

Polk County Government is offering all full-time employees a comprehensive Cafeteria Benefits program. The Cafeteria Benefits program is being arranged by Mark III Brokerage, an employee benefits firm that has worked in the public sector for many years. The Cafeteria Benefits program allows you to pay for certain insurance premiums, dependent day-care, 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 Cafeteria Benefits program includes the Flexible Spending Accounts, Group Employee Medical Plan, Group Dental Program, Group Vision Plan, Short-Term Disability, Cancer Expense Plan, Accident Plan, Voluntary Term Life, and Permanent Life Insurance.

- The Plan Year is from July 1, 2010 to June 30, 2011.

Table of Contents

PRE-TAX BENEFITS

Health Care PlanPage 2

Tucker Administrators Flexible Spending AccountsPage 6

Tucker Administrators Medical Spending AccountPage 8

Tucker Administrators Dependent Care AccountPage 16

Ameritas Dental PlanPage 19

Superior Vision Plan 1Page 22

Superior Vision Plan 2Page 26

Assurity Accident Expense+ PlanPage 30

Cancer Fact SheetPage 39

Assurity Cancer PlanPage 40

AFTER-TAX BENEFITS

Disability Fact SheetPage 50

Standard Life Short Term Disability PlanPage 51

Fort Dearborn Group Term Life Insurance PlanPage 53

Texas Life Whole Life PlanPage 57

CONTINUATION OF BENEFITS

Continuation of benefits when you leave the CountyPage 60

All information in this booklet is a brief description of your coverage, and is not a contract. Should a discrepancy arise, the Contract and all of its provisions will prevail. The Contract sets forth in detail the rights and obligations of the insurer and insured. Read your policy carefully.

Polk County Government Health and Welfare Benefit Plan

For Benefit Plan Year July 1, 2010 through June 30, 2011

**MAXIMUM LIFETIME
BENEFIT AMOUNT** \$1,000,000

Note: The maximums listed below are the total for Network and Non-Network expenses. For example, if a maximum of 60 days is listed twice under a service, the Calendar Year maximum is 60 days total, which may be split between Network and Non-Network providers.

	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
DEDUCTIBLE, PER CALENDAR YEAR		
Per Covered Person	\$500	\$1,000
Per Family Unit	\$1,500 (three persons)	\$3,000 (three persons)

The Calendar Year deductible is waived for the following Covered Charges:

- Preadmission testing
- PPO Wellness Benefit

COPAYMENTS	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
<u>Physician visits</u>		
Primary	\$25	N/A
Specialist	\$35	N/A
Hospital	N/A	\$250
Emergency Room	\$50	\$50

	NETWORK	NON-NETWORK
MAXIMUM OUT-OF-POCKET AMOUNT, PER CALENDAR YEAR		
Per Covered Person	\$2,500	\$3,500
Per Family Unit	\$7,500 (three persons)	\$10,500 (three persons)

The Plan will pay the designated percentage of Covered Charges until out-of-pocket amounts are reached, at which time the Plan will pay 100% of the remainder of Covered Charges for the rest of the Calendar Year unless stated otherwise.

The following charges do not apply toward the out-of-pocket maximum and are never paid at 100%:

- Deductible(s)
- Outpatient substance abuse treatment charges
- Inpatient substance abuse treatment charges
- Cost containment penalties
- Copayments

COVERED SERVICES	NETWORK PROVIDERS	NON NETWORK PROVIDERS
<u>Hospital Services</u>		
Room and Board	80% after deductible the semiprivate room rate	50% after deductible and copayment, the semiprivate room rate
Intensive Care Unit	80% after deductible Hospital's ICU Charge	50% after deductible Hospital's ICU Charge
Emergency Room	80% after deductible and copayment	50% after deductible and copayment
Outpatient Facility	80% after deductible	50% after deductible
<u>Skilled Nursing Facility</u>		
	80% after deductible, the facility's semiprivate room rate within 14 days of a three day stay 70 days Calendar Year maximum	50% after deductible the facility's semiprivate room rate within 14 days of a three day stay 70 days Calendar Year maximum
<u>Physician Services</u>		
Inpatient visits	80% after deductible	50% after deductible
Office visits	100% after \$25 or \$35 copayment	50% after deductible
Surgery	80% after deductible	50% after deductible
<u>Home Health Care</u>		
	80% after deductible \$10,000 Lifetime maximum	50% after deductible \$10,000 Lifetime maximum
<u>Outpatient Private Duty Nursing</u>		
	80% after deductible 70 days Calendar Year maximum	80% after deductible 70 days Calendar Year maximum
<u>Hospice Care</u>		
Bereavement Counseling	80% after deductible 80% after deductible	50% after deductible 50% after deductible
<u>Ambulance Service</u>		
	80% after deductible	80% after deductible
<u>Jaw Joint/TMJ</u>		
	80% after deductible \$5,000 Lifetime maximum	50% after deductible \$5,000 Lifetime maximum
<u>Wig After Chemotherapy</u>		
	80% after deductible	50% after deductible
<u>Occupational Therapy</u>		
	80% after deductible	50% after deductible
<u>Speech Therapy</u>		
	80% after deductible	50% after deductible
<u>Physical Therapy</u>		
	80% after deductible	50% after deductible
<u>Durable Medical Equipment</u>		
	80% after deductible	50% after deductible

COVERED SERVICES	NETWORK PROVIDERS	NON NETWORK PROVIDERS
<u>Prosthetics</u>	80% after deductible	50% after deductible
<u>Orthotics</u>	80% after deductible	50% after deductible
<u>Spinal Manipulation Chiropractic</u>	50% after deductible	50% after deductible
<u>Mental Disorders</u>		
Inpatient	80% after deductible 10 days Calendar Year maximum	50% after deductible 10 days Calendar Year maximum
Outpatient	80% after \$35 copayment 20 visits Calendar Year maximum	50% after deductible 20 visits Calendar Year maximum
<u>Substance Abuse</u>		
Inpatient	80% after deductible	50% after deductible
Outpatient	50% after deductible	50% after deductible
Inpatient / Outpatient Combined	\$8,000 Calendar Year maximum \$16,000 Lifetime maximum	\$8,000 Calendar Year maximum \$16,000 Lifetime maximum
<u>Preventive Care</u>		
Routine Well Adult Care	100% \$400 Calendar Year maximum	50% after deductible \$400 Calendar Year maximum
Includes: office visits, pap smear, mammogram, prostate screening, gynecological exam, routine physical examination, x rays, laboratory blood tests and immunizations/flu shots (Performed or billed by physician's office or independent facility)		
Frequency Limits for Mammogram Ages 40 and over annually		
Routine Colonoscopy 50 years of age and over – one every 5 years 80% deductible waived Not Covered Out of Network (Will be covered under 50 years of age if recommended by a Physician due to family history) The benefit will also cover any removal of polyps and laboratory charges associated with the Scheduled Routine Colonoscopy and will cover conscious sedation only. This benefit is not subject to the Annual Calendar Year Preventive Care maximum.		
Routine Well Newborn Care	80% after deductible	50% after deductible
Routine Well Child Care	100% \$300 Calendar Year maximum	50% after deductible \$300 Calendar Year maximum
Includes: office visits, routine physical examination, laboratory blood tests, x-rays and immunizations through age 18 or age 25 if a full time student (Performed or billed by physician's office or independent facility)		
<u>Organ Transplants</u>	80% after deductible	50% after deductible
<u>Pregnancy</u>	80% after deductible	50% after deductible
Employee and Dependent Spouse only, Dependent Daughters not covered		

PRESCRIPTION DRUG BENEFIT

Pharmacy Option

Generic drugs
Copayment \$10.00

Formulary Brand Name drugs
Copayment \$25.00

Non-Formulary Brand Name drugs
Copayment \$50.00

Mail Order Prescription Drug Option

Generic drugs
Copayment \$30.00

Formulary Brand Name drugs
Copayment \$75.00

Non-Formulary Brand Name drugs
Copayment \$150.00

**For Claims and Eligibility Questions, call:
Tucker Administrators, Inc.
800-347-1232**



This is a brief description of your coverage, and is not a contract. Should a discrepancy arise, the Plan Document and all of its provisions will prevail. The Plan Document sets forth in detail the rights and obligations of the insurer and insured.

Tucker Administrators Flexible Spending Accounts

Plan Year: July 1, 2010 - June 30, 2011

Medical Spending Account Maximum: \$2,400.00

Medical Spending Minimum: \$240.00

Dependent Care Account Maximum: \$5000.00

Tucker Administrators Flexible Spending Accounts allow you to use pre-taxed dollars towards health care expenses such as prescription and over-the-counter medication, certain medical procedures, copays, and more. With Flexible Spending Accounts (FSA), you can save a significant amount of money on your health and day care expenses using a Health Care and/or Dependent Care Flexible Spending Account (FSA). The frequently asked FSA questions below will help you understand how to make the most of this program and your paycheck.

General questions regarding Health Care and Dependent Care Accounts:

What is an FSA?

Provided by your employer, an FSA is a reimbursement account that allows you to set aside a certain amount of each paycheck, pre-tax, to help pay for your out-of-pocket medical expenses and/or dependent day care expenses. The amount you elect is deducted from gross earnings before federal and state taxes are calculated. By using your FSA to pay for qualified expenses you save on income tax...which means your take home pay increases!

Will I pay taxes on the money I set aside?

No. FSA contributions and reimbursements are exempt from Federal Income taxes, Social Security (FICA) taxes, and in most cases, state income taxes.

What kind of savings can I realize by participating in this program?

Actual savings depend on your tax bracket, but most people will save about 30% on their eligible health care and dependent care expenses.

Can I submit expenses I incurred before the beginning of the plan year?

No. Only expenses incurred during the plan year and while you are a participant are eligible for reimbursement.

How long do I have to file a claim with Tucker Administrators after the plan year ends?

You have a grace period (90 days) after the end of the plan year to submit expenses that were incurred during the plan year.

Can I change the amount of my election(s) in the FSA program during the plan year? (i.e. my glasses cost more than I anticipated, I miscalculated my daycare expenses for the year)

Generally, you may not change your FSA elections during the Plan Year. However, you may change during the annual enrollment period for the coming Plan Year. There is an exception to this rule: you may change or revoke your deferral rate in the FSA if you have a Change in Family Status.

Examples of a qualifying status change may include:

- Marriage, divorce, or legal separation
- Birth, adoption or placement for adoption of a child
- Death of a dependent or spouse
- Change in employment status of yourself or your spouse
- A significant change caused by a third party in the cost of your dependent care coverage

If I terminate employment, or participation in the FSA, what happens to the money left in my account(s)?

You will be reimbursed only for expenses incurred prior to your termination date, and submitted within the termination grace period. Any money remaining in your account(s) after the grace period will be forfeited.

Can I view my FSA balances online?

Yes. Visit **tuckeradministrators.com** and login to access claims information and FSA balances online. Once you are logged in, you may view your account balances. If you are new to Tucker Administrators, when you log into the website, you will be asked to create your own user ID and password.

What if I have a question?

If you have any questions regarding your account balance, claim reimbursement or eligible expenses, you can access your account information at **tuckeradministrators.com** or you can call Customer Service at **1-800-347-1232**.

How does participating in an FSA save me money?

The following example illustrates how a FSA saves you money. This example shows the per period savings for an employee on a bi-weekly payroll, with a tax status of “single” with one exemption:

	<u>With FSA</u>	<u>Without FSA</u>
Salary	\$1000	\$1000
Less Pre-Taxed Dollars:		
Health Care Reimbursement	\$100	0
Dependent Day Care Reimbursement	\$150	0
Taxable Income	\$750	\$1000
Less:		
Federal Income Tax	\$82	\$121
State Income Tax	\$17.58	\$23.44
Social Security	\$57.37	\$76.50
Net Take Home Pay	\$593.05	\$779.06
Less Health Care & Dependent Care Expenses	\$0	\$250
Net After Expenses	\$593.05	\$529.06

Tax Savings This Pay Period: \$63.99
Annual Tax Savings: \$63.99 X 26 pay periods = \$1,663.74

Tucker Administrators Health Care Flexible Spending Account

The Health Care FSA is simple! Provided by your employer, a Health Care FSA is a reimbursement account that allows you to set aside a certain amount of each paycheck, pre-tax, to help you pay for your out-of-pocket medical expenses. The amount you elect is deducted from gross earnings before federal and state taxes are calculated. By using your FSA to pay for qualified medical expenses you save on income tax... which means your take home pay increases.

How does the Health Care FSA Work?

