

COMPANY **Southern Boone R-1 School District**
NAME
PIN
LOCATION

Your premium calculations are illustrated based on the number of payroll deductions provided by your employer. Due to small differences in rounding actual payroll deductions may vary slightly from the amounts illustrated on these materials.

Employee Application



ASSURANT Employee Benefits®

Please print clearly in blue or black ink.

RENEWAL

Check one – Employer Use

- New Employee
 Change
 COBRA

EMPLOYEE INFORMATION—Failure to accurately complete the questions on this application may affect the existence or amount of coverage. Please correct any errors in the information listed below.

Employee name (<i>last, first, initial</i>)		Employer Southern Boone R-1 School District			Employment location	
Group policy/participant # 5471290		Account # or Bill Group Name	Cert. #	Employee SSN	Employee birthdate	
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Job title or position	Employee hire date	# hours Per week	Earnings \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____	Married <input type="checkbox"/> Yes <input type="checkbox"/> No	Children <input type="checkbox"/> Yes <input type="checkbox"/> No
Address			City	State	Zip	

ELECTIONS ARE NOT VALID WITHOUT A SIGNATURE AT THE END OF THIS APPLICATION.

DEPENDENT INFORMATION—Required if Dependent coverage applies

Name (Last Name, First Name)	Date of Birth	Gender	Relationship

NOTE — Coverage not elected will be assumed refused even if not specifically refused

Employer provided benefits—Your employer pays the premiums for the following benefits if you are eligible for them. Enrollment is automatic; no election is required.

- Employee Life/AD&D

Employee Choice Life, Short Term Disability Benefits – You may select the benefit(s) below. If you enroll, you will pay all or a portion of the premium.

- | Accept | Refuse | Coverage |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Employee Voluntary Life - Amount _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Spouse Life - Amount _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Child(ren) Voluntary Life - Amount _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Short Term Disability - Amount _____ |

Union Security Insurance Company

Mail to: Assurant Employee Benefits Attn: Worksite, P.O. BOX 419596, Kansas City, MO 64141-6596

RENEWAL

Employee name		Employer Southern Boone R-1 School District
Group policy/participant no. 5471290	Account no.	Cert. no.

DENTAL BENEFITS— You may select the benefit(s) below. If you enroll, you will pay all or a portion of the premium.

Low Plan Option:

Coverage	EMPLOYEE MONTHLY COST	Coverage	EMPLOYEE MONTHLY COST
Employee	<input type="checkbox"/> \$25.20	Employee + Child	<input type="checkbox"/> \$52.76
Employee + Spouse	<input type="checkbox"/> \$47.88	Employee + Family	<input type="checkbox"/> \$75.44

High Plan Option:

Coverage	EMPLOYEE MONTHLY COST	Coverage	EMPLOYEE MONTHLY COST
Employee	<input type="checkbox"/> \$35.72	Employee + Child	<input type="checkbox"/> \$75.70
Employee + Spouse	<input type="checkbox"/> \$69.26	Employee + Family	<input type="checkbox"/> \$109.24

Refuse Dental Benefits

VISION BENEFITS— You may select the benefit(s) below. If you enroll, you will pay all or a portion of the premium.

Coverage	EMPLOYEE MONTHLY COST	Coverage	EMPLOYEE MONTHLY COST
Employee	<input type="checkbox"/> \$11.14	Employee + Child(ren)	<input type="checkbox"/> \$19.14
Employee + Spouse	<input type="checkbox"/> \$18.76	Employee + Family	<input type="checkbox"/> \$30.28

Refuse Vision Benefits

BENEFICIARIES – APPLIES TO ALL COVERAGES FOR WHICH A BENEFICIARY DESIGNATION IS REQUIRED

Last name	First	MI	Relationship*	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
				<input type="checkbox"/> Primary <input type="checkbox"/> Secondary

If beneficiary is not related to you, please provide Date of Birth, Social Security Number, and full address.

1) Give FULL names and relationships of each beneficiary. 2) Beneficiaries elected will apply to all coverage elected on this form for which a beneficiary designation is required. 3) If primary/secondary election is not noted, the beneficiary will be considered primary. 4) Proceeds will be paid in equal shares to those primary beneficiaries who survive you. If no primary beneficiaries survive you, the proceeds will be paid in equal shares to the surviving secondary beneficiaries. 5) If your designation does not fit in the above arrangement or you want to specify a beneficiary by coverage, please contact Union Security Insurance Company for the appropriate forms.

RENEWAL

Employee name		Employer Southern Boone R-1 School District
Group policy/participant no. 5471290	Account no.	Cert. no.

MY SIGNATURE ON THIS APPLICATION CERTIFIES THAT I:

(1) Apply for the coverages designated for which I am eligible under my employer's plan with Union Security Insurance Company. (2) Understand if coverages have been refused, I am not entitled to benefits under those coverages and that if I want to apply later, I must furnish at my own expense proof of good health satisfactory to Union Security Insurance Company. For Dental coverage, I understand that I will not be entitled to benefits until the expiration of any Late Entrant Limitation period specified in the policy. (3) Authorize any required deductions from my earnings. (4) Designate the beneficiary named on this application to receive any benefits payable in the event of my death. (5) Represent that all of the information on this application is complete, correct and true to the best of my knowledge and belief. (6) Understand that I must be actively at work the number of hours specified in the policy/participation agreement to remain insured. (7) Understand that I have the right to select any dental care provider of my choice. (8) Understand that the dental plan includes a pre-estimate provision that will advise me in advance of the benefits I may be eligible for if the procedure is performed. (9) Understand that coverages include waiting periods, limitations, exclusions and a pre-existing conditions provision that may affect my entitlement to benefits. When necessary, I may be asked to execute a HIPAA authorization form, allowing Union Security Insurance Company to use and disclose protected health information.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Employee's signature _____ Date _____

AGENT, BROKER, AND/OR ENROLLER INFORMATION:

Agency Name: _____

Agent/Broker Name: _____

Enroller Name: _____

RENEWAL

Employee name		Employer Southern Boone R-1 School District
Group policy/participant no. 5471290	Account no.	Cert. no.

