible to port or convert your group insurance coverage within 31 days of your last day worked. Please see your Human Resources Department for more information and appropriate paperwork.

## CLAIMS PROCEDURE

Claim forms needed to file for benefits under the group insurance plan can be obtained from your employer who will also be ready to answer questions about the insurance benefits and to assist in filing claims. The instructions on the claim form should be followed carefully. This will expedite the processing of the claim. Be sure all questions are answered fully. If there is any question about a claim payment, an explanation can be requested from your employer, who is usually able to provide the necessary information.

## SCHEDULE OF BENEFITS

### BASIC EMPLOYEE TERM LIFE INSURANCE & AD&D

All Eligible Employees .....One Times your Base Annual Earnings, rounded to the next \$1,000. The maximum amount is \$100,000. (No Cost To You)

### BASIC DEPENDENT TERM LIFE INSURANCE - cost is \$2.10 monthly

Spouse- \$5,000

Child(ren)- \$5,000 per child (regardless of the number)

### EMPLOYEE ADDITIONAL TERM LIFE INSURANCE

- Your choice of the following amounts: \$10,000 to \$100,000 (in \$10,000 increments).
- Amounts up to \$50,000 are guaranteed issue. Any amount **over \$50,000** will require completion of a Statement of Health.

### Employee Additional Term Life Monthly Rates

AGE	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
Under 30	\$0.79	\$1.58	\$2.37	\$3.16	\$3.95	\$4.74	\$5.53	\$6.32	\$7.11	\$7.90
30-34	\$0.84	\$1.68	\$2.52	\$3.36	\$4.20	\$5.04	\$5.88	\$6.72	\$7.56	\$8.40
35-39	\$1.10	\$2.20	\$3.30	\$4.40	\$5.50	\$6.60	\$7.70	\$8.80	\$9.90	\$11.00
40-44	\$1.63	\$3.26	\$4.89	\$6.52	\$8.15	\$9.78	\$11.41	\$13.04	\$14.67	\$16.30
45-49	\$2.63	\$5.26	\$7.89	\$10.52	\$13.15	\$15.78	\$18.41	\$21.04	\$23.67	\$26.30
50-54	\$3.98	\$7.96	\$11.94	\$15.92	\$19.90	\$23.88	\$27.86	\$31.84	\$35.82	\$39.80
55-59	\$6.65	\$13.30	\$19.95	\$26.60	\$33.25	\$39.90	\$46.55	\$53.20	\$59.85	\$66.50
60-64	\$7.65	\$15.30	\$22.95	\$30.60	\$38.25	\$45.90	\$53.55	\$61.20	\$68.85	\$76.50
65-69	\$15.00	\$30.00	\$45.00	\$60.00	\$75.00	\$90.00	\$105.00	\$120.00	\$135.00	\$150.00
70-74	\$25.73	\$51.46	\$77.19	\$102.92	\$128.65	\$154.38	\$180.11	\$205.84	\$231.57	\$257.30
75+	\$84.82	\$169.64	\$254.46	\$339.28	\$424.10	\$508.92	\$593.74	\$678.56	\$763.38	\$848.20

**SPOUSE ADDITIONAL TERM LIFE INSURANCE**

- Your choice of the following amounts: \$5,000 to \$100,000 (in \$5,000 increments).
- Amounts up to \$10,000 are guaranteed issue. Any amount **over \$10,000** will require completion of a Statement of Health.

**Spouse Additional Term Life Monthly Rates**

AGE	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	\$100,000
Under 30	\$0.37	\$0.74	\$1.11	\$1.48	\$1.85	\$2.22	\$2.59	\$2.96	\$3.33	\$3.70	\$7.40
30-34	\$0.40	\$0.79	\$1.19	\$1.58	\$1.98	\$2.37	\$2.77	\$3.16	\$3.56	\$3.95	\$7.90
35-39	\$0.50	\$0.99	\$1.49	\$1.98	\$2.48	\$2.97	\$3.47	\$3.96	\$4.46	\$4.95	\$9.90
40-44	\$0.68	\$1.35	\$2.03	\$2.70	\$3.38	\$4.05	\$4.73	\$5.40	\$6.08	\$6.75	\$13.50
45-49	\$1.07	\$2.13	\$3.20	\$4.26	\$5.33	\$6.39	\$7.46	\$8.52	\$9.59	\$10.65	\$21.30
50-54	\$1.57	\$3.13	\$4.70	\$6.26	\$7.83	\$9.39	\$10.96	\$12.52	\$14.09	\$15.65	\$31.30
55-59	\$2.48	\$4.95	\$7.43	\$9.90	\$12.38	\$14.85	\$17.33	\$19.80	\$22.28	\$24.75	\$49.50
60-64	\$3.84	\$7.67	\$11.51	\$15.34	\$19.18	\$23.01	\$26.85	\$30.68	\$34.52	\$38.35	\$76.70
65-69	\$7.52	\$15.04	\$22.56	\$30.08	\$37.60	\$45.12	\$52.64	\$60.16	\$67.68	\$75.20	\$150.40
70-74	\$12.90	\$25.79	\$38.69	\$51.58	\$64.48	\$77.37	\$90.27	\$103.16	\$116.06	\$128.95	\$257.90
75+	\$42.52	\$85.03	\$127.55	\$170.06	\$212.58	\$255.09	\$297.61	\$340.12	\$382.64	\$425.15	\$850.30

**CHILD(REN) ADDITIONAL TERM LIFE INSURANCE**

- \$5,000 coverage (per child, no matter how many)
- Coverage is from birth to age 20, or through age 25 if the child is a full-time registered student.

