



Employee Benefits Summary

Plan Year: January 2014

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Employee Benefits Summary

Group Health Insurance



Dual Option

\$1,000-80% OPT9

\$2,000-80% OPT11

LIFETIME MAXIMUM	Unlimited	Unlimited
Deductible	In Network/Out Network(OON)	In Network/Out Network(OON)
Individual	\$1,000/\$3,000	\$2,000/\$6,000
Family	\$2,000/\$6,000	\$4,000/\$12,000
OUT-OF-POCKET		
Individual	\$4,000/\$12,000	\$6,350/\$19,050
Family	\$8,000/\$24,000	\$12,700/\$38,100
HOSPITAL		
Inpatient	80% after ded/50% after ded	80% after ded/50% after ded
Emergency Room	\$250 copay	\$350 copay
ER Physician	100%	100%
URGENT CARE	\$100 copay/50% after ded	\$100 copay/50% after ded
DOCTOR VISITS		
Primary Care	\$25 Copay/50% after ded	\$30 Copay/50% after ded
Specialist	\$40 Copay/50% after ded	\$75 Copay/50% after ded
PREVENTIVE CARE	100% No Deductible OON: 50% after ded	100% No Ded OON: 50% after ded
PRE-EXISTING	NA	NA
PRESCRIPTIONS	\$10 Level 1 \$30 Level 2 \$50 Level 3 25% Level 4	\$10 Level 1 \$45 Level 2 \$75 Level 3 25% Level 4
Mail Order:	2.5x copay/90 days	2.5x copay/90 days

Neos Consulting Group will pay 100% of the employee cost for the \$2,000 OPT11 plan. The employee may buy up to the OPT 9 plan. All remaining costs and all dependent cost will be paid for by the employee through payroll deduction.

This summary is not an Insurance Contract. This summary was compiled by employees of Ball Peoples. Changes, omissions or oversights are possible. Please refer to the actual policy for a full description of benefits.



Group Dental Insurance

Policy# 12003124



<i>R & C</i>	90 th Percentile
<i>DEDUCTIBLE</i>	
Individual	\$ 50
Family	\$150
<i>SERVICES</i>	
Preventive	100%
Basic	80%
<i>Waiting Period</i>	None
Major	50%
<i>Waiting Period</i>	None
Adult & Child Ortho	20% Discount (In-Network Only)
<i>Waiting Period</i>	None
<i>MAXIMUM</i>	
Preventive, Basic, Major	\$1,500 Annual/Person
Orthodontics Discount	No Maximum

100% of the employee only dental premium is paid by **Neos Consulting Group**.
All dependent cost is paid by the employee through payroll deduction.

Group Vision Insurance

Policy#12003124



- Exams: Once every 12 Months; \$10 copay
- Lenses: Once every 12 Months; \$25 copay
- Frames: Once every 12 Months; \$130 allowance (20% off balance over \$130)
- Contacts : Allowance of \$150, 15% off balance over \$150 (In lieu of glasses)
- Lasik: 15% off retail price

100% of the Vision employee cost is paid by **Neos Consulting Group**.
All dependent cost is paid by the employee through payroll deduction.

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Group Life Insurance

Policy# 940146107



- \$50,000 Term Life Benefit
- \$50,000 Accidental Death & Dismemberment Benefit
- Benefit Reduced by 35% at age 65, 25% at age 70, 15% at age 75
- Benefits terminate upon retirement
- 100% of cost is paid by **Neos Consulting Group**

Group Long Term Disability Insurance

Policy# 940146108



- Benefit= 60% of salary to a maximum of \$6,000 per month
- 90 day Elimination Period
- Own occupation to SSNRA
- Zero Day Residual
- 6/12 Pre-Existing
- 100% of cost is paid by **Neos Consulting Group**

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Important Information

- Only full-time Employees are eligible for coverage.
- New employees are eligible for coverage on the first of the month following date of hire
- Employees are only eligible to come onto the employee benefits:
 - When first eligible as a new hire
 - At Open Enrollment
 - Due to a Qualifying Event. See last page of your handout for details.

To find a participating physician, dentist or vision provider near you:



www.humana.com

Network: NPOS Open Access



www.dentalselect.com

Network: Platinum



www.dentalselect.com

Network: EyeMed

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This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.humana.com or by calling 1-866-4ASSIST (427-7478).

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u>?	<p>Network: \$1,000 Individual / \$2,000 Family</p> <p>Non-Network: \$3,000 Individual / \$6,000 Family</p> <p>Doesn't apply to prescription drugs and preventive services. Co-insurance and co-payments don't count toward the deductible</p>	You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <u>deductible</u> starts over (usually, but not always, January 1st). See the chart starting on page 3 for how much you pay for covered services after you meet the <u>deductible</u> .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services, but see the chart starting on page 3 for other costs for services this plan covers.
Is there an <u>out-of-pocket limit</u> on my expenses	<p>Yes. For Network providers \$4,000 Individual / \$8,000 Family</p> <p>For Non-Network providers \$12,000 Individual / \$24,000 Family</p>	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u>?	Premiums, Balance-billed charges, Health care this plan doesn't cover, Penalties, Non-network transplant	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 3 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.

Questions: Call 1-866-4ASSIST (427-7478) or visit us at www.humana.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/healthreform or call 1-866-4ASSIST (427-7478) to request a copy.

<p>Does this plan use a <u>network of providers</u>?</p>	<p>Yes. See www.humana.com or call 1-866-4ASSIST (427-7478) for a list of Network providers.</p>	<p>If you use a network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your network doctor or hospital may use a non-network provider for some services. Plans use the term network, preferred, or participating for providers in their network. See the chart starting on page 3 for how this plan pays different kinds of providers.</p>
<p>Do I need a referral to see a <u>specialist</u>?</p>	<p>No.</p>	<p>You can see the specialist you choose without permission from this plan.</p>
<p>Are there services this plan doesn't cover?</p>	<p>Yes.</p>	<p>Some of the services this plan doesn't cover are listed on page 7. See your policy or plan document for additional information about excluded services.</p>



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's allowed amount for an overnight hospital stay is \$1,000, your coinsurance payment of 20% would be \$200. This may change if you haven't met your deductible.
- The amount the plan pays for covered services is based on the **allowed amount**. If a non-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if a non-network hospital charges \$1,500 for an overnight stay and the allowed amount is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use network **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost if You Use a Non-Network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$25 copay/visit	50% coinsurance	—————none—————
	Specialist visit	\$40 copay/visit	50% coinsurance	—————none—————
	Other practitioner office visit	Chiropractor: \$40 copay/visit	Chiropractor: 50% coinsurance	Chiropractor: 40 visits per calendar year, includes manipulations, adjustments For non-network, 10 visits per calendar year, includes manipulations, adjustments
	Preventive care / screening / immunization / endoscopic / preventive care (child) / screening (child) / immunizations (child)	No Charge	50% coinsurance	limited coverage for preventive care
If you have a test	Diagnostic test (x-ray, blood work)	No Charge	50% coinsurance	Cost share may vary based on where service is performed
	Imaging (CT/PET scans, MRIs)	20% coinsurance	50% coinsurance	Preauthorization may be required, penalty may apply Cost share may vary based on where service is performed

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost if You Use a Non-Network Provider	Limitations & Exceptions
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.humana.com.	Level 1 - Lowest cost generic and brand-name drugs	\$10 copay (Retail) \$25 copay (Mail Order)	30% coinsurance (Retail) 30% coinsurance (Mail Order)	Preauthorization may be required, penalties may apply. 30 day supply (Retail) 90 day supply (Mail Order)
	Level 2 - Higher cost generic and brand-name drugs	\$30 copay (Retail) \$75 copay (Mail Order)	See Level 1 for Non-Network benefit	See Level 1 for Limitations and Exceptions
	Level 3 - Generic and brand-name drugs with higher cost than Level 2	\$50 copay (Retail) \$125 copay (Mail Order)	See Level 1 for Non-Network benefit	See Level 1 for Limitations and Exceptions
	Level 4 - Highest cost drugs	25% coinsurance (Retail) 25% coinsurance (Mail Order)	See Level 1 for Non-Network benefit	See Level 1 for Limitations and Exceptions
	Specialty drugs	35% coinsurance	50% coinsurance	Preauthorization may be required, penalty may apply 25% coinsurance when filled via a preferred network specialty pharmacy
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	50% coinsurance	Preauthorization may be required, penalty may apply
	Physician/surgeon fees	20% coinsurance	50% coinsurance	—————none—————
If you need immediate medical attention	Emergency room services	\$250 copay/visit	\$250 copay/visit	Copayment waived if admitted
	Emergency medical transportation	20% coinsurance	20% coinsurance	—————none—————
	Urgent care	\$100 copay/visit	50% coinsurance	—————none—————

