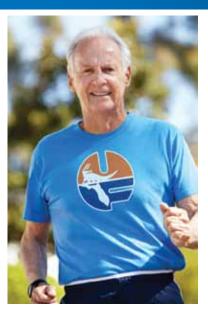


Voluntary Benefit Options













UFSelect

Voluntary Benefits Your Way

The are pleased to introduce UFSelect, a new optional voluntary benefits program designed to provide you with more choices to round out your benefits package.

One of the positive outcomes of UF's recent exploration of self-insurance was our partnership with FBMC Benefits Management, Inc., our UFSelect plan administrator. We are now able to offer a variety of plan options to specific employee groups who previously did not have voluntary benefit choices available to them. We also have had the opportunity to expand family coverage under UFSelect to include domestic partners.

The premiums for all UFSelect plans are employee-paid through the convenience of payroll deduction. Employees may customize their coverage by choosing from a range of plans that offer a combination of benefits and features.

We hope you find these new plan offerings helpful in meeting the needs of you and your family. As always, we are here to help. Please contact our Benefits office if you have any questions at (352) 392-2477 or benefits@ufl.edu.

Sincerely,

Paula Varnes Fussell

Vice President for Human Resource Services

Paula Carres Trussell

Voluntary Benefits Your Way







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YOUR 2013 BENEFIT OPTIONS

UFSelect benefits give you more features, more options and more flexibility when it comes to choosing the best coverage for yourself and your family.

- Open Enrollment October 8, 2012 through November 2, 2012
- A convenient online enrollment process
- FBMC Enrollment Counselors available for one-on-one meetings
- Plans available on a post-tax basis
- Depending on the plans you select, you can cover yourself, your spouse/domestic partner and your children. There's even coverage available for your pets
- Affordable legal representation and cash-back shopping benefits help you stretch your budget
- Most coverage is portable should you change jobs or retire from the University
- Payments made through the ease and convenience of payroll deduction
- Many plans available on a guaranteed-issue basis
- New coverage tiers including employee + spouse/domestic partner and employee + child(ren)

Be Protected

Everyone has different needs when it comes to financial protection. As your personal and financial obligations grow, so does the need for appropriate coverage. Through UFSelect, the University offers you the ability to select the benefits you want, to create a package that fully meets your specific needs and those of your family.



Eligibility & Ways to Enroll

Who is Eligible

The plans are available to all Faculty, TEAMS, USPS, Housestaff, Residents, Postdoctoral Associates, Clinical Postdoctoral Associates, and Postdoctoral Fellows. Payment of premiums for Postdoctoral Fellows will be paid directly to FBMC Benefits Management.

Employees currently enrolled in state-sponsored voluntary plans may choose to remain in their state plans, enroll in the new UFSelect plans, or enroll in a combination of both. Employees eligible for both the statesponsored plans and the UFSelect plans should thoroughly review their final enrollments prior to the Open Enrollment deadline date to ensure multiple enrollments for the same plan types are not being completed.

Ways to enroll

Enrollment in UFSelect plans can be performed through self service in myUFL or by meeting with a FBMC Enrollment Counselor.

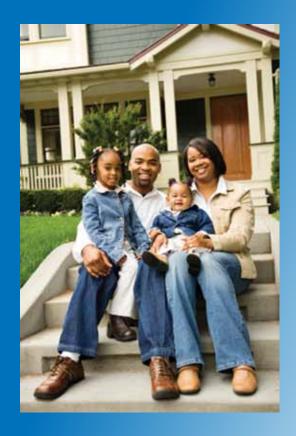
Self Service: Enrollment in the UFSelect plans can be performed through the self service portal available through myUFL. After signing on to myUFL, navigate to:

Main Menu > My Self Service > Benefits > UFSelect & GatorCare Benefits

A key to facilitating the enrollment process is to first enter all dependent and beneficiary information. First add their demographic information including date of birth. Then, simply navigate from plan to plan. If your choice is to enroll, enter the appropriate enrollment information and if you elect to not enroll, select waive prior to moving on to the next option.

Counseling sessions: Employees have an opportunity to meet with a FBMC Enrollment Counselor. One-on-one 30 minute counseling sessions are available. To schedule an appointment, please refer to www.myenrollmentschedule.com/uf. Employees can also call 866-998-2915 to schedule the appointment.

For general information regarding the UFSelect plans, the FBMC Customer Care Center is also available at 855-569-3262 (855-5MYFBMC).

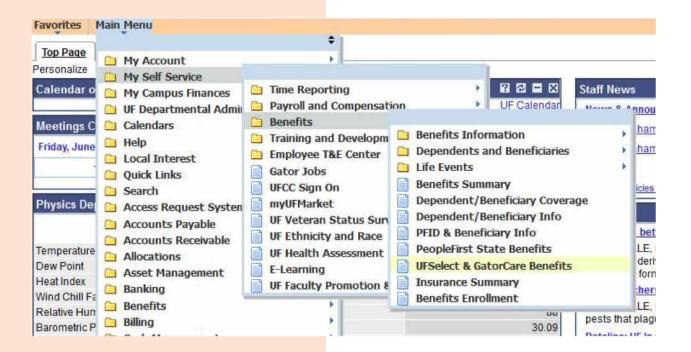


How to Enroll Online

Log on

Go to the myUFL portal where you complete daily university tasks as well as report your time worked. Enter your UF username and UF password. Once in the portal, the UFSelect plans are accessed by a Single Sign On (SSO) process. SSO allows you to link to the online enrollment system without having to create another user account or password. After you log into the portal, use the following navigation:

Main Menu > My Self Service > Benefits > UFSelect & GatorCare Benefits



How to Enroll Online

2 Access your Web Enrollment

Click the "Open Enrollment" link. A second "Open Enrollment 2012" link will then be provided, select this link to access your University of Florida open enrollment application.



Werify your Demographic & Beneficiary Information

All dependents and beneficiaries must be added in this step. During the enrollment process, dependents and beneficiaries will be individually selected from this list. You can add dependent or beneficiary information by clicking on the "+" icon located at the bottom of the screen. You may update dependent or beneficiary information by clicking on the person's name. You may remove dependents or beneficiaries by clicking on the trash can icon.