Employee Health Statement for Voluntary and Worksite Coverage



Employee name <i>(last, first, initial)</i>			Employer Southern Boone R-1 School District	
Group policy/participant no. 5471290	Account no.	Cert. no.	Employee SSN	Employee birthdate

New Enrollee Annual Enrollment Life Event-Type/Date _____

Answer the following questions based upon the coverage for which you are applying for you and your dependents.
For CANCER, answer questions 1 and 2 only. For CRITICAL ILLNESS, HOSPITAL INDEMNITY or LIFE, answer questions 1 through 6.

Applicant Height: _____	Weight: _____	Spouse Height: _____	Weight: _____	YES	NO
1. Have you or your dependents used tobacco, in any form in the past 12 months?				<input type="checkbox"/>	<input type="checkbox"/>
2. In the last 10 years, have you or your dependents been diagnosed, treated, or received advice to seek treatment for any tumor, malignancy or any type of internal cancer, melanoma, leukemia, lymphoma, sarcoma or Hodgkin's disease or been diagnosed with an elevated PSA, abnormal Pap or colposcopy? Have you had a hysterectomy or prostate removal?				<input type="checkbox"/>	<input type="checkbox"/>
3. In the past 5 years, have you or your dependents been hospitalized, undergone any inpatient or outpatient surgery or procedure or been advised to be hospitalized or have surgery by a physician or medical provider?				<input type="checkbox"/>	<input type="checkbox"/>
4. In the past 12 months, have you or your dependents been prescribed or advised to take prescription medication?				<input type="checkbox"/>	<input type="checkbox"/>
5. Have you or your dependents ever been diagnosed, received treatment, or been advised to seek treatment for any mental, psychiatric, emotional or eating disorder, alcoholism, alcohol abuse, prescription or illegal drug abuse? Have you or your dependents ever been arrested for DUI, illegal drug possession or use?				<input type="checkbox"/>	<input type="checkbox"/>
6. Have you or your dependents ever been diagnosed, received treatment, or been advised to seek treatment for: (circle all that apply and provide details below) diabetes, heart or vascular disease, heart attack, blood disorder, stroke, high blood pressure, asthma, emphysema or other lung disorder, kidney disease, liver disease, gallstones, pancreas disorder, colitis, Crohn's disease, glaucoma, seizures, lupus or autoimmune disorder, multiple sclerosis, Parkinson's, muscular dystrophy or any paralysis, arthritis, disorder of the back, neck, spine, or joint, including hip or knee? Have you or your dependents ever been diagnosed or treated for human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS) within the past 10 years?				<input type="checkbox"/>	<input type="checkbox"/>

Note: "Disorder" is defined as a disease, illness, injury and/or condition differing in any way from the usual or normal state or structure.

REMARKS

If you answered "Yes" to any medical questions above, please provide details below: **Sign and date the form on back.**

Question no.	First name	Description of illness injury or pregnancy, medication and treatment	Duration (dates) & no. of episodes	Residual effects	Name and address of attending Physician or hospital (including zip)

Union Security Insurance Company

Mail to: Assurant Employee Benefits Attn: Worksite, P.O. BOX 419596, Kansas City, MO 64141-6596

Employee name		Employer Southern Boone R-1 School District	
Group policy/participant no. 5471290	Account no.	Cert. no.	

IMPORTANT NOTICE TO APPLICANTS - PLEASE READ CAREFULLY

AUTHORIZATION TO RELEASE INFORMATION: To properly underwrite applications, determine eligibility for coverage and issue insurance policies on an equitable basis, we must obtain information about you. The nature of the information we seek includes age, occupation, physical condition, health history, habits, avocations and other personal characteristics and information. This information will be collected from you and various sources, including health professionals and health facilities. Information regarding factors affecting insurability will be treated as confidential.

By signing below, I authorize any provider of medical services, physicians, or other medical practitioner, hospital, clinic, pharmacy, pharmacy benefits manager or any pharmacy related services entity, insurance company, employer, Medical Information Bureau, consumer reporting agency, or other individual or entity to give Union Security Insurance Company or its reinsurers any information regarding my medical or health history. Such information includes but is not limited to any and all medical/dental records relating to my physical and/or mental health, alcohol or drug abuse information, psychiatric or psychological care or pharmacy records.

I understand that I have the right to refuse to sign this authorization but if I refuse, Union Security Insurance Company may refuse to consider my application for enrollment. I understand that a photocopy or facsimile of this authorization will be as valid as the original.

I understand that this authorization is voluntary and that I may revoke it at any time by writing Union Security Insurance Company, P.O. Box 419052, Kansas City, MO 64141-6052, Attn: Privacy Office. Such revocation will not affect any action taken by Union Security Insurance Company prior to receipt of the revocation. If there is a conflict between a prior request for restrictions and this authorization, this authorization controls.

The authorization is effective from the date signed below until the earliest of denial of my application, declination of enrollment, or, if insured, when I am no longer an insured of Union Security Insurance Company, but at no time longer than 30 months.

Federal law requires that we inform you that the information which we collect may, under certain circumstances, be re-disclosed by us to third parties and thus no longer protected by federal law. However, be assured that disclosure will be strictly limited to that which is reasonably necessary and we will comply with all federal and state privacy and security laws and regulations. You have the right to gain access to and request correction of information contained in our files.

MY SIGNATURE ON THIS APPLICATION CERTIFIES THAT I: (1) Apply for the coverages designated for which I am eligible under my employer's plan with Union Security Insurance Company. (2) Understand if coverages have been refused, I am not entitled to benefits under those coverages and that if I want to apply later, I must furnish at my own expense proof of good health satisfactory to Union Security Insurance Company. (3) Represent that all of the information on this application is complete, correct and true to the best of my knowledge and belief. (4) Understand that I must be actively at work the number of hours specified in the policy/participation agreement to remain insured. (5) Understand that coverages include waiting periods, limitations, and exclusions and a pre-existing conditions provision that may affect my entitlement to benefits.

This will certify that I HAVE read and understand the above important notice.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Employee's signature _____ Date _____

Spouse's signature (if spouse coverage elected) _____ Date _____

Southern Boone R-I School District Life Insurance Benefit Summary

Presented by: Assurant Employee Benefits

Effective: July 1, 2015

Policy: 5471290

Eligibility

You are eligible to participate if you are a full-time employee, as defined by your employer, at active work and working in the United States. Other policyholder-defined eligibility requirements may apply. Temporary or seasonal workers are not eligible.

