

**Administration's Benefits**  
2011/2012 school year

	Monthly Rate	Annual Rate
<b>Health Insurance</b>		
Priority Health		
Family	1,209.77	14,517.24
<b>Dental</b>		
Set Seg		
Single	94.94	1,139.28
2-Person	94.94	1,139.28
Family	94.94	1,139.28
<b>Vision</b>		
NVA		
Single	5.04	60.48
2-Person	9.34	112.08
Family	13.36	160.32
<b>Life Insurance</b>		
UNUM, \$100,000 coverage	11.00	132.00

**PRIORITY HEALTH**  
 priorityhealth.com  
**PRIORITY HSA<sup>SM</sup> POINT-OF-SERVICE (POS) PRODUCT**  
**BLINDING AREA SCHOOLS**  
 10/1/2010 - 9/30/2011

The Point-of-Service plan offers you a choice of two benefit levels. The Preferred Benefit level applies when your Primary Care Provider (PCP) or other Participating Physician coordinates all of your medical care. Your out-of-pocket costs are lower when you use this option. The Alternate Benefit level applies when you seek medical services without coordinating with your PCP or other Participating Physician and when you use out-of-network services without receiving prior approval from Priority Health. Services you receive that are excluded from coverage are not paid at either benefit level.

The following information is provided as a summary of benefits available under your Point-of-Service plan. This summary is not intended as a substitute for your Certificate of Coverage and Schedule of Copayments and Deductibles. It is not a binding contract. Limitations and exclusions apply to benefits listed below. Coverage for services is based on Medical/Clinical Necessity as determined by Priority Health's Medical Department. A complete listing of covered services, limitations and exclusions is contained in the Certificate of Coverage, Schedule of Copayments and Deductibles and any applicable riders issued to you. You may request a copy of the Certificate of Coverage from Priority Health's Customer Service Department at 616 942-1221 or 800 446-5674 or on-line at [priorityhealth.com](http://priorityhealth.com). Contact Priority Health's Customer Service Department if you have questions about your benefits or coverage.

Copayment = Member pays  
 % Coverage = Priority Health pays

Deductible	Preferred Benefit - 100% Plan	Alternate Benefit - 80/20% Plan
<p>The Deductible is the amount of Covered Services you must incur during the Contract Year before benefits will be paid.</p> <p>Deductible amounts satisfied under the Preferred Benefit Level do not apply toward the Alternate Benefit Level deductible and vice versa.</p>	<p>The Deductible is applicable to all Covered Services <u>except</u> routine maternity care services and preventive health care services that are listed in Priority Health's Preventive Healthcare Guidelines. Charges for delivery are subject to the Deductible.</p>	<p>The Deductible is applicable to all Covered Services.</p>
<p>Individual Contract and Family Contract Deductibles:</p> <ul style="list-style-type: none"> <li>• If you are the only individual on your contract, you have an Individual Contract and the Individual Contract Deductible applies.</li> <li>• If you have more than one individual on your contract, you have a Family Contract and only the Family Contract Deductible Applies. The Family Contract Deductible can be satisfied by any one family member or by any combination of family members.</li> </ul> <p>Your Deductible renews each Contract Year.</p>		
<p>Notwithstanding the above, the following costs do not apply towards the Deductible: Services that exceed the annual day or dollar benefit maximum for a specific benefit (denied as non-Covered Services) and penalties paid for failure to preauthorize services.</p>		
<p>Prior to January 1, 2006, your Deductibles will not take into account any monies paid under your prescription drug rider. Effective January 1, 2006, your Preferred Benefits Deductible will take into account any monies paid under your prescription drug rider. See your prescription drug rider for more details.</p>		
Individual Deductible per Contract Year	\$1,200	\$3,000
Family Deductible per Contract Year	\$2,400	\$6,000

Out-of-Pocket Maximums	Preferred Benefit - 100% Plan	Alternate Benefit - 80/20% Plan
<p>The Out-of-Pocket Maximum limits the total amount that you will pay toward Covered Services during a Contract Year.</p> <p>If you have an Individual Contract, when calculating your Out-of-Pocket Maximum, Priority Health will include all Copayment and Deductibles paid toward Covered Services during a Contract Year. If you have a Family Contract, Priority Health will include all Copayments and Deductibles you and your family paid collectively toward Covered Services during a Contract Year.</p>	<p>Once the applicable Out-of-Pocket Maximum is met, all further medical Covered Services for that Contract Year will be paid at 100% of Priority Health's contracted rate.</p>	<p>Once the Out-of-Pocket Maximum is met, all further medical Covered Services for that Contract Year will be paid at 100% of the lesser of billed charges or Reasonable and Customary Charges.</p>
<p>Notwithstanding the above, the following out-of-pocket costs do not apply toward the Out-of-Pocket Maximum: Services that exceed the annual day or dollar benefit maximums for a specific benefit (denied as non-Covered Services); Penalties paid for failure to preauthorize services; and, Costs paid by member to provider for Alternate Benefits that exceed Reasonable and Customary. A Copayment shall not exceed 50% of Priority Health's reimbursement to a provider for Covered Services a member receives.</p>		
Individual Out-of-Pocket Maximum per Contract Year	\$2,000	\$4,000
Family Out-of-Pocket Maximum per Contract Year	\$4,000	\$8,000
Maximum Individual Lifetime Benefit	Not Applicable	\$500,000
<p>Note: Priority Health Benefit Maximum: Coverage maximums up to a certain number of days/visits per Contract Year are reached by combining either Preferred or Alternate Benefits up to the limit for one or the other, but not both. (Example: If Preferred Benefit is for 60 visits and Alternate Benefit is for 60 visits, the maximum benefit is 60 visits, not 120 visits).</p>		
Basic Benefits	Preferred Benefit - 100% Plan Deductible applies when indicated below	Alternate Benefit - 80/20% Plan Percentage Coverage is calculated using the lesser of billed charges or Reasonable and Customary Charges for Covered Services.
<b>Physician's Services</b>		
PCP and other Participating Physician (Includes all office and home visits not considered preventive health care services or routine maternity care services)	100% Coverage. Deductible applies.	80% Coverage for face to face visits only. Deductible applies.
Preventive Health Care Services (Preventive health care services are those services listed in Priority Health's preventive health care guidelines. These services must be provided by your PCP or a Participating Physician and prior approval from Priority Health if necessary.)	Services Covered in Full - No Office Copayment	80% Coverage. Deductible applies.
Routine Maternity Care Services Prenatal and Postnatal Deductible applies to all charges for delivery.	No Office Visit Copayment for routine pre- and postnatal visits. Deductible applies to all other services.	80% Coverage. Deductible applies.

