



**NORTHERN
ARIZONA
UNIVERSITY**



2015 Voluntary Benefits Summary

- **Eligibility**
- **Enrolling In Voluntary Benefits**
- **Medical**
- **Dental**
- **Vision**
- **Flexible Spending Accounts**
- **Life Insurance**
- **Short Term Disability**

Contacts

Northern Arizona University

- **Human Resources**
PO Box 4113
Flagstaff, AZ 86011
928.523.2223
nau.edu/Human-Resources
hr.contact@nau.edu

State of Arizona(ADOA)

- **Benefit Services Division**
100 N 15th Ave #103
Phoenix, AZ 85007
602.542.5008 or 1.800.304.3687
Fax 602.542.4744
www.benefitoptions.az.gov
BenefitsIssues@azdoa.gov
- **Benefit Options Wellness**
602.771.9355
www.benefitoptions.az.gov/wellness
- **Employee Assistance Program**
602.771.9335
www.benefitoptions.az.gov/wellness/eap.asp

NAU Medical Plan

- **Blue Cross Blue Shield of Arizona**
1.800.423.6484
Flagstaff Claims office
928-526-0232
www.azblue.com
Group # 0002
- **BCBS BioDyne**
1.800.224.2125
- **Walgreens**
1.800.345.1985
www.WalgreensMail.com/easy

State of AZ Medical Plans

- **Aetna**
1.866.217.1953
www.aetna.com
Policy Number 476687
- **Blue Cross Blue Shield of Arizona**
1.866.287.1980
www.azblue.com
Policy Number 30855
- **CIGNA**
1.800.968.7366
www.Cigna.com/stateofaz
Policy Number 3331993
- **United Healthcare**
1.800.896.1067
myuhc.com
Policy # 705963

ADOA Pharmacy Plan

- **MedImpact**
1.888.648.6769
www.benefitoptions.az.gov
ADOAcustomerservice@medimpact.com

Dental Plans

- **Delta Dental of Arizona**
602.588.3620
1.866.9STATE9
www.deltadentalaz.com
Policy # 77777-0000
- **Total Dental Administrators Health Plans, Inc. (TDAHP)**
602.381.4280
1.866.921.7687
www.TDAdental.com/adoa
Policy # 680100

Vision Plan

- **Avesis, Inc.**
1.888.759.9772
www.avesis.com
Advantage
Policy # 11001-2178
Plan # 938
Discount Policy # 10000-4
Plan # 9000

Flexible Spending Accounts

- **ASI Member Services**
1.800.659.3035
www.asiflex.com
asi@asiflex.com

Life Insurance

- **The Hartford**
1.866.712.3443
<http://groupbenefits.thehartford.com/arizona/#395211>
- **Aetna Life Insurance**
1.800.523.5065
www.aetna.com
Policy # 320471

Short Term Disability Plans

- **The Hartford**
Long & Short Disability
1.866.712.3443
Policy Number 395211
- **UNUM Provident**
Short-Term Disability
1.800.799.4455
www.unum.com
Policy Number 96580-1

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Welcome to the Northern Arizona University (NAU) benefits program. The benefits you receive from NAU are an important part of your total compensation package. Because not everyone has the same needs, NAU's benefit program allows you to select the plans and levels of coverage that are right for you and your family.

Benefits orientation

NAU provides a benefit orientation for employees that are newly eligible for benefit coverage. During the orientation, benefits representatives review the details of NAU's benefit programs. As a benefit eligible employee you are encouraged to attend a Benefits Orientation to learn about your benefits.

Go to <https://nau.edu/Human-Resources/Employee-Resources/Orientation/or> call (928) 523-2223 to register for a Benefits Orientation

Voluntary benefits

You can enroll in the following optional benefits:

| Health Care | Life and Disability | Spending Accounts |
|---|--|---|
| <ul style="list-style-type: none"> • Medical • Dental • Vision | <ul style="list-style-type: none"> • Basic Life • Supplemental Life • Short Term Disability | <ul style="list-style-type: none"> • Health Care • Dependent Care |



Go to <http://nau.edu/Human-Resources/Benefits/> for more information including plan documents.

Eligibility

You are eligible for benefits if you:

- are employed at least 20 hours per week
- are employed in a position that is six months or longer in duration

Exceptions

- Graduate assistants are not eligible for voluntary benefits.

Dependents

You can enroll your eligible dependents in medical, dental, and vision coverage.

Spouse

A spouse as designated by a legally valid existing marriage certificate acknowledged by the State of Arizona.

Children

Biological children, legally adopted children, step-children, children placed for adoption, children under legal guardianship substantiated by a court order, foster children, children who are entitled to coverage under a medical support order, and disabled dependent children over age 26 are eligible. Children are eligible for dependent coverage until their 26th birthday regardless of employment, marital, school enrollment or other status.

Documenting your dependents

If you elect to cover dependents (child, spouse, etc.) under NAU's sponsored BCBS medical plan, their enrollment is subject to a documentation review to ensure they meet-eligibility requirements under the plan.

- You will receive an email from HMS Employer Solutions (HMS) in your NAU email requesting dependent documentation. The sender will be nau@auditos.com.
- You must provide the requested documentation to HMS within 25 days.

If you fail to provide all of the requested documentation to HMS within the 25 days allotted your dependents will not be eligible for medical, dental or vision coverage.

Enrolling in voluntary benefits

You can enroll in voluntary benefits on, or after, your benefit eligible hire date.

- You have 31 days from your date of hire into a benefit eligible position to complete your benefit enrollment.
- If you don't enroll within the 31 days, your benefits will be waived and you will have to wait until the next open enrollment period in the fall or Qualified Life Event
- You will enroll in your voluntary benefits through Self-Service at <https://peoplesoft.nau.edu>. Instructions on how to complete your enrollment are contained in your enrollment packet or the benefit website at <https://nau.edu/Human-Resources/Benefits/Insurance/Enroll-in-Benefits/>.

