First Health Network

CitiStaff Solutions Inc.

Minimum Essential Coverage Plan

Schedule of Medical Benefits

This Plan covers routine preventive services only.
This Plan does not cover medical illness or accidental injury claims.

Covered Preventive Services for Adults			
Wellness Office Visits	**Network Providers**	**Non-Network Providers**	**Benefit Limits**
Office Visit Exam & Includes Services For:	Plan pays 100%	No Benefit	Limited to preventive diagnosis only.
Abdominal Aortic Aneurysm	Plan pays 100%	No Benefit	One time screening for males of ages 65 to 75 who have ever smoked.
Alcohol Misuse Screening	Plan pays 100%	No Benefit	
Aspirin use for Men and Women	Plan pays 100%	No Benefit	One Aspirin use consultation for women ages 45 to 79 and men 55 to 79.
Blood Pressure Screening	Plan pays 100%	No Benefit	One screening every two years for ages 18 to 39. One Screening per calendar year for ages 40 and over.
Cholesterol Screening	Plan pays 100%	No Benefit	One screening per calendar year for men 35 and older. Men under 35 who have heart disease or risk factors for heart disease or women who have heart disease or risk factors for heart disease.
Depression Screening	Plan pays 100%	No Benefit	
Type 2 Diabetes Screening	Plan pays 100%	No Benefit	Screening for adults with high blood pressure only.
Diet Counseling	Plan pays 100%	No Benefit	Screening for adults at higher risk of chronic disease.
HIV Screening	Plan pays 100%	No Benefit	Screening for adults at higher risk.
Immunizations * Hepatitis A * Hepatitis B * Herpes Zoster * Influenza (Flu Shot) * Measles, Mumps, Rubella * Meningococcal * Pneumococca I* Tetanus, Diphtheria, Pertussis * Varicella	Plan pays 100%	No Benefit	Listed immunizations are once per calendar year. Pneumococcal shots for adults 65 and older.
Obesity Screening and Counseling	Plan pays 100%	No Benefit	
Sexually Transmitted Infection (STI) Screening and Counseling	Plan pays 100%	No Benefit	Prevention counseling for adults at higher risk, includes syphilis screening.
Tobacco Use Screening	Plan pays 100%	No Benefit	Screenings for adults and cessation interventions for tobacco users.
Covered Preventive Services for Women			
Wellness Office Visits	**Network Providers**	**Non-Network Providers**	**Benefit Limits**
Well-Women Visits	Plan pays 100%	No Benefit	
Anemia Screening	Plan pays 100%	No Benefit	For pregnant women.
Bacteriuria urinary tract or infection Screening	Plan pays 100%	No Benefit	For pregnant women.
Breast Cancer Mammography Screening	Plan pays 100%	No Benefit	Screenings every 1 to 2 years for women over 40 years old.
Breast Cancer Chemoprevention Counseling	Plan pays 100%	No Benefit	Counseling for women at high risk.