Basic Benefits	Preferred Benefit - 100% Plan Deductible applies where indicated below.	Alternative Benefit - 80/20% Plan Percentage coverage is outlined using the lower of billed charges or Reasonable and Customary Charges for Covered Services.
<b>Physician's Services (continued)</b>		
Allergy Testing and Injections	100% Coverage. Deductible applies.	80% Coverage. Deductible applies.
Outpatient Services Diagnostic Laboratory and X-Ray Chemotherapy Radiation Therapy Hemodialysis	100% Coverage. Deductible applies. 100% Coverage. Deductible applies. 100% Coverage. Deductible applies. 100% Coverage. Deductible applies.	80% Coverage. Deductible applies.
<b>Rehabilitative Medicine Services</b>		
Physical and Occupational Therapy (including osteopathic and chiropractic manipulation)	100% Coverage per visit up to a combined benefit maximum of 40 visits per Contract Year. Deductible applies.	50% Coverage of reasonable and customary charges up to the combined benefit maximum of 40 visits per Contract Year
Speech Therapy	100% Coverage per visit up to a combined benefit maximum of 40 visits per Contract Year. Deductible applies.	50% Coverage of reasonable and customary charges up to the combined benefit maximum of 40 visits per Contract Year
Cardiac Rehabilitation and Pulmonary Rehabilitation	100% Coverage per visit up to a combined benefit maximum of 40 visits per Contract Year. Deductible applies.	50% Coverage of reasonable and customary charges up to the combined benefit maximum of 40 visits per Contract Year
<b>Hospital Services</b>		
Inpatient Services (semi-private room and intensive care, surgery and all related surgical services, ancillary services while inpatient) Note: Non-emergency inpatient hospital admissions, other than for normal labor and delivery, must be approved in advance by Priority Health.	100% Coverage. Deductible applies.	80% Coverage. Deductible applies. Pre- approval required or 20% penalty applies.
Inpatient Hospital Professional Services	100% Coverage. Deductible applies.	80% Coverage. Deductible applies. Pre- approval required or 20% penalty applies.
Outpatient Surgery at Hospital or Ambulatory Center (surgery and all related surgical services)	100% Coverage. Deductible applies. Prior approval is required for certain radiology examinations.	80% Coverage. Deductible applies. Pre- approval required or 20% penalty applies.
Outpatient Hospital Professional Services	100% Coverage. Deductible applies.	80% Coverage. Deductible applies. Pre- approval required or 20% penalty applies. Prior approval is required for certain radiology examinations.