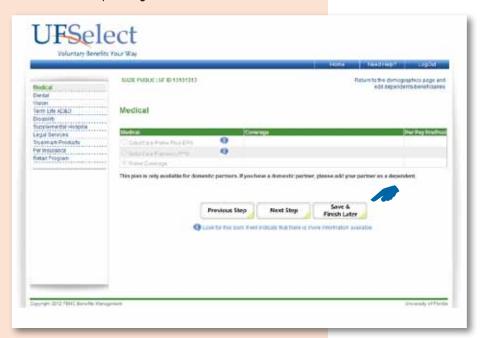


How to Enroll Online

Begin the Enrollment Process

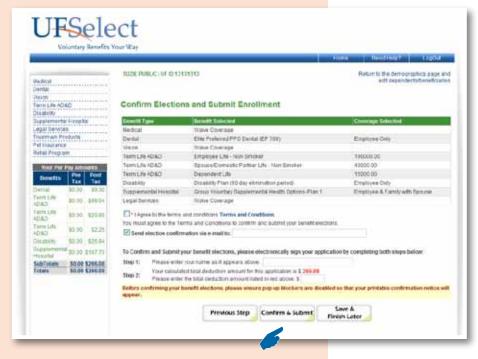
For each benefit, choose your coverage level or election amounts and then go to the next benefit. Continue until enrollment is complete.

You may save your enrollment session progress and return later to complete the enrollment at any point once you have started the benefit selections by clicking the "Save & Finish Later" tab at the bottom of the screen.



Print and Keep Your Confirmation Notice

Click "Confirm & Submit" to complete the enrollment process. You will receive a confirmation number and be able to print a confirmation notice for your records. If you forget to print or misplace your confirmation notice, simply log back in to the system and click the History tab to access it.



You may access the Web Enrollment 24 hours a day, 7 days a week to make changes to your enrollment. You have until the end of Open Enrollment period to make any changes to your benefits.



Dental

EAGLES DIRECT REIMBURSEMENT DENTAL

our dental plan is based on a calendar year. That means your benefits run from January 1 to December 31 each year.

This dental plan pays by a dollar tier:

- 100% of preventive (2 visits per year)
- \$50 annual deductible per person
- 50% of the remaining claims
- \$1500 per person annual maximum

This plan includes lifetime benefits for orthodontics of \$1500. Orthodontics is not a separate benefit.

- There are no networks. You can go to the dentist of your choice.
- The only exclusions are implants and cosmetic dentistry such as teeth bleaching.
- We will pay assignment to the dentist or reimburse you directly.

Claims can be filed at:

Eagles, Benefits By Design, Inc. 2336 SE Ocean Blvd. Ste. 301 Stuart, FL 34996

Claims can be faxed to: 1-772-334-7059

Questions can be answered at: 1-800-726-5603

Claim forms can be obtained at: www.eaglesbenefits.com

Claim forms are generally provided and filed by the provider at the time of service. Provided by Eagles, Benefits by Design, Inc.

Your Rates Per Pay Period

Eagles Direct Reimbursement Dental					
Coverage Level:	16 Deductions*	24 Deductions*			
Employee Only	\$28.11	\$18.74			
Employee & Spouse / Domestic Partner	\$53.89	\$35.93			
Employee & Child(ren)	\$53.89	\$35.93			
Employee & Family	\$92.05	\$61.37			

* On the rate chart above, the 16 Deductions column refers to 9 & 10 month employees. The 24 Deductions column refers to 12 month employees.

Dental

HUMANA DENTAL PLANS

Proper dental hygiene is an important facet of your health care routine. One way to ensure that your teeth receive the care they need is through regular checkups with your dentist. The Dental Care plan helps you afford this important care.

Humana provides a choice of two dental plans:

- Advantage Plus Dental (AVN+1S) Prepaid Services
- Elite Preferred PPO Dental (EP 700) Preventive & Basic Services

ADVANTAGE PLUS DENTAL (AVN+1S)

With the Advantage Plus Dental (AVN+1S), benefits are provided by participating general dentists and participating specialists. There are no deductibles, claim forms or waiting periods. The participating general dentist will perform most preventive and diagnostic procedures at no additional charge with all other services provided according to the schedule of benefits. The schedule of benefits applies only to participating general dentists who perform those services. You are encouraged to discuss the availability of the scheduled services with your participating general dentist prior to commencement of the 2013 Plan Year. Should you need the services of a specialist (i.e., endodontist, orthodontist, oral surgeon, periodontist, prosthodontist or pediatric dentist), you may be referred by your participating general dentist, or you may refer yourself to any participating specialist, where available. Services provided by participating specialists are available at the same schedule co-pays as participating general dentists subject to the plan's limitations and exclusions.

Your Rates Per Pay Period

Advantage Plus Dental - (AVN+1S)							
Coverage Level: (AVN+1S Schedule)	16 Deductions*	24 Deductions*					
Employee Only	\$15.74	\$10.49					
Employee & Spouse/ Domestic Partner	\$32.24	\$21.49					
Employee & Child (ren)	\$32.75	\$21.83					
Employee & Family	\$50.82	\$33.88					

^{*} On the rate chart above, the 16 Deductions column refers to 9 & 10 month employees. The 24 Deductions column refers to 12 month employees.



For list of network providers, call 1-800-342-5209 or visit www.humanadental.com



This is a partial schedule of the services covered. Certain limitations and exclusions apply.

