

Select Benefits
Supplemental Life and Health Plan

General Description of Benefits

Key Personnel

PREMIUM PLAN- Your Cost: 72¢

Price is per regular hour worked and includes employee and eligible dependent coverage.

In a given month you work:

(regular hours)

1 – 90 hours

91 – 130 hours

131 – 170 hours

**The following month
your benefit level will be:**

Level I

Level II

Level III

Employee Life Insurance/Accidental Death and Dismemberment Benefit

Amounts reduced by 35% at age 65, and by an additional 35% each five-year period thereafter.

Levels I-III

- \$10,000 Life
- \$10,000 Accidental Death and Dismemberment (Combined Benefit \$20,000)

Dependent Life Insurance Benefit

Life coverage on spouse terminates when employee's insurance coverage terminates. Life coverage on child terminates when child ceases to be an eligible dependent or when employee's insurance coverage terminates. Standard dependent life is automatic with employee life benefit, and does not require an additional premium.

Levels I

- Spouse \$2,500
- Child (6 months-19 years) \$1,250
(To 26 years if a full-time student)
- Infant (14 days-6 months) \$200

Levels II-III

- Spouse \$5,000
- Child (6 months-19 years) \$2,500
(To 26 years if a full-time student)
- Infant (14 days-6 months) \$400

Hospital Indemnity Benefit

Levels I & II

- \$400 per day, per person; 30 days maximum per calendar year

- \$400 per day, per person for treatment of alcoholism or drug abuse; 30 days maximum per calendar year
- \$800 per day, per person for Intensive Care Unit (ICU); 30 days maximum per calendar year
- \$200 per day, per person for mental illness; 30 days maximum per calendar year, 180 days per lifetime
- \$200 per day, per person for stays in a skilled nursing facility (only if following a covered hospital stay of at least three consecutive days and the person is less than age 65); maximum 60 consecutive days per stay
- 500 days lifetime maximum for each benefit per person (except for mental illness)
- Benefits become payable on the first day of coverage confinement
- Maternity Care covered as any other illness
- No Deductible
- No Co-payment
- No additional premium charge for additional eligible dependents

Level III

- \$500 daily hospital/\$1000 daily ICU

(Associated hospital indemnity benefits also increase proportionately with each additional level and/or buy-up of coverage)

Surgical Benefit

Eligible expenses for surgeries performed by a doctor and in connection with an illness or injury will be paid up to the selected calendar year maximum. No deductible and no additional premium charge for eligible dependents.

Level I-II N/A

Level III \$1,000 per person, per calendar year maximum

Doctor's Office Visit Indemnity Benefit

Doctor's office visits are payable at a selected dollar benefit per visit, up to a calendar year maximum. No deductible. Excludes routine exams and injections. No additional premium charge for eligible dependents.

Level I N/A

Level II-III \$50 per visit/\$300 per person, per calendar year maximum

Outpatient Diagnostic X-Ray, and Lab Indemnity Benefit

Diagnostic x-ray and lab (DXL) tests ordered or performed by a doctor are payable at a selected dollar benefit per visit and up to a calendar year maximum when a hospital confinement is not required. Must be medically necessary. No deductible. No additional premium charge for eligible dependents.

Level I	N/A
Level II-III	\$50 per visit/\$300 per person, per calendar year maximum

Preventive Care Indemnity Benefit

Routine exams, medical treatment, and well child care immunizations are payable at a selected dollar benefit per visit, up to a calendar year maximum. No deductible. No additional premium charge for eligible dependents.

Level I	N/A
Level II - III	\$50 per visit/\$150 per person, per calendar year maximum

Additional Accident Benefit

Covered charges payable for services furnished by a doctor or hospital within 90 days after an accident. No deductible. No co-payment. No additional premium charge for eligible dependents.

Levels I - III	\$500 per person, per calendar year maximum
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Pharmacy Discount Program

A discount off usual and customary charges will be given to the eligible person when prescriptions are purchased through a contracting pharmacy. There is no additional premium charge for this benefit.

This benefit is available only when the Prescription Drug Benefit is not selected or when all Prescription Drug Benefits have been exhausted.

Survivor Benefit

If an employee dies while insured, any covered dependents will be extended coverage (other than dependent life) without premium payments for 2 years after the employee's death, as long as the employer's plan remains in force and the covered dependent meets the coverage requirements in this provision. There is no additional premium charge for this benefit.

NOTE: Exclusion, limitations, and definitions may vary by state. Please see the policy for details.