Basic Benefits	Preferred Benefit - 100% Plan Deductible applies where indicated below	Alternate Benefit - 80/20% Plan *Percentage Coverage is calculated using the lower of billed charges or Reasonable and Customary Charges for Covered Services
<b>Hospital Services (continued)</b>		
Certain Surgeries and Treatments (Physician fees only) Bariatric surgery* (limit one per lifetime) Reconstructive surgery: blepharoplasty of upper eyelids, breast reduction, panniculectomy*, rhinoplasty*, septorhinoplasty* and surgical treatment of male gynecomastia Skin Disorder Treatments: Scar revisions, keloid scar treatment, treatment of hyperhidrosis, excision of lipomas, excision of seborrhelic keratoses, excision of skin tags, treatment of vitiligo and port wine stain and hemangioma treatment. Varicose veins treatments Sleep apnea treatment procedures*	Physician fees are Covered at 50%, after deductible, of the first \$2,000.00 for each certain surgery or treatment, 100% thereafter. If applicable, any hospital services Copayment also applies.  *Prior approval required for bariatric surgery, panniculectomy, rhinoplasty, septorhinoplasty and sleep apnea treatment procedures.	Physician fees are Covered at 50%, after deductible, of the first \$3,000.00 for each certain surgery or treatment, 100% thereafter. If applicable, any hospital services Copayment also applies.  *Prior approval required for bariatric surgery, panniculectomy, rhinoplasty, septorhinoplasty and sleep apnea treatment procedures.
<b>Emergency Medical Care (in or out of the service area)</b>		
Hospital Emergency Room	100% Coverage. Deductible applies.	100% Coverage. Deductible applies.
Urgent Care Center	100% Coverage. Deductible applies.	100% Coverage. Deductible applies.
Physician's Office	100% Coverage. Deductible applies.	80% Coverage. Deductible applies.
Ambulance (land or air)	100% Coverage. Deductible applies.	100% Coverage. Deductible applies.
<b>Family Planning/Infertility Services (Family Planning and Infertility Services are covered under the Preferred Benefit only.)</b>		
Vasectomy	100% Coverage when performed in a provider's office or when in connection with other covered inpatient or outpatient surgery. Deductible applies.	Not Covered (including Physicians' fees and any other charges)
<b>Tubal Ligation</b>		
Professional Fees	100% Coverage. Deductible applies.	Not Covered (including Physicians' fees and any other charges)
Outpatient	100% Coverage. Deductible applies.	Not Covered (including Physicians' fees and any other charges)
Inpatient	100% Coverage when performed in connection with delivery or other covered inpatient surgery. Deductible applies.	Not Covered (including Physicians' fees and any other charges)
Infertility services for diagnostic, counseling and planning services for treatment of the underlying cause of infertility.	50% Coverage. Deductible applies. Prescription drugs for infertility treatment covered only with prescription drug rider.	Not Covered (including Physicians' fees and any other charges)
<b>Behavioral Health Services</b>		
Note: All Behavioral Health services must be approved in advance by our Behavioral Health Department 616 464-8500 or 800 673-8043. Treatment may be covered as deemed clinically necessary by our Behavioral Health Department.		
Inpatient Behavioral Health Services (including rehabilitation and partial hospitalization)	100% Coverage. Deductible applies.	80% Coverage Deductible applies. Failure to obtain prior approval will result in 20% reduction in benefits.

Basic Benefits	Preferred Benefit - 100% Plan Deductible applies where indicated below	Alternate Benefit - 80/20% Plan *Percentage Coverage is calculated using the lower of billed charges or Reasonable and Customary Charges for Covered Services.
Outpatient Behavioral Health Services (including medication management visits)	100% Coverage. Deductible applies.	80% Coverage. Deductible applies.
Other Services		
Durable Medical Equipment	100% Coverage. Deductible applies.	50% Coverage. Deductible applies.
Prosthetics & Orthotics	100% Coverage. Deductible applies.	50% Coverage. Deductible applies.
Skilled Nursing, Subacute, Inpatient Rehabilitation and Hospice Facility	100% Coverage. Deductible applies. Maximum 90 days per Contract Year. Prior approval required.	80% Coverage up to 45 days per Contract Year. Failure to obtain prior approval will result in 20% reduction in benefits. Deductible applies.
Home Health Care (including Hospice services, excluding Rehabilitative Medicine)	100% Coverage. Deductible applies. For rehabilitative therapy provided in the home, refer to Short-Term Rehabilitative services for Copayment Information.	80% Coverage. Deductible applies.
Temporomandibular Joint Syndrome (TMJS)	50% Coverage. Deductible applies.	50% Coverage. Deductible applies.
Orthognathic Surgery	50% Coverage. Deductible applies.	50% Coverage. Deductible applies.

Additional Benefits		
Pharmacy Services	Deductible Applies	
Prescription Drugs Note: Prescription drug coverage is based on the usage of a medication formulary.  AFTER DEDUCTIBLE	100% Coverage. Deductible applies.  Includes prescription contraceptive drugs and implantable contraceptive drugs.  Contraceptive devices administered or supplied in the physician's office are covered at 50%. Does not cover condoms, foams, jellies, ointments and other drugs or devices available over the counter.	Preferred Benefit Only
Prescription Mail Order Filled for up to 90 days  AFTER DEDUCTIBLE	Prescription drugs filled for up to 90 days Covered at 100%. Deductible applies  Includes prescription contraceptive drugs and implantable contraceptive drugs.  Contraceptive devices administered or supplied in the physician's office are covered at 50%. Does not cover condoms, foams, jellies, ointments and other drugs or devices available over the counter.	Preferred Benefit Only

Eligibility Information		
Dependent Children	Covered until dependent reaches age 26, regardless of student status.	Covered until dependent reaches age 26, regardless of student status.
Sponsored Dependent	Coverage for eligible dependents (as defined by group) who are legally related to subscriber and reside with subscriber, and who are not eligible for Medicare or Medicaid.	Coverage for eligible dependents (as defined by group) who are legally related to subscriber and reside with subscriber, and who are not eligible for Medicare or Medicaid.
Early Retiree Coverage	Not Available	Not Available
65+ Retiree Coverage	Not Available	Not Available



Belding Area Schools

Employee Segment: Administrators

School Insurance Specialists

## Dental Benefits

### Basic Benefits

Examination - includes initial and periodontic	Covered - 60% R&C, 2 per member per benefit year
Cleaning - adult and child	Covered - 60% R&C, 2 per member per benefit year
Flouride - to age 18	Covered - 60% R&C, 2 per member per benefit year
Restorative - Fillings	60% R&C
Oral Surgery	60% R&C
Endodonolics	60% R&C
Periodontics	60% R&C
Lifetime Deductible	\$50