Plan Description

Basic Life	\$10,000
Life Maximum	\$10,000
Accidental Death & Dismemberment (AD&D)	\$10,000
AD&D Maximum	\$10,000
Disability Premium Waiver	Included
Age Reduction	Included
Conversion Privilege	Included

Commonly asked questions about Life and Accidental Death & Dismemberment insurance:

Q: Who will pay the premium for this coverage?

A: Premiums are paid by your employer.

Q: What is Disability Premium Waiver?

A: If you meet the definition of disability and remain disabled through the qualifying period, your life insurance will continue without further payment of premium for up to 3 years. See your certificate of group insurance for complete details.

Q: What is a conversion privilege?

A: If any or all of your group life insurance ends (for example, due to an age reduction or termination of employment), you will have the opportunity to convert some or all of this coverage to an individual policy. Please contact us at 866.909.6065 within 31 days of coverage termination for more details.

Q: What happens to my benefits as I get older?

A: At age 65, your amount will be reduced by 35% of the original schedule amount; at age 70, it will be reduced to 50% of the original schedule. See your certificate of group insurance for complete details.

Q: What is Accidental Death and Dismemberment coverage?

A: AD&D pays a benefit for loss of life or dismemberment resulting from an accidental bodily injury. Your beneficiary will receive 100% of the AD&D amount if you die as the result of an accidental injury. You will receive an accidental dismemberment benefit if you lose a hand, a foot, or the sight of an eye due to an accidental injury. The benefit paid is 50% of the AD&D amount for any 1 loss and 100% of the AD&D amount for any 2 or more losses.

Your beneficiary will receive an additional 20% of the AD&D benefit, to a maximum of \$100,000, if you die as a direct result of automobile accident injuries and were wearing a seat belt at the time of the accident. Your AD&D benefit also includes a Higher Education Benefit that pays an additional \$3,000 per year for up to 4 consecutive years to eligible dependent students if you die as a direct result of an injury.

Q: What other benefits are included in this policy?

A: Your plan includes an Accelerated Benefit. This means that you can access a portion of your life insurance while you are still living if you are diagnosed with a life-threatening medical condition which results in an expected life span of 12 months or less.

This summary provides only a general overview and does not contain or describe all plan details. Issued insurance policies determine all plan features and policy benefits. Please consult your certificate or group policy for a complete description, including all applicable limitations, exclusions, reductions, and restrictions. Please contact Assurant Employee Benefits for additional information.

**For more information regarding claims and services, please visit our website at:
www.assurantemployeebenefits.com or call us at 800.733.7879**

Voluntary Life

Southern Boone R-I School District

Voluntary Life Annual Enrollment

Annual Enrollment is here and it's time for you to evaluate your current benefit elections. If you are currently enrolled in the plan, you may wish to increase your coverage amount or add coverage for dependents. If you didn't enroll in the past, but have reconsidered your decision, now is the time to enroll.

- ◆ **Currently Enrolled employees** – If you are currently enrolled for Voluntary Life insurance, you may be able to purchase another \$10,000 of coverage for yourself without proof of good health. Proof of good health is not required for the \$10,000 increase if you are currently enrolled for an amount less than \$150,000. Proof of good health is required for any increase in excess of \$10,000 or if your new election will give you an amount of coverage in excess of \$150,000. Proof of good health will always be required for an increase in dependent coverage.

- ◆ **Late Entrants** – *If you and your dependents were previously eligible for, but did not enroll for Voluntary Life insurance, you are a late entrant.* You may be required to provide proof of good health (please see your certificate of insurance for details).

Special enrollment opportunity – If you did not enroll for Voluntary Life Insurance during the first annual enrollment subsequent to your eligibility date, and you have not previously been declined for coverage, you can enroll during this year's annual enrollment period for \$20,000 of employee coverage without proof of good health. Any dependent coverage elected will still require proof of good health.

- ◆ **Timely Entrants (New Hires)** – If you are a new hire, and are applying within 31 days of becoming eligible, the employee Guarantee Issue amount is \$150,000. This means you will be able to purchase up to \$150,000 of Life insurance coverage without having to fill out a health questionnaire. The Guarantee Issue amount for spouses is \$50,000, and for children, \$10,000, provided the application for coverage is made within 31 days of meeting eligibility requirements.

- ◆ **What forms do I complete to add or change benefits?**

Complete the enrollment request form and return it to your Human Resources representative. Make sure you answer all questions that apply to your benefit elections. Your coverage will become effective on the entry date specified in the group policy, provided you are actively at work on that date. Otherwise, your coverage will become effective on the day you return to your full-time duties. Dependent coverage will become effective according to the policy entry date unless your dependent is in a hospital or similar facility on that day, or if your dependent spouse is disabled on that day.

Your plan includes the following features:

Eligibility

- ◆ You are eligible to participate if you are an active full-time employee as defined by your employer and meet any other policyholder defined eligibility requirements.
- ◆ Dependent Life insurance is available for your eligible dependents as described in your certificate of insurance.
- ◆ If you and your spouse work for the same employer and are both eligible for this insurance as employees, you cannot cover each other as dependents, and only one of you may insure any dependent children.

Voluntary Life Schedule Amounts

- ◆ Life insurance coverage is available in \$10,000 units from a minimum of \$20,000 to a maximum of \$150,000, not to exceed 7 times your basic annual earnings.
- ◆ At age 70, we will reduce by 33% the original Life insurance amount, rounded to the next higher \$10,000, if not already an exact multiple of \$10,000; at age 75, reduce by 33% of the inforce amount, similarly rounded. The reduced amount will not be less than \$20,000.
- ◆ If you elect coverage for yourself, you can buy up to 50% of that amount for your spouse in \$5,000 units to a maximum of \$50,000. If you elect child coverage, your children are eligible to be covered for \$10,000 each. The amount of insurance for an eligible dependent cannot be more than 50% of your Life insurance amount.

