Monroe County Board of Commissioners

2015 Benefits at a Glance

ShawHankins

Right Partner. Right Benefits.

Welcome to your new Employee Benefits Handbook. This guide is your summary of the benefit options that are available to eligible employees of Monroe County Board of Commissioners. Each benefit is designed to protect your health and well-being as well as provide valuable financial protection.

Each section of the Employee Benefits Handbook is designed to provide you with plan highlights as well as detailed, descriptive instructions to assist you in navigating through the web-based enrollment portal.

While the Employee Benefits Handbook is an important component in the benefit communication process, your dedicated ShawHankins service team continues to provide annual enrollment meetings in addition to being available for questions and concerns regarding benefits throughout the plan year.

Please review the plans contained in the Employee Benefits Handbook and see how these plans can work for you and your eligible dependents. Except for County-paid plans, your participation is strictly voluntary. All benefit plans have been chosen to provide a continuation of protection that complements the County's leave policies and retirement plans. The plan year runs from January 1, 2015 to December 31, 2015.

This Employee Benefits Handbook is intended for orientation purposes only. It is an abbreviated overview of the plan documents. Please refer to the Certificate Booklet (the contract) available from the plan carriers for complete details. Your Certificate Booklet will provide detailed information regarding copayments, coinsurance, deductibles, exclusions and other benefits. The certificate booklet will govern should a conflict arise relating to the information contained in this summary. This summary does not establish eligibility to participate in or receive benefits from any benefit plan.

TABLE OF CONTENTS

New for 2015 - Eligibility	2
Before you Enroll	3
How to Enroll	4
Medical Plan	5
Dental	6
Vision Plan	7
Basic & Voluntary Life Insurance	8
Voluntary Life Rates	9
Short Term Disability	10
Long Term Disability	11
Whole Life Insurance	12
Whole Life Insurance Continued	13
Long Term Care	14
Group Critical Illness	15
Group Accident	16
Legal Notices	17
NOTES	18
Contact Information	Back Cover

The Benefits at a Glance guide is designed to provide you with an overview of the benefits options we offer. The actual benefits available to you and the descriptions of these benefits are governed by the relevant Summary Plan Document (SPD) and our contracts. For more detailed plan information for all lines of coverage listed in the booklet call ShawHankins. ShawHankins and Monroe County Board of Commissioners reserves the right to modify, change, revise, amend or terminate these benefit plans at any time.

New for 2015 – Eligibility

	Current	New
Medical **(Carrier Change)**	Blue Cross Blue Shield POS Open Access	United HealthCare Choice Plus
Dental Plan **(Rate Change)**	Employee Only: $25.00 Employee + Spouse: $47.60 Employee + Child(ren): $49.52 Family: $72.16	Employee Only: $25.76 Employee + Spouse: $49.04 Employee + Child(ren): $51.04 Family: $74.36
Dental w/Ortho Plan **(New Enhanced Option)**	N/A	Employee Only: $31.56 Employee + Spouse: $60.40 Employee + Child(ren): $66.08 Family: $94.36
Vision **(Rate Reduction)**	Employee Only: $ 7.64 Employee + Spouse: $14.76 Employee + Child(ren): $12.44 Family: $19.56	Employee Only: $ 6.75 Employee + Spouse: $12.20 Employee + Child(ren): $12.40 Family: $17.80
Life Insurance **(Carrier Change)**	Lincoln Financial	OneAmerica
Disability **(Carrier Change)**	Lincoln Financial	OneAmerica

ELIGIBILITY

Active Full Time Employees of Monroe County Board of Commissioners working at least 30 hours per week. Minimum hour requirement based on average weekly hours worked between January 1, 2014 – December 31, 2014.

Eligible Dependents are classified as:

- Your legal spouse who resides in the United States
- Child/stepchild/legal dependent child

» Your child is covered on medical, dental, vision and life insurance to age 26. If your dependent child is approaching 26 and is disabled, an application for continuation of dependent status must be made within 30 days of the child's 26th birthday.

Before You Enroll - Things to Know

BEFORE YOU ENROLL - THINGS TO KNOW

You are REQUIRED to provide ***the below information*** for all dependents and beneficiaries:

Date of Birth

HOW TO ENROLL

Go to www. monroecounty.bswift.com.