### Major Benefits

Inlays, Onlays, Crowns, Post/Core Repairs	90% R&C
Bridges and Repairs	90% R&C
Dentures	90% R&C
Annual Deductible	\$50

### Annual Maximum

\$1,000 per person per benefit year for basic and major services combined

### Incentive Plan

Basic Benefit coverage percent increase 10% each succeeding benefit year, not to exceed a Basic Benefit of 100%

### Orthodontic Services

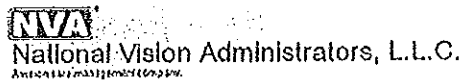
Payment at	80% R&C
Deductible	\$0
Lifetime Maximum	\$1,500

### Additional Options

Alternate Procedures of Treatment: If Alternate Procedures, services or courses of treatment may be performed to properly correct a dental condition, the maximum eligible dental charge which will be considered will be for the least expensive procedure which will, as determined by the Insurance Company, produce a professionally satisfactory result.

**Basic Benefits Incentive Plan Increment Provision:** The Basic Benefits Percentage application to a covered individual's insurance under the coverage for a benefit year will be increased as indicated provided the Covered Individual visited a Dentist for periodic examination and diagnosis at least once during the preceding Benefit Year, and all Basic Services, indicated in the list of Dental Services as a result of the first of such visits, were completed during that Benefit Year. Otherwise, the original Basic Benefits Percentage will again apply for the current Benefit Year, and future incentive plan increments will be determined as described on the Coverage Schedule.

**Additional Benefits Annual Deductible Amount Provision:** For the purposes of calculating benefits for charges incurred in connection with any one Treatment Plan, charges used toward the satisfaction of the Additional Benefits Annual Deductible for a Benefit Year will include any charges in connection with the Treatment Plan which were used toward the satisfaction of the Additional Benefit for a previous Benefit Year. If any Benefit has become payable under the Coverage in connection with a charge, that charge shall in no event be considered in the satisfaction of the Additional Benefit Annual Deductible for any Benefit Year.



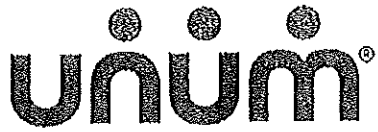
**Proposed Schedule of Benefits - VSP 3 Match**

<b>Benefit</b>	<b>In-Network</b>	<b>Out-of-Network (Reimbursed Amounts)</b>
Examination - Once every 12 months	Covered 100%	Up to: Optometrist - \$35
Lenses - Once every 12 months	Standard Glass or Plastic Covered 100%	Single Vision Up to \$38 Bi-focal Up to \$60 Tri-focal Up to \$72 Lenticular Up to \$108
Lens Options - Once every 12 months -Standard Transitions -Photochromatic -Oversized -Color Tints/Color Coats <sup>†</sup>  -Polarized*	Covered 100% Covered 100% Covered 100% Covered 100%  Covered 100%	N/A N/A N/A Single Vision Up to \$12* Bi-focal Up to \$70* Tri-focal Up to \$84* Lenticular Up to \$118*  Single Vision Up to \$56* Bi-focal Up to \$90* Tri-focal Up to \$110* Lenticular Up to \$138*
Frame - Once every 12 months	Covered up to \$65 Retail Allowance (20% Discount off remaining balance over \$65 allowance)****	Up to \$55
Contact Lenses - Once every 12 months  -Elective**  -Medically Necessary***	(In lieu of Lenses/Frames)  Covered up to \$115 Retail Allowance (15% discount (Conventional) or 10% discount (Disposable) off remaining balance over \$115)**** Covered 100%	(In lieu of Lenses/Frames)  Up to \$115  \$200

**Notes:** If covered participants choose extra options they are responsible for the additional cost paid directly to the provider.  
<sup>†</sup> Out of network reimbursement for color tints/color coats and polarized lenses includes standard lens allowance.  
<sup>\*\*</sup> Fitting and Follow-Up Fees are deducted from the Contact Lens Allowance shown above unless otherwise specified.  
<sup>\*\*\*</sup> Prior Authorization required from NVA  
<sup>\*\*\*\*</sup> Discount does not apply at Wal-Mart /Sam's Club locations  
<sup>\*\*\*\*\*</sup> Discount does not apply at Wal-Mart /Sam's Club locations, Cole corporate locations or Contact Fill

<b>Lens Options</b>	<b>Fixed Fees</b>	<b>Lens Options</b>	<b>Fixed Fees</b>
UV Coatings	\$12.00	Scratch-Resistant Coating (Standard)	\$10.00
Anti-Reflective Coating (Standard)	\$40.00	Progressives (Standard)	\$50.00
Polycarbonate SV	\$25.00	High Index	\$55.00
Polycarbonate BI	\$30.00	Blended Bifocals (Segment)	\$30.00
Polycarbonate TRI	\$30.00	Note: Fixed Prices are available in-network only. Fixed prices do not apply at Wal-Mart/Sam's Club locations.	

\*To access the provider directory, please visit [www.e-nva.com](http://www.e-nva.com). Select "find providers" in the text, and enter provider search number 50981000101 in the Group Number field, enter zip and radius for your search. Provider search number will change upon enrollment.



Better benefits at work.

