

KING'S COLLEGE



WILKES-BARRE, PENNSYLVANIA 18711

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Flexible Benefits Plan Update
Flexible Benefits 2013-2014 Highlights
Creative Benefits Information
Universal Enrollment Form

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(First Priority Health Insurance Company Blue Care PPO)
www.bcnepa.com 1-888-338-2211
Matrix
Blue Care Preventative Package
Prescription Information and Forms

Section 2 Vision Insurance

(Vision Benefits of America Group #2433)
www.visionbenefits.com 1-800-432-4966
Matrix

Section 3 Dental Insurance

(Delta Dental Group #PA 9475)
www.wekeepyoumiling.com 1-800-932-0783
Matrix

Section 4 Additional Life Insurance

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KING'S COLLEGE



WILKES-BARRE, PENNSYLVANIA 18711

FLEXIBLE BENEFITS PLAN UPDATE

King's College annual Benefits Open Enrollment meetings and Tiaa/Cref Mini Seminar Series are scheduled this year in the Burke Auditorium located in McGowan Hall according to the following schedule:

WEDNESDAY 4/24/13

- *Benefits Open Enrollment Meeting - Wednesday, April 24th at 10:00 a.m.*
- *Tiaa/Cref Presentation on "Asset Allocation & Diversification" – Wednesday, April 24th at 2:00 p.m.*

THURSDAY 4/25/13

- *Tiaa/Cref Presentation on "Income Planning/Options" – Thursday, April 25th at 11:00 a.m.*
- *Benefits Open Enrollment Meeting – Thursday, April 25th at 2:00 p.m.*

We will continue to utilize the on-line enrollment process and it will be mandatory for everyone covered by our voluntary benefits to re-elect continued coverage for the new plan year that begins on July 1, 2013. Failure to re-elect benefits for the new plan year will result in the college retaining your Core Benefits which includes Life Insurance, Long-Term Disability Insurance and Retirement Benefits, however, all other prior elections will be cancelled which include; Dental and Vision Insurance, Voluntary Life Insurance, Flexible Waiver Bonus and your Flexible Spending Plans. You will be automatically enrolled in the College's PPO 300 Plan with the same level of coverage as your current election as the default benefit. This default coverage will remain in effect until the next annual Open Enrollment period.

In March 2010, President Obama signed into law the Healthcare Reform Bill which included the Patient Protection and Affordable Care Act, and the Reconciliation Bill, Health Care and Education Affordability Act. This legislation brings into effect the longstanding lack of basic healthcare coverage for all citizens of our country by 2014. The key changes that have and will continue to impact our plan are as follows:

- *Dependent Children of Employees - Coverage through the end of the month they turn age 26.*
- *Mandates that employers over a certain size provide a certain level of medical coverage to FT employees that work (30 hours or more) and their dependents.*
- *No Lifetime dollar limits on Health Benefits.*
- *No pre-existing conditions exclusions for enrollees up to age 19 and no rescissions.*
- *Preventive care services by in- network providers only, will be covered with no cost-share.*
- *No Health FSA Reimbursements for non-prescription drugs unless Physician authorized.*
- *Emergency care services by non-participating providers will no longer be subject to increased coinsurance or copayment requirements. Non-participating providers may balance bill members for the difference.*
- *Rescissions of coverage permitted in cases of fraud or misrepresentation or failure to pay premiums.*

As a self-funded plan where the college pays for all employees' health care claims directly, we get a firsthand look at the services being provided and the direct cost of that care. During the past year, a significant amount of work has been done to monitor and track our costs, with the ultimate goal of ensuring that the benefit options offered to you are not only quality benefits but are also financially affordable to both you and the College. The total cost of claims which include inpatient, outpatient and prescription charges all increased over the same time period last year. So it is particularly crucial that we all do our share in maintaining costs and make a commitment to live a healthy stress free life, since these are things that are within our control and can significantly impact our costs.

As we have recognized through various health care studies, health care costs continue to grow at a trend of 5% and 8% annually due to the Proliferation of Chronic Diseases, Advances in Medical Technology and Research & Development for new Prescription Drugs. While there is no evidence of a potential downward trend, employers are taking a more aggressive step in attempting to manage these costs with greater emphasis on employee accountability and a more realistic approach to cost share, while continuing to support workforce wellness programs and educational programs that are offered by their Health Care and Insurance Providers.

Chronic Diseases continue to drive health care costs nationally, consuming three of every four health care dollars; however, here at King's we have noticed a trend toward Preventive Care. Over the past year we have paid out over \$135,500 for Preventive Health Services as compared to \$122,000 last year. Prevention may be the greatest method to stem the upward cost trends that we are facing. If we all begin to take our health serious, we can begin to reduce demand for medical care by fostering personal responsibility within a culture of wellness, while increasing access to preventive services. Public Health Advocates believe that if all Americans adopted healthy lifestyles, health care costs would decrease as people would require less medical care for Chronic Diseases, such as diabetes, heart disease, and cancer. Unfortunately again this year, the top Health Conditions identified in our groups over this past benefit period are: Cancers, Cardiac, Circulatory, Musculoskeletal, and Gastrointestinal conditions. Although one cannot predict the future or a diagnosis of one of these debilitating conditions, these are conditions that could either be effectively prevented or minimized by participating in simple or low cost disease prevention and management programs, along with educational programs, which essentially could eliminate, not just shift, costs from the United States Health Care System, King's College and your pocketbook. Now is the time to get serious about improving your health. In an effort to contain costs and minimize our risk going forward, we ask that you continue to make healthy choices, schedule annual Preventive Screenings and take accountability for your health. These choices can certainly have a positive impact on future claims.

As we approach year eight of our signature **"Leggin It With Leo"** Wellness Program we will continue to support your program recommendations. We encourage you to make healthy life choices, such as participating in weight management programs and healthy eating lifestyle changes and we will continue to remind you that your personal "Lifestyle Management Program" should include; eating healthy meals (portion controlled), exercising regularly as appropriate for your health (our new state of the art Fitness Center located in Scanlon Gymnasium, is open year round to all employees), getting annual checkups, scheduling preventative screenings as recommended, and most importantly, understanding your family's health history so you know what your risks might include and where your limitations may be.

As we approach the end of our seventh year of Self-Funding for our Medical Insurance, as managers of our plan, we have the ability to manage the claims and control the plan design to better serve you. After review of our groups experience and claims paid to date, it has been determined that in order to support our current level of care, there will need to be a more realistic cost share to fund our groups going forward. The College encourages you to attend one of the scheduled Open Enrollment meetings to learn about the benefit changes that will affect you. We also remind you that continued support of this level of coverage is subject to review on an annual basis.

Lastly, as we all strive forward with the common goal toward financial sustainability, we have recognized that many may have concerns with regard to meeting their own financial sustainability. While health care costs continue to rise, we continue to provide the high quality of benefits that you have been accustomed to; however; we have made the difficult decision of passing on a more realistic cost share. With this said, we wanted to be certain that you would be able to continue making contributions into your retirement plan through Tiaa/Cref, so a new sliding scale will be introduced July 1, 2013, that will outline a continued commitment by King's College to afford you the opportunity to continue making retirement contributions. Beginning July 1, 2013, the sliding scale for Retirement Contributions is as follows:

EMPLOYEE CONTRIBUTION	EMPLOYER CONTRIBUTION
1 %	4.5 %
2%	5.5 %
3%	6.5 %
4%	7.5 %
5 % up to a maximum of 10.25 %	8.5 %

We will continue utilizing the electronic enrollment process. Refresher instructions will be communicated to you as we approach the Open Enrollment processing dates.

We look forward to seeing you at one of our two Open Enrollment meetings scheduled for Wednesday 4/24 @ 10:00 a.m. or Thursday 4/25 @ 2:00 p.m. in the Burke Auditorium located in McGowan Hall. The mini seminar series sponsored by TIAA/CREF will be held Wednesday 4/24 @ 2:00 p.m. or Thursday 4/25 @ 11:00 a.m. The New Benefit Booklet for 2013-2014 will be available on-line on the HR webpage by clicking the Benefits tab. Due to timing issues, hard copies may not be available at the Open Enrollment Meetings.

King's College welcomes you to the 2013/2014 Flexible Benefits Plan. The following information outlines the benefits available to you. Please carefully review the information provided. Additional information, including benefit grids and costs, are available for your review by contacting the Human Resources Department. For Bi-Weekly contributions, you can also refer to your Cost Sheet.

CORE BENEFITS

Regardless of your other benefit elections, King's College will provide the following Core Benefits at no cost to you as a benefit eligible employee.

LIFE INSURANCE

- 1 ½ x base annual salary
- \$100,000 maximum benefit
- Eligible after 30 days/1st of next quarter

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

- 1 ½ x base annual salary
- \$100,000 maximum benefit
- Eligible after 30 days/1st of next quarter

LONG TERM DISABILITY (LTD) PLAN

- Provides 60% of base monthly salary
- \$4,000 monthly maximum
- Benefit begins after 6 months of continuous disability and continues until recovery or your normal retirement age, whichever is earlier
- Eligible after 30 days/1st of next quarter

RETIREMENT PLAN

See Human Resources for additional information on the Retirement Plan. Eligible after completing 1 year of full-time service or a current participant with less than 1 year break in service

SUPPLEMENTAL RETIREMENT ANNUITY

See Human Resources for additional information on the Supplemental Retirement Annuity.

TUITION PLAN

See Human Resources for additional information on the Tuition Plan. Policy on Tuition Remission can be reviewed in the Personnel Policy Manual on the Web under the Human Resources Link

EMPLOYEE ASSISTANCE PROGRAM

Cigna's Life Assistance Program - Includes clinical and work/life support for employees and family members. Available 24/7/365 by calling 1-800-538-3543 or www.cignabehavioral.com/CGI

BENEFIT CHOICES

Benefit Choices are available for you to select based on the individual needs of you and your family. Eligibility for the following benefits is 30 days/1st of the following month.

MEDICAL INSURANCE

King's College offers the following two Medical Plan options for you and your eligible dependents.

- **BlueCare PPO - 150**
 - To find providers go to their website at www.bcnepa.com.
- **BlueCare PPO - 300**
 - To find providers go to their website at www.bcnepa.com.

Call BlueCare Customer Service with questions regarding medical benefits @ 1-888-338-2211

Call Express Scripts for questions regarding your prescription drug benefits 1-877-603-8399.

Applications are required for all new participants, if you are switching from one plan to another or making changes to your previous elections.

DENTAL INSURANCE

King's College offers a dental plan through Delta Dental for eligible employees and their dependents.

- **Delta Dental**

Call toll-free between 8 a.m. and 8 p.m. (EST) Monday through Friday **1-800-932-0783** or you can access their website at www.wekeepyoumiling.com

VISION INSURANCE

King's College offers Vision Coverage to all eligible employees and their dependents. VBA is our Vision provider.

- **VBA Vision**

Call toll-free between 8:30 a.m. and 7:00 p.m. (EST) Monday through Friday **1-800-432-4966** or you can access their website at www.visionbenefits.com

VOLUNTARY LIFE INSURANCE

- Employee
 - \$10,000 increments to \$300,000 maximum benefit
 - Amounts elected may be subject to Evidence of Insurability
- Spouse (*employee must purchase to qualify*) --- \$10,000 increments to \$300,000 maximum benefit. Spouse benefit cannot exceed 100% of Employee coverage
 - Amounts elected may be subject to Evidence of Insurability
- Dependent Child(ren) (*employee must purchase to qualify*)
 - Flat \$10,000 benefit for an additional charge of \$1.50 per month

FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts can be used for eligible health care and dependent care expenses such as medical and dental deductibles, co-payments not covered by a health plan, prescriptions, and dependent day care.

- **Health Care Reimbursement Account**
 - \$300.00 annual minimum
 - \$2,500.00 annual maximum
 - Over-the-counter (OTC) medications will require a prescription to be covered under the Health Care Flexible Spending Account
 - Use it or lose it – plan carefully!
- **Dependent Care Reimbursement Account**
 - \$300.00 annual minimum
 - \$5,000.00 annual maximum
 - Use it or lose it – plan carefully!
 - This program is subject to certain IRS non-discrimination testing which may result in limiting your annual election or preventing you from participation entirely. You should consult with your tax advisor concerning these tax issues
 - Claim forms and instructions are available by contacting the Human Resources Department

FLEX WAIVER BONUS

If you elect to waive Medical Insurance, you are eligible to receive \$845 annually (\$32.50 Bi-Weekly) Waiver Bonus*. To receive the Flex Waiver Bonus, you must identify your source of other coverage and complete the appropriate paperwork through the Human Resources Department.

*Please Note: Federal regulations prohibit Medicare eligible employees over age 65, who waive their employer's medical coverage, from receiving a waiver bonus if their primary source of other coverage is Medicare.

IMPORTANT PLAN INFORMATION

King's College Benefits Plan Year runs from July 1 through June 30.

Prior to the beginning of each Plan Year you will have an opportunity during Open Enrollment to consider changing your current benefit elections.

Your Open Enrollment benefit elections will remain in place unless you experience a qualified Life Event. A Life Event is a life status change that allows you to make adjustments to your current benefit elections. If you request a benefits change mid-year due to a Life Event, the change must be requested within 31 days of the event and consistent with the event.

Qualified Life Events include:

- **Change in Status** – *includes change in marital status; change in number of dependents; change in employment status of the employee, spouse or dependent; change in residence; and dependent satisfies or ceases to satisfy the Plan's eligibility requirements.*
- **Spouse's or Dependent's Open Enrollment**
- **Dependent Care Changes** – *Includes change in Dependent Care provider, cost changes imposed by a non-relative provider, and change in the number of eligible dependents.*
- **Cost or Coverage Changes Within Employer's Plan** – *can result in contribution changes or an alternative election (if the change is significant).*
- **HIPAA Special Enrollment Rights** – *permits changes if other coverage is lost due to exhaustion of COBRA period, loss of eligibility, or if the employer contributions to the other plan end. In addition, HIPAA grants rights to add coverage upon marriage or new dependent child, if previously waived.*
- **Judgment, Decree or Court Order**
- **Enrollment / Ceasing to be Enrolled in Medicare or Medicaid** (*does not apply to CHIP*)
- **Family Medical Leave Act (FMLA) Special Requirements**

PARTICIPANT ELIGIBILITY

Fulltime employees are eligible to enter the Flexible Benefits Plan as indicated in the plan documents.

Your spouse and your dependent children are eligible for certain Benefit Choices. Please see the specific Benefit Choice for more information.

ELIGIBLE DEPENDENTS

Eligible dependents include your spouse and your dependent children. Dependent children are eligible to be covered under the BlueCare PPO – 150 & 300 medical plans until the *end of the month* in which they attain age 26. VBA vision plan and the Delta Dental plan also extends coverage until the *end of the month* in which they attain age 26.

NOT ACTIVELY AT WORK

If you are not actively at work, please contact the Human Resources Department at (570) 208-5925. Certain benefit options require active work status before coverage and/or changes take effect.

DEFAULT PLAN

For current employees, if you are currently participating in the plan on July 1, 2013 and did not re-enroll on-line during the specified period, the college will retain your Core Benefits and Retirement Benefits, however, **all other prior elections will be cancelled** and you will be automatically enrolled in the College's **PPO 300 Plan** with single coverage or at the same level of coverage as your current election as the default benefit. This default coverage will remain in effect until the next annual Open Enrollment period.

CURRENT RATES

BlueCare PPO 300 Deductible

	MONTHLY COST	BI-WEEKLY P/R
Single	489.50	13.78
Parent/Child(ren)	1,010.25	34.04
Employee/Spouse	1,093.88	47.96
Family	1,411.90	68.42

BlueCare PPO 150 Deductible

	MONTHLY COST	BI-WEEKLY P/R
Single	593.81	41.93
Parent/Child(ren)	1,225.53	97.29
Employee/Spouse	1,326.92	111.46
Family	1,712.94	166.02

VBA Vision Plan

	MONTHLY COST	BI-WEEKLY P/R
Single	5.25	1.27
Family	12.65	3.53

Delta Dental Plan

	BI-WEEKLY P/R
Employee	10.19
Employee + 1	18.48
Employee + More	27.10

This summary provides the highlights of King's College Benefits. The Plan Documents and Summary Plan Descriptions (SPDs) fully describe the plans. If there is any discrepancy between this summary and the official Plan Documents, the official Plan Documents will govern. King's College intends to operate the plans indefinitely but reserves the right to change the levels and types of benefits, or otherwise terminate the Plan in whole or in part, at any time, at its sole and absolute discretion.



Do you...

- ...have any questions or concerns regarding your benefits?
- ...have a claim that was denied by your insurance?
- ...have a bill from a provider and felt that you were not responsible?
- ...need to enroll in benefits for the first time and are not sure what you need to fill out?
- ...need to order a new ID card and are unsure how?
- ...have a Life Event change that requires you to amend your coverage

Good News...Creative Benefits can help!

Creative Benefits, Inc. located in Newtown Square and Forty Fort is an employee benefits consulting firm that specializes in helping employees through the intricate details and problem solving of the insurance industry.

King's College has partnered with Creative Benefits, Inc. so that you can receive assistance and service with benefit needs and questions. We have dedicated Account Managers that have been assigned to help you and your dependents. **Please call the individuals listed below if you have any problems or if you need to report any changes to your coverage e.g. the birth of a child, divorce.**

King's College encourages you and your dependents to contact Creative Benefits, Inc. directly with any questions or issues that you have regarding your insurance. Creative Benefits, Inc. has been in the insurance industry for 30 years and has been very successful in advocating for employees with benefit issues.

Creative Benefits, Inc.

3089 West Chester Pike, Suite 190
Newtown Square, PA 19073
Phone 610-325-0200, Toll Free 866-306-0200
Fax 610-325-2687

Creative Benefits, Inc.

900 Rutter Avenue
Forty Fort, PA 18704
Phone 570-714-9060, Toll Free 866-306-0200
Fax 570-714-9061

Medical, Dental, Vision Account Managers

Maria Cometa Ext 7996
mcometa@creativebenefitsinc.com

Katelyn Martin Ext 3120
kmartin@creativebenefitsinc.com

Amy Kosch Ext 5621
akosch@creativebenefitsinc.com

Charmaine Harrison-Tummings Ext 3106
Charrison-tummings@creativebenefitsinc.com

Life, AD&D and Disability Account Manager

Luzan Bent Ext 3123
lbent@creativebenefitsinc.com

KING'S COLLEGE

WILKES-BARRE, PENNSYLVANIA 18711



Add: New Hire Open Enrollment
Change: Address Last Name
Life Event: Marriage Dependent Add/Term Other
 Life Event Date: _____

ENROLLMENT FORM FOR BENEFIT COVERAGES

Section I. – Employee Information

Social Security Number		Last Name		First Name		MI
Address		City	State	Zip	Phone Number	
Date of Birth mm/dd/yyyy	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed	Hourly/Annual Earnings		Effective Date	

Section II. – Enrollment/Dependent Information

	Name (Last/First/MI)	Gender	Date of Birth mm/dd/yyyy	Social Security Number
SELF		<input type="checkbox"/> M <input type="checkbox"/> F		
Spouse <input type="checkbox"/> Add <input type="checkbox"/> Term		<input type="checkbox"/> M <input type="checkbox"/> F		
Dependent <input type="checkbox"/> Add <input type="checkbox"/> Term		<input type="checkbox"/> M <input type="checkbox"/> F		
Dependent <input type="checkbox"/> Add <input type="checkbox"/> Term		<input type="checkbox"/> M <input type="checkbox"/> F		
Dependent <input type="checkbox"/> Add <input type="checkbox"/> Term		<input type="checkbox"/> M <input type="checkbox"/> F		
Dependent <input type="checkbox"/> Add <input type="checkbox"/> Term		<input type="checkbox"/> M <input type="checkbox"/> F		

Section III. – Bi-Weekly Payroll Contributions

Blue Cross of Northeastern PA PPO \$150	Single <input type="checkbox"/> \$41.93	Parent/Child(ren) <input type="checkbox"/> \$97.29 <input type="checkbox"/> \$34.04	Husband/Wife <input type="checkbox"/> \$111.46 <input type="checkbox"/> \$47.96	Family <input type="checkbox"/> \$166.02 <input type="checkbox"/> \$68.42	Medical Waiver <input type="checkbox"/>
Blue Cross of Northeastern PA PPO \$300	<input type="checkbox"/> \$13.78				

Dental Coverage - Please choose one election for Dental

Single	<input type="checkbox"/> \$10.19	Vision Coverage - Please choose one election for Vision Single <input type="checkbox"/> \$1.27 Family <input type="checkbox"/> \$3.53 Waive Participation <input type="checkbox"/>
Employee + 1	<input type="checkbox"/> \$18.48	
Family	<input type="checkbox"/> \$27.10	
Waive Participation	<input type="checkbox"/>	

Continued on Reverse

If waiving medical benefits, proof of insurance **must** be submitted to the King's College HR Office.

Section IV. – Beneficiary Information

Please provide the beneficiary information for your company provided life insurance.

Social Security Number	Name (Last, First)	Relationship	Type	Percentage (Must total 100%)
			<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
			<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
			<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
			<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	

Section V. – CIGNA Life, AD&D and Long Term Disability

- Long Term Disability Coverage
 - Life Insurance Coverage
 - Voluntary Life Insurance Coverage*
- * Voluntary Life Insurance is in addition to the company paid benefit.
 * If electing Voluntary Life you must complete a **Cigna Application**.
- I do not wish to elect Voluntary Life Insurance coverage at this time

Section VI. – Medical Spending

This Section Currently for King's College Use Only
 Flexible Spending Accounts – Enter Annual/Bi-Weekly amounts you wish to defer from your payroll on a tax-favored basis and reimbursed to you for a qualified medical or dependent care expense. **Please take note that over-the-counter (OTC) medications will require a prescription to be covered under the Medical Flexible Spending Account (FSA)**

Medical Spending: Minimum \$ 300 Maximum \$ 2,500
 Annual Amount Bi-Weekly Amount

\$ _____ \$ _____

Dependent Care Spending: Minimum \$ 300 Maximum \$ 5,000
 Annual Amount Bi-Weekly Amount

\$ _____ \$ _____

Section VII. – Signature

Please note that all medical, dental, and vision payroll deductions will be taken on a pre-tax basis by King's College unless otherwise instructed.

I understand that I cannot change or revoke my election for the medical, dental or vision coverages as of any date prior to the next open enrollment period unless I notify my Human Resources office within 30 days of a qualified change in status. The information provided above is true and correct to the best of my knowledge and I accept the provisions that I have read and understood.

Employee Signature _____ Date _____

If you have any questions about completing this form, please call Creative Benefits, Inc. at 1-866-306-0200 ext. 7996 and ask for Maria Cometa.
 Or contact via email at mcometa@creativebenefitsinc.com



Section 1

Medical Insurance

First Priority Life Insurance Company

Blue Care PPO

www.bcnepa.com

1-888-338-2211

ADMINISTRATION OF PLAN DEDUCTIBLES, COINSURANCE, CO-PAYMENTS, AND PENALTIES				
BENEFIT	PPO 150 PREFERRED	PPO 150 NON-PREFERRED	PPO 300 PREFERRED	PPO 300 NON-PREFERRED
Annual Deductible Per Person (Non-Aggregating) All Services subject to deductible unless otherwise noted; Preferred does not apply toward Non-Preferred; Non-Preferred does apply towards Preferred	\$150 Maximum Per Benefit Period	\$500 Maximum Per Benefit Period	\$300 Maximum Per Benefit Period	\$1,000 Maximum Per Benefit Period
Annual Deductible Per Family (Non-Aggregating) Maximum Three (3) separate deductibles per family	\$450 Maximum Per Benefit Period	\$1,500 Maximum Per Benefit Period	\$900 Maximum Per Benefit Period	\$3,000 Maximum Per Benefit Period
Coinsurance Paid By Member Includes coinsurance (based on Allowable Charge); excludes pre-certification penalty, co-pays, excess fees, non-covered charges, deductibles, exhausted benefits and riders	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member	60% Plan 40% Member
Annual Coinsurance Maximum Per Person (Non-Aggregating) Maximum Per Benefit Year; Preferred does not apply toward Non-Preferred; Non-Preferred does apply toward Preferred	\$1,500 Maximum Per Benefit Period	\$5,000 Maximum Per Benefit Period	\$1,500 Maximum Per Benefit Period	\$5,000 Maximum Per Benefit Period
Annual Coinsurance Maximum Per Family (Non-Aggregating) Maximum Per Benefit Year; Three (3) Per Family; Preferred does not apply toward Non-Preferred; Non-Preferred does apply toward Preferred	\$4,500 Maximum Per Benefit Period	\$15,000 Maximum Per Benefit Period	\$4,500 Maximum Per Benefit Period	\$15,000 Maximum Per Benefit Period
Lifetime Benefit Maximum Per Person	Unlimited	Unlimited	Unlimited	Unlimited
Outpatient Physician Office Visit Co-Pay Preferred <u>not</u> subject to Deductible; Non-Preferred <u>is</u> subject to Deductible	\$15 Co-Pay	70% Plan 30% Member	\$25 Co-Pay	60% Plan 40% Member
Outpatient Specialist Physician Office Visit Co-Pay Preferred <u>not</u> subject to Deductible; Non-Preferred <u>is</u> subject to Deductible	\$25 Co-Pay	70% Plan 30% Member	\$35 Co-Pay	60% Plan 40% Member
Outpatient Specialist Physician Office Visit Maximum	Unlimited Unless otherwise noted	Unlimited Unless otherwise noted	Unlimited Unless otherwise noted	Unlimited Unless otherwise noted
Pre-certification Penalty	None	\$500	None	\$500

Note: This summary is intended to help understand the difference among health insurance options. It covers general features and is not intended to be a substitute for the terms, provisions, limitations and conditions imposed by the controlling agreement(s). This plan may not cover all health care expenses. Please read the Summary Plan Description carefully to determine which health care services are covered. Please be aware that changes may occur with or without notice based on changes to medical policy, networks, and/or formularies.