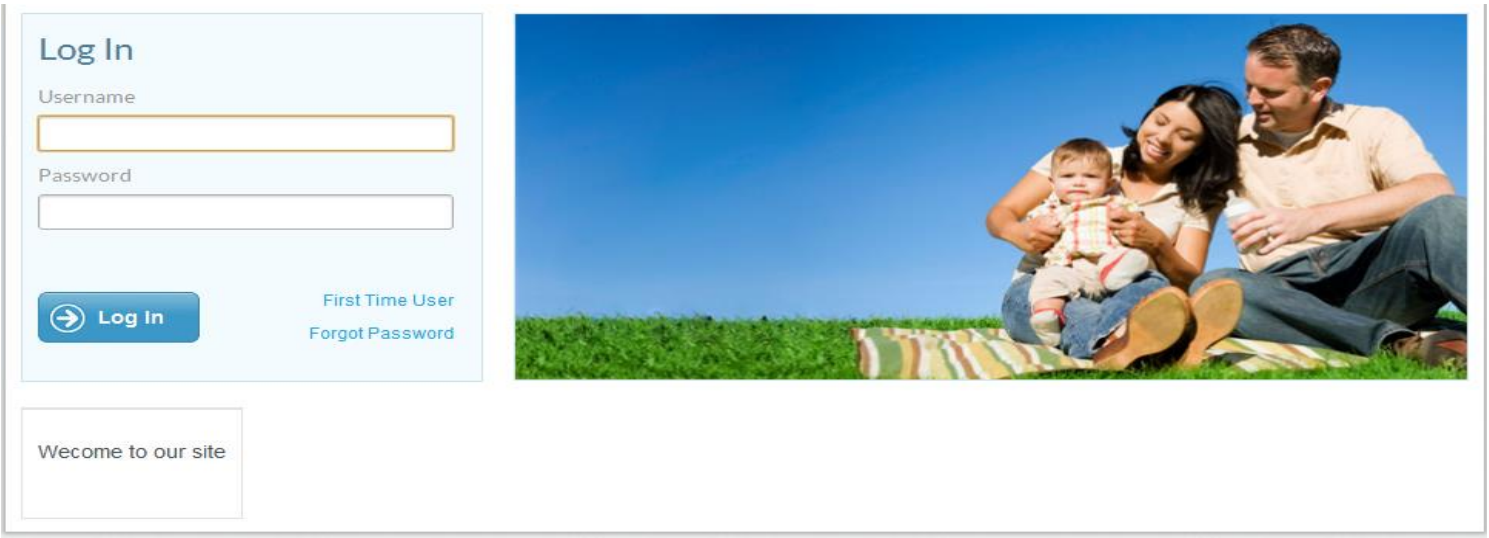
At this time, make sure to disable your pop up blocker

* At the enrollment website enter your Username and Password.

Username is the first letter of your first name, your last name, last 4 of social security number (ex. jdoe4567)

* Password is the last 4 digits of your social security number (ex. 4567)

You will then be prompted to create a permanent password.