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**Presented By:**

Associates Of Clifton Park Insurance Agency Inc

**Date: October 21, 2010**

**Group Life and Accidental Death & Dismemberment Insurance**

Unum - Hartford Sales  
Metro Park North  
1699 King Street Suite 210  
Enfield, CT 06082  
Telephone: (800) 225-6413  
Fax: (860) 386-9999

Sales Team: Benjamin A Lorentzen, Sales Consultant  
Greta Sfeci, Sales Coordinator



Simply Unum means benefits designed with your business in mind.

It's a solution that works hard  
to make sure your work is easy.

### Why Simply Unum?

Simply Unum is an innovative approach to benefits that will help employers meet today's toughest HR challenges.

Simply Unum offers:

- effective communication and enrollment that help employees understand the value of their benefits
- simplified administration that facilitates management of multiple choice plans
- attractive benefits and funding options that meet diverse needs while keeping benefit costs predictable and stable

All combined on one administrative platform - and with the superior service you expect from Unum.

### A flexible fit

When it comes to plan administration, Simply Unum earns its name every day. Simply Unum completely redefines the way employers administer benefits. From set-up of your plan to ongoing administration, billing, enrollment and claims management, Simply Unum makes it simple for you every step of the way.

Simply Unum's online plan implementation is convenient, efficient and flexible. You enter information only once to set up all of your Simply Unum benefits. This applies whether you have one benefit or multiple group and voluntary benefits.

And with employer-paid, employee-paid or combined funding options, you can tailor a plan that helps you better control benefit plan costs. We'll help you discover what best fits your workforce.

### We put you in the driver's seat

Once your plans are in place, we put you in control. Virtually everything you need to do can be done using our secure, easy-to-navigate website. You can take advantage of easy administration that includes:

- helpful, online self-service in real time
- one online bill for all Simply Unum benefits
- our assurance that your data is secure

### Simply splendid service

Another benefit to working with Unum is world-class customer service the way you want it - online, by phone or through your field office.

- We provide superior online service and effortless navigation.
- Through our toll-free number, our dedicated service team is focused on first-call resolution.
- And as always, you have the support you need from your Unum field office.

And that goes for claims management, too. We provide easy claim service - online or by telephone.



## About Simply Unum

BELDING AREA SCHOOLS

### A market and thought leader

For the past 33 years, Unum has been the leading provider of disability benefits in the United States<sup>1</sup> and among the top providers of life, long term care and voluntary benefits. No matter what size your company, we have plan designs to fit your needs.

Unum brings more than 160 years of experience in the employee benefits business to the table. Our customers value the insight we provide on changing benefits trends -- and the way we help them find innovative ways to stay on the leading edge of the ever-changing marketplace.

### A community contributor

At Unum, we believe one of the components of our success is our commitment to the communities in which we live and work. From employee volunteerism to philanthropic giving, we find a variety of ways to give to those around us -- and to demonstrate our belief that people are our most valuable asset.

### Simply put

We believe you'll appreciate the passion and energy we put into all we do. We'll show you how the right benefits plan can help build a stronger workforce, and ultimately, a stronger business. Let us put our benefits to work for you.

<sup>1</sup> JHA U.S. Group and Individual Disability Market Surveys, 1997-2007, released in 2009. Ranked #1 in disability insurance for the 21 years prior to 1997 by the annual survey of the Employee Benefits Research Institute (EBRI).

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G-74205 (1-10)



**Simple set-up. Easy administration.  
That's our goal as your benefits partner.**

Benefits management can be complicated and time-consuming. So Simply Unum is designed to make the process easier and faster. Once your plan is implemented, our secure website makes ongoing plan administration nearly effortless - and it gives you hands-on control of your benefits program.

**Administration has never been easier with our online services.**

- You'll receive one integrated bill and make one premium payment for all Simply Unum benefits. When employee information changes, enter the new information one time and all of the employee's Simply Unum coverages are updated automatically.
- It's simple to process new hire enrollments using Simply Unum's automated and integrated technology. Once you enter new hire information, the employee can immediately enroll in all benefits, either over the phone or on our website.
- You and your employees can track the ongoing status of claims online.

**A short list of tasks keeps it simple for you.**

To get started, you'll need to register on our website. To make sure your data stays safe and secure, *only* a registered user can access your information. As soon as registration is complete, you'll have complete access to our integrated and streamlined administration solutions.

**You'll find it easy to handle key activities on our website.**

- Once we have approved the sale, your registered plan administrator reviews and approves the final benefits plan online. If your broker is taking these steps on your behalf, your plan administrator can simply register the broker for online access. Should questions arise, our team of highly trained professionals is available to help.
- The benefits plan administrator begins managing the benefit coverages online as soon as the sale is approved.
- During ongoing online benefits administration, your plan administrator:
  - receives electronic communications from Unum regarding coverages;
  - maintains records on Unum's secure systems on behalf of insured individuals to enable coverage, premium payment and claims administration;
  - provides required forms and notifications to insured individuals; and
  - remits premium payments after reviewing the bill on the secure website.

Simply Unum is designed to minimize redundancy, to work around your schedule and to save you time. We think you'll find this is the simple answer to an often complicated process.

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G-74217 (1-10)



### Group Life and Accidental Death & Dismemberment Insurance

Group life and accidental death and dismemberment (AD&D) insurance can provide financial protection for named beneficiaries in the event the insured individual dies prematurely. It includes support services to help beneficiaries cope with the emotional and financial planning issues. This plan also provides coverage in the event of a dismembering accident. See Product Highlights and Descriptions for additional plan details.