With a Health Care FSA, you must decide on your contribution amount at the beginning of the plan year. The amount you designate will be equally divided between pay periods. To estimate the out-of-pocket expenses that you, your spouse, and your dependents may incur, consider any standard co-pays, precriptions, office visit, and over-the-counter medications and planned medical expenses, i.e. braces or LASIK eye surgery. An expense worksheet has been provided at the end of this section to help you determine the amount of money to allocate to your Health Care FSA.

The IRS requires you to forfeit any money that is left in the FSA at the end of the year. Generally, it is better to underestimate the expenses and pay a little extra tax than to overestimate expenses and forfeit money. To help avoid forfeitures, check your balance prior to the end of each year.

Once you decide how much you want to contribute each paycheck, the money is automatically deposited into your account. As you incur eligible expenses, fax or mail your completed claim form and receipts to Tucker Administrators for reimbursement. Claim forms can be downloaded at **tuckeradministrators.com**.

What is eligible for reimbursement under the Health Care FSA?

Eligible health care expenses may include deductibles, co-payments and amounts over the maximum your plan pays, expenses for routine physicals and other expenses not covered by your health care plan. For more complete listing please refer to the "Qualified Medical Expenses Eligible for Reimbursement" on page 6.

How do I get reimbursed?

For reimbursement of expenses covered under a health care plan:

- Ensure your expenses are submitted to your health carrier
- If you also have coverage through a spousal plan, you must submit your expenses to both carriers before you submit your expenses for FSA reimbursement
- Once processed by your health carrier(s), complete the Health Care Expense Claim form and attach a copy of the "Explanation of Benefits" showing the unpaid expenses.

For reimbursement of expenses not covered under a health care plan: ex: over-the-counter medicines

- Complete the Health Care Expenses claim form and attach itemized bills for the expense

Fax claims and proof of expense to 704-525-9534 for processing.

How much will be reimbursed?

When you submit a health care expense, you will be reimbursed for that expense claim up to the maximum amount you elected for the plan year, minus any previous reimbursements.

Can I use my Health Care FSA for my family's expenses?

Eligible health care expenses incurred by you, your spouse, or any dependent that you claim as a dependent on your income tax returns are allowable for reimbursement.

If I don't have any medical insurance through my company, can I still participate in the Health Care FSA?

Yes. Out-of-pocket expenses for you and your dependents are eligible for reimbursement whether or not you are insured through your company. Health related expenses are reimbursable for your dependents, if you claim them as a dependent on your income tax returns (this definition of a dependent may be different than that used for your health insurance plan).

Is there anything I have to keep in mind when it comes time to file my taxes?

Expenses payable through your benefits program (or your spouse's, if applicable) are not eligible for reimbursement under the Health Care FSA. In addition, expenses reimbursed through your Health Care FSA cannot be claimed as a deduction on your income tax returns.

I am covered under both my health insurance plan and my spouse's. Do I have to submit medical expenses to both plans before I can file for reimbursement from my Health Care FSA?

Yes. IRS regulations do not permit reimbursement of expenses through the FSA that would otherwise be covered under your health insurance plan. Expenses should first be submitted to your health insurance plan(s), then send any remaining unpaid claims to Tucker Administrators for reimbursement.

If I have a question about my account, what should I do?

If you have any questions, you can access your account information at **tuckeradministrators.com**, or you can call Tucker Administrators at 1-800-347-1232.

Qualified medical expenses are those expenses paid for medical care as described in Section 213(d) of the Internal Revenue Code. Insurance premiums are considered qualified medical expenses when they are for payment for a health plan as stated in Section 220(d) (2) of the code. IRS Publication 502, titled "Medical and Dental Expenses", provides more detailed information on eligible expenses. The following is a brief summary of information and is intended to serve as a quick reference to help determine whether or not an expense may be eligible for reimbursement. This list is not all-inclusive. This information is not tax advice. Tax advice should be obtained from a professional tax advisor. IRS Publication 502 can be ordered from the IRS 1-800-TAX-FORM (1-800-829-3676).

Qualified Medical Expenses Eligible For Reimbursement:

Alcoholism Treatment	Hydrotherapy	Prenatal care
Ambulance	Insulin treatments	Prescription medicines
Anesthetists	Lab tests	Psychiatrist
Artificial limbs	Lead paint removal	Psychoanalyst
Birth control pills (by prescription)	Legal fees (to authorize treatment for a mental illness)	Psychologist
Blood tests		Psychotherapy
Braces	Lodging away from home for outpatient care	Radium Therapy
Cardiographs	Medical services	Registered nurse
Chiropractor	Medical Testing	Special School
Christian Science Practitioner	Metabolism tests	Spinal fluid tests
Contact lenses	Neurologist	Splints
Contraceptive devices	Nursing (including board and meals)	Sterilization
Convalescent home (for medical treatment only)	Obstetrician	Stop smoking programs
Crutches	Operating room costs	Surgeon
Dental treatment	Ophthalmologist	Telephone or TV equipment to assist the hearing impaired
Dental x-rays	Optician	Therapy equipment
Dentures	Oral surgery	Transportation expenses relative to health care (Mileage is eligible for the miles driven to and from the doctor's office. The amount that can be reimbursed is nineteen (19) cents per mile.)
Dermatologist	Organ transplant (including donor's expenses)	
Diagnostic fees	Orthodontist	
Drug addiction therapy costs	Orthopedic shoes	
Drugs (prescription)	Orthopedist	
Equipment (medical)	Osteopath	Ultra-violet ray treatment
Eyeglasses	Oxygen	Vaccines
FICA and FUTA tax for the handicapped	Paid-for medical care service	Vasectomy
Guide dog	Pediatrician	Vitamins (if prescribed)
Gynecologist	Physician	Weight loss programs (Physician prescribed)
Healing service	Physiotherapist	Wheelchair
Hearing aid and batteries	Postnatal treatments	
Hospital bills	Practical nurse	X-rays
	Prenatal care	

Expenses Not Eligible For Reimbursement

Automobile Insurance	Funeral, cremation, or burial expenses	Scientology counseling
Athletic Club Membership		Social activities
Automobile Insurance	Expenses for sending a problem child to a special school	Special foods or beverages
Boarding school fees		
Bottled water	Health programs offered by resorts	Specially designed car for handicapped other than autoette or special equipment
Commuting expenses of a disabled person	Hotels, health clubs, and gyms	Swimming pool
Cosmetics, hygiene products, and similar items	Illegal operations and treatments	Travel for general health improvement
Cosmetic surgery and procedures	Maternity clothes	Tuition and travel
Diaper service	Medical coverage	
Domestic help	Premiums for life insurance, income protection, disability, loss of limbs, sight, or similar benefits.	

Over-the-Counter Drugs

PLEASE BE ADVISED THAT RECENT SENATE LEGISLATION HAS STATED THAT EFFECTIVE JANUARY 1, 2011, PARTICIPANTS ARE REQUIRED TO HAVE A PRESCRIPTION FOR OVER-THE-COUNTER (OTC) PRODUCTS TO BE ELIGIBLE UNDER THEIR FSA PLAN. BASED ON OUR CURRENT UNDERSTANDING OF HOW THE LEGISLATION WILL BE IMPLEMENTED, A PRESCRIPTION OR LETTER OF MEDICAL NECESSITY WOULD BE REQUIRED AFTER JANUARY 1, 2011 FOR OTC ITEMS.

Over-the-Counter Drug/Medicine List

On the following page is a brief summary of information and is intended to serve as a quick reference to help determine whether or not an expense may be eligible for reimbursement. **This list is not all-inclusive.** This information is not tax advice. Tax advice should be obtained from a professional tax advisor. IRS Publication 502 can be ordered from the IRS: 1-800-TAX-FORM (1-800-829-3676).

Drug / Medicine	Examples
Allergy Prevention & Treatment	Benadryl, Sudafed, Actifed, Claritin, Chloral Trimeton, and Nasalcrom
Antacids and Acid Reducers	Gas-X, Maalox, Mylanta, Tums, AXID AR, Pepcid AC, Prilosec OTC, Tagamet HB, Zantac 75
Anticandidal	Femstat 3, Gyne-Lotrimin, Mycelrx-7, Monistat 3, 7, and Vagistat-1
Antihistamines	Actidil Syrup and Capsule, Actifed, Allerest, Benadryl, Claritin, Chlor-Trimeton, Contac, Dimetane, Drixoral, Nyquil, Sudafed, Tavist-1, and Triaminic
Antidiarrheal and Laxatives	Ex-Lax, Pepto-Bismol, Immodium A.D. and Kaopectate
Anti-fungal	Lamisil AT, Lotramin AF, and Micatin
Anti-itch Lotions and Creams	Bactine, Caldecort, Cortaid, Hydrocortisone, and Lanacort, Calamine Lotion, Benadryl Cream, Caladryl, Lamisil AT, Lotramin AF and Micatin
Asthma	Primatene Mist
Cold Sore / Fever Blister	Abreva Cream, Carmex
Condoms and other contraceptive Devices	Trojans, Magnums, VGF Films, and Delfen Contraceptive Foam
Contact Lenses Solutions	Bausch & Lomb, Renu, Aosept, Allergan, Boston and Opti-Free
Cough Suppressants	Robitussin, Vicks 44, Chloraseptic
Decongestant / Nasal Decongestant and Cold Remedies	Advil Cold and Sinus, Afrin, Afrinol, Aleve Cold and Synus, Children's Advil Cold, Duration, Dristan Long Lasting, Neo-Synephrine-12 Hour, Orrivin, Sudafed, Tavist-D, Tylenol Cold and Flu, Thera-ful, Alka Seltzer Cold and Flu, Nyquil, Actidil Syrup and Capsules, Actifed, Allerest, Benadryl, Claritin, Chlor-Trimeton, Contac, Dimetane, Drixoral, Sudafed, Tavist-1, and Triaminic

Drug / Medicine	Example
Diaper Rash Ointments	Balmax and Destin
Eye Drops for Allergy / Cold Relief	Ocu Hist
First Aid Supplies	Ace Bandages, Band-Aids, Bandage Tapes, Thermometers, Medical Gloves, Gauze, Neosporin, Rubbing Alcohol, and Visine
Hemorrhoid Treatments	Preparation H, Hemroid, and Tronolane
Internal Analgesics / Antipyretic	Advil, Aleve, Children Motrin, Nuprin, Excedrin, Tylenol, and Bayer
Incontinence Supplies	Depends
Liniments	BenGay, Tiger Balm, and Flexall
Medical Monitoring	Services and Bracelets specifically for medical information
Medical Products and Devices	Blood Pressure Monitor, Glucose Tester, HIV Test, Cholesterol Test, Diabetic Supplies, Crutches, Ovulation Monitor and Pregnancy Testing Kit
Menstrual Cycle Medications	Midol, Pamprin, and Premysyn PMS
Migraine	Advil Migraine Liqui-gels, Excedrin Migraine, Motrin Migraine Pain
Motion Sickness Medication	Dramamine and Marizine
Nicotine Gum or Patches and Smoking Cessation Aids	Nicorette, Nicotrol and Nicodin
Pediculicide (head lice)	Nix
Poison Ivy Protection	Ivy Block
Smoking Cessation	Commit, Nicoderm CQ, Nicorette, Nicotrol
Toothache and Teething Pain Relievers	Orajel
Wart Removal and Medications	Tinamed

Dual Purpose OTC Drugs.

The items listed below require a third-party receipt and a note from the health care provider listing the diagnosis of the medical condition or illness and the recommendation of the OTC drug/ medicine. This list is not all inclusive and is intended to give examples of the most common brand names of OTC drugs.

- Anti-baldness/hair loss/hair replacement, such as Rogaine, but only if to replace hair loss due to a medical condition (e.g. cancer treatment) and not for balding due to age.
- Fiber supplements such as Benefiber and Metamucil
- Glucosamine/Chondroitin for arthritis or other medical conditions (not reimbursable if taken for overall joint health)
- Herbal supplements used to treat a specific disease such as St. John's wort for depression
- Hormone therapy drugs
- Medicated shampoos used to treat a specific medical condition like psoriasis and only the amount in excess of the cost of normal shampoo
- No Doz (and other sleep prevention drugs)
- Nose strips for proper breathing or other medical conditions
- Pedialyte for a child's dehydration
- Retin-A and other acne medicines (not reimbursable if used for cosmetic purposes such as wrinkle reduction)
- Sleep Aids
- Snoring cessation aids and medications such as Breath Right Spray, Snorezz
- Sunscreen and Sunblock
- Vitamins are not an eligible expense, unless prescribed by a physician to treat a specific medical condition (i.e. Iron to treat, not prevent anemia, Calcium Supplements to treat, not prevent Osteoporosis). A doctor's note detailing the specific medical condition will be required for reimbursement.
- Weight loss/dietary supplements must be for a specific medical condition such as obesity.