BENEFIT	EMERGENCY AND URGENT CARE SERVICES		
	PPO 150 PREFERRED	PPO 150 NON-PREFERRED	PPO 300 PREFERRED
Ambulance--Emergency Transport <i>Preferred and Non-Preferred not subject to Deductible; Non-Preferred participant may be liable for charges that exceed the allowable charge</i>	80% Plan 20% Member	80% Plan 20% Member	80% Plan 20% Member
Ambulance--Non-Emergency Transport <i>Preferred and Non-Preferred are subject to Deductible; Non-Preferred participant may be liable for charges that exceed the allowable charge</i>	80% Plan 20% Member	80% Plan 20% Member	80% Plan 20% Member
Emergency Room Visit Co-Pay <i>Preferred and Non-Preferred not subject to Deductible or coinsurance; Co-Pay waived if admitted to the hospital</i>	\$100 Co-Pay After Co-Pay 100% Plan	\$100 Co-Pay After Co-Pay 100% Plan	\$100 Co-Pay After Co-Pay 100% Plan
Urgent Care/Retail Clinic Visit Co-Pay <i>Preferred not subject to Deductible; Non-Preferred is subject to Deductible</i>	\$50 Co-Pay After Co-Pay 100% Plan	70% Plan 30% Member	\$50 Co-Pay After Co-Pay 100% Plan

BENEFIT	INPATIENT SERVICES		
	PPO 150 PREFERRED	PPO 150 NON-PREFERRED	PPO 300 PREFERRED
Inpatient Hospital Services, Including Maternity Care <i>Unlimited Days per Benefit Period; Preferred and Non-Preferred are subject to Deductible; Pre-certification Penalty may apply</i>	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member
Inpatient Rehabilitation <i>Forty-Five (45) Days per Benefit Period; Preferred and Non-Preferred are subject to Deductible</i>	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member
Skilled Nursing Care <i>Sixty (60) Days per Benefit Period; Preferred and Non-Preferred are subject to Deductible; Pre-certification Penalty may apply</i>	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member

Note: This summary is intended to help understand the difference among health insurance options. It covers general features and is not intended to be a substitute for the terms, provisions, limitations and conditions imposed by the controlling agreement(s). This plan may not cover all health care expenses. Please read the Summary Plan Description carefully to determine which health care services are covered. Please be aware that changes may occur with or without notice based on changes to medical policy, networks, and/or formularies.

BENEFIT	MENTAL HEALTH SERVICES			
	PPO 150 PREFERRED	PPO 150 NON-PREFERRED	PPO 300 PREFERRED	PPO 300 NON-PREFERRED
Ambulance—Mental Health Services Emergency Transport <i>Preferred and Non-Preferred not subject to Deductible; Non-Preferred participant may be liable for charges that exceed the allowable charge</i>	80% Plan 20% Member	80% Plan 20% Member	80% Plan 20% Member	80% Plan 20% Member
Ambulance—Mental Health Services Non-Emergency Transport <i>Preferred and Non-Preferred are subject to Deductible; Non-Preferred participant may be liable for charges that exceed the allowable charge</i>	80% Plan 20% Member	80% Plan 20% Member	80% Plan 20% Member	80% Plan 20% Member
Emergency Room—Mental Health Services Visit Co-Pay <i>Preferred and Non-Preferred not subject to Deductible or coinsurance; Co-Pay waived if admitted to the hospital</i>	\$100 Co-Pay After Co-Pay 100% Plan	\$100 Co-Pay After Co-Pay 100% Plan	\$100 Co-Pay After Co-Pay 100% Plan	\$100 Co-Pay After Co-Pay 100% Plan
Inpatient Services <i>Unlimited days per Benefit Period; Preferred and Non-Preferred are subject to Deductible; Per-certification Penalty may apply</i>	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member	60% Plan 40% Member
Outpatient Mental Health Services <i>Unlimited visits per Benefit Period; Preferred and Non-Preferred are subject to Deductible</i>	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member	60% Plan 40% Member
Partial Hospitalization <i>Unlimited days per Benefit Period; Preferred and Non-Preferred are subject to Deductible; Per-certification Penalty may apply</i>	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member	60% Plan 40% Member

Note: This summary is intended to help understand the difference among health insurance options. It covers general features and is not intended to be a substitute for the terms, provisions, limitations and conditions imposed by the controlling agreement(s). This plan may not cover all health care expenses. Please read the Summary Plan Description carefully to determine which health care services are covered. Please be aware that changes may occur with or without notice based on changes to medical policy, networks, and/or formularies.

OTHER SERVICES

BENEFIT	PPO 150 PREFERRED	PPO 150 NON-PREFERRED	PPO 300 PREFERRED	PPO 300 NON-PREFERRED
Chiropractic Care Visit Age 13 and up	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member	60% Plan 40% Member
Chiropractic Care Visit Maximum Per Benefit Period	18 Visits	18 Visits	12 Visits	12 Visits
Durable Medical Equipment, Orthotics, and Prosthetics Unlimited per Benefit Period; Preferred and Non-Preferred are subject to Deductible	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member	60% Plan 40% Member
Ostomy Supplies \$1,000 combined benefit per Benefit Period for Ostomy, Catheters, and Tracheostomy supplies; Preferred is subject to Deductible	50% Plan 50% Member	Not Covered	50% Plan 50% Member	Not Covered
Home Health Services Unlimited; Preferred and Non-Preferred are subject to Deductible	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member	60% Plan 40% Member
Home Infusion (Nurse Visit) Preferred and Non-Preferred are subject to Deductible	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member	60% Plan 40% Member
Hospice Care Preferred and Non-Preferred are subject to Deductible	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member	60% Plan 40% Member
Hospice Care Limits and Maximum One Hundred Eighty (180) Days lifetime limit for all hospice benefits	Included in the lifetime limit: 30 Inpatient Days 10 Days Respite Care 2 Days Bereavement Counseling	Included in the lifetime limit: 30 Inpatient Days 10 Days Respite Care 2 Days Bereavement Counseling	Included in the lifetime limit: 30 Inpatient Days 10 Days Respite Care 2 Days Bereavement Counseling	Included in the lifetime limit: 30 Inpatient Days 10 Days Respite Care 2 Days Bereavement Counseling
Morbid Obesity Surgery Must be Medically Necessary. Once per Lifetime; Preferred and Non-Preferred are subject to Deductible	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member	60% Plan 40% Member
Private Duty Nursing	Not Covered	Not Covered	Not Covered	Not Covered

Note: This summary is intended to help understand the difference among health insurance options. It covers general features and is not intended to be a substitute for the terms, provisions, limitations and conditions imposed by the controlling agreement(s). This plan may not cover all health care expenses. Please read the Summary Plan Description carefully to determine which health care services are covered. Please be aware that changes may occur with or without notice based on changes to medical policy, networks, and/or formularies.

OUTPATIENT SERVICES -- MISCELLANEOUS

BENEFIT	PPO 150 PREFERRED	PPO 150 NON-PREFERRED	PPO 300 PREFERRED	PPO 300 NON-PREFERRED
Chemotherapy, Dialysis or Radiation <i>Preferred and Non-Preferred are subject to Deductible</i>	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member	60% Plan 40% Member
Diagnostic Testing (Labs, x-ray etc.) <i>Preferred and Non-Preferred are subject to Deductible</i>	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member	60% Plan 40% Member
High-tech imaging (MRI, MRA, CT, PET Scans, nuclear cardiology) <i>Preferred not subject to Deductible; Non-Preferred is subject to Deductible</i>	After \$75.00 Co-Pay 100% Plan	70% Plan 30% Member	After \$75.00 Co-Pay 100% Plan	60% Plan 40% Member
Maternity Care <i>Outpatient Physician Office Visit Co-Pay; Preferred not subject to Deductible; Non-Preferred is subject to Deductible</i>	\$0 Co-Pay/PCP (Initial Office Visit) \$25 Co-Pay/Specialist (Initial Office Visit)	70% Plan 30% Member	\$0 Co-Pay/PCP (Initial Office Visit) \$35 Co-Pay/Specialist (Initial Office Visit)	60% Plan 40% Member
Oral Surgery <i>Preferred and Non-Preferred are subject to Deductible</i>	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member	60% Plan 40% Member
Oral Surgery--Bony Impacted Wisdom Teeth <i>In office setting only; Coinsurance applies even after coinsurance maximum is met. Preferred not subject to deductible</i>	50% Plan 50% Member	Not Covered	50% Plan 50% Member	Not Covered
Surgery <i>In Hospital Outpatient Department, Short Procedure Unit, or Free Standing Surgical Unit; Preferred and Non-Preferred are subject to Deductible</i>	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member	60% Plan 40% Member

OUTPATIENT SERVICES -- THERAPY SERVICES

BENEFIT	PPO 150 PREFERRED	PPO 150 NON-PREFERRED	PPO 300 PREFERRED	PPO 300 NON-PREFERRED
Cardiac Rehabilitation <i>Thirty-six (36) visits per Benefit Period; Preferred and Non-Preferred are subject to Deductible</i>	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member	60% Plan 40% Member
Occupational Therapy <i>Thirty-six (36) visits combined benefit with Physical Therapy and Speech Therapy per Benefit Period; Preferred and Non-Preferred are subject to Deductible</i>	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member	60% Plan 40% Member

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OUTPATIENT SERVICES -- THERAPY SERVICES (CONT'D)

BENEFIT	PPO 150 PREFERRED	PPO 150 NON-PREFERRED	PPO 300 PREFERRED	PPO 300 NON-PREFERRED
Physical Therapy <i>Thirty-six (36) visits combined benefit with Occupational Therapy and Speech Therapy per Benefit Period; Preferred and Non-Preferred are subject to Deductible</i>	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member	60% Plan 40% Member
Pulmonary Rehabilitation Therapy <i>Eighteen (18) visits per Benefit Period; Preferred and Non-Preferred are subject to Deductible</i>	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member	60% Plan 40% Member
Respiratory Therapy <i>Eighteen (18) visits per Benefit Period; Preferred and Non-Preferred are subject to Deductible</i>	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member	60% Plan 40% Member
Speech Therapy <i>Thirty-six (36) visits combined benefit with Occupational Therapy and Physical Therapy per Benefit Period; Preferred and Non-Preferred are subject to Deductible</i>	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member	60% Plan 40% Member

PRESCRIPTION DRUGS

BENEFIT	PPO 150 PREFERRED	PPO 150 NON-PREFERRED	PPO 300 PREFERRED	PPO 300 NON-PREFERRED
Retail Prescription Benefit <i>Maximum limit thirty (30) day supply; Contraceptives Covered</i>				
• Tier 1 Co-Pay	\$ 5.00	Not Covered	\$ 5.00	Not Covered
• Tier 2 Co-Pay	\$20.00	Not Covered	\$20.00	Not Covered
• Tier 3 Co-Pay	\$35.00	Not Covered	\$35.00	Not Covered
Mail Order Prescription Benefit <i>Maximum limit ninety (90) day supply; Contraceptives Covered</i>				
• Tier 1 Co-Pay	\$10.00	Not Covered	\$10.00	Not Covered
• Tier 2 Co-Pay	\$40.00	Not Covered	\$40.00	Not Covered
• Tier 3 Co-Pay	\$105.00	Not Covered	\$105.00	Not Covered

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PREVENTIVE CARE SERVICES

BENEFIT	PPO 150		PPO 300	
	PREFERRED	NON-PREFERRED	PREFERRED	NON-PREFERRED
Immunizations—Adult <i>Preferred and Non-Preferred <u>not</u> subject to Deductible; Services in accordance with the BlueCare Preventive Package</i>	100% Plan 0% Member	70% Plan 30% Member	100% Plan 0% Member	60% Plan 40% Member
Immunizations—Pediatric <i>Preferred and Non-Preferred <u>not</u> subject to Deductible; Services in accordance with the BlueCare Preventive Package</i>	100% Plan 0% Member	70% Plan 30% Member	100% Plan 0% Member	60% Plan 40% Member
Nutritional Therapy <i>Maximum Benefit is six (6) visits per Benefit Period; Licensed Dietitian only; Preferred <u>not</u> subject to Deductible; Non- Preferred <u>is</u> subject to Deductible; Services in accordance with the BlueCare Preventive Package</i>	100% Plan 0% Member	70% Plan 30% Member	100% Plan 0% Member	60% Plan 40% Member
Routine Adult Physical Exams <i>Preferred <u>not</u> subject to Deductible; Non-Preferred <u>is</u> subject to Deductible; Services in accordance with the BlueCare Preventive Package</i>	100% Plan 0% Member	70% Plan 30% Member	100% Plan 0% Member	60% Plan 40% Member
Routine Gynecological Exam/Pap Smear <i>Preferred and Non-Preferred <u>not</u> subject to Deductible; Services in accordance with the BlueCare Preventive Package</i>	100% Plan 0% Member	70% Plan 30% Member	100% Plan 0% Member	60% Plan 40% Member
Routine Mammography Screenings/Diagnostics <i>Preferred and Non-Preferred <u>not</u> subject to Deductible; Services in accordance with the BlueCare Preventive Package</i>	100% Plan 0% Member	70% Plan 30% Member	100% Plan 0% Member	60% Plan 40% Member
Routine Pediatric & Well Childcare <i>Preferred and Non-Preferred <u>not</u> subject to Deductible; Services in accordance with the BlueCare Preventive Package</i>	100% Plan 0% Member	70% Plan 30% Member	100% Plan 0% Member	60% Plan 40% Member
Routine Prostate Specific Antigen (PSA) Screening <i>Preferred and Non-Preferred <u>not</u> subject to Deductible; Services in accordance with the BlueCare Preventive Package</i>	100% Plan 0% Member	70% Plan 30% Member	100% Plan 0% Member	60% Plan 40% Member

Note: This summary is intended to help understand the difference among health insurance options. It covers general features and is not intended to be a substitute for the terms, provisions, limitations and conditions imposed by the controlling agreement(s). This plan may not cover all health care expenses. Please read the Summary Plan Description carefully to determine which health care services are covered. Please be aware that changes may occur with or without notice based on changes to medical policy, networks, and/or formularies.

BENEFIT	SUBSTANCE ABUSE SERVICES			
	PPO 150 PREFERRED	PPO 150 NON-PREFERRED	PPO 300 PREFERRED	PPO 300 NON-PREFERRED
Ambulance—Substance Abuse Services Emergency Transport <i>Preferred and Non-Preferred <u>not</u> subject to Deductible; Non-Preferred participant may be liable for charges that exceed the allowable charge</i>	80% Plan 20% Member	80% Plan 20% Member	80% Plan 20% Member	80% Plan 20% Member
Ambulance—Substance Abuse Services Non-Emergency Transport <i>Preferred and Non-Preferred <u>are</u> subject to Deductible; Non-Preferred participant may be liable for charges that exceed the allowable charge</i>	80% Plan 20% Member	80% Plan 20% Member	80% Plan 20% Member	80% Plan 20% Member
Emergency Room—Substance Abuse Services Visit Co-Pay <i>Preferred and Non-Preferred <u>not</u> subject to Deductible or coinsurance; Co-Pay waived if admitted to the hospital</i>	\$100 Co-Pay After Co-Pay 100% Plan	\$100 Co-Pay After Co-Pay 100% Plan	\$100 Co-Pay After Co-Pay 100% Plan	\$100 Co-Pay After Co-Pay 100% Plan
Outpatient Substance Abuse Services- <i>Unlimited Visits; Preferred and Non-Preferred <u>are</u> subject to Deductible</i>	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member	60% Plan 40% Member
Detoxification <i>Unlimited days per Benefit Period; Preferred and Non-Preferred <u>are</u> subject to Deductible</i>	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member	60% Plan 40% Member
Inpatient Non-Hospital Residential Services <i>Unlimited days per Benefit Period; Preferred and Non-Preferred <u>are</u> subject to Deductible; Per-certification Penalty may apply</i>	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member	60% Plan 40% Member

Note: This summary is intended to help understand the difference among health insurance options. It covers general features and is not intended to be a substitute for the terms, provisions, limitations and conditions imposed by the controlling agreement(s). This plan may not cover all health care expenses. Please read the Summary Plan Description carefully to determine which health care services are covered. Please be aware that changes may occur with or without notice based on changes to medical policy, networks, and/or formularies.

Pediatric Preventive Schedule (newborn through age 18)

Preventive Exams and Screenings

Alcohol and Drug Use Assessment	Covered in primary care setting at 11–18 years for those at high risk
Autism Screening	Covered in primary care setting at 18 and 24 months
Behavioral Counseling to Prevent Skin Cancer	Covered in primary care setting starting at age 10 for those with fair skin
Blood Pressure Screening	Covered at 3–18 years
Cholesterol Screening	Covered for those at high risk
Chlamydia/Sexually Transmitted Disease Screening	Covered, as directed by physician
Congenital Hypothyroidism Screening	Covered for newborns
Developmental Screening	Covered in primary care setting at 9, 18 and 30 months
Developmental Surveillance	Covered in primary care setting for newborns and at 3–5 days, 1, 2, 4, 6, 12, 15 and 24 months, and ages 3–18 years
Hearing Loss Screening	Covered for newborns and at 4, 5, 6, 8, 10, 12 and 15 years
Hemoglobin/Hematocrit (blood work)	Covered at 12 months and for those at high risk for iron-deficiency anemia
Hemoglobinopathies Screening (Sickle Cell Disease Screening)	Covered for newborns
HIV Screening	Covered for those at high risk
Lead Screening	Covered at 12 and 24 months and for those at high risk
Major Depressive Disorder in Children and Adolescents Screening	Covered in primary care setting at 12–18 years
Newborn Metabolic Screening	Covered at birth–2 months
Obesity Screening and Counseling	Cover screening of children age 6 and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.
Cervical Cancer Screening	Pelvic exam/Pap test is covered, as directed by physician
Phenylketonuria Screening	Covered for newborns
Preventive Medicine Evaluation and Management Exam	Covers preventive history and physical examination in primary care setting at birth, 3–5 days; 1, 2, 4, 6, 9, 12, 15, 18, 24 and 30 months, and annually: ages 3–18 years
Psychosocial/Behavioral Assessment	Covered in primary care setting at birth, 3–5 days; 1, 2, 4, 6, 9, 12, 15, 18, 24 and 30 months, and annually 3–18 years
Sexually Transmitted Infections Counseling	Cover high-intensity counseling to prevent sexually transmitted infections (STIs) for all sexually active adolescents
Tuberculin Skin Testing (TB test)	Covered for those at high risk
Visual Acuity Screening	Covered in primary care setting at 1, 2, 3, 4, 5, 6, 8, 10, 12, 15 and 18 years, to detect amblyopia, strabismus and defects in visual acuity

Childhood Immunizations Age intervals are based on recommendations by the Centers for Disease Control and Prevention (CDC), Advisory Committee on Immunization Practices, and are subject to change based on CDC recommendations (www.cdc.gov).

Chicken Pox (Varicella)	Covered at 12–15 months, and 4–6 years
Diphtheria/Tetanus/Pertussis (DTaP)	Covered at 2 months, 4 months, 6 months, 15–18 months, 4–6 years and 11–12 years (Tdap)
H Influenza type B (Hib)	Covered at 2 months, 4 months, 6 months and 12–15 months
Hepatitis A (Hep A)	Covered at 12–13 months (2 doses)
Hepatitis B (Hep B)	Covered at birth, 1–2 months and 6–18 months
Human Papillomavirus (HPV)	Covered at 11–12 years, Gardasil or Cervarix for females and Gardasil for males (can be given as young as 9 years)
Influenza—injection	Covered annually. Two doses ages 6 months–8 years. One dose over age 8.
Influenza—nasal spray	FluMist covered annually. Two doses 2–8 years. One dose over age 8.
Measles/Mumps/Rubella (MMR)	Covered at 12–15 months and 4–6 years
Meningococcal Vaccine	Covered at 11–12 years
Pneumococcal (PCV13)	Covered at 2 months, 4 months, 6 months and 12–15 months

Pediatric Preventive Schedule (continued)

Poliovirus (IPV)	Covered at 2 months, 4 months, 6–18 months and 4–6 years
Rotavirus	Covered at 2 months, 4 months and 6 months. Covered at 2 months and 4 months only if Rotarix is given
Preventive Drugs	
Dental Caries Prevention	Coverage for oral fluoride supplementation (≤ 0.5 mg/day) at currently recommended doses to preschool children older than 6 months whose primary water source is deficient in fluoride.
Iron Deficiency Anemia Prevention	Coverage for iron supplementation for those at high risk at 6–12 months
Prophylactic Gonorrhea Medication	Coverage for prophylactic ocular topical medication against gonococcal ophthalmia neonatorum for all newborns

Adult Preventive Schedule (age 19+)

Preventive Screenings

Abdominal Aortic Aneurysm Screening	Covered once per lifetime for men ages 65–75 who have ever smoked
Alcohol Misuse Screening and Behavioral Counseling Interventions	Covered in primary care setting
Anemia Screening	Covered for asymptomatic pregnant women
Barium Enema	Covered, as directed by physician
Behavioral Counseling to Prevent Skin Cancer	Covered in primary care setting up to age 24 for those with fair skin
Behavioral Dietary Counseling to Promote a Healthy Diet	Covers up to 6 nutritional therapy visits per benefit period by primary care clinicians or by referral to other health care professional
Bone Mineral Density Screening	Covered, as directed by physician
Breast Cancer Chemoprevention	Covers clinician discussion with women at high risk for breast cancer and at low risk for adverse effects of chemoprevention including potential benefits and harms of chemoprevention.
Breast Cancer Screening	Mammography is covered, no age limit or frequency limit. Breast exam by practitioner is covered once per benefit period, no age limit.
Breast and Ovarian Cancer Susceptibility, Genetic Risk Assessment and Counseling for BRCA Mutation Testing	Counseling and evaluation for BRCA testing covered for women whose family history is associated with increased risk for deleterious mutations in BRCA1 or BRCA2 genes.
Cervical Cancer Screening	Pelvic exam/Pap test is covered, as directed by physician
Chlamydial Infection Screening	Covered for sexually active women 24 years and younger and for older women who are at high risk
Colonoscopy	Covered, as directed by physician
Counseling for Prevention of Falls	Covered in primary care setting for community-dwelling adults age 65+ who are at increased risk for falls
Fecal Occult Blood Test	Covered once per benefit period
Flexible Sigmoidoscopy	Covered, as directed by physician
Depression Screening	Covered in primary care setting
Gonorrhea Screening	Covered for sexually active women, pregnant women 25 and younger, or those at high risk
Hemoglobin/Hematocrit (blood work)	Covered, as directed by physician
Hepatitis B Screening	Covered for pregnant women at first prenatal visit
High Blood Pressure Screening	Covered, as part of routine examination
HIV Screening	Covered for those at high risk and pregnant women
Obesity Screening and Counseling in Adults	Covers screening and offer intensive counseling and behavioral interventions to promote sustained weight loss
Preventive Medicine Evaluation and Management Exam	Covers preventive history and physical examination in primary care setting once per benefit period or as recommended by physician

Adult Preventive Schedule (continued)

Primary Care Intervention to Promote Breastfeeding	Intervention covered for women during pregnancy and after birth to promote and support breastfeeding
Prostate Screening	Digital rectal exam and/or prostate specific antigen (PSA) are covered once per benefit period
Rh (D) Incompatibility Screening	Covered at first pregnancy related visit. Repeated antibody testing for unsensitized Rh (D)-negative women at 24–28 weeks gestation unless biological father is known to be Rh(D) negative.
Screening for Asymptomatic Bacteriuria	Urine culture covered for pregnant women at 12–16 weeks' gestation or at first prenatal visit, if later
Screening for Lipid Disorders in Adults	Covered, as directed by physician
Sexually Transmitted Disease Screening	Covered, as directed by physician
Sexually Transmitted Infections Counseling	Covered, as directed by physician
Syphilis Infection Screening	Covered for those at increased risk for infection and all pregnant women
Tobacco Use Counseling	Covers tobacco cessation interventions for those who use tobacco. Covers FDA-approved nicotine replacement therapy when enrolled in the Blue Health Solutions tobacco cessation program. Covers augmented pregnancy-tailored counseling for pregnant women who smoke.
Tuberculin Skin Testing (TB test)	Covered for those at high risk
Type 2 Diabetes Mellitus in Adults Screening	Coverage for asymptomatic adults with sustained blood pressure greater than 135/80 mg Hg
Urinalysis	Covered, part of routine examination

Immunizations Age intervals are based on recommendations by the Centers for Disease Control and Prevention (CDC), Advisory Committee on Immunization Practices, and are subject to change based on CDC recommendations (www.cdc.gov).

Chicken Pox (Varicella)	Covered for adults with no history of chicken pox
Measles/Mumps/Rubella (MMR)	Covered as recommended by physician
Hepatitis A (Hep A)	Covered as recommended by physician
Hepatitis B (Hep B)	Covered as recommended by physician
Human Papillomavirus (HPV)	Covered through age 26, Gardasil or Cervarix for females and Gardasil for males
Influenza—injection	Covered annually
Influenza—nasal spray	FluMist covered annually through age 49
Meningococcal Vaccine	Covered based on individual risk or physician recommendation
Pneumococcal (PCV13)	Covered once in adults 19 years+ with specified immunocompromised conditions. These adults should also receive the PPV23 vaccine.
Pneumococcal (PPV23)	Covered once per lifetime age 65+ in adults with no risk factors. Covered for adults under age 65 with specified risk factors; repeat dose after 5 years.
Tetanus/Diphtheria/Pertussis (Td/Tdap)	Booster covered every 10 years
Zoster	Covered for age 60+

Preventive Drugs

Aspirin for the Prevention of Cardiovascular Disease	Aspirin (≤ 325 mg/day) is covered for men ages 45–79 to reduce myocardial infarctions and for women ages 55–79 to reduce ischemic strokes.
Folic Acid Supplementation	Daily supplement of folic acid (0.4 mg to 0.8 mg/day) is covered for women planning or capable of pregnancy

This schedule includes the preventive services required by section 2713 the "Patient Protection and Affordable Care Act" (PPACA) and will be updated on an ongoing basis in accordance with the most current recommendations and guidelines (www.HealthCare.gov/center/regulations/prevention.html).

