

Employee Application

Please print clearly in blue or black ink.

RENEWAL

Check one – Employer Use

New Employee Change COBRA

EMPLOYEE INFORMATION—Failure to accurately complete the questions on this application may affect the existence or amount of coverage. Please correct any errors in the information listed below.

Employee name (<i>last, first, initial</i>)		Employer Southern Healthcare Agency, Inc.			Employment location	
Group policy/participant # 5336984		Account # or Bill Group Name	Cert. #	Employee SSN	Employee birthdate	
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Job title or position	Employee hire date	# hours Per week	Earnings \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____	Married <input type="checkbox"/> Yes <input type="checkbox"/> No	Children <input type="checkbox"/> Yes <input type="checkbox"/> No
Address			City	State	Zip	

ELECTIONS ARE NOT VALID WITHOUT A SIGNATURE AT THE END OF THIS APPLICATION.
DEPENDENT INFORMATION—Required if Dependent coverage applies

Name (Last Name, First Name)	Date of Birth	Gender	Relationship

NOTE — Coverage not elected will be assumed refused even if not specifically refused

DENTAL BENEFITS— You may select the benefit(s) below. If you enroll, you will pay all or a portion of the premium.

Accept Refuse Coverage
 Employee
 Employee + Spouse

Accept Refuse Coverage
 Employee + Child
 Employee + Family

Refuse Dental Benefits

VISION BENEFITS— You may select the benefit(s) below. If you enroll, you will pay all or a portion of the premium.

Accept Refuse Coverage
 Employee
 Employee + Spouse

Accept Refuse Coverage
 Employee + Child(ren)
 Employee + Family

Refuse Vision Benefits

Union Security Insurance Company

Mail to: P.O. BOX 419596, Kansas City, MO 64141-6596

Form 61 (03/2010)

RENEWAL

Employee name		Employer Southern Healthcare Agency, Inc.
Group policy/participant no. 5336984	Account no.	Cert. no.

MY SIGNATURE ON THIS APPLICATION CERTIFIES THAT I:

(1) Apply for the coverages designated for which I am eligible under my employer's plan with Union Security Insurance Company. (2) Understand if coverages have been refused, I am not entitled to benefits under those coverages and that if I want to apply later, I must furnish at my own expense proof of good health satisfactory to Union Security Insurance Company. For Dental coverage, I understand that I will not be entitled to benefits until the expiration of any Late Entrant Limitation period specified in the policy. (3) Authorize any required deductions from my earnings. (4) Represent that all of the information on this application is complete, correct and true to the best of my knowledge and belief. (5) Understand that I must be actively at work the number of hours specified in the policy/participation agreement to remain insured. (6) Understand that I have the right to select any dental care provider of my choice. (7) Understand that the dental plan includes a pre-estimate provision that will advise me in advance of the benefits I may be eligible for if the procedure is performed. (8) Understand that coverages include waiting periods, limitations, exclusions and a pre-existing conditions provision that may affect my entitlement to benefits. When necessary, I may be asked to execute a HIPAA authorization form, allowing Union Security Insurance Company to use and disclose protected health information.

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

Employee's signature _____ Date _____

AGENT, BROKER, AND/OR ENROLLER INFORMATION:

Agency Name: _____

Agent/Broker Name: _____

Enroller Name: _____



Southern Healthcare Agency, Inc. Dental Insurance Benefit Summary

Presented by: Sun Life Financial

Effective: January 1, 2017

Policy: 5336984

Eligibility

You are eligible to participate if you are a full-time employee, as defined by your employer, at active work and working in the United States. Other policyholder-defined eligibility requirements may apply. Temporary or seasonal workers are not eligible.

Plan Description

			In-Network	Out-of-Network
Calendar Deductible – Individual			\$50	\$50
Calendar Deductible – Family			3 individuals	3 individuals
Deductible Applies			Class II & III	Class II & III
Calendar Year Maximum Benefit			\$1,500	\$1,000
Coinsurance	In-Network*	Out-of-Network	Highlights of Covered Services	
Class I: Diagnostic & Preventive	100%	100%	Oral evaluations, routine cleanings, bitewing X-rays, fluoride treatments, sealants, intraoral complete series X-rays or panoramic film, genetic test for susceptibility to oral diseases.	
Class II: Basic	90%	80%	Intraoral periapical X-rays, fillings, including tooth-colored fillings on posterior teeth, extractions, biopsy (including brush biopsy), periodontics, localized delivery of antimicrobial agents, root canal therapy.	
Class III: Major	60%	50%	Crowns, dentures, fixed bridges, space maintainers, general anesthesia and intravenous sedation.	