Effective date of coverage

Your benefits will be effective the first of the pay period following your completed enrollment or your benefit eligible hire date whichever is later. Enrollment includes submitting all required forms and supporting documentation and completing the on-line enrollment.

Changing your benefits

Once you make your benefit elections you will not be able to make changes until the next open enrollment period year unless you experience a Qualified Life Event (QLE). These certain changes in your life can qualify you for a special enrollment period to change your benefit coverage during the calendar year. You will only be able to make changes to your benefits that are consistent with your event. In most cases, you will be required to submit supporting documentation confirming the reason for your qualified event.

Do not delay your request

To be eligible for this special enrollment period, you must request the change to your benefits and complete the enrollment process within 31 days of your QLE. Do not delay initiating your QLE request even if you are waiting to receive the required supporting documentation such as a birth certificate.

How to change your benefits

You have **31 days** from the date of the QLE to complete the QLE process.

- Submit an online notification using the “*Qualified Life Event Form*” located on the Human Resource website at <http://hr.nau.edu/app/qle>.
- Human Resources will review your request and provide you with more instructions.
- Submit the supporting documentation requested by Human Resources.
- Human Resources will open an enrollment access for you in LOUIE Self Service.
- Make changes to your benefit plan(s) online through Self-Service at <https://peoplesoft.nau.edu>.

Failure to meet the 31-day deadline may jeopardize your ability to make changes to your benefits, result in the loss of coverage for you and/or your eligible dependent(s) or result in the loss of COBRA rights for your dependent(s).

Children's Health Insurance Program Reauthorization Act

Pursuant to the Children's Health Insurance Program Reauthorization Act (CHIPRA), the following events are considered QLEs as of April 1, 2009:

- you or your dependent loses Medicaid/CHIPRA coverage
- you or your dependent becomes eligible for Medicaid/CHIPRA premium assistance

Under CHIPRA, you have 60 days following the event to request a change to your benefit plans.

Types of Qualified Life Events (QLE)

Adding coverage

These QLE types allow you to add coverage for yourself and/or dependent(s).

| QLE | Effective Date of Coverage | Supporting Documentation |
|---|---|--|
| I and/or my dependent(s) have lost coverage under another group plan | Date of the event | Official letter or document the includes the following: <ul style="list-style-type: none"> • Employee and/or dependent name • Termination date of coverage • Plans terminated |
| I have a newly eligible child (<i>birth, adoption, guardianship or placed in foster care</i>) | Date of the event | Copy of the birth certificate or a copy of the signed and dated official document of the: <ul style="list-style-type: none"> • Adoption • Guardianship • Foster Care |
| I received a court order requiring me to add coverage for my eligible child(ren) | First day of the pay period following event | Copy of the court order |
| I was married | First day of the pay period following event | Marriage Certificate |

Ending coverage

These QLE types allow you to end coverage for yourself and/or dependent(s)

| QLE | Effective Date of Coverage | Supporting Documentation |
|---|---|---|
| I and/or my dependent(s) gained coverage under another group plan. | First day of the pay period following event | Official letter or document the includes the following: <ul style="list-style-type: none"> • Employee and/or dependent name • Effective date of coverage • Plan enrolled |
| I have received a divorce or legal separation | First day of the pay period following event | Copy of a signed and dated official document of the divorce or legal separation |
| I received a court order allowing me to drop coverage for my child(ren) | First day of the pay period following event | Copy of the court order |
| My spouse or child died | Day after the event | Copy of the death certificate |

ou may be able to change your dependent day care election outside of open enrollment if you experience a change in your dependent care eligibility. For more details go to https://nau.edu/Human-Resources/Media/BN_FSA_OLE/

Understanding Your Medical Options

You have the option of three types of medical plans and five networks offered through NAU and the State of Arizona.



For more information, including the plan documents and Summary of Benefits & Coverage's (SBCs) for each plan are located at <http://nau.edu/Human-Resources/Benefits/Benefit-Plan-Document/>.

Plan

'Plan' is the structure of your coverage: the premiums, deductibles, co-pays and in/out network coverage.

| Preferred Provider Organization (PPO) | Exclusive Provider Organization (EPO) | Health Savings Account (HSA) |
|--|---|---|
| <ul style="list-style-type: none"> In a PPO, you receive the greatest benefit when you use providers included in the plan's 'Preferred' network. You may use providers not in the plan's 'Preferred' network, but your out of pocket expenses will be greater. | <ul style="list-style-type: none"> To receive any benefit under an EPO you need to use e providers included in the plan's 'Exclusive' provider network. Services received from providers not in the plan's 'Exclusive' network are not covered. | <p>This option has two pieces:</p> <ul style="list-style-type: none"> HDHP - This plan has a high deductible, which is the amount you pay out of pocket before you receive any benefit. HSA - Pre-tax contributions are made by both you & NAU into an account from which you can pay for out-of-pocket expenses. |

Network

'Network' is the company that provides access to a group of providers (physicians & hospitals)

| Sponsored by | Network | Plans | | |
|-----------------------------------|--------------------|-------|-----|-----|
| | | PPO | EPO | HSA |
| Northern Arizona University (NAU) | BCBSAZ | X | | |
| State of Arizona (ADOA) | Aetna | X | X | X |
| | BCBSAZ | X | X | |
| | CIGNA | | X | |
| | United Health Care | X | X | |

Review medical provider networks

An important step in choosing a medical plan is to go to the vendor's website and review the providers included in the network to make sure they meet your needs.