Note: If you are prescribed preventive drugs that are included in this schedule, but your employer purchases drug coverage through a source other than Blue Cross of Northeastern Pennsylvania, First Priority Health or First Priority Life Insurance Company, these medications may be covered by your employer's drug plan and not by this schedule. Please consult your contracts/policies for more information.

This schedule highlights the preventive features of the plans¹ offered through Blue Cross of Northeastern Pennsylvania, First Priority Health and First Priority Life Insurance Company. This is not intended to be a substitute for the terms, provisions, limitations and conditions specified by the contract. Please refer to your contract for specifics regarding covered services and applicable deductibles, copayments and/or coinsurance.

Self-funded group benefits may be different from the benefits and services described here. Check your Summary Plan Description for complete details of your benefits.

¹This schedule does not apply to the BlueCare Senior or BlueCare Security products.

Ways to Save with Generic Drugs

Did you know that you can use either a generic substitute or a generic alternative to save you money?



What is a “generic substitute”?

A generic substitute is a generic version of a brand-name drug that has the exact same active ingredient as the brand-name drug. You can save money when you use a generic substitute because it usually has the lowest copay.

What is a “generic therapeutic alternative”?

A generic therapeutic alternative does not contain the same active ingredient as the brand-name drug. This type of alternative can be one of two kinds:

- It may be in the same class of drugs as the brand-name drug
- It may not be in the same class of drugs, but is used to treat the same condition as the brand-name drug

Using a generic therapeutic alternative can give you similar results as a brand, but for less money.

What can you do?

When a new brand-name drug first goes on the market, only the company that developed it can sell it until its patent runs out. Brand-name drug makers charge higher prices to cover drug research and development, as well as marketing. Those full-page magazine ads and prime-time commercials you see on TV cost a lot of money. Generic substitutes and therapeutic alternatives cost much less to make and the savings are passed on to you through lower copays.

Many common conditions—high blood pressure, depression, high cholesterol and trouble sleeping—can be treated with generic substitutes or generic therapeutic alternatives.

Ask your doctor if there are such choices for your condition(s) that can save you money on copays each month.

Can you give me examples to help explain “substitutes” and “alternatives”?

Generic Substitute Example:

A doctor might order Zocor for high cholesterol. Zocor has a generic substitute approved by the Food and Drug Administration (FDA), called simvastatin. This generic contains the same active ingredient as the brand version, but has a lower copay.

Pennsylvania law allows the pharmacist to dispense a true generic substitute automatically for the brand unless your doctor marks the prescription otherwise.

Generic Therapeutic Alternative Example:

A doctor might order Nexium for heartburn. Nexium does not yet have a generic substitute approved by the Food and Drug Administration (FDA).

However, there is a generic therapeutic alternative—omeprazole—in the same class of drugs as Nexium. This generic also treats heartburn, but has a lower copay.

EBG0425 3/12

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THIS FORM WILL BE RETURNED IF THE APPROPRIATE INFORMATION IS NOT COMPLETED AND/OR NOT LEGIBLE.

THIS FORM MAY BE FAXED TO US AT 866-754-0370.

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

- BlueCare® Traditional BlueCare PPO/EPO
 BlueCare HMO/HMO Plus BlueCare Major Medical

Section I. Patient Information							
PATIENT'S NAME (LAST, FIRST, M.I.)				ID NUMBER			
ADDRESS				CITY			
STATE	ZIP	DATE OF BIRTH		RELATIONSHIP TO CARD HOLDER <input type="checkbox"/> CARD HOLDER <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD			
Section II. Physician Information (To be completed by prescribing physician. Please type or print.)							
PHYSICIAN NPI #		PHYSICIAN'S NAME (LAST, FIRST, M.I.)			MD, DO, ETC.		SPECIALTY
ADDRESS				CITY			
STATE	ZIP	PHONE		FAX			
PRESCRIBED DRUG			STRENGTH	DAILY DOSAGE	LENGTH OF THERAPY		
PRIMARY DIAGNOSIS							
<input type="checkbox"/> STEP THERAPY		<input type="checkbox"/> OTHER (Notes specific to this request from patient's medical records must be attached.)					
ALTERNATIVE DRUG(S) USED				DATE(S) USED			
TREATMENT FAILURE <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PLEASE GIVE REASON.					
ADVERSE REACTION <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PLEASE GIVE REASON.					
<input type="checkbox"/> QUANTITY LIMITS (ex. Amerge, Imitrex, etc.) Please indicate medical justification for exceeding quantity dosing limits.							
<input type="checkbox"/> MANAGED QUANTITY DOSES (ex. when prescribing 10 mg twice daily instead of 20 mg once daily) Please attach office notes documenting treatment failure and/or intolerance to once-daily dosing.							
<input type="checkbox"/> WEIGHT LOSS DRUGS ONLY Please Note: The patient's benefit must cover weight loss, the physician must monitor the patient every three (3) months while the member is taking this medication. These medications will be approved for a maximum of one year at three (3) month intervals based on the patient's body mass index. (Form must be received within two weeks from date of visit.)							
DATE OF MOST RECENT VISIT	HEIGHT	WEIGHT	IF ALREADY TAKING WEIGHT LOSS MEDICATION:	DATE OF PREVIOUS VISIT	WEIGHT LOSS IN LAST 3 MONTHS	TOTAL WEIGHT LOSS	
<input type="checkbox"/> SYNAGIS PLEASE NOTE GESTATIONAL AGE OF CHILD.							

Continued on next page. Second page must be completed appropriately and submitted for review only if pertinent. Please Note: Do not mail this form if you have already faxed it to us.

I hereby certify that the above information is correct.

Physician's signature _____ Date _____

Pharmacist's signature (for compound drugs only) _____

RX PRIOR AUTHORIZATION FORM

PATIENT'S NAME		ID NUMBER	
■ COMPOUND DRUGS (This section, along with Sections I and II, must be completed in full by the pharmacist.)			
AMOUNT	MAIN NDC #	OTHER INGREDIENTS	
DATE	PHARMACY NCPDP #	PHARMACY NAME	
PHONE	FAX	CONTACT	
■ ACTOS ■ AVANDIA ■ AVANDAMENT			
RECENT SERUM CREATININE	DATE	RECENT HgbA _{1c} LEVEL	DATE
DOES PATIENT HAVE CHF? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WHICH OF THE FOLLOWING HAS THE PATIENT EXPERIENCED?			
<input type="checkbox"/> YES <input type="checkbox"/> NO	Failed Glucophage (three-month trial) in a dose in excess of 1,500 mg/day and requires < 2.0% reduction in HgbA _{1c}		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Been diagnosed with renal insufficiency or heart failure and has failed a Sulfonylurea (three month trial) at a maximum dosage and requires < 2.0% reduction in HgbA _{1c}		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Tried Glucophage and failed because of side effects and requires < 2.0% reduction in HgbA _{1c}		
Please provide any additional information to support coverage of Avandis/Actos			
PLEASE CHECK THE APPROPRIATE BOX FOR THE DIAGNOSIS AND ANTI-FUNGAL YOU ARE PRESCRIBING.			
<input type="checkbox"/> DIFLUCAN Prior authorization is required ONLY if prescribing more than one 150mg tablet in a 30-day period. All other strengths require prior authorization if amount exceeds 20 within a 30-day period. STRENGTH TABS/DAY X	<input type="checkbox"/> SPORANOX <input type="checkbox"/> LAMISIL STRENGTH LENGTH OF THERAPY		
<input type="checkbox"/> ORAL THRUSH	<input type="checkbox"/> ONYCHOMYCOSIS Our criteria require that this diagnosis be confirmed by positive test results of one of the following: DTM, KOH or PAS and, in addition, medical records documenting medical necessity. Please include copies with prior authorization form. If this information is not included, the prior authorization will be denied.		
<input type="checkbox"/> TINEA CORPORIS WHAT AREA OF THE BODY?	<input type="checkbox"/> IS THE PATIENT IMMUNOCOMPROMISED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> ESOPHOGEAL CANDIDIASIS	<input type="checkbox"/> IS THE PATIENT DIABETIC? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> VAGINAL CANDIDA	<input type="checkbox"/> OTHER COMPLICATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> PROPHYLAXIS FOR WHAT CONDITION?	PLEASE SPECIFY		
<input type="checkbox"/> OTHER			
LIST ANY MEDICATIONS USED TO TREAT CONDITION			
<input type="checkbox"/> OTHER (Anabolic Steroids, Injectable Fertility Drugs, Growth Hormones, Lupron, Oral Contraceptives, Retin A, etc.) Medical justification for taking medication			

Express Scripts Pharmacy Prescription Order Form

▶ To order online: sign in at www.StartHomeDelivery.com and follow the prompts. ◀

To order by mail: complete this form and ask your doctor to write your prescription for a 90-day supply.

- Use ALL CAPITAL LETTERS in BLACK INK. Fill in the ovals as shown (●).
- Remember to mail your prescription with this completed form. Your medication will arrive within two weeks from the date we receive your first order.

NOTE: Standard shipping is FREE for online and mail orders.



Detach Here ◀

PATIENT 1 (CARDHOLDER)

ID Card Number

Grid for ID Card Number

First Name

MI

Date of Birth (MM/DD/YYYY)

Grid for First Name, MI, and Date of Birth

Last Name

Grid for Last Name

Gender M F

Some medications cannot be delivered to a PO Box. Provide a street address to allow delivery of your order.

Shipping Address 1

Grid for Shipping Address 1

Shipping Address 2

Grid for Shipping Address 2

City

State

Grid for City and State

Zip Code

Grid for Zip Code

Check here for rush shipment. Your order, once received and filled, will be shipped overnight for \$21.

Email

Grid for Email

Please select one as your preferred telephone number

- Daytime Phone
- Evening Phone
- Cell Phone

Grid for telephone numbers

Doctor/Prescriber Last Name

Doctor/Prescriber Phone Number

Grid for Doctor/Prescriber information

PATIENT 2

First Name

MI

Date of Birth (MM/DD/YYYY)

Grid for Patient 2 First Name, MI, and Date of Birth

Last Name

Grid for Patient 2 Last Name

Gender M F

Email

Grid for Patient 2 Email

Doctor/Prescriber Last Name

Doctor/Prescriber Phone Number

Grid for Patient 2 Doctor/Prescriber information

PAYMENT

All individuals included in the family will be charged to this credit card.

- Apply to this order only
- Apply to all orders
- Check Card
- Credit Card
- Check / Money Order

Amount Enclosed

\$ Grid for Amount Enclosed

Card #

Grid for Card #

Exp. Date (MM/YY)

Grid for Exp. Date

Sign here to authorize card payment X

Detach Here ◀

For all orders after 08/01/2011, use this form. Fold and tear off this piece before putting in the return envelope.



1042

Patient 1 (Cardholder)

Name: _____

I want non-child resistant caps, when available.

Date of Birth (MM/DD/YYYY)

□□ / □□ / □□□□

Date of Birth is required for patient identification.

Failure to provide complete and accurate information may prevent the pharmacy from detecting drug related problems.

Patient 2

Name: _____

I want non-child resistant caps, when available.

Date of Birth (MM/DD/YYYY)

□□ / □□ / □□□□

REMINDER: This section must be removed before mailing.

DRUG ALLERGIES	List other Allergies here:	<input type="radio"/>	No Known Allergies	<input type="radio"/>
		<input type="radio"/>	Acetaminophen/Tylenol®	<input type="radio"/>
		<input type="radio"/>	Amoxicillin	<input type="radio"/>
		<input type="radio"/>	Aspirin	<input type="radio"/>
		<input type="radio"/>	Cephalosporin (i.e., Keflex®, Cephalexin)	<input type="radio"/>
		<input type="radio"/>	Codeine	<input type="radio"/>
		<input type="radio"/>	Erythromycin, Biaxin®, Zithromax®	<input type="radio"/>
		<input type="radio"/>	NSAIDs (i.e., Ibuprofen, Naproxen)	<input type="radio"/>
		<input type="radio"/>	Oxycodone (i.e., OxyContin®, Percocet®)	<input type="radio"/>
		<input type="radio"/>	Penicillin	<input type="radio"/>
		<input type="radio"/>	Sulfa	<input type="radio"/>
		<input type="radio"/>	Tetracycline (i.e., Doxycycline, Minocycline)	<input type="radio"/>
HEALTH CONDITIONS	List other Health Conditions here:	<input type="radio"/>	No Known Health Conditions	<input type="radio"/>
		<input type="radio"/>	Arthritis (715.9)	<input type="radio"/>
		<input type="radio"/>	Asthma (493.9)	<input type="radio"/>
		<input type="radio"/>	Chronic Bronchitis or Emphysema (496)	<input type="radio"/>
		<input type="radio"/>	Depression (311)	<input type="radio"/>
		<input type="radio"/>	Diabetes Type I (250.01)	<input type="radio"/>
		<input type="radio"/>	Diabetes Type II (250.00)	<input type="radio"/>
		<input type="radio"/>	Epilepsy/Seizures (345.9)	<input type="radio"/>
		<input type="radio"/>	GERD (530.81)	<input type="radio"/>
		<input type="radio"/>	Glaucoma (365.9)	<input type="radio"/>
		<input type="radio"/>	High Cholesterol (272.9)	<input type="radio"/>
		<input type="radio"/>	Hormone Replacement Therapy (627.9)	<input type="radio"/>
		<input type="radio"/>	Hypertension (401.9)	<input type="radio"/>
	<input type="radio"/>	Thyroid: Low (244.9)	<input type="radio"/>	
OTC	List other OTC that you take on a regular basis:	<input type="radio"/>	No Over-the-Counter Medications	<input type="radio"/>
		<input type="radio"/>	Acetaminophen/Tylenol®	<input type="radio"/>
		<input type="radio"/>	Advil®/Aleve®/Motrin®	<input type="radio"/>
		<input type="radio"/>	Aspirin/Excedrin®	<input type="radio"/>
DEVICES	List Medical Devices here:	<input type="radio"/>	No Medical Devices	<input type="radio"/>
		<input type="radio"/>	Medical Devices (i.e., Glucose Testing Device, Insulin Pump, Nebulizer) and specify brand name and model.	<input type="radio"/>
OTHER	List other Prescription Medications here:	<input type="radio"/>	No Other Prescriptions	<input type="radio"/>
		<input type="radio"/>	Prescription Medications not filled through Express Scripts Pharmacy.	<input type="radio"/>

FDA approved generic medications will be dispensed when allowed by your doctor, subject to the terms outlined in your plan. I certify that all the information on this form is correct. I permit Express Scripts Inc. to release all information on this form concerning prescription orders to my plan sponsor, administrator or health plan for the purpose of payment, treatment or health care operations.

Signature Required

More than two family members on your plan? On a separate sheet of paper, write the family member(s) name, date of birth, allergies and health conditions along with the name and phone number of their doctor/prescriber.

Urgent Care Centers

If you or your family becomes unexpectedly sick or hurt, where should you go for care?

If your primary doctor is not available, you might go to the emergency room (ER). But you have another choice: urgent care centers. In most cases, an urgent care center can give you quicker care that costs less and is more convenient than the ER.

What are “urgent care” centers?

We consider urgent care centers to be clinics that give unscheduled, walk-in care for a sickness or injury, outside of a hospital ER. However, the urgent care visit must be performed and billed by a provider in our urgent care center network.

Network urgent care centers:

Provider	Address	City	Phone	Hours
MedExpress	677D Kidder Street	Wilkes-Barre	570-825-2046	Everyday, 9am-9pm
MedExpress	276 West Side Mall	Edwardsville	570-283-0791	Everyday, 9am-9pm
MedExpress	205 Applegate Road, Suite 101	Stroudsburg	570-424-3278	Everyday, 9am-9pm
MedExpress	1953 East Third Street	Williamsport	570-323-4072	Everyday, 9am-9pm

What do you pay if you use a network urgent care center?

- If you have a copay for a specialty doctor visit, you will also pay a specialty doctor copay for all services provided by the urgent care center.
- If you have a deductible and coinsurance for a specialty doctor visit, you will pay a deductible and coinsurance for all services provided by the urgent care center that are bundled into one charge.

What if you use a non-network urgent care center?

If you have covered services from a non-network urgent care center, we will pay for services according to how the center bills the visit. For example, it may be billed as an ER visit, outpatient visit or office visit. You would have to pay any cost-share amounts that apply. The services will not be covered under the urgent care benefit.

When is your primary doctor the right choice?

If you or your family needs care right away, try to reach your primary doctor. He or she knows your medical history, medications and health issues and can best help you:

- Plan care for minor problems, such as sore throat, earaches, rashes and minor cuts.
- Manage ongoing conditions, such as diabetes and asthma.
- Stay healthy by giving you preventive screenings and shots.

On the weekends and evenings, you may still reach your doctor by phone. He/she may help you choose the best place for care.

- Some doctors are available 24 hours a day.
- Some rotate with other doctors who are on call.
- In most cases, you can leave a message with the answering service. The doctor will get in touch with you.

When are urgent care centers the right choice?

If you can't reach your primary doctor and it can't wait, an urgent care center may be the right choice. If you are not sure how serious a health problem is, you should call 911 or go to your local ER right away. Then call your primary doctor as soon as possible. Your doctor will update your records and help you if you need more care.

You are the only one who can decide what's right for you.

Check your member materials for your specific cost-share amounts and if you have an urgent care benefit. Please note that self-funded group benefits may be different from the benefits and services described here. Check your Summary Plan Description for complete details of your program.

Hospital Advisor

Need Hospital Care? Get the Facts First

Find the Hospital that is Right for You

Wondering how to decide which hospital to receive care? In most cases your doctor will help you make the decision that offers the best care for your condition. Login to our [Member Self-Service](#) (<https://www.bcnepa.com/Accounts/Access/Login.aspx>) area to access Hospital Advisor to find information about hospitals in our area. You will even be able to do side-by-side comparisons of up to 10 hospitals at a time.

WebMD Hospital AdvisorSM is an application that helps you make informed decisions about where to seek healthcare services. With Hospital Advisor, you'll be able to research hospital quality based on location, areas of expertise, and outcomes. It's simple and straightforward. Quick and convenient. Best of all, it puts the power to make smart healthcare decisions where it belongs: in your hands.

Features

- The most current hospital quality ratings for more than 160 diagnoses and procedures
- Results are based on the factors you decide are most important – including experience with specific procedures, complication and mortality rates, average costs, and the number of days spent in the hospital
- Side-by-side comparisons of up to 10 hospitals at a time
- Search by location, specialty and network eligibility

Blue Distinction

A simpler, smarter way to find quality specialty care.

Not all hospitals are the same. One facility may excel in certain specialties and not in others, so a hospital that has a solid overall reputation isn't necessarily the right choice for a specific procedure.

So, consider a facility designated as a Blue Distinction Center®. The Blue Distinction designation is awarded to hospitals based on a thorough, objective evaluation of their performance in the areas that matter most to you—quality care, treatment expertise and overall patient outcomes, just to name a few. The criteria we measure are established with the help of expert physicians and medical organizations.

The program currently recognizes facilities as Blue Distinction Centers for Specialty Care® in the areas of:

- Bariatric Surgery
- Cardiac Surgery
- Complex and Rare Cancers
- Knee and Hip Replacement
- Spine Surgery
- Transplants

The following facilities in our 13-county area have been designated as Blue Distinction Centers for Specialty Care:

Cardiac Care

- Community Medical Center, Scranton
- Geisinger Wyoming Valley, Wilkes-Barre
- Regional Hospital of Scranton, Scranton
- Robert Packer Hospital, Sayre
- Wilkes-Barre General Hospital, Wilkes-Barre
- Williamsport Regional Hospital, Williamsport
- Gnadon Huetten Memorial Hospital, Lehighton

Knee & Hip Replacement

- Gnadon Huetten Memorial Hospital, Lehighton
- Williamsport Regional Hospital, Williamsport

Spine Surgery

- Williamsport Regional Hospital, Williamsport

Important

Call the BlueCard Worldwide Service Center at 1.800.810.BLUE (2583) or call collect at 1.804.673.1177 to locate doctors and hospitals, or obtain medical assistance services when outside the United States.

Blue Cross, Blue Shield, the Blue Cross and Blue Shield symbols, BlueCard and BlueCard Worldwide are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

**Please tear out this card
and carry it with you
when you travel overseas.**

BlueCard Worldwide®

For healthcare outside of the United States:

1. Verify your international benefits with your Blue Plan before leaving the United States; benefits may be different outside the country.
2. Always carry your Blue Plan identification card.
3. In an emergency, go directly to the nearest doctor or hospital, then call the **BlueCard Worldwide Service Center if hospitalized.**
4. For non-emergency inpatient medical care, you must call the BlueCard Worldwide Service Center to arrange cashless access to a BlueCard Worldwide hospital. The Service Center can also provide information on doctors.

BlueCard Worldwide Service Center, toll-free:
1.800.810.2583 or collect: 1.804.673.1177.

5. Call your Blue Plan for pre-certification/pre-authorization, if required. Refer to the phone number on the back of your ID card.



When you are a Blue Plan member, you take your healthcare benefits with you when you are abroad. Through the BlueCard Worldwide program, you have access to medical assistance services and doctors and hospitals in more than 200 countries and territories around the world.

BlueCard Worldwide®

The BlueCard

Now, Home Is Where The Card Is



BlueCard Worldwide®

"What do I do if I need medical care in a foreign country?"

To take advantage of the BlueCard Worldwide program, whether you are traveling or living abroad, please follow these steps:

1. Before you leave, contact your Blue Plan for coverage details. Coverage outside the United States may be different.
2. Always carry your current Blue Plan ID card.
3. In an emergency, go directly to the nearest hospital.



4. If you need to locate a doctor or hospital, or need medical assistance services, call the BlueCard Worldwide Service Center at 1.800.810.BLUE (2583) or call collect at 1.804.673.1177, 24 hours a day, seven days a week. An assistance coordinator, in conjunction with a medical professional, will arrange a physician appointment or hospitalization, if necessary.

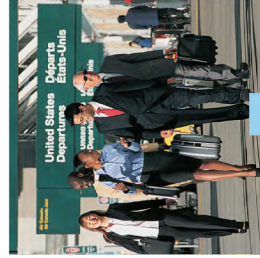
5. Call the BlueCard Worldwide Service Center at 1.800.810.2583 or collect at 1.804.673.1177 when you need inpatient care. In most cases, you should not need to pay upfront for inpatient care at participating BlueCardWorldwide hospitals except for the out-of-pocket expenses (non-covered services, deductible, co-payment and co-insurance) you normally pay. The hospital should submit your claim on your behalf. In addition to contacting the BlueCard Worldwide Service Center, call your Blue Plan for pre-certification or pre-authorization. You can find the phone number on your Blue Plan ID card. Note: this number is different from the phone number listed above.

6. You will need to pay upfront for care received from a doctor and/or non-participating hospital. Then complete a BlueCard Worldwide claim form and send it, with the bill(s) to the BlueCard Worldwide Service Center (the address is on the form). The claim form is available from your Blue Plan, on line at www.BCBS.com/bluecardworldwide, or the BlueCard Worldwide Service Center.



To learn more about BlueCard Worldwide:

- ◆ Call your Blue Plan.
- ◆ Visit www.BCBS.com/bluecardworldwide.
- ◆ Call the BlueCard Worldwide Service Center at 1.800.810.2583 or collect at 1.804.673.1177.



"How do I file a claim?"

To file a claim please do the following:

1. If the BlueCard Worldwide Service Center arranged your hospitalization, the hospital will file the claim for you; you will need to pay the hospital for the out-of-pocket expenses you normally pay.
2. For outpatient and doctor care, or inpatient care not arranged through the BlueCard Worldwide Service Center, you will need to pay the healthcare provider and submit an international claim form with original bills to the Service Center.
3. International claim forms are available from your Blue Plan, the Service Center or online at www.BCBS.com/bluecardworldwide.

BlueCard Worldwide Service Center, toll-free: 1.800.810.2583 or collect: 1.804.673.1177

Section 2

Vision Insurance

Vision Benefits of America

VBA Group #2433

www.visionbenefits.com

1-800-432-4966

KING'S COLLEGE

VBA# 2433

MANAGED VISION CARE PROGRAM

\$10 COPAYMENT PROGRAM

FREQUENCY OF SERVICE:

DEPENDENT AGE: 26 EOM

	<u>Employee</u>	<u>Spouse</u>	<u>Children</u>
Vision Exam	12 Months	12 Months	12 Months
Lenses	12 Months	12 Months	12 Months
Frames	12 Months	12 Months	12 Months

BENEFITS:

EMPLOYEE CAN SELECT EITHER:

	<u>VBA Participating Doctor</u> <u>(15,000 Nationwide)</u>	<u>Non-Participating Doctor</u>
	<u>Amount Covered</u> <u>(Less Copayment*)</u>	<u>Amount Reimbursed</u> <u>(Zero Copayment)</u>
Vision Exam (for glasses)	100%	\$ 40.00
Clear Standard Lenses (<i>Pair</i>):		
Single Vision	100%	\$ 40.00
Bifocal	100%	50.00
Blended "No-Line" Bifocals	100%	50.00
Trifocal	100%	75.00
Lenticular	100%	100.00
Progressive	Controlled Cost****	75.00
1 yr Scratch Protection	100%	N/A
Polycarbonate Lens Material	100%	N/A
Frame	100%***	\$ 50.00
- OR -		
Contacts (<i>selected in lieu of all eyeglass benefits listed above</i>)*****		
Elective	\$150.00	\$ 150.00
Medically Required	UCR**	300.00

* A \$10 copayment applies to the total cost of the lenses and/or frames ordered from a VBA Member Doctor only, but does not apply to the exam or contacts.