Coverage Amount	Monthly Cost
\$5,000	\$.25

**NOTES: Any existing Employee (and or Dependents) which apply for term life coverage (did not apply when initially eligible) MUST complete a Health Statement.**

**Employees must take coverage on self (minimum amount of \$10,000) to take coverage on dependents).**

**PLAN ADMINISTRATOR:**

Columbus County Government  
 Virginia Taylor- Human Resources Director  
 111 Washington St.  
 Whiteville, NC 28472  
 910-914-4119

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## ***The Standard Long Term Disability***

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**Effective Date:** July 1, 2009

<b>Description of who receives coverage</b>	Employee working 30 hours or more each week
<b>Monthly Benefit</b>	60% of covered earnings
<b>Maximum LTD Benefit</b>	\$5,000
<b>Minimum LTD Benefit</b>	\$100
<b>Elimination Period</b>	90 days

**Maximum Benefit Duration (*determined by your age when Disability begins*)**

<u>Age</u>	<u>Maximum Benefit Period</u>
61 or younger	To age 65, or 3 years 6 months, if longer
62	3 years 6 months
63	3 years
64	2 years 6 months
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69 or older	1 year

**Contributions** Employer pays premium (*no cost to employee*)

**General Information-**

- You are considered disabled if you cannot perform your own occupation or any occupation.
  
- LTD benefits end on the earliest of:
  - the date you are no longer disabled
  - the date your maximum benefit period ends
  - the date you die
  - the date benefits become payable under any other LTD plan under which you become insured through employment during a period of Temporary Recovery
  - the date you fail to provide proof of continued disability and entitlement to LTD benefits

**Waiver of Premium-** Payment of premium will be waived while LTD benefits are payable.

If you should have questions about a claim, please contact **The Standard Insurance Company at 800-368-1135.**

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## ***Continuation of Benefits***

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### **CIGNA HEALTH, AMERITAS DENTAL, & EYEMED VISION PLANS**

Under the CIGNA, Ameritas Dental, & Spectera Vision plans, you and your covered dependents are eligible to continue coverage through COBRA according to the “qualifying events”.

If you and your dependents are enrolled in these plans, you will be eligible to continue coverage through COBRA after you leave your employment for a specified period. In addition, while covered under the plan, if you should die, become divorced or legally separated, or become eligible for Medicare, your covered dependents may be eligible to continue dental coverage through COBRA. Also, while you are covered under the plans, your covered children who no longer qualify as an eligible dependent may continue coverage through COBRA. Examples of an ineligible dependent would be when your child graduates from college, or reaches the age of not being eligible for dependent coverage. You will receive notification with premium and continuation options shortly following your termination of employment. Should you have any questions you may contact the **Columbus County Benefits Department at 910.914.4119.**

### **ASSURITY CANCER**

When you leave employment you may continue your Assurity Cancer coverage by having the premium that is currently deducted from your paycheck drafted from your bank account. You may contact **Assurity at 866. 289.7337, Extension 23.**

### **STANDARD LIFE SHORT TERM DISABILITY**

When you leave employment, you may continue the short term disability coverage, subject to the renewability provision, provided you maintain continuous employment. Your new occupation must be within acceptable underwriting guidelines. Coverage expires at age 65. You can have the premium that is currently deducted from your paycheck drafted from your bank account. You may contact **Standard Life at 800. 327.0695.**

### **THE STANDARD LONG TERM DISABILITY**

When you leave employment, you will not be able to continue the Long Term Disability plan with Standard Life Insurance Company.

### **THE STANDARD LIFE TERM LIFE INSURANCE Conversion**

If your employment terminates while you are covered under the plan or when you are approved for long-term disability, you may purchase without medical evidence of insurability, any individual insurance policy, except a term policy. You must apply for conversion within 31 days after the date your coverage terminates. This applies to Additional Life and Dependent Life as well as the Basic coverage.

## **Portability**

If you terminate employment, the portability provision allows you to take your additional life coverage with you, subject to the following provisions:

- You must apply for coverage within 31 days from the date your life coverage terminates.
- You must be **ACTIVELY** at work prior to employment termination.
- You may only port up to your current coverage amount. You cannot increase or add dependents.

To get information for converting or porting your coverage please see your Human Resources Department. You must send in the portability or conversion documents that you will receive within 31 days of your termination date.

## **Important Phone Numbers**

Ameritas Dental- 800.487.5553

Assurity Cancer - 888.358.8808, ext. 23

CIGNA- 866.622.2288

Columbus County Government Human Resources- 910.914.4119

EyeMed/Ameritas Vision- 866.939.3633

Mark III Brokerage, Inc.- 800.532.1044

Standard Life Short Term Disability - 800.327.0695

Standard Term Life & Standard Long Term Disability- 910.914.4119