- **NAU Blue Cross Blue Shield of Arizona** www.azblue.com
- **Blue Cross Blue Shield of Arizona** www.azblue.com
- **CIGNA** www.cigna.com/stateofaz
- **Aetna** www.aetna.com
- **United Healthcare** www.myuhc.com

Preferred Provider Organization (PPO) Plan Features

| | | NAU PPO | | State of Arizona PPO Aetna BCBSAZ UHC | |
|------------------------------|-----------------------|--|---|--|------------------|
| | | In-Network | Out-of-Network** | In-Network | Out-of-Network** |
| Deductible | Individual | \$50 | \$350 | \$ 500 | \$1,000 |
| | Family | \$100 | \$700 | \$1,000 | \$2,000 |
| Out of Pocket Maximum | Individual | \$4,000 | \$8,350 | \$1,000 | \$4,000 |
| | Family | \$8,000 | \$16,700 | \$2,000 | \$8,000 |
| Life Time Maximum | | None | None | None | None |
| Office Visits | Campus Health Service | \$10 per visit | Plan Pays 50% | N/A | N/A |
| | Primary Care | \$20 per visit | You Pay 50% | \$15 copay/visit | 50 % |
| | Specialist | \$30 per visit | | \$30 copay/visit | 50 % |
| | Preventive Care | No charge | | \$15 copay/visit | 50 % |
| Office Visits | Campus Health Service | \$10 per visit | Plan Pays 50% | Not Covered | 50% |
| | Primary Care | \$20 per visit | You Pay 50% | \$15 copay/visit | 50 % |
| | Specialist | \$30 per visit | | \$30 copay/visit | 50 % |
| | Preventive Care | No charge | | \$15 copay/visit | 50 % |
| Emergency | ER | \$125 | \$125 | \$125 | \$125 |
| | Urgent Care | \$40 | 50% | 40% | 50% |
| | Transportation | 20% | 20% | 20% | 20% |
| Hospital | Facility Fee | \$150 per admit | 50% | \$150 per admit | 50% |
| | Physician/ Surgeon | \$0 | | No Charge | |
| Out Patient | Facility Fee | \$50 per surgery | 50% | \$50 per surgery | 50 % |
| | Physician/ Surgeon | | | | |
| | Primary Specialist | \$20 per surgery \$30 per surgery | | No Charge No Charge | |
| Prescriptions | Retail(30 days) | <u>Level</u> 1 - \$10 – One co-pay 2 - \$25 - One co-pay 3 - \$45 - One co-pay 4 - \$85 - One co-pay | <u>Level</u> 1 - \$10 2 - \$25 3 - \$45 4 - \$85 <i>Co-pay + balance billing</i> | Generic \$10 Preferred \$20 Non-Preferred \$40 | Not Covered |
| | Mail Order(90 days) | <u>Level</u> 1 - \$10 – One co-pay 2 - \$25 - One co-pay 3 - \$90 - Two co-pays 4 - \$170- Two co-pays | <i>Not Covered</i> | Generic \$10 Preferred \$20 Non-Preferred \$40 | Not Covered |

2015 PPO Costs

| Sponsor\Network | Coverage Level | Per Pay Period Amount | | |
|---|------------------|-----------------------|----------|------------|
| | | You Pay | NAU Pays | Total |
| NAU • BCBSAZ | Single | \$25.02 | \$269.33 | \$294.35 |
| | Employee + 1 | \$70.64 | \$518.06 | \$588.70 |
| | Family | \$123.63 | \$700.55 | \$824.18 |
| State of Arizona • Aetna • BCBSAZ • United Health Care | Single | \$71.54 | \$342.00 | \$413.54 |
| | Employee +Adult | \$161.54 | \$695.08 | \$856.62 |
| | Employee + Child | \$152.77 | \$667.85 | \$820.62 |
| | Family | \$224.31 | \$890.31 | \$1,114.62 |

Exclusive Provider Organization (EPO) Plan Features

| | | State of Arizona EPO Aetna BCBSAZ CIGNA UHC | |
|------------------------------|-----------------------|--|--|
| | | In-Network Providers Only | |
| Deductible | Individual | None | |
| | Family | None | |
| Out of Pocket Maximum | Individual | None | |
| | Family | None | |
| Life Time Maximum | | None | |
| | | Your Cost for Care | |
| Office Visits | Campus Health Service | Not Covered | |
| | Primary Care | \$15 copay/visit | |
| | Specialist | \$30 copay/visit | |
| | Preventive Care | \$15 per visit | |
| Emergency | ER | \$125 | |
| | Urgent Care | \$40 | |
| | Transportation | 20% | |
| Hospital | Facility Fee | \$150 per admit | |
| | Physician/ Surgeon | No Charge | |
| Out Patient Service | Facility Fee | \$50 per surgery | |
| | Physician/ Surgeon | | |
| | Primary | \$15 per surgery | |
| | Specialist | \$30 per surgery | |
| Prescriptions | Retail(30 days) | Generic \$10 | |
| | | Preferred \$20 | |
| | | Non-Preferred \$40 | |
| | Mail Order(90 days) | Generic \$20 – Two Co-pays | |
| | | Preferred \$40 – Two Co-pays | |
| | | Non-Preferred \$80 – Two Co-pays | |

2015 EPO Costs

| Sponsor\Network | Coverage Level | Per Pay Period Amount | | |
|--|------------------|-----------------------|----------|----------|
| | | You Pay | NAU Pays | Total |
| State of Arizona <ul style="list-style-type: none"> • Aetna • BCBSAZ • CIGNA • United Health Care | Single | \$18.46 | \$253.85 | \$272.31 |
| | Employee +Adult | \$54.92 | \$522.92 | \$577.84 |
| | Employee + Child | \$46.62 | \$497.54 | \$544.16 |
| | Family | \$102.00 | \$648.46 | \$750.46 |