Additional Features

- ◆ If you become disabled, your premiums may be waived to the earliest of age 65, recovery or retirement if disabled prior to age 60. If you become disabled at age 60 through 64, the waiver of premium will be to the earliest of one year, age 65 or retirement. You may be considered disabled for Life insurance if you are considered disabled under our Long-Term Disability policy. Limitations and exclusions apply.
- ◆ An Accelerated Benefit pays up to 80% of the Life benefit to a maximum of \$250,000 in the event of a life-threatening medical condition where there is a life expectancy of 12 months or less. An Accelerated Benefit may also be available for an insured spouse. Limitations and exclusions apply.
- ◆ Plan portability allows you to continue coverage for up to 3 years after terminating current employment. Limitations and exclusions apply.
- ◆ A Conversion Privilege allows you to convert to an individual policy if any or all of your Life insurance ends while you are insured under our group Life policy. Limitations and exclusions apply.

For insureds or dependents who commit suicide within the first year after the effective date of their coverage, the only benefit amount payable is a refund of the amount of the insured's contributions. This coverage has limitations and exclusions. Not all plan provisions or options are available in all states. In addition, some states require modifications to the benefits described here. For complete details, please contact your company's benefits representative or refer to your benefit booklet. This highlight sheet provides a brief description of coverage. In the event that a discrepancy exists, the policy provisions will prevail. We can cancel the policy after giving the policyholder 31 days written notice.

Assurant Employee Benefits

7711 Bonhomme Avenue, Suite 650

Saint Louis, MO 63105

T 314.655.6990 800.325.7672 F 314.863.5719

Voluntary Life Monthly Premium Deduction Schedules For: Southern Boone R-I School District

Employee Life Premiums													
Premiums are based on the employee's age on each policy anniversary													
Benefit in	Age												
	000's	thru 19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
\$20	1.00	1.00	1.00	1.40	2.00	3.20	5.00	7.40	11.40	19.00	32.00	58.80	107.40
\$30	1.50	1.50	1.50	2.10	3.00	4.80	7.50	11.10	17.10	28.50	48.00	88.20	161.10
\$40	2.00	2.00	2.00	2.80	4.00	6.40	10.00	14.80	22.80	38.00	64.00	117.60	214.80
\$50	2.50	2.50	2.50	3.50	5.00	8.00	12.50	18.50	28.50	47.50	80.00	147.00	268.50
\$60	3.00	3.00	3.00	4.20	6.00	9.60	15.00	22.20	34.20	57.00	96.00	176.40	322.20
\$70	3.50	3.50	3.50	4.90	7.00	11.20	17.50	25.90	39.90	66.50	112.00	205.80	375.90
\$80	4.00	4.00	4.00	5.60	8.00	12.80	20.00	29.60	45.60	76.00	128.00	235.20	429.60
\$90	4.50	4.50	4.50	6.30	9.00	14.40	22.50	33.30	51.30	85.50	144.00	264.60	483.30
\$100	5.00	5.00	5.00	7.00	10.00	16.00	25.00	37.00	57.00	95.00	160.00	294.00	537.00
\$110	5.50	5.50	5.50	7.70	11.00	17.60	27.50	40.70	62.70	104.50	176.00	323.40	590.70
\$120	6.00	6.00	6.00	8.40	12.00	19.20	30.00	44.40	68.40	114.00	192.00	352.80	644.40
\$130	6.50	6.50	6.50	9.10	13.00	20.80	32.50	48.10	74.10	123.50	208.00	382.20	698.10
\$140	7.00	7.00	7.00	9.80	14.00	22.40	35.00	51.80	79.80	133.00	224.00	411.60	751.80
\$150	7.50	7.50	7.50	10.50	15.00	24.00	37.50	55.50	85.50	142.50	240.00	441.00	805.50

Assurant Employee Benefits is the brand name used for insurance products underwritten and issued by Union Security Insurance Company.

Assurant Employee Benefits

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Saint Louis, MO 63105

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Spouse Life Premiums

Premiums are based on the employee's age on each policy anniversary

Benefit in	Age												
	000's	thru 19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
\$5	0.25	0.25	0.25	0.35	0.50	0.80	1.25	1.85	2.85	4.75	8.00	14.70	26.85
\$10	0.50	0.50	0.50	0.70	1.00	1.60	2.50	3.70	5.70	9.50	16.00	29.40	53.70
\$15	0.75	0.75	0.75	1.05	1.50	2.40	3.75	5.55	8.55	14.25	24.00	44.10	80.55
\$20	1.00	1.00	1.00	1.40	2.00	3.20	5.00	7.40	11.40	19.00	32.00	58.80	107.40
\$25	1.25	1.25	1.25	1.75	2.50	4.00	6.25	9.25	14.25	23.75	40.00	73.50	134.25
\$30	1.50	1.50	1.50	2.10	3.00	4.80	7.50	11.10	17.10	28.50	48.00	88.20	161.10
\$35	1.75	1.75	1.75	2.45	3.50	5.60	8.75	12.95	19.95	33.25	56.00	102.90	187.95
\$40	2.00	2.00	2.00	2.80	4.00	6.40	10.00	14.80	22.80	38.00	64.00	117.60	214.80
\$45	2.25	2.25	2.25	3.15	4.50	7.20	11.25	16.65	25.65	42.75	72.00	132.30	241.65
\$50	2.50	2.50	2.50	3.50	5.00	8.00	12.50	18.50	28.50	47.50	80.00	147.00	268.50

Child Amount	\$10,000
Child Life only Premium	1.90

Voluntary Short-Term Disability

Southern Boone R-I School District Voluntary Short-Term Disability Annual Enrollment

If you were unable to work because of an injury or sickness, would you be financially prepared? Our Voluntary Short-Term Disability insurance can help protect your income in the event of disability by providing you a benefit for injuries and sicknesses that are **not** work related. Your employer is offering you the opportunity to purchase Short-Term Disability insurance through convenient payroll deduction.

Annual Enrollment is here and it's time for you to evaluate your current benefit elections. If you are currently enrolled in the plan, you may wish to increase your coverage amount. If you didn't enroll in the past, but have reconsidered your decision, now is the time to enroll.