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost if You Use a Non-Network Provider	Limitations & Exceptions
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance	50% coinsurance	Preauthorization may be required, penalty may apply
	Physician/surgeon fee	20% coinsurance	50% coinsurance	—————none—————
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$25 copay/visit	50% coinsurance	—————none—————
	Mental/Behavioral health inpatient services	20% coinsurance	50% coinsurance	Preauthorization may be required, penalty may apply
	Substance use disorder outpatient services	\$25 copay/visit	50% coinsurance	—————none—————
	Substance use disorder inpatient services	20% coinsurance	50% coinsurance	Preauthorization may be required, penalty may apply
If you are pregnant	Prenatal and postnatal care	20% coinsurance	50% coinsurance	—————none—————
	Delivery and all inpatient services	20% coinsurance	50% coinsurance	—————none—————

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost if You Use a Non-Network Provider	Limitations & Exceptions
If you need help recovering or have other special health needs	Home health care	20% coinsurance	50% coinsurance	Preauthorization may be required, penalty may apply
	Rehabilitation services	\$40 copay/visit	50% coinsurance	Preauthorization may be required, penalty may apply 40 visits per calendar year, includes manipulations, adjustments For non-network, 10 visits per calendar year, includes manipulations, adjustments Any limits for Habilitation services and Rehabilitation services are combined.
	Habilitation services	\$40 copay/visit	50% coinsurance	Preauthorization may be required, penalty may apply 40 visits per calendar year, includes manipulations, adjustments For non-network, 10 visits per calendar year, includes manipulations, adjustments Any limits for Habilitation services and Rehabilitation services are combined.
	Skilled nursing care	20% coinsurance	50% coinsurance	Preauthorization may be required, penalty may apply 60 day limit per calendar year
	Durable medical equipment	20% coinsurance	50% coinsurance	Preauthorization may be required, penalty may apply
	Hospice service	20% coinsurance	50% coinsurance	Preauthorization may be required, penalty may apply
	If your child needs dental or eye care	Eye exam	50% coinsurance	50% coinsurance
Glasses		50% coinsurance	50% coinsurance	1 frame every 12 months 1 pair of lenses every 12 months
Dental check-up		50% coinsurance	50% coinsurance	Two every year up to age 19

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Acupuncture
- Bariatric surgery for morbid obesity
- Cosmetic surgery, unless to correct a functional impairment
- Dental care (Adult), unless for dental injury of a sound natural tooth
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine eye care (Adult)
- Routine foot care
- Weight loss programs

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Chiropractic care - spinal manipulations are covered
- Hearing aids

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the **premium** you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-866-4ASSIST (427-7478). You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact:

Humana, Inc.: www.humana.com or 1-866-4ASSIST (427-7478)

Department of Labor Employee Benefits Security Administration: 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform

Department of Insurance, PO Box 149104, Austin, TX 78714-9104, Phone: 512-463-6169 or 800-578-4677

Additionally, a consumer assistance program can help you file your appeal. Contact the Consumer Health Assistance Program, Department of Insurance, Mail Code 111-1A, PO Box 149091, Austin, TX 78714, Website: www.texashealthoptions.com, Email: chap@tdi.state.tx.us, Phone: 855-839-2427

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

—————*To see examples of how this plan might cover costs for a sample medical situation, see the next page.*—————

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$5,383.65
- Patient pays \$2,156.35

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	\$1,000.00
Copays	\$45.21
Coinsurance	\$1,111.14
Limits or exclusions	\$0.00
Total	\$2,156.35

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$3,981.74
- Patient pays \$1,418.26

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	\$0.00
Copays	\$1,400.20
Coinsurance	\$0.00
Limits or exclusions	\$18.06
Total	\$1,418.26

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from network **providers**. If the patient had received care from non-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

- ✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

- ✗ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

- ✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

- ✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1-866-4ASSIST (427-7478) or visit us at www.humana.com.

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Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u>?	<p>Network: \$2,000 Individual / \$4,000 Family</p> <p>Non-Network: \$6,000 Individual / \$12,000 Family</p> <p>Doesn't apply to prescription drugs and preventive services. Co-insurance and co-payments don't count toward the deductible</p>	You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <u>deductible</u> starts over (usually, but not always, January 1st). See the chart starting on page 3 for how much you pay for covered services after you meet the <u>deductible</u> .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services, but see the chart starting on page 3 for other costs for services this plan covers.
Is there an <u>out-of-pocket limit</u> on my expenses	<p>Yes. For Network providers \$6,350 Individual / \$12,700 Family</p> <p>For Non-Network providers \$19,050 Individual / \$38,100 Family</p>	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u>?	Premiums, Balance-billed charges, Health care this plan doesn't cover, Penalties, Non-network transplant	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 3 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.

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<p>Does this plan use a <u>network of providers</u>?</p>	<p>Yes. See www.humana.com or call 1-866-4ASSIST (427-7478) for a list of Network providers.</p>	<p>If you use a network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your network doctor or hospital may use a non-network provider for some services. Plans use the term network, preferred, or participating for providers in their network. See the chart starting on page 3 for how this plan pays different kinds of providers.</p>
<p>Do I need a referral to see a <u>specialist</u>?</p>	<p>No.</p>	<p>You can see the specialist you choose without permission from this plan.</p>
<p>Are there services this plan doesn't cover?</p>	<p>Yes.</p>	<p>Some of the services this plan doesn't cover are listed on page 7. See your policy or plan document for additional information about excluded services.</p>



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's allowed amount for an overnight hospital stay is \$1,000, your coinsurance payment of 20% would be \$200. This may change if you haven't met your deductible.
- The amount the plan pays for covered services is based on the **allowed amount**. If a non-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if a non-network hospital charges \$1,500 for an overnight stay and the allowed amount is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use network **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost if You Use a Non-Network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30 copay/visit	50% coinsurance	—————none—————
	Specialist visit	\$75 copay/visit	50% coinsurance	—————none—————
	Other practitioner office visit	Chiropractor: \$75 copay/visit	Chiropractor: 50% coinsurance	Chiropractor: 40 visits per calendar year, includes manipulations, adjustments For non-network, 10 visits per calendar year, includes manipulations, adjustments
	Preventive care / screening / immunization / endoscopic / preventive care (child) / screening (child) / immunizations (child)	No Charge	50% coinsurance	limited coverage for preventive care
If you have a test	Diagnostic test (x-ray, blood work)	No Charge	50% coinsurance	Cost share may vary based on where service is performed
	Imaging (CT/PET scans, MRIs)	20% coinsurance	50% coinsurance	Preauthorization may be required, penalty may apply Cost share may vary based on where service is performed

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost if You Use a Non-Network Provider	Limitations & Exceptions
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.humana.com.	Level 1 - Lowest cost generic and brand-name drugs	\$10 copay (Retail) \$25 copay (Mail Order)	30% coinsurance (Retail) 30% coinsurance (Mail Order)	Preauthorization may be required, penalties may apply. 30 day supply (Retail) 90 day supply (Mail Order)
	Level 2 - Higher cost generic and brand-name drugs	\$45 copay (Retail) \$112.5 copay (Mail Order)	See Level 1 for Non-Network benefit	See Level 1 for Limitations and Exceptions
	Level 3 - Generic and brand-name drugs with higher cost than Level 2	\$75 copay (Retail) \$187.5 copay (Mail Order)	See Level 1 for Non-Network benefit	See Level 1 for Limitations and Exceptions
	Level 4 - Highest cost drugs	25% coinsurance (Retail) 25% coinsurance (Mail Order)	See Level 1 for Non-Network benefit	See Level 1 for Limitations and Exceptions
	Specialty drugs	35% coinsurance	50% coinsurance	Preauthorization may be required, penalty may apply 25% coinsurance when filled via a preferred network specialty pharmacy
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	50% coinsurance	Preauthorization may be required, penalty may apply
	Physician/surgeon fees	20% coinsurance	50% coinsurance	—————none—————
If you need immediate medical attention	Emergency room services	\$350 copay/visit	\$350 copay/visit	Copayment waived if admitted
	Emergency medical transportation	20% coinsurance	20% coinsurance	—————none—————
	Urgent care	\$100 copay/visit	50% coinsurance	—————none—————

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost if You Use a Non-Network Provider	Limitations & Exceptions
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance	50% coinsurance	Preauthorization may be required, penalty may apply
	Physician/surgeon fee	20% coinsurance	50% coinsurance	—————none—————
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$30 copay/visit	50% coinsurance	—————none—————
	Mental/Behavioral health inpatient services	20% coinsurance	50% coinsurance	Preauthorization may be required, penalty may apply
	Substance use disorder outpatient services	\$30 copay/visit	50% coinsurance	—————none—————
	Substance use disorder inpatient services	20% coinsurance	50% coinsurance	Preauthorization may be required, penalty may apply
If you are pregnant	Prenatal and postnatal care	20% coinsurance	50% coinsurance	—————none—————
	Delivery and all inpatient services	20% coinsurance	50% coinsurance	—————none—————