High Deductible Health Plan (HDHP) and Health Savings Account (HSA) Plan Features

| | | State of Arizona - Aetna | |
|------------------------------|-----------------------|--|-------------------------|
| | | <i>In-Network</i> | <i>Out-of-Network**</i> |
| Deductible | Individual | \$1,300 | \$2,600 |
| | Family | \$2,600 | \$5,200 |
| Out of Pocket Maximum | Individual | \$2,000 | \$5,000 |
| | Family | \$4,000 | \$10,000 |
| Your Cost for Care | | | |
| Life Time Maximum | | None | None |
| Office Visits | Campus Health Service | No Covered | 50% |
| | Primary Care | 10 % | 50 % |
| | Specialist | 10 % | 50 % |
| | Preventive Care | No Charge | 50 % |
| Emergency | ER | 10% | 10% |
| | Urgent Care | 10% | 50% |
| | Transportation | 10% | 10% |
| Hospital | Facility Fee | 10% | 50% |
| | Physician/ Surgeon | | |
| Out Patient Service | | 10% | 50% |
| Prescriptions | | <u>Preventative</u> Generic \$10 Preferred \$20 Retail(30 days) Non-Preferred \$40 | Not Covered |
| | | <u>Non Preventive</u> 100% until deductible is met | |
| | Mail Order(90 days) | <u>Preventative</u> Generic \$20 – Two Co- Pays Preferred \$40 – Two Co- Pays Non-Preferred \$80 – Two Co- Pays | Not Covered |
| | | <u>Non Preventive</u> 100% until deductible is met | |

*Note: You must first meet all deductibles. For out of network services you are also responsible for any balance billing amounts

2015 HDHP Costs

| Sponsor\Network | Coverage Level | Per Pay Period Amount | | |
|------------------------------------|------------------|-----------------------|-----------------|--------------|
| | | <i>You Pay</i> | <i>NAU Pays</i> | <i>Total</i> |
| State of Arizona • Aetna (HDHP) | Single | \$12.00 | \$232.15 | \$244.15 |
| | Employee +Adult | \$47.08 | \$466.15 | \$513.23 |
| | Employee + Child | \$37.38 | \$450.92 | \$488.30 |
| | Family | \$89.08 | \$583.85 | \$672.93 |

Employer Contributions

NAU contributes \$27.70 for employee only and \$55.39 for all other levels per pay period. You may also chose to contribute this account up to the annual maximum.

Understanding Your Dental Options

You may choose between the following two plan types:

- Dental Health Maintenance Organization (DHMO) through Total Dental Administrators
- Dental Preferred Provider Organization (PPO) through Delta Dental.

Plans

Your 'Plan' is the structure of your coverage: the premiums, deductibles, co-pays and in/out network coverage.

| Dental Preferred Provider Organization (PPO) | Dental Health Maintenance Organization (DHMO) |
|--|---|
| <ul style="list-style-type: none"> • In a dental PPO, you receive the highest benefit when you use providers included in the Plan's 'Preferred' network. • You may use providers not in the Plan's 'Preferred' network, but your out of pocket expenses will be greater. | <ul style="list-style-type: none"> • To receive any benefit under a DHMO, you need to use providers included in the Plan's 'Exclusive' network of providers. • Non-emergency services received from providers not the Plan's 'Exclusive' network are not covered. |

Networks

The 'Network' is the company that provides access to a group of providers (dentists, hygienists, etc.)

| Sponsored By | Network | Plans | |
|----------------------|------------------------------------|---------------|------|
| | | Indemnity/PPO | DHMO |
| The State of Arizona | <i>Delta Dental</i> | X | |
| | <i>Total Dental Administrators</i> | | X |

Review the dental provider networks

An important step in choosing a dental plan is to review the in-network providers to make sure that they meet your needs. Visit the plan websites listed below to review the providers in each network.

- **Total Dental Administrators** - <https://TDA dental.com/adoa>.
- **Delta Dental** - <https://deltadentalaz.com/find>.

Note: Total Dental Administrators has a limited network in Northern Arizona and does not cover non-emergency services from provider not in the network. Do not select this plan unless you are willing to use the dental providers in this network.

Compare dental plans

| | Total Dental Administrators | Delta Dental PPO Plus Premium |
|----------------------------------|---|-------------------------------------|
| Plan Type | Prepaid/DHMO | Indemnity/PPO |
| Deductible | None | Individual: \$50 Family \$150 |
| Preventive Care: Class I | | |
| Oral Exam | \$0 | \$0 – Deductible Waived* |
| Prophylaxis/Cleaning | \$0 | \$0 – Deductible Waived* |
| Fluoride Treatment | \$0 (to age 15)** | \$0 – Deductible Waived(to age 18)* |
| X-Rays | \$0 | \$0 – Deductible Waived* |
| Basic Services : Class II | | |
| Office Visit | \$0 | 0* |
| Sealants | \$10 per tooth (to age 17) | 20% (to age 19) |
| Filling | Amalgam: \$10-\$37 Resin: \$26-\$76 | 20% |
| Extractions | Simple: \$30 Surgical \$60 | 20% |
| Periodontal Gingivectomy | \$225 | 20% |
| Oral Surgery | \$30 - \$145 | 20% |
| Basic Services: Class III | | |
| Office Visit | \$0 | 0* |
| Crowns | \$270 + \$185 Lab Fee (\$455) | 50% |
| Denture | \$300 + \$275 Lab Fee (\$575) | 50% |
| Fixed Bridgeworks | \$270 + \$185 Lab Fee (\$455) per unit | 50% |
| Crown/Bridge Repair | \$75 | 50% |
| Orthodontia | | |
| Child | \$2,800 - \$3400 | See lifetime maximum |
| Adult | \$3,200 - \$3700 | |
| TMJ Service | | |
| Exam, service, etc. | 20% Discount | 100% |
| Maximum Benefits | | |
| Annual Maximum | No Dollar Limit | \$2,000 per person |
| Orthodontia Lifetime Maximum | No Dollar Limit | \$1,500 per person |

| Sponsor/Network | Coverage Level | Per Pay Period Amount | | |
|---|------------------|-----------------------|----------|---------|
| | | You Pay | NAU Pays | Total |
| State of Arizona • Delta Dental Premier | Single | \$14.30 | \$2.29 | \$16.59 |
| | Employee + Child | \$23.34 | \$4.58 | \$27.92 |
| | Employee +Adult | \$30.33 | \$4.58 | \$34.91 |
| | Family | \$48.26 | \$6.32 | \$54.58 |
| State of Arizona • Total Dental Administrators | Single | \$1.86 | \$2.29 | \$4.15 |
| | Employee + Child | \$3.50 | \$4.58 | \$8.08 |
| | Employee +Adult | \$3.72 | \$4.58 | \$8.30 |
| | Family | \$6.12 | \$6.32 | \$12.44 |