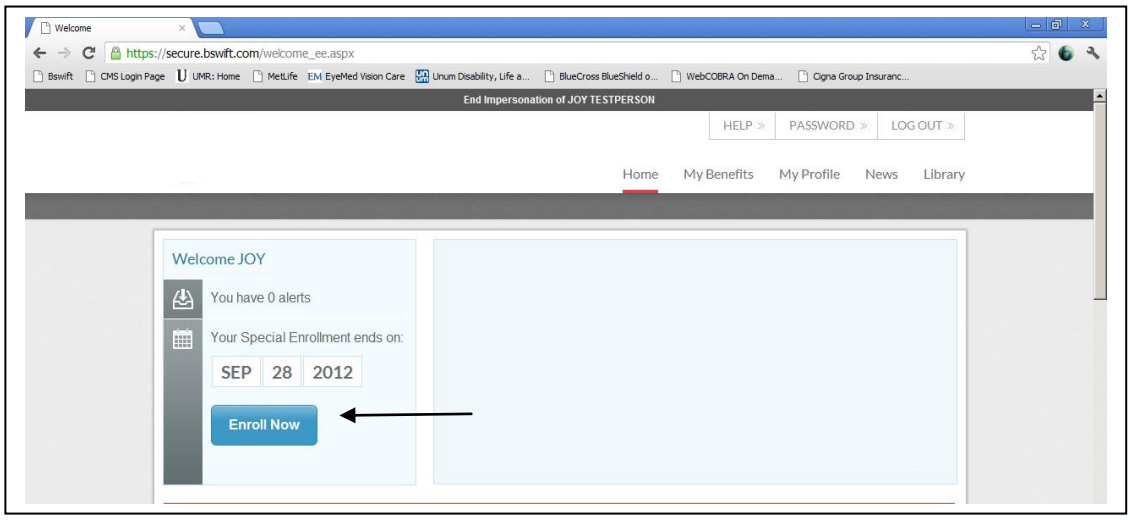


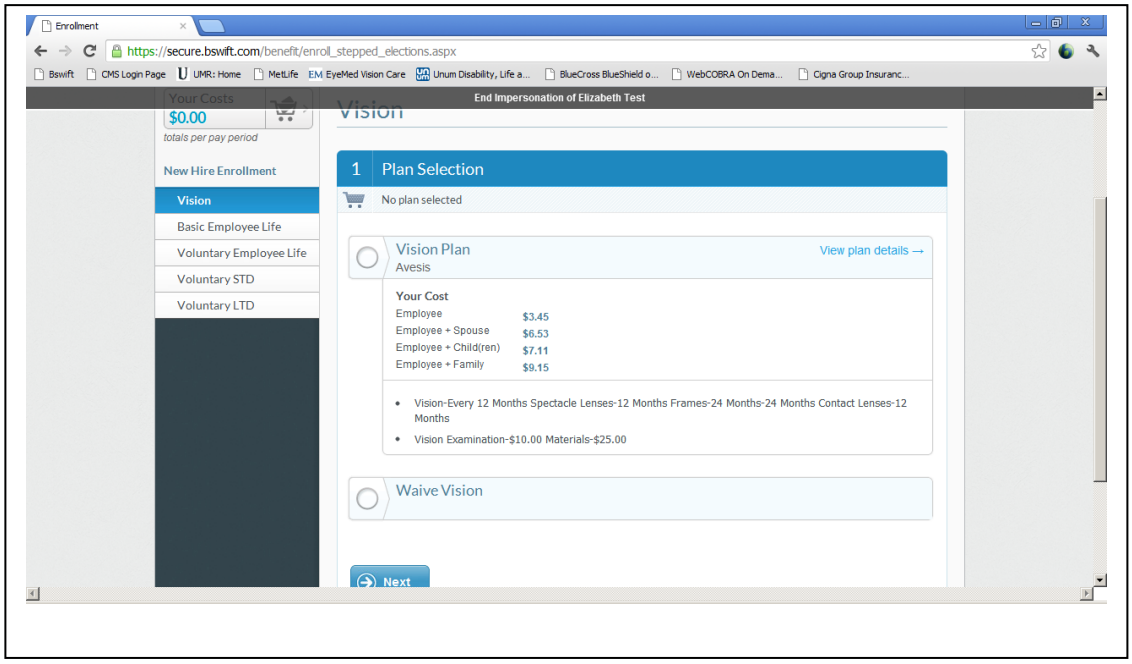
- Qualifying Events (refer to your 2014 Summary Plan Description - Special Enrollment Rights)

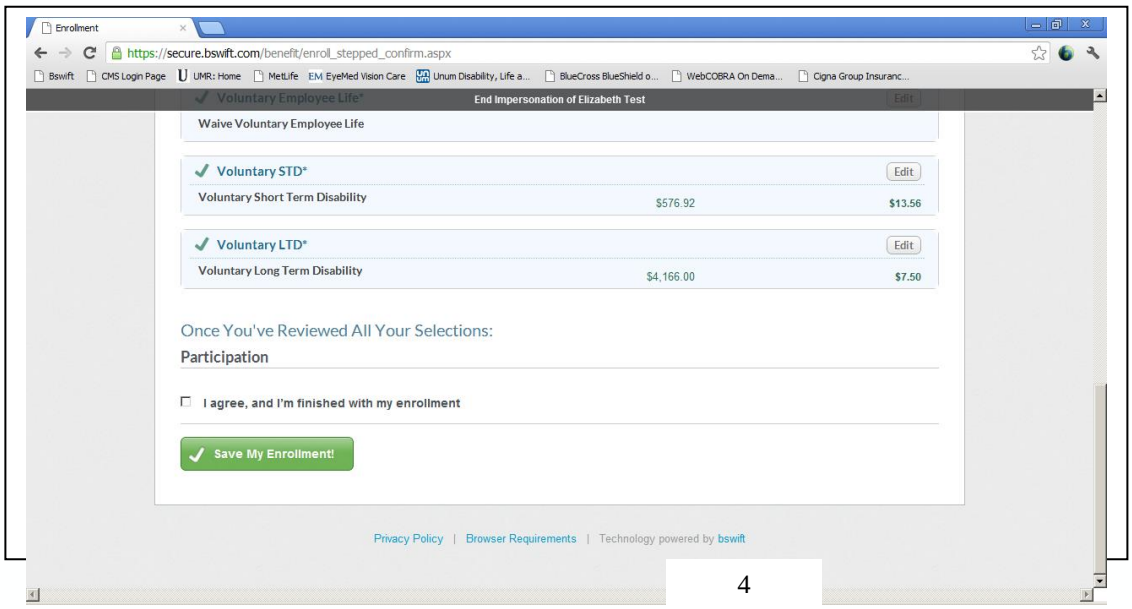
» Contact ShawHankins by calling 800-994-7429 to speak with an enroller regarding enrollment.
» You must enroll within 30 days from the effective date of your qualifying event.

Failure to enroll within the above time period will result in the forfeiture of your eligibility for enrollment until the beginning of the next plan year.

How to Enroll







NOTE: You are required to review all your Benefits. Please be aware your premium deductions may change for certain plans

To Begin:

1) From the Home Page Click on the Enroll Now link, to begin the election process

2) On the Personal & Family Page, verify your information is accurate.

3) To choose or change your current election, select the button beside the newly elected plan and press "Next" at the bottom of the screen.

4) Once you have reviewed and completed your enrollment, click on "I Agree and I am finished with my enrollment", then click on "Save My Enrollment"

5) You will now be taken to the final confirmation page to either print or email.

Medical Plan

PROVIDED THROUGH UNITED HEALTHCARE

Refer to your Summary Plan Description to find out more details on your health insurance coverage and elective out of network benefits.