Health Care FSA Expense Worksheet

This worksheet has been prepared to help you determine the amount of money you wish to allocate to your Health Care FSA. You may want to review your checkbook register or credit card statements from last year to identify medical expenses you paid out of your own pocket. Compare last year's typical expenses to those eligible under your Health Care FSA and budget accordingly for the upcoming year, keep in mind to only budget for those expenses specifically eligible under your Health Care FSA.

HEALTH CARE EXPENSES YOU PAID LAST YEAR COULD INCLUDE:

Deductibles

(medical and dental) \$ _____

Benefit percentage/co-insurance

(The amount NOT paid by your insurance) \$ _____

Amounts paid over plan limits

Over reasonable and customary allowance \$ _____

Over psychiatric limits \$ _____

Over private room allowance \$ _____

Expenses NOT covered by your insurance plan

Physicals \$ _____

Prescription drugs \$ _____

Over-the-counter medications \$ _____

Vision care \$ _____

Hearing expenses \$ _____

Psychiatric care \$ _____

Dental and orthodontic care \$ _____

Assistance for the handicapped \$ _____

Therapy/treatments \$ _____

Physician's fees/services \$ _____

Medical equipment \$ _____

Miscellaneous charges \$ _____

My out-of-pocket health care

(expenses last year) \$ _____

Tucker Administrators Dependent Care Flexible Spending Account

The Dependent Care FSA helps you pay for child care services which make it possible for you and your spouse (if applicable) to work. It also may be used to help pay for the care of a disabled spouse or dependent.

The Dependent Care FSA creates tax savings on up to \$5,000 of daycare expenses. That can mean \$1,500 in tax savings enough to pay for weeks of eligible child or adult daycare!

How Does a Dependent Care FSA work?

A Dependent Care FSA is a reimbursement account that allows you to set aside a certain amount of each paycheck on a pre-tax basis to pay for your eligible dependent day care expenses. The amount you elect at the beginning of each plan year, is deducted from your gross earnings before federal and state taxes are calculated. By using your FSA to pay for qualified expenses you save on income tax...which means you have more money in your pocket!

To estimate your dependent care expenses, consider your expenses from last year. An expense worksheet is provided at the end of this section to help you determine the amount of money to allocate for your Dependent Care FSA. Remember, the IRS requires that all money in your account be used during the plan year. You can access balance information online via **tuckeradministrators.com**.

Am I eligible to use the Dependent Care FSA?

To be eligible, you must be at work during the time your eligible dependent receives care. You must also meet one of the following eligibility guidelines:

- You and your spouse are both employed;
- You are a single parent;
- Your spouse is a full-time student at least five months during the year while you are working;
- Your spouse is physically or mentally unable to provide his/her own care; or
- You are divorced or legally separated and have custody of your child most of the time even though your former spouse may claim the child for income tax purposes.

Who is an eligible dependent?

An eligible dependent is defined as any person who can be claimed as a dependent for federal tax purposes and who:

- Is a child under 13 years of age;
- Is a child over the age of 13 who is physically or mentally incapable of caring for himself or herself;
- Is your spouse who is physically or mentally incapable of caring for himself or herself,
- An elderly parent who resides with you and is physically or mentally incapable of caring for himself or herself.

What expenses are covered?

Eligible dependent care expenses are those which allow you and your spouse, if you are married, to work or attended school full- time. Below are some examples of eligible dependent care expenses:

- Day care facility fees
- Before/after school care
- Summer day camp (not overnight)
- Nursery school or preschool, if child is too young for kindergarten
- In home babysitting fees, if not provided by another dependent and claimed as income by the care provider
- Private school tuition, K4 and above is not eligible for reimbursement

Is there anything I have to keep in mind when it comes time to file my taxes?

You are required to provide the name, address and taxpayer identification (or Social Security number) of the dependent care provider on your income tax return. If you are unable to provide this information, both the tax credit and the exclusion for the spending account reimbursement may be denied by the IRS. Verify that this information is available before you elect to participate in the Dependent Care FSA.

Expenses reimbursed from this FSA cannot be used to claim a Federal Income Tax credit; therefore, you will have to determine which approach is best for you. You may even be able to combine the expense account and tax credits to reduce your overall dependent care expenses. However, the maximum expense you can claim when using both the tax credit and FSA is the tax credit limit (\$3,000 for one dependent or \$6,000 for two or more dependents), minus the amount reimbursed under the Dependent Care FSA. You may wish to consult your tax advisor to see if the Flexible Spending Account or the tax credit will be more advantageous to your family.

How do I get reimbursed?

As you incur eligible expenses you must submit a completed Dependent Care claim form to Tucker Administrators with proof of payment from your day care provider or from the individual who provides the care. Dependent Care FSA claims must include the federal tax identification number or Social Security number, name and address of the provider, dates of service, type of service rendered and name of dependent. The individual who provides the care cannot be your spouse or a dependent under the age of 19.

With a Dependent Care FSA, you will be reimbursed as you set funds aside. If you submit a claim for more than what has been set aside for that account, the unreimbursed claim portion will be placed in "pending" status until funds are received through payroll deduction at which time you will receive reimbursement.

Can I pay my in-home daycare provider through the Dependent Care FSA?

Yes. You can be reimbursed from your Dependent Care FSA for any qualified daycare expenses, whether performed in your home, the provider's home or a "daycare center". Receipts for the expenses and the caregiver's Tax ID number or Social Security number must be provided.

I'm divorced; my ex-spouse claims our child as a deduction for tax purposes. I pay for child care. Can I use the Dependent Care FSA?

If your child resides with you most of the year, you can use the dependent care account to pay for child care services. However, you might want to call your tax advisor to discuss your particular circumstances before you elect to participate in the account.

If I have a question about my account, what should I do?

If you have any questions, you can call Tucker Administrators Customer Service at **1-800-347-1232**.

Dependent Care FSA Expense Worksheet

Dependent care expenses you paid last year could include:

Costs of Child or Adult Care Facilities*

Day Care Center / Nursery School \$ _____

Family Day Care / Adult Day Care Centers** \$ _____

Wages paid to a nanny or in home care provider*** \$ _____

* The facility must follow all local and state laws.

** These costs are eligible only if the adult dependent spends at least eight hours per day at home.

*** Please note these expenses are not eligible if the care services are provided by someone that you claim as a dependent.

Other dependent care expenses considered eligible by the IRS \$ _____

TOTAL ESTIMATED DEPENDENT CARE EXPENSES \$ _____

Compare last year's typical expenses to those eligible under your Dependent Care FSA and budget accordingly for the upcoming year.

FAX CLAIMS AND PROOF OF EXPENSE TO 704 525-9534 FOR PROCESSING.

(PLEASE KEEP YOUR ORIGINALS)

Tucker Administrators, Inc.
3800 Arco Corporate Dr., Suite 450
Charlotte, NC 28273
Telephone: (800) 347-1232
Fax: (704) 525-9534
www.tuckeradministrators.com



Ameritas Dental Plan

EFFECTIVE DATE: July 1, 2010

COMBINED CALENDAR YEAR DEDUCTIBLE

\$50.00 per individual for Type 2 (Basic) and Type 3 (Major) Procedures (3 times family limit). After the date that 3 members of a family have each satisfied their individual deductible, the entire deductible or any remaining portion of the deductible for any family member will be waived for the rest of that calendar year.

TYPE 1 - PREVENTIVE AND DIAGNOSTIC - Type 1 benefits are payable at 100% U&C*. No deductible applies.

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

TYPE 2 - BASIC PROCEDURES - Type 2 benefits are payable at 80% U&C*. \$50.00 deductible applies.

- Sealants (Under 17)
- Limited Exams-problem focused
- Restorative Amalgam & Resin (excluding inlays and crowns)
- Periodontics (Gum Disease)
- Oral Surgery - Complex Extractions
- Anesthesia
- Denture Repair
- Endodontics (Root Canal)
- Oral Surgery - Simple Extractions

TYPE 3 - MAJOR PROCEDURES* - Type 3 Benefits are payable at 50% U&C*. \$50.00 deductible applies.

- Restorative -Inlays and Crowns
- Prosthodontics - Removable Dentures, Partial
- Prosthodontics - Fixed Pontics or Abutments
- Crown Repair

ORTHODONTIA - Paid at 50% U&C* with a \$1,000 lifetime maximum. No deductible applies. Applies to both adults and children.

ANNUAL MAXIMUM BENEFIT

- Type 1, Type 2, and Type 3 Procedures - \$1,000 per calendar year per person.
- Orthodontia Procedures - \$1,000 Lifetime per person.

IMPORTANT NOTE: Late Entrant Notice: There is a 12 month waiting period on all procedures except cleanings, exams, and fluoride treatments unless the employee (and/or his family members) enrolled in the plan when they were FIRST eligible to participate.

**Usual and 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 determine 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 24 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.

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.

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.

SEMI-MONTHLY DENTAL RATES

Employee Only	\$14.48
Employee & Spouse	\$29.03
Employee & Child(ren)	\$30.66
Employee & Family	\$45.21

**FOR CLAIMS/CUSTOMER SERVICE QUESTIONS
CALL AMERITAS AT: (800) 487-5553.**

This insurance is underwritten by Ameritas Life Insurance Corp.



Superior Vision Plan 1 - Full Services Plan

Effective Date: July 1, 2010

Outline of Benefits – Gold Preferred Plan with Materials Discount

Vision Plan – Preferred Provider (PPO / Indemnity)

Copayment: \$15.00 Exam
\$35.00 Contact Lens Fitting Fee
No Copayment for Materials

BENEFITS	FREQUENCY	IN-NETWORK	NON-NETWORK
Comprehensive Exam (by an Ophthalmologist)	12 Months	Covered in Full	Up to \$44.00
Comprehensive Exam (by an Optometrist)	12 Months	Covered in Full	Up to \$39.00
Standard Lenses (per Pair)			
Single Vision	12 Months	Covered in Full	Up to \$34.00
Bifocal	12 Months	Covered in Full	Up to \$48.00
Trifocal	12 Months	Covered in Full	Up to \$64.00
Lenticular	12 Months	Covered in Full	Up to \$88.00
Contact Lenses (Per Pair)*			
Medically Necessary	12 Months	Covered in Full	Up to \$210.00
Cosmetic (Elective)**	12 Months	Up to \$120.00	Up to \$100.00
Contact Lens Fitting Fee			
Standard	12 Months	Covered in Full	Not Covered
Specialty	12 Months	Up to \$50.00	Not Covered
Frames (Standard)**	24 Months	Up to \$100.00	Up to \$50.00

* Contact lenses are in lieu of eyeglass lenses and frames benefits.

** The insured is responsible for paying any charges in excess of this allowance.

*** Standard contact lens fitting fee applies to an existing contact lens user who wears disposable, daily wear, or extended wear lenses only.

The specialty contact lens fitting fee applies to new contact lens wearers and/or a member who wears toric, gas permeable, or multifocal lenses.

For the specialty fit, the member is responsible for any charges over \$50.

ITEMS OR SERVICES NOT COVERED

While Superior Vision offers a variety of vision benefits, there are a few materials, services, and treatments that are generally not covered, or have limitations to their coverage. We do offer discounts on many of these items, as outlined in our discount plan coverage information. **YOUR specific Superior Vision Plan may differ, so confirm the details of your employer's plan prior to seeking services.**

ITEMS OR SERVICES NOT COVERED OR HAVE LIMITED COVERAGE*

- Non-prescription (plano) lenses of any kind, sunglasses, or contact lenses
- Any coating applied to lenses such as anti-reflective, scratch, UV, lamination, tints (except pink tint #1 and #2), and sunglass coloring
- Any lens materials other than standard plastic or glass such as polycarbonate, hi-index, polaroid, and photochromic
- Any special lens feature or treatment such as prisms, slab off, faceted, oversize lens greater than 61mm, polished bevel, groove, drill mount, notch, roll and polish, and blended bifocal
- progressive lenses (Though progressive lenses are not a covered benefit, the provider will apply the retail charge for standard trifocal lenses against the retail charge for the progressive lenses you selected. You are responsible for paying the provider the difference)
- Replacement of broken, lost, or damaged frames and/or lenses
- Orthoptics, vision training, and developmental vision procedures
- Experimental or non-conventional treatment or device
- Medical or surgical treatment of the eyes
- Post-cataract lenses (intra-ocular)
- Subnormal or low vision aids
- Safety eyewear
- Eye examination or corrective eyewear required by an employer as a condition of employment
- Services or materials when covered under workers' compensation or similar third party coverage
- Services or materials rendered by a provider other than an ophthalmologist, optometrist, or optician acting within the scope of his or her license
- Any additional services or procedures outside of a routine eye exam and contact lens fitting
- Services or materials rendered after the date a member ceases to be covered by the benefits plan except when vision materials ordered before coverage ended are delivered AND the corresponding services are provided to the member within 31 days of the initial order

Regardless of optical necessity, benefits are not available more frequently than that which is specified in the Outline of Benefits.