Dental Procedure	Advantage Plus Dental (AVN+1S) Schedule - You Pay*:						
Maximum Benefit Deductible	Unlimited None						
APPOINTMENTS							
Office Visit (normal hours) - General Dentist Office Visit (normal hours) - Specialists	\$0 \$0						
Diagnostic/Preventive							
Periodic oral evaluation Intraoral - complete series Bitewing - two films Panoramic Prophylaxis (routine cleaning; adult/children 1 per 6 mo.) Sealant - per tooth Topical application of Fluoride (child)	No Charge No Charge No Charge No Charge No Charge No Charge No Charge						
RESTORATIVE (FILLINGS)							
Amalgam (Silver): One surface (primary/permanent) Two surfaces (primary/permanent) Resin Restoration (including acid etch, glass ionomer liner): Anterior one surface Posterior one surface	\$24 \$31 \$24 \$28						
Crown & Bridge							
Full cast noble metal crown Full cast high noble metal crown Porcelain fused to noble metal crown Porcelain fused to high noble metal crown Core build up including any pins Prefabricated post and core	\$434 \$450 \$445 \$466 \$110 \$139						
ENDODONTICS							
Root canals: (excluding final restoration) Anterior Bicuspid Molar	\$315 \$385 \$497						
PERIODONTICS (GUM TREATMENT)							
Periodontal Scaling and root planing - per quadrant Periodontal maintenance procedures Full Mouth Debridement	\$39 \$23 \$26						
Prosthodontics (Standard complete dentures)							
Complete maxillary (upper) Complete mandibular (lower) Immediate maxillary (upper) Immediate mandibular (lower)	\$642 \$642 \$700 \$700						
Extractions/Oral Surgery							
Surgical extraction of erupted tooth Removal of Impact Tooth - Soft Tissue	\$108 \$135						
Orthodontics							
Evaluation Treatment Plan and Records Retention Therapy	\$35 \$250 \$450 \$2,100 for children to age 19 years of age, for 24 month fully banded cases. \$2,300 for adults age 19 or over, for 24 month fully banded cases.						

ELITE PREFERRED PPO DENTAL - (EP 700)

The Elite Preferred PPO Dental - (EP 700) plan is similar to traditional dental insurance plans. This plan a primary dentist. When you need dental services, simply make your appointment with any dentist. For to accept a discounted fee for services. When you receive treatment from a PPO dentist, your share of the cost will be reduced. Once services are performed, you or your dentist must file a claim form in order to receive reimbursement. Your claim will be paid based on your plan's schedule of benefits. The plan will

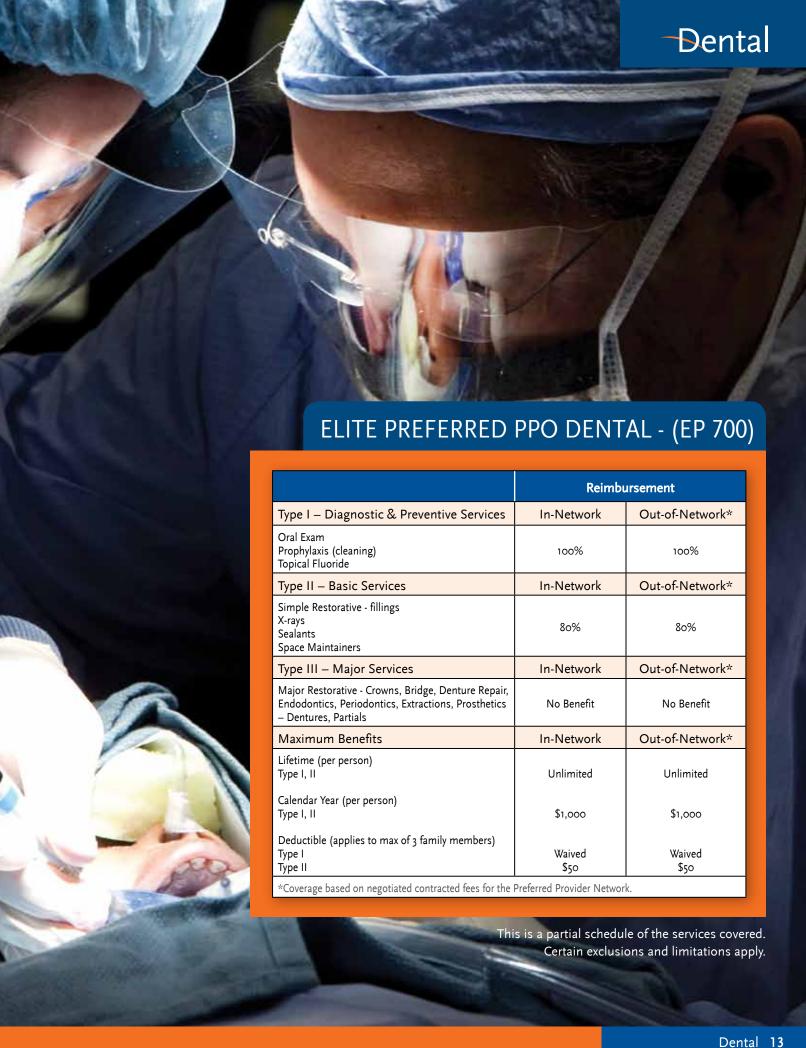
To obtain a claim form for the Elite Preferred PPO Dental - (EP 700) or for list of network providers, call 1-800-342-5209 or visit www.humanadental.com

Your Rates Per Pay Period

Elite Preferred PPO Dental - (EP 700)					
Coverage Level: (EP 700 Schedule)	16 Deductions*	24 Deductions*			
Employee Only	\$9.30	\$6.20			
Employee & Spouse/ Domestic Partner	\$17.21	\$11.47			
Employee & Child(ren)	\$19.23	\$12.82			
Employee & Family	\$27.90	\$18.60			

^{*} On the rate chart above, the 16 Deductions column refers to 9 & 10 month employees. The 24 Deductions column refers to 12 month employees.





Keep your eyes healthy with a HumanaVision Plan.



Vision health impacts overall health

ye examinations not only help your vision, but your doctor can catch major health issues, too. Many diseases - diabetes, hypertension, multiple sclerosis, high blood pressure, osteoporosis and rheumatoid arthritis - can be diagnosed by looking into your eyes.

HumanaVision encourages prevention, early diagnosis and treatment, helping you achieve good vision and a healthy lifestyle.