Covered Benefits	Benefit Summary – In Network
Calendar Year Deductible	$500 Individual / $1500 Family
Coinsurance	Plan Pays 90% after deductible Member pays 10% after deductible
Lifetime Maximum	Unlimited
Out-of-Pocket Calendar Year Maximum (Deductible Included)	$1000 Individual / $3000 Family
Office Visits: Primary Care Physicians Specialty Care Physicians Urgent Care Facilities	 $20 copayment $20 copayment $40 copayment
Emergency Room Services	$100 copayment
In Patient Services (facility, physician services, etc..)	Plan pays 90% after deductible
Out Patient Services (facility, physician services, etc..)	Plan pays 90% after deductible
Therapy Services: Speech Therapy (20 visit max) Physical, Occupational Therapy (20 visit max)	 $35 copayment $35 copayment
Mental Health / Substance Abuse Services Inpatient (facility & physician fee) & Partial Hospitalization Intensive Outpatient Program Professional Outpatient Services	*Services must be pre authorized prior to coverage under your health plan. Plan pays 90% after deductible Plan pays 90% after deductible $20 copayment after deductible
Other Services Skilled Nursing (150 Day maximum) Home Health Care (100 visit maximum) Hospice Care (lifetime max $10,000 Ambulance (when medically necessary)	 Plan pays 100% after deductible Plan pays 90% after deductible No Charge No Charge
Prescription Drugs Retail Drug – Tier 1 Retail Drug – Tier 2 Retail Drug – Tier 3 Mail Order Maintenance Drug – Tier 1 Mail Order Maintenance Drug – Tier 2 Mail Order Maintenance Drug – Tier 3	 $10 copayment $20 copayment $30 copayment $20 copayment $40 copayment $60 copayment

****Employees that do not participate in a well physical with their doctor in 2014 will be accessed an additional $40.00 per month charge on the medical deduction. Employees have until 12/31/2014 to provide proof that a well physical was completed.**

Monthly Deductions

Employee Only	$ 10.00
Family	$300.00

Dental Plan Options

PROVIDED THROUGH AMERITAS (Please refer to certificate booklet for complete details)

BENEFITS:	Base Plan	Enhanced Plan
Preventive: Examples: Routine Exam (1 in 6 months); Bitewing X-rays (1 in 6 months); Full Mouth/Panoramic X-rays (1 in 5 years); Periapical X-rays;	100%	100%
Basic: Restorative Amalgams; Restorative Composites; Endodontics (nonsurgical); Endodontics (surgical); Periodontics (nonsurgical); Denture Repair Simple Extractions Complex Extractions; Anesthesia	80%	80%
Major: Onlays; Crowns, Crown Repair; Periodontics (surgical); Prosthodontics (fixed bridge; removable complete/partial dentures)	50%	50%
Class IV: Orthodontia	Not Covered	50%
Deductible Amount Per Calendar Year *(Deductible applies to all benefits except Diagnostic & Preventive Services or Orthodontic Services)*	$50 Per Individual / $150 Per Family	$50 Per Individual / $150 Per Family
Standard Dental Annual Maximum Per Enrollee	$1,000	$1,500
Orthodontia Lifetime Maximum to age 19	Not Covered	$1,000

Late Entrant Provision

If an employee or dependent does not elect to participate when initially eligible, and elects to participate at the policyholder's next annual election period, they will become a Late Entrant. Late Entrant benefits will be limited to exams, cleanings and fluoride applications for the first 12 months.

Pretreatment

Please note that we do not require the filing of a pre-authorization form. However, we recommend that as smart, aware consumers, you request your dentist file for a pre-treatment estimate with the claim office for any suggested work of $200 or more, before the work is done. The paperwork will be processed and a copy returned to you and the dentist so that both parties will know the exact amount of benefits payable and any remaining financial obligation.

Refer to your Summary Plan Description for complete details.

Monthly Deductions for Base Plan

Employee Only	$ 25.76
Employee + Spouse:	$ 49.04
Employee + Child(ren):	$ 51.04
Family:	$ 74.36

Monthly Deductions for Enhanced Plan

Employee Only	$ 31.56
Employee + Spouse:	$ 60.40
Employee + Child(ren):	$ 66.08
Family:	$ 94.36

Vision Plan

VISION PLAN

PROVIDED THROUGH AMERITAS/EYEMED

Benefit	Preferred	Non-Preferred	Frequency
Vision Exam	$10 copayment	Up to $35	Once every 12 months
Contact Lenses*	**Allowance**	**Max Amount**	Once every 12 months
Conventional	$0 Copay; $130 allowance; 15% off retail price over $130	Up to $104	
Disposables	$0 Copay; $130 allowance	Up to $104	
Medically Necessary	$0 copayment; Paid-in-Full	Up to $200	
Standard Plastic Lenses	**Co-Payment**	**Max Amount**	Once every 12 months
Single Vision	$10	Up to $25	
Bifocal	$10	Up to $40	
Trifocal	$10	Up to $55	
Frames	$0 Copay; $130 allowance; 20% off retail price over $130	Up to $65 maximum amount	Once every 24 months

Please note: This plan covers either contact lenses or lenses for your glasses once every 12 months.

Refer to your Summary Plan Description for complete details.

Vision Monthly Rates

Employee Only	$ 6.75
Employee + Spouse	$ 12.20
Employee + Child(ren)	$ 12.40
Family	$ 17.80

Basic & Voluntary Life Insurance

Term Life Insurance provides valuable financial protection for your family. Monroe County Board of Commissioners is pleased to offer a minimum of $25,000 of Basic Life Insurance & AD&D to all full time employees.

