

## PROPOSAL FOR

### County of Titus

#### RATES SHOWN ARE VALID FROM:

October 15, 2013 - December 15, 2013

Presented by: Capps Insurance

Sales Representative: David Willey

Telephone: (214) 414-2259

SIC Code: 9111 State & Zip: TX 75455

Created: October 3, 2013

Guardian<sup>®</sup>  
Group  
Benefits

in  
sync

Innovative  
Solutions

## PLAN DESIGN

We offer comprehensive benefits plans that can be customized to the needs of employers. To help you evaluate the plans, we have provided detailed benefits summaries within this package.

## RATES

Rates and premiums presented are based on the employee data submitted in your request for a proposal. Final rates and premiums are based on the plans selected and the information provided on the enrollment forms.

## BROAD RANGE OF PRODUCTS

We offer a variety of flexible, cost-effective employee benefits plans that can help employers meet the needs of employees and their families, and manage costs at the same time. Our benefits plans include Dental, Disability, Life, Vision, Critical Illness, and many more.

## WHY GUARDIAN?

- **Enrollment Support** – Dedicated professionals help ensure smooth plan implementation
- **Multi-Product Discounts** – Combine plans to meet customer needs and save money
- **Convenient Access to Service** – One phone number and one secure website
- **Streamlined Billing** – All plans billed on one invoice
- **Experience & Expertise** – Over 50 years group benefits experience with exemplary ratings



DENTAL

DISABILITY

LIFE

VISION

CRITICAL ILLNESS

CANCER

ACCIDENT

**RATES**

Plan #1						
All Eligible Employees	Employee	Employee & Spouse	Employee & Child	Full Family	Monthly Premium	Annual Premium
Monthly Rate	\$7.53	\$12.68	\$12.93	\$20.46	\$1,659.84	\$19,918.08
Census	88	18	12	30		
Rate Guarantee	1 Year					

**BENEFITS**

All Eligible Employees	
Contribution/Participation	Voluntary, Assumes 50% of eligible employees.
Dependent Age Limits	To Age 26
Network/Plan	Davis/Full Feature - Designer B
Copay	
Split(Exams/Materials)	\$10/\$25

**SERVICE FREQUENCIES**

	Once Every:
Eye Exams	Calendar Year
Lenses Benefit	Calendar Year
Contact Lenses	Calendar Year
Frames	Other Calendar Year

**REIMBURSEMENT SCHEDULE**

	In Network (Copay)	Out Network (After Copay)
Eye Exams Benefit	\$10	\$50 max
Lenses Benefit		
Single Vision	\$25	\$48 max
Bifocal	\$25	\$67 max
Trifocal	\$25	\$86 max
Lenticular	\$25	\$126 max
Contact Lenses Benefit**		
Medically Necessary	Covered after copay	\$210 max
Elective	\$120 max (Copay waived)	\$105 max (Copay waived)
Frames Benefit	\$120 retail max + 20% off balance	\$48 max

\*\*In lieu of complete set of glasses

**PLAN HIGHLIGHTS**

- Guardian's affiliation with Davis Vision offers access to over 43,000 provider locations nationwide, including private practice providers and many convenient retailers such as Wal-Mart, Sam's Club, Target, Sears, JC Penney and Pearle locations. On average 95% of members use an in network provider. Just visit GuardianLife.com and select 'Find a Provider'.
- All plan eyeglasses at national retailers come with a breakage warranty for repair or replacement of the frame and/or lenses for a period of one year from the date of delivery. At private practice providers the warranty would cover all lenses and frames from the Davis Vision Collection only.
- For calendar year plans, this plan allows for frames every two calendar years, regardless of whether the member obtained elective contact lenses the previous year.
- With our Designer plans, members will receive significant discounts on lens options, discounts will range from 20-60% off the U&C. For example, standard progressive lenses will cost \$50 and scratch resistant coating will cost \$20. Oversized lenses and fashion or gradient tinting of plastic lenses are covered in full.

(continued)

**PLAN HIGHLIGHTS (continued)**

- Full Feature plans receive a 20% discount off the amount exceeding the copay and allowance on non-Collection frames and 15% off the amount exceeding the copay and allowance on non-Collection contact lenses purchased from a participating provider. At Wal-Mart and Sam's Club locations, members will receive Wal-Mart's or Sam's Club's everyday low prices.
- With our Designer plans, frames from Davis' Fashion or Designer collections are covered in full in excess of the plan's materials copay. Frames from Davis' Premier collection are covered in full in excess of a \$25 copay applied in addition to the plan's materials copay. Frames not in the collections are covered up to the plan's retail allowance in excess of the plan's materials copay. The Collections are available at most participating independent provider offices but not in retail locations.
- Contact lenses purchased from the Davis Collection are covered in full after the copay, if any, and the contact lens fitting and evaluations are included at no additional charge. The Collection is available at most participating independent provider offices but not in retail locations.

**IMPORTANT NOTES**

**Rates and premiums are based on the employee data submitted. Final rates and premiums are based on the plan and employee/dependent data provided on the enrollment forms. State specific requirements apply.**

- The covered person must remain enrolled until the plan's next vision annual open enrollment period. Someone who waives or drops coverage can't enroll until the plan's next vision annual open enrollment period. These requirements do not apply if the vision plan is sold on a non-contributory basis or if enrollment is tied-to a dental or medical plan.
- If an employee has employee/spouse vision coverage and the spouse obtains new employment and elects vision coverage with the new employer, Guardian lock-in does not apply to that spouse and the spouse is free to move with no negative impact.
- If an employee has employee/spouse vision coverage and both the employee and spouse elect to move over to the spouse's new employer's vision plan, again, Guardian lock-in does not apply to either spouse or employee.
- If an employee gets married and wishes to go on the new spouse's plan, the member may decline outside of open enrollment only if the member actually goes on the new spouse's plan.
- We reserve the right to adjust rates if actual participation is below assumed level. We reserve the right to withdraw this proposal if actual participation is below 25%.