Understanding Your Vision Options

You are offered two vision care programs through Avesis.:

- Avesis Advantage Program
- Avesis Discount Program

Plans

‘Plan’ is the structure of your coverage: the premiums, deductibles, co-pays and in/out network coverage.

| Preferred Provider Vision Plan | Vision Discount Program |
|---|--|
| <ul style="list-style-type: none"> • In a vision PPO, you receive the highest benefit when you use providers included in the Plan's 'Preferred' network. • You may use providers not in the Plan's 'Preferred' network, but you will need to pay for the services up front and then submit a claim to Avesis to receive the out-of-network benefit. | <ul style="list-style-type: none"> • This program will provide each member with discounts on vision exams and corrective materials received from providers that are in the network. • There are no out-of-network benefits. Providers not participating in the program will not honor any of the discounted fees |

** If you do not enroll in the Avesis Advantage Plan you will be automatically enrolled in the Avesis Discount Program at no cost.*

Network

‘Network’ is the company that provides access to a group of providers (optometrists or ophthalmologists)

| Sponsored By | Network | Advantage Plan | Discount Program* |
|----------------------------|---------|----------------|-------------------|
| The State of Arizona(ADOA) | Avesis | X | X |

Review the vision provider network

An important step in choosing vision option is to go to the Avesis website and review the providers included in the network to make sure that they meet your needs. Visit <http://avesis.com/members.html> to review the Avesis network. Use your EIN Number and your last name to logon.

Compare vision options

| | Advantage Vision Care Plan | | Discount Vision Care Program* |
|--|---|--|--|
| | In-Network | Out-of-Network | In-Network Only |
| Exam Frequency | Once every 12 months | Once every 12 months | Once every 12 months |
| Lenses Frequency | Once every 12 months | Once every 12 months | Once every 12 months |
| Frame Frequency | Once every 12 months | Once every 12 months | Once every 12 months |
| Examination | \$10 co-pay | Up to \$50 reimbursement | No more than \$45 |
| Optical Material Co-Pay (Lenses & Frame Combined) | \$0 co-pay | N/A | Per schedule (once per 12 months) |
| Standard Spectacle Lenses | | | |
| Single Vision | Covered in full | Up to \$33 reimbursement | No more than \$35 |
| Bifocal | Covered in full | Up to \$50 reimbursement | No more than \$50 |
| Trifocal | Covered in full | Up to \$60 reimbursement | No more than \$65 |
| Lenticulars | Covered in full | Up to \$110 reimbursement | No more than \$80 |
| Progressive | Uniform discounted fee schedule less the allowance for standard lenses | Up to \$60 reimbursement | No more than uniform discounted fee schedule |
| Len Tints & Coatings | Uniform discounted fee schedule | No benefits | No more than uniform discounted fee schedule |
| Frame | | | |
| Frame | Covered up to \$100-\$150 retail value (\$50 wholesale cost allowance) | Up to \$50 reimbursement | 20-50% Discount |
| Contacts | | | |
| Elective | 10-20 % discount \$ 150 allowance | Up to \$150 reimbursement | 10% Discount |
| Medically Necessary | Covered in full | Up to \$300 reimbursement | 20% Discount |
| Lasik/PRK | | | |
| Lasik/PRK | Up to a 20% savings & \$600 allowance in lieu of all other service for the plan year | Up to \$300 reimbursement in lieu of all other plan services for the plan year | 20% Discount |
| Hearing | | | |
| Discount | A hearing discount plan through EPIC Hearing Health Care is available to employees and their dependents at no cost. | No Benefit | No Benefit |

* If you do not enroll in the Avesis Advantage Plan you will be automatically enrolled in the Avesis Discount Program at no cost.

| Sponsor\Network | Coverage Level | Amount You Pay Per Pay Period |
|--|------------------|-------------------------------|
| State of Arizona • Avesis Advantage | Single | \$1.84 |
| | Employee + Child | \$5.89 |
| | Employee +Adult | \$5.97 |
| | Family | \$7.43 |

Understanding Your Flexible Spending Account (FSA) Options

Employees have the option to open Medical and/or Dependent Care Flexible Spending Accounts (FSAs) administered by ASI Flex (ASI). An FSA allows you to pay for eligible out-of-pocket medical and dependent care expenses with pretax dollars, reducing your taxable wages; therefore, decreasing your taxes.

You specify the annual dollar amount of your earnings to be deposited to each account. This amount is deducted in equal payments over the remaining pay periods in the calendar year.

Maximum contributions

| Medical | Dependent Care |
|-------------------------------|--|
| \$2,500 annually per employee | <ul style="list-style-type: none"> \$5,000 annually \$2,500 if married and filing separately |

Use it or lose it

It is important to set aside only as much money in your Flexible Spending Accounts as you intend to use each plan year. Any monies not claimed by the employee within the specified period will be forfeited in accordance with Internal Revenue Service regulations.

You have from January 1st through December 31st to use account funds. All the claims for medical and dependent care expenditures must be filed with ASI prior to April 30th following the end of the plan year for reimbursement.

Health Care FSA

This account reimburses you for eligible out-of-pocket medical and related health care expenses such as copays, coinsurance or prescriptions for you or any of your eligible dependents during the plan year. You may use your full annual election prior to having the full amount of payroll contributions deposited to your account

Before you incur an expense under your Medical FSA, it is a good idea to determine if the expense is eligible for reimbursement on the ASI website, asiflex.com.