Term Life Insurance provides valuable financial protection for your family. Monroe County Board of Commissioners is pleased to offer a solution.

You are eligible to enroll in the Term Life Insurance program underwritten by One America.

This enrollment period is an annual opportunity to increase coverage or elect life insurance if you do not already have coverage.

Your premium will be based on the coverage amount you elect and your age.

You will be able to elect coverage during the enrollment period. Premiums will be paid through the convenience of payroll-deduction.

If you are currently enrolled in the voluntary term life with One America, your coverage will automatically rollover unless you complete a new application changing the coverage.

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

Age:	Insurance Amount Reduces to:
65	65% of original amount
70	55% of original Amount
75	30% of original Amount

Term Life Insurance

* Eligibility includes:
  1) All benefit eligible, full-time employees
  2) Legally married spouse
  3) Child(ren) age to 26

* Coverage available in $10,000 increments for employees, $5,000 increments for spouse and child(ren).

* Guaranteed Issue Options Include:

Employee:	Up to $150,000
Spouse:	Up to $30,000
Child(ren):	$ 5,000

* Current Employees may increase life insurance coverage the greater of 10% or $10,000 each year without medical questions.

Voluntary Life Insurance Rates

Employee Rate per $1,000	
Age	
<25	0.12
25-29	0.12
30-34	0.16
35-39	0.20
40-44	0.26
45-49	0.43
50-54	0.66
55-59	1.13
60-64	1.79
65-69	2.88
70-74	5.25
75+	9.53

Spouse Rate per $1,000	
Age	
<25	0.12
25-29	0.12
30-34	0.16
35-39	0.20
40-44	0.26
45-49	0.43
50-54	0.66
55-59	1.13
60-64	1.79
65-69	2.88
70-74	N/A
75+	N/A

Dependent Child Rate	
	$1.00 Per Unit

Short-Term Disability

SHORT-TERM DISABILITY

PROVIDED THROUGH ONE AMERICA

Short-Term Disability (STD) insurance provides you with weekly income if you are unable to work or have a reduced income due to an illness or injury unrelated to your occupation.

- Coverage is offered on a **Guarantee Issue** basis for 2015 Open Enrollment & New Hires

Benefit Weekly Benefit	STD Plan 60% to a maximum of $800 per week
Elimination (Waiting) Period*	7 Day Accident 7 Day Sickness
Benefit Duration	12 weeks after Elimination period
Contributions	See Formula Below

$ _____ X .60 / 10 X See Chart Below = _____

Monthly Salary x 12 / 52* Premium factor Your monthly cost

Pre-Existing Condition
You may not be eligible for benefits if you have received treatment for a condition within the past 3 months until you have been covered under this plan for 12 months, or if you remain treatment free for a period of 6 consecutive months.

Refer to your Summary Plan Description for complete details.

Attained Age	Premium Factors
<25	0.61
25 - 29	0.59
30 - 34	0.49
35 - 39	0.63
40 - 44	0.52
45 - 49	0.62
50 - 54	0.74
55 - 59	0.89
60 - 64	1.02
65 - 69	1.12
70 +	1.12

Long-Term Disability

PROVIDED THROUGH ONE AMERICA

(Full-Time Employees are eligible) Refer to your summary plan description to find out more details on your Long Term Disability

Monthly Benefit Percentage	50% to a maximum of $4,000 per Month (Benefit is NOT Taxable)
Duration of Benefits	SSNRA (Social Security Normal Retirement Age)
Elimination Period	90 days
Contributions	Paid by Monroe County Board of Commissioners
Pre-Existing Condition	3/6/12*

** MAXIMUM COVERED BENEFIT IS $4000 MONTHLY

***Pre-Existing Condition:** You may not be eligible for benefits if you have received treatment for a condition within the past 3 months until you have been covered under this plan for 12 months , or if you remain treatment free for a period of 6 consecutive months.

Waiver of Premium: You will not be required to pay LTD premiums as long as you are receiving LTD benefits.

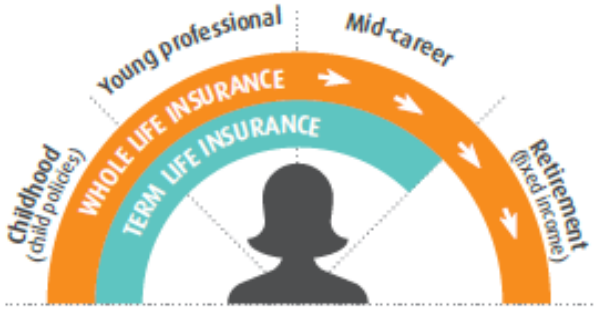
Benefit Limitations
Mental Illness: 24 Months
Substance Abuse: 24 Months

Whole Life Insurance

unum
Better benefits at work.

Whole Life Insurance provides much more than a death benefit — it also offers valuable "living benefits" that you can use during times of need. And you can keep your Whole Life coverage after you retire, making it an essential complement to Term Life.

Whole Life provides a lifetime of coverage.



Whole Life: Benefits for a lifetime

What is Whole Life?

- Whole Life offers "living benefits" you can use when you need them, as well as a death benefit.