Proposed coverage effective date: December 1, 2010  
 Number of eligible employees: 108  
 Eligibility class descriptions: Class 1: All Full-Time Non-Union Employees  
 Class 2: All Full-Time Union Employees

<u>Employee Life Plan Description</u>	Class 1	Class 2
Life Benefit Amount	\$20,000	\$10,000
Overall Maximum	\$20,000	\$10,000
Non-Medical Maximum	The Employee Life non-medical maximum is equal to the overall maximum.	The Employee Life non-medical maximum is equal to the overall maximum.
Benefit Reduction Formula	Life Benefit Reduces to: - 65% at age 70; and - 50% at age 75	Life Benefit Reduces to: - 65% at age 70; and - 50% at age 75
Accelerated Benefit	100% of the Life Amount to a maximum of \$250,000	100% of the Life Amount to a maximum of \$250,000
<u>Employee AD&amp;D Plan Description</u>	Class 1	Class 2
AD&D Benefit Amount	Equal to Employee Life Benefit Amount	Equal to Employee Life Benefit Amount
Overall Maximum	Equal to Employee Life Overall Maximum Amount	Equal to Employee Life Overall Maximum Amount
Benefit Reduction Formula	AD&D Benefit Reduces to: - 65% at age 70; and - 50% at age 75	AD&D Benefit Reduces to: - 65% at age 70; and - 50% at age 75
<u>Provisions applicable to both Employee Life and AD&amp;D</u>	Class 1	Class 2
Contributions Required By	- Employer - Rate assumes 100% participation	- Employer - Rate assumes 100% participation
Required Participation	100% of eligible employees	100% of eligible employees
Work-life balance employee assistance program	Not Included	Not Included
New Employee Waiting Period	30 Days*  *For new employees who complete their waiting period on or after the plan effective date, coverage will begin the day after their date of eligibility.	30 Days*  *For new employees who complete their waiting period on or after the plan effective date, coverage will begin the day after their date of eligibility.
Minimum Hours for Eligibility	30 hours per week	30 hours per week



**Benefits & Cost Summary: Group Life and AD&D**

BELDING AREA SCHOOLS

**Rates and Cost Information**

This proposal shows premium due on a monthly basis. Actual billed premium will be based on the number of payroll periods during that month.

<b>Employee Life</b>	<u>Volume</u> \$1,290,000.00	<u>Rate</u> \$0.09 per \$1,000	<u>Monthly Cost</u> \$116.10
<b>Employee AD&amp;D</b>	<u>Volume</u> \$1,290,000.00	<u>Rate</u> \$0.02 per \$1,000	<u>Monthly Cost</u> \$25.80
<b>Rate Guarantee</b>	3 Years (subject to the policy terms)		

Underwritten by the following subsidiary of Unum Group:

**Unum Life Insurance Company of America**  
2211 Congress St., Portland, ME 04122



## **Group Life Insurance and Accidental Death & Dismemberment Insurance**

Some features listed below may be applicable only to certain quotes and/or classes. Please see the "Plan Description" section of your Benefits and Cost Summary for specific plan details.

### **New Employee Waiting Period**

The period that a new employee, hired after the effective date of the plan, will have to wait to be eligible for coverage. Please see the plan description section of the Benefits and Costs Summary for the waiting period duration.

### **Other Provisions**

#### **Accelerated Benefit**

This pays a portion of the insured employee's life benefit in the event the insured employee becomes terminally ill, and the employee's life expectancy has been reduced to less than 12 months. The employee's death benefit will be reduced by the accelerated life benefit that is paid.

#### **Portability**

This allows a covered employee to elect portable coverage, at group rates, if the employee terminates employment, reduces hours or retires from the employer.

#### **Life Insurance Conversion Privilege**

When a covered employee's group coverage ends, employees may convert their coverage to individual life policies without providing evidence of insurability.

#### **Premium Waiver**

**Continuing protection when an employee is disabled:** If a covered employee becomes disabled and remains so for the specified period of time, life insurance for the employee will be continued throughout the period of disability, up to the earlier of your plan's age limit or the employee's retirement date (for most schedules).

Once the elimination period is met and proof of disability is approved, no further payment of life premium will be required. Proof must be submitted within 90 days after the end of the elimination period in order to qualify for the life premium waiver. Proof of continuing disability may also be required.

#### **Elimination Period**

##### **9 Months**

Employees must be continuously disabled through the elimination period in order to be eligible for the premium waiver.

#### **Definition of Disability - Total Disability, Any Occupation**

An employee is considered disabled when Unum determines that:

- during the elimination period, he or she is not working in any occupation due to injury or sickness; and
- after the elimination period, due to the same injury or sickness, the employee is unable to perform the duties of any gainful occupation for which the employee is reasonably fitted by training, education or experience.

Injury means a bodily injury that is the direct result of an accident and not related to any other cause. Sickness means an illness or disease. The disability must begin while the employee is covered under the plan.

Employees must become disabled prior to age 60.



Premium will be waived to the earlier of age 65 or retirement.

### AD&D Provisions

### AD&D Covered Losses and Benefits

The AD&D plan provides additional protection for insured employees in the event of an accidental bodily injury resulting in death or dismemberment.

