

**Select Benefits  
Supplemental Life and Health Plan**

**General Description of Benefits  
Key Personnel  
STANDARD PLAN- Your Cost: 49¢**

*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 II**

**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.

**Level I, II, & III**

- \$5,000 Life
- \$5,000 Accidental Death and Dismemberment (Combined Benefit \$10,000)

**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-III**

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

**Hospital Indemnity Benefit**

**Level I**

- \$200 per day, per person; 30 days maximum per calendar year
- \$200 per day, per person for treatment of alcoholism or drug abuse; 30 days maximum per calendar year
- \$400 per day, per person for Intensive Care Unit (ICU); 30 days maximum per calendar year
- \$100 per day, per person for mental illness; 30 days maximum per calendar year, 180 days per lifetime

- \$100 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

**Levels II-III**

- \$300 daily hospital/\$600 daily ICU

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

**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** \$35 per visit/\$300 per person, per calendar year maximum

**Level III** \$55 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** \$35 per visit/\$300 per person, per calendar year maximum

**Level III** \$45 per visit/\$300 per person, per calendar year maximum

**Vision Care Benefit**

Covered vision care expenses are paid at 80%. Maximum benefit is \$300 per person, per calendar year. No deductible. No additional charge for eligible dependents.

Covered Vision care expenses are limited to the following services:

- One routine eye exam by an eye doctor each 12 consecutive months
- One pair of eyeglass lenses and frames or one pair of contact lenses each 24 consecutive months, when prescribed by an eye doctor

**Level I & II**      N/A  
**Level III**        \$300 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**        \$300 per person, per calendar year maximum

**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.

The 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 benefits (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 the provision. There is no additional premium charge for this benefit.

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