* Assurant[®] Dental Network, the dental network for your plan, includes 100,000+ unique dentists contracted with Dental Health Alliance, L.L.C.[®] (DHA[®]) and dentists under access arrangements with other dental networks. To find a dentist in your area, or to nominate your dentist to participate in our network, go to www.sunlife.com/findadentist under PPO plan select your network, or call Customer Service at 800.733.7879.

Pre-Estimation: If the charge for any dental treatment is expected to exceed \$300, Sun Life Financial recommends a dental treatment plan be submitted to Claims for review before treatment begins.

Weekly Payroll Rates:

Employee Only	\$ 9.04
Employee + Spouse	\$ 18.27
Employee + Child(ren)	\$ 23.07
Employee + Family	\$ 32.30

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Commonly asked questions about Dental insurance:

Q: What are my deductibles?

A: Whether you utilize a network provider or not, your plan has a \$50 per person deductible. The family deductible is satisfied when 3 family members meet their \$50 per person deductible. The deductible is waived for Preventive services.

Q: What is Lifetime of Smiles?

A: The Lifetime of Smiles program expands many of our dental plans to include benefits that our members have been asking for. Some of the highlights include:

- Coverage for up to 4 periodontal cleanings in a 12-month period
- Genetic testing – to help identify individuals who are at risk for gum disease
- Periochips – to control bacteria and reduce the size of periodontal pockets
- Posterior tooth-colored fillings – preferred by many dentists and their patients
- Brush biopsies – for help with early detection of oral cancer
- Online Dental Health Center – a resource that offers up-to-date information available on oral health

Q: Can I see my own dentist?

A: You are free to use the dentist or specialist of your choice. However, when you choose a dentist in your plan's PPO network, you may save money. Using a network dentist may lower your out-of-pocket costs and may make your annual maximum go further.

Q: Do I have any waiting periods?

A: No, your plan has no waiting periods.

Q: Who is a Late Entrant?

A: A "Late Entrant" is anyone who enrolls in this dental plan more than 31 days after becoming eligible for the plan. Late Entrants may be subject to additional waiting periods for Class II Basic and Class III Major services. Late Entrant Waiting Periods may also apply to employees who were not covered under their employer's prior dental plan.

Q: Who are eligible dependents?

A: Those qualified to be covered under your dental plan include your spouse and your children less than age 26. See your certificate or group insurance policy for additional eligibility details.

Customer Service	Claims
Sun Life Financial PO Box 981624 El Paso, TX 79998-1624 800.733.7879	Sun Life Financial PO Box 2940 Clinton, IA 52733-2940 800.442.7742 Electronic Claims: Payor 70408

For more information regarding claims and services, please visit our website at: www.sunlife.com/findadentist, under PPO Plan, select your network, or call us at 800.733.7879.

This summary provides only a general overview and does not contain or describe all plan details. Issued insurance policies determine all plan features and policy benefits. Please consult your certificate or group policy for a complete description, including all applicable limitations, exclusions, reductions, and restrictions. Please contact Sun Life Financial for additional information.

This dental plan does not provide coverage for pediatric oral health services that satisfies the requirements for "minimum essential coverage" as defined by the Patient Protection and Affordable Care Act. ("PPACA").

Vision Insurance Plan 3

Good news about vision benefits for employees of Southern Healthcare Agency, Inc.

Did you know?

- 3 in 4 adults need vision correction.¹
- 9 in 10 employees say visual disturbances affect their quality of work.²
- More than 90 percent of adults report using digital devices more than two hours a day, putting them at risk for digital eye strain.³

Your Vision Insurance Plan

As a valued employee of Southern Healthcare Agency, Inc., you have the opportunity to enroll in a payroll-deduction vision program.

Plan Features:

- Doctors who offer flexible hours and office settings
- Eyewear choices we believe you'll love
- Access to the largest network of private-practice eyecare doctors in the U.S. through VSP @ Vision Care Signature Network.⁴

How the Plan Works

Employees get the most from their vision benefits when they visit a VSP doctor. VSP's doctor network offers a wide choice of private practice optometrists, ophthalmologists, and opticians. A VSP provider can be located by visiting vsp.com or call VSP's Member Services department at 800.877.7195.

If you visit an in-network provider for services and materials, you don't need an ID card or have forms to complete. If you visit an out-of-network provider for services and materials, you'll be required to pay the full amount to the provider at that time. You can then submit a claim for reimbursement, which is a lesser benefit when compared to visiting a VSP doctor.

IMPORTANT:

Coverage for eligible employees will begin January 1, 2017. You must sign up by the Initial Enrollment Deadline, or forfeit the opportunity until the next plan anniversary date.

¹ Vision Council, *VisionWatch* December 2014.

² *Transitions 2015 Employee Perceptions of Vision Benefits Survey.*

³ Vision Council, *2015 Digital Eye Strain Report.*

⁴ *Netminder as of April, 2015.*

The issued policy provides vision insurance only. It does not provide basic hospital, accident or major medical coverage. Plans contain limitations, exclusions and restrictions. Plan frequencies and limitations apply. We can cancel the policy after giving the policyholder advance written notice.