Cervical Cancer Screening		Plan pays 100%		No Benefit		Women ages 21 to 29 pap test every 3 years.Women ages 30 to 65 every 3 years if you only have a pap test. Every 5 years if you have both a pap test and an HPV test. Women age 66 and older consult your doctor.
Chlamydia Infection Screening		Plan pays 100%		No Benefit		For younger women and women at high risk.
Covered Preventive Services for Children						
Wellness Office Visits		**Network Providers**		**Non-Network Providers**		**Benefit Limits**
Alcohol and Drug Use Assessments		Plan pays 100%		No Benefit		
Autism Screening		Plan pays 100%		No Benefit		For children at 18 months to 24 months
Behavioral Assessments		Plan pays 100%		No Benefit		For children to age 18
Blood Pressure Screening		Plan pays 100%		No Benefit		For children to age 18
Cervical Dysplasia Screening		Plan pays 100%		No Benefit		For sexually active females
Congenital Hypothyroidism Screening		Plan pays 100%		No Benefit		For newborns
Depression Screening		Plan pays 100%		No Benefit		For teenagers ages 12 to 18
Developmental Screening		Plan pays 100%		No Benefit		For children under age 3 and surveillance throughout childhood
Dyslipidemia Screening		Plan pays 100%		No Benefit		For children at high risk of lipid disorders
Fluoride Chemoprevention Supplements		Plan pays 100%		No Benefit		For children without fluoride in their water sources
Hearing Screenings		Plan pays 100%		No Benefit		For all newborns
Height, Weight and Body Mass Index Measurements		Plan pays 100%		No Benefit		For children to age 18
Hematocrit or Hemoglobin Screening		Plan pays 100%		No Benefit		For children to age 18
Hemoglobinopathies of Sickle Cell Screening		Plan pays 100%		No Benefit		For all newborns
HIV Screening		Plan pays 100%		No Benefit		For sexually active children
Immunizations * Diphtheria, Tetanus, Pefussis * Haemophilus influenza type B * Hepatitis A * Hepatitis B * Inactivated Poliovirus * Influenza (Flu Shot) * Measles, Mumps, Rubella * Meningococcal * Pneumococcal * Rotavirus * Varicella		Plan pays 100%		No Benefit		For children to age 18.
Iron Supplements		Plan pays 100%		No Benefit		For children ages 6 to 12 months at risk of anemia.
Lead Screening		Plan pays 100%		No Benefit		For children at risk of exposure
Medical History		Plan pays 100%		No Benefit		For all children throughout development.
Obesity Screening and Counseling		Plan pays 100%		No Benefit		For children to age 18.
Oral Health		Plan pays 100%		No Benefit		At risk assessment for your children ages newborn to age 10.
Phenylketonuria (PKU) Screening		Plan pays 100%		No Benefit		For genetic disorders in newborns.
Sexually Transmitted Infection (STI) Screening and Counseling		Plan pays 100%		No Benefit		For children at higher risk, includes gonorrhea preventive medication for newborn eyes.
Tuberculin Testing		Plan pays 100%		No Benefit		For children at higher risk of tuberculosis to age 18.
Vision Screening		Plan pays 100%		No Benefit		For children to age 18.

Dependents covered to age 26 regardless of marital status.
Timely Filing: Claims must be filed within 12 months from the date the service incurred.
Rural Area is defined as 30 miles. If preventive services are not available within 30 miles of your residence the provider will be paid in network.
Coordination of Benefits: Non duplicating, Plan does not pay in excess of what the plan would have paid without other coverage.
We believe this coverage is a Non-Grandfathered health plan under the Patient Protection and Affordable Care Act. (PPACA).

All claims are subject to Plan provisions at the time of service. Any benefits quoted telephonically or in writing is not a guarantee of payment. Claims are determined upon receipt of the claim and any additional information required to make a benefit determination.

ESSENTIAL BENEFIT ADMINISTRATORS

Frequently Asked Questions

WHO CAN PARTICIPATE?
All employees who consistently work more than 30 hours per week are eligible to enroll.

CAN I ENROLL MY DEPENDENTS?
Yes, you can enroll a spouse and dependent children up to age 26.

CAN I SIGN UP FOR COVERAGE AT ANY TIME?
No, you must sign up for coverage during your open enrollment period. If you choose to waive coverage you will not be able to enroll until the open enrollment period next year or if you experience a qualifying event.

HOW ARE MY PREMIUMS PAID?
If your election requires you to make a payment it will be taken as a payroll deduction. Any payroll deduction will take place on a pre-tax basis.

HOW DO I USE MY PLAN?
Your employer will distribute all member ID card once enrolled. Simply present your ID card to your provider at the time of service. EBA will process the claim and send any applicable payment directly to your provider. You will receive an Explanation of Benefits (EOB) in the mail outlining what has been paid by your plan and what you still owe, if anything.

WHAT DOCTORS ARE IN MY NETWORK?
A list of your doctors can be found by accessing the First Health website listed below.

HOW DO I KNOW IF A CLAIM HAS BEEN PAID?
You will receive an Explanation of Benefits (EOB) in the mail outlining what has been paid by your plan and what you still owe, if anything.

Customer Service Contacts

ADDRESS:	Essential Benefit Administrators PP BOX 593 Newport Beach, CA 92661
PHONE:	(888) 292-0095
EMAIL:	info@essentialbenefitplans.com
WEBSITE:	www.essentialbenefitplans.com
FIND A DOCTOR:	First Health Network www.MyFirstHealth.com