Benefits resulting from the accidental death are paid to the named beneficiary. Benefits resulting from a dismembering injury are paid to the insured individual. The loss must occur within 365 days of the accident.

For Loss of	The Benefit will be
• Life	The full amount
• Both hands or both feet or sight of both eyes	The full amount
• One hand and one foot	The full amount
• One hand or one foot and the sight of one eye	The full amount
• Speech and hearing	The full amount
• One hand or one foot	One half the full amount
• Speech or hearing	One half the full amount
• Sight of one eye	One half the full amount
• Thumb and index finger of the same hand	One quarter the full amount

No more than the full amount will be paid for all losses resulting from the same accident.

### AD&D Education Benefit

This pays an additional lump sum benefit, to each qualified child of a deceased insured employee (provided death occurs within 365 days of the accidental bodily injury), equal to the lesser of

- 6% of the employee's AD&D benefit amount; or
- \$6,000

Maximum benefit payments: 4 per lifetime

Maximum benefit amount: \$24,000

Maximum benefit period: 6 years from the date of the first benefit payment

In order to qualify, a child must continue to be enrolled full-time in an accredited post-secondary institution of higher learning beyond the 12<sup>th</sup> grade level. If still at the 12<sup>th</sup> grade level, then the child must enroll in such an institution within 365 days of the employee's date of death.

### AD&D Repatriation Benefit

This pays an additional accidental death benefit of up to \$5,000 for preparation and transportation of a deceased insured employee, provided death occurs at least 100 miles from the employee's principal residence.



### **AD&D Seatbelt and Airbag Benefit**

This pays an additional accidental death benefit if an insured employee dies while properly wearing a seatbelt, and pays an additional accidental death benefit if the employee was protected by an airbag.

#### **Benefit amount**

- Seatbelt: 10% of the full amount of the insured employee's accidental death and dismemberment insurance benefit.
- Airbag: 5% of the full amount of the insured employee's accidental death and dismemberment insurance benefit.

#### **Maximum benefit**

- Seatbelt: \$25,000
- Airbag: \$5,000

### **AD&D Exposure and Disappearance Benefit**

Unum will presume the insured employee suffered loss of life due to an accident if:

- he or she is riding in a common public passenger carrier that is involved in an accident covered under the contract; and
- as a result of the accident, the common public passenger carrier is wrecked, sinks, is stranded, or disappears; and
- the insured employee's body is not found within one year of the accident.

### **Services Included**

#### **Life Planning *Financial & Legal Resources***

This personalized financial counseling service provides expert, objective financial counseling to survivors and terminally ill employees at no cost to them. This service is also extended to employees upon the death or terminal illness of their covered spouse. The financial consultants are master level consultants. They will help develop strategies needed to protect resources, preserve current lifestyles, and build future security. At no time will the consultants offer or sell any product or service.

### **Other Important Information**

#### **Delayed Effective Date**

For employees who are absent from work on the date their coverage would normally begin (due to injury, sickness, layoff or leave of absence), coverage will begin on the date they return to active employment.

#### **Coverage Exclusions - Life Insurance**

Life benefits will not be paid when death is caused by, contributed to by, or results from suicide occurring within 24 months after the employee's initial effective date of insurance; and occurring within 24 months after the date any increase or additional insurance becomes effective for the employee (applies to contributory amounts and medically underwritten amounts).



### Coverage Exclusions - AD&D Insurance

AD&D benefits will not be paid for accidental losses caused by, contributed to by, or resulting from:

- suicide, self-destruction while sane, intentionally self-inflicted injury while sane, or self-inflicted injury while sane, or self-inflicted injury while insane
- active participation in a riot
- attempt to commit or commission of a crime
- war, declared or undeclared, or any act of war
- voluntary use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction of the employee's physician (this exclusion does not apply if the chemical substance is ethanol)
- disease of the body, or diagnostic, medical or surgical treatment, or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders
- being intoxicated

### Employee Coverage Termination

An employee's coverage under the plan will end on the earliest of:

- the date the policy or plan is cancelled;
- the date the employee is no longer in an eligible group;
- the date the employee's eligible group is no longer covered;
- the last day of the period for which the employee made any required contributions; or
- the last day the employee is in active employment, unless continued due to a covered layoff or leave of absence or due to an injury or sickness, as described in the certificate of coverage.

Unum will provide coverage for a payable claim which occurs while insured individuals are covered under the Certificate of coverage or plan.

Life Planning is provided by Ceridian Incorporated. The services are subject to availability and may be withdrawn by Unum without prior notice.

Underwritten by the following subsidiary of Unum Group:

Unum Life Insurance Company of America  
2211 Congress St., Portland, ME 04122



### **Proposal Conditions:**

**Policies:** This proposal is not a contract for insurance. The Benefits and Cost Summary, these Conditions and related Product Highlights and Descriptions which constitute the proposal are only summaries. Any policies issued will contain complete coverage terms, including additional definitions, limitations and exclusions, and will control in the event of a conflict. Unless otherwise stated, this offer includes only Unum's standard policy provisions and services. *Some policies and provisions may vary or not be available in all states.*

**Policy Contingencies:** This proposal is contingent on the accuracy of all information provided by you or on your behalf, your ability and willingness to complete all required administrative functions, including payroll deduction and web servicing tasks, your assistance and cooperation during enrollment, your satisfaction of all participation and proposal requirements and Unum's verification of all information and final approval of all risks. Upon the failure to satisfy any of these conditions, Unum can withdraw this offer and no policies will be issued.