This vision plan does not provide coverage for pediatric vision health services that satisfies the requirement for "minimum essential coverage" as defined by The Patient Protection and Affordable Care Act ("PPACA").

Insurance products are underwritten by Union Security Insurance Company (Kansas City, MO) under Policy Form Series GP-10 and administered by Sun Life Assurance Company of Canada (Wellesley Hills, MA).

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Sun Life Financial Plan 3

A summary of vision care benefits for the employees of Southern Healthcare Agency, Inc.

Cost for Vision Insurance

	WEEKLY Cost*
For you	\$2.13
For you and your spouse	\$4.26
For you and your children	\$4.68
For you and your family	\$6.81

* Your actual cost may vary depending upon your employer's contribution towards the cost of the plan.

Vision Insurance Schedule

Benefit	Frequency	In-Network Member Cost	Out-of-Network Benefit
Vision Exam – focuses on your eye health and overall wellness	Every 12 months	\$10 copay	Up to \$52
Laser Vision Correction Discount	Once per eye per lifetime	<ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities. 	N/A
Lenses Single Lined Bifocal Lined Trifocal Lenticular	Every 12 months	\$25 copay (for lenses and frame)	Up to \$55 Up to \$75 Up to \$95 Up to \$125
Frames	Every 24 months	\$130 allowance for frames of your choice and 20% off the amount over your allowance.	\$57
Elective Contact Lenses <i>Contact lenses are in place of lenses and frame.</i>	Every 12 months	\$130 allowance for contact lens exam (fitting and evaluation) and materials. If you choose contact lenses you will be eligible for frames 12 months from the date the contact lenses were obtained.	Up to \$105
Additional Glasses and Sunglasses Discount	30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your exam. Or get 20% off from any VSP doctor within 12 months of your last exam.		N/A

Locating an In-Network VSP Doctor

You get the most from your vision benefits when you visit a VSP doctor. You'll find a listing of doctors at vsp.com or by calling 800.877.7195. VSP doctors offer flexible hours, a variety of office settings, and eyewear choices.

Using your Vision Benefit

Once enrolled, simply tell your VSP doctor you're a member and they will handle the rest. No ID cards required!

Out-of-Network Providers

If you see a non-VSP provider, you'll receive a lesser benefit. Before seeing a non-VSP provider call VSP at 800.877.7195 for more details.

Eligibility

You are eligible to participate if you are a full-time employee, as defined by your employer, at active work and working in the United States. Other policyholder-defined eligibility requirements may apply. Temporary or seasonal workers are not eligible.

Dependent Eligibility

Those qualified to be covered under your vision plan include your spouse and children less than age 26. See your certificate or group insurance policy for additional eligibility details.

Late Entrants

If you elect coverage more than 31 days after your eligibility date, your effective date will be delayed to the next plan anniversary date.

This information is a summary of your benefit. In the event of a discrepancy between this information and the insurance contract, the terms of the contract will prevail.

Limitations & Exclusions

Limitations

In no event will coverage exceed the lesser of.

- the actual cost of the examination or materials, or
- the limits of coverage shown in the Vision Insurance Schedule.

The allowance for lenses shown in the Vision Insurance Schedule is for two lenses. If only one lens is needed, coverage will be 50% of the allowance shown for two lenses.

Benefits will not be payable for replacement of lost or broken materials until the next eligible benefit period.

The plan is designed to cover visually necessary materials rather than cosmetic materials. When you or a covered dependent select any of the following extras, the plan will pay the basic cost of the allowed lenses, and you or the covered dependent will pay the additional costs for the options.

- Optional cosmetic processes.
- Anti-reflective coating.
- Color coating.
- Mirror coating.
- Scratch coating.
- Blended lenses.
- Cosmetic lenses.
- Laminated lenses.
- Oversize lenses.
- Progressive multifocal lenses.
- Photochromic lenses; tinted lenses except Pink #1 and Pink #2.
- UV (ultraviolet) protected lenses.
- Certain limitations may apply to low vision care benefits.
- A frame that costs more than the plan allowance.
- Contact lenses (except as noted in the Vision Insurance Schedule).

General Exclusions

Covered vision expenses do not include, and we will not pay benefits for, the following:

- Orthoptic or vision training and any associated supplemental testing.
- Plano lenses.
- Two or more pairs of glasses, in lieu of bifocals or trifocals.
- Medical or surgical treatment of the eye, eyes, or supporting structures, except for laser surgery as shown under the Vision Insurance Schedule.
- Materials, services or options not shown in the Vision Insurance Schedule.
- Treatment or materials of an experimental nature.