ESSENTIAL BENEFIT ADMINISTRATORS

First Health Network

ESSENTIAL PLANS
BENEFIT SUMMARY 2018

	In Network MEC Plus	In Network MEC Premium Plus	Out of Network
Annual Maximum/Lifetime Maximum Benefit	Unlimited	Unlimited	Not Covered
Deductible (per person)	$0	$0	Not Covered
Medical Benefits			
Deductible and Maximum Out of Pocket	Not Applicable	Not Applicable	Not Covered
Wellness and Preventive Care (Including Pediatric and OBGYN)	Covered at 100%	Covered at 100%	Not Covered
Primary Doctor & Pediatric–sick visits	$25 co-pay – 5 Visits per Year	$25 co-pay – Unlimited Visits	Not Covered
Specialist Doctor	$35 co-pay – 1 Visit per Year	$35 co-pay – 5 Visits per Year	Not Covered
Laboratory Services and Imaging	Preventive Care only included	Preventive Care only included	Not Covered
X-Rays	Preventive Care only included	Preventive Care only included	Not Covered
Urgent Care	$50 co-pay – 2 Visits per Year	$50 co-pay – 3 Visits per Year	Not Covered
Emergency Room Admission	Not Covered / Network Discounted Rate	$250 co-pay – 1 Visit per Year	Not Covered
Outpatient Surgery, Hospice, Skilled Nurse	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered
In Patient Surgery/Services	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered
Maternity Pre/Post Natal Consultation	Not Covered / Network Discounted Rate	$25 co-pay – 3 Visits	Not Covered
Mental Health, Substance Abuse Consultation	Not Covered / Network Discounted Rate	$25 co-pay – 1st 3 visits	Not Covered
Rehabilitative Speech Therapy	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered
Rehabilitative and Rehabilitative Physical Therapy	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered
Chiropractic Care	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	
Skilled Nursing Facility	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered
Durable Medical Equipment	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered
Outpatient Facility (e.g, Ambulatory Surgery Center)	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered
Prescription Drug Benefits			
RX	Discount for Generics	Discount for Generics	Not Covered

Dependents covered to age 26 regardless of marital status.
Timely Filing: Claims must be filed within 12 months from the date the service incurred.
Rural Area is defined as 30 miles. If preventive services are not available within 30 miles of your residence the provider will be paid in network.
Coordination of Benefits: Non-duplicating, Plan does not pay in excess of what the plan would have paid without other coverage.
We believe this coverage is a Non-Grandfathered health plan under the Patient Protection and Affordable Care Act. (PPACA)

All claims are subject to Plan provisions at the time of service. Any benefits quoted telephonically or in writing is not a guarantee of payment. Claims are determined upon receipt of the claim and any additional information required to make a benefit determination.

ESSENTIAL BENEFIT ADMINISTRATORS

First Health Network

ESSENTIAL BENEFIT ADMINISTRATORS

Waiver of health coverage

I acknowledge that I have been offered health coverage from Essential Benefit Administrators for myself and my dependents through my employer.

I decline enrollment at this time because:

☐ I have other medical coverage provided by:

☐ Insurance company name: _____ Policy no. _____

Through (employer name): _____

☐ I do not wish to enroll myself in any type of medical coverage at this time.

☐ I do not wish to enroll my ☐ spouse ☐ child(ren) in any type of medical coverage at this time.

If you are declining enrollment for yourself or dependents (including your spouse) because of other health care coverage, you may enroll yourself or your dependents in this plan prior to the next open enrollment period (under certain circumstances). To do this, you must have involuntarily lost your other coverage and we must receive your enrollment application within 30 days after your other coverage ended. Additionally, if you have new dependents as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and dependents, provided we receive your completed enrollment application within 60 days after the marriage, birth, adoption, or placement for adoption.

Printed name: _____

Signature: _____ Date: _____

Name of employer: _____

ESSENTIAL BENEFIT ADMINISTRATORS

SECTION 1: Applicant Information

Last Name:	Effective Date:	Plan Name:	
First Name:	Date of Birth (DOB):		
Sex: ❑ M ❑ F	SS#:	U.S. Citizen: ❑Y ❑N	Legal Resident: ❑ Y ❑N
Home Phone #:	Work Phone #:	Best Time to Call: a.m. p.m. ❑ Work ❑Home	
Street Address:	City:	State:	Zip:
Height:	Weight:		

SECTION 2: Coverage Information

Please check all that apply. I wish to enroll in the following plan for: ❑ Myself ❑ and Spouse ❑ and Child(ren)		
❑ MEC Plan	❑ MEC Plus	❑ MEC Premium Plus
Advantage Care: ❑ Level 1	❑ Level 2	❑ Level 3

SECTION 2a: Prior Insurance Coverage Information – Please include a Certificate of Creditable Coverage from your previous insurance provider, if available, to avoid delay in the payment of your claim(s).