Use your HumanaVision benefits

You have access to one of the largest vision networks in the United States, with more than 35,000 participating optometrists, ophthalmologists, and national retail locations, including LensCrafters®, Pearle Vision®, Sears® Optical, Target® Optical, and JCPenney® Optical. In addition you'll enjoy:

- The same benefits at all participating providers, no matter where they're located
- Wholesale pricing on frames, avoiding high retail markups
- Simple access to plan information, provider search, Customer Care and other automated services at www.HumanaVisionCare.com

How it Works

- 1. After signing up for the vision plan you will receive an ID card in the mail.
- 2. Prior to scheduling your appointment, select a participating provider through the Customer Care center, automated information line, or www.HumanaVisionCare.com.
- 3. Schedule an appointment, providing your name, the patient's name and employer.
- 4. Sign your provider's form after your exam, you'll pay any copayments and/or costs of any upgrades at that time.

Know what your plan covers

On the following page is a summary of HumanaVision benefits. Here's what you can expect:

- Quality routine eye health care from independent eye care professionals and national retail locations
- Services and materials provided on a prepaid basis, and the plan pays participating providers directly; you also have the freedom to use nonparticipating providers if you prefer
- Life without claim forms! With HumanaVision, you pay your eye care professional directly for copayments and any extra cosmetic options selected at the time of service
- Select a vision provider from our network simply by visiting www.HumanaVisionCare.com; if you prefer, call 1-866-537-0229

Know what your plan doesn't cover

Some items and services not included in HumanaVision are:

- Orthoptics or vision training, subnormal vision aids or Plano (nonprescription) lenses
- Replacement of lost or broken lenses, except at the regularly-scheduled plan intervals
- Medical or surgical treatment of eyes
- Care provided through or required by any government agency or program, including Workers' Compensation or a similar law

Your Rates

Coverage Level:	16 Deductions*	24 Deductions*
Employee	\$4.91	\$3.27
Employee & Spouse/Domestic Partner	\$9.81	\$6.54
Employee & Children	\$9.32	\$6.22
Employee & Family	\$14.65	\$9.77

^{*} On the rate chart above, the 16 Deductions column refers to 9 & 10 month employees. The 24 Deductions column refers to 12 month employees.

COVERAGE

	See a participating provider	See a nonparticipating provider	
Exam with dilation as necessary	100% after \$10 copay	\$35 allowance	
Lenses Single Bifocal Trifocal	100% after \$15 copay 100% after \$15 copay 100% after \$15 copay	\$25 allowance \$40 allowance \$60 allowance	
Frames	\$50 wholesale frame allowance	\$45 retail allowance	
Contact lenses¹ • Elective (conventional and disposable)²³³ • Medically necessary	\$150 allowance 100%	\$150 allowance \$210 allowance	
Frequency (based on date of service) • Examination • Lenses or contact lenses • Frame	Once every	v 12 months v 12 months v 24 months	

Additional plan discounts

- · Members receive additional fixed copayments on lens options including: anti-reflective, progressives and scratch-resistant coatings.
- Members also receive a 20% retail discount on a second pair of eyeglasses. This discount is available for 12 months after the covered eye exam and available through the participating provider who sold the initial pair of eyeglasses.
- 1 If a member prefers contact lenses, the plan provides an allowance for contacts in lieu of all other benefits (including frames).
- 2 The contact lens allowance applies to professional services (evaluation and fitting fee) and materials. Members receive a 15 percent discount on in-network professional services. The discount for professional services is available for 12 months after the covered eye exam.
- 3 Contact lens allowance must be used at one time; no amount will be carried forward.

Vision



HumanaVision Providers

Please check with the doctor of your choice or call our Customer Care department at 1-866-537-0229 when making your appointment to make certain he or she is currently a participating doctor. You may also visit www.HumanaVisionCare.com for a nationwide listing of participating providers.

You must receive services from one of the participating providers in order to receive full benefits (as outlined). If you receive service from a provider who does not participate in the plan, you will receive reimbursement according to the nonparticipating reimbursement schedule.

How does the wholesale frame allowance work?

Benefits include a wholesale frame allowance. If the wholesale cost exceeds the frame allowance, members pay twice the wholesale difference. They never pay full retail.

Retail price*	Wholesale price	Wholesale allowance	Member pays	Savings
\$125	\$50	\$50	\$ 0	\$125
\$187.50	\$75	\$50	\$50 (\$75-\$50=\$25x2=\$50)	\$137.50

st Retail costs may differ and are based on two to three times the wholesale costs. Actual savings may vary.

HumanaVision Lasik discount

We have contracted with many well-known facilities and eye doctors to offer Lasik procedures at substantially reduced fees. You can take advantage of these low fees when procedures are done by network providers. The network locations listed below offer the following prices (per eye):

	Conventional/T	raditional	Cust	om	
TLC 1-888-358-3937 (designated locations only)	\$895		\$1,295	\$1,895*	
Lasik <i>Plus</i> 1-866-757-8082	\$695* \$1,395* Lasik <i>Plus</i> free Lasik <i>Plus</i> free enhancements for enhancements 1 year for life		\$1,895* Lasik <i>Plus</i> free enhancements for life		
QualSight LASIK 1-855-456-2020	\$895 QualSight free enhancements for 1 year	\$1,295 with QualSight Lifetime Assurance Plan	\$1,320	\$1,995* with QualSight Lifetime Assurance Plan	

*with IntraLase™

You can also use independent Lasik provider network doctors to receive a 10% discount from usual and customary prices and pay no more than \$1,800 per eye for Conventional Lasik and \$2,300 per eye for Custom Lasik.



STANDARD INSURANCE TERM LIFE AND AD&D

Term Life and AD&D

It's a subject no one likes to discuss. But because most people want to make sure their loved ones are taken care of should something happen, this insurance provides you with the life insurance coverage to suit you and your family's needs. You may elect Voluntary Term Life and AD&D insurance for yourself as well as for your spouse/domestic partner and dependent children.