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost if You Use a Non-Network Provider	Limitations & Exceptions
If you need help recovering or have other special health needs	Home health care	20% coinsurance	50% coinsurance	Preauthorization may be required, penalty may apply
	Rehabilitation services	\$75 copay/visit	50% coinsurance	Preauthorization may be required, penalty may apply 40 visits per calendar year, includes manipulations, adjustments For non-network, 10 visits per calendar year, includes manipulations, adjustments Any limits for Habilitation services and Rehabilitation services are combined.
	Habilitation services	\$75 copay/visit	50% coinsurance	Preauthorization may be required, penalty may apply 40 visits per calendar year, includes manipulations, adjustments For non-network, 10 visits per calendar year, includes manipulations, adjustments Any limits for Habilitation services and Rehabilitation services are combined.
	Skilled nursing care	20% coinsurance	50% coinsurance	Preauthorization may be required, penalty may apply 60 day limit per calendar year
	Durable medical equipment	20% coinsurance	50% coinsurance	Preauthorization may be required, penalty may apply
	Hospice service	20% coinsurance	50% coinsurance	Preauthorization may be required, penalty may apply
	If your child needs dental or eye care	Eye exam	50% coinsurance	50% coinsurance
Glasses		50% coinsurance	50% coinsurance	1 frame every 12 months 1 pair of lenses every 12 months
Dental check-up		50% coinsurance	50% coinsurance	Two every year up to age 19

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Acupuncture
- Bariatric surgery for morbid obesity
- Cosmetic surgery, unless to correct a functional impairment
- Dental care (Adult), unless for dental injury of a sound natural tooth
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine eye care (Adult)
- Routine foot care
- Weight loss programs

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Chiropractic care - spinal manipulations are covered
- Hearing aids

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the **premium** you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-866-4ASSIST (427-7478). You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact:

Humana, Inc.: www.humana.com or 1-866-4ASSIST (427-7478)

Department of Labor Employee Benefits Security Administration: 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform

Department of Insurance, PO Box 149104, Austin, TX 78714-9104, Phone: 512-463-6169 or 800-578-4677

Additionally, a consumer assistance program can help you file your appeal. Contact the Consumer Health Assistance Program, Department of Insurance, Mail Code 111-1A, PO Box 149091, Austin, TX 78714, Website: www.texashealthoptions.com, Email: chap@tdi.state.tx.us, Phone: 855-839-2427

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

—————*To see examples of how this plan might cover costs for a sample medical situation, see the next page.*—————

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$4,583.65
- Patient pays \$2,956.35

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	\$2,000.00
Copays	\$45.21
Coinsurance	\$911.14
Limits or exclusions	\$0.00
Total	\$2,956.35

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$3,555.48
- Patient pays \$1,844.52

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	\$0.00
Copays	\$1,826.46
Coinsurance	\$0.00
Limits or exclusions	\$18.06
Total	\$1,844.52

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from network **providers**. If the patient had received care from non-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

* **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

* **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1-866-4ASSIST (427-7478) or visit us at www.humana.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/healthreform or call 1-866-4ASSIST (427-7478) to request a copy.

How to view a copy of a member identification (ID) card

What happens if a new Humana member needs to pick up a prescription or visit the doctor's office and hasn't yet received a member ID card in the mail?

We mail ID cards to each member's home address 7-10 business days after a group is issued. A member who is "active" in Humana's system for four to five business days also can pull up a copy of his or her medical ID card online.

Here's how:

- Go to Humana.com and **log in/register for MyHumana**
- Click on "View Medical ID Card" link under Let us help you in the lower right of your MyHumana home page.
- A new window will appear with the ID Card.
- Print if desired.

The screenshot shows the MyHumana website interface. At the top, there is a navigation bar with links for MyHumana Home, My Profile, My Messages, and Log out. The main content area is divided into several sections. On the left, there is an 'Account Summary' section with a table of copay/coinsurance rates. In the center, there is a 'Fight the Flu & Pneumonia' banner with a 'Learn More' button. Below this is a 'Quick Access' section with three buttons: 'Claims Information', 'Doctors & Rx Tools', and 'Plan Information'. At the bottom, there is a 'Let us help you' section with several links, including 'View Medical ID Card', which is highlighted with a blue box and a blue arrow pointing to it from the right. The footer contains legal links and the Humana logo with the tagline 'Guidance when you need it most'.

If your company contact hasn't received a group number and/or an employee is not yet "active" in Humana's system, the employee should inform the provider about the change in carriers, and ask to delay billing. An employee who is required to pay for services up-front can submit a detailed receipt from the provider to Humana for possible coverage consideration. Call Customer Care at 1-866-4ASSIST (1-866-427-7478) for more information.

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MyHumana Mobile

Humana at Your Fingertips

MyHumana Mobile allows you to...

- » Check Member Information (ID card image coming soon)
- » Locate Urgent Care Centers nearby
- » Look up Spending Account balances
- » Find Providers in your network
- » View Medical Claims

MyHumana Mobile gives you three ways to access healthcare information via your cell phone!



1 Do you search the web on your phone?

Log in at m.humana.com using your MyHumana User ID and Password.

2 Are you a Smartphone user?

- » iPhone users go to the Apple Store and search "Humana" to download the application.
- » Android users go to the Android Market and search "Humana" to download the application.
- » Blackberry Application coming soon!

3 Do you text?

With Humana's new text messaging it's easy to check your spending account balance or have text messages sent to you.

- » Register or Log in to MyHumana
- » Go to My Profile
- » Click on "Manage My Mobile Number and Alerts"

After you are enrolled text "BAL" to **HUMANA** (486262) to get account balances.

HUMANA
Guidance when you need it most

Preventive Services Guide

Humana makes it easier than ever to get the preventive services you need to maintain your overall health. As part of healthcare reform and depending on your Humana health plan, a range of preventive services will be available to you at no cost.

The services listed here will be covered **100 percent** when they're done for preventive care. This means no copayments, coinsurance or deductibles when services are performed by providers in the Humana network.

Note: You may need to pay all or part of the costs when services are completed to diagnose, monitor, or treat an illness or injury, not as preventive care.

Remember, preventive care keeps you healthy, prevents illness, and detects diseases in the early stages when they're easier to treat.

Adult Preventive Services

Preventive office visits are covered, as well as the screenings, immunizations, and counseling listed below.

Screenings

Abdominal Aortic Aneurysm – one time screening for men of specified ages¹ who have ever smoked

Alcohol Misuse – screening and counseling

Blood Pressure – screening for all adults

Cholesterol – screening for adults of certain ages or at higher risk¹

Colorectal Cancer – screening for adults over 50

Depression – screening for adults

Type 2 Diabetes – screening for adults with high blood pressure

HIV – screening for all adults at higher risk¹

Obesity – screening and counseling for all adults

Syphilis – screening for all adults at higher risk¹

Tobacco Use – screening for all adults and cessation interventions for tobacco users

Other

Aspirin – use of aspirin to prevent cardiovascular disease for women and men at specified ages.¹

Immunizations (vaccines for adults – doses, recommended ages, and recommended populations vary):

Hepatitis A

Hepatitis B

Herpes Zoster

Human Papillomavirus (HPV)

Influenza

Measles, Mumps, Rubella

Meningococcal

Pneumococcal

Tetanus, Diphtheria, Pertussis

Varicella

Counseling

Diet – counseling for adults at higher risk¹ for chronic disease

Sexually Transmitted Infection (STI) – prevention counseling for adults at higher risk¹

Refer to your certificate of coverage for details about all the covered services and benefits levels.

This document is designed to provide a general overview of the federal health reform law (Affordable Care Act). It does NOT attempt to cover all of the law's provisions and should NOT be used as legal advice for implementation activities. We encourage you to seek any professional advice, including legal counsel, regarding how the new requirements will affect your specific plan. For complete details, refer to your plan's Certificate of Coverage.

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Women Preventive Services (includes pregnant women)

Preventive office visits are covered, as well as the screenings, and counseling listed below.

Screenings

Anemia – screening on a routine basis for pregnant women

Bacteriuria – urinary tract or other infection screening for pregnant women

Breast Cancer Mammography – screenings every 1 to 2 years for women over 40

Cervical Cancer – screening for women with a cervix, regardless of sexual history and at specified ages¹ and intervals.³

Chlamydia Infection – screening for younger women and other women at higher risk¹

Gestational Diabetes – screening for women 24-28 weeks pregnant and those at high risk of developing gestational diabetes

Gonorrhea – screening for all women at higher risk¹

Hepatitis B – screening for pregnant women at their first prenatal visit

HPV-DNA Test – high risk testing every 3 years for women with normal cytology results who are age 30 or older

Osteoporosis – screening for women age 65 and over and women at higher risk

Rh Incompatibility – screening for all pregnant women and follow-up testing for women at higher risk¹

Syphilis – screening for all pregnant women or other women at higher risk

Tobacco Use – screening and interventions for all women, and expanded counseling for pregnant tobacco users

Folic Acid – screening for appropriate use of folic acid supplements for women who may become pregnant

Counseling

BRCA – genetic counseling for women at higher risk¹

Breast Cancer Chemoprevention – counseling for women at higher risk¹ for breast cancer

Domestic and Interpersonal Violence – screening and counseling for all women

Other Services²

Breast Feeding – equipment and counseling to promote breastfeeding in the post-partum period.

Contraceptive Methods and Counseling

Child Preventive Services

Preventive office visits are covered, as well as the screenings, immunizations, counseling, and supplements listed below.