** Usual, Customary and Reasonable as determined by VBA.

*** Within the program's \$50 wholesale allowance (*approximately \$125 to \$150 retail*).

**** Progressive Lenses typically retail from \$150 to \$400, depending on lens options. VBA's controlled costs generally range from \$45 to \$175.

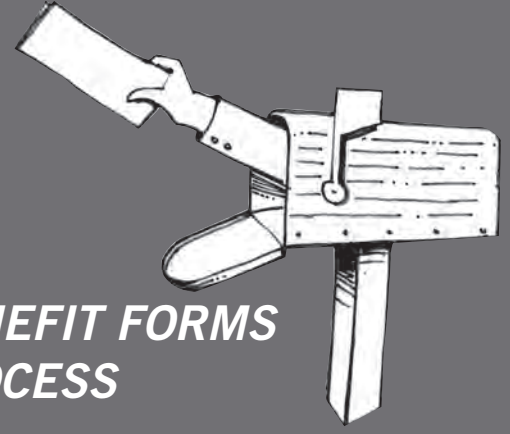
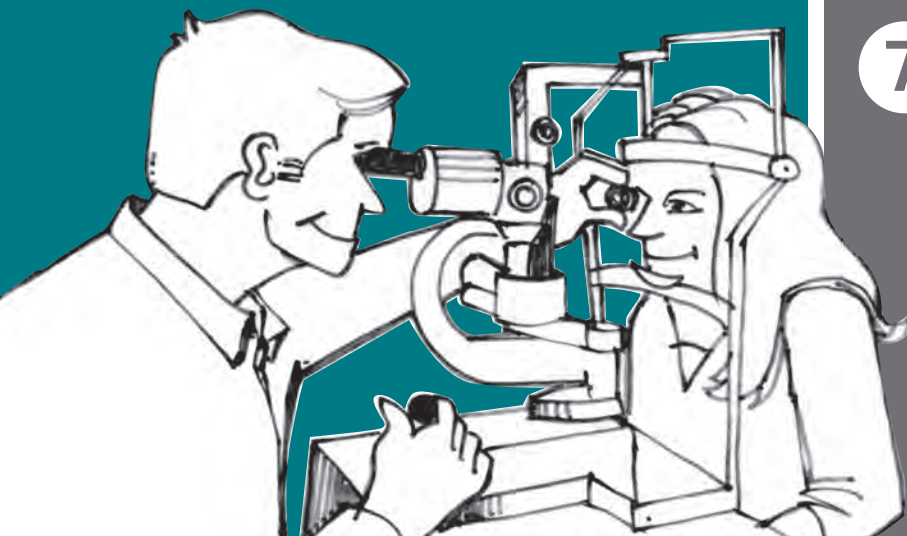
***** The contact allowance is applied to all services/materials associated with contact lenses. This includes, but not limited to, contact exam, fitting, dispensing, cost of lenses, etc. No guarantee the contact allowance will cover entire contact costs (materials/services).

HOW VISION BENEFITS OF AMERICA WORKS



ELECTRONIC PROCESS

- 1e** *VBA brochure informs employee of plan benefits.*
- 2e** *Employee may visit visionbenefits.com to search for a doctor (**bold print**) who does e-claims (**no benefit form needed**).*
- 3e** *Simply make appointment with one of those doctors, saying that you are a VBA covered employee, and that you want to use the e-claim system.*
- 4e** *The doctor verifies eligibility and provides vision examination.*
- 5e** *Doctor orders prescription from VBA approved lab, verifies accuracy and dispenses Rx to employee.*
- 6e** *VBA pays doctor for all covered professional services.*



BENEFIT FORMS PROCESS

- 1** *VBA brochure informs employee of plan benefits.*
- 2** *Employee may request vision care either by calling 1-800-432-4966 or by visiting visionbenefits.com*
- 3** *VBA verifies eligibility and mails benefit form and current doctors' list to employee.*
- 4** *Employee chooses anyone from VBA doctors' list and makes appointment.*
- 5** *Employee presents benefit form at time of first visit and is examined by doctor (**no paperwork for employee**).*
- 6** *Doctor orders prescription from VBA approved lab, verifies accuracy and dispenses Rx to employee.*
- 7** *VBA pays doctor for all covered professional services.*



Vision Benefits
of America

Clearly Managed. Clearly Focused.

LASIK Savings Now Available for Vision Benefits of America Members

Savings - 40-50% off the national average price of Traditional LASIK

Access - Over 800 locations nationwide

Quality - FDA approved technology including Bladeless LASIK

Financing - Flexible options with payments as low as \$50 a month*

Experience You Can Trust - Credentialed surgeons who have performed over 3.5 million procedures

Prescription
does not
affect pricing!

LASIK is an eligible
pre-tax expense

Save up to 30% more with
your FSA or HSA dollars!**

How it Works:

1. To obtain the savings you must call: **1-877-437-6105**
2. A QualSight Care Manager explains the program and answers questions
3. Select your preferred provider and set an appointment today!

One low price includes the pre-operative exam, procedure, post-operative visits and a One Year Assurance Plan***

For more information visit:

www.QualSight.com/-VisionBenefits



The QualSight program is not an insured benefit and is available to members to provide access to QualSight for LASIK surgery.

* Subject to credit approval

** Based on individual tax situation

*** Lifetime Assurance Plans available at participating providers for an additional cost



Beltone fits your lifestyle

Vision Benefits of America & Beltone have developed a valuable discount program designed to save you money. Beltone has been helping the world hear better for over 70 years as the most trusted name in hearing care. With over 1,500 locations staffed with highly trained professionals, you can expect an experience that is convenient, trustworthy and caring.

- **CALL 1-800-BELTONE (800-235-8663) or go to BELTONE.COM for your nearest Beltone Hearing Care Center**
- **Bring this flyer to receive your 20% member discount (may be extended to immediate family (spouse, parents, grandparents & children))**

Vision Benefits of America members receive the following benefits at participating Beltone locations:



- **FREE Hearing Screening**
- **20% Retail Discount**



Beltone Provider call 800-432-4966 to check member eligibility. Please use NA #52040.

Section 3

Dental Insurance

Delta Dental

PPO Plus Premier

Group #PA9475

www.wekeepyouSmiling.com

1-800-932-0783

Delta Dental PPOSM – Easy, Friendly, Accessible

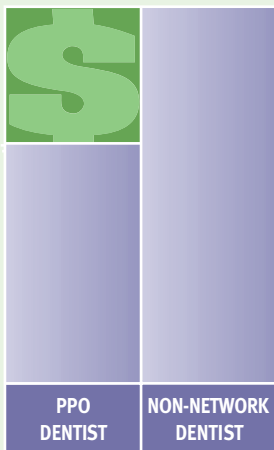


We'll do whatever it takes and then some.

Greatest potential savings when you visit a Delta Dental PPO dentist

OUT-OF-POCKET COSTS

SAVE MORE SAVE LESS



AMOUNT YOU SAVE
AMOUNT YOU PAY

Illustration showing sample enrollee share of cost for information purposes only. Actual dentist fees and contract allowances will vary by region, procedure and by group contract.

We're pleased to be your partner in maintaining great oral health. The Delta Dental PPO* plan makes it easy for you to find a dentist, and easy to control your costs when you visit a network dentist. Here are some of the great things you'll need to know about enrolling with Delta Dental:

- **Save money with a Delta Dental PPO dentist.** Our PPO network dentists accept reduced fees for covered services they provide you, so you'll usually pay the least when you visit a PPO network dentist. This also ensures Delta Dental PPO dentists won't balance bill you the difference between the contracted amount and their usual fee.
- **Visit the dentist of your choice.** Want to visit a non-Delta Dental dentist? No problem. You can visit any licensed dentist, but your costs are usually lowest when you see a PPO dentist.
- **Many network dentists to choose from.** Since Delta Dental offers access to one of the largest dentist networks in the U.S., chances are there's a wide choice of network dentists near your home or office. Many dentists nationwide are contracted Delta

Dental dentists, giving more enrollees convenient access to more dentists. Visit us at deltadentalins.com to search our dentist directory by location or specialty.

- **Easy to use your benefits.** When you visit a Delta Dental dentist, pay only your portion for services. Delta Dental dentists will file claim forms for you and receive payment directly from us. Many non-Delta Dental dentists ask that you pay the entire cost up front and wait for reimbursement.
- **Delta Dental's Online Services make getting information quick and easy.** Access your benefits and eligibility, print ID cards and get information about your claims. And check out Delta Dental's oral health resources for tips and information that can help keep your smile healthy.

* In Texas, Delta Dental Insurance Company offers a Dental Provider Organization (DPO) plan.

 **DELTA DENTAL**

WE KEEP YOU SMILING[®]

Plan Benefit Highlights for: King's College

Group No: 09475

Eligibility	Primary enrollee, spouse and eligible dependent children to the end of month that dependent turns 26
Deductibles Deductibles waived for Diagnostic, Preventive (D & P) & Orthodontic?	\$50 per person / \$150 per family each calendar year Yes
Maximums D & P counts toward maximum?	\$1,500 per person each calendar year Yes

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-PPO dentists** (Delta Dental Premier® & Non-Delta Dental Dentists)
Diagnostic & Preventive Services Exams, cleanings, x-rays, sealants	100 %	100 %
Basic Services Fillings, denture repair, space maintainers	100 %	100 %
Endodontics (root canals)	100 %	100 %
Periodontics (gum treatment)	100 %	100 %
Oral Surgery	100 %	100 %
Major Services Crowns, inlays, onlays and cast restorations	60 %	60 %
Prosthodontics Bridges and dentures, implants	60 %	60 %
Orthodontic Benefits dependent children	50 %	50 %
Orthodontic Maximums	\$ 1,500 Lifetime	\$ 1,500 Lifetime

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and Premier contracted fees for non-Delta Dental dentists.

Delta Dental of Pennsylvania One Delta Drive Mechanicsburg, PA 17055	Customer Service 800-932-0783 (Business Hours: 8 am to 8 pm ET)	Claims Address P.O. Box 2105 Mechanicsburg, PA 17055-2105
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deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

Visit the Delta Dental website www.deltadentalins.com



We'll do whatever it takes and then some.

Convenient services and information on our website

Our website* makes it easy for you to manage your dental plan. Tools, services, information, forms – you'll find everything you need just a click away.

1 Log in to:

- Check benefits, eligibility and claims status
- Print your ID card
- Find the average cost of a dental procedure in your area

2 Find a dentist:

- Select your plan
- Enter options such as state and ZIP code
- Search for a dentist and link to a map with driving directions

3 Oral health information

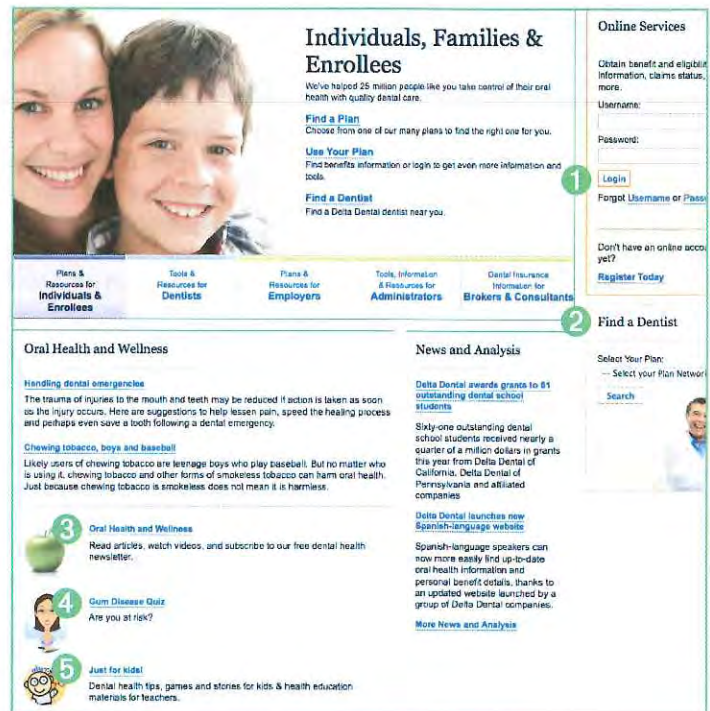
Read articles, watch videos, find a glossary of dental terms and subscribe to *Dental Wire*, our free dental health newsletter

4 Oral Health Quizzes

Assess your risk for cavities and gum disease and learn how to prevent them

5 Just for kids

See our kids' website also available at MySmileKids.com



* The website www.deltadentalins.com is the home of the Delta Dental companies listed on the reverse side and their subsidiaries and affiliates. For other Delta Dental companies, visit the Delta Dental Plans Association website at www.deltadental.com.

WE KEEP YOU SMILING®

Why do 54 million enrollees trust their smiles to Delta Dental?

- More dentists
- Simpler process
- Less out-of-pocket

Free Newsletter

Get the latest in oral health with *Dental Wire*, our bi-monthly e-mail newsletter. Sign up at: deltadentalins.com/oral_health

Delta Dental Customer Service

DeltaCare USA®
800-422-4234

Delta Dental PPOSM and
Delta Dental Premier®
Delta Dental of California
800-765-6003

Delta Dental of Delaware
Delta Dental of the District of Columbia
Delta Dental of New York
Delta Dental of Pennsylvania
(and Maryland)
Delta Dental of West Virginia
800-932-0783

Delta Dental Insurance Company
(Alabama, Florida, Georgia,
Louisiana, Mississippi, Montana,
Nevada, Texas, Utah)
800-521-2651

California School District Employees
800-499-3001

www.deltadentalins.com

Delta Dental includes these companies in these states: Delta Dental of California – CA • Delta Dental of Pennsylvania – PA & MD • Delta Dental of West Virginia – WV • Delta Dental of Delaware – DE • Delta Dental of the District of Columbia – DC • Delta Dental of New York – NY • Delta Dental Insurance Company – AL, FL, GA, LA, MS, MT, NV, TX, UT



1 Other tools and information:

Visit the “Use Your Dental Plan” page for a helpful plan support guide and answers to frequently asked questions.

- Download and print a claim form
- Find general information about how your plan works
- Get instructions for using our website

2 Forms and support:

- Find quick links to claim, grievance and customer service request forms

3 Delta Dental en Español:

- Visit a Spanish version of our website

Q: How do I log in to the website?

A: Simply enter your user name and password in the designated boxes and submit. If you don't already have a user name or password, click the “Register Today” link to complete the quick registration process.

Q: What if I have trouble logging in to the website?

A: If you have problems, use the Online Services Login Customer Service Form to contact us for assistance. You can find the form on the “Individuals & Enrollees” page of the website. Scroll down the “Individuals & Enrollees” page to find the Forms box on the right-hand side of the page. You can find the Online Services Login Service Form link at the end of the Customer Service Forms section.

Q: What if I don't have Internet access?

A: You can check your benefits, eligibility and claim information on our interactive voice response telephone line or speak to a Customer Service agent Monday through Friday by calling Delta Dental toll-free. For DeltaCare® USA enrollees, please call 800-422-4234. For Delta Dental PPOSM and Delta Dental Premier® enrollees, please use the appropriate number listed at the left to call your local Customer Service.

Q: Can I contact Delta Dental through the website?

A: Yes. You don't have to log in to contact us from the website. Simply click on “Contact us” at the top of the home page and follow the appropriate links for your plan. You'll be presented with a number of contact options, including Online Customer Service Request Forms for specific issues.

Q: How can I check on the average cost of a dental procedure in my area?

A: Log in by entering your user name and password and click on “Fee Finder” in the main navigation menu.

Q: How current is the information in the online dentist directory?

A: The “Find a Dentist” directory is updated daily.

Q: What if I have more questions?

A: For detailed instructions on checking your benefits and eligibility, finding a dentist, printing an ID card and submitting a claim form, visit the “Use Your Dental Plan” page of our website for these and other helpful topics.



Section 4

Additional Life Insurance

Cigna Group Insurance

Basic and Voluntary Term Life Insurance Overview



Prepared for the employees of Kings College

What would happen to your family if you and your income were gone?

- Could they maintain their standard of living?

Three in 10 households carry no life insurance on anyone in the household.

Household Trends in U.S. Life Insurance

Half of U.S. households now believe they are underinsured.

Household Trends in U.S. Life Insurance Ownership

Basic Term Life Insurance Coverage – paid by your employer

Employee - If you are an active, full-time employee and work at least 35 hours per week or an active faculty employee and work at least 15 hours per week

- Benefit Amount and Maximum – The Lesser of 1.5X Annual Compensation to \$100,000
- Coverage begins at 7/1/2012
- Benefit Reduction Schedule – 67% at age 70, 45% at age 75 and 30% at age 80

Voluntary Term Life Insurance Coverage – paid by you

Employee – If you are an active, full-time employee and work at least 35 hours per week or an active faculty employee and work at least 15 hours per week

- Benefit Amount – Increments of \$10,000 to \$300,000
- Maximum – \$300,000
- Coverage begins at 7/1/2012
- Benefit Reduction Schedule – Providing you are still employed, benefits will decrease 67% at age 70, 45% at age 75 and 30% at age 80

Your Spouse — Up to age 70 is eligible provided that you apply for and are approved for coverage for yourself.

- Benefit Amount – Increments of \$10,000 to \$300,000
- Maximum – \$300,000
- Coverage begins at 7/1/2012
- Spouse coverage cannot exceed 100% of Employee coverage

Your Unmarried, Dependent Children — Under age 19 (or under age 25 if they are full-time students), as long as you apply for and are approved for coverage for yourself.

- Benefit Amount – Units of \$10,000
- Maximum – \$10,000

No one may be covered more than once under this plan.

Guaranteed Coverage for Voluntary Term Life Insurance Coverage

Guaranteed Coverage Amount is the amount of coverage you can elect without answering any medical questions or taking a health exam. Guaranteed Coverage is only available during Initial Enrollment and other times as approved. If you apply for coverage that is above the Guaranteed Coverage Amount, or if you are applying for coverage after 31 days after you become eligible, you must fill out a Medical Evidence of Insurability form.

Guaranteed Coverage for Employee is \$50,000 for employee and \$10,000 for spouse during approved open enrollment periods

Note: Cigna will honor coverage amounts elected under the prior contract ending 6/30/2012 with no Medical Evidence required.

How Much Your Coverage will Cost per Month

Age	Employee Cost Per \$1,000	Spouse Cost Per \$1,000	Child Benefit
Less than 29 years	\$0.07	\$0.07	Voluntary Child \$1.50/month for each employee electing child coverage
30-34	\$0.09	\$0.09	
35-39	\$0.12	\$0.12	
40-44	\$0.20	\$0.20	
45-49	\$0.33	\$0.33	
50-54	\$0.57	\$0.57	
55-59	\$0.91	\$0.91	
60-64	\$0.99	\$0.99	
65-69	\$1.75	\$1.75	
70-74	\$3.18		
75-79	\$5.65		
80+	\$11.50		

* Costs are subject to change

Cost Calculation Example

	Age	Monthly Cost per \$1,000		Benefit				Monthly Cost
Example	33	.09	X	100,000	÷	1,000	=	\$9.00
Yours			X		÷	1,000	=	



Other Coverage Features

Accelerated Death Benefit — Terminal Illness

If you or your spouse is diagnosed by two unaffiliated physicians as terminally ill with a life expectancy of 12 months or less, the benefit for terminal illness provides for up to 75% of the Voluntary Term Life Insurance coverage amount in force or \$500,000, whichever is less, to be paid to the insured. This benefit is payable only once in the insured's lifetime, and will reduce the life insurance death benefit.

Waiver of Premium

If you are totally disabled prior to age 60 and can't work for at least 9 months, you won't need to pay premiums for your coverage while you are disabled, provided the insurance company approves you for this benefit. You are considered totally disabled when you are completely unable to engage in any occupation for wage or profit because of injury or sickness. This benefit will remain in force until age 65, subject to proof of continuing disability each year.

Extended Death Benefit

The extended death benefit ensures that if you become disabled prior to age 60, and die before you qualify for Waiver of Premium, we will pay the life insurance benefit if you remain disabled during that period. If you qualify for this benefit and have insured your spouse or children, their coverage is also extended.

Conversion

If group life insurance coverage is reduced or ends for any reason except nonpayment of premiums, you can convert to an individual policy. To convert, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends. Family members may convert their coverage as well. Converted policies are subject to certain benefits and limits as outlined in the conversion brochure which may be requested as needed. Premiums may change at this time.

Portability

This plan allows you to continue all of your

voluntary coverage if you leave your employer. Premiums may change at this time. Just pay your premiums directly to the insurance company. Coverage may be continued for you and your spouse until age 70. Coverage may also be continued for your children.

Exclusions

The Voluntary portion of this plan will not pay benefits if loss of life is the result of suicide that occurs within the first two years of coverage.

Programs Included at No Additional Cost

Cigna Healthy Rewards® Program

Program provides you and your covered family member's discounts on health programs and services like weight loss management, fitness, smoking cessation and more. Enjoy instant savings of up to 60% when you take advantage of this opportunity. Visit www.Cigna.com/rewards (Password: savings) or call: 800.258.3312.

Cigna's Online Will and Health-related Legal Document and Funeral Preparation Program

Offers you and your covered spouse access to a website that helps you build state-specific customized wills and other legal documents as well as create an end-of-life plan that spells out the handling of your estate and funeral arrangements. Visit www.Cignawillcenter.com.

Cignassurance® for Beneficiaries

Provides your family with bereavement counseling with certified specialists, financial information from experienced professionals and legal consultation services.

Cigna's Identity Theft Program

Provides access to personal case managers who give step-by-step assistance and guidance if you have had your identity stolen.



This information is a brief description of the important features of the plan. It is not a contract. Terms and conditions of life insurance coverage are set forth in Group Policy No. TBD issued in PA to Kings College. The group policy is subject to the laws of the jurisdiction in which it is issued. The availability of this offer may change. Please keep this material as a reference. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut Street, Philadelphia, PA. As used in this brochure, the term Cigna and Cigna Group Insurance are registered service marks of Life Insurance Company of North America, a CIGNA company, which is the insurer of the Group Policy. Insurance products and services are provided by the individual CIGNA companies and not by the Corporation itself. © Cigna 2011



INSURANCE APPLICATION

Life Insurance Company of North America (LINA)
 a Cigna Company (herein called the Insurance Company)
 For info and customer service call 1-800-732-1603.



- The applicant must sign and date this form.
- This form cannot be considered unless received within 30 days of the date it is dated.

Important: Please enter all dates in mm/dd/yyyy format.

EMPLOYER USE (MANDATORY DATA NEEDED): In order to process this application, the employer must complete this information.				
EMPLOYER		Kings College		
CLASS	LOCATION/PAYC ODE#	DATE OF HIRE	ANNUAL SALARY	VERIFIED BY
REASON FOR REQUEST: <input type="checkbox"/> NEW HIRE <input type="checkbox"/> INITIAL ENROLLMENT EVENT <input type="checkbox"/> ONGOING ENROLLMENT EVENT <input type="checkbox"/> LATE ENTRANT				
		VOLUNTARY EMPLOYEE		VOLUNTARY SPOUSE
NEW COVERAGE (TOTAL)				
CURRENT COVERAGE				
GUARANTEED COVERAGE PORTION OF REQUESTED INCREASE				
AMOUNT SUBJECT TO MEDICAL EVIDENCE				

Please print (preferably in black ink).

EMPLOYEE SECTION

Mr. Mrs. Ms. (Check One)

Employee Name _____ Social Security # _____ Birthdate _____
 Address _____ City _____ State _____ Zip _____
 Work Phone _____ Home Phone _____ Employee ID # _____ Sex: M F

Important: You must complete the medical questions in this application if you apply for life insurance: (1) as a newly hired employee your election exceeds the Guaranteed Coverage Amount, or you are applying more than 31 days after you are eligible to elect benefits; (2) you were eligible under the prior plan and enroll or increase your insurance amount(s) above the Guaranteed Coverage Amount.

COMPLETE IF ELECTING SPOUSE COVERAGE

I am currently married and my date of marriage is _____

Spouse Information Name (First) _____ (Last) _____ Social Security # _____
 Birthdate _____ Sex: M F

TERM LIFE INSURANCE — POLICY NO. FLX 964761

BENEFICIARY

To **specify a beneficiary**, complete the section below. You will be the beneficiary for your spouse and child(ren) unless you specify otherwise. When specifying multiple beneficiaries, you must indicate the percentage of distribution for each. If there is not enough room to specify all beneficiaries, attach, sign and date a separate sheet of paper using the format below.

Insured	Beneficiary	Percentage	Social Security #	Date of Birth	Relationship
Employee (Life)					
Spouse					
Child(ren)					

ACCEPTANCE/DECLINATION

I accept the insurance coverages elected above. If premiums are to be paid by payroll, I authorize my employer to deduct the necessary amounts from my earnings. If I have not elected coverage, I understand that if I wish to participate at a later date, I may be required to furnish evidence of insurability at my own expense and that coverage is subject to the insurance company's approval.

Signature _____ Date _____

Please Sign Here

Important: You must also sign and date the Agreements and Authorization section.

Return application to your employer. Be sure to make a copy for your own records.

Applicant's Name _____ Social Security # _____

IMPORTANT
Please complete each section that follows if it is needed.
Read the Agreements and Authorization. Sign and date the form in the space provided.

Complete the employee and spouse info in this section if you (i.e., the Employee) or your spouse are applying for Life Insurance that is greater than the guaranteed amount or are applying for Life Insurance more than 31 days after you were eligible for the insurance.