**Policy Delivery and Web Servicing:** For group coverages, your certificate booklets, group insurance policy and related plan documents will be delivered electronically on Unum's secure website. Your ability to electronically retrieve and download the documents is deemed to constitute delivery and receipt. You must also be able to perform administrative functions electronically, such as recording coverage elections, communicating with Unum and insureds, receiving and reviewing premium bills, collecting and remitting premium and monitoring coverage and claim status.

**This quote will remain open until the date stated in the Benefits and Costs Summary January 19, 2011 after which time it will automatically expire without notice or further action. Although we do not anticipate doing so, we reserve the right to withdraw or modify this offer at any time. Any change in plan design, eligibility, participation requirements or similar conditions requires written approval from Unum.**

**Eligibility:** Eligibility for coverage under some policies is conditioned on being in active employment in the United States and a United States or Canadian citizen or a permanent United States resident.

**Broker Licensing and Appointment.** Prior to soliciting sales, insurance representatives must be licensed in the policy situs state and each state where one-on-one solicitations occur. They must also be appointed with the applicable Unum insuring subsidiary. *Unum cannot issue coverage if a representative is not properly licensed and appointed.* Unum is prepared to assist agents in complying with these state regulations. Representatives who need to check their Unum appointment status should call the Broker Compensation Service Center at 1-800-633-7491 ext. 2.

**Privacy Conditions:** Because of the sensitive and private nature of much of the information available on Unum's secure website—especially information related to insureds—it is important that before you grant access to others they confirm their ability and willingness to keep the information confidential and secure at all times. In addition, you must periodically review your authorized user list and promptly remove anyone who should no longer have access (e.g., former employees or third party brokers, consultants or vendors with whom you are no longer affiliated). By accepting this offer, you agree that Unum may rely on the actions of those to whom you grant access as if they were yours and may rely on the sufficiency of all authorizations you have granted them. You must notify Unum immediately of any breach of security or any unauthorized disclosure of personal information related to insureds by you or anyone to whom you have granted access. Prior to using Unum's secure website, you must agree to the terms of Unum's Internet Services User Agreement.

**NOTICE TO ERISA PLAN FIDUCIARIES:** When ERISA governs, offering both employer paid and employee paid insurance products under a single ERISA plan and reporting them on a single Form 5500 gives maximum flexibility to employers to determine the proportion of employer and employee funding and to make decisions on how premium is allocated among coverages. The employer's payment obligation is the difference between the total cost of benefits and any employee contributions.

**ERISA Support:** Unum supports treating all its group policies as employee welfare benefit plans governed by ERISA and will do so unless an employer advises that its plan qualifies for an exemption from ERISA. To assist employers in carrying out their ERISA responsibilities, employers who provide Unum with the necessary information can, in most cases, use Unum's certificate booklets to comply with their initial summary plan description disclosure requirements. Unum also provides employers with the premium and commission information needed to complete Schedule A on Form 5500 for group insurance. Similar information will be provided for other insurance policies, upon request. Please call 1-800-633-7491 for Broker Compensation Services to request such information.



**Employer Benefit Program Services:** Support services are available with selected Unum insurance offerings and may be provided on Unum's behalf by independent service providers. Exclusions, limitations and prior notice requirements may apply and services do not constitute legal advice. Service providers, service features, terms and eligibility criteria are subject to change. Services are not valid after termination of coverage and may be withdrawn at any time. Please contact your Unum representative for full details and information about Unum's service providers.

**Civil Union and Domestic Partners:** Unum complies with all state civil union and domestic partner laws when applicable to our policies.

### NOTICE REGARDING BROKER COMPENSATION

Your insurance or benefits advisor can offer you advice and guidance as you select the policy and provider most appropriate for your needs. At Unum we recognize the important role these professionals play in the sale of our products and services and offer them a variety of compensation programs. Your advisor can provide you with information about these programs as well as those available from other providers. We support disclosure of broker compensation so that customers can make an informed buying decision.

Brokers may be eligible to receive Base Commissions and Supplemental Commissions from Unum.

Unless you have agreed in writing to compensate the broker differently, Unum provides Base Commissions to all brokers in connection with the sale of an insurance policy. Base Commissions are a fixed percentage of the policy premium, and include a one time, first year flat amount for each policy sold. Base Commissions are paid by Unum to your broker as long as they remain the broker of record on your policy.

A broker may also qualify for Supplemental Commissions paid by Unum. For group insurance products, Supplemental Commissions may be paid in an amount equal to a fixed percentage of total group insurance premiums. The Supplemental Commission percentage may range from 0% to 2.5% of total premiums paid. The exact Supplemental Commission percentage payable to any broker is based upon the total dollar amount of all eligible insurance premiums or number of group policies that the broker had in force with Unum in the prior calendar year. Supplemental Commissions may be calculated differently for other insurance products. The premium you pay is not impacted whether or not your broker receives Supplemental Commissions.

If you would like additional information about the range of compensation programs our company offers for your group insurance policy or any other Unum insurance product, you can find more details at [www.unum.com](http://www.unum.com). Should you have other questions not addressed by the website, including the Supplemental Commission percentage applicable to your broker, or if you want to speak to us directly about broker compensation, please call 1-800-633-7491.