* Plans vary, so please refer to your own employer's specific coverage.

HOW TO USE THE PLAN

Welcome to Superior Vision's vision plan. Superior Vision provides primary vision care benefits including eye examinations, prescription eyewear, and contact lenses through a broad-based provider network consisting of ophthalmologists, optometrists, and opticians. The plan also contracts with a large number of national and regional optometric chain locations.

Your first step should be to choose an eye care provider, or ensure that your current provider is part of the Superior Vision network. Go to **www.superiorvision.com** and click on "Locate a Provider" for an updated list. You will learn about "in-network" and "out-of-network" providers – it is an important distinction

when receiving your benefits. You will also learn more about how to use your benefits, as well as the discounts that are available to you.

Remember that a routine eye exam is important not only for correcting vision problems, but for maintaining healthy eyes and overall health wellness. Superior Vision eye care providers are trained to test for and diagnosis a variety of health issues – not just eye problems. Take the time to get to know your vision plan, and start experiencing healthy eyes and healthy living.

DISCOUNT FEATURES

Materials Discounts on Additional Purchases

Prescription eyeglass lenses	30% off retail prices
Eyeglass frames	30% off retail prices
Add-on charges to basic lenses	20% off retail prices
Everyday “frame and lens package pricing”	20% off retail prices
Contact lenses, standard hard or soft	20% off retail prices
Disposable contact lenses	10% off retail prices
All other prescription materials	20% off retail prices

Materials Discount SVP8-20

Frames - 20% off the difference between the covered frame allowance and the retail price of the selected frame.

Note: Discounts do not apply when prohibited by the manufacturer.

Add-ons to the covered pair of lenses:

<u>Lens Options and Upgrades*</u>	<u>Member pays 20% off retail, up to:</u>
Factory scratch coat	\$13 (single vision & standard lined multifocal lenses)
Ultraviolet coat	\$15 (single vision & standard lined multifocal lenses)
Standard anti-reflective coat	\$50 (single vision & standard lined multifocal lenses)
High Index 1.6	\$55 (single vision lenses only)
Polycarbonate	\$40 (single vision lenses only)
Standard photochromic	\$80 (single vision lenses only)
Glass coloring	\$35 (any type lenses)
Plastic, tints, solid, or gradients	\$25 (any type lenses)

<u>Lens Options and Upgrades</u>	<u>Member pays:</u>
Power over 4.00D Sphere, 2.00D Cylinder & 5.00D Prism	20% discount off retail prices (any type lenses)
Cosmetic finishing, beveling, edging, and mounting	20% discount off retail prices (any type lenses)
Miscellaneous options	20% discount off retail prices (any type lenses)

*Higher end or brand name lens upgrades are at an additional expense. These upgrades will be available at a 20% discount off retail.

Refractive Surgery Discounts

Superior Vision Services has a nationwide network of refractive surgeons. These providers offer Superior Vision Plan members a discounted rate off the usual and customary prices for LASIK surgery. These discounts vary depending on the provider but are the best possible discounts available to Superior Vision.

SEMI - MONTHLY RATES - FULL SERVICE PLAN

Employee Only	\$5.40
Employee + One	\$10.48
Employee + Family	\$15.40

Customer Service

800-507-3800

916-852-2277 fax

Authorization numbers (out-of-network)

Explanation of benefits

Provider locator; provider nomination

Claims inquiries

Grievance issues

Customer Service/Corporate Office

11101 White Rock Rd., Ste. 150

Rancho Cordova, CA 95670

Claims Administration

P.O. Box 967

Rancho Cordova, CA 95741

Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance Coverage for your vision plan. Please check with your Benefits Administrator or Human Resources department if you have any questions.



The Superior Vision Plan is underwritten by National Guardian Life Insurance Company. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, a/k/a The Guardian or Guardian Life



Superior Vision Plan 2 - Materials Only Plan

Effective Date: July 1, 2010

Outline of Benefits – Materials Only

Vision Plan – Preferred Provider (PPO / Indemnity)

Copayment: \$15.00 Materials
 \$25.00 Contact Lens Fitting Fee

BENEFITS	Frequency	In-Network	Out-of-Network
Comprehensive Eye Exam	No Benefit	No Benefit	No Benefit
Standard Lenses (Per Pair):			
Single Vision	12 Months	Covered in Full	Up to \$34.00
Bifocal	12 Months	Covered in Full	Up to \$48.00
Trifocal	12 Months	Covered in Full	Up to \$64.00
Lenticular	12 Months	Covered in Full	Up to \$88.00
Contact Lenses (Per Pair)*			
Medically Necessary	12 Months	Covered in Full	Up to \$210.00
Cosmetic (Elective)**	12 Months	Up to \$120.00	Up to \$100.00
Contact Lens Fitting Fee			
Standard	12 Months	Covered in Full	Not Covered
Specialty	12 Months	Up to \$50.00	Not Covered
Frames (Standard)**	24 Months	Up to \$100.00	Up to \$50.00

* Contact lenses are in lieu of eyeglass lenses and frames benefits.

** The insured is responsible for paying any charges in excess of this allowance.

*** Standard contact lens fitting fee applies to an existing contact lens user who wears disposable, daily wear, or extended wear lenses only.

The specialty contact lens fitting fee applies to new contact lens wearers and/or a member who wears toric, gas permeable, or multifocal lenses.

For the specialty fit, the member is responsible for any charges over \$50.

ITEMS OR SERVICES NOT COVERED

While Superior Vision offers a variety of vision benefits, there are a few materials, services, and treatments that are generally not covered, or have limitations to their coverage. We do offer discounts on many of these items, as outlined in our discount plan coverage information. **YOUR specific Superior Vision Plan may differ, so confirm the details of your employer's plan prior to seeking services.**

ITEMS OR SERVICES NOT COVERED OR HAVE LIMITED COVERAGE*

- Non-prescription (plano) lenses of any kind, sunglasses, or contact lenses
- Any coating applied to lenses such as anti-reflective, scratch, UV, lamination, tints (except pink tint #1 and #2), and sunglass coloring
- Any lens materials other than standard plastic or glass such as polycarbonate, hi-index, polaroid, and photochromic
- Any special lens feature or treatment such as prisms, slab off, faceted, over size lens greater than 61mm, polished bevel, groove, drill mount, notch, roll and polish, and blended bifocal
- Progressive lenses (Though progressive lenses are not a covered benefit, the provider will apply the retail charge for standard trifocal lenses against the retail charge for the progressive lenses you selected. You are responsible for paying the provider the difference)
- Replacement of broken, lost, or damaged frames and/or lenses
- Orthoptics, vision training, and developmental vision procedures
- Experimental or non-conventional treatment or device
- Medical or surgical treatment of the eyes
- Post-cataract lenses (intra-ocular)
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- Eye examination or corrective eyewear required by an employer as a condition of employment
- Services or materials when covered under workers' compensation or similar third party coverage
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SEMI-MONTHLY RATES - MATERIALS ONLY PLAN

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Employee + One	\$ 6.59
Employee + Family	\$ 9.66

Customer Service

800-507-3800

916-852-2277 fax

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Assurity Accident Expense+ Plan (24 Hour Accident Plan)

Effective Date: July 1, 2010

Can you remember the last time you planned to get hurt? Many believe “it won’t happen” to them, but statistics tell a different story. What is your plan if you get hurt?

Accidents happen... Not just to people in cars or on slippery sidewalks — but to cooks in the kitchen, weekend athletes, do-it-yourselfers on ladders, and kids with footballs and bikes. Some injuries can be handled with a bandage and an ice pack, but one out of 12 people sought medical attention for an injury in 2004.†

You’re careful... Seatbelts, air bags, car seats, bike helmets and shin guards provide a level of protection for you and your family. You follow safety procedures at work. But, unfortunately, accidents can still result in injuries and unexpected expenses regardless of your precautions.

Disabling Injuries 2004 †

On-the-job 1 every 9 seconds

Off-the-job 1 every 5 seconds

At home 1 every 4 seconds

Costs are crippling... Recovering from an injury is tough enough, but out-of-pocket expenses for the emergency room, ambulance, hospital stay and doctors’ bills can cause a separate financial crisis. And, remember, while you’re laid-up — your monthly bills and expenses don’t stop!

The Accident Expense+ Policy solution... Assurity at Work, through Assurity Life Insurance Company, offers you the opportunity to protect your family and yourself from the cost of accidental injuries with the Accident Expense+ Policy. This plan pays you a fixed cash benefit for medical treatments associated with a covered accident. The benefits are paid regardless of any other insurance coverage.‡ Here’s the great news — you can extend this affordable protection to cover your spouse and children. This policy’s cash benefits will be handy for your child’s next trip to the emergency room for a playground or sports related injury.

Accident Expense+ Benefit Highlights...

- Accidental Death
- Accidental Death on –
Common Carrier (plane bus, train, etc.)
- Hospital Admission
- Hospital Confinement
- Hospital Intensive Care Unit
- Major Diagnostic Exams,
- Physician’s Office and Urgent
Care

† National Safety Council Injury Facts 2006.

‡ Assurity at Work offers two Accident Expense+ policies.

Your employer may choose to offer the 24-hour coverage or the off-the-job

Also included: Benefits for ambulance, emergency room, burns, dislocations, fractures, dismemberment, skin grafts, unintentional gunshot wounds, emergency dental work, eye injuries, prosthetic devices, medical appliances, blood products, ruptured disc surgery, rotator cuff surgery, abdominal or thoracic surgery, exploratory surgery, lodging and transportation.

BENEFIT OPTION

24-hour coverage (Form W A200)

BENEFIT AMOUNT

One-unit and two-unit plans are available.

RATE STRUCTURE

- Employee, Employee/Spouses, Employee/Child, Family
- One age band
- Unisex, Unismoke

ISSUE AGE (varies by state)

- 18 through 69 (using Age Last Birthday as of policy issue date)
- Children: 0 through 21 if dependent children definition met with coverage to age 25; automatic coverage will be afforded any newborn or adopted dependent child if Assurity receives written notification within 30 days.

ELIGIBILITY

Coverage is available for the employee, spouse and dependent children. Eligible employees must be actively at work, performing all duties of their primary occupation for the last 90 days to apply for coverage and be employed at their current employer for at least 30 days. Some industries require a longer period.

New hires must be actively at work, working 30 hours or more per week for the last 30 days, unless the writing period is longer for that industry.

RENEWABILITY

Policy is guaranteed renewable (GR) for life.

EXCLUSIONS (varies by state)

We will not pay benefits for losses caused by or as the result of any insured person(s):

- operating, learning to operate or serving as a crew member of any aircraft;
- engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting or any similar activities;
- riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received;

- who has any sickness or condition caused by a sickness independent of the covered accident, including physical or mental infirmity. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by any injury;
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or auxiliary units, including the National Guard or Army Reserve;
- suffering from mental or nervous disorders;
- being addicted to drugs or suffering from alcoholism (N/A in Georgia);
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a physician that are misused (N/A in Georgia);
- receiving injuries caused directly or indirectly while under the influence of a controlled substance or by intoxication as defined by the laws and jurisdiction of the geographical area for which the loss or cause of loss was incurred (N/A in Georgia);
- who is a dependent child and receives injuries during birth;
- having cosmetic surgery or other elective procedures that are not medically necessary;
- having dental treatment except as the result of an injury;
- having a hernia;
- participating in or attempting to commit a felony;
- being incarcerated in a penal institution or government detention facility;
- driving any taxi for wages, compensation or profit (N/A in Georgia);
- engaging in an illegal activity or occupation;
- self-inflicting an injury intentionally;
- committing or attempting to commit suicide, while sane or insane; or
- traveling outside the U.S., except for those injuries that require emergency care in a hospital.

For NC residents: “READ YOUR POLICY CAREFULLY. THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Guide to Health Care insurance for People with Medicare, which is available from Assurity.”