Coverage Amounts

Employees may elect from \$10,000 to \$800,000 in Voluntary Term Life and AD&D insurance in increments of \$10,000. The Guarantee Issue amount (amount without evidence of insurability) is \$300,000.* During each open enrollment period employees may increase coverage without evidence of insurability by \$10,000 up to the plan maximum of \$800,000 as long as the employee has not been previously declined for a Life Insurance increase by The Standard.

For a Spouse/Domestic Partner, an employee may elect from \$5,000 to \$400,000 in Voluntary Term Life and AD&D insurance in increments of \$5,000. Spouse/Domestic Partner elections may not exceed 100% of employee elections.* The Guarantee Issue amount (amount without evidence of insurability) is \$50,000.* During each open enrollment period spouses/domestic partners may increase coverage without evidence of insurability by \$5,000 up to the plan maximum of \$400,000 as long as spouse/domestic partner election does not exceed 100% of employee election.

For an eligible Child, an employee may elect from \$5,000 to \$25,000 in Voluntary Term Life and AD&D Insurance in increments of \$5,000. Eligible Children's elections may not exceed 100% of employee elections.* The Guarantee Issue amount (amount without evidence of insurability) is \$25,000.* During each open enrollment period children may increase coverage without evidence of insurability by \$5,000 up to the plan maximum of \$25,000 as long as the child election does not exceed 100% of employee election.

If you apply outside of the new employee benefit election period (60 days) or outside of an approved open enrollment, or for an amount over the Guarantee Issue amount, satisfactory evidence of insurability is required. You will need to complete and submit a Medical History Statement. In some cases, The Standard may request additional medical information or a physical exam.

* When an employee turns 76, Employee coverage reduces to \$10,000 on the January 1 coinciding with or next following their 76th birthday. Spouse and child coverage will also reduce if applicable to \$10,000 at that time as it cannot exceed 100% of the employee amount.

What are the exclusions for Voluntary Term Life insurance?

Voluntary Term Life insurance includes an exclusion for death resulting from suicide or other intentionally self-inflicted injury while sane or insane. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death.

AD&D insurance benefits are not payable for death or dismemberment caused or contributed to by:

- War or act of war, declared or undeclared, whether civil or international, and any substantial armed conflict between organized forces of a military nature
- Suicide or other intentionally selfinflicted injury while sane or insane
- Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot
- Voluntary use or consumption of any poison, chemical compound, alcohol or drug, unless used or consumed according to the directions of a physician
- Sickness or pregnancy existing at the time of the accident
- · Heart attack or stroke
- Medical or surgical treatment for any of the above



What are some of the features of this coverage?

Wavier of Premium:

If you become totally disabled before age 75 after a 180 day waiting period your life Insurance premium will be waived. Wavier of premium ends at age 99.

Accelerated Benefit:

Under the Accelerated Benefit provision, you may be eligible to receive up to 75 percent, or a maximum of \$500,000, of your Voluntary Term Life insurance coverage if you become terminally ill, have a life expectancy of less than 12 months and meet other eligibility requirements.

Repatriation Benefit:

The Standard pays an additional benefit, the Repatriation Benefit, if you die more than 200 miles from your primary place of residence. The Standard will pay for expenses, up to a benefit maximum, incurred to transport your body to a mortuary near your primary place of residence.

Portability:

If your insurance ends because your employment terminates, you may be eligible to buy group life insurance from The Standard through the Portability provision, assuming you meet the eligibility requirements. Please contact the FBMC Customer Care Center at 855-569-3262 (855-5MYFBMC) for more information.

Conversion:

If your Voluntary Term Life insurance from The Standard ends or reduces for any reason other than failure to pay premiums, the right to convert provision allows you to convert your Life coverage to certain types of individual life insurance policies without having to provide evidence of insurability. You must apply for conversion and pay the required premium within 31 days after group coverage ends or reduces. (AD&D coverage may not be converted under this provision).

Travel Assistance:

Travel Assistance provides insured members and their families access to a comprehensive range of professional, 24-hour medical, legal and trip assistance information, as well as referral and coordination services. This worldwide assistance service is available to plan participants whenever they are traveling 100 miles or more from home or when traveling in a foreign country for trips up to 180 days.

Group Insurance Certificate:

If you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy issued by Standard Insurance Company. Neither the certificate nor the information presented in this booklet modify the group policy or the insurance coverage in any way. Please contact the FBMC Customer Care Center at 855-569-3262 (855-5MYFBMC) for more information.

Spouse/Domestic	Partner	rates	are based	on empl	ovee age.
				• • • • • • • • • • • • • • • • • • • •	-,,