Screenings

Alcohol and Drug Use – assessments for adolescents

Autism – screening for children at 18 and 24 months

Behavioral – assessments for children of all ages

Congenital Hypothyroidism – screening for newborns

Depression – screening for adolescents

Developmental – screening for children under age 3, and surveillance throughout childhood

Dyslipidemia – screening for children at higher risk¹ of lipid disorders

Gonorrhea – preventive medication for the eyes of all newborns

Hearing – screening for all newborns

Height, Weight and Body Mass Index – measurements for children

Hematocrit or Hemoglobin – screening for children

Hemoglobinopathies – sickle cell screening for newborns

HIV – screening for adolescents at higher risk¹

Lead – screening for children at risk of exposure

Medical History – for all children throughout development

Obesity – screening and counseling for children age 6 or older

Oral Health – risk assessment for young children

Phenylketonuria (PKU) – screening for this genetic disorder in newborns

Sexually transmitted infection – screening for adolescents at higher risk

Tuberculin – testing for children at higher risk¹ of tuberculosis

Vision – screening for all children

Immunizations

(vaccines for children from birth to age 18 - doses, ages, and populations vary):

Diphtheria, Tetanus, Pertussis

Haemophilus influenzae type b

Hepatitis A

Hepatitis B

Human Papillomavirus (HPV)

Inactivated Poliovirus

Influenza

Measles, Mumps, Rubella

Meningococcal

Pneumococcal

Rotavirus

Varicella

Counseling

Sexually Transmitted Infection (STI) – prevention counseling for adolescents at higher risk¹

Supplements

Fluoride Chemoprevention – supplements for children without fluoride in their water sources

Iron – supplements for children ages 6 to 12 months at risk for anemia

¹For more information on the definition of “higher risk” and age recommendations, please go to the US Preventive Guidelines at: <http://www.uspreventiveservicestaskforce.org/uspstf/uspabrecs.htm>

²On Aug. 1, 2011, the U.S. Department of Health and Humana Services released new guidelines regarding coverage of preventive health services for women. The new guidelines state that non-grandfathered insurance plans with plan years beginning on or after Aug. 1, 2012, must include these services without cost sharing.

³Women 21-65: with cytology (Pap smear) every three years; women 30-65: wanting to lengthen the screening interval. This document is designed to provide a general overview of the health reform law. It does NOT attempt to cover all of the law's provisions and should NOT be used as legal advice for implementation activities. We encourage you to seek any professional advice, including legal counsel, regarding how the new requirements will affect your specific plan. For complete details, refer to your plan's Certificate of Coverage.

Women's Preventive Drug List

Effective August 1, 2012

Listed below in alphabetical order are commonly prescribed contraceptive medicines. This drug list may not apply to all plans. This is not a complete list and is subject to change. Please log on to MyHumana for the specific prescription drug benefit, including copayments, limitations and exclusions. You may also call a Humana Customer Service representative at the phone number listed on the back of your Humana member ID card.

ALTAVERA
ALYACEN
AMETHIA
AMETHIA LO
AMETHYST
APRI
ARANELLE
AVIANE
AZURETTE
BALZIVA
BEYAZ
BRIELLYN
CAMILA
CAMRESE
CAMRESE LO
CAZIAN
CESIA
CRYSSELLE
CYCLAFEM
DEPO-SUBQ PROVERA
ELLA
EMOQUETTE
ENCARE
ENPRESSE
ERRIN
FEMCAP
FOLIC ACID

GENERESS FE
GIANVI
GILDESS FE
GYNOL II
HEATHER
IMPLANON
INTROVALE
JOLESSA
JOLIVETTE
JUNEL
JUNEL FE
KARIVA
KELNOR 1-35
KPN PRENATAL VIT #98/FERROUS FUM/FA
LEENA
LESSINA
LEVONORGESTREL
LEVONORG-ETH ESTRAD ETH ESTRAD
LEVORA-28
LO LOESTRIN FE
LOESTRIN 24 FE
LORYNA
LOW-OGESTREL
LUTERA
LYBREL
MARLISSA
MAXINATE

MEDROXYPROGESTERONE ACETATE
MICROGESTIN
MICROGESTIN FE
MIRENA
MISSION PRENATAL HP
MISSION PRENATAL
MONONESSA
NATALCARE
NATAZIA
NECON
NEXPLANON
NEXT CHOICE
NORA-BE
NORETHINDRONE
NORETHINDRONE-ETHIN ESTRADIOL
NORGESTIMATE-ETHINYL ESTRADIOL
NORGESTREL-ETHINY ESTRA
NORINYL 1+50
NORTREL
NUVARING
OCELLA
OGESTREL
ONE-A-DAY WOMEN'S PRENATAL DHA
OPTINATE
ORSYTHIA
ORTHO ALL-FLEX
ORTHO EVRA
ORTHO TRI-CYCLEN LO
OVCON-50
PARAGARD T 380-A
P-D NATAL PLUS WITH FOLIC ACID
P-D NATAL PLUS
PERRY PRENATAL
PLAN B ONE-STEP
PNV COMB #89/IRON/FA
PORTIA
PRENATAL COMPLETE

PRENATAL FORMULA
PRENATAL MULTI PLUS DHA
PRENATAL PLUS DHA
PRENATAL VITAMINS
PRENATAL
PREQUE 10
PREVIFEM
QUASENSE
RECLIPSEN
RIGHT STEP PRENATAL VITAMINS
SAFYRAL
SOLIA
SPRINTEC
SRONYX
STUART PRENATAL + DHA
STUART PRENATAL
SYEDA
TILIA FE
TODAY CONTRACEPTIVE SPONGE
TRI-LEGEST FE
TRINESSA
TRI-PREVIFEM
TRI-SPRINTEC
TRIVORA-28
UROSEX
VCF
VELIVET
VESTURA
VIORELE
WIDE SEAL DIAPHRAGM
ZARAH
ZENCHENT
ZENCHENT FE
ZEOSA
ZOVIA 1-35E
ZOVIA 1-50E



Employee Assistance and Work-Life Program

Life, relationships, work, money, legal, family and everyday issues, all can be challenging. Sometimes you need help and guidance coming up with the answers and practical solutions. Your Employee Assistance (EAP) & Work-Life Program is here for you and your family – any day, anytime. Best of all, your organization provides this completely confidential service at no cost to you.

When you call you'll talk with a trained professional who will:

- Ask you about your situation
- Help you clarify the problem
- Offer guidance and support
- Connect you with experts who can help with work-life issues

These confidential services are just a telephone call away for both you and your family members

Get the guidance you need – any day, anytime.
www.humana.com/eap 1-866-440-6556

Easy access to online services

As part of the program, you have access to a comprehensive resource. The Website features hundreds of free articles, audio features, and financial calculators to help you with budgeting and investing. You can also listen to Webinars, take quizzes, download legal forms, and sign up for newsletters.

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Guidance when you need it most

Life

- Stress
- Addiction and recovery
- Depression
- Anxiety
- Relationships
- Grief and loss

Family

- Childcare resources
- Emergency and backup care
- Summer school or vacation camp
- Parenting
- Adoption
- Child development
- College planning
- Caring for older adults

Legal

- Estate planning
- Legal forms, wills, power of attorney, final arrangements
- Free initial legal consultation, 25 percent discount from standard legal fees for subsequent services

Money

- Budgeting
- Debt management
- Home buying and refinancing
- Retirement planning
- Insurance
- Tax planning
- Identity theft

Work

- Co-worker relationships
- Change and transition
- Balancing work and personal life
- Relocation
- Business travel
- Job stress
- Communication

Everyday Issues

- Consumer information
- Home remodeling and repair
- Home and car buying
- Big-ticket purchases
- Pet care resources

For EAP and work-life information

1. Enter www.humana.com/eap
2. Enter user name: eap (all lower case)
3. Enter password: eap (all lower case)

EAP

1-866-440-6556
www.humana.com/eap

For EAP and work-life information

1. Enter www.humana.com/eap
2. Enter user name: eap (all lower case)
3. Enter password: eap (all lower case)

24 hours
7 days

Providing immediate, professional assistance with personal, work-related, or emotional concerns.

EAP services are provided for all eligible employees and family members.
 Humana Inc. 2007



Your prescription home-delivery service



With *RightSourceRx*, you can get your prescription delivered right to your door by mail.



*RightSourceRx*SM is Humana's prescription home-delivery service. It offers:

- › **Convenience.** You'll make just four orders per year and receive up to a three-month supply of your medication instead of making 12 trips to a retail pharmacy.
- › **Savings.** With generic alternatives and 90-day supply discounts, *RightSourceRx* offers many opportunities that might reduce your drug costs.
- › **Safety and accuracy.** *RightSourceRx* pharmacists review each new prescription for accuracy and possible drug-to-drug interactions. They also use foil-sealed containers for added safety.
- › **Communication.** *RightSourceRx* lets you know the status of your order by e-mail or phone, and notifies you when medications are available for refill.

Getting started

- › Simply mail your new prescriptions to *RightSourceRx* – or your doctor can electronically prescribe, fax, or call in your order.
- › Use the online service to submit a request to have any eligible prescriptions you're currently taking moved to *RightSourceRx*. *RightSourceRx* will contact your doctor for a new 90-day prescription and e-mail you when your doctor has approved your request.