What features are available?

- **Cash value.** This policy accumulates cash value.* You can borrow funds from this value as needed.
- **Living benefit option rider.** If you are diagnosed with a terminal illness, you can request up to 100% of your policy's benefit amount and use it for any purpose.**
- **Long term care benefits.**† Your policy may include a long term care rider — see your plan administrator.

How does it work?

- **Your premiums are level for life.** Premiums will be conveniently deducted from your paycheck.
- **Your death benefit is level, too.** The benefit does not decrease with age.
- **You own the policy.**†† You can keep the policy if you leave or retire. You'll pay the same premium.

Three reasons to buy Whole Life at work — now!

1. Whole Life rates. The rates available through your employer are typically more affordable than those available elsewhere.
2. Age-based premiums. Premiums are based on your age when you purchase, and don't increase as you get older. So the earlier you buy, the lower your premium will be for the life of your policy.
3. Guaranteed issue. Generally available during the initial enrollment at your workplace. When it's offered to you, you can purchase coverage up to a set amount, without medical exams or health questions. If you don't purchase the maximum amount, you have the option to increase it up to that level during future enrollments — no questions asked!

Premium payment options

You may have two options for paying premiums:

- "Lifetime premium." Coverage continues as long as you pay your premiums.
- "Paid-up at 70." Available when purchased between the ages 15 and 50. Adjusts the premium so that the policy is fully paid up when you turn 70.

Sample rates based on $25,000 benefit amount

	Lifetime premium		Paid-up at 70	
Issue age	Weekly premium	Guaranteed cash value at 65	Weekly premium	Guaranteed cash value at 65
25	$ 4.19	$9,840	$ 4.91	$10,996
35	$ 6.44	$8,851	$ 7.76	$10,567
45	$10.79	$7,140	$13.92	$ 9,716

Sample non-tobacco user rates. Premium rates vary by age, coverage amount and tobacco use. For illustration purposes only.

How to apply To learn more, watch for information from your employer.

Get the coverage you need.

Coverage options available

Who can have it?	What's the benefit amount?	How long can they keep it?
Individual employee coverage Ages 15–80	Minimum policy amount of $2,000. Actual benefit amount based on coverage amount chosen and age at issue.##	You can keep it as long as you want it. If you leave your employer, you would be billed directly at home.
Individual spouse coverage Ages 15–80	Minimum policy amount of $2,000. Actual benefit amount based on coverage amount chosen and age at issue.##	If you leave your employer, you can keep your spouse's policy and be billed directly at home.
Spouse Term Life Benefit Spouses age 15–50. The employee must purchase coverage to add this spouse Term Life benefit. This benefit is not available if you purchase individual coverage for your spouse.	$5,000 to $25,000 — coverage cannot exceed the employee base coverage amount.	Coverage lasts for 20 years.
Individual child coverage No employee or spouse purchase needed. Available to eligible children, stepchildren, legally adopted children and grandchildren (14 days until their 26th birthday) of the primary insured adult.	Up to $50,000 — benefit amounts are based on issue age and premium selected.	Your children can keep it, even if you leave your employer. You would be billed directly at home.
Child Term Life Benefit With purchase of employee or spouse policy, available to eligible children, legally adopted children and stepchildren (14 days until their 25th birthday) of the primary insured adult.	$1,000 to $10,000 — one rider covers all children.	Coverage ends when your policy ends or when children turn 25. At that time, children are guaranteed the right to buy an individual Whole Life policy at 5 times the amount of their rider.

Additional protection options you may have

Additional 50% Term Life coverage

This option may be available for purchase. This is an affordable way to increase your coverage by 50% of your base policy amount. The option lasts for 20 years.

For example, if you purchase a $25,000 Whole Life policy, you can get an additional $12,500 (or 50%) of term life coverage for 20 years.

Purchase $25,000 base coverage + Additional $12,500 (or 50%) of coverage for 20 years = $37,500 total coverage

Accidental Death Benefit

Depending on your plan, this benefit may be available at initial enrollment to employees and spouses ages 15 to 65. It can pay an additional death benefit equal to the base policy amount ($150,000 maximum) if the policyholder dies before age 70 as the result of a covered accident.

Purchase $25,000 base coverage + Accidental Death benefit which adds another $25,000 = $50,000 total coverage

* The policy accumulates cash value based on a non-forfeiture interest rate of 4.5% and the 2001 CSO mortality table. The cash value is guaranteed and will be equal to the values shown in the policy. Cash value will be reduced by any outstanding loans against the policy.

** You can request an advance, up to 100% of your benefit amount up to $150,000 maximum if you are terminally ill and are expected to live 12 months or less (24 months or less in IL, MA, and WA).

† Your policy may include a long term care rider which allows you to use the death benefit to pay for long term care. You must have received long term care for 90 days. Subject to rider conditions.

†† Coverage becomes effective the first day of the month your payment is deducted from your paycheck. If you leave your job, Unum will bill you directly.

If you increase your coverage later, you receive an additional policy for the increased amount. The premiums will be based on your age at the time you increase the coverage.

Must meet minimum policy amount and minimum premium amount.