Benefits - paid once per accident

Benefit	Terms/Conditions/Limits	One-Unit Plan	Two-Unit Plan
Accidental death	Within 90 days of accident	\$25,000 employee \$10,000 spouse \$5,000 child	\$50,000 employee \$20,000 spouse \$10,000 child
Accidental death on common carrier (commercial airplane, bus, train, etc.)	Within 90 days of accident, not paid in addition to death benefit	\$50,000 employee \$20,000 spouse \$10,000 child	\$100,000 employee \$40,000 spouse \$20,000 child
Ambulance			
Air	To or from hospital or between medical facilities within 48 hours of accident	\$500 any insured	\$500 any insured
Ground	To or from hospital or between medical facilities within 90 days of accident	\$100 any insured	\$100 any insured
Appliances	As an aid in personal locomotion or mobility prescribed within 90 days of accident	\$100 any insured	\$100 any insured
Blood/Plasma/Platelets	For transfusion administration, cross matching, typing, and processing within 90 days of the accident	\$300 employee \$200 spouse/child	\$300 employee \$200 spouse/child
Burns	Within 72 hours of accident		
2nd degree burns on at least 36% of body		\$375 employee \$150 spouse/child	\$750 employee \$300 spouse/child
3rd degree burns on at least 1-19% of body		\$750 employee \$300 spouse/child	\$1,500 employee \$600 spouse/child
3rd degree burns on at least 20% of body		\$5,000 employee \$2,000 spouse/child	\$10,000 employee \$4,000 spouse/child
Skin graft for burn		25% of the applicable burn benefit	25% of the applicable burn benefit

Benefits - paid once per accident (continued)

Benefit	Terms/Conditions/Limits	One-Unit Plan		Two-Unit Plan	
Dislocations		Any Insured		Any Insured	
Hip	Requiring correction with anesthesia, diagnosed by a physician within 90 days of accident	Closed reduction \$1,000	Open reduction \$2,000	Closed reduction \$2,000	Open reduction \$4,000
Knee (except patella)	Reduction without anesthesia paid at 25% of the closed reduction benefit	\$500	\$1,000	\$1,000	\$2,000
Ankle or bones of the foot, (other than toes)	Incomplete dislocations paid at 25% of the closed reduction benefit	\$400	\$800	\$800	\$1,600
Collarbone (Sternoclavicular)		\$250	\$500	\$500	\$1,000
Collarbone (Acromioclavicular) one toe, or finger		\$50	\$100	\$100	\$200
Lower jaw, shoulder, elbow, wrist, bones of hand (other than fingers)		\$150	\$300	\$300	\$600
Dismemberment	Within 90 days of accident				
Both hands, both feet, sight in both eyes, or any combination of two or more hands, feet, and/or eyes		\$15,000 employee \$10,000 spouse/child		\$30,000 employee \$20,000 spouse/child	
One hand, one foot, or sight of one eye		\$7,500 employee \$5,000 spouse/child		\$15,000 employee \$10,000 spouse/child	
Two or more fingers or toes		\$1,500 employee \$1,000 spouse/child		\$3,000 employee \$2,000 spouse/child	
One finger or toe		\$750 employee \$500 spouse/child		\$1,500 employee \$1,000 spouse/child	
Emergency dental work	Paid once per accident, regardless of the number of teeth involved				
Any and all broken teeth repaired with crown		\$150 any insured		\$300 any insured	
Any and all broken teeth resulting in extractions		\$50 any insured		\$100 any insured	
Emergency room	Treatment within 72 hours of accident	\$200 any insured		\$200 any insured	

Benefits - paid once per accident (continued)

Benefit	Terms/Conditions/Limits	One-Unit Plan		Two-Unit Plan	
Eye Injury	Requiring surgery or removal of a foreign object within 90 days of accident	\$200 any insured		\$200 any insured	
Fractures	Requiring surgical or non-surgical realignment by a physician with 90 days of the accident	Any Insured		Any Insured	
		Closed reduction	Open reduction	Closed reduction	Open reduction
Skull (depressed)		\$1,250	\$2,500	\$2,500	\$5,000
Skull (non-depressed)		\$500	\$1,000	\$1,000	\$2,000
Hip, thigh		\$750	\$1,500	\$1,500	\$3,000
Vertebrae (excluding vertebral process), pelvis, leg, (tibia and/or fibula)		\$400	\$800	\$800	\$1,600
Vertebral process		\$150	\$300	\$300	\$600
Bones of face or nose, upper jaw (maxilla) upper arm (humerus)		\$175	\$350	\$350	\$700
Lower jaw (mandible), shoulder blade (scapula), collar bone (clavicle, sternum), forearm (radius and/or ulna), hand, wrist (except fingers), kneecap (patella), foot (except toes), ankle		\$150	\$300	\$300	\$600
Rib		\$125	\$250	\$250	\$500
Coccyx		\$100	\$200	\$200	\$400
Finger, toe		\$25	\$50	\$50	\$100
Gunshot wound (unintentional)	Requiring hospital confinement within 24 hours and surgery within 72 hours for one or more wounds	\$500 any insured		\$1,000 any insured	
Hospital Admission	Within 180 days of accident - not included: treatment in emergency room, outpatient facility or observation unit for less than 20 hours	\$500 any insured		\$1,000 any insured	

Benefits - paid once per accident (continued)

Benefit	Terms/Conditions/Limits	One-Unit Plan	Two-Unit Plan
Hospital Confinement	Within 180 days of accident - not paid concurrent with benefits for intensive care. Does not provide benefits for emergency room, outpatient facility, or observation unit for less than 20 hours.	\$100 per day for up to 90 days, any insured	\$200 per day for up to 180 days, any insured
Hospital ICU Confinement	Within 30 days of accident -if patient is in ICU for more than 15 days, the hospital confinement benefit begins on the 16th day	\$200 per day for up to 15 days, any insured	\$400 per day for up to 15 days, any insured
Knee cartilage - torn	Treatment within 60 days of accident, and surgery, if required, within 180 days of accident		
Arthroscopic surgery without repair or debridement		\$100 any insured	\$200 any insured
Surgical repair		\$500 any insured	\$1000 any insured
Laceration	Repaired within 72 hours of accident with stitches, staples, or glue		
Total of all lacerations less than 3 inches (7.6 cm)		\$50 any insured	\$100 any insured
Total of all lacerations 3 - 5 inches (7.6 cm to 12.5 cm)		\$200 any insured	\$400 any insured
Total of all lacerations 5+ inches (12.5 cm)		\$400 any insured	\$800 any insured
Lodging	For companion to accompany insured during hospital confinement more than 100 miles from home - 30 day max	\$100 per day - any insured	\$100 per day - any insured
Major diagnostic exams	Angiograms, CT Scan, CTA Scan, MRI, MRA, EEG	\$100 per year, any insured	\$200 per year, any insured
Physicians office or urgent care	Within 60 days of accident - initial treatment in physician's office or urgent care facility	\$50 any insured	\$50 any insured

Benefits - paid once per accident (continued)

Benefit	Terms/Conditions/Limits	One-Unit Plan	Two-Unit Plan
Prosthetic device/Artificial limb One prosthetic device or artificial limb More than one prosthetic device or artificial limb	Does not include hearing aids, dental aids including false teeth, eye glasses, cosmetic prosthesis such as wigs, joint replacement such as an artificial hip or knee	\$500 any insured \$1,000 any insured	\$500 any insured \$1,000 any insured
Ruptured disc	Treatment within 60 days and surgery within one year of accident	\$400 any insured	\$400 any insured
Surgery Open abdominal/thoracic surgery to repair injuries Open abdominal/thoracic exploratory surgery without repair Exploratory or other surgery without repair	Within 72 hours of accident - does not cover hernia repair	\$1,000 any insured \$100 any insured \$100 any insured	\$1,000 any insured \$100 any insured \$100 any insured
Tendon/ligament/rotator cuff Repair of tendon, ligament or rotator cuff Exploratory surgery without repair	Surgical repair of any and all torn, ruptured, or severed tendons, ligaments, or rotator cuffs within 90 days of accident	\$500 any insured \$100 any insured	\$500 any insured \$100 any insured
Transportation	Transportation for insured if traveling 100 miles or more round trip from home for medical treatment - maximum 3 trips per accident	\$300 any insured	\$300 any insured

SEMI-MONTHLY RATES

	<u>One Unit Plan</u>	<u>Two Unit Plan</u>
Employee	\$7.02	\$8.66
Employee & Spouse	\$12.42	\$15.47
Employee & Child	\$10.77	\$13.49
Family	\$16.84	\$21.19

Accident Claims: You may file a claim for accidents by completing an Assurity Accident 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/polkcourtnc. Should you have any questions on how to file or submit a claim, or regarding the Assurity Accident Plan, please call **(888) 358-8808, ext. 23**.

Assurity Life Insurance Company
PO Box 80926
Lincoln, NE, 68501-0926

Assurity Customer Service: (866) 289-7337
To Fax in a Claim/ Toll Free: (800) 869-0368

This policy is underwritten by Assurity Life Insurance Company. For specific details, please review the policy or contact your insurance representative or Assurity Life Insurance Company. This policy's availability — along with its rates, benefits and provisions — may vary by state and are subject to state approval.

Policy Form #'s WA 200



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.

ASSURITY'S 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 distinctive 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 you may have.
- Provides cash to offset the costs of 30 other diseases.
- 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 hormone therapy
- Experimental Treatment
- Individual/Family Transportation and Lodging

*Cancer Facts & Figures, American Cancer Society

**Report from the American Hospital Administration.

Assurity Cancer & Specified Disease Plan

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 with a rider, certain other specified diseases for the employee, spouse and covered children with continuous benefit and premium policy for life.

RATE STRUCTURE

Age bands: 18-34, 35-49, 50-64 Employee Issue Ages: 18-64, Family: Up to Age 64 on spouse. Children Age 0-21 (if "dependent children" definition is met, coverage is available to Age 25). Issue Age is age of last birthday on the day policy is issued.

PRE-EXISTING CONDITIONS

Assurity will not pay benefits for any expenses incurred concerning a Pre-existing Condition unless the expenses are for services rendered after coverage has been in force for 12 months from the Issue Date.

A pre-existing condition means a sickness or physical condition for which, during the 12 months before the Issue Date, the Insured Person received medical consultation, advice or treatment from a Physician or had taken prescribed medication.

ISSUE AGE

The Assurity cancer policy is available for persons ages 18-64, including spouses. The issue age of children is 0 days through 21 years of age. The coverage is continued up to age 25 if "dependent children" definition is met.

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

HOSPITAL CONFINEMENT

Assurity will pay you benefits for each day while the Insured is confined in the hospital for cancer up to 75 consecutive days of each period of confinement. There are three options for the daily benefit amount: \$150, \$250, and \$350. This benefit is not payable for government or charity hospital confinements.

SURGICAL BENEFIT

For the treatment of, removal of, or destruction of Cancer, Assurity will pay the actual charges incurred up to the amount shown on the surgery schedule for surgical procedures in or out of a Hospital for an Insured Person. For operations not listed, a comparable reasonable benefit will be paid. If two or more surgical procedures are performed at the same time through the same incision or in the same body opening, Assurity will pay the greater of the surgical benefit amounts, but not both. The surgery can be performed in a Hospital, an ambulatory surgical center or a Physician's office. See policy for surgical schedule.

ANESTHESIA

Assurity will pay actual charges incurred up to 25% of the Surgical Benefit if a Surgical Benefit is paid and charges are made by a Physician for anesthesia administered in connection with such surgical procedure.

ADDITIONAL SURGICAL OPINIONS

Assurity will pay the actual charges incurred up to a maximum of \$200 for a second surgical opinion. If the second surgical opinion differs from the first, Assurity pays the actual charges incurred up to a maximum of \$200 for a third surgical opinion.

PROSTHESIS

The policy pays actual charges incurred up to \$1,000 per prosthetic device that are required to replace a body part lost due to Cancer as a direct result of surgery for Cancer treatment. This benefit has a maximum of \$2,500 per Calendar Year. This benefit does not include breast prosthesis.

ATTENDING PHYSICIAN

The policy pays actual charges incurred 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 \$100 per day while confined in the hospital for treatment of cancer when authorized by a physician when a Private Nurse is required. Maximum of 60 days per calendar year.

RADIATION TREATMENT, CHEMOTHERAPY, HORMONE THERAPY OR IMMUNOTHERAPY

The calendar monthly and lifetime maximum benefit is \$10,000 per month, \$100,000 lifetime. Assurity will pay 50% of the actual charges incurred up to this calendar monthly and lifetime maximum for the following treatment techniques provided they are used for the purpose of modification or destruction of cancerous tissue:

- Radiation Treatment;
- Chemotherapy, Hormone Therapy and Immunotherapy drugs that are self-administered intravenously or administered directly by a Physician; or
- Chemotherapy, Hormone Therapy and Immunotherapy drugs that are self-administered or taken orally, up to a maximum of \$300 for each filled prescription or supply of drugs received from a medical provider. This benefit for self-administered or oral drugs is subject to a maximum of \$1,200 per Calendar Month.