[continued on back >](#)





Use our pharmacy tools

The pharmacy-pricing tools and information in the member section of **Humana.com** will help you get the most value from your prescription drug benefits, and help identify potential cost savings through *RightSourceRx*.

Hassle-free refills

You have four ways to order. For fastest service, order online or by phone.

- › **Go online:** Log in to your *RightSourceRx* account at **RightSourceRx.com** and click “Order Refill.” Select the available medications you need and follow the directions to complete the order.
- › **RightSourceRx will call you:** *RightSourceRx* will notify you by phone when a refill becomes available. Follow the instructions to submit your refill order by phone.
- › **Call RightSourceRx:** Use the toll-free automated system 24 hours a day, seven days a week. Call 1-800-379-0092. If you have a speech or hearing impairment and use a TTY, call 1-877-833-4486. Follow the directions to submit your refill order by phone.
- › **By mail:** Complete and mail the Refill Order Form sent with your last *RightSourceRx* delivery.

Prompt shipments

- › *RightSourceRx* delivers directly to your home by mail, and standard shipping is free.
- › Allow up to two weeks for new prescriptions and 5 – 10 days for refills.
- › Track the status of your order online through your *RightSourceRx* account by accessing the “Order History” page, or calling *RightSourceRx* at 1-800-379-0092 (TTY: 1-877-833-4486).

Questions?

Visit our Website at **RightSourceRx.com** for more information, to download forms, and view frequently asked questions, or call 1-800-379-0092 (TTY: 1-877-833-4486) from 8 a.m. – 11 p.m. Monday – Friday, and 8 a.m. – 6:30 p.m. Saturday, Eastern time.

RightSourceRx mailing address:

RightSourceRx
P.O. Box 29200
Phoenix, AZ 85038-9200

HUMANA
Guidance when you need it most



Receive an EyeMed Vision Discount



As a Humana member, you receive the EyeMed Vision Discount program at no cost to you. EyeMed offers access to 35,000 national providers at 20,000 locations including optometrists, ophthalmologists, opticians, and optical retailers such as LensCrafters®, Pearle Vision®, Sears Optical, Target Optical, and JCPenney Optical.

To find an EyeMed provider

- › Click on “EyeMed Vision Care” under the “Provider Search” area in the member section of **Humana.com**, or call EyeMed’s toll-free locator service at 1-866-995-9316
- › To find a LASIK or PRK vision-correction provider, call 1-877-5LASER6

It’s easy to obtain your discount from an EyeMed provider

- › Present your vision discount card below or
- › Present your Humana member identification card

See the other side of this flyer for a list of vision care services.

EyeMed Vision Care Discount



For a location nearest you call 1-866-995-9316.

This vision discount program is not part of your insurance.

Vision discount program (retail prices may vary by location)

Exams	Member pays
Routine exam	\$5 off
Contact lens exam	\$10 off

Standard plastic lenses	Member pays
Single vision	\$50
Bifocal	\$70
Trifocal	\$105

Frames
Discount available – 40 percent off retail prices – on all frames except when prohibited by the manufacturer.

Lens options	Member pays
UV coating	\$15
Tint (solid and gradient)	\$15
Standard scratch-resistant	\$15
Standard polycarbonate	\$40
Standard progressive* (add-on to bifocal)	\$65
Standard anti-reflective coating	\$45
Other add-ons and services	20% discount

* The cost for Premium Progressive lenses equals the Basic Progressive lens retail price plus a 20 percent discount on the balance over this price.

Contact lenses
Conventional lenses are 15 percent off retail price. Discount applied to materials only (excludes disposable).

Laser vision correction*
LASIK or PRK from U.S. Laser Network is 15 percent off retail price or 5 percent off promotional price.

* Because LASIK or PRK vision correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location. For a location near you and the discount authorization, please call 1-877-5LASER6.

Service	Frequency
Examination	unlimited
Frames	unlimited
Lenses	unlimited
Contact lenses	unlimited

Limitations/ Exclusions:

- Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing
- Medical and/or surgical treatment of the eye, eyes, or supporting structures
- Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under plan
- Services provided as a result of any worker's compensation law
- Discount is not available on frames when the manufacturer prohibits a discount

Plan code: 9242595

THIS IS NOT INSURANCE. These discount programs are not part of your insurance product. Discounts are only available at participating providers. Service providers are solely responsible for the provision of products and services. Humana and its affiliates are not liable for product defects, provider negligence or other errors in the delivery of discount products or services.

Member will receive a 20% discount on items purchased at participating providers that are not specifically covered by this discount design. The 20% discount may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed provider's professional services, or contact lenses. Retail prices may vary by location.

For Texas members: to file a complaint, please call the Texas Department of Licensing and Regulation toll-free (in-Texas) at 800-803-9202 or Relay Texas-TDD at 800-735-2989.



HUMANA
PHARMACY SolutionsSM

Understanding the Rx4 drug benefit

Maximize Your Pharmacy Benefit

Humana Pharmacy Solutions provides you with helpful information about getting the most from your plan.

When your doctor prescribes a medicine that is covered by your Humana Pharmacy Solutions drug plan, you'll find it in one of four levels. No matter which level your medicine is listed, it is covered to some extent:

\$	Level 1: Lowest-cost generic and brand-name drugs
\$\$	Level 2: Higher-priced generic and brand-name drugs
\$\$\$	Level 3: High-cost brand-name drugs with less expensive alternatives
\$\$\$\$	Level 4: Specialty medications

Actual copays will vary based on your group's prescription drug benefit.

Savings on brand-name vs. generic medicines

One way to save money is by asking your doctor whether you can replace your brand-name medication with a lower-cost alternative, such as a generic drug. Generics are safe, effective, FDA-approved and on average cost 30 to 80 percent less than brands. All drugs, generic or brand name, must pass the same strict FDA inspection and approval process to be sold in the United States.

The three types of lower-cost options are:

- 1. Generic equivalents** are made with the exact same dosage and ingredients as the brand. You can expect the same results as with the brand-name medication.
- 2. Generic alternatives** work like brand-name medications to treat the same condition. The ingredients in a generic alternative are different from the prescribed brand-name and its generic equivalent, so overall results may vary.
- 3. Over the counter (OTC)** are medications you can purchase without a prescription from your doctor. These also must pass the same strict FDA inspection and approval process to be sold in the United States. Some common heartburn and allergy medications are available in OTC form.

Important: Ask your doctor or pharmacist whether a lower-cost option is right for you and start saving today.

HUMANA
Guidance when you need it most



Good news! Beginning July 1, HumanaVitality is available with new and renewing Humana medical plans.

Please share the information below with your employees so they can learn more about HumanaVitality and how to get started.

What if we made getting healthy fun and rewarding?

We just did.

You want to be healthier. You want to live longer. And you want better quality out of that life. HumanaVitalitySM is here to help you do that. It's a groundbreaking program you can voluntarily use to really take charge of your health.

When you register, you begin changing your life, working with HumanaVitality to understand your health today and find out what your risks are for tomorrow — all in a safe, secure, and confidential manner. You get advice on what to eat and what kind of exercise makes sense for you. And the best part is, you are rewarded not only in health and happiness, but in perks you choose.

With HumanaVitality, once you know where you stand, you set goals. We help you form good habits, like picking up fruits and vegetables at the market instead of chips. Or taking a walk instead of sitting on your couch.

Healthy choices are recorded and earn you Vitality PointsTM. And those points earn you rewards, like name-brand products, travel, and resort stays. It's just that simple. No matter what stage of life or health you're in, HumanaVitality is for you.

HumanaVitality: A fun, rewarding wellness program that puts YOU front and center.

Getting started is easy.

Beginning July 1, you can start exploring all the benefits of HumanaVitality by logging in to your secure member page at **Humana.com**.

If you are not registered, go to **Humana.com**, choose "Register" in the log-in box, and follow the instructions.

HUMANA VitalityTM

Program details are subject to change.

Humana Plans are offered by Humana Medical Plan, Inc., Humana Employers Health Plan of Georgia, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Health Plan of Ohio, Inc., Humana Health Plans of Puerto Rico, Inc. License # 00235-0008, Humana Wisconsin Health Organization Insurance Corporation, or Humana Health Plan of Texas, Inc. - A Health Maintenance Organization, or insured by Humana Health Insurance Company of Florida, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Insurance Company, Humana Insurance Company of Kentucky, EmpheSys Insurance Company, or Humana Insurance of Puerto Rico, Inc. License # 00187-0009, or administered by Humana Insurance Company or Humana Health Plan, Inc.

For Arizona Residents: Offered by Humana Health Plan, Inc. or insured by EmpheSys Insurance Company or insured or administered by Humana Insurance Company.



Small bites can lead to big benefits.
Including 5% off healthier foods at Walmart.®


Now HumanaVitality® is bringing even more to the table.

As if better health and great benefits weren't already enough, HumanaVitality has sweetened the deal. Introducing Vitality HealthyFood™, a simple way to eat a little better and save 5%* on healthier food purchases at Walmart.**

Who's eligible?