- ◆ **Currently Enrolled employees** – If you are currently enrolled for Voluntary Short-Term Disability insurance, you may increase your benefit amount without proof of good health, however the amount of your increase will be subject to a new pre-existing conditions limitation period.
- ◆ **Late Entrants** – *If you were eligible for Voluntary Short-Term Disability insurance but did not sign up, you can join the plan now without proof of good health.* Amounts elected are subject to the usual pre-existing conditions limitation.
- ◆ **Timely Entrants (New Hires)** – If you are a new hire, and are applying within 31 days of becoming eligible, the employee Guarantee Issue amount is \$750. This means you will be able to purchase up to \$750 of Voluntary Short-Term Disability insurance coverage without having to fill out a health questionnaire.
- ◆ **What forms do I complete to add or change benefits?**
Complete the enrollment request form and return it to your Human Resources representative. Your coverage will become effective on the entry date specified in the group policy, provided you are actively at work on that date. Otherwise, your coverage will become effective on the day you return to your full-time duties.

Your plan includes the following features:

Eligibility

- ◆ You are eligible to participate if you are an active full-time employee as defined by your employer and meet any other policyholder defined eligibility requirements.

Plan Features

- ◆ You may select units of \$50 with a minimum election of \$100 and a maximum election of \$750, not to exceed 60% of weekly covered basic pay.
- ◆ Benefits begin on the 15th day of disability for accident and the 15th day of disability due to sickness or pregnancy. Pregnancy is covered as any other disability. Benefits are payable to 11 weeks.
- ◆ Benefits are not subject to federal income tax when premiums are paid with after-tax dollars.

- ◆ You may qualify for disability benefits by meeting **either** an occupation test **or** an earnings test.
 - Occupation Test

You may qualify under the occupation test if you are under the regular care and attendance of a doctor, and an injury, sickness or pregnancy prevents you from performing at least one of the material duties of your occupation.
 - Earnings Test

You may qualify under the earnings test if an injury, sickness or pregnancy prevents you from earning more than 80% of your pre-disability pay.
- ◆ This plan includes Rehabilitation benefits which provides services and support initiatives targeted at helping you return to active work.
- ◆ There is a pre-existing conditions limitation. A pre-existing condition is one for which you have seen a medical practitioner or taken medication in the 6 months prior to your coverage effective date. We will not pay benefits for any disability resulting directly or indirectly from a pre-existing condition unless the disability begins after the earlier of 12 consecutive months ending on or after the effective date of coverage during which you have not consulted with or seen a medical practitioner or received medical care, treatment or services, or taken medication for that condition; OR 12 consecutive months during which you are continuously insured under this plan.

We will, however, pay a Limited Pre-existing Conditions Limitation Benefit. This means that we will pay you 25% of the Schedule Amount of benefit for up to 4 weeks if your disability occurs during the pre-existing conditions period. This benefit is provided as a financial bridge while we are conducting our claims investigation. If we conclude that your claim is due to a pre-existing condition, no further payment will be made. If your disability is not due to a pre-existing condition and we approve the claim, we will pay the balance of any benefit due.
- ◆ Your benefit may be reduced by disability benefits from retirement or government plans, other group disability plans, no-fault benefits, and return-to-work earnings. If your benefit is reduced, a minimum weekly benefit of \$25 applies.
- ◆ The greater of 10 employees or 20% of all eligible employees must be enrolled in the plan for this group policy to remain in force.
- ◆ A conversion privilege is included. Limitations and exclusions apply.

We will not pay benefits for any time you are confined to any facility because you were convicted of a crime or public offense. We will not pay benefits for any part of a period of disability during which you are receiving benefits under any Workers' Compensation Act or a similar law. We will not pay benefits for any disability caused by war or any act of war, whether declared or not; intentionally self-inflicted injury; while sane or insane; taking part in or the result of taking part in committing an assault or felony; an injury that arises out of or occurs in the course of any occupation for pay or profit; or a sickness that entitles you to benefits under any Workers' Compensation Act or a similar law. We will also not pay benefits if your employer, the policyholder, or an associated company has offered you the opportunity to return to limited work while you are disabled; you are functionally capable of performing the limited work which is offered; and you do not return to work when and as scheduled.

This coverage has limitations and exclusions. We do not pay for disabilities resulting from a pre-existing condition or a related condition. For complete details, please contact your company's benefits representative or refer to your benefit booklet. This highlight sheet provides a brief description of coverage. In the event that a discrepancy exists, the policy provisions will prevail. We can cancel the policy after giving the policyholder 31 days written notice.

Assurant Employee Benefits

VOLUNTARY SHORT TERM DISABILITY

Southern Boone R-I School District

PREMIUM DEDUCTION SCHEDULE BASED ON 12 PAYROLL DEDUCTIONS PER YEAR

You may elect units of \$50 up to 60% of your covered weekly earnings to a maximum of \$750 per week. Your weekly earnings figure should be your basic weekly pay. Overtime pay or other compensation that is not considered as basic income should not be included.

Follow the steps below to calculate your maximum weekly benefit amount.

Step 1: Enter your basic weekly pay (annual pay, divided by 52), **rounded to the highest dollar.**

1. _____

Step 2: Multiply #1 by .60 and enter the result (**rounded to the nearest \$50**). **This is your maximum benefit amount. Do not enter more than \$750.**

2. _____

Step 3: Find the benefit amount you wish to elect, up to the amount calculated in step two. Follow this line over to the column with your age range. This is your **approximate** Monthly (12 pay periods) premium for your selected benefit amount.

3. _____

Please note: This worksheet is provided as an instructional device to help you calculate your **approximate** premium. Should you enroll for coverage, your premium will be calculated based on the information provided to Assurant Employee Benefits at the point of enrollment. This plan is underwritten by Union Security Insurance Company.

MAXIMUM WEEKLY BENEFIT	AGE			
	THRU 39	40 - 49	50 - 59	60+
\$100	9.30	9.30	9.30	9.30
\$150	13.95	13.95	13.95	13.95
\$200	18.60	18.60	18.60	18.60
\$250	23.25	23.25	23.25	23.25
\$300	27.90	27.90	27.90	27.90
\$350	32.55	32.55	32.55	32.55
\$400	37.20	37.20	37.20	37.20
\$450	41.85	41.85	41.85	41.85
\$500	46.50	46.50	46.50	46.50
\$550	51.15	51.15	51.15	51.15
\$600	55.80	55.80	55.80	55.80
\$650	60.45	60.45	60.45	60.45
\$700	65.10	65.10	65.10	65.10
\$750	69.75	69.75	69.75	69.75

Assurant Employee Benefits is the brand name used for insurance products underwritten and issued by Union Security Insurance Company.