Employee and Spouse/Domestic Partner Life and AD&D Rates**										
Age	Toba	ассо	Non-T	obacco		Age	Tob	acco	Non-To	obacco
	16 Deductions*	24 Deductions*	16 Deductions*	24 Deductions*			16 Deductions*	24 Deductions*	16 Deductions*	24 Deductions*
15-38	\$0.086	\$0.058	\$0.056	\$0.038		60	\$0.836	\$0.558	\$0.454	\$0.303
39	\$0.131	\$0.088	\$0.071	\$0.048		61	\$0.889	\$0.593	\$0.476	\$0.318
40	\$0.139	\$0.093	\$0.079	\$0.053		62	\$0.956	\$0.638	\$0.521	\$0.348
41	\$0.154	\$0.103	\$0.079	\$0.053		63	\$1.039	\$0.693	\$0.559	\$0.373
42	\$0.161	\$0.108	\$0.079	\$0.053		64	\$1.129	\$0.753	\$0.604	\$0.403
43	\$0.199	\$0.133	\$0.094	\$0.063		65	\$1.151	\$0.768	\$0.671	\$0.448
44	\$0.206	\$0.138	\$0.094	\$0.063		66	\$1.249	\$0.833	\$0.731	\$0.488
45	\$0.229	\$0.153	\$0.109	\$0.073		67	\$1.376	\$0.918	\$0.814	\$0.543
46	\$0.244	\$0.163	\$0.124	\$0.083	ı	68	\$1.511	\$1.008	\$0.889	\$0.593
47	\$0.281	\$0.188	\$0.131	\$0.088		69	\$1.661	\$1.108	\$0.971	\$0.648
48	\$0.304	\$0.203	\$0.139	\$0.093		70	\$1.669	\$1.113	\$1.076	\$0.718
49	\$0.334	\$0.223	\$0.154	\$0.103		71	\$1.826	\$1.218	\$1.174	\$0.783
50	\$0.341	\$0.228	\$0.161	\$0.108		72	\$1.999	\$1.333	\$1.294	\$0.863
51	\$0.386	\$0.258	\$0.184	\$0.123		73	\$2.164	\$1.443	\$1.391	\$0.928
52	\$0.424	\$0.283	\$0.191	\$0.128		74	\$2.329	\$1.553	\$1.496	\$0.998
53	\$0.469	\$0.313	\$0.221	\$0.148		75	\$1.909	\$1.273	\$1.504	\$1.003
54	\$0.529	\$0.353	\$0.251	\$0.168		76	\$2.164	\$1.443	\$1.519	\$1.013
55	\$0.566	\$0.378	\$0.281	\$0.188		77	\$2.321	\$1.548	\$1.549	\$1.033
56	\$0.604	\$0.403	\$0.304	\$0.203		78	\$2.509	\$1.673	\$1.676	\$1.118
57	\$0.679	\$0.453	\$0.341	\$0.228		79	\$2.689	\$1.793	\$1.796	\$1.198
58	\$0.746	\$0.498	\$0.371	\$0.248		80+	\$2.914	\$1.943	\$1.946	\$1.298
59	\$0.806	\$0.538	\$0.401	\$0.268						

Dependent Children Life and AD&D Rates** (per \$1,000 of coverage)					
16 Deductions*	24 Deductions*				
\$0.15	\$0.10				

^{*} On the rate charts at left and above, the 16 Deductions column refers to 9 & 10 month employees. The 24 Deductions column refers to 12 month employees.

Please Note: During the open enrollment period (October 8 to November 2, 2012), all eligible employees may increase their current coverage up to the guarantee issue amounts for employees and dependents without providing evidence of insurability: \$300,000 employee; \$50,000 Spouse/Domestic Partner; \$25,000 Children. For example, if you have no coverage now, you may buy up to \$300,000 on yourself. If you have \$100,000 in coverage now, you may buy \$200,000 more on yourself, etc. Similarly, if a spouse/domestic partner has no coverage now (or less than \$50,000), he or she can increase to \$50,000; If a child has no coverage now (or less than \$25,000), his or her amount can increase to \$25,000 - all up to 100% of the eligible employee's allotted amount.

To calculate your premium:*

- 1. Amount Elected: Write amount of coverage elected on Line 1:
- 2. Line 1 divided by \$1,000 = Line 2.
- 3. Select your rate from the rate table and enter on Line 3.
- 4. Line 2 multiplied by

 Line 3 = Your estimated payroll deduction ______
- * Calculations for spouse/domestic partner premium should be based on employee age.

^{**}AD&D cost included in the above rates.

Life



How does LifeEvents work?

LifeEvents combines two important benefits into one affordable product.

With LifeEvents, your benefits can be paid as a death benefit, as living benefits for long-term care, or as a combination of both. Let's take a closer look.

DEATH BENEFIT

Most people buy life insurance for the financial security of the death benefit. And it's easy to see why. A death benefit puts money in your family's hands quickly when they need it most. It's money they can use any way they want to help cover short- and long-term expenses like these:

- Funeral costs
- Rent or mortgage payments
- College tuition for children or grandchildren
- Debt
- · Retirement and more

LIVING BENEFITS

Long-term care can be expensive. Living benefits make it easy to accelerate the death benefit to help pay for home healthcare, assisted living, adult day care or nursing home services, should you or your covered spouse/domestic partner ever need them.

TRUSTMARK LIFEEVENTS®

The LifeEvents Advantage

LifeEvents is unique. It's designed to match your needs throughout your lifetime, so you have the benefits you need, when you need them most. See for yourself:

Working years

LifeEvents pays a higher death benefit during working years when expenses are high and your family needs maximum protection. Then at age 70, when expenses typically reduce, LifeEvents reduces the death benefit amount to better fit your needs.¹

Throughout retirement

LifeEvents pays a consistent level of living benefits throughout the life of your policy, so you have long-term care benefits when you are most likely to need them.

Let's see LifeEvents in action

(Example: 35-year-old, \$35 monthly premium, \$75,000 benefit)

Before Age 70		Age 70+	
Death Benefit	\$75,000	Death Benefit ¹	\$25,000
LTC Benefit	\$75,000	LTC Benefit	\$75,000

¹Death benefit reduces to one-third at the latter of age 70 or the 15th policy anniversary. Issue age is 64 and under.

Features you'll appreciate

- Lifelong protection Provides coverage that will last your lifetime.
- Family coverage Apply for your spouse/domestic partner and family members.
- Terminal Illness Benefit Accelerates up to 75 percent of your death benefit if your doctor determines your life expectancy is 24 months or less.
- Guaranteed renewable Guaranteed coverage, as long as your premiums are paid. Your premium may change only if the premium for all policies in your class changes.

Separately priced benefits:

- Children's term life insurance rider Covers newborns to age 23 and is convertible at age 23 to Universal Life insurance without evidence of insurability.
- Waiver of premium Waives policy payments if your doctor determines you are totally disabled.
- EZ Value Automatically raises your benefits to keep pace with your increasing needs, without additional underwriting.

Let's see how Living Benefits add up

Example: \$100,000 Death Benefit	Maximum Benefit Amount
Long-Term Care Benefit (LTC) ² Pays a monthly benefit equal to 4 percent of your death benefit for up to 25 months. The LTC benefit accelerates the death benefit and proportionately reduces it.	\$100,000
Benefit Restoration Restores the death benefit ¹ that is reduced to pay for LTC, so your family receives the full death benefit amount when they need it most.	\$100,000
Total Maximum Benefit Living Benefits can double the value of your life insurance.	\$200,000

Death benefit reduces to one-third at the latter of age 70 or the 15th policy anniversary. Issue age is 64 and under.