Vitality HealthyFood is available to HumanaVitality members.† To sign up, HumanaVitality members need to sign in to **HumanaVitality.com**, complete their Health Assessment to reach Bronze Vitality Status™, and then request their Vitality HealthyFood card right online.

What foods qualify?

 With Vitality HealthyFood, it's easier and more affordable to eat right. Look for the foods that qualify as **Great For You™** at Walmart to get the 5% savings.

How does it work?

When you check out at Walmart, get your Vitality HealthyFood card scanned at the register. All Great For You foods qualify for a 5% savings, which is applied to your Vitality HealthyFood card. Savings are redeemed on future purchases at Walmart.*

Take your Health Assessment – if you haven't already – and request your Vitality HealthyFood card right online to start taking advantage of all the great benefits of HumanaVitality, including 5% off healthier food purchases at Walmart.



Vitality HealthyFood.
Take small bites, make big changes.



* The 5% savings will be applied to that member's Vitality HealthyFood card within 5-7 business days. Once applied, the savings may be used on any future purchase made at Walmart where gift cards are accepted.

** The Vitality HealthyFood program is only available at Walmart Neighborhood Markets and Walmart retail stores. Sam's Club stores and Walmart.com are excluded from the Vitality HealthyFood program.

† HumanaVitality members must be 18 years of age or older to be eligible to participate in the Vitality HealthyFood program. The Vitality HealthyFood program is not available to all HumanaVitality members and is only available with certain plans or products offered by Humana.

WhiteGlove House Call Health

Affordable medical care for all ages – over age two – available to you seven days a week, 8 a.m. to 8 p.m.

WhiteGlove, a Humana in-network provider, delivers in-home medical care in your area. WhiteGlove doctors are specialists in family medicine and treat patients of all ages.

This service is not designed to replace a patient's regular doctor or to interfere with care you get from your doctor. It is offered as an alternative to seeking care in an emergency room, an urgent care center, or a doctor's office.

The time and attention you deserve – without the hassles and cost.

Call WhiteGlove House Call Health today.

WhiteGlove will come to your home or office on your schedule, seven days a week. We want you to experience "white glove" treatment that's convenient for you.

Call **512-329-8081** or **1-888-944-2448** for your house call!

www.housecallhealth.com

WhiteGlove, Inc. is solely responsible for the services described in this brochure.
WhiteGlove is a Humana in-network provider.

HUMANA
Guidance when you need it most



WhiteGlove doctors and nurses make house calls!

Do you have a small child who's sick?

Do you feel too ill to go to the doctor?

Are you stuck at home without transportation to the doctor?

WhiteGlove House Call Health will make medical house calls when you're sick or injured.



Medical house calls

When you're sick or injured, you can receive affordable routine medical care at home or work seven days a week, 8 a.m. to 8 p.m.

WhiteGlove will:

- Send medical professionals to your home or workplace
- Diagnose, test, and treat you
- Deliver well-kits with foods, beverages, and over-the-counter (OTC) remedies
- Prescribe, order, and deliver OTC and prescription medications
- File health insurance claims for you
- Provide secure Web access to your treatment records, lab results, and medical expenses
- Follow up with you about your home visit, your progress, and your lab results

Medical house calls are:

- Available
- Affordable
- Convenient

Available

WhiteGlove is available everyday from 8 a.m. to 8 p.m. to provide house calls as an alternative to hospital emergency rooms – whenever a condition needs timely intervention and other resources are unavailable – or when you just can't make it to the doctor's office.

Affordable

In general, your costs are the same as a visit to a specialist in the Humana network. Call us to schedule an in-home appointment. We'll check your coverage and let you know what your costs will be.

You'll be asked to pay at the time of service – by check or credit card:

- An in-network specialist copayment, or \$35 if you don't have a copayment
- Any applicable lab fees and medications copayments according to your plan benefits

Convenient

A new concept in medical care designed to save you time, effort, and hassle in accessing healthcare, WhiteGlove House Call Health provides:

- Medical care at home or work
- Medication delivery
- Delivery of well-kits with foods, beverages, and over-the-counter remedies
- Secure Web access to your information
- Claims filing with the insurance company
- Follow-up with you after the visit

When should you call us?

When you're sick – or need a well-child or well-adult exam – call us at 512-329-8081 to schedule an in-home visit. During the call, we'll help you determine whether you can wait to see your primary doctor, if you need to go to an emergency room or urgent care treatment center – or a medical house call is your best choice.

- Whenever you need a basic health assessment, annual physical exam, allergy testing, a vaccination, diabetes testing, and more
- When you need one of approximately 80 tests that can be done in the home or workplace – such as cholesterol, allergy, kidney, hepatitis, urinalysis, complete blood count, A1C, and more
- When you're sick with respiratory infections, flu, symptoms with eye, ear, and nose infections, and other symptoms that you'd see your doctor for





Summary of Benefits For:
Neos Consulting Group LLC
 90th R&C

		Indemnity Classic Plan	
		Platinum Network	
		Contracted Dentist	Non-Contracted Dentist
PREVENTIVE	<i>Routine exams, cleanings (2 per year), topical fluoride, x-rays, space maintainers, sealants</i>	100%	100% of R&C
BASIC	<i>Composite fillings, extractions, oral surgery, endodontics, periodontics</i>	80%	80% of R&C
		No Waiting Period	
MAJOR	<i>Crowns, bridges, dentures</i>	50%	50% of R&C
		No Waiting Period	
ORTHODONTICS	<i>Children under 19 Waiting Period Lifetime Maximum All Members</i>	20% Discount No Waiting Period No Maximum 20% Discount	No Benefit
MAXIMUM BENEFIT	<i>Applies to Preventive, Basic and Major Services</i> <i>Benefit Period is: Per Calendar Year</i>	\$1500.00	
DEDUCTIBLE	<i>Applies to Basic and Major Services</i> <i>Per Benefit Period</i> <i>Per Person:</i> <i>Family Maximum:</i>	\$50.00 \$150.00	\$50.00 \$150.00
SPECIALISTS	<i>Endodontists, Oral Surgeons, Pediatric, Periodontists, Prosthodontists</i>	<p style="text-align: center;">Contracted Specialist payment:</p> <p style="text-align: center;">1) You receive a 20% discount off the Specialist fee</p> <p style="text-align: center;">2) Plan pays according to the Reasonable and Customary fees</p> <p style="text-align: center;">3) Member pays the difference between plan payment and discounted Specialist fee</p> <p style="text-align: center;">Non-contracted Specialist payment:</p> <p style="text-align: center;">Paid the same as non-contracted dentists</p>	

Dental Notes For:

Neos Consulting Group LLC**Network Access****Texas**

Four networks are utilized in Texas, the Dental Select Signature, Platinum and Gold Networks, and the Connection Dental Network. Access to Connection Dental Network is only allowed if enrolled on a co-insurance plan using the Dental Select Signature or Platinum Networks. Co-pay plans affiliated with either the Gold or Platinum networks, and co-insurance plans using the Gold Network utilize the Dental Select Networks only.

Dental Select participating general dentists accept the Platinum, Signature, or Gold fee schedule as payment in full. Connection Dental participating general dentists accept the Connection Dental Fee Schedule as payment in full.

Contracted Specialists - Texas

Connection Dental Network: Services rendered by Connection Dental Participating Specialist will be reimbursed according to the Connection Dental fee schedule as payment in full. Orthodontics: The maximum charge allowed is \$3,800

Dental Select Platinum or Signature Networks: Services rendered by a Dental Select Participating Specialist will be reimbursed as follows.

- 1) You receive a 20% discount off the Specialist's fee.
- 2) Plan pays according to the Reasonable and Customary fees.*
- 3) Member is responsible for the difference between the Plan's payment & the discounted Specialist's fee

*Co insurance plans using the Gold Network - After a 20% discount, plan pays according to the General Dentist fee schedule.

Nevada Members – Diversified Dental Services

Contracted General Dentists and Specialists: Benefits are paid off of the Diversified fee schedule there is no balance billing.

Utah

Dental Select participating general dentists accept the Signature, Platinum or Gold fee schedule as payment in full.

Contracted Specialists - Utah

Dental Select Signature or Platinum Networks: Services rendered by a Dental Select Participating Specialist will be reimbursed as follows.

- 1) You receive a 20% discount off the Specialist's fee.
- 2) Plan pays according to the Reasonable and Customary fees.*
- 3) Member is responsible for the difference between the Plan's payment & the discounted Specialist's fee.

*Co insurance plans using the Gold Network - After a 20% discount, plan pays according to the General Dentist fee schedule.

Co-Pay Plans - See Schedule of co-payments for patient responsibility

Other States – Connection Dental

Contracted General Dentists and Specialists: Benefits are paid off of the Connection Dental fee schedule; there is no balance billing.

Orthodontics: The maximum charge allowed is \$3,800

Plan Notes**Indemnity**

IN NETWORK: General Dentists: All payments made by the plan are based on the Platinum or Connection Dental Fee Schedule. Platinum Network Contracted Specialists: Plan pays According to the Reasonable and Customary Fees. OUT OF NETWORK: Dental Select will allow up to the reasonable and customary charge for the dental procedures and services after the required deductible amount, as shown. Charges above the plan payment are the patient's responsibility.

