



**SOUTHERN HEALTHCARE AGENCY, INC.
HOURLY EMPLOYEE BENEFITS OPEN
ENROLLMENT NOVEMBER 2022
EFFECTIVE DATE JANUARY 2023**

PLEASE SEE SOUTHERN HEALTHCARE'S POLICY TO DETERMINE ELIGIBILITY FOR ENROLLMENT

SUN LIFE FINANCIAL DENTAL INSURANCE

COST:	Monthly	Weekly
Employee only	\$39.17	\$9.04
Employee spouse	\$79.15	\$18.27
Employee children	\$112.15	\$25.88
Employee family	\$152.13	\$35.11

SUN LIFE FINANCIAL VISION INSURANCE

COST:	Monthly	Weekly
Employee only	\$10.10	\$2.33
Employee spouse	\$20.21	\$4.66
Employee children	\$22.20	\$5.12
Employee family	\$32.28	\$7.45

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
<input type="checkbox"/>	<input type="checkbox"/>	Employee
<input type="checkbox"/>	<input type="checkbox"/>	Employee + Spouse

Accept	Refuse	Coverage
<input type="checkbox"/>	<input type="checkbox"/>	Employee + Child
<input type="checkbox"/>	<input type="checkbox"/>	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
<input type="checkbox"/>	<input type="checkbox"/>	Employee
<input type="checkbox"/>	<input type="checkbox"/>	Employee + Spouse

Accept	Refuse	Coverage
<input type="checkbox"/>	<input type="checkbox"/>	Employee + Child(ren)
<input type="checkbox"/>	<input type="checkbox"/>	Employee + Family

☐ Refuse Vision Benefits

Union Security Insurance Company

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

Form 61 (03/2010)

Page 1 of 2

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: _____

Dental insurance



Benefit Highlights

For all eligible employees of Southern Healthcare Agency, Inc., Policy # 923883

All Eligible Employees

- Dental insurance can help lower your out-of-pocket expenses so you and your family can maintain healthy smiles—and better overall health, too
- It pays all or part of your dental expenses, depending on the type of procedure. Benefits will be paid after any applicable deductible has been met, up to the annual maximum
- Cover your spouse¹ and your dependent children so you can help your whole family stay healthy
 - An eligible child is defined as a child to age 26²
- Benefit from group rates that may be more affordable than buying dental insurance on your own

Compare the annual cost of your Dental insurance with paying your dental expenses yourself

National Average Retail charge³ for dental procedures:

Adult cleaning	\$89 twice yearly = \$178
Oral examination	\$49 twice yearly = \$98
Bitewing x-rays	\$60

Total annual cost for preventive care \$336

Other services you or a dependent may need:

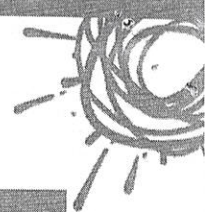
Fluoride Treatment	\$35
One surface filling	\$155
Root canal	\$1,089
Crown	\$1,108

Additional plan features

- Your plan includes our Lifetime of Smiles® program, with benefits many people prefer, such as up to four periodontal cleanings in a year^{4,5}, tooth-colored fillings for back teeth and brush biopsies for the early detection of oral cancer
- Sun Life Dental Network®, the PPO network for your plan, includes 125,000+ unique dentists, offers you more options to help save on fees and can make your annual maximum go even further⁷

How Sun Life's Dental insurance can help

- Encourages routine cleanings and checkups at the dentist
- Cover your family's dental bills and reduce dental care costs for you and your family
- Maintain oral health to prevent infections and tooth loss



Dental Coverage Overview

Calendar Year Maximum	In-Network	Out-of-Network
Types I, II and III (Preventive, Basic and Major) Services	\$1,500 per person	\$1,500 per person

Calendar Year Deductible

Procedure Type	In-Network	Out-of-Network
Type I Preventive Services	N/A	N/A
Type II, III (Basic and Major Services)	\$50 individual/\$150 family	\$50 individual/\$150 family
Type IV Ortho Services	N/A	N/A

The plan pays the following percentage for procedures

Procedure Type	In-Network	Out-of-Network
Type I Preventive Services	100%	100%
Type II Basic Services	90%	90%
Type III Major Services	60%	60%

Type I Preventive Dental Services, Including:

- Oral evaluations – once in any 6 month period
- Routine dental cleanings – once in any 6-month period (frequency combined with periodontal maintenance)
- Fluoride treatment – once in any 6-month period.
Only for children under age 14
- Sealants – no more than once per tooth in any 36-month period, only for permanent molar teeth. *Only for children under age 14*
- Genetic test for susceptibility to oral diseases
- Bitewing x-rays – once in any 12 month period
- Intraoral complete series x-rays – once in any 60-month period