Assurity will also pay for actual charges incurred up to maximum of \$500 per calendar year for the following services related to Radiation Treatment, Chemotherapy, Hormone Therapy and Immunotherapy:

- professional fees for administering the covered drugs;
- medical supplies, equipment and solutions;
- laboratory tests;

- x-rays, port films, MRIs, scans and ultrasounds; clinical treatment planning, clinical treatment management, medical radiation physics, dosimetry, treatment devices and special services;
- treatment consultation, planning and office visits; or
- Supportive and Protective Care Drugs

EXPERIMENTAL TREATMENT

Assurity pays actual charges up to \$4,000 per Calendar Year for experimental treatment that is approved by the Federal Drug Administration (FDA), National Cancer Institute (NCI) or American Cancer Society (ACS), for the purpose of modification or destruction of cancerous tissue.

BONE MARROW TRANSPLANT FOR CANCER

The policy pays the actual charges incurred up to a lifetime maximum of \$10,000 for bone marrow transplants or other forms of stem cell rescue (not to include any payments for donor expenses) and all related services and supplies. This benefit will pay for immunoglobulins, immunotherapy or colony-stimulating factors.

ADULT COMPANION TRANSPORTATION AND LODGING

The policy pays you the following expenses for one adult companion to be near the insured person when they are confined in a non-local hospital for specialized covered treatment prescribed by a physician as medically necessary: (a) the actual charges incurred up to \$40 per day for lodging incurred by the adult companion when staying at a hotel, motel or accommodation acceptable to Assurity, (b) the actual charges incurred up to \$15 per day for meals incurred by the adult companion (c) and the actual charges incurred up to \$500 per trip, for round trip coach fare on a common carrier to the nearest hospital that provides the prescribed treatment; or (d) \$.50 per mile for personal automobile expenses up to 700 miles round trip, provided that the destination is more than 50 miles one way from the city where the adult companion lives. This benefit is limited to two trips per calendar year.

This benefit is not payable for lodging occurring more than 24 hours prior to treatment nor for lodging occurring more than 24 hours following treatment. This benefit will not be paid for visits when an insured person receives non-covered treatments or periodic check-ups.

POSITIVE DIAGNOSIS TEST

Assurity will pay the actual charges incurred up to a lifetime maximum of \$500 for the diagnostic test that leads to a positive diagnosis of Cancer within 90 days of such test for an Insured Person. This benefit is not payable for non-melanoma skin Cancer.

OUTPATIENT SURGERY BENEFIT

Assurity will pay a benefit equal to the Daily Hospital Confinement benefit shown on the policy schedule for outpatient surgery due to cancer 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 non-melanoma skin Cancer treatment.

SKIN CANCER (NON-MELANOMA)

The policy pays up to \$100 for actual charges for the removal of non-melanoma skin cancer when diagnosis is made by a physician. This benefit is limited to two procedures per calendar year.

AMBULANCE

The policy pays actual charges up to \$200 per trip if a licensed professional ambulance company transports an insured person to or from a hospital or between medical facilities where the insured person is confined for cancer treatment. This benefit is limited to two trips per confinement.

HOSPICE CARE

Assurity will pay the actual charges incurred 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 a lifetime maximum of 120 days.

GOVERNMENT OR CHARITY HOSPITAL CONFINEMENT

The policy pays \$200 per day, up to 75 consecutive days, for an insured person confined for treatment of cancer in: (a) a hospital operated by or for the United States Government (including Veteran's Administration); (b) or a hospital that does not charge for the services it provides (charity). If this benefit is payable, no other benefits will be paid for the same time period and covered condition.

BLOOD AND BLOOD PLASMA

The policy pays the actual charges up to \$150 per day for an insured person requiring the transfusion, administration, cross-matching, typing and processing of blood and blood plasma due to cancer. This benefit is not payable for clerical, storage, and administration expenses associated with blood and blood plasma. This benefit does not pay for immunoglobulins, immunotherapy or colony-stimulating factors. There is a maximum of \$5,000 per calendar year for this benefit.

BREAST PROSTHESIS

Assurity will pay the actual charges incurred up to a lifetime maximum of \$2,500 per breast for an external breast prosthesis or an internal breast prosthesis due to cancer as a direct result of surgery for cancer treatment.

HAIRPIECE BENEFIT

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

CANCER SCREENING TESTS

Assurity will pay the sum of the actual charges incurred for the following tests up to a maximum of \$100 per calendar year. Benefits are not payable for tests performed within the 30-day waiting period.

- biopsy for skin Cancer;
- CA 125 (blood test for ovarian Cancer);
- CEA (blood test for colon Cancer);
- chest x-ray;
- colonoscopy;

- flexible sigmoidoscopy;
- hemocult stool specimen;
- mammography screening;
- pap smear (test only);
- PSA (blood test for prostate Cancer);
- serum protein electrophoresis; or
- thermography.

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.markiibro-kerage.com/polkcourtync. 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

Assurity will pay up to \$100 per day of actual charges for services provided at home, up to a maximum of 60 days per calendar year, when an insured person is provided services by a licensed home health care agency. Such care must be prescribed by a physician and begin within seven days of release from a covered hospital confinement. The care cannot be provided by an immediate family member. This benefit will not be payable on the same day that Hospice Care is payable.

RENTAL OR PURCHASE OF DURABLE MEDICAL EQUIPMENT

Upon a physician's recommendation, Assurity will pay the sum of the actual charges incurred for the rental or purchase of the following pieces of durable medical equipment up to \$1,000 per Calendar Year:

- brace;
- crutches;
- hospital bed;
- respirator or similar mechanical device; or
- wheel chair.

EXTENDED BENEFITS

If an insured person is continuously confined in a Hospital for treatment of cancer for more than 75 consecutive days, the policy pays the actual charges incurred up to the minimum of the usual and normal charges or \$1,000 per day, beginning on the 76th day for:

- drugs and medicines;
- Hospital room and board;
- tests; and
- other Medically Necessary Hospital charges.

Periods of Confinement separated by more than 30 days shall not be considered consecutive days.

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.markiiibrokerage.com/polkcourtnc. 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**.

SPECIFIED DISEASE BENEFIT RIDER

The benefits of the rider 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	Toxic Shock Syndrome
Meningitis	Tuberculosis
Multiple Sclerosis	Typhoid Fever
Muscular Dystrophy	Whooping Cough

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 30 days per period of confinement. The daily benefit amount reduces by 50% when that Insured Person reaches age 70. Benefits are not payable during the 30-day waiting period.

Cancer First Occurrence Rider -- pays \$2,500 or \$5,000 the first time an insured is diagnosed as having cancer. This benefit is not payable if diagnosed within the 30-day waiting period.

LIMITATIONS

Pre-existing Conditions. We will not pay benefits for any expenses incurred concerning a Pre-existing Condition unless the expenses are for services rendered after coverage has been in force for 12 months from the Issue Date.

Waiting Period. Charges incurred during the first 30 days of coverage are not eligible for payment.

EXCLUSIONS

We will not pay benefits for loss caused by or resulting from:

- Injuries;
- Noncancerous sickness;
- Any sickness, illness, bodily infirmity or incapacity that has been caused, complicated, worsened, or affected by Cancer or as a result of Cancer treatment;
- Expenses that are incurred prior to the Issue Date regardless of the date of positive diagnosis; or
- Care, and/or treatment received outside the United States.

Assurity Life Insurance Company
PO Box 82533, Lincoln, NE, 68501-2533
Assurity Customer Service: 1.866.289.7337
Website: 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. W C240
Rider Form Nos. R WC241, R WC242 & R WC243





**Cancer Policy and Specified Disease Benefit Rider
With Radiation/Chemotherapy**

SEMI-MONTHLY RATES (Ages 18 to 34)

Assurity Life Cancer & Specified Disease Plan				
		\$150 Daily Benefit	\$250 Daily Benefit	\$350 Daily Benefit
Base Policy with Specified Disease Benefit Rider (\$10,000 per month/\$100,000 lifetime maximum) (radiation/chemotherapy)	Individual	\$6.26	\$6.41	\$6.56
	EE & Spouse	\$11.10	\$11.40	\$11.70
	EE & Children	\$7.56	\$7.75	\$7.94
	Family	\$12.33	\$12.67	\$13.01
Base Policy with Specified Disease Benefit Rider with Intensive Care Rider (\$300 daily benefit)	Individual	\$7.52	\$7.67	\$7.82
	EE & Spouse	\$13.67	\$13.97	\$14.27
	EE & Children	\$9.95	\$10.14	\$10.33
	Family	\$16.11	\$16.45	\$16.79
Base Policy with Specified Disease Benefit Rider with Intensive Care Rider (\$600 daily benefit)	Individual	\$8.79	\$8.94	\$9.09
	EE & Spouse	\$16.24	\$16.54	\$16.84
	EE & Children	\$12.34	\$12.53	\$12.72
	Family	\$19.89	\$20.23	\$20.57
Base Policy with Specified Disease Benefit Rider with First Occurrence Benefit Rider (\$2,500 benefit)	Individual	\$6.60	\$6.75	\$6.90
	EE & Spouse	\$11.77	\$12.07	\$12.37
	EE & Children	\$7.97	\$8.16	\$8.35
	Family	\$13.05	\$13.39	\$13.73
Base Policy with Specified Disease Benefit Rider with First Occurrence Benefit Rider (\$2,500 benefit) and Intensive Care Rider (\$300 daily benefit)	Individual	\$7.86	\$8.01	\$8.16
	EE & Spouse	\$14.34	\$14.64	\$14.94
	EE & Children	\$10.36	\$10.55	\$10.74
	Family	\$16.83	\$17.17	\$17.51
Base Policy with Specified Disease Benefit Rider with First Occurrence Benefit Rider (\$2,500 benefit) and Intensive Care Rider (\$600 daily benefit)	Individual	\$9.13	\$9.28	\$9.43
	EE & Spouse	\$16.91	\$17.21	\$17.51
	EE & Children	\$12.75	\$12.94	\$13.13
	Family	\$20.61	\$20.95	\$21.29
Base Policy with Specified Disease Benefit Rider with First Occurrence Benefit Rider (\$5,000 benefit)	Individual	\$6.94	\$7.09	\$7.24
	EE & Spouse	\$12.43	\$12.73	\$13.03
	EE & Children	\$8.37	\$8.56	\$8.75
	Family	\$13.78	\$14.12	\$14.46
Base Policy with Specified Disease Benefit Rider with First Occurrence Benefit Rider (\$5,000 benefit) and Intensive Care Rider (\$300 daily benefit)	Individual	\$8.20	\$8.35	\$8.50
	EE & Spouse	\$15.00	\$15.30	\$15.60
	EE & Children	\$10.76	\$10.95	\$11.14
	Family	\$17.56	\$17.90	\$18.24
Base Policy with Specified Disease Benefit Rider with First Occurrence Benefit Rider (\$5,000 benefit) and Intensive Care Rider (\$600 daily benefit)	Individual	\$9.47	\$9.62	\$9.77
	EE & Spouse	\$17.57	\$17.87	\$18.17
	EE & Children	\$13.15	\$13.34	\$13.53
	Family	\$21.34	\$21.68	\$22.02



**Cancer Policy and Specified Disease Benefit Rider
With Radiation/Chemotherapy**

SEMI-MONTHLY RATES (Ages 35 to 49)