**Please see the Summary of Plan Limitations and Exclusions that appears either on this page or the last page of this coverage.**

# Vision

## RATES

### Plan #2

No Retirees	Employee	Employee & Spouse	Employee & Child	Full Family	Monthly Premium	Annual Premium
Monthly Rate	\$6.89	\$11.60	\$11.83	\$18.72	\$1,325.76	\$15,909.12
Census	60	18	12	30		
Rate Guarantee	1 Year					

## BENEFITS

### No Retirees

Contribution/Participation	Voluntary, Assumes 50% of eligible employees.
Dependent Age Limits	To Age 26
Network/Plan	Davis/Full Feature - Designer B
Copay	
Split(Exams/Materials)	\$10/\$25

## SERVICE FREQUENCIES

### Once Every:

Eye Exams	Calendar Year
Lenses Benefit	Calendar Year
Contact Lenses	Calendar Year
Frames	Other Calendar Year

## REIMBURSEMENT SCHEDULE

	In Network (Copay)	Out Network (After Copay)
Eye Exams Benefit	\$10	\$50 max
Lenses Benefit		
Single Vision	\$25	\$48 max
Bifocal	\$25	\$67 max
Trifocal	\$25	\$86 max
Lenticular	\$25	\$126 max
Contact Lenses Benefit**		
Medically Necessary	Covered after copay	\$210 max
Elective	\$120 max (Copay waived)	\$105 max (Copay waived)
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- All plan eyeglasses at national retailers come with a breakage warranty for repair or replacement of the frame and/or lenses for a period of one year from the date of delivery. At private practice providers the warranty would cover all lenses and frames from the Davis Vision Collection only.
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- With our Designer plans, members will receive significant discounts on lens options, discounts will range from 20-60% off the U&C. For example, standard progressive lenses will cost \$50 and scratch resistant coating will cost \$20. Oversized lenses and fashion or gradient tinting of plastic lenses are covered in full.

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### PLAN HIGHLIGHTS (continued)

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- Contact lenses purchased from the Davis Collection are covered in full after the copay, if any, and the contact lens fitting and evaluations are included at no additional charge. The Collection is available at most participating independent provider offices but not in retail locations.

### IMPORTANT NOTES

**Rates and premiums are based on the employee data submitted. Final rates and premiums are based on the plan and employee/dependent data provided on the enrollment forms. State specific requirements apply.**

- The covered person must remain enrolled until the plan's next vision annual open enrollment period. Someone who waives or drops coverage can't enroll until the plan's next vision annual open enrollment period. These requirements do not apply if the vision plan is sold on a non-contributory basis or if enrollment is tied to a dental or medical plan.
- If an employee has employee/spouse vision coverage and the spouse obtains new employment and elects vision coverage with the new employer, Guardian lock-in does not apply to that spouse and the spouse is free to move with no negative impact.
- If an employee has employee/spouse vision coverage and **both** the employee and spouse elect to move over to the spouse's new employer's vision plan, again, Guardian lock-in does not apply to either spouse or employee.
- If an employee gets married and wishes to go on the new spouse's plan, the member may decline outside of open enrollment only if the member actually goes on the new spouse's plan.
- We reserve the right to adjust rates if actual participation is below assumed level. We reserve the right to withdraw this proposal if actual participation is below 25%.

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# Vision

## RATES

### Plan #3

All Eligible Employees	Employee	Employee & Spouse	Employee & Child	Full Family	Monthly Premium	Annual Premium
Monthly Rate	\$11.42	\$19.23	\$19.61	\$31.03	\$2,517.32	\$30,207.84
Census	88	18	12	30		
Rate Guarantee	1 Year					

## BENEFITS

### All Eligible Employees

Contribution/Participation	Voluntary, Assumes 50% of eligible employees.
Dependent Age Limits	To Age 26
Network/Plan	VSP/Full Feature - Enhanced Choice B
Copay	
Split(Exams/Materials)	\$10/\$25

## SERVICE FREQUENCIES

	Once Every:
Eye Exams	Calendar Year
Lenses Benefit	Calendar Year
Contact Lenses	Calendar Year
Frames	Other Calendar Year

## REIMBURSEMENT SCHEDULE

	In Network (Copay)	Out Network (After Copay)
Eye Exams Benefit	\$10	\$39 max
Lenses Benefit		
Single Vision	\$25	\$23 max
Bifocal	\$25	\$37 max
Trifocal	\$25	\$49 max
Lenticular	\$25	\$64 max
Contact Lenses Benefit**		
Medically Necessary	Covered after copay	\$210 max
Elective	\$130 max (Copay waived)	\$100 max (Copay waived)
Frames Benefit	\$130 retail max + 20% off balance	\$46 max

\*\*In lieu of complete set of glasses

## PLAN HIGHLIGHTS

- Guardian's affiliation with Vision Service Plan (VSP) offers one of the largest vision care networks in the industry with over 50,000 provider locations nationwide. On average 95% of members use an in-network provider. Just visit GuardianLife.com and select 'Find a Provider'.
- Guardian's affiliation with Vision Service Plan (VSP) Choice Network offers access to over 50,000 provider locations nationwide which is a lower cost plan with higher out of pocket costs for the members compared to a Signature Plan. On average 95% of members use an in network provider. Just visit GuardianLife.com and select 'Find a Provider'.
- Choice plans offer 20% off any additional pairs of glasses purchased within 12 months of the exam. Members also receive 20% off the amount exceeding the copay and allowance on frames purchased as well as 15% off providers' professional services for prescription contact lenses. These discounts only apply to services from an in network provider.
- With our Choice plans, members will receive significant discounts on lens options, discounts will range from 20-25% off the U&C. For example, standard progressive plastic lenses will cost the member \$55 and scratch resistant coating will cost \$17. Solid tints and dyes are covered in full.

(continued)

**PLAN HIGHLIGHTS (continued)**

- For calendar year plans, an Enhanced Plan B allows for frames every two calendar years, regardless of whether the member obtained elective contact lenses the previous year.