Have you or any of your dependents been covered by any **other MEDICAL** plan besides your current employer's plan within the past 12 months (This includes any other Employer Sponsored Medical Plan, Medicaid, Medicare, Champus, Tricare, etc.) ❑No ❑Yes ❑Yes, due to COBRA. If yes, including yes due to COBRA coverage, answer all remaining questions in this section.			Name of Insurance Carrier:
Policy #:	Effective Date:	Term Date:	Policy Holder's Name:
Member ID #:	Employer:	Covered on Policy: ❑Myself ❑Spouse ❑Child(ren) (list names):	

SECTION 2b: Other Insurance Coverage Information

Will you or any of your dependents be covered under another MEDICAL plan while covered under this Essential Benefit Administrators plan offered by your employer? (This includes Medicaid, Medicare, Champus, Tricare, etc.) ❑No ❑Yes. If yes, answer all remaining questions in this section.			Name of Insurance Carrier:
Policy #:	Effective Date:	Policy Holder's Name:	
Member ID #:	Employer:	Covered on Policy: ❑Myself ❑Spouse ❑Child(ren) (list names):	

SECTION 3: Dependent Information (list all dependents below that you are enrolling per the benefits above. Use additional page if needed.)

❑Spouse ❑Domestic Partner	Last Name:	First:	SS#:	DOB:	❑Male ❑Female	Height:	Weight:
❑Child	Last Name:	First:	SS#:	DOB:	❑Male ❑Female	Height:	Weight:
❑Child	Last Name:	First:	SS#:	DOB:	❑Male ❑Female	Height:	Weight:
❑Child	Last Name:	First:	SS#:	DOB:	❑Male ❑Female	Height:	Weight:
❑Child	Last Name:	First:	SS#:	DOB:	❑Male ❑Female	Height:	Weight:

If a court decree requires you to cover your dependent under this plan, SUBMIT that portion of the court decree with this enrollment form.

Insured's Name: _____ **Insured's Signature:** _____ **Date:** _____

NORTH AMERICAN SECURITY AND INVESTIGATION EMPLOYEE PRICING SHEET

Employee Pricing Monthly (Employer contribution applied)

	MEC	MEC PLUS	MEC PREMIUM
Employee Only	$32.50	$62.50	$109.50
Employee Spouse	$77.50	$137.50	$218.50
Employee Chinl(ren)	$121.50	$157.50	$234.50
Employee Family	$146.50	$237.50	$343.50

PROVIDER NETWORK

Why do we provide access to a Provider Network?

Benefits

- Participating provider's charges are reduced
- Reduced charges continue even if Benefit Maximum is reached
- Network provider will accept paperwork and file claim

Provider Network: First Health Network

- Over 490,000 provider locations across the country
- Network providers submit claims for you to simplify the claim process
- To locate a provider online, visit www.MyFirstHealth.com
- Savings are competitive with all other networks. (First Health Network expresses all discount information as savings off billable charges.)

First Health Network

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Dental Network

More choices, greater savings

Save more by visiting a network dentist

With dental insurance from Colonial Life, you'll have access to a nationwide network of more than 323,000 access points.[1] You can visit any dentist, but you'll stretch your benefits by selecting from our DenteMax Plus/AlwaysCare network of dental professionals.

How much can you save?

Dental costs vary from region to region, but our dental members everywhere benefit two ways:

- Discounted fees for in-network services
- Insurance coverage of up to 50%, 80% or even 100%

Our members also receive in-network discounts to help offset dental expenses like routine cleanings and X-rays, as well as major expenses such as implants, crowns and oral surgery.

For more information, talk with your Colonial Life benefits counselor.

ColonialLifeDental.com

In-network savings[2]

DENTAL PROCEDURE	AVERAGE COST RANGE	MEMBER OUT-OF-POCKET COST
Periodic oral exam[3]	$40-$50	$0
Adult cleaning[3]	$74-$87	$0
Four bitewing X-rays[3]	$50-$62	$0
Crown (porcelain/ceramic)	$1,000-$1,195	$425-$508
Root canal therapy (back tooth)	$1,015-$1,095	$432-$465

95%

Overall dental and vision member satisfaction[4]

Using our dental network is easy

Our DenteMax Plus/AlwaysCare network gives you access to top dental professionals in your area, making it easy to locate a dentist who's right for you.