Dental PPO

Good news about dental benefits for employees of Southern Boone R-I School District

Why is dental health so important?

Regular dental care does more than just improve smiles. Along with good oral hygiene, it can help you and your family lower your chances of serious health problems.

- Gum disease has been linked to a 50 percent rise in pancreatic and kidney cancer risk and a 30 percent increase in blood cell cancers.¹
- Research has shown, and experts agree, that there is an association between periodontal diseases and other chronic inflammatory conditions, such as diabetes, cardiovascular disease and Alzheimer's disease.²

How can I get the coverage I need?

Dental insurance offers you a convenient way to get regular dental care and can possibly help prevent life-threatening health problems. And through your employer, you can get this protection at an affordable group rate.

How do I know I'm eligible to participate in this plan?

You can participate in this plan if you are a full-time employee of the policyholder or an associated company, and work in the United States. Full-time means working 20 hours or more per week. Temporary or seasonal workers are not eligible.

Key Advantages of This Plan

- Your plan includes our Lifetime of Smiles[®] program, with benefits many people prefer, such as brush biopsies for the early detection of oral cancer.
- Your plan includes Preventive Max Waiver[®], which allows covered dental expenses for preventive service to not apply to the annual maximum.
- Assurant[®] Dental Network the PPO network for your plan, includes **100,000+** unique dentists, and offers you more options to help save on fees and can make your annual maximum go even further.³

IMPORTANT:

Coverage for eligible employees will begin July 1, 2015. You must sign up by the Initial Enrollment Deadline, or forfeit the opportunity until the next plan anniversary date.

¹Journal of Periodontology, January 2011.

²American Academy of Periodontology - Website accessed June 3, 2011

<http://www.perio.org/consumer/mbc.top2.htm>.

³The PPO network for your plan includes dentists contracted with Dental Health Alliance, L.L.C.[®] (DHA[®]) and dentists under access arrangements with other dental networks.

Assurant Employee Benefits is the brand name used for insurance products underwritten and issued by Union Security Insurance Company.

How does my plan work?

Your plan covers a range of services for you and your family. Highlights of your benefits can be found below. Benefits are paid after any applicable deductible has been met, up to the annual maximum. For more specific information, please ask to see the certificate of insurance.

Why is Dental insurance a smart choice?

Compare the annual cost of your Dental insurance with paying your dental expenses yourself:

National Average Retail charge¹ for dental procedures:

Adult Cleaning	\$86	Twice yearly =	\$172
Oral Examination	\$47	Twice yearly =	\$94
Bitewing x-rays	\$58		
<hr/>			
Total annual cost for preventive care	\$324		

Other services you may need:

Fluoride treatment	\$30
One surface filling	\$131
Root canal	\$348
Crown	\$959
Gum scaling	\$207

¹Average Retail Costs were determined by Assurant Employee Benefits national claims analysis for the year 2013. The costs represent a mean average rounded to the nearest dollar representing what you may pay without plan services.

Your Cost for Dental Insurance

MONTHLY Cost for Dental Insurance	High Plan Cost*	Low Plan Cost*
For you	\$35.72	\$25.20
For you and your spouse	\$69.26	\$47.88
For you and your children	\$75.70	\$52.76
For you and your family	\$109.24	\$75.44

* Your actual cost may vary depending upon your employer's contribution towards the cost of the plan.

How can using a network dentist help lower my costs?

You are free to use the dentist or specialist of your choice. However, when you choose a dentist in the Assurant[®] Dental Network, your plan's PPO network, you may save money. Using a network dentist may lower your out-of-pocket costs and can make your annual maximum go further.

The dental network for your plan includes **100,000+** unique dentists contracted with Dental Health Alliance, L.L.C.[®] (DHA[®]) and dentists under access arrangements with other dental networks. To find a dentist in your area, or to nominate your dentist to participate in our network, go to www.assurantemployeebenefits.com, select **For Members**, then **Find a dentist**, or call Customer Service at **888.901.6377**.

What are my plan options?

Your employer is offering you a choice of two plans. Please review the information on the following pages and choose the **one plan** that best fits your needs.

The High Plan

Plan Features					
Deductible	In Network	Out-of-Network	Calendar Year Maximum	In Network	Out-of-Network
Per person, per calendar year	\$50	\$50	For each person	\$1000	\$1000
Waived for Class I Preventive	Yes	Yes			
Family limit of 3 individuals					
Coinsurance Percentage			Child Orthodontia Benefits		
Class I Preventive	100%	100%	Class IV Orthodontia coinsurance	50%	50%
Class II Basic	80%	80%	Lifetime orthodontia maximum	\$1000	\$1000
Class III Major	50%	50%			

Class I Preventive Dental Services, Including:

- Oral evaluations – once in any 6-month period
- Routine dental cleanings – once in any 6-month period
- Fluoride treatment – once in any 6-month period. *Only for children under age 16*
- Sealants – no more than once per tooth per person, only for permanent molar teeth. *Only for children under age 16*
- Genetic test for susceptibility to oral diseases
- Bitewing x-rays – once in any 12-month period
- Panoramic or complete series x-rays – once in any 60-month period
- Space maintainers. *Only for children under age 19*

Class II Basic Dental Services, Including:

- New fillings
- Replacement fillings – once in any 24-month period per filling
- Simple extractions, removal of exposed roots, incision and drainage
- General anesthesia and IV sedation when medically required
- Minor gum disease treatment: (minor periodontics)
 - Scaling and root planing – once in any 24-month period per area
 - Localized delivery of antimicrobial agents
 - Periodontal maintenance – once in any 6 consecutive months
- Stainless steel crowns. *Only for children under age 19*

Class III Major Dental Services, Including:

- Fixed partial dentures (bridges) and full and partial dentures (removable)
- Complex extractions
- Endodontics (includes root canal therapy)
- Endodontic retreatment (covered after 24 months have passed from initial treatment)
- Complex oral surgery
- Biopsy (including brush biopsy)
- Major gum disease treatment: (major periodontics)
 - Gingivectomy, osseous surgery, other major periodontic procedures – once in any 36-month period per area
- Inlay, onlay, and crown restorations
- Dental implants

Class IV Child Orthodontia

- Limited, interceptive, and comprehensive orthodontic treatment
- Minor treatment to control harmful habits

Waiting Periods

For a complete description of services and waiting periods, please review the certificate of insurance. If you were covered under your employer's prior plan the wait will be waived for any class of service covered under the prior plan and this plan.