**IMPORTANT NOTES**

**Rates and premiums are based on the employee data submitted. Final rates and premiums are based on the plan and employee/dependent data provided on the enrollment forms. State specific requirements apply.**

- The covered person must remain enrolled until the plan's next vision annual open enrollment period. Someone who waives or drops coverage can't enroll until the plan's next vision annual open enrollment period. These requirements do not apply if the vision plan is sold on a non-contributory basis or if enrollment is tied-to a dental or medical plan.
- If an employee has employee/spouse vision coverage and the spouse obtains new employment and elects vision coverage with the new employer, Guardian lock-in does not apply to that spouse and the spouse is free to move with no negative impact.
- If an employee has employee/spouse vision coverage and **both** the employee and spouse elect to move over to the spouse's new employer's vision plan, again, Guardian lock-in does not apply to either spouse or employee.
- If an employee gets married and wishes to go on the new spouse's plan, the member may decline outside of open enrollment only if the member actually goes on the new spouse's plan.
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**RATES**

**Plan #4**

No Retirees	Employee	Employee & Spouse	Employee & Child	Full Family	Monthly Premium	Annual Premium
Monthly Rate	\$10.45	\$17.59	\$17.94 <i>16.44</i>	\$28.40 <i>25.97</i>	\$2,010.90	\$24,130.80
Census	60 <i>9.56</i>	18 <i>16.09</i>	12	30		
Rate Guarantee	1 Year					

**BENEFITS**

No Retirees	
Contribution/Participation	Voluntary, Assumes 50% of eligible employees.
Dependent Age Limits	To Age 26
Network/Plan	VSP/Full Feature - Enhanced Choice B
<b>Copay</b>	
Split(Exams/Materials)	\$10/\$25

**SERVICE FREQUENCIES**

Once Every:	
Eye Exams	Calendar Year
Lenses Benefit	Calendar Year
Contact Lenses	Calendar Year
Frames	Other Calendar Year

**REIMBURSEMENT SCHEDULE**

	In Network (Copay)	Out Network (After Copay)
Eye Exams Benefit	\$10	\$39 max
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Single Vision	\$25	\$23 max
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Trifocal	\$25	\$49 max
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<b>Contact Lenses Benefit**</b>		
Medically Necessary	Covered after copay	\$210 max
Elective	\$130 max (Copay waived)	\$100 max (Copay waived)
Frames Benefit	\$130 retail max + 20% off balance	\$46 max

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- Choice plans offer 20% off any additional pairs of glasses purchased within 12 months of the exam. Members also receive 20% off the amount exceeding the copay and allowance on frames purchased as well as 15% off providers' professional services for prescription contact lenses. These discounts only apply to services from an in network provider.
- With our Choice plans, members will receive significant discounts on lens options, discounts will range from 20-25% off the U&C. For example, standard progressive plastic lenses will cost the member \$55 and scratch resistant coating will cost \$17. Solid tints and dyes are covered in full.

(continued)



## PLAN HIGHLIGHTS (continued)

- For calendar year plans, an Enhanced Plan B allows for frames every two calendar years, regardless of whether the member obtained elective contact lenses the previous year.

## IMPORTANT NOTES

**Rates and premiums are based on the employee data submitted. Final rates and premiums are based on the plan and employee/dependent data provided on the enrollment forms. State specific requirements apply.**

- The covered person must remain enrolled until the plan's next vision annual open enrollment period. Someone who waives or drops coverage can't enroll until the plan's next vision annual open enrollment period. These requirements do not apply if the vision plan is sold on a non-contributory basis or if enrollment is tied to a dental or medical plan.
- If an employee has employee/spouse vision coverage and the spouse obtains new employment and elects vision coverage with the new employer, Guardian lock-in does not apply to that spouse and the spouse is free to move with no negative impact.
- If an employee has employee/spouse vision coverage and **both** the employee and spouse elect to move over to the spouse's new employer's vision plan, again, Guardian lock-in does not apply to either spouse or employee.
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- We reserve the right to adjust rates if actual participation is below assumed level. We reserve the right to withdraw this proposal if actual participation is below 25%.

**Please see the Summary of Plan Limitations and Exclusions that appears either on this page or the last page of this coverage.**

## SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS

### VSP Network

- Coverage is limited to those charges that are necessary to prevent, diagnose and treat a vision condition.
- Members cannot bank unused allowance amounts for future use, they must use their allowance during the same office visit.

The plan does not pay for:

- Orthoptics or vision training and any associated supplemental testing.
- Medical or surgical treatment of the eye.
- Eye examination or corrective eyewear required by an employer as a condition of employment.
- Lenses and frames furnished under this plan, which are lost or broken (except when services are otherwise available).
- The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses, U-V protected lenses, and optional cosmetic processes.
- Medically necessary contact lenses are covered only if needed: (1) after cataract surgery; (2) to correct extreme visual acuity problems that cannot be corrected with eyeglasses; (3) for certain conditions of Anisometropia; or (4) for Keratoconus.
- The services, exclusions and limitations listed above do not constitute a contract and are a summary only.
- GP-1-VSN-96-1 et al.

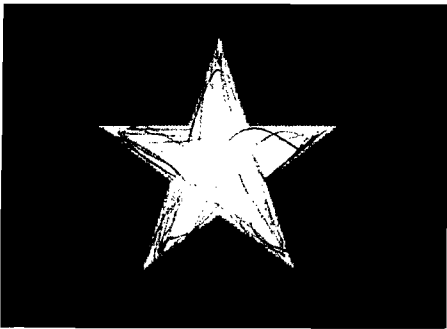
### Davis Network

- Coverage is limited to those charges that are necessary to prevent, diagnose and treat a vision condition.
- Members cannot bank unused allowance amounts for future use, they must use their allowance during the same office visit.
- Members cannot split their benefits, they must purchase frames and lenses during the same office visit