- Refer to the document that came with your Colonial Life dental ID card to see a list of dentists closest to you.
- Click on the dental provider search tool on ColonialLifeDental.com.
- Consult the AlwaysAssist mobile app.
- Confirm that your dentist is in network by having the office verify participation in the DenteMax Plus/AlwaysCare network prior to your appointment.
- Remember claims forms are not needed for in-network dentists.

Extended customer service hours (ET)
Monday-Friday: 8 a.m. – 8 p.m.
Saturday: 10 a.m. – 4 p.m.

Online self-service is available 24/7 at ColonialLife.com

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ColonialLifeDental.com

We welcome provider referrals. Email ReferAProvider@ColonialLife.com to request that your dentist be added to our network.

1 Internal data, 2017. Access points are sites where network dentists see patients. Some dentists may be available at more than one access point.

2 Savings based on in-network discounts and covered benefits. This is just an illustration. Eligibility for, entitlement to and amount of actual benefits will be determined according to the terms of your dental policy. Based on Colonial Life internal data, 2016 and average cost ranges from one ZIP code (70806). After enrollment, use the Dental Cost Estimator on AlwaysAssist.com for information specific to your ZIP code.

3 Dental insurance usually pays 100% for these services. Plans and benefits may vary.

4 Starmount/AlwaysCare Benefits, *2017 Customer Satisfaction Survey*, 2017.

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Dental Insurance

Plan 4 – $2,000, 100% | 80% | 50%

For more information, talk with your benefits counselor.

ColonialLife.com

Dental insurance from Colonial Life can help preserve your smile with easy-to-use coverage that promotes overall wellness.

Benefits can help with a variety of dental costs, from routine cleanings to more advanced procedures. Coverage is available for you, your spouse and dependent children.

Plan details

The benefit year maximum for this plan is $2,000 per person.
Class A, B and C services apply toward the benefit year maximum.

This plan has a deductible of $50 per person.
Families only pay the deductible for a maximum of three people.
Applies only to class B and C services.

The co-insurance for this plan is:

CLASS	TYPE OF SERVICE	INSURANCE PAYS
Class A	Preventive services	100%
Class B	Basic services	80%
Class C	Major services	50%

Network

Our national dental network offers more than 323,000 access points.[1] Members may choose any dentist but may receive additional savings by choosing an in-network dentist. Plus, services not covered by this plan may also still be eligible for in-network savings.[2] Out-of-network benefits are paid at the network negotiated rate.[3]

To locate a participating dentist, access the provider search at ColonialLifeDental.com.

See reverse for covered procedures and waiting periods.

Covered procedures and waiting periods

Preventive services (Class A): No waiting period

- Routine exams and cleanings (twice every 12 months)
  - One additional cleaning per 12 months if member is in second or third trimester of pregnancy[4]
- X-rays
  - Bitewing X-rays (up to four films; once every 12 months)
  - Full mouth/panoramic x-rays (once every five years)
- Children's services (up to age 14)
  - Fluoride treatment (once every 12 months)
  - Sealants (once every 36 months)
  - Space maintainers (up to age 14; once every 24 months)
- Adjunctive pre-diagnostic oral cancer screening (for age 40 or older; once every 12 months)

Basic services (Class B): No waiting period

- Simple restorative services (fillings)
- Simple extractions
- Emergency treatment
- Repair of crown, denture or bridge

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Coloniall ife.com

Major services (Class C): 12-month waiting period

- Oral surgery (extractions and impacted teeth)
- Anesthesia (subject to review; covered with complex oral surgery)
- Periodontics (gum treatments)
- Endodontics (root canals)
- Inlays and onlays
- Crowns
- Bridges
- Dentures
- Endosteal implants (in lieu of an approved three-unit bridge)

1 Internal data (2017). Access points are sites where network dentists see patients. Some dentists may be available at more than one access point.

2 Not an insured benefit.

3 If you visit an out-of-network dentist, you may be billed for remaining amounts over the benefit amount paid, up to the billed charge.

4 Member may have one additional periodontal maintenance in lieu of an additional cleaning. Periodontal maintenance is a major service and subject to a 12-month waiting period.

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. See the actual policy or your Colonial Life benefits counselor for specific provisions and details of availability.

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Vision Network

Increase choices, maximize savings

Make the most of your vision benefits by using an in-network eye care professional

With our vision benefits, you'll have access to convenient, quality care at more than 40,000 access points.[1] Our First Look/AlwaysCare Vision network includes both independent optometrists and ophthalmologists, as well as some of the nation's largest retail chains, such as:

America's Best · Pearle Vision · Sam's Club Optical · OPTICAL · Walmart Vision Center · sears optical · Sterling Optical · TSO Texas State Optical · For Eyes · Standard Optical · JCPenney | optical · Visionworks · COHEN'S Fashion Optical

See the savings add up

Check network listings for eye care professionals who are designated Value Added and Service Plus providers. These providers offer special discounts for extra purchases of lenses and coatings, frames, contact lenses and other products.