²The LTC Benefit is an acceleration of the death benefit and is not Long-Term Care Insurance. It begins to pay after 90 days of confinement or services, and to qualify you must meet conditions of eligibility for benefits. Preexisting condition limitation may apply. Living Benefits may not be available in all states or may be named differently. Please consult your policy for complete details.





Why buy LifeEvents at work?

- **1. Portability** Take your coverage with you and pay the same premium if you change jobs or retire.
- **2.** Payroll deduction No bills to watch for. No checks to mail. A direct bill option is available when you change jobs or retire.
- **3. One-on-one guidance** You'll get personalized benefit advice and assistance with the application process.

It's your story. Help protect it with LifeEvents insurance.

Underwritten by Trustmark Insurance Company, Lake Forest, Illinois. This provides a brief description of your benefits. Your representative can provide you with costs and complete details. See Plan GUL.205/IUL.205; HH/LTC.205; BRR.205; ADB.205; CT.205; and WP.205 for exact terms and provisions. Benefits, exclusions and limitations may vary by state and may be named differently. Please consult your policy for complete information.

Disability

Disability

What is Disability Insurance?

Chances are you already purchase home, auto and life insurance to protect yourself and your family against the threat of loss. And you probably have health insurance to guard against costly medical bills. So what steps have you taken to help shield yourself and your loved ones from an unexpected loss of income? Would you be able to meet your financial obligations if you became disabled and unable to work?

Voluntary disability insurance from Standard Insurance Company is designed to pay a benefit to you in the event you can't work because of a covered illness or injury. This benefit replaces a portion of your income, thus helping you to meet your financial commitments in a time of need.

The risk of disability

The risk of disability may be greater than you think. Recent statistics have shown:

- On average, about 2,329 disabling injuries occur every hour during the year.
- 21.3 million or 11.9 percent of all Americans ages 16 to 65 have a disabling condition that affects their ability to work at a job or business.
- Nearly one in five people, about 49.7 million
 Americans, has some type of long lasting condition or disability.

What is the disability benefit?

Under this plan you may choose one of two options:

The 30 day plan begins paying benefits after 30 days. The first 60 days of benefits are paid on a weekly basis. Following 60 days of benefits, beginning on day 90, benefits are paid on a monthly basis.

The 90 day plan begins paying benefits on a monthly basis after 90 days.

The disability benefit is based on your earnings from your employer.

The group insurance policy refers to these earnings as predisability earnings. The group policy has an Active Work requirement you must meet before your insurance will become effective. The benefit under this plan is determined as follows:

- 66 and 2/3 percent of the first \$22,500 of your monthly pre-disability earnings, reduced by deductible income.**
- The maximum monthly benefit is \$15,000.
- Minimum monthly benefit is the greater of \$100, or 10 percent of your LTD benefit before reduction by deductible income.
- Benefits pay from the end of the elimination period until Social Security Normal Retirement Age (SSNRA) as long as you meet the definition of disability as specified in the policy. If you become disabled after age 65, benefits are paid according to the information found on Page 24.

What are some of the features of this coverage?

Annuity Contribution Benefit:

Pays a benefit after 9 months of disability equal to 11% of your pre-disabilty earnings not to exceed \$2,475 for an annuity. The minimum benefit is \$50 per month. Upon qualification for the monthly annuity contribution benefit, a lump sum payment equal to nine times the monthly annuity benefit is paid as a catch up.

Cost of Living Adjustment Benefit:

After disability benefits have been paid for a year, the benefit will be increased by two percent each year for five years.

to life you elect, the Thirty Day Plan, your weekly benefit for the first 60 days following the 30 day elimination period is paid under the STD contract issued by The Standard at 66 and 2/3 percent of the first \$5,193 of your weekly pre-disability earnings, reduced by deductible income. The Minimum weekly benefit is the greater of \$25, or 10 percent of your STD benefit before reduction by deductible income. After STD benefits have been paid for 60 days benefits will be paid on a monthly basis under a Long Term Disability plan.

Assisted Living Benefit:

Paid in addition to the LTD benefit, income replacement is increased by an additional 13 and 1/3% of pre-disability earnings, not to exceed a maximum of \$3,000 for employees with severe disabilities. The benefit is available when LTD benefits are payable, when suffering one of the severe disabilities described below, and when the condition is expected to last 90 days or more:

- You are unable to safely and completely perform two or more Activities of Daily Living (bathing, continence, dressing, eating, toileting and transferring) without assistance, or
- You require substantial supervision for health or safety due to severe cognitive impairment.

The additional benefits paid under the Assisted Living Benefit are not reduced by Deductible Income.

Lifetime Security Benefit:

Extends disability benefits beyond SSNRA until death. The benefit is available when LTD benefits are payable, when suffering one of the severe disabilities described below, and when the condition is expected to last 90 days or more:

- You are unable to safely and completely perform two or more Activities of Daily Living (bathing, continence, dressing, eating, toileting and transferring) without assistance, or
- You require substantial supervision for health or safety due to severe cognitive impairment.

Survivors Death Benefit:

If you die while LTD Benefits are payable, and on the date you die you have been continuously Disabled for at least 180 days, we will pay a lump sum Survivors Death Benefit equal to 3 times your LTD Benefit without reduction by Deductible Income. However, the Survivors Death Benefit will first be applied to reduce any overpayment of your claim. The benefit is paid at Standard Insurance's option to any one or more of the following: surviving spouse/domestic partner, your and your surviving spouse/domestic partner's unmarried children, including adopted children, under age 25, or any person providing the care and support of the spouse/domestic partner or unmarried children.

No Survivors Death Benefit will be paid if you are not survived by any person listed above.