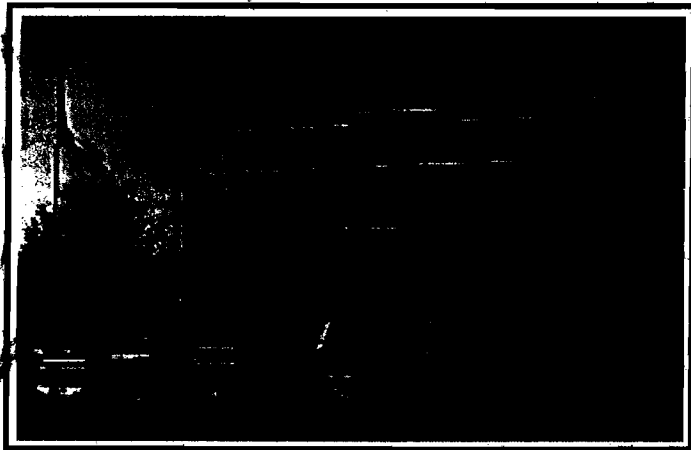
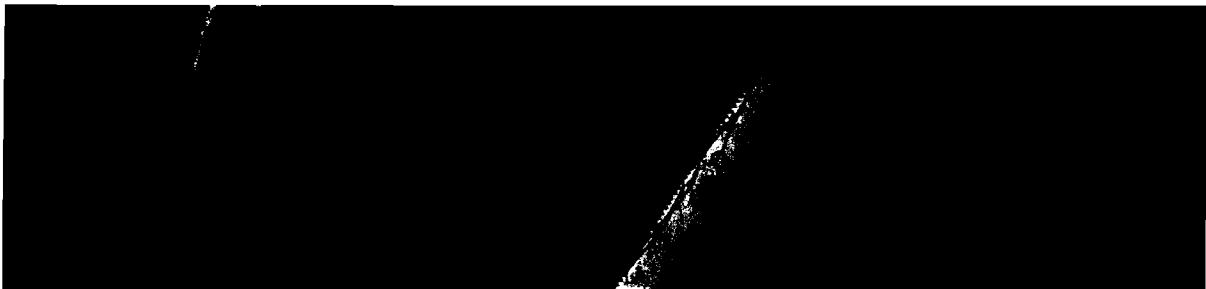
The plan does not pay for:

- Orthoptics or vision training and any associated supplemental testing.
- Medical or surgical treatment of the eye.
- Eye examination or corrective eyewear required by an employer as a condition of employment.
- Lenses and frames furnished under this plan, which are lost or broken (except when services are otherwise available).
- Our Designer plans limit benefits for most optional cosmetic lens processes and treatments. Our Premier Platinum plans cover a wide range of cosmetic lens processes and treatments.
- Medically necessary contact lenses are covered only if needed: (1) after cataract surgery; (2) to correct extreme visual acuity problems that cannot be corrected with eyeglasses; (3) for certain conditions of Anisometropia; or (4) for Keratoconus.
- The services, exclusions and limitations listed above do not constitute a contract and are a summary only.
- GP-1-Davis-1 et al.

2013



**EMPLOYEE  
BENEFITS**



# Contact Information

Refer to this list when you need to contact one of your benefit vendors. For general information, contact Human Resources or Capps Insurance Agency.

## Carrier Information

### UMR

umr.com

Plan #7670-00-411401-Medical

Plan #7670-02-411401-Dental

(800) 826-9781

### Vision/Life

Plan #

Guardian Life Insurance

(800) 541-7846

For provider listings:

[www.guardianlife.com](http://www.guardianlife.com)

### Employee Assistance Program

Guardian Life Insurance

Work-Life Matters

(800) 386-7055 9am-8pm M-F (EST)

Emergency access 24/7 [www.ibhworklife.com](http://www.ibhworklife.com)

### Will Prep

[www.ibhwillprep.com](http://www.ibhwillprep.com)

User Name: WillPrep

Password: GLIC09

## General Information *Human Resources*

### ***Capps Insurance Agency***

(800) 577-1972

[tmelton@cappsinsurance.com](mailto:tmelton@cappsinsurance.com)

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# Medical Coverage



Benefits Features	In Network	Out Of Network
<b>Network</b>		<b>Options PPO</b>
<b>Lifetime Maximum Benefit</b>		No Limit
<b>Annual / Calendar Year Maximum Benefit</b>		Unlimited
<b>Annual Deductible</b>	\$750 individual \$2,250 family	\$1,500 individual \$4,500 family
<b>Annual Maximum Out of Pocket</b>	\$2,750 individual \$8,750 Family	\$5,500 individual \$16,500 family
<b>Coinsurance</b>	90%	60%
<b>Prescertification for Inpatient procdures</b> Phone: 866-494-4502	\$250 penalty for failure to pre-certify services	
<b>Physician Fees</b>		
Office Visit	\$25	60% after Deductible
Hospital Visit	90% after Deductible	60% after Deductible
<b>Hospital Care</b>		
Physician Services	90% after Deductible	60% after Deductible
Facility Charges	90% after Deductible	60% after Deductible
<b>Emergency Care / Urgent Care</b>		
Physician Services	\$100 copay then 90% after Deductible	\$100 copay then 60% after Deductible
Facility Charges		
<b>Ambulance / Air or Ground \$2,000 CYM</b>	90% after Deductible	60% after Deductible
<b>Diagnostic X-Ray &amp; Routine Lab</b>	90% after Deductible	60% after Deductible
<b>Preventive Care</b> <i>Routine: Physicals, Well Woman, PSA, Mammograms, Colonoscopy, lab work, EKG</i>	100% (no copay or deductible)	60% after deductible
<i>*Routine: procedures that are done as a yearly preventive measure only, Diagnostic procedures apply to deductible/coinsurance</i>		
<b>Maternity Care</b>		
Physician Services	90% after Deductible	60% after Deductible
Facility Charges		
<b>Home Health Care - 45 visits CYM</b>	90% after Deductible	60% after Deductible
<b>Skilled Nursing Facility - 60 days CYM</b>	90% after Deductible	60% after Deductible
<b>Hospice Care - Limited To:</b> 30 days In-patient / 45 visits out-patient	90% after Deductible	60% after Deductible
<b>Prescription Drugs 30 day supply</b>		
Generic		\$5
Brand Name		\$25
Non Preferred Brand		\$50
<b>Mental Health Services</b>		
Inpatient	90% after Deductible	60% after Deductible
Physician Office Visits	\$25	60% after Deductible
Outpatient	90% after Deductible	60% after Deductible
<b>Chemical Dependency Services</b>		
Inpatient	90% after Deductible	60% after Deductible
Physician Office Visits	\$25	60% after Deductible
Outpatient	90% after Deductible	60% after Deductible
<b>Durable Medical Equipment</b>	90% after Deductible	60% after Deductible
<b>Physical Therapy</b>	90% after Deductible	60% after Deductible
<b>Chiropractor Services</b>	after deductible, coinsurance up to a max of \$2,500	



## Don't Have a Member ID?

To log into online services, you will need to provide your identification number. Your member or subscriber identification number is located on your benefits ID card. If you do not have a benefits ID card, enter your social security number.