Assurity Life Cancer & Specified Disease Plan				
		\$150 Daily Benefit	\$250 Daily Benefit	\$350 Daily Benefit
Base Policy with Specified Disease Benefit Rider (\$10,000 per month/\$100,000 lifetime maximum) (radiation/chemotherapy)	Individual	\$12.61	\$13.00	\$13.39
	EE & Spouse	\$23.53	\$24.30	\$25.08
	EE & Children	\$13.81	\$14.24	\$14.67
	Family	\$24.77	\$25.58	\$26.40
Base Policy with Specified Disease Benefit Rider with Intensive Care Rider (\$300 daily benefit)	Individual	\$13.91	\$14.30	\$14.69
	EE & Spouse	\$26.13	\$26.90	\$27.68
	EE & Children	\$16.14	\$16.57	\$17.00
	Family	\$28.58	\$29.39	\$30.21
Base Policy with Specified Disease Benefit Rider with Intensive Care Rider (\$600 daily benefit)	Individual	\$15.20	\$15.59	\$15.98
	EE & Spouse	\$28.74	\$29.51	\$30.29
	EE & Children	\$18.48	\$18.91	\$19.34
	Family	\$32.38	\$33.19	\$34.01
Base Policy with Specified Disease Benefit Rider with First Occurrence Benefit Rider (\$2,500 benefit)	Individual	\$13.47	\$13.86	\$14.25
	EE & Spouse	\$25.16	\$25.93	\$26.71
	EE & Children	\$14.73	\$15.16	\$15.59
	Family	\$26.46	\$27.27	\$28.09
Base Policy with Specified Disease Benefit Rider with First Occurrence Benefit Rider (\$2,500 benefit) and Intensive Care Rider (\$300 daily benefit)	Individual	\$14.77	\$15.16	\$15.55
	EE & Spouse	\$27.76	\$28.53	\$29.31
	EE & Children	\$17.06	\$17.49	\$17.92
	Family	\$30.27	\$31.08	\$31.90
Base Policy with Specified Disease Benefit Rider with First Occurrence Benefit Rider (\$2,500 benefit) and Intensive Care Rider (\$600 daily benefit)	Individual	\$16.06	\$16.45	\$16.84
	EE & Spouse	\$30.37	\$31.14	\$31.92
	EE & Children	\$19.40	\$19.83	\$20.26
	Family	\$34.07	\$34.88	\$35.70
Base Policy with Specified Disease Benefit Rider with First Occurrence Benefit Rider (\$5,000 benefit)	Individual	\$14.33	\$14.72	\$15.11
	EE & Spouse	\$26.79	\$27.56	\$28.34
	EE & Children	\$15.66	\$16.09	\$16.52
	Family	\$28.15	\$28.96	\$29.78
Base Policy with Specified Disease Benefit Rider with First Occurrence Benefit Rider (\$5,000 benefit) and Intensive Care Rider (\$300 daily benefit)	Individual	\$15.63	\$16.02	\$16.41
	EE & Spouse	\$29.39	\$30.16	\$30.94
	EE & Children	\$17.99	\$18.42	\$18.85
	Family	\$31.96	\$32.77	\$33.59
Base Policy with Specified Disease Benefit Rider with First Occurrence Benefit Rider (\$5,000 benefit) and Intensive Care Rider (\$600 daily benefit)	Individual	\$16.92	\$17.31	\$17.70
	EE & Spouse	\$32.00	\$32.77	\$33.55
	EE & Children	\$20.33	\$20.76	\$21.19
	Family	\$35.76	\$36.57	\$37.39



**Cancer Policy and Specified Disease Benefit Rider
With Radiation/Chemotherapy**

SEMI-MONTHLY RATES (Ages 50 to 64)

Assurity Life Cancer & Specified Disease Plan				
		\$150 Daily Benefit	\$250 Daily Benefit	\$350 Daily Benefit
Base Policy with Specified Disease Benefit Rider (\$10,000 per month/\$100,000 lifetime maximum) (radiation/chemotherapy)	Individual	\$26.58	\$27.51	\$28.45
	EE & Spouse	\$52.78	\$54.70	\$56.62
	EE & Children	\$27.95	\$28.93	\$29.92
	Family	\$53.66	\$55.60	\$57.55
Base Policy with Specified Disease Benefit Rider with Intensive Care Rider (\$300 daily benefit)	Individual	\$28.67	\$29.60	\$30.54
	EE & Spouse	\$57.07	\$58.99	\$60.91
	EE & Children	\$30.86	\$31.84	\$32.83
	Family	\$58.80	\$60.74	\$62.69
Base Policy with Specified Disease Benefit Rider with Intensive Care Rider (\$600 daily benefit)	Individual	\$30.75	\$31.68	\$32.62
	EE & Spouse	\$61.36	\$63.28	\$65.20
	EE & Children	\$33.78	\$34.76	\$35.75
	Family	\$63.95	\$65.89	\$67.84
Base Policy with Specified Disease Benefit Rider with First Occurrence Benefit Rider (\$2,500 benefit)	Individual	\$28.63	\$29.56	\$30.50
	EE & Spouse	\$56.74	\$58.66	\$60.58
	EE & Children	\$30.10	\$31.08	\$32.07
	Family	\$57.65	\$59.59	\$61.54
Base Policy with Specified Disease Benefit Rider with First Occurrence Benefit Rider (\$2,500 benefit) and Intensive Care Rider (\$300 daily benefit)	Individual	\$30.72	\$31.65	\$32.59
	EE & Spouse	\$61.03	\$62.95	\$64.87
	EE & Children	\$33.01	\$33.99	\$34.98
	Family	\$62.79	\$64.73	\$66.68
Base Policy with Specified Disease Benefit Rider with First Occurrence Benefit Rider (\$2,500 benefit) and Intensive Care Rider (\$600 daily benefit)	Individual	\$32.80	\$33.73	\$34.67
	EE & Spouse	\$65.32	\$67.24	\$69.16
	EE & Children	\$35.93	\$36.91	\$37.90
	Family	\$67.94	\$69.88	\$71.83
Base Policy with Specified Disease Benefit Rider with First Occurrence Benefit Rider (\$5,000 benefit)	Individual	\$30.68	\$31.61	\$32.55
	EE & Spouse	\$60.69	\$62.61	\$64.53
	EE & Children	\$32.24	\$33.22	\$34.21
	Family	\$61.65	\$63.59	\$65.54
Base Policy with Specified Disease Benefit Rider with First Occurrence Benefit Rider (\$5,000 benefit) and Intensive Care Rider (\$300 daily benefit)	Individual	\$32.77	\$33.70	\$34.64
	EE & Spouse	\$64.98	\$66.90	\$68.82
	EE & Children	\$35.15	\$36.13	\$37.12
	Family	\$66.79	\$68.73	\$70.68
Base Policy with Specified Disease Benefit Rider with First Occurrence Benefit Rider (\$5,000 benefit) and Intensive Care Rider (\$600 daily benefit)	Individual	\$34.85	\$35.78	\$36.72
	EE & Spouse	\$69.27	\$71.19	\$73.11
	EE & Children	\$38.07	\$39.05	\$40.04
	Family	\$71.94	\$73.88	\$75.83

***Why do you need Disability Insurance?
Consider this . .***

Statistics show you are much more likely to be injured in an accident than to die from one.

- A fatal injury occurs every 5 minutes, and a disabling injury occurs every 1.5 seconds.¹
- There is a death caused by a motor vehicle crash every 12 minutes; there is a disabling injury every 14 seconds.¹
- In the home, there is a fatal injury every 16 minutes and a disabling injury every 4 seconds.¹

While many people survive accidental injuries, many others live with serious illnesses.

- In the United States, men have a little less than a 1-in-2 lifetime risk of developing cancer; for women the risk is a little more than 1-in-3. The five year relative survival rate for all cancers combined is 63%.²
- One in five males and females has some form of cardiovascular disease. High blood pressure is the most common form of cardiovascular disease.³
- More than 35 million Americans are now living with chronic lung diseases, such as asthma, emphysema, and chronic bronchitis.⁴

Advances in medicine are allowing us to live longer. However, recovery from a serious illness or injury often requires time away from work.

- In the last 20 years, deaths due to the big three (cancer, heart attack, and stroke) have gone down significantly. But disabilities due to those same three diseases are up dramatically. Things that used to kill, now disable.⁵

***You have life insurance, home insurance and
automobile insurance.
But is your income insured?***

1 National Safety Council, Injury Facts, 2003 Edition

2 American Cancer Society, Cancer Facts & Figures 2004

3 American Heart Association, Heart Disease and Stroke Statistics – 2004 Update

4 American Lung Association, Lung Disease Data 2003

5 National Underwriter, May 2002

Standard Life Short Term Disability Plan

Effective Date: July 1, 2010, 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 due to 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. Continued coverage is subject to income and occupational guidelines.

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. Disability must be certified by a physician.

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.

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. All applications will be underwritten.

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 month beyond the effective date.

Pregnancy: Benefits for disability related to pregnancy are covered provided conception occurs **after** the effective date of the policy, not the date the application was signed.

Portability: When an employee leaves the employment of Polk County Government, they may continue the short term disability coverage, subject to the renewability provision, as long as continuous employment is maintained. Your new occupation must be within the Company's underwriting guidelines.

This coverage expires on the policy anniversary date following your 65th birthday.

SEMI-MONTHLY RATES

Benefit Duration 90 Days		Benefit Duration 180 Days		Benefit Duration 365 Days	
Monthly Benefit	Semi- Monthly Premium	Monthly Benefit	Semi- Monthly Premium	Monthly Benefit	Semi- Monthly Premium
\$500	\$5.63	\$500	\$8.75	\$500	\$11.25
\$600	\$6.75	\$600	\$10.50	\$600	\$13.50
\$700	\$7.88	\$700	\$12.25	\$700	\$15.75
\$800	\$9.00	\$800	\$14.00	\$800	\$18.00
\$900	\$10.13	\$900	\$15.75	\$900	\$20.25
\$1,000	\$11.25	\$1,000	\$17.50	\$1,000	\$22.50
\$1,100	\$12.38	\$1,100	\$19.25	\$1,100	\$24.75
\$1,200	\$13.50	\$1,200	\$21.00	\$1,200	\$27.00
\$1,300	\$14.63	\$1,300	\$22.75	\$1,300	\$29.25
\$1,400	\$15.75	\$1,400	\$24.50	\$1,400	\$31.50
\$1,500	\$16.88	\$1,500	\$26.25	\$1,500	\$33.75
\$1,600	\$18.00	\$1,600	\$28.00	\$1,600	\$36.00
\$1,700	\$19.13	\$1,700	\$29.75	\$1,700	\$38.25
\$1,800	\$20.25	\$1,800	\$31.50	\$1,800	\$40.50
\$1,900	\$21.38	\$1,900	\$33.25	\$1,900	\$42.75
\$2,000	\$22.50	\$2,000	\$35.00	\$2,000	\$45.00

Limits and Exclusions:

Benefits will not be paid for any total disability which:

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

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.

**For questions about your policy, call
Standard Life and Casualty at (800) 327-0695
For Claims call (800) 227-0251**



Fort Dearborn Term Life Plan

BASIC EMPLOYEE LIFE INSURANCE

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

VOLUNTARY EMPLOYEE LIFE INSURANCE

Your employer-sponsored basic life coverage provides important protection for you, but you may need to add to that protection. Now you can...at low group rates and through convenient payroll deductions.

To help meet this need, you have the opportunity to elect additional group life insurance under the voluntary portion of your program to go along with any personal insurance coverage you may have.

VOLUNTARY DEPENDENT LIFE INSURANCE

Provides coverage on:

- Your Spouse
- Unmarried child(ren) between the ages of 15 days and 18 years (up to age 23 if wholly dependent upon you for maintenance and support and if enrolled as a full time student in an accredited school or college). Handicapped children can continue to be covered with no age limit. Children can only be covered by one parent.

It is your responsibility to notify Human Resources when a spouse or dependent child is no longer eligible for coverage. (ie. divorce, child no longer full-time college student, etc.)

FLEXIBILITY

Simply choose the amount of coverage that suits your needs from the selection provided, as outlined on the back of this folder.

FEATURES

The plan features easy eligibility and simple enrollment procedures.

Furthermore, automatic payroll deductions simplify paperwork. This means less bookkeeping for you and no worries about a lapse in coverage due to missed payments.

LOW COST

Your cost is lower than for comparable insurance on an individual basis due to the "wholesale" economies inherent in group insurance. Additionally, the County absorbs the cost of administering the program which is underwritten by Fort Dearborn - a leader in the field of group coverage.

ELIGIBILITY

You will be eligible for this program if you are a full-time active employee.

ENROLLMENT

Enrollment is simple -- just fill out the enrollment form provided by your employer. Make sure you supply all the required information and return the form where you work. That's all. You will be notified as to when coverage starts.

BENEFICIARY

You have the right to designate the beneficiary of your choice under employee coverage. You are automatically the beneficiary under Dependent Life.

WHEN YOUR INSURANCE STARTS

If you enroll on or before the day you become eligible, your employer provided insurance becomes effective on the date of your eligibility if you are then actively at work; otherwise, on the day you return to active work.

If you have elected Voluntary Employee or Dependent Life Insurance, you will be notified as to when that coverage begins. Anyone electing not to enroll when first eligible or within three months thereafter can enroll later only if evidence of insurability satisfactory to the Insurance Company is provided.