Finding network providers is easy

- Refer to the document that came with your Colonial Life vision ID card to see a list of providers closest to you.
- Click on the vision provider search tool on ColonialLifeVision.com.
- Consult the AlwaysAssist mobile app.
- Check with your provider to confirm participation in the First Look/AlwaysCare Vision network prior to your appointment.

ColonialLifeVision.com

We welcome provider referrals. Email ReferAProvider@ColonialLife.com to request that your eye care professional be added to our network.

1 Internal data, 2017. Access points are sites where network providers see patients. Some providers may be available at more than one access point.

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Individual Dental PPO Insurance

Vision Rider

Dental insurance offers an optional vision rider to help pay for eye exams and materials, such as glasses and contact lenses. This coverage can help you maintain healthy vision and overall wellness, as well as provide valuable financial protection for you, your spouse and dependent children.

Vision benefits	IN-NETWORK	OUT-OF-NETWORK ALLOWANCE
CO-PAYS		
Exam (once per 12 months)	$10	Up to $35
Materials	$25	See below
STANDARD PLASTIC LENSES[1] (once per 12 months)		
Single vision	Covered by co-pay	Up to $25
Bifocal	Covered by co-pay	Up to $40
Trifocal	Covered by co-pay	Up to $50
Lenticular	$80 allowance	Up to $50
Progressive	$70 allowance	Up to $40
Polycarbonate lenses (for children to age 19)	Covered by co-pay	N/A
FRAMES[1] (once per 12 months)		
Choose any frame available at provider locations	$120 allowance	Up to $50
CONTACT LENSES[2] (once per 12 months) (Includes fit, follow-up and materials) In lieu of eyeglass lenses and frames		
Elective	Up to $120 allowance	Up to $100 allowance
Medically necessary	Up to $210 allowance	Up to $210 allowance

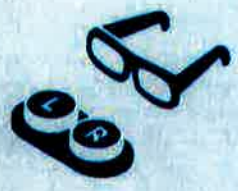
Freedom of choice

You'll have access to a national vision network that includes independent optometrists, ophthalmologists and retail stores including Walmart, Sam's Club Optical, Costco,[3] Pearle Vision and Target. You can search for providers at ColonialLifeVision.com.

Additional vision benefit advantages

- Eye exams and materials (frames, lenses) can be purchased from different locations and providers. For example, you could have an eye exam with your favorite eye care professional and order contacts online.
- Check the network for Value Added and Service Plus providers. They can provide special discounts for extra purchases of lenses and coatings, frames, contact lenses and other products.

ColonialLife.com



Special discounts on material purchases[4]

Providers identified as Value Added or Service Plus in our online provider directory offer the following additional values for our members on vision material purchases.

We encourage you to contact your selected provider prior to visiting their location to confirm their continued participation. Not all providers, such as Walmart, Sam's Club and Costco Optical,[3] choose to participate in these special discounts.

Value Added providers

DISCOUNTS FOR FIRST PAIR OF GLASSES

Lens options (add-ons for insured purchases):

- UV coating...$15
- Solid tinting/gradient tinting...$15
- Standard scratch resistance coating...$15
- Standard anti-reflective coating...$45
- Premium anti-reflective coating...$70
- Ultra anti-reflective coating...20% discount
- Polarized...$75
- Transition...$75
- Progressive lenses:
  - Standard...$110
  - Premium...$170
  - Ultra...member receives a 20% discount
- Standard polycarbonate ...$40
- High index (single vision)
  - 1.56-1.60...$60
  - 1.66+...20% discount
- High index (multi-focal)
  - 1.56-1.60...$75
  - 1.66+...20% discount

PURCHASE A SECOND PAIR OF GLASSES AND RECEIVE PREFERRED PRICING

Lenses:

- Single vision plastic lenses...$40
- Bifocal plastic lenses...$60
- Trifocal lenses...$70
- Progressive lenses (standard)...$110
- Progressive lenses (premium and ultra)...20% discount

DISCOUNTS ON FRAMES, CONTACT LENSES AND OTHER PRODUCTS

- **Frames** – Up to 35% discount
- **Contact Lenses** – 5-15% discount, depending on type
- **Other products** – 20% discount on non-prescription sunglasses and other ancillary products/solutions[5]