**UMR**

• Home • About UMR • Solutions • Contact Us • Login/Register • en Español

The UMR advantage...  
expressed in the way you live.

**Attention Members!**

**Our login process has changed.**  
Do not enter your online username. Please follow the instructions on the right. You will then be directed automatically to your online services where you will be prompted to login.

**Online services access:**  
Please enter the member ID located on your benefits ID card:

Member ID: \_\_\_\_\_  
[Go to my online services](#)

**Find it fast**  
Our online services are fast, easy and free with convenient access to tools and resources such as:

- Claim status
- Frequently used forms
- ID card ordering
- Health information
- Prescription benefits information (if Prescription Solutions is your Prescription vendor)

**Health and Wellness Tools and Resources**  
Want to learn more about making healthy choices? [Click here](#)

**Resources for Consumer Driven Accounts**  
Want to learn more about qualified expenses for your Flexible Savings Account? [Click here](#)

**Can't find your member ID?  
Can't have a member ID?  
Can't get in?**

**www.umar.com**

**Dental Benefits  
included with UMR**



Dental Benefits	
Calendar Year Deductible	\$50 individual
Calendar Year Maximum Benefit	\$1,000
Preventive Treatment	100% (deductible waived)
Cleaning & Exam	1 every 6months
Bitwings	1 series per 6months
Flouride Treatment	under age 19 (2 per 12months)
Basic Treatment	80%
Major Treatment	50%
Waiting Period	None
Orthodontia Benefit	\$1,000 lifetime max up to age 18
Sealants	Not Covered

These days, more and more people are making sure they have access to quality vision care. Regular eye exams not only diagnose vision problems, they provide early detection of serious health problems such as diabetes, hypertension, neurological disorders and brain tumors.

Guardian provides rich, flexible vision plans covering exams and materials – making it more affordable to keep your eyes healthy.

Visit any doctor with your Full Feature plan, but save by

# Vision Benefit Summary

	Full Feature	
<b>Network</b>	VSP Network Signature Plan	
<b>Your Weekly premium</b>	\$	
You and spouse	\$	
You and child(ren)	\$	
You, spouse and child(ren)	\$	
<b>Copay</b>		
Exams Copay	\$10	
Materials Copay (waived fro elective contact lenses)	\$25	
<b>Sample of Covered Services</b>		You pay (after copay if applicable)
	<i>In-network</i>	<i>Out-of-network</i>
Eye Exams	\$0	Amount over \$39
Single Vision Lenses	\$0	Amount over \$23
Lined Bifocal Lenses	\$0	Amount over \$37
Lined Trifocal Lenses	\$0	Amount over \$49
Lenticular Lenses	\$0	Amount over \$64
Frames	80% of amount over \$130	Amount over \$46
Contact Lenses (Elective)	Amount over \$130	Amount over \$100
Contact Lenses (Medically Necessary)	\$0	Amount over \$210
Contact Lenses (Evaluation and fitting)	15% off UCR	No discounts
Cosmetic Extras	Avg. 20-25% off retail price	No discounts
Glasses (Additional pair of frames and lenses)	20% off retail price <sup>^</sup>	No discounts
Laser Corrective Surgery Discount	Up to 15% off the usual charge or 5% off promotional price	No discounts
<b>Service Frequencies</b>		
Exams Copay	Every 12 months	
Lenses (for glasses or contact lenses) <sup>±</sup>	Every 12 months	
Frames	Every 24 months <sup>±±±</sup>	
Network discounts (cosmetic extras, glasses and contact lens professional service)	Limitless within 12 months of exam.	
Dependent Age Limits	26	
<sup>±</sup> Benefit includes coverage for glasses or contact lenses, not both.		
<sup>±±±</sup> The VSP System considers contact lenses to be equivalent of a full pair of eyeglasses (lenses and frames) so while the member can obtain contact lenses one year and standard eyeglass lenses the next year, the frames benefit would not be available until 24 months or two calendar years, depending on the plan design, after the date the member		
This is only a partial list of vision services. Your certificate of benefits will show exactly what is covered and excluded.		





# Your HealthPro

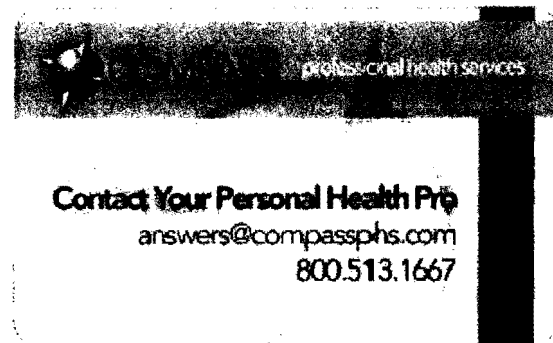
By Compass Professional Health Services



Your employer has hired us, Compass Professional Health Services, to serve as your personal healthcare advisor. Our mission is to help you understand and reap the full benefits from your healthcare benefits. The service is simple to use and available to you now. No matter how complex or simple, we all have healthcare needs. From finding a doctor to solving a billing problem, getting straight answers can seem impossible at times. But you're in luck, you have a Compass.

Here is just a sampling of the services Compass provides:

- Unlimited access to a healthcare expert
- Unbiased doctor recommendations
- Hospital cost and quality information
- Straight answers about your benefits
- Bill reconciliation
- Insider information on saving money
- Complete advisor for your healthcare



 **Capps Employee  
Benefits & Consulting**

Lower Costs

Smarter Decisions

The right direction for healthcare

Is Compass.

# Your HealthPro

By Compass Professional Health Services

Compass can help you, every step of the way.

## Prepare



Understand  
Insurance  
Benefits



Create  
Health  
Summary

## Choose



Compare  
Costs



Select  
Doctors



Explain  
Care  
Options

## Treat



Schedule  
Appointments



Assist with  
Communications



Obtain  
Medical  
Records

## Pay



Review of  
Bills and  
Charges



 **Capps Employee  
Benefits & Consulting**

# Voluntary Life Benefit Summary

Life insurance provides crucial financial protection for your family if something were to ever happen to you. Benefits can be used towards income replacement, a mortgage, tuition, outstanding debt, and more — allowing you to take care of your loved ones even if you are not there. Better yet, this important coverage is being made available to you at economical group rates. Take advantage and enroll today!