Type II Basic Dental Services, Including:

- New fillings, including posterior composites
- Simple extractions, incision and drainage
- Surgical extractions of erupted teeth, impacted teeth, or exposed root
- Biopsy (including brush biopsy)
- Endodontics (includes root canal therapy) – once per tooth in any 24 month period
- Minor gum disease treatment: (non-surgical periodontics)
 - Scaling and root planing – once in any 36-month period per area
 - Localized delivery of antimicrobial agents
 - Periodontal maintenance – once in any 3 consecutive months (frequency combined with routine dental cleanings)
- Major gum disease treatment: (surgical periodontics)

Type III Major Dental Services, Including:

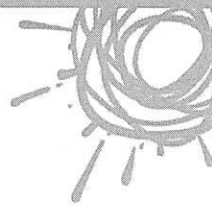
- ☐ Dentures and Bridges, subject to 10 year replacement limit
- ☐ Stainless steel crowns. *Only for children under age 19*
- Inlay, onlay, and crown restorations – once per tooth in any 10 year period.
- Space maintainers – *Only for children under age 19*
- ☐ General anesthesia and IV sedation when medically required

Waiting Periods

For a complete description of services and waiting periods, please review the certificate of insurance. If you were covered under your employer's prior plan the wait will be waived for any type of service covered under the prior plan and this plan.

- ☐ No waiting period for preventive or basic services.

Dental Q&A



How does a PPO work?

PPO stands for Participating Provider Organization. With a dental PPO plan, dental providers agree to participate in a dental network by offering discounted fees on most dental procedures. When you visit a provider in the network, you could see lower out-of-pocket costs because providers in the network agree to these pre-negotiated discounted fees on eligible claims.

How do I find a dentist?

Simply visit www.sunlife.com/findadentist. Follow the prompts to find a dentist in your area who participates in the PPO network. You do not need to select a dentist in advance.

Do I have to choose a dentist in the PPO network?

No. You can visit any licensed dentist for services. However, you could see lower out-of-pocket costs when you visit a dentist in the network.

Where do I find my dental ID card?

Your personalized electronic dental ID card is available through Online Advantage. You can register at www.sunlife.com/onlineadvantage. Please present this card to your dentist at your next visit to show that you are covered by a Sun Life Dental plan.

What if I have already started dental work...like a root canal or braces...that requires several visits?

Your coverage with us and your prior plan may handle these procedures differently. To ensure a smooth transition for work in progress, call our dental claims experts before your next visit at 800-442-7742.

Is it necessary to request a pre-determination of benefits prior to receiving services?

A pre-determination of benefits allows Sun Life to review your provider's plan for treatment before the work is done. We can tell you ahead of time how much of the work will probably be covered by the plan, and how much you may need to cover. If the charge for any dental treatment is expected to exceed \$300, it is recommended that a dental treatment plan be submitted for review before treatment begins.

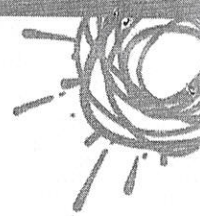
Do I have to file the claim?

Dentists in the PPO network will file claims for you. Some non-network dentists will file claims for you as well. If a non-network dentist will not file your claim, simply ask your dentist to complete a standard American Dental Association (ADA) claim form and mail it to:

Sun Life Financial
P.O. Box 2940
Clinton, IA 52733

How can I get more information about my coverage?

After the effective date of your coverage, you can visit www.sunlife.com/onlineadvantage to create an account with Online Advantage.⁶ Once you're logged in, you'll be able to see your plan details, personalized dental ID card, and more. Or you can call Sun Life's Dental Customer Service at 800-442-7742. You can also call any time, day or night, to access our automated system and get answers to common questions when it's convenient for you.



Get benefits information on the go!

Download our Benefit Tools app for quick access to:

- An overview of your coverage details⁸
- Your electronic dental ID card⁸
- Find a dentist near you



Apple
download



Android
download

Dental plan provisions

Benefit adjustments

Benefits will be coordinated with any other dental coverage. Under the Alternative Treatment provision, benefits will be payable for the most economical services or supplies meeting broadly accepted standards of dental care.

Late entrant

If you apply for dental insurance more than 31 days after a covered person first becomes eligible, the person is a late entrant. The benefits for the first 24 months of coverage for late entrants will be limited as follows:

Time Insured Continuously Under the Policy

- Less than 6 months
- At least 6 months but less than 12 months
- At least 12 months but less than 24 months
- At least 24 months

Benefits Provided for Only These Services

- Preventive Dental Services
- Preventive and Amalgam and Composite Fillings under Basic Dental Services
- Preventive and all Basic Dental Services
- Preventive, Basic and all Major Dental Services

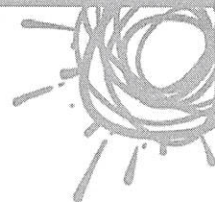
We will not pay for any treatment that is started or completed during the late entrant limitation period.