- No waiting period for preventive or basic services.
- No waiting period for major services.
- 12-months for orthodontic services.

OR

The Low Plan

Plan Features					
Deductible	In Network	Out-of-Network	Calendar Year Maximum	In Network	Out-of-Network
Per person, per calendar year	\$50	\$50	For each person	\$1000	\$1000
Waived for Class I Preventive	Yes	Yes			
Family limit of 3 individuals					
Coinsurance Percentage			Orthodontia Benefits		
Class I Preventive	100%	100%	Not included		
Class II Basic	50%	50%			
Class III Major	25%	25%			

Class I Preventive Dental Services, Including:

- Oral evaluations – once in any 6-month period
- Routine dental cleanings – once in any 6-month period
- Fluoride treatment – once in any 6-month period. *Only for children under age 16*
- Sealants – no more than once per tooth per person, only for permanent molar teeth. *Only for children under age 16*
- Genetic test for susceptibility to oral diseases
- Bitewing x-rays – once in any 12-month period
- Panoramic or complete series x-rays – once in any 60-month period
- Space maintainers. *Only for children under age 19*

Class II Basic Dental Services, Including:

- New fillings
- Replacement fillings – once in any 24-month period per filling
- Simple extractions, removal of exposed roots, incision and drainage
- General anesthesia and IV sedation when medically required
- Minor gum disease treatment: (minor periodontics)
 - Scaling and root planing – once in any 24-month period per area
 - Localized delivery of antimicrobial agents
 - Periodontal maintenance – once in any 6 consecutive months
- Stainless steel crowns. *Only for children under age 19*

Class III Major Dental Services, Including:

- Fixed partial dentures (bridges) and full and partial dentures (removable)
- Complex extractions
- Endodontics (includes root canal therapy)
- Endodontic retreatment (covered after 24 months have passed from initial treatment)
- Complex oral surgery
- Biopsy (including brush biopsy)
- Major gum disease treatment: (major periodontics)
 - Gingivectomy, osseous surgery, other major periodontic procedures – once in any 36-month period per area
- Inlay, onlay, and crown restorations
- Dental implants

Waiting Periods

For a complete description of services and waiting periods, please review the certificate of insurance. If you were covered under your employer's prior plan the wait will be waived for any class of service covered under the prior plan and this plan.

- No waiting period for preventive or basic services.
- No waiting period for major services.

Who are eligible dependents?

Those qualified to be covered under your dental plan include your spouse and children less than age 26. See your certificate or group insurance policy for additional eligibility details.

Dental plan provisions, limitations and exclusions

Benefit Adjustments

Benefits will be coordinated with any other dental coverage. Under the Alternate Treatment provision, benefits will be payable for the most economical services or supplies meeting broadly accepted standards of dental care. If the charge for any dental treatment is expected to exceed \$300, it is recommended that a dental treatment plan be submitted to Assurant Employee Benefits for review before treatment begins.

Late Entrant Limitation

If you apply for dental insurance more than 31 days after a covered person first becomes eligible, the person is a late entrant. The benefits for the first 24 months of coverage for late entrants will be limited as follows:

Time Insured Continuously Under the Policy

Less than 6 months
At least 6 months but less than 12 months
At least 12 months but less than 24 months
At least 24 months

Benefits Provided for Only These Services

Preventive Dental Services
Preventive and Basic Restorative Dental Services
Preventive and all Basic Dental Services
Preventive, Basic and Major Dental Services

We will not pay for any treatment that is started or completed during the late entrant limitation period.

Other Important Plan Provisions

Benefits are not payable for the following, unless such insurance is provided under the list of covered dental services:

Treatment or an appliance which is not dentally necessary, is experimental or temporary in nature, or does not have uniform professional endorsement, treatment related to procedures that are part of a service but are not reported as separate services, reported in a treatment sequence that is not appropriate or misreported or that represent a procedure other than the one reported, appliances, inlays, cast restorations, crowns, or other laboratory prepared restorations used primarily for the purpose of splinting, any treatment or appliance, the sole or primary purpose of which relates to the change or maintenance of vertical dimension, the alteration or restoration of occlusion, except for occlusal adjustment in conjunction with periodontal surgery, bite registration, bite analysis, attrition or abrasion, replacement of a lost or stolen appliance or prosthesis, educational procedures, including but not limited to oral hygiene, plaque control or dietary instructions, completion of claim forms or missed dental appointments, personal supplies or equipment, including but not limited to water piks, toothbrushes, floss holders, or athletic mouthguards, administration of nitrous oxide or any other agent to control anxiety, treatment for a jaw fracture, treatment provided by a dentist, dental hygienist, or dentist who is an immediate family member or a person who ordinarily resides with a covered person, an employee of the policyholder, or a policyholder, hospital or facility charges for room, supplies or emergency room expenses or routine chest x-rays and medical exams prior to oral surgery, treatment provided primarily for cosmetic purposes, treatment which may not reasonably be expected to successfully correct the person's dental condition for a period of at least 3 years, crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth which do not have extensive decay or fracture and can be restored with an amalgam or composite resin filling, any treatment required directly or indirectly to diagnose or treat a muscular, neural, or skeletal disorder, dysfunction, or disease of the temporomandibular joint or its associated structures, treatment for the prevention of bruxism (grinding of teeth), treatment performed outside the United States, except for emergency dental treatment (the maximum benefit payable to any person during a benefit year for covered dental expenses related to emergency dental treatment performed outside the United States is \$100), treatment or appliances at which are covered under any Workers' Compensation Law, Employer's Liability Law or similar law (a person must promptly claim and notify us of all such benefits), treatment for which a charge would not have been made in the absence of insurance, treatment for which a covered person does not have to pay, except when payment of such benefits is required by law and only to the extent required by law.

This notice only applies to employers with 50 or fewer employees. This coverage does not include and is not required to include the pediatric dental essential health benefit as required under the federal Patient Protection and Affordable Care Act.

State variations can exist; please contact Assurant Employee Benefits for additional information.