	BASIC LIFE	VOLUNTARY TERM LIFE
Employee Benefit	\$50,000	\$10,000 increments to a maximum of \$200,000. See Cost Illustration page for details.
Accidental Death and Dismemberment	Your Basic Life coverage includes Accidental Death and Dismemberment coverage equal to one times the employee's life benefits.	Your Voluntary Life coverage includes Accidental Death and Dismemberment coverage equal to one times the employee's life benefits.
Spouse ‡ Benefit	N/A	\$5,000 increments to a maximum of \$100,000. See Cost Illustration page for details.
Child benefit: —children age 14 days to 25 years (26 if full time student) for Voluntary Life	N/A	You may elect one of the following benefit options: \$10,000. Subject to state limits. See Cost Illustration page for details.
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.	Underwriting may be required, depending on amount and/or age	We Guarantee Issue coverage for enrollees less than age 65 up to \$150,000 per employee, \$25,000 for a spouse and \$10,000 for dependent children
Premiums	Covered by your company if you meet eligibility	Increase on plan anniversary after you enter next five-year age group
Portability: Allows you to take your coverage with you if you terminate employment.	Yes, with age and other restrictions, including evidence of insurability	Yes, with age and other restrictions, including evidence of insurability
Conversion: Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits	Yes, with restrictions; see certificate of benefits
Accelerated Life Benefit: A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.	No	Yes
Waiver of Premiums: Premium will not need to be paid if you are totally disabled.	For employees disabled prior to age 60, with premiums waived until age 65, if conditions are met	For employees disabled prior to age 60, with premiums waived until age 65, if conditions met
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages.	35% at age 65, 25% at age 70, 15% at age 75, 10% at age 80	35% at age 65, 25% at age 70, 15% at age 75, 10% at age 80

Subject to coverage limits

† Infant coverage is limited for the first two weeks of infant's life.

‡ Spouse coverage terminates at age 70.



# Voluntary Life Cost Illustration

To determine the most appropriate level of coverage, as a rule of thumb, you should consider about 6 - 10 times your annual income, factoring in projected costs to help maintain your family's current life style. To help you assess your needs, you can also go to Guardian Anytime and use our Life Insurance Explorer Tool.

Bi-weekly premiums displayed. Cost of AD&D Is Included. Policy Election Cost Per Age Bracket										
Policy Election Amount	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69*
<b>Employee</b>										
\$10,000	\$0.51	\$0.51	\$0.51	\$0.69	\$1.02	\$1.37	\$2.26	\$3.32	\$5.40	\$9.60
\$20,000	\$1.02	\$1.02	\$1.02	\$1.39	\$2.03	\$3.14	\$4.52	\$6.65	\$10.80	\$19.20
\$30,000	\$1.52	\$1.32	\$1.52	\$2.08	\$3.05	\$4.71	\$6.79	\$9.97	\$16.20	\$28.80
\$40,000	\$2.03	\$2.03	\$2.03	\$2.77	\$4.06	\$6.28	\$9.05	\$13.29	\$21.60	\$38.40
\$50,000	\$2.54	\$2.54	\$2.54	\$3.46	\$5.08	\$7.85	\$11.31	\$16.62	\$27.00	\$48.00
\$60,000	\$3.05	\$3.05	\$3.05	\$4.15	\$6.09	\$9.42	\$13.77	\$19.94	\$32.40	\$57.60
\$70,000	\$3.55	\$3.55	\$3.55	\$4.85	\$7.11	\$10.99	\$16.83	\$23.26	\$37.80	\$67.20
\$80,000	\$4.06	\$4.06	\$4.06	\$5.54	\$8.12	\$12.35	\$18.09	\$26.39	\$43.20	\$76.80
\$90,000	\$4.57	\$4.57	\$4.57	\$6.23	\$9.14	\$14.12	\$20.37	\$29.91	\$48.60	\$86.40
\$100,000	\$5.08	\$5.08	\$5.08	\$6.92	\$10.15	\$15.69	\$22.52	\$32.23	\$54.00	\$96.00
\$110,000	\$5.59	\$5.59	\$5.59	\$7.62	\$11.17	\$17.26	\$24.51	\$36.55	\$59.40	\$105.60
\$120,000	\$6.09	\$6.09	\$6.09	\$8.31	\$12.19	\$18.83	\$27.14	\$39.88	\$64.80	\$115.20
\$130,000	\$6.60	\$6.60	\$6.60	\$9.00	\$13.20	\$20.00	\$29.70	\$43.20	\$70.20	\$124.80
\$140,000	\$7.11	\$7.11	\$7.11	\$9.69	\$14.21	\$21.91	\$31.66	\$46.52	\$75.60	\$134.40
\$150,000	\$7.62	\$7.62	\$7.62	\$10.39	\$15.23	\$23.54	\$33.92	\$49.85	\$81.00	\$144.00
\$160,000	\$8.12	\$8.12	\$8.12	\$11.08	\$16.25	\$25.11	\$36.19	\$53.17	\$86.40	\$153.60
\$170,000	\$8.63	\$8.63	\$8.63	\$11.77	\$17.26	\$26.68	\$38.45	\$56.49	\$91.80	\$163.20
\$180,000	\$9.14	\$9.14	\$9.14	\$12.46	\$18.28	\$28.25	\$40.71	\$59.82	\$97.20	\$172.80
\$190,000	\$9.65	\$9.65	\$9.65	\$13.15	\$19.29	\$29.82	\$42.97	\$63.14	\$102.60	\$182.40
\$200,000	\$10.15	\$10.15	\$10.15	\$13.85	\$20.30	\$31.39	\$45.23	\$66.46	\$108.00	\$192.00
<b>Spouse</b>										
\$5,000	\$0.25	\$0.25	\$0.25	\$0.51	\$0.31	\$0.79	\$1.13	\$1.66	\$2.70	\$4.80
\$10,000	\$0.31	\$0.31	\$0.31	\$0.69	\$1.02	\$1.57	\$1.26	\$3.32	\$5.40	\$9.60
\$15,000	\$0.76	\$0.76	\$0.76	\$1.24	\$1.32	\$2.35	\$3.39	\$4.99	\$8.10	\$14.40
\$20,000	\$1.02	\$1.02	\$1.02	\$1.39	\$2.03	\$3.14	\$4.52	\$6.65	\$10.80	\$19.20
\$25,000	\$1.27	\$1.27	\$1.27	\$1.73	\$2.34	\$3.92	\$5.65	\$8.31	\$13.50	\$24.00
\$30,000	\$1.32	\$1.32	\$1.32	\$1.08	\$3.05	\$4.71	\$6.79	\$9.97	\$16.20	\$28.80
\$35,000	\$1.78	\$1.78	\$1.78	\$2.42	\$3.35	\$5.49	\$7.92	\$11.63	\$18.90	\$33.60
\$40,000	\$2.03	\$2.03	\$2.03	\$2.77	\$4.06	\$6.28	\$9.05	\$13.29	\$21.60	\$38.40
\$45,000	\$2.29	\$2.29	\$2.29	\$3.12	\$4.37	\$7.06	\$10.18	\$14.95	\$24.30	\$43.20
\$50,000	\$2.54	\$2.54	\$2.54	\$3.46	\$5.08	\$7.85	\$11.31	\$16.62	\$27.00	\$48.00
\$55,000	\$2.77	\$2.77	\$2.77	\$3.81	\$5.39	\$8.63	\$12.44	\$18.28	\$29.70	\$52.80
\$60,000	\$3.05	\$3.05	\$3.05	\$4.15	\$6.09	\$9.42	\$13.37	\$19.94	\$31.40	\$57.60
\$65,000	\$3.30	\$3.30	\$3.30	\$4.50	\$6.60	\$10.20	\$14.70	\$21.60	\$35.10	\$62.40
\$70,000	\$3.35	\$3.35	\$3.35	\$4.85	\$7.11	\$10.99	\$15.83	\$23.26	\$37.80	\$67.20
\$75,000	\$3.81	\$3.81	\$3.81	\$5.19	\$7.62	\$11.77	\$16.96	\$24.92	\$40.30	\$72.00
\$80,000	\$4.06	\$4.06	\$4.06	\$5.54	\$8.12	\$12.55	\$18.09	\$26.59	\$43.20	\$76.80
\$85,000	\$4.32	\$4.32	\$4.32	\$5.89	\$8.63	\$13.34	\$19.22	\$28.25	\$45.90	\$81.60
\$90,000	\$4.57	\$4.57	\$4.57	\$6.23	\$9.14	\$14.12	\$20.35	\$29.91	\$48.60	\$86.40
\$95,000	\$4.82	\$4.82	\$4.82	\$6.58	\$9.65	\$14.91	\$21.49	\$31.37	\$51.30	\$91.20
\$100,000	\$5.08	\$5.08	\$5.08	\$6.92	\$10.15	\$15.69	\$21.62	\$33.23	\$54.00	\$96.00
<b>Child(ren)</b>										
\$100,000	\$1.06	\$1.06	\$1.06	\$1.06	\$1.06	\$1.06	\$1.06	\$1.06	\$1.06	\$1.06