Dependent Day Care FSA

This account reimburses you for any child and adult dependent day care expenses such as a day care facility, home, or a private sitter, that would otherwise be eligible for a tax credit by the IRS. Eligible expenses can only be reimbursed up to the current balance of contribution in your account.

Before you incur an expense, it is a good idea to determine if it is eligible for reimbursement on the ASI website: asiflex.com.

Dependent day care FSA vs tax credit

A Dependent Day Care FSA may not provide the greatest tax advantage for all employees – greater tax savings may be gained by claiming the available tax credit. Consult with your tax advisor to determine which option is best for you.

Note: Dependent medical expenses should be submitted through the medical FSA not the dependent day care FSA.

Eligible\Ineligible expenses

| | Medical | Dependent Care |
|----------------------|--|--|
| Eligible Expenses* | <ul style="list-style-type: none"> • Copays, Deductibles & Coinsurance • Eye glasses, exam fees, contact lenses and solution, LASIK surgery • Orthodontia | <ul style="list-style-type: none"> • Services provided by a licensed day care facility or a facility with six or more children • Babysitting services while you work |
| Ineligible Expenses* | <ul style="list-style-type: none"> • Premiums for medical or dental plans • Long-term care expenses | <ul style="list-style-type: none"> • Private school tuition including kindergarten • Babysitting when you are not working |

*For a complete list of eligible\ineligible expenses go to asiflex.com.

Reimbursement

Your reimbursement can be received by check, direct deposit, or debit card. Claims are processed within two business days of receipt. However, processing time will depend upon the volume of the claims received.

Check

You can receive your reimbursement by a mailed check when you submit a claim.

Direct deposit

At your request, your FSA reimbursement may be deposited into your checking or savings account by enrolling in direct deposit. If you wish to start direct deposit, you will need to do so through ASI. The direct deposit request form is available at asiflex.com.

An email notification of your reimbursement will be sent to you if you choose to elect direct deposit.

Debit card

You may use a debit card feature to pay for your out of pocket medical expenses directly from your FSA account. There is a \$12.00 annual fee for the debit card service. For the 2015 calendar year NAU will pay the debit card fee. You will receive an application in your enrollment packet that explains how the card works, where it will work, and when you will be prompted to show documentation to confirm what was paid for with the card. *Learn more about the debit card service at <http://asiflex.com/debitcards.html>*

Filing a claim

You will need to fill out your claim form. and attach copies of invoices for services you received. You can submit your claims four different ways:

| Mail | Fax | Online | Smart Phone |
|---|---|--|---|
| Mail the claim form and documentation to: ASI PO Box 6044 Columbia, MO 65205-6044 | Fax your claim and documentation, toll-free to ASI at 1.877.879.9038 | <ul style="list-style-type: none"> • Submit your claims (in a PDF format) at https://my.asiflex.com. • If you have not previously set up a user name and password , you will need your ASI-assigned PIN, along with your employee identification number | <ul style="list-style-type: none"> • Go to the Google Play Store for Android devices or the Apple App Store & search for ASIFlex. • Use your phone/tablet to review your account and file claims. • Use the app to take a picture with your device's camera. |

The claims form is at https://nau.edu/Human-Resources/Media/BN_FSA_CLAIM_FORM_AZ_Board/)

Understanding Your Life Insurance Options

NAU offers you three life insurance options through The Hartford and Aetna:

- **Basic Life Insurance and AD&D** - you are provided \$15,000 of basic life insurance at no cost.
- **Individual Supplemental Life Insurance** - You may also purchase supplemental life insurance for yourself.
- **Dependent Life Insurance** - You may purchase supplemental life insurance for your eligible dependents.

Beneficiaries

In the event of your death, your basic life and supplemental individual life insurance benefit will be paid to your designated beneficiary. The Dependent Life Insurance benefit will be paid to you.

If you choose more than one beneficiary, you can define the amount or percent paid to each beneficiary.

Primary vs contingent beneficiaries

An individual cannot be both a primary and a contingent beneficiary. A primary beneficiary receives 100% of the designated amount/percent. A contingent beneficiary receives a benefit only if all of the primary beneficiaries are deceased. You may name more than one primary/contingent beneficiaries and split the designated amount appropriately. If you split the designated amount, the total must equal 100%.

Naming an estate or organization

If you are naming an estate or organization as your primary beneficiary, you will be required to provide an Employer Identification Number (EIN), also known as a federal tax identification number used to identify a business entity. The EIN should be used in place of the Social Security number (SSN). You can obtain the EIN from the Trustee of the Estate or the designated Organization.

Changing your beneficiaries

It is important to keep your beneficiary information current. You may change a beneficiary and/or the designated amount for your current beneficiary by logging into Louie Self-service and selecting Benefits Summary. Click on the link (example NAU Basic Life) to edit and/or make changes. Please be sure to save your changes before exiting.

Basic life insurance and AD&D

You are automatically covered for \$15,000 of basic life insurance provided by The Hartford at no cost to you.

Plan features

- \$15,000 of Accidental Death and Dismemberment (AD&D) insurance
- \$15,000 Seat Belt Benefit may also be payable if you die in an automobile accident
- \$5,000 Airbag Benefit

Individual supplemental life insurance

You may purchase individual supplemental life insurance through The Hartford and Aetna.