DISCOUNT: Discount only; no benefit will be paid.

This summary of benefits is current as of 08/12/2013. To verify up to date benefits, please contact Dental Select Member Services (1-800-999-9789) or refer to your current Certificate of Insurance.

Summary of Benefits For:
Neos Consulting Group LLC

Exam with Dilation as Necessary
Contact Lens Options
<i>Standard fit and follow-up</i>
<i>Premium fit and follow-up</i>
Standard Plastic Lenses
<i>Single Vision</i>
<i>Bifocal</i>
<i>Trifocal</i>
Frames
<i>Any frame at provider location</i>
Lens Options
<i>UV Coating</i>
<i>Tint (Solid and Gradient)</i>
<i>Standard Scratch-Resistance</i>
<i>Standard Polycarbonate</i>
<i>Standard Progressive (Add-on to Bifocal)</i>
<i>Standard Anti-Reflective</i>
<i>Other Add-ons and Services</i>
Contact Lenses
<i>Conventional</i>
<i>Disposables</i>
<i>Medically Necessary</i>
Laser Correction (US Laser Network)
<i>Lasik or PRK</i>
Frequency
<i>Examination</i>
<i>Frame</i>
<i>Lenses or Contact Lenses</i>

Access Choice Vision 7	
In-Network	Out-of-Network
(Member Cost)	(Reimbursement)
\$10	Up to \$45
Up to \$55	N/A
10% off Retail	N/A
\$25	Up to \$40
\$25	Up to \$60
\$25	Up to \$80
\$0 CoPay, \$130 allowance; 20% off balance over \$130	Up to \$45
\$0	N/A
\$0	N/A
\$0	N/A
\$0	N/A
\$0	N/A
\$45	N/A
20% Discount	N/A
Declining Balance Allowance	
\$0 CoPay: \$150 Allowance; 15% off balance over \$150	Up to \$150
\$0 CoPay: \$150 Allowance; member responsible for balance over \$150	Up to \$150
\$0 CoPay: Paid in Full	Up to \$210
15% off retail price -or- 5% off promotional price	Not Covered
Once every 12 months	Once every 12 months
Once every 12 months	Once every 12 months
Once every 12 months	Once every 12 months



Vision Notes For:

Neos Consulting Group LLC**Plan Notes**

Members will receive a 20% discount on items not covered by the plan at network providers. This discount may not be combined with any other discounts or promotional offers and does not apply to Eyemed Provider's professional services or contact lenses. retail prices may vary by location.

Discounts do not apply for benefits provided by other group benefit plans. Allowances are one-time use benefits; no remaining balance except for contact lens materials, when applicable. Lost or broken materials are not covered.

When enrolled on the Value Vision Plan, complete pair of eyeglasses (frames, lenses, & lens options) must be purchased in the same transaction to receive full discount. If purchased separately, members receive 20% off retail price.

When enrolled on the Classic or Choice vision plans, Members receive a 40% discount off complete eyeglass purchases and a 15% discount off conventional contact lenses at unlimited frequency after the initial benefit has been used. After initial purchase, replacement contact lenses may be obtained via the internet at substantial savings and mailed directly to the member. Details are available at www.eyemedvisioncare.com. The contact lens benefit allowance is not applicable to this service.

Since Lasik or PRK vision correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location. For a location near you and the discount authorization, please call 1-877-5LASER6

This summary of benefits is current as of 08/12/2013. To verify up to date benefits, please contact Dental Select Member Services (1-800-999-9789) or refer to your current Certificate of Insurance.



Group Life Insurance
SUMMARY OF BENEFITS

Life and AD&D

Sponsored by: Neos Consulting Group

Effective date: 9/1/11

Life Benefit	Employee
Amount	Flat \$50,000
Minimum Amount	\$50,000
Maximum Amount	\$50,000
Guarantee Issue	\$50,000
AD&D Benefit	Employee
Amount	Flat \$50,000
Minimum Amount	\$50,000
Maximum Amount	\$50,000
Guarantee Issue	\$50,000
Benefit Reduction	Employee
Benefits will reduce:	35% at age 65 An additional 25% of the original amount at age 70; and An additional 15% of the original amount at age 75 Benefits terminate at retirement
Additional Benefits	Employee
See Definitions page for:	Accelerated Death Benefit
See Definitions page for:	Seat Belt, Airbag, and Common Carrier
See Definitions page for:	Conversion
Eligibility	Employee
	All full-time active employees working 30 or more hours per week in an eligible class are eligible for coverage on the policy effective date. A delayed effective date will apply if the employee is not actively at work.

(Please see other side)

Definitions

Accelerated Death Benefit	Accelerated Death Benefit provides an option to withdraw a percentage of your life insurance coverage when diagnosed as terminally ill (as defined in the policy). The death benefit will be reduced by the amount withdrawn. To qualify, you have satisfied the Active Work rule and have been covered under this policy for the required amount of time as defined by the policy. Check with your tax advisor or attorney before exercising this option.
AD&D	Accidental Death and Dismemberment (AD&D) insurance provides specified benefits for a covered accidental bodily injury that directly causes dismemberment (e.g., the loss of a hand, foot, or eye). In the event that death occurs from a covered accident, both the life and the AD&D benefit would be payable.
Conversion	If you terminate your employment or become ineligible for this coverage, you have the option to convert all or part of the amount of coverage in force to an individual life policy on the date of termination without Evidence of Insurability. Conversion election must be made within 31 days of your date of termination.
Guarantee Issue	For timely entrants enrolled within 31 days of becoming eligible, the Guarantee Issue amount is available without any Evidence of Insurability requirement. Evidence of Insurability will be required for any amounts above this, for late enrollees or increase in insurance and it will be provided at your own expense.
Seat Belt, Airbag, Common Carrier	If you die as a result of a covered auto accident while wearing a seat belt or in a vehicle equipped with an airbag, benefits are payable up to \$10,000 or 10% of the principal sum, whichever is less. If loss occurs for you due to an accident while riding as a passenger in a common carrier, benefits will be double the amount that would otherwise apply as outlined in the certificate.
Term Life	Coverage provided to the designated beneficiary upon the death of the insured. Coverage is provided for the time period that you are eligible and premium is paid. There is no cash value associated with this product.
Exclusion: Suicide	Benefits will not be paid if the death results from suicide within two years after coverage is effective. May apply if employee contributes toward the premium.

Additional Benefits

BeneficiaryConnectSM	Support services for beneficiaries who have experienced a loss.
TravelConnectSM	Travel assistance services for employees and eligible dependents traveling more than 100 miles from home.

For assistance or additional information

Contact Lincoln Financial Group at (800) 423-2765 or log on to www.LincolnFinancial.com

NOTE: This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater details. Should there be a difference between this summary and the contract, the contract will govern.

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Group Long-Term Disability Insurance

SUMMARY OF BENEFITS

Sponsored by: Neos Consulting Group

Effective date: 9/1/11

Long-term disability is intended to protect your income for a long duration after you have depleted short-term disability or any sick leave your company may offer.

Eligibility	All full-time active employees working 30 or more hours per week in an eligible class are eligible for coverage on the policy effective date.
Maximum Monthly Benefit	60% of salary up to \$6,000 per month
Maximum Benefit Duration	Social Security Normal Retirement Age
Own Occupation Period	End of Maximum Benefit Period
Elimination Period	90 days
Accumulation of Elimination Days	You can satisfy the days of your elimination period with either total (off work entirely) or partial (working some hours at your current job) disability. If you are working on a partial basis, you will have 2x the elimination period days to satisfy the total of 90 days.
Pre-Existing Condition	You may not be eligible for benefits if you have received treatment for a condition within the past 6 months until you have been covered under this plan for 12 months
Waiver of Premium	You will not be required to pay premium during any time of approved total or partial disability.
Survivor Income Benefit	A survivor benefit may be paid to your beneficiary if you should die while receiving qualifying disability payments.
EmployeeConnectSM	Access to an employee assistance program for the employee or an immediate household family member who may be experiencing personal or workplace issues.
Benefit Limitations	Mental Illness: 24 months Substance Abuse: 24 months Specified Illness: No Limit
Progressive Income Benefit	If you are disabled and have a loss of two or more Activities of Daily Living, you will receive an additional benefit of 10% to a maximum of \$5000.