Guarantee Issue Amount: Employee \$50,000

Premiums for Voluntary Life Increase in five-year increments

Infant coverage is limited for the first two weeks of infant's life.

‡Spouse coverage premium is based on Employee age. Coverage for spouse's age 70.



Manage Your Benefits:

**Free Service  
with the  
purchase of  
Voluntary Life!**

### WillPrep Services Can Help Secure Your Family's Future

#### Let Your Wishes Be Known

Only you know what's important to you. That's why keeping an up to date will is essential to ensuring that your assets are distributed as you intended, no matter the size of your estate. You may be avoiding creating a will because you believe you can't afford the time or legal expense. Now you can with WillPrep Services.

Your employer has worked with Guardian to make WillPrep Services available to eligible members with Voluntary Life plans. The Services offer support and guidance to help properly prepare the documents that will communicate how you want to preserve your family's financial security. WillPrep has a range of services including online planning documents, a resource library and access to professionals\* to help with issues related to:

- Advanced Health Care Directives - Financial Power of Attorney - Wills and Living Wills
- Estate Taxes - Guardianship and Conservatorship - Resource Library
- Executors & Probate - Healthcare Power of Attorney - Trusts

#### Taking advantage of the Services is easy!

For more information about WillPrep Services, go to [www.ibhwillprep.com](http://www.ibhwillprep.com)

User name: WillPrep; Password: GLIC09

Or

Call 1-877-433-6789

\*The Option of an attorney prepared will is available for a small fee.

*WillPrep Services* are provided by Integrated Behavioral Health, Inc., and its contractors. The Guardian Life Insurance Company of America (Guardian) does not provide any part of *WillPrep Services*. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the *WillPrep Services* at any time without notice. Legal services will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer.



# Employee Assistance Program

## WorkLifeMatters

### Providing Assistance for What Matters Most

Let's face it, balancing your work and home life is not easy. With WorkLifeMatters, your confidential employee assistance program, you don't have to face life challenges alone. WorkLifeMatters provides guidance for personal issues that you might be facing and information about other concerns that affect your life.

### WorkLifeMatters can offer help with:

#### Education

Admission testing & procedures  
Adult re-entry programs  
College Planning  
Financial aid resources  
Finding a pre-school

#### Dependent Care & Care Giving

Adoption Assistance  
Before/after school programs  
Day Care/Elder Care  
Elder care  
In-home services

#### Legal and financial

Basic tax planning  
Credit & collections  
Debt Counseling  
Home buying  
Immigration

#### Lifestyle & Fitness Management

Anxiety & depression  
Divorce & separation  
Drugs & alcohol

#### Working Smarter

Career development  
Effective managing  
Relocation

### ...Support is a phone call or click away

- o Unlimited free telephonic consultation with an EAP counselor available 24/7 at 800-386-7055
- o Referrals to local counselors - up to three sessions free of charge
- o State of the art website featuring over 3,400 helpful articles and topics like wellness, training courses, and a legal and financial center:

[www.ibhworklife.com](http://www.ibhworklife.com)

User Name: Matters

Password: wlm70101

WorkLifeMatters Program services are provided by Integrated Behavioral Health, Inc., and its contractors. Guardian does not provide any part of WorkLifeMatters Program services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the WorkLifeMatters Program at any time without notice. Legal services provided through WorkLifeMatters will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer.