Service Plus providers

RECEIVE UP TO A 20% DISCOUNT FOR THE FOLLOWING ADD-ONS TO INSURED PURCHASES:

- UV coating
- Solid tinting/gradient tinting
- Standard scratch resistance coating
- Standard anti-reflective coating
- Premium anti-reflective coating
- Transition
- Standard polycarbonate

1 Eyeglass lenses and frames are paid in lieu of the contact lenses benefit.

2 The contact lenses benefit is paid in lieu of eyeglass lenses and frames. Contact lenses consist of three components: materials, exams and fittings. Coverage is for materials and the exam, up to the contact lenses allowance. Fittings may be covered but only up to the amount of any unused contact lenses allowance – after materials.

3 Optometrists at Costco Optical outlets are independent of Costco and may not be in network. To verify that your vision exam will be fully covered after co-pay, confirm that your doctor is an in-network provider. Special payment and reimbursement terms apply for material purchases at Costco. Additional discounts are not applicable.

4 Not a covered benefit. These schedules are subject to change without notice. Added value discounts may not be available in all geographical areas and vary by network. Many providers are not able to offer discounts on "Prestige" frames. Special lens packages that combine numerous lens enhancements at value price points are not covered by these added value programs. Cannot be combined with any other promotions or discounts.

5 Some retail chains sell sunglasses in departments outside of their optical shops where discounts do not apply.

The policy or its provisions may vary or be unavailable in some states. The policy had exclusions and limitations, which may affect any benefits payable. See the actual policy or your Colonial Life benefits counselor for specific provisions and details of availability.

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COLONIAL LIFE & ACCIDENT INSURANCE COMPANY
PO BOX 1365, COLUMBIA, SC 29202

DENTAL INSURANCE APPLICATION FORM

☑ New Coverage ☐ Reinstatement	☐ Upgrade ☐ Downgrade	☐ Dependent Addition ☐ Rider Addition	Existing Policy No. _____

EMPLOYEE SECTION

Proposed Insured Name (First, MI, Last)	Gender M ☐ F ☐	Birthdate (mm/dd/yyyy)	Social Security No.
Home Address – Street City State Zip Code			
Email Address		Home Phone No. Business Phone No.	

Date Employed	Hrs. Worked/Wk	Section/Dept. No.	Job Title	Employee ID/Payroll No.

Employer Name	Employer Address (Street-City-State-Zip)
North American Security & investigations E4154340	550 E. Carson Plaza Dr., Carson, CA 90746

SPOUSE/DEPENDENT SECTION (complete if applying for spouse and/or dependent coverage)

Name (First, MI, Last)	Gender	Birthdate (mm/dd/yyyy)	Relationship	Social Security No.
	M ☐ F ☐			
	M ☐ F ☐			
	M ☐ F ☐			
	M ☐ F ☐			
	M ☐ F ☐			
	M ☐ F ☐			
	M ☐ F ☐			

ELIGIBILITY SECTION

1. Are you currently working at your place of employment for earnings that are paid regularly for performing your regular occupation? If "No" you are not eligible for any coverage.	Yes ☐ No ☐

REPLACEMENT SECTION

2a. Will any dental insurance with this or any other company be replaced or changed if the coverage applied for is issued? If yes, complete required replacement form if applicable in your state and complete 2b. 2b. If replacing existing coverage, please indicate if existing coverage is Colonial Life & Accident Dental coverage or another carrier's Dental coverage by checking the appropriate box. ☐ Colonial Life & Accident Insurance Company ☐ Other	Yes ☐ No ☐

PLAN SECTION

Type of Coverage	Type of Change **(N)** New **(T)** Transfer **(R)** Rider Addition	Policy Plan Code	Rider Plan Code	Tax Status **(P)** pre-tax **(A)** after tax	Monthly Premium
☐ Individual ☐ Individual & Spouse ☐ Individual & Children ☐ Individual & Family	New			P ☐ A ☐	

OTHER SECTION

3. Do you have any existing dental coverage that will remain in force? If yes, please provide company name. _____	Yes ☐ No ☐
4. Are you Medicare eligible?	Yes ☐ No ☐
5. Has the Important Notice to Persons on Medicare and the Guide to Health Insurance for People with Medicare been provided?	Yes ☐ No ☑

AGREEMENT SECTION

It has been explained and I understand that any coverage approved may be subject to waiting periods, exclusions and limitations as described in the policy.