Vision Insurance Plan 3

Good news about vision benefits for employees of Southern Boone R-I School District

Did you know?

- 50% of the U.S. population requires corrective lenses.¹
- Nearly 40% of consumers fear not being able to afford adequate vision treatment without a vision plan, so they may postpone or avoid care because of the cost.²

Your Vision Insurance Plan

As a valued employee of Southern Boone R-I School District, you have the opportunity to enroll in a payroll-deduction vision program.

Plan Features:

- Doctors who offer flexible hours and office settings
- Eyewear choices we believe you'll love
- Access to the largest national network³ of private-practice eye care doctors in the industry through Vision Service Plan (VSP).

How the Plan Works

Employees get the most from their vision benefits when they visit a VSP doctor. VSP's doctor network offers a wide choice of private practice optometrists, ophthalmologists, and opticians. A VSP provider can be located by visiting vsp.com or call VSP's Member Services department at 800.877.7195.

If you visit an in-network provider for services and materials, you don't need an ID card or have forms to complete. If you visit an out-of-network provider for services and materials, you'll be required to pay the full amount to the provider at that time. You can then submit a claim for reimbursement, which is a lesser benefit when compared to visiting a VSP doctor.

IMPORTANT:

Coverage for eligible employees will begin July 1, 2015. You must sign up by the Initial Enrollment Deadline, or forfeit the opportunity until the next plan anniversary date.

¹*Transitions Optical, Inc. 2009*

²*Rein, David, et al. The economic burden of major adult visual disorders in the United States. Arch Ophthalmology. 2006; 124:1754-1760.*

³*Netminder as of March 29, 2010*

The issued policy provides vision insurance only. It does not provide basic hospital, accident or major medical coverage. Plans contain limitations, exclusions and restrictions. Plan frequencies and limitations apply. We can cancel the policy after giving the policyholder advance written notice.

This notice only applies to employers with 50 or fewer employees. This coverage does not include and is not required to include the pediatric vision essential health benefit as required under the federal Patient Protection and Affordable Care Act.

Assurant Employee Benefits is the brand name used for insurance products underwritten and issued by Union Security Insurance Company.

Assurant Employee Benefits Plan 3

A summary of vision care benefits for the employees of Southern Boone R-I School District

Cost for Vision Insurance

	MONTHLY Cost*
For you	\$11.14
For you and your spouse	\$18.76
For you and your children	\$19.14
For you and your family	\$30.28

* Your actual cost may vary depending upon your employer's contribution towards the cost of the plan.

Vision Insurance Schedule

Benefit	Frequency	In-Network Member Cost	Out-of-Network Benefit
Vision Exam – focuses on your eye health and overall wellness	Every 12 months	\$10 copay	Up to \$52
Laser Vision Correction Discount	Once per eye per lifetime	<ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities. 	N/A
Lenses Single Lined Bifocal Lined Trifocal Lenticular	Every 12 months	\$25 copay (for lenses and frame)	Up to \$55 Up to \$75 Up to \$95 Up to \$125
Frames	Every 24 months	\$130 allowance for frames of your choice and 20% off the amount over your allowance.	\$57
Elective Contact Lenses <i>Contact lenses are in place of lenses and frame.</i>	Every 12 months	\$130 allowance for contact lens exam (fitting and evaluation) and materials. If you choose contact lenses you will be eligible for frames 12 months from the date the contact lenses were obtained.	Up to \$105
Additional Glasses and Sunglasses Discount	30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your exam. Or get 20% off from any VSP doctor within 12 months of your last exam.		N/A

Locating an In-Network VSP Doctor

You get the most from your vision benefits when you visit a VSP doctor. You'll find a listing of doctors at vsp.com or by calling 800.877.7195. VSP doctors offer flexible hours, a variety of office settings, and eyewear choices.

Using your Vision Benefit

Once enrolled, simply tell your VSP doctor you're a member and they will handle the rest. No ID cards required!

Out-of-Network Providers

If you see a non-VSP provider, you'll receive a lesser benefit. Before seeing a non-VSP provider call VSP at 800.877.7195 for more details.

Eligibility

You are eligible to participate if you are a full-time employee, as defined by your employer, at active work and working in the United States. Other policyholder-defined eligibility requirements may apply. Temporary or seasonal workers are not eligible.

Dependent Eligibility

Those qualified to be covered under your vision plan include your spouse and children from live birth but less than age 26. See your certificate or group insurance policy for additional eligibility details.

Late Entrants

If you elect coverage more than 31 days after your eligibility date, your effective date will be delayed to the next plan anniversary date.

This information is a summary of your benefit. In the event of a discrepancy between this information and the insurance contract, the terms of the contract will prevail.

Limitations & Exclusions

Limitations

In no event will coverage exceed the lesser of.

- the actual cost of the examination or materials, or
- the limits of coverage shown in the Vision Insurance Schedule.

The allowance for lenses shown in the Vision Insurance Schedule is for two lenses. If only one lens is needed, coverage will be 50% of the allowance shown for two lenses.

Benefits will not be payable for replacement of lost or broken materials until the next eligible benefit period.

The plan is designed to cover visually necessary materials rather than cosmetic materials. When you or a covered dependent select any of the following extras, the plan will pay the basic cost of the allowed lenses, and you or the covered dependent will pay the additional costs for the options.

- Optional cosmetic processes.
- Anti-reflective coating.
- Color coating.
- Mirror coating.
- Scratch coating.
- Blended lenses.
- Cosmetic lenses.
- Laminated lenses.
- Oversize lenses.
- Progressive multifocal lenses.
- Photochromic lenses; tinted lenses except Pink #1 and Pink #2.
- UV (ultraviolet) protected lenses.
- Certain limitations may apply to low vision care benefits.
- A frame that costs more than the plan allowance.
- Contact lenses (except as noted in the Vision Insurance Schedule).

General Exclusions

Covered vision expenses do not include, and we will not pay benefits for, the following:

- Orthoptic or vision training and any associated supplemental testing.
- Plano lenses.
- Two or more pairs of glasses, in lieu of bifocals or trifocals.
- Medical or surgical treatment of the eye, eyes, or supporting structures, except for laser surgery as shown under the Vision Insurance Schedule.
- Materials, services or options not shown in the Vision Insurance Schedule.
- Treatment or materials of an experimental nature.