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

Exclusion: Life insurance benefits will not be paid for deaths caused by suicide. If within 24 months (12 months in Colorado, Missouri and North Dakota) from the policy effective date, the insured commits suicide, whether sane or insane, Unum will not pay the death benefit. The amount payable by us in place of all other benefits, shall be the sum of premiums paid, without interest, less the sum of any debt and the cost of any riders.

Termination of coverage: The policy will terminate on the earliest of the following: 1. written request by you to terminate the policy; 2. the insured dies; 3. the policy matures; or 4. the loan value exceeds the guaranteed cash value of this policy.

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

Underwritten by: Provident Life and Accident Insurance Company, Chattanooga, Tennessee
In NY, underwritten by: First Unum Life Insurance Company, New York, New York

This information is not intended to be a complete description of the insurance coverage available. The policy has exclusions and limitations which may affect any benefits payable For complete details of coverage please refer to policy form L-21848 and FUL-21848-NY or contact your Unum representative.

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

unum.com

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Long Term Care Rider

Unum's Qualified Long Term Care (LTC) Rider can help you protect your savings.

Protecting long term plans

Marcia's savings are modest, but she's worked hard for every penny. She wants to travel to Italy, pay for her daughter's wedding, and leave something behind for those she loves. But she's seen how quickly the cost of long term care can deplete a lifetime of savings. She wants to make sure a traumatic accident or illness won't scramble her nest egg.

How long term care benefits work

This is an example of how this LTC rider can help you finance a period of long term care. This illustration is based on an insured individual who has a $25,000 life insurance policy.*

Highlights

BASE RIDER — Employer selected	
LTC pays 6% monthly benefit for either LTC facility benefit or assisted living facility benefit. Payments reduce the death benefit until exhausted (approximately 16 months).	$1,500 per month
ADDITIONAL RIDERS — Employee may select one rider listed below	
Restoration Benefits Rider After death benefit has been exhausted, this rider restores 100% of death benefit.	$25,000 death benefit
Continuation Benefits Rider Continues benefits at same level (6% monthly) for additional 16 months, no death benefit during continuation. After the base long term care rider has been exhausted, this rider allows a second period of coverage.	$1,500 per month
Combination of Restoration and Continuation Riders • Restores death benefit one time. • Continues benefits for one additional benefit period after death benefits have been exhausted. • Combines the features of the restoration and continuation riders — buy the combo instead of separate riders.	$25,000 death benefit $1,500 per month

*Assumes there are no outstanding policy loans.

EN-1030 (10-09)

Who's at risk?

- About 9 million Americans over the age of 65 were projected to need long-term care services in 2008.[1]
- By 2020, that number is projected to increase to 12 million.[2]
- There are more than 50 million Americans today providing unpaid care for family members and loved ones.[3]

Benefits for the long haul

Thanks to modern medicine, people are now living longer and surviving very serious health problems. But that can mean long-term treatment in a nursing home or assisted living facility. And the same care that saves your life can devastate your savings.

You may be surprised to learn that this care isn't covered by health or other insurance policies. Or that waiting for "later" to buy a long term care policy may make things worse. In fact, the younger you are, the less expensive this coverage is. And surprisingly, 40% of those who are receiving long term care services are not elderly, but under age 65.[4]

By adding a Long Term Care Rider to your life insurance policy, you can help protect your savings pool from the drain of this expensive care. And you can choose from several additional options that can extend or increase your LTC benefits. Most importantly, this coverage allows you to use the benefit whether you receive care at home, in a long term care facility, an assisted living facility, an adult day care, or in a nursing home.

How to apply

Your benefit enrollment is coming soon. To learn more, watch for information from your employer.

Group Critical Illness

CRITICAL ILLNESS INSURANCE

PROVIDED THROUGH UNUM

Many people believe they will be covered by their medical policies should a critical condition arise. Unaware of the many hidden costs involved, they find out too late that their needs exceed the terms of their standard medical plan.

How can critical illness insurance help?

Critical illness insurance can pay a lump sum benefit at the diagnosis of a covered illness. You choose the level of coverage — from $5,000 to $50,000 — and you can use the money any way you see fit.

Three reasons to buy this coverage at work

1. You get affordable rates when you buy this coverage through your employer, and the premiums are conveniently deducted from your paycheck.
2. Coverage is portable. You may take the coverage with you if you leave the company or retire without having to answer new health questions. Unum will bill you directly for the same premium amount.
3. Coverage becomes effective on the first day of the month in which payroll deductions begin.

Covered Conditions	
Heart attack	Blindness
Major organ failure	End-stage renal (kidney) failure
Occupational HIV	Coronary artery bypass surgery;
Benign brain tumor	pays 25% of lump sum benefit
Covered Conditions with Time Limitations	
Stroke	Evidence of persistent neurological deficits confirmed by a neurologist at least 30 days after the event
Coma	Coma resulting from severe traumatic brain injury lasting for a period of 14 or more consecutive days
Permanent paralysis	Complete and permanent loss of the use of two or more limbs for continuous 90 days as a result of a covered accident
Optional Cancer Options	
If selected by your employer, you may choose to select this benefit for an additional premium.	
Cancer	Carcinoma in situ pays 25% of lump sum benefit

Wellness benefit

This benefit can pay $75 per calendar year per insured individual if a covered health screening test is performed, including:

- Blood tests
- Chest X-rays
- Stress tests
- Mammograms
- Colonoscopies

A full list of covered tests will be provided in your certificate.