Height and Weight Information

Employee			Spouse		
Height	ft	in	Height	ft	in
Weight		lbs	Weight		lbs

PHYSICIAN SECTION

Employee Physician

Name _____ Phone No. _____

Street Address _____ City _____ State _____ Zip _____

Spouse Physician

Name _____ Phone No. _____

Street Address _____ City _____ State _____ Zip _____

Please indicate your answers for each question by checking the Yes or No box for the question.

SECTION A

Within the last 5 years has the proposed insured been:

- diagnosed with any of the conditions shown in items A through J below,
- told by a medical professional he/she has or may have any of the conditions shown in items A through J below,
- or been treated by a medical professional for any of the conditions shown in items A through J below?

	Employee		Spouse	
	Yes	No	Yes	No
A. High blood pressure, heart attack, chest pain or Angina, a heart murmur, poor circulation or any other condition affecting the heart or circulatory system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Diabetes, glandular condition, Hepatitis, or any condition affecting the esophagus, stomach, intestines, liver or pancreas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Asthma, Chronic Bronchitis, Emphysema, or any other condition affecting the lungs or respiratory tract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Any condition affecting the kidneys, urinary tract, prostate gland or reproductive system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. HIV infection, AIDS, or any other condition affecting the immune system or lymph nodes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Stroke, Transient Ischemic Attack (TIA), Alzheimer's disease, paralysis, Epilepsy, fainting, seizures, headaches, or other condition affecting the nervous system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Anemia or any other condition affecting the blood, Lupus, Arthritis, deformity or loss of limb?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Anxiety, Depression, Bipolar Disorder, or any other mental disorder or condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Cancer, Tumor, Leukemia, Hodgkin's Disease, Polyps or Mole?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Alcohol or drug abuse or dependency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B

Within the last 5 years has the proposed insured:

A. Had a Driving While Intoxicated (DWI), Driving Under the Influence (DUI) or Operating Under the Influence (OUI) conviction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Smoked cigarettes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. For how many years has the proposed insured smoked?	_____		_____	
2. Approximately how many cigarettes are, or were, smoked on average per day?	_____		_____	
3. If cigarette smoking has been discontinued, when (month and year) did the proposed insured quit smoking?	_____		_____	
C. Used any controlled or illegal drug or other substance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Been seen for, or been advised to have sought treatment for, observation and/or consultation for surgery, medical examination, and/or tests, such as blood, urine, X-rays, electrocardiograms, scans, biopsies, or any medical tests/exams not listed here or above, other than normal routine physical exams?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Used any medication prescribed by a physician or other medical practitioner, or used any form of alternative and complementary medical treatment or remedy, including herbs or acupuncture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Been seen, sought treatment for, consulted, advised they had and/or received any medical advice from a health care practitioner for any disease, disorder and/or medical impairment not listed above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Use the space below to explain "Yes" answers. If more space is needed, use a new page. Sign and date it. Attach it to this form.

Name of Employee/Spouse	Medical Condition	Date Occurred	Duration/Treatment Received	Current Status

Caution: Any person who, knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Important: You must also sign and date the Agreements and Authorization section.

Fold and staple this page to conceal health questions.

Return application to your employer. Be sure to make a copy for your own records.

TL-009320

◆◆◆ AGREEMENTS AND AUTHORIZATION ◆◆◆

To the best of my knowledge and belief all written, telephonic and electronic info I gave is true and complete. I understand that my insurance will not go into effect unless I am actively at work on the effective date. I also understand that coverage for each of my dependents will not go into effect unless the person is not confined in a hospital or institution, or receiving certain medical treatment. The conditions for the requested insurance to be effective are described in the policy and certificate. The approval of this request by the Insurance Company is one of those conditions. I understand and agree that:

- (1) This request will be a part of the policy that provides the insurance.
(2) I may need to provide more medical info.
(3) I may need to take medical tests and report the results to the Insurance Company.
(4) I must report any change in my health that happens before the insurance is effective.
(5) Requested insurance will not be effective for a person if the person does not meet the underwriting requirements on the date insurance is to be effective.

Authorization. I permit any hospital, clinic, health care practitioner, pharmacy, benefit manager, employer, insurance company, the Medical Information Bureau (MIB) or any other person or organization having info about the health, medical history, physical or mental condition, diagnosis or treatment, employment or income, or motor vehicle driving record, of me to disclose to the Insurance Company or its authorized agent, any such info, for the purpose of underwriting this application for insurance or administering any claim under any insurance which is approved. This authorization is valid for 30 months from the date below. I accept that a copy of this Authorization is as valid as the original.

I understand that I and/or my authorized agent have the right to receive a copy of this authorization upon request.

I understand that the info will be used to assess my request for insurance.

I may revoke this authorization at any time in writing. Any such revocation will not: (1) change any action taken in reliance on the Authorization; and (2) change the Insurance Company's right to use the Authorization for contest of a claim or policy in accordance with applicable law.

I understand that info provided pursuant to this authorization may be disclosed by the recipient and is no longer subject to the protections of the Health Insurance Portability and Accountability Act (HIPAA). (The Insurance Companies are subject to the Gramm-Leach-Bliley act and state privacy laws. They do not disclose protected information except as permitted by those laws.)

Hand icon pointing to signature line. Sign Here Employee's Signature Month/Day/Year Spouse's Signature (If applying for insurance for your spouse) Month/Day/Year

Notice: Personal information may be collected from persons other than those proposed for coverage. Information may be disclosed to third parties without your authorization as permitted by law. You have the right to access and correct all personal information collected. Additional information about the insurance company's privacy practices is available upon request.

Assistance Program
24/7



Assistance Program



Assistance Program

Self-service support – at your fingertips.

Educational materials on work/life topics such as caregiving, daily living and working smarter are available online, including a savings center and relocation center.

Extra flexibility. For assistance with your search, we can email you. Include your email address when you request support via the web. It's just one more way for us to meet your needs.

Call us any time, any day or go online for confidential assistance, information or resources to help resolve life's challenges.



Whatever life throws at
you – throw it our way.



* Healthy Rewards® is a discount program. Some Healthy Rewards programs are not available in all states. **A discount program is NOT insurance, and the member must pay the entire discounted charge.**

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Life.

Just when you think you have it figured out, along comes a challenge. But whether those challenges are big or small, your Life Assistance & Work/Life Support Program is available to help you and your family find a solution and restore your peace of mind.

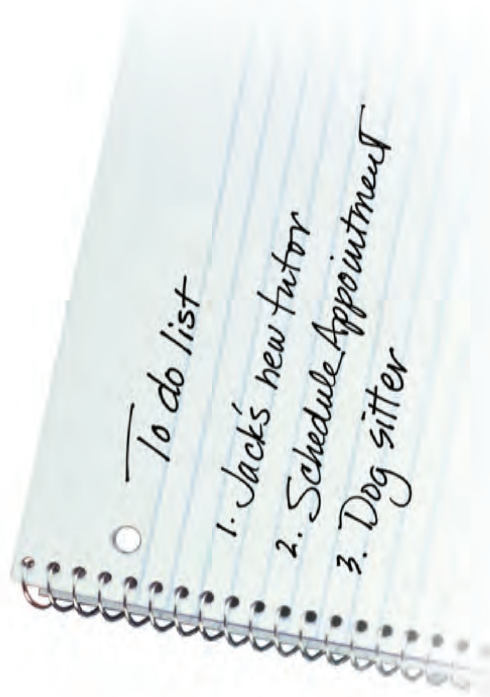
Call us any time, any day. We're just a phone call away whenever you need us - at no cost to you. An advocate is ready to help assess your needs and develop a solution to help resolve your concerns. He or she can also direct you to an array of resources in your community and online tools.

Visit a specialist. For face-to-face assistance, you have 3 sessions available to you and your household members. Call us to request a referral.

Reward yourself. Access your Healthy Rewards** amenities program for discounts on a range of health and wellness services and products from participating providers.

Achieve Work/Life Balance. Get extra support for handling life's demands. Call for advice or a referral to a service in your community on topics such as:

- **Legal Consultation.** Receive a 30-minute free consultation and up to a 25% discount on select fees.
- **Parenting.** Receive guidance on child development, sibling rivalry, separation anxiety, and much more.
- **Senior Care.** Learn about challenges and solutions associated with caring for an aging loved one.
- **Child Care.** Whether you need care all day or just after school, find a place that's right for your family.
- **Pet Care.** From grooming to boarding to veterinary services, find what you need to care for your pet.
- **Temporary Back-up Care.** Don't let an unplanned event get the best of you – find back-up childcare.



These are just a few examples of the support available to you. Call to get the assistance you need to help resolve life's challenges.

800.538.3543

Log on to www.cignabehavioral.com/CGI

Click on the Healthy Rewards link to access discount information:

User name: **rewards**
Password: **savings**



Call us or reach us online.
800.538.3543

www.cignabehavioral.com/CGI

Click on the Healthy

Rewards link to access
discount information:

User name: **rewards**

Password: **savings**



Call us or reach us online.
800.538.3543

www.cignabehavioral.com/CGI

Click on the Healthy

Rewards link to access
discount information:

User name: **rewards**

Password: **savings**

Helping Combat Identity Theft

You've heard about it in the news—you may even know someone who's been a victim. Identity theft is America's fastest growing crime, victimizing almost 11 million people a year.¹ It's a serious crime that occurs when an unauthorized person uses your personal information—your name, Social Security number, bank or credit account number(s), or driver's license number—for fraudulent use. It's also a silent crime—often taking a year or more to be discovered, and leaving victims with a cumbersome, time-intensive process to restore their credit records and good name. CIGNA's Identity Theft Program is available to individuals who have CIGNA's Group life, accident or disability coverage. This program provides resolution services to help you work through critical identity theft issues you may encounter.

Valuable help when you need it most

Our identity theft program provides:

- A review of credit information to determine if an identity theft has occurred
- An identity theft resolution kit and an identity theft affidavit for credit bureaus and creditors
- Help with reporting an identity theft to credit reporting agencies
- Assistance with placing a fraud alert on credit reports, and cancellation and replacement of lost or stolen credit cards
- Assistance with replacement of lost or stolen documents
- Access to free credit reports
- Education on how to identify and avoid identity theft
- \$1,000 cash advance to cover financial shortages if needed²
- Emergency message relay
- Help with emergency travel arrangements and translation services

Services for every situation

No matter where or when you come under the attack of identity theft, CIGNA's services are there for you.

- We assist with credit card fraud, and financial or medical identity theft;
- We provide real-time, one-on-one assistance—24 hours a day, 365 days a year—in every country in the world;³
- You'll have unlimited access to our personal case managers until your problem is resolved;
- Our website offers helpful information to reduce your risk of identity theft before it happens.

If you suspect you might be a victim of identity theft, call us now at 1.888.226.4567. Our personal case managers are standing by to help you. Please indicate that you are a member of CIGNA Identity Theft Program and Group #57.



Safeguard yourself against identity theft

Here are some important tips to help you manage your personal information and minimize your risk of identity theft.

Your wallet

- Carry only one or two credit cards in your wallet.
- Carry only the identification information that you actually need.
- Do not carry your Social Security card in your wallet; leave it in a secure place.
- If your purse or wallet is stolen, immediately report it to the police.

Your bank statement

- Review your bank and credit card statements monthly for signs of suspicious activity.
- If your statement is late by more than a couple of days, call your credit card company or bank to confirm your billing address and account balances.

Your credit report

- Check your credit reports from the three major credit bureaus—Equifax®, Experian® and TransUnion®—annually and correct any inaccuracies. You can do this at www.annualcreditreport.com.

Your credit cards

- Do not hand over your debit or credit cards to anyone.
- Cancel all unused credit card accounts.

Your Social Security number

- Give your Social Security number only when absolutely necessary, and before providing, ask to use other types of identifiers.
- Remove your Social Security number from any identification you carry in your wallet.

Your mail

- Deposit your outgoing mail in post office collection boxes or at your local post office, rather than in an unsecured mailbox.
- Promptly remove mail from your mailbox.

Your trash

- Tear or shred your charge receipts, copies of credit applications, insurance forms, physician statements, checks and bank statements, expired charge cards that you're discarding and credit offers you get in the mail.

Your workplace

- Secure personal information in your workplace.
- Keep your purse or wallet in a safe place at work; do the same with sensitive personal information such as your paycheck.

Your home

- Secure personal information in your home, especially if you have roommates, employ outside help or are having work done in your home.

Your computer

- Do not keep computers online when not in use. Either shut them off or physically disconnect them from an internet connection.
- Use antivirus software and a firewall.
- Be cautious about opening any attachment or downloading any files from emails you receive.

Your car

- Do not leave any personal information in your car.
- If your car is broken into report it to the police immediately.

For additional tips to reduce your risk and for guidance on what you should do if you become a victim, visit our website at www.cigna.com/idtheft.

¹ Javelin Strategy and Research, January, 2010.

² Provided with confirmation of reimbursement and if traveling more than 100 miles from home.

³ Assistance with U.S. bank accounts only.

CIGNA is a registered service mark used by these insurance companies. This program does not include reimbursement of expenses for financial losses.

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Protection when you travel domestically or internationally



Cigna Secure Travel Services

Here's a quick look at the services available:

- Emergency medical evacuation
- 24-hour multilingual assistance
- Medical referrals
- Prescription refill services
- Assistance with lost or stolen items
- Translation and interpretation services
- Emergency travel services
- No coverage limit on repatriation of remains
- Arrangements for payment of your medical expenses up to \$10,000 with confirmation of reimbursement

An emergency can be much more difficult to deal with when you're traveling. In the event that an unfortunate situation arises – injury, illness, death, theft, natural disaster, disease outbreak or terrorism – knowing that Cigna Secure Travel® is available to you can provide added peace of mind in unfamiliar surroundings. You can be on the other side of the world or only a couple of hours away from home and still get the help you need.

Available to individuals covered under a Cigna Accident plan,¹ Cigna Secure Travel provides emergency medical and travel services, as well as helpful pre-trip planning assistance, when traveling 100 miles or more from home on company business or on vacation.

Help dealing with the unexpected

Cigna Secure Travel can help when you need:

- Emergency cash – Advance up to \$1,500 with confirmation of reimbursement
- Emergency changes to travel plans
- Emergency message center – relay urgent messages toll-free
- Legal referrals to local attorneys, embassies and consulates

Pre-trip planning

Take advantage of Cigna Secure Travel pre-trip planning services, which includes information on:

- Immunization requirements
- Visa and passport requirements
- Foreign exchange rates
- Embassy/consular referrals
- Travel/tourist advisories
- Temperature and weather conditions
- Cultural information



¹Includes group and blanket accident insurance policies underwritten by Life Insurance Company of North America or Cigna Life Insurance Company of New York. Cigna is a registered service mark used by these insurance companies.

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CIGNA's Will Preparation Program

CIGNA makes it easy for you to take charge of those difficult life and health legal decisions. There are no more reasons to hesitate planning for the future with our online will preparation services. Available to individuals who have CIGNA's Group life, accident, or disability coverage.

Think you don't need a will or living will?

If you're like most people, you don't like thinking about planning for your death. However, there are many good reasons why it's very important to have a will no matter what your personal circumstances might be. For example, to have a say in your healthcare treatment if you're not able to speak for yourself, to assign guardianship for minor children, and to secure your assets.

Think you don't have enough assets to need a will?

Nearly one in four (24%) of American adults say their biggest reason for not having a will is a lack of sufficient assets¹. Not having a will puts your family in the position of having to guess about how to manage your personal and financial assets after your death.

Think you can't afford to create a will?

Now you can! CIGNA's Will Center allows you to easily complete essential life and health legal documents online at no cost to you.

Not sure how to develop your will?

Don't worry. CIGNA's Will Center is secure, easy to use, and available to you and your covered spouse seven days a week, 365 days a year. And, if you have any questions, phone representatives are available to assist you via a toll-free number². Once registered on the site, you will have direct access to a Personal Estate Planning web page, where you can:

- create and maintain your personalized legal documents
- follow an intuitive, interactive question and answer process to create state-specific legal documents tailored to your situation
- preview, edit, download and print your legal documents for execution

It's easy! Go to CIGNAWillCenter.com

To access your Personal Estate Planning web page, simply complete the online form and register as a new user. When prompted for a registration code, provide your date of birth plus the last four digits of your Social Security number. Once this is completed you can immediately start building your will and other legal documents.

¹ National Association of Estate Planners and Councils. "Wills 101: Everything You Know But Don't Want to Think About." June 2006.

² No legal advice is provided.



Now is the time to get started. Visit CIGNAWillCenter.com to create your own personalized:

Last Will & Testament – specifies what is to be done with your property when you die, names the executor of your estate and allows you to name a guardian for your minor children.

Living Will – contains your wishes regarding the use of extraordinary life support or other life-sustaining medical treatment.

Healthcare Power of Attorney – allows you to grant someone permission to make medical decisions if you are unable to make them yourself.

Financial Power of Attorney – allows you to grant someone permission to make financial decisions on your behalf if you are unable to make them yourself.

Plus, find information on:

- **Estate Planning**
- **Identity Theft Information Kit**
- **CIGNA's Life and Disability Planning Kits** – access insurance calculators to determine whether you and your family have sufficient coverage for the future.

it's time to feel better



PROVIDING FINANCIAL PEACE OF MIND DURING A TIME OF NEED

Cignassurance Program for beneficiaries



If the unexpected happens, the Cignassurance® Program can help. Available with Cigna Life and Accident Death and Dismemberment¹ plans, this program provides financial, bereavement and legal support for your loved ones during their time of need. As a beneficiary of your Life and Accident plan, they'll get:

- Free, unlimited and confidential bereavement services over the phone, available 24/7.
- Two free face-to-face counseling sessions with a Cigna Behavioral Health contracted (or network) specialist.²
- 30 minutes each of free legal advice and free financial services advice – all over the phone.²
- Referrals to discounted, professional legal services for help settling an estate, preparing a will or general advice.³
- Access to a Cignassurance account – a free, interest-bearing account for proceeds over \$5,000. This account keeps their insurance proceeds in a safe place and gives them time to deal with more pressing issues. Account balances and activity can be managed 24/7 at **Cignassurance.com**.
- Our *Looking Ahead* guidebook to help them navigate legal and financial responsibilities and research additional benefits.



Offered by: Connecticut General Life Insurance Company or Cigna Health and Life Insurance Company.

1. The Cignassurance program for beneficiaries is available to beneficiaries receiving coverage checks over \$5,000 from Cigna Group Life and Personal Accidental Death and Dismemberment Programs. Cignassurance accounts are not deposit account programs and are not insured by the Federal Deposit Insurance Corporation or any other federal agency. Account balances are the liability of the insurance company and the insurance company reserves the right to reduce account balances for any payment made in error.
2. Phone and face-to-face counseling sessions must be used within one year of the date the claim is approved. Counseling, legal or financial assistance programs are not available under policies insured by Cigna Life Insurance Company of New York
3. Additional charges may apply.

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Programs and services to enhance your health and wellness

Improving health has many rewards

From acupuncture to natural supplements. From aerobic classes to a therapeutic massage. You and your family have health choices like never before. How do you learn more about the many alternatives and choose to make them a part of your family's healthy lifestyle? That's the idea behind Healthy Rewards®. This program provides discounts on health programs and services as part of CIGNA's ongoing effort to promote wellness.

Reward Yourself

CIGNA Healthy Rewards® broadens your health care choices and saves you money. There's no time limit or maximum to Healthy Rewards®, so you and your covered family members can use them whenever you need them. Enjoy instant savings when you visit a participating provider or shop online.

You value your health enough to make smart choices. A better, healthier lifestyle is only a click away.

No referrals. No claim forms. No catch.

Simply visit the website below to print out a Healthy Rewards ID card, which you and your covered family members can present to any Healthy Rewards provider to access discounts on a range of health programs and services.

If good health is its own reward, consider this a well-deserved bonus.

To access Healthy Rewards®:
CIGNA.com/rewards | password: savings
Or call us at: 1.800.258.3312

Some Healthy Rewards programs are not available in all states. If your CIGNA plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. Healthy Rewards programs are separate from your medical coverage. A discount program is NOT insurance, and the member must pay the entire discounted charge.

The following Healthy Rewards® programs are available to you and your family members enrolled in a CIGNA life, accident or disability plan.

Weight Management and Nutrition

Healthyroads™ Weight Management Program

Registered Dietitian Network
Jenny Craig®

Vision and Hearing Care

Exams, Eyewear and Contacts
LASIK Vision Correction
Hearing Exams and Aids

Tobacco Cessation

Healthyroads™ Tobacco Cessation Program

Alternative Medicine

Acupuncture
Chiropractic Care
Massage Therapy

Mind/Body

Healthyroads™
Mind/Body Program

Fitness

Fitness Club Memberships
Just Walk 10,000 Steps-a-Day

Vitamins, Health and Wellness Products

Drugstore.com™

ChooseHealthy.com™



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Section 5

Flexible Spending

FLEXIBLE SPENDING ACCOUNT ELIGIBLE & INELIGIBLE EXPENSES EFFECTIVE JANUARY 1, 2011

The FSA is an IRS-sanctioned benefit, where you can use pre-tax dollars to cover eligible expenses that you may incur. The IRS defines eligible expenses as amounts paid for the diagnosis, cure, mitigation or treatment of a disease, and for treatment affecting any part or function of the body. Effective 01/01/11, Over-the-Counter (OTC) **MEDICINES ONLY**, will no longer be eligible expenses unless a "Note of Medical Necessity" is submitted. Listed below are the **Eligible Expenses**. Other expenses not specifically listed may also qualify.

Baby/Child to Age 13

- Lactation Consultant*
- Lead-Based Paint Removal
- Special Formula*
- Tuition: Special School/Teacher for Disability or Learning Disability*
- Well Baby Care

Dental Services

- Dental X-Rays
- Dentures and Bridges
- Exams/Teeth Cleaning
- Extractions and Fillings
- Gum Treatment
- Oral Surgery
- Orthodontia/Braces

Hearing

- Hearing Devices and Batteries
- Hearing Exams

Lab Exams/Tests

- Blood Tests and Metabolism Tests
- Body Scans
- X-Rays
- Cardiographs
- Laboratory Fees
- Spinal Fluid Tests
- Urine/Stool Analysis

Vision Services

- Eye Examinations
- Eyeglasses
- Contact Lenses and Supplies
- Laser Eye Surgeries
- Artificial Eyes
- Prescription Sunglasses
- Radial Keratotomy/LASIK
- Reading Glasses

Medical Procedures/Services

- Acupuncture
- Alcoholism (inpatient and outpatient treatment)
- Ambulance
- Drug Addiction
- Hospital Services
- Infertility Treatment
- In Vitro Fertilization
- Norplant Insertion or Removal
- Physical Exam (non employment related)
- Reconstructive Surgery for Congenital Defect or accident
- Service Animals*
- Sterilization/Sterilization Reversal
- Transplants (including organ donor)
- Transportation*
- Vaccinations / Immunizations
- Vasectomy and Vasectomy Reversal

Medical Equipment/ Supplies

- Abdominal / Back Supports
- Air Purification Equipment*
- Arches / Orthopedic Shoes
- Band-aids
- Braces and Supports
- Contraceptive Devices
- Crutches and Wheel Chairs
- Elastic Bandages and Wraps
- Exercise Equipment*
- First Aid Supplies
- Hospital Bed
- Mattresses*
- Medic Alert Bracelet or Necklace
- Oxygen*
- Pregnancy Test Kits
- Post Mastectomy Clothing
- Prosthesis
- Splints/Casts
- Support Hose*

- Syringes
- Wigs*

Medication

- Birth Control
- Homeopathic Medications*
- Insulin
- Prescription Drugs

Obstetric Services

- Lamaze Class
- Midwife Expenses
- OB/GYN Exams
- OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)
- Pre and Postnatal Treatments

Practitioners

- Allergist
- Chiropractor
- Christian Science Practitioner
- Dermatologist
- Homeopath or Naturopath*
- Osteopath
- Physician
- Psychiatrist or Psychologist

Therapy

- Alcohol and Drug Addiction
- Counseling (not marital or career)
- Exercise*
- Hypnosis
- Massage
- Occupational
- Physical
- Speech
- Weight Loss Programs*

* Items marked with an asterisk are "potentially eligible expenses". They require a "Note of Medical Necessity" from your health care provider to qualify for reimbursement.

INELIGIBLE EXPENSES

The IRS DOES NOT ALLOW THE FOLLOWING EXPENSES TO BE REIMBURSED UNDER FSA'S, since they are not prescribed by a physician for a specific ailment:

- Cosmetic Surgery/Procedures
- Dancing/Exercise/Fitness Programs
- Diaper Service
- Electrolysis
- Personal Trainers
- Hair Loss Medication
- Hair Transplant
- Health Club Dues*
- Insurance Premiums and Interest
- Long Term Care Premiums
- Marriage Counseling
- Maternity Clothes
- Sunscreen
- Swimming Lessons
- Teeth Whitening / Bleaching
- Vitamins or Nutritional Supplements

* Items marked with an asterisk are "potentially eligible expenses". They require a "Note of Medical Necessity" from your health care provider to qualify for reimbursement.

Please note that this listing is subject to change at any time and without notice due to new legislation.

Welcome to Your Flexible Spending Account Through PrimePay

Enjoy the benefits of paying for qualified medical and dependent care expenses with pre-tax money... saving you 25% on your eligible expenses.



WHAT IS A FLEXIBLE SPENDING ACCOUNT?