Compare individual supplemental life insurance

| | The Hartford | Aetna | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|---|---|------------------------------|-------|---------|-------|---------|-------|---------|-------|---------|-------|---------|-------|---------|-------|---------|-------|---------|-------|---------|-------|---------|-----|---------|---|-----------|------------------------------|-------|---------|-------|---------|-------|---------|-------|---------|-------|---------|-------|---------|-------|---------|-------|---------|-------|---------|-------|---------|-----|---------|
| Coverage Amounts | You may purchase coverage in increments of \$5,000 up to the lesser of three times your annual salary or \$500,000. | You may purchase coverage of one, two, or three times your annual salary (rounded to the nearest \$1,000) up to a maximum of \$300,000. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Newly eligible employees | You may purchase up to the maximum amount of \$500,000. | You may purchase up to the maximum amount of \$300,000. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Open Enrollment | <ul style="list-style-type: none"> You may increase, decrease or stop coverage. Elections or changes are made in multiples of \$5,000 up to a \$20,000 maximum annually. For the 2014 open enrollment you will be able to elect your maximum. | <ul style="list-style-type: none"> You may increase, decrease or stop coverage. If not enrolled you may only enroll in 1 times your annual salary. If enrolled you may elect an additional 1 times your annual salary. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rates - Per Pay Period | <table border="1"> <thead> <tr> <th>Age Range</th> <th>Rate Per \$1,000 of Coverage</th> </tr> </thead> <tbody> <tr><td>18-24</td><td>\$0.037</td></tr> <tr><td>18-24</td><td>\$0.037</td></tr> <tr><td>30-34</td><td>\$0.046</td></tr> <tr><td>35-39</td><td>\$0.051</td></tr> <tr><td>40-44</td><td>\$0.088</td></tr> <tr><td>45-49</td><td>\$0.120</td></tr> <tr><td>50-54</td><td>\$0.194</td></tr> <tr><td>55-59</td><td>\$0.277</td></tr> <tr><td>60-64</td><td>\$0.498</td></tr> <tr><td>65-69</td><td>\$0.498</td></tr> <tr><td>70+</td><td>\$0.789</td></tr> </tbody> </table> | Age Range | Rate Per \$1,000 of Coverage | 18-24 | \$0.037 | 18-24 | \$0.037 | 30-34 | \$0.046 | 35-39 | \$0.051 | 40-44 | \$0.088 | 45-49 | \$0.120 | 50-54 | \$0.194 | 55-59 | \$0.277 | 60-64 | \$0.498 | 65-69 | \$0.498 | 70+ | \$0.789 | <table border="1"> <thead> <tr> <th>Age Range</th> <th>Rate Per \$1,000 of Coverage</th> </tr> </thead> <tbody> <tr><td>18-24</td><td>\$0.019</td></tr> <tr><td>25-29</td><td>\$0.024</td></tr> <tr><td>30-34</td><td>\$0.034</td></tr> <tr><td>35-39</td><td>\$0.039</td></tr> <tr><td>40-44</td><td>\$0.043</td></tr> <tr><td>45-49</td><td>\$0.063</td></tr> <tr><td>50-54</td><td>\$0.097</td></tr> <tr><td>55-59</td><td>\$0.146</td></tr> <tr><td>60-64</td><td>\$0.218</td></tr> <tr><td>65-69</td><td>\$0.291</td></tr> <tr><td>70+</td><td>\$0.460</td></tr> </tbody> </table> | Age Range | Rate Per \$1,000 of Coverage | 18-24 | \$0.019 | 25-29 | \$0.024 | 30-34 | \$0.034 | 35-39 | \$0.039 | 40-44 | \$0.043 | 45-49 | \$0.063 | 50-54 | \$0.097 | 55-59 | \$0.146 | 60-64 | \$0.218 | 65-69 | \$0.291 | 70+ | \$0.460 |
| Age Range | Rate Per \$1,000 of Coverage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18-24 | \$0.037 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18-24 | \$0.037 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30-34 | \$0.046 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35-39 | \$0.051 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40-44 | \$0.088 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 45-49 | \$0.120 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50-54 | \$0.194 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 55-59 | \$0.277 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 60-64 | \$0.498 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 65-69 | \$0.498 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 70+ | \$0.789 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Age Range | Rate Per \$1,000 of Coverage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18-24 | \$0.019 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25-29 | \$0.024 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30-34 | \$0.034 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35-39 | \$0.039 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40-44 | \$0.043 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 45-49 | \$0.063 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50-54 | \$0.097 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 55-59 | \$0.146 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 60-64 | \$0.218 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 65-69 | \$0.291 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 70+ | \$0.460 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Example Contribution Calculation

| | Coverage Amount | Rate | Cost Per Pay |
|--|------------------------------|-------------|--------------|
| Hartford –John is 46 and elects- \$50,000 | $(\$50,000 \div 5,000) = 10$ | X \$0.60 = | \$6.00 |
| Aetna – Jane is 46 and her salary is \$50,000 per year. She elects 1 times her salary | $(\$50,000 \div 1,000) = 50$ | X \$0.063 = | \$3.15 |

Note: Your actual deduction may vary because of rounding.

Dependent life insurance

You may purchase dependent life insurance through either Hartford Life Insurance or Aetna Life Insurance for your legal dependents. Claims are paid to you.

Compare dependent life insurance

| | The Hartford | | Aetna | |
|-------------------------------------|--|----------------------------|--|----------------------------|
| Coverage Amounts | You may purchase: \$2,000, \$4,000, \$6,000, \$10,000, \$12,000, 15,000 or \$50,000 in coverage. | | You may purchase \$5,000 or \$10,000 in coverage. | |
| Required Individual Election Amount | To purchase \$50,000 of coverage you must have individual supplemental coverage through Hartford of at least \$35,000. | | You must purchase Aetna individual supplemental life to purchase Aetna dependent life insurance. | |
| Newly Eligible Employees | You may purchase any of the coverage amounts listed above. | | You may purchase either amount. | |
| Open Enrollment | You may start, increase, decrease or stop coverage. | | You may start, increase, decrease, or stop coverage. | |
| Rates - Per Pay Period | Benefit Amount | Cost Per Pay Period | Benefit Amount | Cost Per Pay Period |
| | \$2,000 | \$0.43 | \$5,000 | \$1.09 |
| | \$4,000 | \$0.87 | \$10,000 | \$2.20 |
| | \$6,000 | \$1.30 | | |
| | \$10,000 | \$2.17 | | |
| | \$12,000 | \$2.60 | | |
| | \$15,000 | \$3.25 | | |
| | \$50,000 | \$10.95 | | |

Understanding Your Short Term Disability Options

You may purchase Short Term Disability (STD) through either The Hartford or Unum Provident for income replacement coverage for non-work related accident or illness. There is a maximum benefit of 26 weeks. Contributions are after tax, so benefits are tax-free.