You may elect the following coverage amounts for yourself and dependents:

Employee - $5,000 to $50,000 in increments of $1,000

Spouse - $5,000 to $30,000 in increments of $1,000

Child - 25% of Employee Coverage Amount

Group Accident

PROVIDED THROUGH UNUM

Be sure to review this schedule of benefits.

It shows the many ways this coverage can pay a benefit if you are injured.

Covered Injuries	Benefit Amount
Fractures	
Open Reduction	Up to $7,500
Closed Reduction	Up to $3,750
Chips	25% of closed reduction amount
Dislocations	
Open Reduction	Up to $6,000
Closed Reduction	Up to $3,000
Burns	
At least 10 square inches, but less than 20 square inches	2nd degree - $0 3rd degree - $2,500
At least 20 square inches, but less than 35 square inches	2nd degree - $0 3rd degree - $5,000
35 or more square inches of the body surface	2nd degree - $1,000 3rd degree - $10,000
Skin grafts for 2nd and 3rd degree burns	50% of burn benefit
Skin graft of any other accidental traumatic loss of skin	
At least 10 square inches, but less than 20 square inches	$150
At least 20 square inches, but less than 35 square inches	$250
35 or more square inches of the body surface	$500
Concussion	$150
Coma	$10,000
Ruptured disc with Surgical Repair	$800
Knee cartilage	
Torn	$750
Exploratory	$150
Laceration	$25 - $600
Tendon/ligament and rotator cuff	
Repair of one	$800
Repair of two or more	$1,200
Exploratory only	$150

Covered Injuries	Benefit Amount
Dental work, emergency	
Extraction	$100
Crown	$300
Eye Injury	$300
Emergency and hospitalization benefits	Benefit Amount
Ambulance (ground, once per accident)	$400
Air ambulance	$1,500
Emergency room treatment	$150
Emergency treatment In physician office / urgent care facility	$75
Hospital admission (admission or intensive care admission once per covered accident)	$1,000
Intensive care admission	$1,500
Hospital confinement (per day up to 365 days)	$200
Intensive care confinement (per day up to 15 days)	$400
Medical imaging test (Once per accident)	$200
Outpatient surgery facility services (once per accident)	$300
Pain Management (epidural, once per accident)	$100

Legal Notices

NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS:
If you are declining enrollment for yourself or you dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and you dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards you or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contribution toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself or your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

SECTION 125 PRE-TAX BENEFIT AUTHORIZATION NOTICE:
Before-tax deductions will lower the amount of income reported to the federal government. This may result in slightly reduced Social Security benefits. If you do not enroll eligible dependents at this time, you may not enroll them until the next open enrollment period. You may not drop the coverage you elected until the next open enrollment period. You may only make a change or drop coverage elections before the next open enrollment period under the following circumstances:

- A change in marital status, or
- A change in the number of dependents due to birth, adoption, placement for adoption or death of a dependent, or
- A change in employment status for myself or my spouse, or
- Open enrollment elections for my spouse, or
- A change in dependents eligibility, or
- A change in residence or worksite.

Any change being made must be appropriate and consistent with the event and must be made within 30 days of when the event occurred.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 ANNUAL NOTICE:
The Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breast, prostheses, and complications resulting from a mastectomy, including lymph edema.

NEWBORNS' ACT DISCLOSURE:
Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96) hours.

COBRA: On April 7, 1986, a federal law was enacted (Public Law 99272, Title X) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end. This notice is intended to inform you, in a summary fashion, of your rights and obligations under the continuation coverage provisions of the law. (Both you and your spouse should take the time to read this notice carefully.) If you are an employee covered by the Group Health Plan, you have a right to choose this continuation coverage if you lose your group health coverage because of a reduction in your hours of employment or the termination of your employment (for reasons other than gross misconduct on your part).

Patient Protechtion and Affordable Care Act (PPACA): The Patient Protection and Affordable Care Act (PPACA) generally requires group health plans and health insurance issuers offering group health coverage to prepare and distribute to plan participants and beneficiaries a brief, standard summary of the plan's benefits and coverage. Please see your BSwift enrollment site for the summary of benefits and coverage (SBC), also commonly known as the "four-page summary."

CONTACT INFORMATION

Name	*Contact*	*Phone*
Benefits Administrator	**ShawHankins, Inc**	**800-994-7429**
Human Resources	Main Number	478-994-7000
Medical	United HealthCare	866-633-2446
Dental	Ameritas	800-487-5553
Vision	Ameritas/EyeMed	800-487-5553
Basic Life & AD&D	One America	800-553-5318
Voluntary Life Insurance	One America	800-553-5318
Short Term Disability	One America	800-553-5318
Long Term Disability	One America	800-553-5318
Whole Life with Long Term Care	UNUM	800-635-5597
Group Critical Illness	UNUM	800-635-5597
Group Accident	UNUM	800-635-5597