TERMINATION OF COVERAGE

All insurance under the plan will terminate upon the earlier of retirement, termination of employment, when the plan ceases or when you withdraw from the plan. Nevertheless, if you should die within 31 days thereafter, and you are eligible for conversion or portability, your life insurance will still be paid to your beneficiary. If any of your covered dependents should die within such 31 day period, the amount of Life Insurance on account will be paid to you.

REDUCTIONS AT AGES 65 & OVER

If you remain in active service beyond age 65 your amount of Basic Employee Life Insurance will be as follows:

Attained Age	Percent of Original Amount
65	65%
70	50%

(The above age reduction also applies to dependent spouse.)

FAMILY STATUS CHANGE

This provision allows you to increase your coverage by one times your basic annual salary without evidence of insurability within 31 days of the following:

- Marriage or divorce
- Death of a spouse or dependent child
- Birth or adoption of a dependent child
- Change in employment status for you or your spouse

WAIVER OF PREMIUM

Your Basic and Voluntary Life coverages include a waiver of premium provision. If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of 6 months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first. Your Voluntary Dependent Life Insurance may be continued provided you remit the applicable premium to your employer.

CONVERSION

If your employment terminates while you are covered under the plan, you may purchase without medical evidence of insurability, any individual insurance policy, except a term policy, issued by Fort Dearborn Life Insurance Company in any amount up to the amount of your life coverage in effect on your date of termination.

You must apply for this policy within 31 days after the date your coverage terminates. This privilege applies to Supplemental Life Insurance and Supplemental Dependent Life Insurance as well as to Basic Life Insurance.

PORTABILITY

Voluntary Life benefits are portable upon retirement or termination for the employee and/or his insured spouse. If an insured employee or spouse elects portability, he may also elect to continue Dependent Child(ren)'s coverage. Ported coverage terminates at age 70.

ACCELERATED BENEFITS OPTION

Fort Dearborn Life Insurance Company has included an Accelerated Benefit Option (ABO) as part of your group life benefits. Under this option, if you are diagnosed as having a terminal illness, you may be eligible to receive a portion of your group life benefits at such a difficult time. Please refer to your Group Certificate for details.

GROUP POLICY AND CERTIFICATE

The insurance briefly described in this folder is subject to the terms and conditions of the Group Policy issued by Fort Dearborn Life Insurance Company. If you become insured, you will receive a certificate outlining your benefits under the policy.

PLAN SPONSOR

Polk County Government
40 Courthouse Street
Columbus, NC 28722
(828) 894-3302

CLAIMS PROCEDURE

Claim forms needed to file for benefits under the group insurance program 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.

This is only a brief summary of the life insurance benefits available. Some restrictions may apply. For more specific information about the coverage details, including limitations, exclusions and other requirements, please refer to your certificate booklet or contact Human Resources.

This coverage is underwritten by Fort Dearborn Life Insurance Company.

SCHEDULE OF BENEFITS

BASIC LIFE AND AD&D INSURANCE

In the amount of \$15,000 at no cost to you; paid by the County

VOLUNTARY GROUP LIFE INSURANCE

You choose the following amounts on yourself and your spouse:

\$10,000, \$20,000, \$30,000, \$40,000, \$50,000, \$60,000, \$70,000, \$80,000, \$90,000, \$100,000, \$150,000, \$200,000, \$250,000, \$300,000, \$400,000, or \$500,000

YOUR SEMI-MONTHLY COST FOR EMPLOYEE AND SPOUSE VOLUNTARY GROUP LIFE INSURANCE

(Spouse coverage based on spouse's age)

Age	Rate Per \$1,000
Less than 35	.04
35-39	.06
40-44	.10
45-49	.14
50-54	.24
55-59	.41
60-64	.65
65-69	1.02
70-74	1.62
75+	2.86

VOLUNTARY DEPENDENT LIFE INSURANCE

\$10,000 on each of your eligible children - \$1.00/semi-monthly

\$ 5,000 on each of your eligible children - \$0.50/semi-monthly

- **Employees under age 60 must furnish evidence of insurability for amounts over \$100,000.**
- **Employees age 60-69 must furnish evidence of insurability for amounts over \$20,000.**
- **Employees age 70 and over must furnish evidence of insurability for all amounts of coverages.**
- **To be eligible for \$20,000 or more your spouse must furnish medical evidence of insurability.**

Texas Life Whole Life Plan

Common Issue Date: August 1, 2010 pending underwriting approval

This Voluntary Permanent Life Program will allow you to purchase permanent life insurance for you and your eligible dependents.

VPL- plus is an individual permanent life insurance product specifically designed for employees and their families. It provides a guaranteed level premium and death benefit for the life of the policy, and you can keep the life insurance even after you retire.

As an employee, you are eligible to apply if you have satisfied your employer's eligibility period. You may also apply for coverage on your spouse, children and grandchildren.

WHY VOLUNTARY COVERAGE

- Most employees are dependent on group term
- Only 50% of U.S. Households have individually owned life insurance¹
- 72% of life insurance policies are paid to beneficiaries of individually owned life plans¹
- Most term policies expire before paying a death claim
- When do you want a life insurance policy in force?
— Answer: When you die
- Term is for IF you die; permanent is for WHEN you die
- Everybody dies

THE NEW PRODUCT: TEXAS LIFE'S VPL-plus

- Portable, permanent life insurance through the convenience of payroll Deduction
- Whole life chassis
- Strong guarantees
- Popular features
- Coverage available for spouse, children and grandchildren

VPL-plus: PORTABLE AND PERMANENT

- Employee can keep policy, at same premium, if he/she retires or changes jobs
- Employee may apply for spouse, children and grandchildren at the worksite
- Permanent coverage: policy guaranteed to remain in force as long as necessary premiums are paid

VPL-plus: THE GUARANTEES EMPLOYEES WANT

- Guaranteed level premium
- Guaranteed level death benefit
- Guaranteed reduced paid-up insurance at retirement
- Guaranteed paid-up for face amount at age 70 (or after 20 years for insureds between ages 51 and 70)

¹LIMRA International, 2005

VPL-plus: CGI (EXPRESS ISSUE) UNDERWRITING

Employee, spouse coverage require 3 health and employment related questions:

- During the last six months, has the proposed insured been actively at work on a full-time basis, performing usual duties?
- During the last six months, has the proposed insured been absent from work due to illness or medical treatment for a period of more than five consecutive working days?
- During the last six months, has the proposed insured been disabled or received tests, treatment or care of any kind in a hospital or nursing home or received chemotherapy, hormonal therapy for cancer, radiation therapy, dialysis treatment or treatment for alcohol or drug abuse?

Child coverage (ages 6 months -18 years old):

- During the last six months, has the proposed insured been disabled or received tests, treatment or care of any kind in a hospital or nursing home or received chemotherapy, hormonal therapy for cancer, radiation therapy, dialysis treatment or treatment for alcohol or drug abuse?

Express Issue Maximums

- employee
 - ages 17-49, \$100,000
 - ages 50-65, \$50,000
 - ages 66-70, \$10,000
- spouse (if employee applies)
 - ages 17-49, \$50,000
 - ages 50-65, \$25,000
 - ages 66-70, \$10,000
- spouse (if employee does not apply)
 - ages 17-24 \$25,000
 - ages 25-29 \$20,000
 - ages 30-39 \$15,000
 - ages 40-44 \$10,000
 - ages 45-49 \$7,500
 - ages 50-70 \$5,000
- children - ages 6 months -18 \$25,000
- grandchildren - ages 6 months -16 \$25,000

Simplified Issue

- Use if proposed insured wants amounts over Express Issue maximums
- Coverage is dependent on answers to health-related and other questions contained in the application
- Answer all underwriting questions
- Blood required for amounts in excess of \$100,000
- Rates are unisex
- Rates are unismoke

Accelerated Death Rider

- Included on all policies (Employee, Spouse, Children, Grandchildren)
- Pays 92% of death benefit, less \$150 processing fee, upon physician-certified diagnosis of condition expected to result in death within 12 months (conditions and limitations apply)
- Percentage lower in New York and Massachusetts
- No extra charge for rider
- Policy terminates when rider is exercised

Waiver of Premium

- Available for issue ages 17-55
- Benefit payable to insured through age 60
- Cost is included in premium

VPL-plus: Review

- Permanent and portable
- Non-participating Whole Life chassis (no dividends)
- Guaranteed level death benefit
- Guaranteed level premium
- Guaranteed reduced paid-up insurance at retirement
- Premiums cease at age 70 (or after 20 years, ages 51-70)
- Accelerated Death Benefit Rider included on all policies
- Waiver of Premium available issue ages 17-55
- Express Issue underwriting
- Unisex rates
- Unismoke rates
- Blood required for amounts over \$100,000
- Simplified issue for health reasons or for amounts over Express Issue maximums

This brochure has been prepared to give you the highlights of coverage now being offered through your employer to meet your insurance needs. The details will be provided during your individual meeting with a qualified Texas Life Enrollment Representative. Those employees who wish to participate will be provided a personal policy that spells out all policy provisions.

*If you have any questions regarding your Texas Life policy, please call
(800) 283-9233 prompt #3.*

Texas Life Insurance Company[®]
A MetLife Company

Since 1901 900 Washington Post Office Box 830 Waco, Texas 76703-0830

Continuation of Benefits Options If You Leave Polk County Government

POLK COUNTY HEALTH AND WELFARE BENEFIT PLAN (MEDICAL PLAN)

Under the group medical plan, you and your covered dependents are eligible to continue medical coverage through COBRA through “qualifying events”.

If you and your dependents are enrolled in the medical plan, 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 also be eligible to continue medical coverage through COBRA. Also, while you are covered under the plan, your covered children who no longer qualify as an eligible dependent may continue coverage through COBRA. For more information, call **Tucker Administrators: (800) 347-1232**.

TUCKER ADMINISTRATORS MEDICAL REIMBURSEMENT ACCOUNT

If you have a positive balance (payroll deductions are greater than the amount you have received in reimbursement) in your Medical Reimbursement Account at the time of your termination, you may continue participation in the Plan for the remainder of the Plan year through COBRA. If you prefer to terminate your participation and contribution to the Plan, any balance in your account on the date of termination will be forfeited if claims were not incurred prior to the date of termination. To obtain your balance, please call **Tucker Administrators: (800) 347-1232**.

AMERITAS DENTAL PLAN

Under the group dental plan, you and your covered dependents are eligible to continue dental coverage through COBRA according to the same qualifying events listed above. Should you have any questions you may contact **Ameritas at (800) 487-5553**.

SUPERIOR VISION PLAN

Under the group vision plan, you and your covered dependents are eligible to continue vision coverage through COBRA according to the same qualifying events listed above. Should you have any questions you may contact **Superior Vision at (800) 507-3800**.

ASSURITY ACCIDENT EXPENSE+ PLAN

When you leave employment, you may continue your Assurity Accident coverage by having the premiums that are currently deducted from your paycheck billed to your home address or drafted from your bank account. Assurity will send you a letter explaining your options or you may make those arrangements by contacting **Assurity at (888) 358-8808, ext. 23**.

ASSURITY LIFE CANCER PLAN

When you leave employment, you may continue your Assurity Cancer coverage by having the premiums that are currently deducted from your paycheck billed to your home address or drafted from your bank account. Assurity will send you a letter explaining your options or you may make those arrangements by contacting **Assurity at (888) 358-8808, ext. 23.**

STANDARD LIFE SHORT TERM DISABILITY PLAN

When you leave employment, you may continue your disability coverage as long as continuous employment is maintained. Coverage expires on the policy anniversary date following your 65th birthday. Please contact **Standard Life at: (800) 327-0695** to set up bank draft or direct bill to your home address.

FORT DEARBORN TERM LIFE INSURANCE

When you leave employment, you may elect to continue your group term life in one of two ways:

1. You may “port” the existing group term coverage you have through your employer to a term policy. It is guaranteed issue, which means you do not have to answer any medical questions. You must apply for coverage within 31 days after the date your coverage terminates. For more information and a quote, please call **Fort Dearborn Life at (800) 348-4512.**

2. You may “convert” the existing group term coverage you have through your employer to an individual whole life policy. You must apply for coverage within 31 days after the date your coverage terminates. It is also guaranteed issue. For more information and a quote, please call **Fort Dearborn Life at (800) 348-4512.**

If you do not convert or port your group term life insurance, your life insurance coverage will terminate.

TEXAS LIFE WHOLE LIFE INSURANCE

When you leave employment, you may continue your Whole Life coverage by having the premiums that are currently deducted from your paycheck billed to your home address or drafted from your bank account. You may do that by contacting **Texas Life at: (800) 283-9233 prompt #3.**