(Please see other side)

Understanding Your Benefits

Own Occupation	The occupation trade or profession you were employed in prior to your disability as defined by the US DOL Dictionary of Occupational Titles.
Total Disability	You are considered totally disabled if, due to an injury or illness, you are unable to perform each of the main duties of your own occupation. Your “own” occupation is covered for a specific period of time. Following this, the definition of total disability becomes the inability to perform any occupation for which you are reasonably suited based on your experience, education, or training.
Partial Disability	You are considered partially disabled if you are unable, due to an injury or illness, to perform the main duties of your regular occupation on a full-time basis. Partial Disability benefits may be payable if you are earning at least 20% of the income you earned prior to becoming disabled, but not more than 99%. Partial disability benefits allow you to work and earn income from your employer as well as continue to receive benefits, which may enable you to receive 100% of your income during your time of disability.
Continuation of Disability	If you return to work full-time but become disabled from the same disability within six months of returning to work, you will begin receiving benefits again immediately.
Benefit Duration Reduction	Your benefit duration may be reduced if you become disabled after age 65.
Pre-Existing Condition	Any sickness or injury for which you have received medical treatment, consultation, care, or services (including diagnostic measures or the taking of prescribed medications) during the specified months prior to the coverage effective date. A disability arising from any such sickness or injury will be covered only if it begins after you have performed your regular occupation on a full-time basis for the specified months following the coverage effective date, unless no treatment was received for the specified consecutive months after the coverage effective date.
Benefit Exclusions	You will not receive benefits in the following circumstances: <ul style="list-style-type: none">• Your disability is the result of a self-inflicted injury.• You are not under the regular care of a doctor when requesting disability benefits.• You were involved in a felony commission, act of war, or participation in a riot.
Benefit Reductions	Your benefits may be reduced if you are receiving benefits from any of the following sources: <ul style="list-style-type: none">• Any compulsory benefit act or law (such as state disability plans);• Any governmental retirement system earned as a result of working for the current policyholder;• Any disability or retirement benefit received under a retirement plan;• Any Social Security, or similar plan or act, benefits;• Earnings the insured earns or receives from any form of employment;• Workers compensation;• Salary continuance or employer contributions to an employer sponsored retirement plan.
Benefit Termination	This coverage will terminate when you terminate employment with this policyholder, or at your retirement.

For assistance or additional information

Contact Lincoln Financial Group at (800) 423-2765 or log on to www.LincolnFinancial.com

NOTE: This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describe the benefits in greater details. Should there be a difference between this summary and the contract, the contract will govern.

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FEDERAL (COBRA)

TEXAS

<p>Covered Employers and Plan Coverage</p>	<p>Group health plans maintained by private-sector employers with 20 or more employees, employee organizations, or state or local governments; coverage must be identical to that available to similarly situated beneficiaries who are not receiving COBRA coverage under the plan (generally, the same coverage that the qualified beneficiary had immediately before qualifying for continuation coverage)</p>	<p>Texas compels all employers, including those with 2-19 employees that are required to comply with state mandates to provide continuation coverage. This includes fully insured plans, as well as governmental entities.</p> <p>Dental, vision and prescription plans are not required to be included.</p>
<p>Qualified Beneficiaries (Employee / Dependents)</p>	<p>Individual covered by a group health plan on the day before a qualifying event - either an employee, the employee's spouse, or an employee's dependent child. In certain cases, a retired employee, the retired employee's spouse, and the retired employee's dependent children may be qualified beneficiaries. In addition, any child born to or placed for adoption with a covered employee during the period of COBRA coverage is considered a qualified beneficiary. Agents, independent contractors, and directors who participate in the group health plan may also be qualified beneficiaries.</p>	<p>Employees and dependents with at least 3 consecutive months of coverage prior to termination</p>
<p>Continuation Period</p>	<p>18 months - COBRA beneficiaries generally are eligible for group coverage during a maximum of 18 months for qualifying events due to employment termination or reduction of hours worked.</p> <p>29 months - Disability can extend the 18 month period of continuation coverage for a qualifying event that is a termination of employment or reduction of hours. If certain requirements are met, the entire family qualifies for an additional 11 months of COBRA continuation coverage. Plans can charge 150% of the premium cost for the extended period of coverage.</p> <p>36 months - Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.</p> <p>36 months - Under COBRA, participants, covered spouses and dependent children may continue their plan coverage when they would otherwise lose coverage due to divorce (or legal separation) for a maximum of 36 months.</p>	<p>9 months (or 6 months where COBRA eligible) – Eligible employees and dependents must be offered up to a 9 month continuation period. Where eligible for COBRA, eligible employees and dependents must be offered 6 additional months following COBRA.</p>
<p>Qualifying Events</p>	<p>For Employees: Voluntary or involuntary termination of employment for reasons other than gross misconduct – 18 months.</p> <p>Reduction in the number of hours of employment – 18 months.</p> <p>For Spouses: Voluntary or involuntary termination of the covered employee's employment for any reason other than gross misconduct – 18 months</p> <p>Reduction in the hours worked by the covered employee – 18 months</p> <p>Covered employee's becoming entitled to Medicare – 36 months</p> <p>Divorce or legal separation of the covered employee – 36 months</p> <p>Death of the covered employee – 36 months</p> <p>For Dependent Children: Loss of dependent child status under the plan rules – 36 months</p> <p>Voluntary or involuntary termination of the covered employee's employment for any reason other than gross misconduct – 18 months</p> <p>Reduction in the hours worked by the covered employee – 18 months</p> <p>Covered employee's becoming entitled to Medicare – 36 months</p> <p>Divorce or legal separation of the covered employee – 36 months</p> <p>Death of the covered employee – 36 months</p>	<p>For Employees: Coverage ends for any reason other than involuntary termination of employment for cause</p> <p>For Spouses: Coverage ends for any reason other than involuntary termination of employment for cause.</p> <p>Divorce or legal separation of group member.</p> <p>Death of group member</p> <p>For Dependent Children: Coverage end for any reason other than involuntary termination of employment for cause</p> <p>Divorce or legal separation of group member</p> <p>Death of group member</p>

Eligibility	To be eligible for COBRA coverage, must have been enrolled in employer's health plan when employed and health plan must continue to be in effect for active employees. COBRA continuation coverage is available upon the occurrence of a qualifying event that would, except for the COBRA continuation coverage, cause an individual to lose his or her health care coverage.	Eligibility is dependent upon whether the covered individual had been covered for at least 3 consecutive months prior to the termination of coverage.
Notice Requirements	<p>Employers or health plan administrators must provide an initial general notice when employee is hired if entitled to COBRA benefits.</p> <p>When no longer eligible for health coverage, employer has to provide a specific notice regarding rights to COBRA continuation benefits.</p> <p>Employers must notify their plan administrators within 30 days after an employee's termination or after a reduction in hours that causes an employee to lose health benefits.</p> <p>The plan administrator must provide notice to individual employees of their right to elect COBRA coverage within 14 days after the administrator has received notice from the employer.</p> <p>Employee must respond to this notice and elect COBRA coverage by the 60th day after the written notice is sent or the day health care coverage ceased, whichever is later. Otherwise, employee will lose all rights to COBRA benefits.</p> <p>Spouses and dependent children covered under such health plan have independent right to elect COBRA coverage upon employee's termination or reduction in hours.</p>	<p>The individual must apply for continuation coverage within 60 days of the later of: (1) termination of group coverage; or (2) the date on which the notice of continuation rights was received.</p> <p>Employers must provide a written notice to each covered individual that is affected by the termination of conversion or continuation privileges.</p> <p>Employers are required to notify individuals on continuation coverage that they may be entitled to coverage under the Texas Health Insurance Risk Pool. This notice must be sent at least 30 days prior to the end of the continuation period applicable to the individual.</p>
Termination of Coverage	<p>Coverage begins on the date that coverage would otherwise have been lost by reason of a qualifying event and will end at the end of the maximum period. It may end earlier if:</p> <p>Premiums are not paid on a timely basis.</p> <p>The employer ceases to maintain any group health plan.</p> <p>After the COBRA election, coverage is obtained with another employer group health plan that does not contain any exclusion or limitation with respect to any pre-existing condition of such beneficiary. However, if other group health coverage is obtained prior to the COBRA election, COBRA coverage may not be discontinued, even if the other coverage continues after the COBRA election.</p> <p>After the COBRA election, a beneficiary becomes entitled to Medicare benefits. However, if Medicare is obtained prior to COBRA election, COBRA coverage may not be discontinued, even if the other coverage continues after the COBRA election.</p>	<p>Continuation coverage must be allowed to continue until the earliest of the following:</p> <ul style="list-style-type: none"> - the date coverage would end due to the individual's failure to pay required premiums; - the group policy terminates; - the individual becomes eligible for Medicare or similar benefits under another plan; - the individual becomes eligible for coverage under a state or federal law other than COBRA

QUALIFYING EVENTS

Qualifying Events for adding individuals to the Health Plan outside the open enrollment period.

- 1.) **Loss of Other Coverage** – Election of Health Care coverage can be made within 30 days after losing other Health Care coverage, but only if (i) coverage under this plan was initially rejected because of that other coverage, and (ii) the other coverage is lost because of termination of a spouse's employment, death of a spouse, divorce, exhaustion of COBRA continuation, or other involuntary reason.

- 2.) **Marriage or Birth or Adoption of a Child** – An employee covered under this plan can enroll his or her eligible dependents within 30 days after the employee's marriage or within 30 days after the employee acquires a child through birth, adoption or placement for adoption. If the employee is eligible but not covered under this plan at that time, the employee can enroll for both employee and dependent Healthcare coverage.

- 3.) **Court Order** – An eligible spouse or child can be enrolled within 30 days after the issuance of a court order that requires the employee to provide Health Care coverage for the spouse or child.

- 4.) **Open Enrollment** – During an open enrollment period, an employee can enroll or, if permitted by the plan, change to a different Health Care coverage offered by the employer.