An FSA allows you to save money by paying for certain medical, dependent care, and insurance premium expenses with pre-tax dollars. Every dollar elected is withheld from your paycheck before Federal, State (if applicable), Social Security and Medicare taxes are factored into your take-home pay. Let's look at a quick example:

	Without FSA	With FSA
Monthly Income	\$3,000	\$3,000
Pre-tax Medical	-N/A-	\$100
Pre-tax Day Care	-N/A-	\$400
Pre-tax Premiums	-N/A-	\$100
Taxable Income	\$3,000	\$2,400
Tax Withholdings	\$750	\$600
Post-tax Medical	\$100	-N/A-
Post-tax Day Care	\$400	-N/A-
Post-tax Premiums	\$100	-N/A-
SPENDABLE INCOME	\$1,650	\$1,800
ANNUAL SAVINGS	\$0	\$1,800

Medical Flexible Spending Account

This account will help you or your qualified beneficiaries pay for common qualified medical expenses (medically necessary) not covered by your health insurance:

- Deductibles and Co-Pays
- Prescription Drugs and Medical Supplies
- Dental and Orthodontia Expenses
- Eyeglasses and Contacts

Although money is deducted from your paycheck over the plan year, the entire amount you elect is available starting the first day you participate in the plan!

Dependent Care Flexible Spending Account

This account will help pay for certain expenses incurred by qualified dependents. A qualified dependent is "a child under the age of 13, or someone who is mentally or physically incapable of taking care of themselves." If applicable, both spouses must be working in order to contribute to this account. Some common eligible expenses are:

- Day Care and Adult Day Care
- Preschool and Before/After School Programs
- Summer Day Camp

Money is available for reimbursement as deductions are made and after services are rendered, i.e. payment made for daycare for 6/1-6/30 is eligible for reimbursement 7/1.

Premium Reimbursement Account

This account allows you to set aside money pre-tax in order to pay for your individual medical insurance premiums not covered by your Employer. Life insurance premiums, long-term care premiums and COBRA premiums are not eligible expenses under a Premium Reimbursement Account.

ENROLLMENT IN A FLEXIBLE SPENDING ACCOUNT

A Flexible Spending Account is a voluntary benefit, so you will want to choose the FSA account that fits your needs. Determine your annual elections for the upcoming plan year by utilizing the worksheet at the end of this booklet. The specifics of each FSA account offered will be detailed in the Summary Plan Description provided by your Employer.

You will need to fill out the Pre-Tax Benefit Enrollment Form or enroll online during the open enrollment period prior to the start of the Plan Year or at the time of your eligibility. You are also encouraged to contact our PrimeFlex Customer Service Team at 877.769.3539 for enrollment assistance. Please see your Employer for specific details as to your eligibility and enrollment.

The elections you make are specific to each type of Flexible Spending Account. This means that dollars set aside for dependent care expenses can only be used with dependent care providers and not for out-of-pocket medical expenses, etc. Your Employer will take your election and divide it by the number of payroll periods in your Plan Year to determine your contribution for each pay period.

Changing Elections Mid-Year

Once you make an election amount for the year, you cannot change it until the following plan year. However, if you have a qualifying change of status event, you are allowed to make mid-year prospective changes to your annual election. The qualifying change of status events are:

- Marriage or Divorce
- Death of a Spouse or Dependent
- Birth or Adoption
- Termination of Employment Effecting Benefit Eligibility
- Change in Work Status Effecting Benefit Eligibility
- Unpaid Leave of Absence

Each Plan Year anniversary provides an opportunity to change elections when re-enrolling for the next plan year.

Use-it or Lose-it Rule

IRS regulations stipulate that any unused funds following the close of the Plan Year (or Grace Period if applicable) are not to be returned to you. This is referred to as the Use-It or Lose-It Rule. In general, it is a good idea to be on the conservative side when making elections.

The IRS allows for Employers to extend their plan year up to an additional 2½ months (called the Grace Period) so you may incur additional claims against your prior year FSA (please consult your administrator to learn if your Employer has added the Grace Period). Following your last day to incur claims in the Plan Year, you generally have 60 days to submit expenses for the previous year. This is known as the Run-Out Period and is an option selected by your Employer. Following the Grace Period and Run-Out Period, any unused money will be forfeited.

PRIMEFLEX DEBIT CARD

You may receive a PrimeFlex debit card which can be used to pay for eligible medical expenses at health care related providers such as physicians, pharmacies, dentists, optometrists, hospitals, etc. as well as non-health care related merchants such as grocery stores, discount stores and on-line pharmacies. It is

important to make sure that non-health care related merchants have implemented the Inventory Information Approval System (IIAS) or qualify as a 90% Merchant. If the store does not qualify, your card will be denied and a manual claim will need to be submitted.



The IIAS System

The IIAS system is designed to identify FSA eligible items at the point of sale. When an item is scanned at the checkout, the system will keep separate totals for eligible and non-eligible items. Assuming your available balance is high enough, you will be allowed to use your PrimeFlex debit card to pay for the eligible items. You will be asked to pay for the non-eligible items by some other means (i.e. cash, check, credit or other debit card). The amount debited from your PrimeFlex account will automatically be approved and in most cases will require no further substantiation.

This is a sample of how the card will work with IIAS eligible merchants:

1. You go to a discount store and bring band aids, contact solution, nasal strips, paper towels and a pair of sneakers to the checkout.
2. You offer your PrimeFlex debit card and swipe it.
3. If there are available funds in your account, the amount of the FSA eligible items (band aids, contact solution, and nasal strips) will be deducted from your Flexible Spending Account.
4. The clerk will ask for another form of payment for the paper towels and sneakers.
5. The receipt should identify the FSA eligible items.

Your card can also be used at merchants that have not implemented the IIAS system, as long as they certify that 90% of the store's gross items are qualified medical expenses under IRS Code Section 213(d). For stores that adhere to the 90% rule, further substantiation will be required.

For a complete list of approved merchants please visit our website at www.primepay.com, click on "PrimeFlex Online" at the top.

HOW DO I ACCESS MY ACCOUNT?

Accessing your FSA Accounts is easy and can be done 24-hours a day!

Go to www.primepay.com, click on “PrimeFlex Online” at the top and click on “Employee and Cardholder Login”. (Make sure your pop-up blockers are turned off).

1. Click on Create Account.
2. Enter your first & last name, and enter your Employee ID (often SSN without dashes).
3. If you have a PrimeFlex Debit Card, skip the “Employer ID” field and enter your Flex Card number (no spaces or dashes).
4. If you do not have a Flex Card, enter the Employer ID (contact your Employer).
My Employer ID is _____
5. Create a user name and password and enter your Email Address and click submit.

Once you are logged into the system you can check your balance, file claims, view pending or past claims, add a checking/savings account for direct deposit, opt-in/out of email communication, and much more.

Submitting Claims Online

1. Login to the Participant Portal, view the left menu bar, and select ‘Request Reimbursement’. Click the “Add New” tab and enter your claim information for each individual expense for which you are requesting reimbursement. Be sure to choose the appropriate account type when submitting your claim.
2. If you are able to scan your receipts, you may upload those directly using the “Browse” button. If you are unable to upload your receipts, print the Receipt Submittal Form and fax/mail it along with your substantiation material once you have submitted the claim.
3. Read the Claim Certification and confirm you agree to the disclaimer by checking the box under “Certification” and click the “Submit” tab at the bottom of your screen in order to complete your online claim submission.



It is your responsibility to comply with these guidelines and to avoid submitting duplicate or ineligible claims. Failure to comply may delay payment and/or could result in IRS penalties if audited.

QUALIFIED MEDICAL EXPENSES

- A** Acupuncture
- Adoption (medical expenses related to)
- Alcoholism treatment
- Allergy medication (prescription)
- Ambulance and emergency health services
- Anesthesia (for non-cosmetic purposes)
- Athletic treatments / braces
- B** Bandages and related items (over-the-counter)
- Birth control
- Blood pressure monitor
- Blood sugar test kits and test strips
- Body scans
- C** Childbirth classes
- Chiropractic office visit or treatment
- Cholesterol test kits and supplies
- Christian Science practitioners
- Co-insurance
- Compression or anti-embolism socks, stockings or hose
- Contact lenses & cleaning solutions
- Contraceptives (prescription)
- Co-payment
- Corneal keratotomy
- Counseling
- Crutches, canes or like equipment
- D** Deductibles
- Dental care (for non-cosmetic purposes)
- Dental reconstruction
- Dentures, bridges, etc.
- Diabetic monitor, test kits, strips and supplies
- Diagnostic services
- Drug addiction treatment
- Dyslexia treatment

Sample Expense	Cost w/o FSA	Cost w/ FSA	Estimated Savings**
Doctor Co-Pay	\$20.00	\$15.00	\$5.00
Rx Co-Pay	\$50.00	\$37.50	\$12.50
Eyeglasses	\$200.00	\$150.00	\$50.00
Braces	\$2,500.00	\$1,875.00	\$625.00
Lasik Eye Surgery	\$3,500.00	\$2,625.00	\$875.00
Annual Day Care Bill	\$5,000.00	\$3,750.00	\$1,250.00

- E** Eye examinations
- Eye related equipment/materials
- Eyeglasses
- F** Fertility monitor (over-the-counter)
- Fertility treatment (for Employee, spouse or dependent)
- First aid dressings (over-the-counter)
- Flu shots

- G** Guide dog (dog, training, care)
- H** Hearing aids and batteries
- Hospital services and fees
- I** Immunizations
- Incontinence products (excludes diapers and diaper services)
- Infertility treatment (for Employee, spouse or dependent)
- Insulin, testing materials and supplies
- L** Laboratory fees
- Lamaze classes
- Laser eye surgery
- Learning disability treatments
- Listening therapy

- M** Mastectomy-related special bras
- Medical abortion
- Medical equipment
- Medical monitoring and testing devices
- Midwife
- Mileage (for medical care)
- Monitors & test kits (over-the-counter)
- Motion & nausea (prescription)
- N** Norplant insertion or removal
- Nursing services (wages and taxes)
- O** OB/GYN fees
- Occlusal guards to prevent teeth grinding
- Occupational therapy (related to a medical condition)
- Office visits
- Operations (non-cosmetic)
- Optometrist / ophthalmologist fees
- Organ transplants
- Ortho keratotomy
- Orthodontia (braces and retainers)
- Orthopedic & surgical supports
- Ovulation monitors (OTC)
- Oxygen
- P** Physical exams
- Physical therapy
- Pregnancy tests (over-the-counter)
- Prescription drugs
- Prosthesis
- Psychiatric care
- Psychoanalysis
- Psychologist fees

- R** Radial keratotomy (RK)
- Reading glasses (over the counter)
- Removal of benign mole, cyst or tumor
- S** Sales tax, shipping and handling fees
- Smoking cessation (programs / counseling)
- Smoking cessation drugs
- Speech therapy
- Sterilization
- Student health fees billed for services actually received (dental / medical / vision / prescription)
- Sunglasses (prescription)
- Surgery (for non-cosmetic purposes)

- T** Teeth grinding prevention devices
- Therapy (for a medical condition)
- Tubal ligation

- U** Urological products

- V** Vaccinations
- Varicose vein removal surgery
- Vasectomy
- Viagra and similar prescription medications
- Vitamins (prescription)

- W** Walking aids (canes, walkers, etc.)
- Wart removal treatments (prescription)
- Wheelchair and repairs
- Wound care - non medicinal (over-the-counter)

- X** X-ray fees (dental / medical)

FREQUENTLY ASKED QUESTIONS

Q: What online capabilities do I have?

A: Our online portal is very comprehensive. You can check your balance, file claims, view pending or past claims, add a checking/savings account for direct deposit, opt-in/out of email communication, and much more. If you need help setting up your account please contact our customer service team and they will be happy to help.

Q: Can I participate in the FSA if I am not enrolled in my Employer's health plan?

A: In most cases yes, as long as you are a benefits eligible Employee. Contact your Employer to determine eligibility.

Q: What happens if I terminate during the year?

A: There will be a period of time after your termination for which you may submit claims for expenses incurred prior to termination. In some cases, COBRA must be offered, which if elected will allow you to continue to contribute to your FSA and make claims against it. You will be required to pay the monthly amount equal to your payroll deductions on a post-tax basis.

Q: Will I ever have to pay taxes on the money I put into the account?

A: You will not have to pay Federal and FICA, however in some cases you may have to pay state and/or local taxes, depending on the state you live in.

Q: If my expenses are less than I anticipated, can I change my election?

A: No, unless you experience a qualifying change of status, elections cannot be changed for the current plan year. You must wait until the following plan year to make a new election.

Q: What happens if I don't use all of the money in my FSA by the end of the plan year?

A: It depends. The IRS allows for Employers to extend their plan year up to an additional 2½ months (called the Grace Period) so Employees may incur additional claims against their prior year FSA (please consult your administrator to learn if your Employer has added the Grace Period). Any unused money at the end of the Grace Period or subsequent Run-Out Period will be forfeited.

Q: What will happen if I incur a large expense at the beginning of the plan year and have not yet contributed enough to my FSA to cover it?

A: If the expense is to be reimbursed by your medical FSA then we will pay the claim up to the maximum amount elected for the year. Your payroll deductions will continue throughout the plan year even if all of the funds have been spent. For a Dependent Care Account and Premium Reimbursement Account, claims are reimbursed as money becomes available through payroll deductions.

Q: How do I unlock my online account?

A: Your account may be temporarily deactivated due to 30 days of inactivity or repeatedly entering an incorrect password. To unlock your account please call our Customer Service Team during normal EDT business hours at 877.769.3539.

Q: How much may I elect into my FSA?

A: For your medical FSA, the limit is determined by your Employer and can be found in your Summary Plan Description. For Dependent Care Accounts, the calendar year limit is \$5000 for head of household or married couples filing jointly, and \$2500 for married couples filing separately.

Q: If my spouse participates in an FSA through his/her Employer, can I also participate?

A: Yes, however identical claims may not be reimbursed under both accounts. In addition, if both you and your spouse have signed up for the Dependent Care Account, the maximum election between both accounts is still \$5000.

Q: Can I be reimbursed for over-the-counter (OTC) medicines?

A: As of January 1, 2011, OTC medicines and drugs are no longer eligible for reimbursement under a Flexible Spending Account, unless they are prescribed. If the medicines are medically necessary, you must have your doctor write a prescription for the OTC medicine and it must be filled at the pharmacy. Non-medicine OTC items may be eligible.

Q: Where can I find a complete list of eligible FSA expenses?

A: In the middle of this booklet is a comprehensive list of all qualified medical FSA expenses. For the complete list including items that are sometimes eligible and non-eligible, please consult our website at www.primepay.com and click on "PrimeFlex Online" at the top.

Q: How long will it take my claim to be processed and reimbursed?

A: In general, all claims are processed/reimbursed in 7-10 days. Claim checks and direct deposits are processed daily, but please allow up to 4 days for delivery.

Q: Why did I receive a letter to provide substantiation?

A: In some circumstances we will require a receipt to substantiate a claim in order to comply with the IRS guidelines. The receipt must include the date of service, the dollar amount, and a brief description of the service. Voided checks, credit card statements, and balance due statements are NOT valid forms of substantiation. We ask that you keep all receipts for incurred eligible expenses. Failure to provide us with the proper documentation may result in your account being temporarily deactivated.

Q: Under what circumstances can I participate in a Dependent Care Account?

A: In order to participate in a DCA, both you and your spouse must be working, actively seeking work, or in school full-time. Eligible dependents are younger than 13, or persons mentally or physically incapable of taking care of themselves. It is important to note that summer day camp is an eligible expense, but overnight camp is not.

Q: How do I determine which amount to elect?

A: We have included a worksheet at the end of this booklet to help you figure out just that. Look at last year's receipts and expenses and decide if this year will be similar. Look at what you know for the year coming up; are there big expenses that you know about (i.e. glasses, braces for you or dependents, deductibles/copays, etc.)?

HOW DO I GET REIMBURSED?

The easiest way to get reimbursed is through our online portal. If you do not have access to the internet you may submit a manual claim. Please do not send duplicate claims.

A request for reimbursement may be filed at any time during the Plan Year and Run-Out Period. Once you have incurred a qualifying expense, fill out a "Claim Reimbursement" form provided by your Employer or available on our website at www.primepay.com under "PrimeFlex Online" near the top. Please fill in all necessary information related to the incurred expense and provide all proper documentation in order to substantiate the incurred expense (i.e. EOB's, itemized receipts, invoices, etc.). Voided or cancelled checks, credit card statements, and balance owed statements from a provider are **NOT** acceptable forms of documentation. Failure to comply with these requirements may result in a pended or denied claim.

It is very important to retain your receipts for all of your FSA transactions.

Below is a quick checklist to help make sure you are submitting claims correctly. Send all claim forms and documents to PrimeFlex in one of the following ways:

- | | | |
|---|--------------|---|
| <input type="checkbox"/> My claim is for the current plan year | Email | primeflex@primepay.com |
| <input type="checkbox"/> I have incurred an eligible expense | Fax | 877.632.9372 |
| <input type="checkbox"/> I have filled out the Claim Reimbursement form in its entirety | | |
| <input type="checkbox"/> I have attached all supporting documentation for the expenses incurred | Mail | Attn: PrimeFlex-FSA Claims
1487 Dunwoody Drive
West Chester, PA 19380 |
| <input type="checkbox"/> I have not submitted this claim before | | |

Once we have received your claim, we will substantiate it. It is important to note that PrimeFlex must follow strict procedures according to IRS regulations in substantiating a claim. Neither PrimeFlex nor your Employer can offer exceptions.

If your claim is approved, one of two things will happen. (1) If you are set-up for direct deposit your reimbursement will usually post to your account about 4 business days after processed. (2) If you are not set-up for direct deposit, a paper check will be issued and will usually arrive in about 7-10 days.

If your claim is denied, no disbursements will be made from your FSA account and you will be responsible for paying incurred expenses by some other means. If you feel your claim was denied in error, you may submit an appeal. For more information about appeals, please contact customer service at 877.769.3539.

Your plan may have been set up to mail payment directly to your medical providers of service. To take advantage of this, check the "Pay Provider Directly" box on the claim form and fill in the appropriate information. Attach the medical invoice with the claim form and we will take care of the rest!

FSA EXPENSE WORKSHEET

Fill In this worksheet to help you estimate your expenses for the year.

Unreimbursed Medical Expenses	
Co-Insurance	\$
Insurance Deductibles	\$
Prescription Co-Pays	\$
Chiropractic Visits	\$
OB-GYN, Pediatrician Visits	\$
Birth Control Pills	\$
Diagnostic Services	\$
Hearing Aids & Batteries	\$
Maternity Care & Related Services	\$
Smoke Cessation Programs	\$
Physical Therapy	\$
Other	\$

Vision Expenses	
Eye Exams	\$
Contact Lens Expense	\$
Prescription Glasses	\$
Lasik Eye Surgery	\$
Optometrist Expenses	\$
Other	\$

Premium Expenses*	
Individual Insurance Prem.	\$
Individual Insurance Prem.	\$

Dental Expenses	
Teeth Cleanings	\$
Dental Exams & X-Rays	\$
Orthodontia Expenses	\$
Fillings & Crowns	\$
Dentures	\$
Other	\$

Common Pharmacy Items	
Birth Control Products	\$
Blood Pressure Kits	\$
Compression Hosiery	\$
Denture Products	\$
Diabetic Test Supplies/Insulin	\$
Diagnostic Products	\$
First Aid Dressings	\$
Hot, Cold & Steam Packs	\$
Nebulizers	\$
Orthopedic Aids	\$
Pregnancy & Fertility Kits	\$
Reading/Magnifying Glasses	\$
Smoking Deterrents	\$
Splints, Supports, Braces	\$
Thermometers/Fever Strips	\$
Wheelchair/Canes/Walkers	\$

Sub-Total \$

Dependent Care Expenses*	
Child Care Expenses: Under age 13 (\$5,000 max. married, filing jointly; \$2500 max. married, filing separately)	\$
Adult Day Care: Expenses for day care required for parents and/or dependents incapable of self-care	\$
Summer Day Camps	\$

Sub-Total \$

Total Dollars to be set aside in my Flexible Spending Account \$

Multiply by 25% to realize your tax savings by participating** \$

*If Applicable to Plan. **Approximate, depending on tax bracket.

MY FLEXIBLE SPENDING ACCOUNT INFORMATION

My Open Enrollment Period is: _____ to _____

My Employer ID is: _____

My User ID is: _____

My Password is: _____

Medical FSA Maximum: \$ _____

Dependent Care Maximum: \$5,000 (calendar year)

Notes:

1487 Dunwoody Drive | West Chester, PA 19380

Phone: 877.769.3539 | **Fax:** 877.632.9372 | **Email:** primeflex@primepay.com

www.primepay.com | www.blog.primepay.com



PrimeFlex—(877) 769-3539

Pre-Tax Benefit Enrollment Form

To be completed by employee and given to employer.

Office Use Only	
Date Processed:	/ /
Processed by:	Client #:

Entry (Effective) Date: _____
 Payroll Deduction Start Date: _____

Employee Information (Please print clearly) PLEASE CHECK HERE IF THIS IS AN ADDRESS CHANGE

Name: (Last, First, Middle)		SSN:	Date of birth:
Street:	City:	State:	Zip:
Employer:			Work #:
Email:			Home #:
Group Health Plan Name:			Hire Date:

Please complete the following section to indicate the type(s) of benefits you want to participate in and the amount you would like to contribute.

Type Of Account (See Below)	No. of Pay Periods		EE Per Pay	ER Per Pay*	Annual Contribution
		X			=
		X			=
		X			=
		X			=
Total					=

Please see plan documents for information on election maximums.

Types: Flexible Spending Account (FSA), Limited Purpose Flexible Spending Account (LPFSA), Dependent Care Account (DCA), Premium Reimbursement Account (PRA), Mass Transit Account (TRN), and Parking Account (PKG). Please consult your employer for more information.

Please list those family members who are eligible dependent(s).

Card* (Y/N)	Spouse/Dependent Name	Relationship	Social Security Number	Date of Birth	Sex (M/F)

*If Applicable

I confirm that I am eligible to participate in the selected plans. I authorize the amount(s) above to be deducted from my paycheck as necessary. I understand that I can only use these accounts for eligible expenses as governed by the IRS and my plan documents and if I receive a debit card it will only be used to pay for eligible expenses. I understand that the elections for FSA, LPFSA, DCA, and PRA plans are irrevocable for the plan year and may only be changed if I have a qualifying event. I understand that for FSA, LPFSA, DCA, and PRA plans, any unused amounts may be forfeited if not used in the current plan year. I understand that the plan administrator may modify/cancel these plans at any time. I understand that I must retain all receipts for purchases and services rendered, and agree to provide them upon request. For the purpose of substantiating expenses under my selected plans, I hereby authorize the release of Protected Health Information (PHI) for myself and any qualifying dependents. This information will not be discussed with anyone other than my providers, employer, PrimeFlex/affiliates, or person authorized by my employer. I confirm that to the best of my knowledge all of the information provided is correct.

Employee Signature: _____

Date: ____/____/____

Employer Initials: _____



Office Use Only	
Date Processed:	/ /
Processed by:	Client #:

PrimeFlex: Form #21 – Medical FSA, Dependent Care FSA & Health Reimbursement Arrangement Claim Form

PLEASE COMPLETE THIS FORM AND FAX IT – ALONG WITH COPIES OF YOUR EOB and/or RECEIPTS – TO PRIMEFLEX AT 877.6FAX.HRA.

Employee Information (Please print clearly) PLEASE CHECK HERE IF THIS IS AN ADDRESS CHANGE

Name: (Last, First, Middle)		Social Security Number:	Date of Birth:
Street:	City:	State:	Zip Code:
Employer:			Work Telephone Number:
E-mail:			Home Telephone Number:

PLEASE ISSUE PAYMENT DIRECTLY TO THE MEDICAL PROVIDER(S) OF SERVICE LISTED BELOW. I CONFIRM THAT I HAVE COMPLETED & ATTACHED THE PROVIDER PAY FORM OR INCLUDED THE MEDICAL INVOICE FOR EACH PROVIDER REQUIRING DIRECT PAYMENT FROM PRIMEFLEX.

Eligible Expenses To Be Reimbursed - Please list only expenses that are eligible for this plan. Attach copies of receipts and/or EOBs (on a separate piece of paper) supporting each expense item listed below.

Type of Claim: HRA, FSA, DCA	Description of Expense	Family Member	Date Incurred	Amount of Claim
Total amount this claim				\$

READ CAREFULLY!

The undersigned participant in the plan certifies that all expenses, for which reimbursement or payment is claimed by submission of this form, were incurred while the undersigned was covered under the Plan with respect to such expenses. IRS regards the date incurred as being when the service is rendered, not when you actually pay the bill. The undersigned participant also certifies that amounts claimed are not eligible for payment under any other health care plan or program, federal, state or governmental program, workers' compensation, or any other policy of health insurance. The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy and validity of all information relating to this claim which is provided by the undersigned. The undersigned further understands that no medical expense tax deduction is permitted for amounts for which reimbursement is made.

Employee Signature: _____ Date: ____/____/____

Retain the original receipts and a copy of this form for your records. **For Tax Purposes** – Use only for expenses incurred in the same plan year for yourself or members of your family who are dependents.

Section 6

Mandatory Annual Notices

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 1-866-444-EBSA (3272).