This summary represents a general overview and is not a complete description of your plan. It is being provided before your certificate is issued. All of our dental policies include exclusions, limitations, and frequency requirements. The actual provisions of your dental policy will be used to determine coverage for any claims that you submit.

This 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).

Please read the Important Plan Provisions section located at the end of this document for Limitations and Exclusions.

1. If permitted by the Employer's employee benefit plan and not prohibited by state law, the term "spouse" in this benefit includes any individual who is either recognized as a spouse, a registered domestic partner, or a partner in a civil union, or otherwise accorded the same rights as a spouse.
2. Please see your employer for more specific information.
3. Average Retail Costs were determined by our national claims analysis for the year 2017. The costs represent a mean average rounded to the nearest dollar representing what you may pay without plan services.
4. Classification of services varies by plan design.
5. Total number of combined prophylaxis cleaning and periodontal maintenance procedures cannot exceed 4 in a 12 month period.
6. There may be tax consequences to you and your employees.
7. Sun Life's dental networks include dentists contracted with Dental Health Alliance, L.L.C.® (D.H.A.®) and dentists under access arrangements with other dental networks.
8. You will need to register for Online Advantage to access these features.



Important Plan Provisions

Dental Insurance

Limitations and exclusions

Exclusions may prevent expenses from being covered based on certain circumstances. The following expenses may not be covered:

- Procedures not performed by a licensed dentist
- Procedures not listed as covered dental expenses
- Dental care for injuries that are work related, self-inflicted, or not caused by an accident
- Orthognathic surgery
- Dental care resulting from active participation in a riot or commission of a felony
- Experimental treatment, oral hygiene, plaque control programs, and dietary instruction
- Dental care for injuries sustained as a result of war or act of war
- Charges for pulp caps
- Dental expenses incurred while coverage is not in force
- Charges for care, treatment, services, or supplies to the extent that any benefit is provided by Medicare
- Charges not customarily made when there is no insurance or charges for which there is no legal obligation to pay
- Charges for failure to keep appointments
- Replacement or repair of a lost, stolen, or damaged prosthetic or orthodontic appliance
- Additional services, such as orthodontia and/or surgical implants, are not covered unless specifically listed under covered services. Also not covered are charges for diagnostic services and treatment of jaw joint problems, such as temporomandibular joint disorders, by any method unless specifically covered under the Certificate



*Subject to state law variations.

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 15-GP-01 and 16-DEN-C-01. In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Lansing, MI) under Policy Form Series 15-GP-01 and 16-DEN-C-01. Product offerings may not be available in all states and may vary depending on state laws and regulations

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GDBH-6247

SLPC 28019 12/16 (exp. 12/18)

Rate Sheet

Coverage and **bi-weekly** rate for Dental Insurance.

Dental coverage is contributory, meaning that you are responsible for paying for all or a portion of the cost through payroll deduction.

Coverage	Bi-Weekly Cost*
Employee	\$18.08
Employee + Spouse	\$36.53
Employee + Child(ren)	\$51.76
Employee + Family	\$70.21

*The rate is in effect for January 1, 2019. Contact your employer to confirm the portion of the cost for which you will be responsible.

Vision insurance



Benefit Highlights

For all eligible employees of Southern Healthcare Agency, Inc. , Policy # 923883

All Eligible Employees

Vision insurance¹ can help improve your eyesight—and your overall health, too.

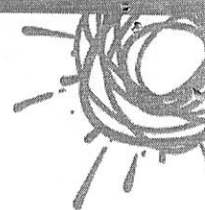
- You will see lower out-of-pocket costs due to savings on frames, lenses, contacts, eye exams and more
- Cover your spouse² and your dependent children so you can help your whole family see better
 - An eligible child is defined as a child to age 26³
- Benefit from group rates that may be more affordable than buying vision insurance on your own

Additional plan features

- An annual comprehensive eye exam
- Doctors who offer flexible hours and office settings
- A large selection of eyewear choices we believe you will love
- Access to the largest national network⁴ of private-practice eye care doctors in the industry through Vision Service Plan (VSP)
- No ID cards are needed

How Sun Life's Vision insurance can help

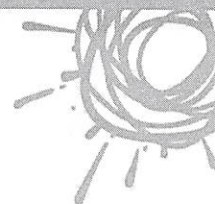
- Encourages routine screenings and an annual comprehensive eye exam
- Whether you just need a basic eye exam or designer frames – we have options for you
- Better eyesight can lead to a better quality of life