I understand that this application will not be binding upon Colonial Life until both: 1) the policy is issued; and 2) the first premium is paid. Items 1 and 2 must occur while any conditions affecting insurability are the same as described above. If coverage is rescinded, Colonial's only obligation will be to refund all premiums paid. I certify under penalties of perjury that the Social Security number shown on this form is my correct TAXPAYER IDENTIFICATION NUMBER.

I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective. I also understand that my payroll deduction amount will change if my coverage or premium changes.

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

REQUEST FOR TRANSFER/CANCELLATION: In conjunction with my application for the coverage indicated, I hereby request cancellation of my Colonial Life Policy Number(s) _____. Transfer or cancellation of the base plan will also mean cancellation of all attached riders. If for any reason the coverage applied for above is not issued, this request for cancellation shall be null and void.

Note: California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.

This policy provides dental and/or vision benefits only. Review your policy and any applicable riders carefully.

Signed at: City_____ State _____ Zip Code_____ Date _____
mm/dd/yyyy

(x)_____
Signature of Proposed Insured (if applicable)

AGENT SECTION

Agent's Name (If Present): Deborah Rush Kimmons
(please print)

Do you have knowledge or reason to believe that the Proposed Insured is intending to replace any existing dental insurance? Yes ☐ No ☑

I have explained to the Proposed Insured all exceptions and limitations pertaining to the coverage(s) applied for, including any pertaining to waiting periods and limitations, if applicable. I hereby certify that I know nothing affecting the insurability of the Proposed Insured, which is not fully set forth in this application. I have not made, nor agreed to make, any rebate of premium for insurance. I further certify that I am a licensed agent in the state where this application is being taken.

Date_____ (x)_____ License No. 0C75610 Code No._____
mm/dd/yyyy Signature of Licensed Agent

Authorization for Colonial Life & Accident Insurance Company

For the purpose of evaluating my application(s) for insurance submitted during the current enrollment and eligibility for benefits under any insurance issued including checking for and resolving any issues that may arise regarding incomplete or incorrect information on my application(s), I hereby authorize the disclosure of the following information about me and, if applicable, my dependents, from the sources listed below to Colonial Life & Accident Insurance Company (Colonial) and its duly authorized representatives.

Health information may be disclosed by any health care provider or institution, health plan or health care clearinghouse that has any records or knowledge about me including prescription drug database or pharmacy benefit manager, or ambulance or other medical transport service. Health information may also be disclosed by any insurance company, Medicare or Medicaid agencies or the Medical Information Bureau (MIB). Health information includes my entire medical record, but does not include psychotherapy notes. Non-health information including earnings or employment history deemed appropriate by Colonial to evaluate my application may be disclosed by any person or organization that has these records about me, including my employer, employer representative and compensation sources, insurance company, financial institution or governmental entities including departments of public safety and motor vehicle departments.

Any information Colonial obtains pursuant to this authorization will be used for the purpose of evaluating my application(s) for insurance or eligibility for benefits. Some information obtained may not be protected by certain federal regulations governing the privacy of health information, but the information is protected by state privacy laws and other applicable laws. Colonial will not re- disclose the information unless permitted or required by those laws. Re-disclosed information may no longer be protected by federal privacy laws.

This authorization is valid for two (2) years from its execution and a copy is as valid as the original. A copy will be included with my contract(s) and I or my authorized representative may request access to this information. This authorization may be revoked by me or my authorized representative at any time except to the extent Colonial has relied on the authorization prior to notice of revocation or has a legal right to contest coverage under the contract(s) or the contract itself. If revoked, Colonial may not be able to evaluate my application(s) for insurance or eligibility for benefits as necessary to issue my contract(s). I may revoke this authorization by sending written notice to: Colonial Life & Accident Insurance Company, Underwriting Department, P. O. Box 1365, Columbia, SC 29202.

You may refuse to sign this form; however, Colonial may not be able to issue your coverage. I am the individual to whom this authorization applies or that person's legal Guardian, Power of Attorney Designee, or Conservator.

_____	_____	_____	_____
(Printed name of individual subject to this disclosure)	(Social Security Number)	(Signature)	(Date Signed)

If applicable, I signed on behalf of the proposed insured as _____(indicate relationship). If legal Guardian, Power of Attorney Designee, or Conservator.

_____	_____	_____
(Printed name of legal representative)	(Signature of legal representative)	(Date Signed)