Compare short term disability plans

| | The Hartford | | Unum Provident | | | | | | | | | | | | | |
|------------------------|---|--|---|--|--|------------------------|-------------------------------|---|-------|----------------|---|---------|-----------------|---|---------|-----------------|
| Coverage Amounts | Weekly benefit of 66.66% of covered weekly base pay. | | Weekly benefits of 70% of covered weekly base pay. | | | | | | | | | | | | | |
| Benefit payable | If enrolled when initially offered <ul style="list-style-type: none"> • Injury: Immediately up to 26 weeks • Illness: On 31st day up to 22 weeks. If enrolled after initial offering Illness benefits payable after a 60 day waiting period and can continue for up to 18 weeks | | <ul style="list-style-type: none"> • Illness or injury: On the 31st day up to 26 weeks • Hospitalized 24 hours or more: Immediately up to 26 weeks • Outpatient surgery: Immediately up to 26 weeks Exception If you are deemed disabled 90 days prior to effective date of your coverage there may be a pre-existing condition exclusion. | | | | | | | | | | | | | |
| Maximum Weekly Benefit | Maximum Weekly Benefit \$769.27 | Maximum Covered Annual Salary Up to \$60,000 | You may select one of three maximum weekly benefit amounts: <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>Maximum Weekly Benefit</th> <th>Maximum Covered Annual Salary</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>\$750</td> <td>Up to \$55,714</td> </tr> <tr> <td>B</td> <td>\$1,500</td> <td>Up to \$111,430</td> </tr> <tr> <td>C</td> <td>\$2,000</td> <td>Up to \$148,571</td> </tr> </tbody> </table> | | | Maximum Weekly Benefit | Maximum Covered Annual Salary | A | \$750 | Up to \$55,714 | B | \$1,500 | Up to \$111,430 | C | \$2,000 | Up to \$148,571 |
| | Maximum Weekly Benefit | Maximum Covered Annual Salary | | | | | | | | | | | | | | |
| A | \$750 | Up to \$55,714 | | | | | | | | | | | | | | |
| B | \$1,500 | Up to \$111,430 | | | | | | | | | | | | | | |
| C | \$2,000 | Up to \$148,571 | | | | | | | | | | | | | | |
| Benefit Offset | After the waiting period is exhausted, benefits payments are offset by: <ul style="list-style-type: none"> • Paid sick • Paid Vacation • Donated leave | | Your benefit is not offset by other income. | | | | | | | | | | | | | |
| Open Enrollment | You may add or stop coverage. | | You may add, increase, decrease, or stop coverage. | | | | | | | | | | | | | |
| Additional Benefits | Return to work benefit: partial benefits may be approved if working 80% or less than full time. | | <ul style="list-style-type: none"> • \$ 5,000 of term life coverage • \$30,000 of AD&D coverage <i>You must enroll and designate a beneficiary during your online enrollment this is separate from your enrollment in STD.</i> | | | | | | | | | | | | | |
| Rates-Monthly | \$0.65 per \$100 of covered base pay | | \$0.71 per \$100 of covered base pay | | | | | | | | | | | | | |

Example Contribution Calculation

| | Coverage Amount | Rate | Monthly Cost | Cost Per Pay |
|---|---------------------------|---------|--------------|--------------|
| Hartford John makes \$3,000 monthly | $(\$3,000 \div 100) = 30$ | X .65 = | \$19.50 | \$9.00 |
| Unum Provident Jane makes \$3,000 monthly and elected a \$750 maximum weekly benefit | $(\$3,000 \div 100) = 30$ | X .71 = | \$21.30 | \$9.83 |

Note: Your actual deduction may vary because of rounding.

When Your Voluntary Benefit Coverage Ends

If you leave the university, cease to be a benefit eligible employee, or retire, your voluntary benefits coverage will end on the beginning of the pay period following your last day of employment in a benefit eligible job. You may have the option to continue benefit coverage under some plans.

If you are hired by another Arizona University System (AUS) or Arizona Department of Administration (ADOA) state agency employer within 31 days of leaving the university, you may be eligible to transfer your sick leave balance and benefit service to your new employer. Contact the Human Resources department at your new employer to see if you are eligible for an agency transfer.

Health care

You can continue your medical, dental and vision coverage through COBRA at the full cost plus a 2% administrative fee. COBRA enrollment information will be mailed to your home shortly after you leave the university.

Flexible spending accounts

If you are enrolled in a health care flexible spending account, you may be able to continue your coverage through COBRA at your full contribution amount plus a 2% administrative fee. ASI, the flexible spending account administrator, will determine if you are eligible to enroll in COBRA and, if you are eligible, will mail COBRA enrollment information to your home shortly after you leave the university.

If you are enrolled in a dependent day care flexible spending account, you do not have the option to continue coverage under COBRA.

Submitting claims

Claims must be submitted to ASI no later than April 30th following the end of the calendar year in which your claims were incurred. If you did not use all the funds in your account prior to your last day of coverage, you will only be reimbursed for qualified claims incurred prior to your last day of coverage up to:

- **Health care** – your annual election
- **Dependent care** – the amount you have contributed to your account.

Life insurance

You may continue your basic and any supplemental employee life insurance through your provider by converting or porting your coverage within 31 days of last day of coverage. Contact your provider directly for more information

| Aetna | The Hartford |
|---|--------------------------------|
| Policy # 476687 / Group # 320471 800-523-5065 | Policy #395211 866-712-3443 |

You do not have the option of continuing your dependent life coverage.

Disability insurance

You do not have the option of continuing your short term disability or long term disability coverage. If you are currently receiving disability benefits they will continue while approved by the provider.