# Insurance terms in Everyday language

## **Active employment**

This means you are being paid regularly by your employer to perform the material and substantial duties of your job, including normal vacation.

## **Co-pay**

Money you pay, from \$10 to \$60, for each doctor's visit or prescription before your insurance coverage pays its part.

## **Co-insurance**

The percentage of the medical bill you pay after deductibles. For a \$4,000 procedure (such as a biopsy) the deductible might be \$500. You pay 20% of the remaining amount, or \$700.

## **Deductibles**

The amount you pay on medical services annually before your medical insurance pays anything. Deductibles are usually calculated on a calendar year. The deductible usually applies to expenses other than office visits and prescriptions.

## **Delayed effective date**

Employee: Coverage is delayed if you are not an active employee on the date the coverage would start.

Dependents: Coverage is delayed if a dependent is totally disabled on the date the coverage would start. Infants are insured from live birth.

## **EOB**

An explanation of benefits sent to you by the insurance company or the doctor, lab or hospital that performs a procedure. The EOB will include your personal information, the date of service, the service provider, the amount charged, the amount insurance covers (or has paid) and the amount you owe, if any. It's very important to keep your EOBs for future reference and to check them for accuracy so you can immediately correct any mistakes.

## **Evidence of insurability**

To provide evidence of insurability, you must complete and sign a medical history form.

## **Exclusions**

All insurance plans have exclusions – these are either procedures (in the case of medical insurance) or circumstances (in the case of life, accident or critical illness insurance) that will not be paid for, such as cosmetic surgery or “accidents” resulting from an act of war.

## **Portability**

If you retire, reduce your hours or leave your employer, you can take this coverage with you according to the terms in the contract. However, if you have a medical condition that could shorten your life expectancy, you cannot do so.

## **Pre-existing conditions**

Most insurance policies will not cover conditions that you or a dependent had before you became covered under one of these plans.

## **PPO**

Preferred Provider Organization – a list of doctors the insurance company likes to use because they have discounted the cost with the insurance company. You can see more than one doctor from this list at a time, and you don't have to select a single doctor. You can still see doctors who aren't on the list, but their services won't be discounted and the insurance company pays a smaller percentage of their charges.

## **Waiver of premium**

If you are receiving disability benefits and cannot work, your premium payments are waived.

## **When can changes be made?**

If you wish to add new coverage, add or delete a dependent or terminate coverage, you must do so during open enrollment or within 30 days of a qualifying event, i.e. marriage, birth, adoption or death. Life insurance beneficiaries can be changed at any time during the plan year.

## **What forms should be completed if making changes:**

If you wish to add, delete or change coverage for yourself or your dependents, you must complete an enrollment or change form. If you wish to change your beneficiary on the group life or voluntary life benefits you must complete a Change of Beneficiary form.

## **Who do I contact with questions and where do I find these forms?**

Contact your Human Resources Representative (see contact information inside front cover).

## **When are the forms due and where do I return them?**

All forms are due by the end of your waiting period and must be returned to the Human Resources Department.

*The information in this Benefit Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Benefit Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. **In case of discrepancy between this Benefit Summary and the actual plan documents the actual plan documents will prevail.***

*All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources*



# Important Notices

## I. Initial Notice About Special Enrollment Rights and Pre-existing Condition Exclusion Rules in Your Group Health Plan

A federal law called Health Insurance Portability and Accountability Act (HIPAA) requires that we notify you about two very important provisions in the plan. The first is your right to enroll in the plan under its "special enrollment provision" without being considered a late applicant if you acquire a new dependent or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons. Second, this notice advises you of the plan's pre-existing condition exclusion rules that may temporarily exclude coverage for certain pre-existing conditions that you or a member of your family may have. Section I of this notice may not apply to certain self-insured, non-federal governmental plans. Contact your employer or plan administrator for more information.

### A. SPECIAL ENROLLMENT PROVISIONS

**Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program)** If you are declining enrollment for yourself or your eligible dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if you move out of an HMO service area, or the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or move out of the prior plan's HMO service area, or after the employer stops contributing toward the other coverage).

#### **Loss of Coverage For Medicaid or a State Children's Health Insurance Program**

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

#### **New Dependent by Marriage, Birth, Adoption, or Placement for Adoption**

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

# Important Notices

## B. PRE-EXISTING CONDITION EXCLUSION RULES

Most health plans impose pre-existing condition exclusions. This means that if you have a medical condition before coming to our plan you might have to wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care or treatment was recommended or received within the six-month period before your enrollment date. Generally, this six-month period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, the six-month period ends on the day before the waiting period begins. "Waiting period" generally refers to a delay between the first day of employment and the first day of coverage under the plan. The pre-existing condition exclusion does not apply to pregnancy or to an individual under the age of 19.

This pre-existing condition exclusion may last up to 12 months (18 months if you are a late enrollee) from your first day of coverage, or, if you were in a waiting period, from the first day of your waiting period. However, you can reduce the length of this exclusion period by the number of days you had prior "creditable coverage." Most prior health coverage is creditable coverage and can be used to reduce the pre-existing condition exclusion if you have not experienced a break in coverage of at least 63 days. To reduce the 12-month (or 18-month) exclusion period by your creditable coverage, you should give us a copy of any certificates of creditable coverage you have. If you do not have a certificate, but you do have prior health coverage, you have a right to request one from your prior plan or issuers. We will help you obtain one from your prior plan or issuer, if necessary. There are also other ways that you can show you have creditable coverage. Please contact us if you need help demonstrating creditable coverage.

For more information about the pre-existing condition exclusion and creditable coverage rules affecting your plan, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.

## II. Additional Notices

Other federal laws require we notify you of additional provisions of your plan.

### Notices of Right to Designate a Primary Care Provider (for Non-Grandfathered Health Plans Only)

For plans that require or allow for the designation of primary care providers by participants or beneficiaries:

If the plan generally requires or allows the designation of a primary care provider, you have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.



Capps Insurance Agency  
1610 Shadywood Lane  
Mt Pleasant, Texas 75455  
sales@cappsinsurance.com  
800-256-1905