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of July 31, 2012. You should contact your State for further information on eligibility –

ALABAMA – Medicaid	COLORADO – Medicaid
Website: http://www.medicaid.alabama.gov Phone: 1-855-692-5447	Medicaid Website: http://www.colorado.gov/ Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943
ALASKA – Medicaid	
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	
ARIZONA – CHIP	FLORIDA – Medicaid
Website: http://www.azahcccs.gov/applicants Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	Website: https://www.flmedicaidtprrecovery.com/ Phone: 1-877-357-3268
	GEORGIA – Medicaid
	Website: http://dch.georgia.gov/ Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150

<p align="center">IDAHO – Medicaid and CHIP</p> <p>Medicaid Website: www.accesstohealthinsurance.idaho.gov Medicaid Phone: 1-800-926-2588 CHIP Website: www.medicaid.idaho.gov CHIP Phone: 1-800-926-2588</p>	<p align="center">MONTANA – Medicaid</p> <p>Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Phone: 1-800-694-3084</p>
<p align="center">INDIANA – Medicaid</p> <p>Website: http://www.in.gov/fssa Phone: 1-800-889-9949</p>	<p align="center">NEBRASKA – Medicaid</p> <p>Website: www.ACCESSNebraska.ne.gov Phone: 1-800-383-4278</p>
<p align="center">IOWA – Medicaid</p> <p>Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562</p>	<p align="center">NEVADA – Medicaid</p> <p>Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900</p>
<p align="center">KANSAS – Medicaid</p> <p>Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884</p>	
<p align="center">KENTUCKY – Medicaid</p> <p>Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218</p>
<p align="center">LOUISIANA – Medicaid</p> <p>Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-695-2447</p>	<p align="center">NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 1-800-356-1561 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>
<p align="center">MAINE – Medicaid</p> <p>Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-977-6740 TTY 1-800-977-6741</p>	
<p align="center">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120</p>	<p align="center">NEW YORK – Medicaid</p> <p>Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p align="center">MINNESOTA – Medicaid</p> <p>Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone: 1-800-657-3629</p>	<p align="center">NORTH CAROLINA – Medicaid</p> <p>Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100</p>
<p align="center">MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	<p align="center">NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604</p>

OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://health.utah.gov/upp Phone: 1-866-435-7414
OREGON – Medicaid and CHIP	VERMONT – Medicaid
Website: http://www.oregonhealthykids.gov http://www.hijosaludablesoregon.gov Phone: 1-877-314-5678	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.dpw.state.pa.us/hipp Phone: 1-800-692-7462	Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org/ CHIP Phone: 1-866-873-2647
RHODE ISLAND – Medicaid	WASHINGTON – Medicaid
Website: www.ohhs.ri.gov Phone: 401-462-5300	Website: http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm Phone: 1-800-562-3022 ext. 15473
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: www.dhhr.wv.gov/bms/ Phone: 1-877-598-5820, HMS Third Party Liability
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.badgercareplus.org/pubs/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493	Website: http://health.wyo.gov/healthcarefin/equalitycare Phone: 307-777-7531

To see if any more States have added a premium assistance program since July 31, 2012, or for more information on special enrollment rights, you can contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Ext. 61565

OMB Control Number 1210-0137 (expires 09/30/2013)

IMPORTANT NOTICE TO HEALTH PLAN PARTICIPANTS AND COVERED FAMILY MEMBERS

The federal *Women's Health and Cancer Rights Act*, signed into law on October 21, 1998, contains coverage requirements for breast cancer patients who elect reconstruction in connection with a mastectomy. The new federal law requires group health plans that provide mastectomy coverage to also cover breast reconstruction surgery and prostheses following mastectomy.

As required by law, you are being sent this notice to inform you about these provisions. The law mandates that individuals receiving benefits for a medically necessary mastectomy will also receive coverage for:

- ❖ **reconstruction of the breast on which the mastectomy has been performed;**
- ❖ **surgery and reconstruction of the unaffected breast to provide a symmetrical appearance; and**
- ❖ **coverage for prostheses and treatment of physical complications of all stages of treatment for mastectomy, including lymph edemas.**

This coverage will be subject to the same annual deductibles and coinsurance provisions that currently apply to mastectomy coverage, and will be provided in consultation with you and your attending physician.

The Newborns' and Mothers' Health Protection Act

The Newborns' and Mothers' Health Protection Act of 1996 (NMHPA) affects the amount of time you and your newborn child are covered for a hospital stay following childbirth. The law applies both to persons enrolled in a group health plan and to persons who have individual health care coverage. In general, plans and health insurance issuers that are subject to NMHPA may NOT restrict benefits for a hospital stay in connection with childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section.

If you deliver in the hospital, the 48-hour (or 96 hour) period starts at the time of delivery. If you deliver outside the hospital and you are later admitted to the hospital in connection with childbirth, the period begins at the time of admission.

Although the NMHPA prohibits group health plans and health insurance issuers from restricting the length of a hospital stay in connection with childbirth, the plan or health insurance issuer does not have to cover the full 48 or 96 hours in all cases. If an attending provider, after speaking with you, determines that either you or your child can be discharged before the 48 hour (or 96 hour) period, the group health plan and health insurance issuers do not have to continue covering the stay for whichever one of you is ready for discharge. An attending provider is an individual, licensed under State Law, who is directly responsible for providing maternity or pediatric care to you or your newborn child. In addition to physicians, an individual such as a nurse midwife, physician assistant, or nurse practitioner may be an attending provider. A plan, hospital, insurance company, or HMO would NOT be an attending provider.

PLAN YEAR 2013-2014
IMPORTANT NOTICE FROM KING'S COLLEGE ABOUT
YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with King's College and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
 - 2. King's College has determined that the prescription drug coverage offered by King's College prescription plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered creditable Coverage. Because your existing coverage is Creditable coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**
-

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current King's College District Prescription Drug Plan coverage may be affected.

If you do decide to join a Medicare drug plan and drop your current King's College Prescription Drug coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with King's College and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through King's College changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	4/4/2013
Name of Entity/Sender:	King's College
Contact--Position/Office:	Lita Piekara, Director of Human Resources
Address:	133 N. River Street Wilkes-Barre, PA 18711
Phone Number:	(570) 208-5962

Section 7
Amendments
to
Plan Year 2013-2014



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.bcnepa.com or by calling 1-888-338-2211.

Important Questions	Answers	Why this Matters:
What is the overall deductible ?	Individual \$300/Family \$900 Preferred Provider, Individual \$1,000/Family \$3,000 Non-Preferred Provider per Calendar Year; doesn't apply to preventive care or ER services. Consult your policy for other services not applied to deductible.	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the Common Medical Event chart for how much you pay for covered services after you meet the deductible .
Are there other deductibles for specific services?	No, there are no other specific deductibles .	You don't have to meet deductibles for specific services, but see the Common Medical Event chart for other costs for services this plan covers.
Is there an out-of-pocket limit on my expenses?	Individual \$1,500/Family \$4,500 Preferred Provider, Individual \$5,000/Family \$15,000 Non-Preferred Provider.	The out-of-pocket limit 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. If you are also covered by an integrated health FSA, HRA, and/or HSA, you may have access to additional funds to help cover certain out-of-pocket expenses, such as deductibles , co-payments, or co-insurance.
What is not included in the out-of-pocket limit ?	Premiums, deductibles, copayments, penalties, balance-billed charges and amounts for non-covered services.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Is there an overall annual limit on what the plan pays?	No.	The Common Medical Event chart describes any limits on what the plan will pay for specific services, such as office visits.
Does this plan use a network of providers ?	Yes. See www.bcnepa.com or call 1-888-338-2211 for a list of participating providers.	If you use an in-network doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred , or participating for providers in their network. See the Common Medical Event chart for how this plan pays different kinds of providers .

Questions: Call 1-888-338-2211 or visit www.bcnepa.com.

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.bcnepa.com/sbcglossary or call 1-888-338-2211 to request a copy.

Blue Cross of NEPA: Kings College

Coverage Period: 07/01/2013 - 06/30/2014

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual + Family | Plan Type: PPO

Important Questions	Answers	Why this Matters:
Do I need a referral to see a specialist?	No. You don't need a referral to see a specialist.	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on the excluded services chart. See your policy or plan document for additional information about excluded services .

Questions: Call 1-888-338-2211 or visit www.bcnepa.com.

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- Co-payments are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- Co-insurance is your share of the costs of 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 co-insurance 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 an out-of-network provider charges more than the allowed amount, you may have to pay the difference. For example, if an out-of-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 participating providers by charging you lower deductibles, co-payments and co-insurance amounts.

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		Preferred	Non-Preferred	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$25	40% coinsurance	None
	Specialist visit	\$35	40% coinsurance	None
	Other practitioner office visit	20% coinsurance	40% coinsurance	Chiropractic benefits: Limited to 12 visits per Calendar Year age 13 and up.
	Preventive care/screening/immunization	0% coinsurance	40% coinsurance	None
	Diagnostic test (x-ray, blood work)	20% coinsurance	40% coinsurance	None
If you have a test	Imaging (CT, PET scans, MRIs)	\$75 copay per test	40% coinsurance	None

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Blue Cross of NEPA: Kings College

Coverage Period: 07/01/2013 - 06/30/2014

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual + Family | Plan Type: PPO

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		Preferred	Non-Preferred	
If you need drugs to treat your illness or condition. More information about prescription drug coverage is available at www.bcnepa.com	Retail drugs	\$5/\$20/\$35	Not Covered	If you have prescription coverage - plan covers up to a 30-day supply (retail prescription). Consult your policy for more detailed service limitations
	Mail Order drugs	\$10/\$40/\$105	Not Covered	If you have prescription coverage - plan covers up to a 31 - 90 day supply (mail order prescription). Consult your policy for more detailed service limitations
If you have outpatient surgery	Specialty drugs	Not Applicable	Not Covered	None
	Facility fee (eg. ambulatory surgery center)	20% coinsurance	40% coinsurance	None
If you need immediate medical attention	Physician/surgeon fee	20% coinsurance	40% coinsurance	None
	Emergency room services	\$100 copay	\$100 copay	None
If you have a hospital stay	Emergency medical transportation	20% coinsurance	20% coinsurance	None
	Urgent care	\$50 copay	40% coinsurance	None
If you have mental health, behavioral health, or substance abuse needs	Facility fee (eg. hospital room)	20% coinsurance	40% coinsurance	None
	Physician/surgeon fee	20% coinsurance	40% coinsurance	None
	Mental/Behavioral health outpatient services	20% coinsurance	40% coinsurance	None
	Mental/Behavioral health inpatient services	20% coinsurance	40% coinsurance	None
	Substance use disorder outpatient services	20% coinsurance	40% coinsurance	None
	Substance use disorder inpatient services	20% coinsurance	40% coinsurance	None

Questions: Call 1-888-338-2211 or visit www.bcnepa.com.

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Blue Cross of NEPA: Kings College

Coverage Period: 07/01/2013 - 06/30/2014

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual + Family | Plan Type: PPO

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		Preferred	Non-Preferred	
If you are pregnant	Prenatal and postnatal care	\$0 copay Prenatal/ 20% coinsurance Postnatal	40% coinsurance	None
	Delivery and all inpatient services	20% coinsurance	40% coinsurance	None
	Home health care	20% coinsurance	40% coinsurance	None
If you need help recovering or have other special health needs	Rehabilitation services	20% coinsurance	40% coinsurance	36 visit maximum per benefit period combined Physical, Speech and Occupational Therapy
	Habilitation services	Not Covered	Not Covered	No coverage is provided for habilitation services.
	Skilled nursing care	20% coinsurance	40% coinsurance	60 days per Calendar Year
	Durable medical equipment	20% coinsurance	40% coinsurance	None
	Hospice service	20% coinsurance	40% coinsurance	180 days per lifetime.
	Eye exam	0% coinsurance	40% coinsurance	Limited to coverage for eye exam provided as part of preventive pediatric exam.
If your child needs dental or eye care	Glasses	20% coinsurance	40% coinsurance	Coverage limited to glasses which perform function of a human lens lost as a result of ocular surgery or injury, and when prescribed in lieu of surgery for certain conditions.
	Dental check-up	Not Covered	Not Covered	No coverage is provided for dental check-up.

Questions: Call 1-888-338-2211 or visit www.bcnepa.com.

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.bcnepa.com/sbcglossary or call 1-888-338-2211 to request a copy. 5 of 9

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.)

- Cosmetic Surgery
- Habilitation Services

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.)

- Coverage provided when traveling outside the U.S. See www.bcnepa.com

Questions: Call 1-888-338-2211 or visit www.bcnepa.com.

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.bcnepa.com/sbcglossary or call 1-888-338-2211 to request a copy.

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 1-888-338-2211. 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.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: 1-888-338-2211. Complaint and grievance procedures have been established for your use if you are in any way dissatisfied with Blue Cross, a practitioner or a provider. You may call 1-888-338-2211 in order to informally resolve the matter. If not resolved to your satisfaction, you can file a formal complaint or grievance with us within 180 days from the date of denial or incident. A full explanation of your appeal rights are outlined in your member materials.

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

Questions: Call 1-888-338-2211 or visit www.bcnepa.com.

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.bcnepa.com/sbcglossary or call 1-888-338-2211 to request a copy.

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual + Family | Plan Type: PPO

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)	
<ul style="list-style-type: none"> • Amount owed to providers: \$7,540 • Plan pays: \$5,680 • Patient pays: \$1,860 	
Sample Care Costs	
Hospital charge (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	\$300
Co-pays	\$10
Co-insurance	\$1,400
Limits or exclusions	\$150
Total	\$1,860

Managing type 2 diabetes (routine maintenance of a well-controlled condition)	
<ul style="list-style-type: none"> • Amount owed to providers: \$4,100 • Plan pays: \$3,297 • Patient pays: \$803 	
Sample Care Costs	
Prescriptions	\$1,500
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$730
Education	\$290
Laboratory tests	\$140
Vaccines, other preventive	\$140
Total	\$4,100
Patient Pays	
Deductibles	\$300
Co-pays	\$170
Co-insurance	\$228
Limits or exclusions	\$105
Total	\$803

Note: These numbers assume the patient is participating in our diabetes wellness program. If you have diabetes and do not participate in the wellness program, your costs may be higher. For more information about the diabetes wellness program, please call 1-888-338-2211.

Questions: Call 1-888-338-2211 or visit www.bcnepa.com. If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.bcnepa.com/sbcglossary or call 1-888-338-2211 to request a copy.

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 in-network **providers**. If the patient had received care from out-of-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 for 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 **co-payments, 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.



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.bcnepa.com or by calling 1-888-338-2211.

Important Questions	Answers	Why this Matters:
What is the overall deductible ?	Individual \$150/Family \$450 Preferred Provider, Individual \$500/Family \$1,500 Non-Preferred Provider per Calendar Year; doesn't apply to preventive care or ER services. Consult your policy for other services not applied to deductible.	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the Common Medical Event chart for how much you pay for covered services after you meet the deductible .
Are there other deductibles for specific services?	No, there are no other specific deductibles .	You don't have to meet deductibles for specific services, but see the Common Medical Event chart for other costs for services this plan covers.
Is there an out-of-pocket limit on my expenses?	Individual \$1,500/Family \$4,500 Preferred Provider, Individual \$5,000/Family \$15,000 Non-Preferred Provider.	The out-of-pocket limit 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. If you are also covered by an integrated health FSA, HRA, and/or HSA, you may have access to additional funds to help cover certain out-of-pocket expenses, such as deductibles , co-payments, or co-insurance.
What is not included in the out-of-pocket limit ?	Premiums, deductibles, copayments, penalties, balance-billed charges and amounts for non-covered services.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Is there an overall annual limit on what the plan pays?	No.	The Common Medical Event chart describes any limits on what the plan will pay for specific services, such as office visits.
Does this plan use a network of providers ?	Yes. See www.bcnepa.com or call 1-888-338-2211 for a list of participating providers.	If you use an in-network doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred , or participating for providers in their network. See the Common Medical Event chart for how this plan pays different kinds of providers .

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Blue Cross of NEPA: Kings College

Coverage Period: 07/01/2013 - 06/30/2014

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual + Family | Plan Type: PPO

Important Questions	Answers	Why this Matters:
Do I need a referral to see a specialist ?	No. You don't need a referral to see a specialist.	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on the excluded services chart. See your policy or plan document for additional information about excluded services .

Questions: Call 1-888-338-2211 or visit www.bcnepa.com.

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- Co-payments are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- Co-insurance is your share of the costs of 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 co-insurance 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 an out-of-network provider charges more than the allowed amount, you may have to pay the difference. For example, if an out-of-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 participating providers by charging you lower deductibles, co-payments and co-insurance amounts.

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		Preferred	Non-Preferred	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$15 copay	30% coinsurance	None
	Specialist visit	\$25 copay	30% coinsurance	None
	Other practitioner office visit	10% coinsurance	30% coinsurance	Chiropractic benefits: Limited to 18 visits per Calendar Year age 13 and up.
	Preventive care/screening/immunization	0% coinsurance	30% coinsurance	None
If you have a test	Diagnostic test (x-ray, blood work)	10% coinsurance	30% coinsurance	None
	Imaging (CT, PET scans, MRIs)	\$75 copay per test	30% coinsurance	None

Questions: Call 1-888-338-2211 or visit www.bcnepa.com.

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Blue Cross of NEPA: Kings College

Coverage Period: 07/01/2013 - 06/30/2014

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual + Family | Plan Type: PPO

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		Preferred	Non-Preferred	
If you need drugs to treat your illness or condition. More information about prescription drug coverage is available at www.bcnepa.com	Retail drugs	\$5/\$20/\$35	Not Covered	If you have prescription coverage - plan covers up to a 30-day supply (retail prescription). Consult your policy for more detailed service limitations
	Mail Order drugs	\$10/\$40/\$105	Not Covered	If you have prescription coverage - plan covers up to a 31-90 day supply (mail order prescription). Consult your policy for more detailed service limitations
If you have outpatient surgery	Specialty drugs	Not Applicable	Not Covered	None
	Facility fee (eg. ambulatory surgery center)	10% coinsurance	30% coinsurance	None
If you need immediate medical attention	Physician/surgeon fee	10% coinsurance	30% coinsurance	None
	Emergency room services	\$100 copay	\$100 copay	None
If you have a hospital stay	Emergency medical transportation	20% coinsurance	20% coinsurance	None
	Urgent care	\$50 copay	30% coinsurance	None
If you have mental health, behavioral health, or substance abuse needs	Facility fee (eg. hospital room)	10% coinsurance	30% coinsurance	None
	Physician/surgeon fee	10% coinsurance	30% coinsurance	None
	Mental/Behavioral health outpatient services	10% coinsurance	30% coinsurance	None
	Mental/Behavioral health inpatient services	10% coinsurance	30% coinsurance	None
	Substance use disorder outpatient services	10% coinsurance	30% coinsurance	None
	Substance use disorder inpatient services	10% coinsurance	30% coinsurance	None

Questions: Call 1-888-338-2211 or visit www.bcnepa.com.

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Coverage Period: 07/01/2013 - 06/30/2014

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual + Family | Plan Type: PPO

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		Preferred	Non-Preferred	
If you are pregnant	Prenatal and postnatal care	\$0 copay Prenatal/10% coinsurance Postnatal	30% coinsurance	None
	Delivery and all inpatient services	10% coinsurance	30% coinsurance	None
	Home health care	10% coinsurance	30% coinsurance	None
	Rehabilitation services	10% coinsurance	30% coinsurance	36 visit maximum per benefit period combined Physical, Speech and Occupational Therapy
	Habilitation services	Not Covered	Not Covered	No coverage is provided for habilitation services.
	Skilled nursing care	10% coinsurance	30% coinsurance	60 days per Calendar Year
	Durable medical equipment	10% coinsurance	30% coinsurance	None
	Hospice service	10% coinsurance	30% coinsurance	180 days per lifetime.
	Eye exam	0% coinsurance	30% coinsurance	Limited to coverage for eye exam provided as part of preventive pediatric exam.
	Glasses	10% coinsurance	30% coinsurance	Coverage limited to glasses which perform function of a human lens lost as a result of ocular surgery or injury, and when prescribed in lieu of surgery for certain conditions.
If your child needs dental or eye care	Dental check-up	Not Covered	Not Covered	No coverage is provided for dental check-up.

Questions: Call 1-888-338-2211 or visit www.bcnepa.com.

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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.)

- Cosmetic Surgery
- Habilitation Services

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.)

- Coverage provided when traveling outside the U.S. See www.bcnepa.com

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 1-888-338-2211. 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.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: 1-888-338-2211. Complaint and grievance procedures have been established for your use if you are in any way dissatisfied with Blue Cross, a practitioner or a provider. You may call 1-888-338-2211 in order to informally resolve the matter. If not resolved to your satisfaction, you can file a formal complaint or grievance with us within 180 days from the date of denial or incident. A full explanation of your appeal rights are outlined in your member materials.

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

Questions: Call 1-888-338-2211 or visit www.bcnepa.com.

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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:** \$6,515
- **Patient pays:** \$1,025

Sample Care Costs

Hospital charge (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	\$150
Co-pays	\$10
Co-insurance	\$715
Limits or exclusions	\$150
Total	\$1,025

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

- **Amount owed to providers:** \$4,100
- **Plan pays:** \$3,606
- **Patient pays:** \$494

Sample Care Costs

Prescriptions	\$1,500
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$730
Education	\$290
Laboratory tests	\$140
Vaccines, other preventive	\$140
Total	\$4,100

Patient Pays

Deductibles	\$150
Co-pays	\$110
Co-insurance	\$129
Limits or exclusions	\$105
Total	\$494

Note: These numbers assume the patient is participating in our diabetes wellness program. If you have diabetes and do not participate in the wellness program, your costs may be higher. For more information about the diabetes wellness program, please call 1-888-338-2211.

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 in-network **providers**. If the patient had received care from out-of-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 for 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 **co-payments**, **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.

Section 8

Additional Information For a Healthier Lifestyle



Five Minutes (or Less) for Health

Take five for your health! Below are some things you can do to help protect your health and safety in five minutes or less.

One Minute or Less for Health

Wash hands.

Wash hands to lower the risk of spreading germs and getting sick. It's best to wash hands with soap and clean running water for 20 seconds.



Prevent poisonings.

Follow instructions, and keep potentially harmful products out of the reach of children. Make sure all family members know when to call poison control (800-222-1222).

Read food labels.

See how much fat, sugar, and other ingredients are in the product. Note what the serving size is to make sure you don't eat more calories than you think you're getting.



Protect your skin.

Wear sunscreen, seek shade, and cover up to help lower your risk for sunburn and skin cancer. Wear insect repellent with DEET or Picaridin to protect against mosquito and tick bites, which can cause disease. Reapply as directed in the instructions.

Place infants back-to-sleep.

To help lower the risk of sudden infant death syndrome (SIDS), always place infants on their backs (face-up) when they are resting, sleeping, or left alone.



Buckle up.

Make sure everyone is properly restrained in safety seats or safety belts. Placing children in age- and size-appropriate restraint systems lowers the risk of serious and fatal injuries by more than half.

Protect your hearing.

Use hearing protectors, such as ear plugs and ear muffs, when you can't lower noise to a safe level.

Five Minutes or Less for Health

Eat healthy.

Just take an extra minute to make better food choices. Eat more fruits and vegetables, less saturated fat, and healthy grab-and-go snacks.



Learn the signs for developmental problems.

From birth to five years, your children should reach milestones in how they play, learn, speak, and act. A delay could be a sign of a developmental problem.



Do a skin and body check.

Check your skin and body regularly for changes in appearance or function. If you find or experience anything suspicious, see your health care provider.

Make an appointment.

Whether you need a check-up or vaccination, don't put it off any longer. Make the appointment now.

Test smoke alarms.

Every month, check your smoke alarms to ensure they work properly.

Be active.

Adults should get 30 minutes and children should get 60 minutes of moderate intensity physical activity most, preferably all, days of the week. If you can't do the total amount at once, do it in shorter, more frequent intervals throughout the day.



Know the signs and symptoms for heart attack and stroke.

If you or someone you know is having a heart attack or stroke, call 911 immediately. With timely treatment, a person's chance of surviving a heart attack is increased, and the risk of death and disability from stroke can be lowered.

Ask questions.

Don't risk injury or other problems because something is confusing. Get help. With more knowledge, you can make better decisions about your health and safety.

Take a quiz.

Find out if you and your family are at risk for certain diseases or conditions at www.cdc.gov/family/quiz. Discuss concerns with your health care provider and family. Taking steps early can help prevent certain health problems or complications.



Keep foods safe.

Refrigerate leftovers promptly. Bacteria can grow quickly at room temperature, so refrigerate leftover foods if they are not going to be eaten within four hours.

More Than Five Minutes and Worth It

Prevent falls.

Check for hazards around the home to prevent falls. Each year, thousands of older Americans fall at home. Falls are often due to hazards that are easy to fix.

Be prepared.

Practice drills at home to make sure everyone knows what to do in case of an emergency. Have an escape plan, and practice it.



Get involved.

Talk to your kids about how to protect themselves from disease and injury and to avoid risky behaviors related to tobacco, sex, and more.

www.cdc.gov/family/minutes

Centers for Disease Control and Prevention, Office of Women's Health
404.498.2300 (phone) • owh@cdc.gov (e-mail)



What Is a Heart Attack?

Every 36 seconds, someone dies from heart and blood vessel diseases, America's No. 1 killer. Since most of those deaths are from coronary heart disease — about 452,000 each year — it's important to learn all you can about heart attack. Don't ignore heart problems. It's a matter of life and death!

For example, you should know the warning signs so you can get help right away, either for yourself or someone close to you. Acting quickly can save many, many lives!

Some heart attacks are sudden and intense. But most start slowly, with mild pain or discomfort. Here are some of the signs that can mean a heart attack is happening:

- Uncomfortable pressure, squeezing, fullness or pain in the center of your chest. It lasts more

than a few minutes, or goes away and comes back.

- Pain or discomfort in one or both arms, your back, neck, jaw or stomach.
- Shortness of breath with or without chest discomfort.
- Other signs such as breaking out in a cold sweat, nausea or lightheadedness.

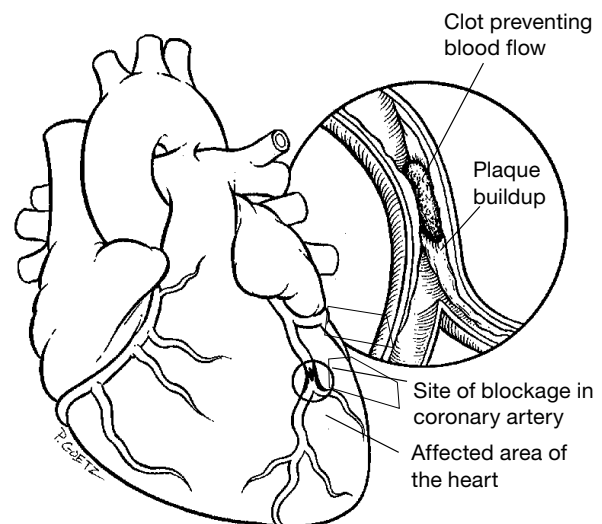
If you or someone you're with has chest discomfort, especially with one or more of the other signs, don't wait more than five minutes before calling for help. Call 9-1-1 or the emergency medical services (EMS) in your area (fire department or ambulance). Get to a hospital right away.