Vision Coverage Overview

Plan 3 Covered Expenses

Benefit	Frequency	In-Network Member Cost	Out-of-Network Benefit
Exam Services WellVision Exam®	1 per 12 months	\$10	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 Necessary Contacts	1 per 12 months	\$25 (lenses and frame)	Up to \$55 Up to \$75 Up to \$95 Up to \$125 Up to \$210
Lens Enhancements Standard progressive Premium progressive Custom progressive		\$50 copay \$80-\$90 copay \$120-\$160 copay Average savings of 35-40% on other lens enhancements	N/A
Frames	1 per 24 months	<ul style="list-style-type: none"> \$130 for the frame of your choice and 20% off the amount over your allowance 	Up to \$57
Elective Contact Lenses <i>Contact lenses are in place of lenses and frames</i>	1 per 12 months	<ul style="list-style-type: none"> 15% savings for your contact lens exam (fitting and evaluation) \$130 for contact lenses 	Up to \$105
Additional Glasses and Sunglasses Discounts	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



Vision Q&A

How do I use my vision benefit?

Once enrolled, simply tell your VSP doctor you're a member and they will handle the rest. If you visit an in-network doctor for services and materials, you don't need an ID card or have forms to complete.

How do I locate an in-network VSP doctor?

There are three ways to find an in-network doctor:

1. Visit vsp.com and select the Signature network.
2. Call 800-877-7195.
3. Download our mobile app, Benefit Tools, and search for a doctor near you.

What happens if I use an out-of-network doctor?

You will be required to pay the full amount to the doctor at time of service. You can then submit a claim for reimbursement, which is a lesser benefit when compared to visiting a VSP doctor.

When will my coverage become effective?

Your coverage starts on the effective date specified in your group policy, provided you are at active work on that date. Otherwise, your coverage will become effective on the day you return to full-time duties.

Can I enroll as a late entrant?

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

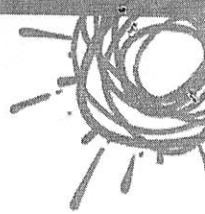
How can I get more information about my coverage?

After the effective date of your coverage, you can visit www.sunlife.com/onlineadvantage to create an account with Online Advantage. Once you're logged in, you'll be able to see your plan details and more. Or you can call Customer Service at 800-877-7195.

Please read the Important Plan Provisions section located at the end of this document for Limitations and Exclusions.

1. Administrative services for the vision insurance plan are provided by Vision Service Plan (VSP).
2. If permitted by the Employer's employee benefit plan and not prohibited by state law, the term "spouse" in this benefit includes any individual who is either recognized as a spouse, a registered domestic partner, or a partner in a civil union, or otherwise accorded the same rights as a spouse.
3. Please see your employer for more specific information.
4. Netminder as of December 2016.

Important Plan Provisions



Vision Insurance

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 Benefit Highlights section of the certificate

The allowance for lenses shown in the Benefit Highlights section 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.

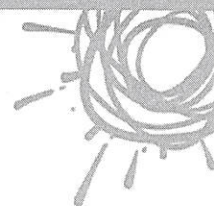
The plan is designed to cover visually necessary materials rather than cosmetic materials. When you or a covered dependent select any of the following extras, the plan will pay the basic cost of the allowed lenses, and you or the covered dependent will pay the additional costs for the options.

- 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)

Exclusions

Covered vision benefits 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
- Replacement of lenses and frames furnished under the plan which are lost or broken, except at the normal intervals when services are otherwise available
- Medical or surgical treatment of the eye, eyes, or supporting structures, except for laser surgery as shown under the Benefit Highlights section
- Materials, services or options not shown in the Benefit Highlights section
- Replacement of lost or damaged contact lenses, except at the normal intervals when services are otherwise available
- Contact lens insurance policies or service agreements
- Refitting of contact lenses after the initial (90-day) fitting period
- Additional office visits associated with contact lens pathology
- Contact lens modification, polishing or cleaning
- Services associated with CRT or Orthokeratology



Subject to state law variations.

This summary represents a general overview and is not a complete description of your plan. It is being provided before the issuance of the certificate. The actual provisions of your vision policy will be used to determine coverage for any claims submitted.

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. Contact us for costs and complete details.

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").

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 15-GP-01 and 16-VIS-C-01. In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Lansing, MI) under Policy Form Series 15-GP-01 and 16-VIS-C-01. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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GVISBH-6475

SLPC 28049 01/17 (exp. 01/19)

Rate Sheet

Coverage and bi-weekly rate for Vision Insurance.

Vision coverage is contributory, meaning that you are responsible for paying for all or a portion of the cost through payroll deduction.

Coverage	Bi-Weekly Cost
Employee only	\$4.66
Employee + Spouse	\$9.33
Employee + Child(ren)	\$10.25
Employee + Family	\$14.90