What causes heart attack?

A coronary attack (heart attack) occurs when the blood flow to a part of the heart is blocked (often by a blood clot). This happens because coronary arteries that supply the heart with blood slowly become thicker and harder from a buildup of fat, cholesterol and other substances, called plaque.

If the plaque breaks open and a blood clot forms that blocks the blood flow, a heart attack occurs. Then the heart muscle supplied by that artery begins to die. Damage increases the longer an artery stays blocked.

Once that muscle dies, the result is permanent heart damage.



How can I recover?

Depending on the extent of your heart attack, you may only be in the hospital a few days. But your recovery is just beginning.

- Start making changes in your life now to reduce your risk of having another heart attack. Eat healthful meals, be more physically active, and if you smoke, quit.

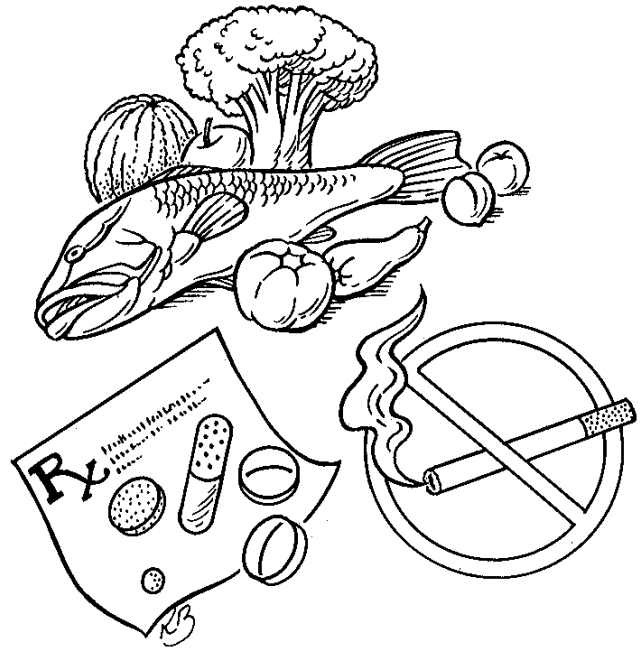
- Talk with your doctor and nurses about how you can live as normal a life as possible. Ask how soon you can go back to work, drive a car, have sex, and what to do if you have chest discomfort. They can answer your questions about other matters, too.
- Join a cardiac rehabilitation program in your area.

How can I avoid a heart attack?

Even if you have heart disease, there's a lot you can do to improve your heart's health.

Ask your doctor or nurse for help. Together, you can set goals to reduce the things that raise your risk of heart attack.

- Don't smoke, and avoid other people's tobacco smoke.
- Treat high blood pressure, if you have it.
- Eat a healthy diet that's low in saturated fat, trans fat, cholesterol and salt.
- Exercise at least 30 minutes on most or all days of the week.
- Keep your weight in the normal range.
- See your doctor for regular check-ups.
- Take your medicines exactly as prescribed.
- Control your blood sugar if you have diabetes.



You can help prevent a heart attack! You must control your blood pressure, stop smoking, eat a healthful diet, exercise and know the warning signs!

How can I learn more?

1. Talk to your doctor, nurse or other health-care professionals. If you have heart disease or have had a stroke, members of your family also may be at higher risk. It's very important for them to make changes now to lower their risk.
2. Call 1-800-AHA-USA1 (1-800-242-8721) or visit americanheart.org to learn more about heart disease.

3. For information on stroke, call 1-888-4-STROKE (1-888-478-7653) or visit StrokeAssociation.org.

We have many other fact sheets and educational booklets to help you make healthier choices to reduce your risk, manage disease or care for a loved one.

Knowledge is power, so *Learn and Live!*

Do you have questions or comments for your doctor?

Take a few minutes to write your own questions for the next time you see your healthcare provider. For example:

What about *desserts*?

What's a *good, healthful cookbook*?

STROKE WARNING SIGNS



SUDDEN NUMBNESS OR WEAKNESS OF THE FACE, ARM OR LEG, ESPECIALLY ON ONE SIDE OF THE BODY



SUDDEN CONFUSION, TROUBLE SPEAKING OR UNDERSTANDING



SUDDEN TROUBLE SEEING IN ONE OR BOTH EYES



SUDDEN TROUBLE WALKING, DIZZINESS, LOSS OF BALANCE OR COORDINATION



SUDDEN SEVERE HEADACHE WITH NO KNOWN CAUSE

Immediately call 9-1-1 or the emergency medical services (EMS) number so an ambulance (ideally with advanced life support) can be sent for you.

Also, check the time so you'll know when the first symptoms appeared. It's very important to take immediate action. If given within 3 hours of the start of symptoms, a clot-busting drug called tissue plasminogen activator (tPA) may reduce long-term disability for the most common type of stroke.

There are a lot of ways to get the physical activity you need!

If you're thinking, "How can I meet the Guidelines each week?" don't worry. You'll be surprised by the variety of activities you have to choose from. Basically anything counts, as long as it's at a moderate- or vigorous-intensity for at least 10 minutes at a time. If you're not sure where to start, here are some examples of weekly activity routines you may want to try.



Moderate Aerobic Activity Routines

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Physical Activity TOTAL
Example 1	30 minutes of brisk walking	30 minutes of brisk walking	Resistance band exercises	30 minutes of brisk walking	30 minutes of brisk walking	Resistance band exercises	30 minutes of brisk walking	150 minutes moderate-intensity aerobic activity AND 2 days muscle strengthening
Example 2	30 minutes of brisk walking	60 minutes of playing softball	30 minutes of brisk walking	30 minutes of mowing the lawn		Heavy gardening	Heavy gardening	150 minutes moderate-intensity aerobic activity AND 2 days muscle strengthening



Vigorous Aerobic Activity Routines

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Physical Activity TOTAL
Example 3	25 minutes of jogging	Weight lifting	25 minutes of jogging	Weight lifting	25 minutes of jogging			75 minutes vigorous-intensity aerobic activity AND 2 days muscle strengthening
Example 4	25 minutes of swimming laps		25 minutes of running	Weight training	25 minutes of singles tennis	Weight training		75 minutes vigorous-intensity aerobic activity AND 2 days muscle strengthening



Mix of Moderate and Vigorous Aerobic Activity Routines

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Physical Activity TOTAL
Example 5	30 minutes of water aerobics	30 minutes of jogging	30 minutes of brisk walking Yoga		30 minutes of brisk walking	Yoga		90 minutes moderate-intensity aerobic activity AND 30 minutes vigorous-intensity aerobic activity AND 2 days muscle strengthening
Example 6	45 minutes of doubles tennis Weight lifting	Rock	climbing		30 minutes of vigorous hiking		45 minutes of doubles tennis	90 minutes moderate-intensity aerobic activity AND 30 minutes vigorous-intensity aerobic activity AND 2 days muscle strengthening

IN BRIEF:



Your Guide To Physical Activity and Your Heart

Physical Activity



Physical Activity: The Heart Connection

Chances are, you already know that physical activity is good for you. “Sure,” you may say, “When I get out and move around, I know it helps me to look and feel better.” But you may not realize just how important regular physical activity is to your health. Inactive people are nearly twice as likely to develop heart disease as those who are active. Lack of physical activity also leads to more visits to the doctor, more hospitalizations, and more use of medicines for a variety of illnesses. The good news is that physical activity can protect your heart in a number of important ways and keep you healthy overall.

Heart Disease Risk Factors

Risk factors are conditions or habits that make a person more likely to develop a disease. They can also increase the chances that an existing disease will get worse. Certain risk factors for heart disease, such as getting older or having a family history of early heart disease, can't be changed. But **physical inactivity is a major risk factor for heart disease that you can control.**

Other major risk factors for heart disease that you can control are smoking, high blood pressure, high blood cholesterol, overweight, and diabetes. (See the box on page 2, “You Have Control.”)

Every risk factor greatly increases the chances of developing heart disease and having a heart attack. A damaged heart can keep you from doing simple, enjoyable

Physical Activity and Your Health

What does it mean to get “regular physical activity?” To reduce the risk of heart disease, adults only need to do about 30 minutes of moderate activity on most, preferably all, days of the week. This level of activity can also lower your chances of having a stroke, colon cancer, high blood pressure, diabetes, and other medical problems. If you're also trying to manage your weight and prevent gradual, unhealthy weight gain, try to get 60 minutes of moderate- to vigorous-intensity activity on most days of the week. At the same time, watch your calories. Take in only enough calories to maintain your weight. If you're trying to keep weight off, aim a bit higher: Try to get 60–90 minutes of moderate-intensity activity daily, without taking in extra calories.



U.S. Department of Health and Human Services
National Institutes of Health
National Heart, Lung, and Blood Institute

You Have **Control**

Physical inactivity is one of several major risk factors for heart disease that you can do something about. The other major risk factors are:

Smoking. People who smoke are up to six times more likely to have a heart attack than nonsmokers. Check with local community groups for free or low-cost programs designed to help people stop smoking.

High blood pressure increases your risk of heart disease, stroke, and other conditions. It can be controlled by getting regular physical activity, losing excess weight, cutting down on alcohol, and changing eating habits, such as using less salt and other forms of sodium. For some people, medication is also needed.

High blood cholesterol can lead to a buildup of plaque in your arteries, which raises your risk for a heart attack. You can lower high blood cholesterol by getting regular physical activity, eating less saturated fat and *trans* fat, and managing your weight. For some people, medication is also needed.

Overweight. If you're overweight or obese, you're more likely to develop heart disease even if you have no other risk factors. However, there is good news: Losing just 5–10 percent of your current weight will help to lower your risk for heart disease and many other medical disorders.

Type 2 diabetes greatly increases your risk for heart disease, stroke, and other serious diseases. Ask your health care provider whether you should be tested for diabetes. Many people at high risk for diabetes can prevent or delay the disease by reducing calories as part of a healthy eating plan and by becoming more physically active.

things, such as taking a walk or climbing steps. But it's important to know that you have a lot of power to protect your heart health. Getting regular physical activity is especially important because it directly reduces your heart disease risk *and* your chances of developing other risk factors for heart disease. Physical activity can also protect your heart by helping to prevent and control diabetes. Finally, physical activity can help you to lose excess weight or to stay at a healthy weight, which will also help to lower your risk of heart disease.

The Benefits Keep Coming

In addition to protecting your heart, staying active:

- May help to prevent cancers of the breast, uterus, and colon
- Strengthens your lungs and helps them to work more efficiently
- Tones and strengthens your muscles
- Builds your stamina
- Keeps your joints in good condition
- Improves your balance
- May slow bone loss

Regular physical activity can also boost the way you feel. It may:

- Give you more energy
- Help you to relax, cope better with stress, and beat the blues
- Build your confidence
- Allow you to fall asleep more quickly and sleep more soundly
- Provide you with an enjoyable way to share time with friends or family

Physical Activity: The Calorie Connection

One way that regular physical activity protects against heart disease is by burning extra calories, which can help you to lose excess weight or stay at your healthy weight. To understand how physical activity affects calories, it's helpful to consider the concept of "energy balance." Energy balance is the amount of calories you take in relative to the amount of calories you burn. If you need to lose weight for your health, eating fewer calories and being more active is the best approach. You're more likely to be successful by combining a healthful, lower calorie diet with physical activity. For example, a 200-pound person who consumes 250 fewer

Go for the Burn!

Some physical activities burn more calories than others. Below is the average number of calories a 154-pound person will burn, per hour, for a variety of activities. (A lighter person will burn fewer

calories; a heavier person will burn more.) As you can see, vigorous-intensity activities burn more calories than moderate-intensity activities.

Moderate-Intensity Physical Activity	Calories Burned per Hour
Hiking	370
Light gardening/ yard work	330
Dancing; golf (walking and carrying clubs)	330
Bicycling (less than 10 mph)	290
Walking (3.5 mph)	280
Weight lifting (light workout)	220
Stretching	180

Vigorous-Intensity Physical Activity	Calories Burned per Hour
Running/jogging; bicycling (more than 10 mph)	590
Swimming (slow freestyle laps)	510
Aerobics	480
Walking (4.5 mph)	460
Heavy yard work (chopping wood, for example)	440
Weight lifting (vigorous workout)	440



If you are just starting or significantly increasing your physical activity, take proper precautions and check with your doctor first.

Source: Adapted from the 2005 Dietary Guidelines Advisory Committee Report

calories per day and walks briskly each day for 1½ miles will lose about 40 pounds in 1 year. Most of the energy you burn each day—about three-quarters of it—goes to activities that your body automatically engages in for survival, such as breathing, sleeping, and digesting food. The part of your energy output that *you* control is daily physical activity. Any activity you take part in beyond your body’s automatic activities will burn extra calories. Even seated activities, such as using the computer or watching TV, will burn calories—but only a very small number. That’s why it’s important to make time each day for moderate- to vigorous-intensity physical activity.

Great Moves

Given the numerous benefits of regular physical activity, you may be ready to get in motion! Three types of activity are important for a complete physical activity program: aerobic activity, resistance training, and flexibility exercises.

Types of Physical Activity

Aerobic activity is any physical activity that uses large muscle groups and causes your body to use more oxygen than it would while resting. Aerobic activity is the type of movement that most benefits the heart.

Examples of aerobic activity are brisk walking, jogging, and bicycling. If you're just starting to be active, try brisk walking for short periods such as 5 or 10 minutes, and build up gradually to 30 to 60 minutes at least 5 days per week. Always start with a 5-minute, slower paced walk to warm up, and end with a 5-minute, slower paced walk to cool down.

Resistance training—also called strength training—can firm, strengthen, and tone your muscles, as well as improve bone strength, balance, and coordination. Examples of resistance training are pushups, lunges, and bicep curls using dumbbells.

Flexibility exercises stretch and lengthen your muscles. These activities help improve joint flexibility and keep muscles limber, thereby preventing injury. An example of a flexibility exercise is sitting cross-legged on the floor and gently pushing down on the tops of your legs to stretch the inner-thigh muscles.

Family Fitness

When it comes to getting in shape, what's good for you is good for your whole family. Children and teenagers should be physically active for at least 60 minutes per day. A great way to pry kids off the couch—and help *you* to stay fit as well—is to do enjoyable activities together. Some ideas include:

- **Kick up your heels.** Take turns picking out your favorite music, and dance up a storm in the living room.
- **Explore the out doors.** Hit your local trail on weekends for some biking or hiking. Pack a healthy lunch, and let the kids choose the picnic spot.
- **Get classy.** Join family members in an active class, such as martial arts, yoga, or aerobics.
- **Play pupil.** Ask one of your children or grandchildren to teach you an active game or sport. Kids love to be the experts, and you'll get a work out learning a new activity!
- **Use online resources.** Check out the We Can! Web site at <http://wecan.nhlbi.nih.gov>. You'll find more family-friendly ideas for making smart food choices, increasing physical activity, and reducing “screen time” in front of the TV and other electronic attractions.

Creating Opportunities

It's easier to stay physically active over time if you take advantage of everyday opportunities to move around. For example:

- Use the stairs—both up and down—instead of the elevator. Start with one flight of stairs and gradually build up to more.
- Park a few blocks from the office or store and walk the rest of the way. If you take public transportation, get off a stop or two early and walk a few blocks.
- While working, take frequent activity breaks. Get up and stretch, walk around, and give your muscles and mind a chance to relax.
- Instead of eating that extra snack, take a brisk stroll around the neighborhood or your office building.
- Do housework, gardening, or yard work at a more vigorous pace.
- When you travel, walk around the train station, bus station, or airport rather than sitting and waiting.

To Learn More

Contact the National Heart, Lung, and Blood Institute (NHLBI) for information on physical activity, heart disease, and heart health.

NHLBI Health Information Center
P.O. Box 30105
Bethesda, MD 20824-0105
Phone: 301-592-8573
TTY: 240-629-3255
Fax: 301-592-8563
www.nhlbi.nih.gov



U.S. Department of Health and Human Services
National Institutes of Health



National Heart
Lung and Blood Institute
People Science Health

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Facts About Healthy Weight

Why Is a Healthy Weight Important?

Being overweight or obese increases your risk for many diseases and conditions. The more you weigh, the more likely you are to suffer from heart disease, high blood pressure, diabetes, gallbladder disease, sleep apnea, and certain cancers. On the other hand, a healthy weight has many benefits: It helps you lower your risk for developing these problems, helps you feel good about yourself, and gives you more energy to enjoy life.

What Is Your Risk?

Body Mass Index

Do you know your body mass index, or BMI? Your BMI accurately estimates your total body fat. The amount of fat that you carry is a good indicator of your risk for a variety of diseases.

To check your BMI, use the National Heart, Lung, and Blood Institute (NHLBI) BMI calculator at www.nhlbisupport.com/bmi/.

Although BMI can be used for most men and women, it does have some limitations:

- It may *overestimate* body fat in athletes and others who have a muscular build.
- It may *underestimate* body fat in older persons and others who have lost muscle.

Waist Circumference Measurement

Your waist circumference is also an important measurement to help you figure out your overall health risks. If most of your fat is around your waist, then you are more at risk for heart disease and diabetes.

This risk increases with a measurement that is greater than 35 inches for women or greater than 40 inches for men.

How To Lose Weight and Maintain It

Most people who try to lose weight focus on one thing: weight loss. However, if you set goals, eat healthy foods, and are physically active, then you may be more successful at losing weight.

Weight Loss Goals

Setting the right goals is an important first step to losing and maintaining weight.

- Losing just 5–10 percent of your current weight over 6 months will lower your risk for heart disease and other conditions.
- Losing 1–2 pounds per week is a reasonable and safe weight loss.
- Maintaining a modest weight loss over a longer period of time is better than losing a lot of weight and regaining it. You can think about additional weight loss after you've lost 10 percent of your current body weight and have kept it off for 6 months.

Maintaining a healthy weight calls for keeping a balance of energy. You must balance the calories or energy you get from food and beverages with the calories you use to keep your body going and to be physically active.

A Healthy Eating Plan

A healthy eating plan gives your body the nutrients it needs every day and helps you stay within your daily calorie level. Such an eating plan also will lower your risk for heart disease and other conditions.



A healthy eating plan:

- Emphasizes fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products
- Includes lean meats, poultry, fish, beans, eggs, and nuts
- Is low in saturated fats, *trans* fat, cholesterol, salt (sodium), and added sugars
- Controls portion sizes

Cutting back on calories is also part of a healthy eating plan to lose weight. In general, eating plans that contain 1,000–1,200 calories each day will help most women lose weight safely. Eating plans that contain 1,200–1,600 calories each day are suitable for most men and also may be appropriate for women who weigh 165 pounds or more or who exercise regularly.

Physical Activity—How Much Should You Aim For?

Staying physically active and eating fewer calories will help you lose weight and keep the weight off over time. But people vary greatly in how much physical activity they need to reach their weight goals.

Some people can reach a stable weight by doing 150–300 minutes (2.5–5 hours) a week of moderate-intensity activity. Others need to do more than 300 minutes (5 hours) a week of moderate-intensity

activity to lose more than 5 percent of body weight and keep the weight off.

Either way, you don't have to do physical activity all at once. You can break up your physical activity into periods of at least 10 minutes and spread it throughout the week.

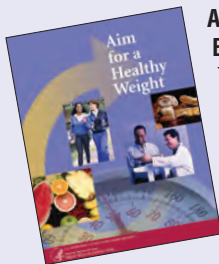
Learn More

More information on maintaining a healthy weight, and on overweight and obesity, is available from the National Heart, Lung, and Blood Institute (NHLBI) Web site at www.nhlbi.nih.gov (under Health Information for the Public) and at the Aim for a Healthy Weight Web site at <http://healthyweight.nhlbi.nih.gov>. Podcasts and Spanish-language articles also can be found in the online Diseases and Conditions Index at www.nhlbi.nih.gov/health/dci.

Information on overweight prevention strategies for children and families can be found on the *We Can!* (Ways to Enhance Children's Activity and Nutrition) Web site at <http://wecan.nhlbi.nih.gov>.

You also can order or download NHLBI materials on overweight and obesity from the NHLBI Web site or by calling the NHLBI Health Information Center at 301–592–8573 (TTY: 240–629–3255).

Want More Information? These NHLBI resources will help you achieve and maintain a healthy weight!



Aim for a Healthy Weight Patient Booklet (#05-5213)

This booklet provides practical, easy-to-use guidance for losing and maintaining weight. It includes portion and serving size information, sample reduced-calorie menus, a weekly food and activity diary, and more. \$3 each

Visit the **Aim for a Healthy Weight** Web site at <http://healthyweight.nhlbi.nih.gov> to find an online BMI calculator and menu planner, as well as additional materials and resources for patients, the public, and health professionals.



Also of interest:

- **Facts About Healthy Weight (#06-5830)**
This fact sheet provides key information for losing and maintaining weight, including weight loss goals and tips on healthy eating and physical activity. \$1.25 each



U.S. Department of Health and Human Services
National Institutes of Health



**National Heart
Lung and Blood Institute**

NIH Publication No. 09-7428
August 2009

To Order: Visit www.nhlbi.nih.gov or <http://email.nhlbihin.net> or call **301–592–8573**

AT - A - GLANCE :



Healthy Sleep

Sleep is not just a block of time when you are not awake. Thanks to sleep studies done over the past several decades, it is now known that sleep has distinctive stages that cycle throughout the night. Your brain stays active throughout sleep, but different things happen during each stage. For example, certain stages are needed to help you feel rested and energetic the next day, and other stages help you learn and make memories.

A number of vital tasks carried out during sleep help maintain good health and enable people to function at their best. On the other hand, not getting enough sleep can be dangerous for both your mental and physical health.

How Much Sleep Is Enough?

Sleep needs vary from person to person, and they change throughout the lifecycle. Most adults, including older adults, need 7–8 hours of sleep each night. Children have different sleep needs, depending on how old they are.

Why Sleep Is Good for You and Skimping Isn't

Not only does the quantity of your sleep matter, but also the quality is important as well. How well rested you are and how well you function the next day depend on your total sleep time and how much of the various stages of sleep you get each night.

Performance

We need to sleep to think clearly, react quickly, and create memories. In fact, the pathways in the brain that help us learn and remember are very active when we sleep.

Skimping on sleep has a price. Cutting back by even 1 hour can make it tough to focus the next day and slow your response time. Studies have shown that when you lack sleep, you are more likely to make bad decisions and take more risks. This can result in poor performance on the job or at school and a greater risk for an accident or car crash.

Mood

Sleep also affects mood. Insufficient sleep can make you irritable and is linked to poor behavior and trouble with relationships, especially among children and teens. People who chronically lack sleep are also more likely to become depressed.

Health

Sleep also is important for good health. Studies show that not getting enough sleep or getting poor quality sleep on a regular basis increases the risk of high blood pressure, heart disease, and other medical conditions. In addition, during sleep, your body produces valuable hormones. These hormones help children grow and help adults and children build muscle mass, fight infections, and repair cells. Hormones released during sleep also affect how the body uses energy. Studies find that the less people sleep, the more likely they are to be overweight or obese, develop diabetes, and prefer eating foods high in calories and carbohydrates.



Get a Good Night's Sleep

Like eating and being physically active, getting a good night's sleep is vital to your well-being. Here are a few tips to help you:

- Stick to a sleep schedule—Go to bed and wake up at the same time every day.
- Avoid caffeine and nicotine.
- Don't exercise too late in the day.
- Avoid alcoholic drinks before bed.
- Avoid large meals and beverages late at night.
- Don't take a nap after 3 p.m.
- Relax before bed—for example, take a hot bath.
- Create a good sleeping environment. Get rid of distractions such as noises, bright lights, an uncomfortable bed, or a TV or computer in the bedroom.
- See a doctor if you have continued trouble sleeping.

Talk with your doctor if you suspect you have a sleep disorder, such as insomnia, sleep apnea, restless legs syndrome, or narcolepsy.

Learn More

More information on healthy sleep and sleep disorders is available from the National Heart, Lung, and Blood Institute (NHLBI) Web site at www.nhlbi.nih.gov (under Health Information for the Public). Podcasts and Spanish-language articles also can be found in the online Diseases and Conditions Index at www.nhlbi.nih.gov/health/dci.

You also can order or download information on healthy sleep from the NHLBI Web site or by calling the NHLBI Health Information Center at 301-592-8573 (TTY: 240-629-3255).

Want More Information? These NHLBI resources will help you get adequate sleep and manage sleep disorders!



Your Guide to Healthy Sleep (#06-5271)

This easy-to-read booklet provides the latest science-based information about sleep, including common sleep myths and practical tips for getting adequate sleep. \$3.50 each

In Brief: Your Guide to Healthy Sleep (#06-5800)

Critical messages from "Your Guide to Healthy Sleep" are provided in this easy-to-read fact sheet. \$1.25 each



Also of interest:

• **Sleep Disorders Fact Sheets**

The online Diseases and Conditions Index (DCI) has fact sheets on insomnia, narcolepsy, restless legs syndrome, and sleep apnea, as well as information on sleep-related tests and procedures. Download at www.nhlbi.nih.gov/health/dci.

• Visit the **National Center on Sleep Disorders Research**

Web site at <http://www.nhlbi.nih.gov/about/ncsdr/index.htm> for an interactive "sleep IQ" quiz and publications and resources on sleep disorders research.



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**National Heart
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To Order: Visit www.nhlbi.nih.gov or <http://email.nhlbihin.net> or call **301-592-8573**