Your Rates Per Pay Period

30 Day DISABILITY INCOME PROTECTION **FORMULA** 1. Enter your monthly salary (maximum \$22,500) 2. DIVIDE by 100 3. MULTIPLY the amount in Line 2 by \$0.77 to get your monthly premium 4. Multiply by 12 (This is your annual premium) 5. Divide by 16 if you are a 9 or 10 month employee, or 24 if you are a 12 month employee. Per Pay Period Deduction 90 Day DISABILITY INCOME PROTECTION **FORMULA** 1. Enter your monthly salary(maximum \$22,500) 2. DIVIDE by 100 3. MULTIPLY the amount in Line 2 by \$0.52 to get your monthly premium 4. Multiply by 12 (This is your annual premium) 5. Divide by 16 if you are a 9 or 10 month employee, or 24 if you are a 12 month employee. Per Pay Period

What are the exclusions and limitations?

You are not covered for a disability caused or contributed to by:

- 1. War or any act of war, whether or not declared
- 2. Intentionally Self-Inflicted Injury
- 3. Loss of License or Certification
- 4. Violent or Criminal Conduct
- 5. Pre-Existing Condition

Please note that during the open enrollment period (October 8 to November 2, 2012), all eligible employees may purchase either the 30 day disability plan, the 90 day disability plan, or change from the 90 day plan to the 30 day plan without providing evidence of insurability.

Disability

What is the definition of a Pre-existing Condition?

Pre-existing condition means a mental or physical condition whether or not diagnosed or misdiagnosed for which you have done any of the following:

- Consulted a physician or other licensed medical professional;
- Received medical treatment, services or advice;
- Undergone diagnostic procedures, including self administered procedures;
- Taken prescribed drugs or medications which as a result of any medical examination, including routine examination, was discovered or suspected at any time during the 90-day period just before your insurance becomes effective.

Exclusion: You are not covered for a disability caused or contributed to by a Pre-existing Condition or medical or surgical treatment of a Pre-existing Condition unless, on the date you become Disabled, you:

- Have been continuously insured under the Group Policy for 12 months; and
- Have been Actively at Work for at least one full day after the end of that 12 months.

When am I considered disabled?

During the benefit waiting period and the next 26 months (if the 30 day plan is selected) or 24 months (if the 90 day plan is selected) you are considered disabled if, due to injury, physical disease, pregnancy or mental disorder, you are unable to perform with reasonable continuity the material duties of your own occupation, or you are unable to earn 80% or more of your Indexed Pre-disability Earnings when working in your Own Occupation.

Thereafter, you are considered disabled if, due to an injury, physical disease, pregnancy or mental disorder, you are unable to perform with reasonable continuity the material duties of any occupation that you are able to perform, whether due to education, training or experience:

- Which is available at one or more locations in the national economy, and
- In which you can be expected to earn at least 80 percent of your indexed pre-disability earnings within 12 months following your return to work, regardless of whether you are working in that or any other occupation.

Standard Insurance Company underwrites this plan.

When do the benefits become payable?

If your LTD claim is approved by Standard Insurance Company, LTD benefits become payable at the end of the 30 or 90 day benefit waiting period depending on the plan selected.

How long can LTD benefits continue?

If you become continuously disabled before age 62, LTD benefits can continue during disability until age 65, or to SSNRA*, or 3 years 6 months, whichever is longest. If you become continuously disabled at age 62 or older, LTD benefits can continue during disability for a limited time.

See below:

Age 61 or younger: To age 65, or to SSNRA* or 3 years 6 months, whichever is longest

Age 62: To SSNRA, or 3 years 6 months, whichever is longer

Age 63: To SSNRA, or 3 years, whichever is longer

Age 64: To SSNRA, or 2 years 6 months, whichever is longer

Age 65: 2 years

Age 66: 1 year 9 months

Age 67: 1 year 6 months

Age 68: 1 year 3 months

Age 69 or older: 1 year

* Social Security Normal Retirement Age (SSNRA) means your normal retirement age under the Federal Social Security Act.

New this year

Postdoc Fellows may purchase a Long Term Disability plan from The Standard that pays after 90 days of disability. The plan is similar to the 90 day plan described herein with a few exceptions:

- It pays a flat \$1,500 monthly benefit less deductible income
- It includes the Lifetime Security Benefit, but it does NOT include the COLA Benefit, the Assisted Living Benefit, or the Annuity Contribution Benefit
- The cost is \$3.90, based on a 24 pay cycle through direct pay.

Postdoc Associates may choose from the 30 or 90 day plan options.

Group Insurance Certificate

If you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage. The information presented above is controlled by the group policy and does not modify it in any way. The controlling provisions are in the group policy issued by Standard Insurance Company.

Supplemental Hospital

GROUP VOLUNTARY SUPPLEMENTAL HEALTH OPTIONS POLICY (SHOP)

Life is dynamic and can be unpredictable. If medical needs arise, will your major medical insurance cover all of your unexpected expenses? The SHOP plan is designed to help make ends meet if you or a family member is hospitalized.

- Benefits are paid to you and are paid regardless of any other coverage that is in force.
- Coverage is guaranteed issue-no medical questions asked during this initial enrollment period only!
- Coverage can be purchased for you, or your entire family.
- The Outpatient Physician's Treatment Benefit and Wellness and Preventive Test Benefit allow you to utilize the benefits each and every year, regardless if you become ill, injured or not!
- The benefit amounts shown below increase by 5% after the first coverage year and each coverage year thereafter, for the next 5 years so that the benefit amounts in coverage years 6 and later are 125% of the initial Benefit amounts.
- Three plan options to choose from: Low, Medium and High.

Benefit Highlights:

In addition, will provide benefits for:

- At Home Nursing
- Ambulance
- Non Local Transportation

- Outpatient Diagnostic X-ray and Laboratory Benefit
- Wellness and Preventive Test Benefit
- Prescription Drug Benefit

Schedule of Benefits	Three Plan Options to Choose From			
Initial Hospitalization Confinement Benefit	Year	Low Plan	Medium Plan	High Plan
Allstate Benefits pays the benefit amount shown for the first	1	\$415.00	\$1,245.00	\$2,075.00
confinement to a hospital during a coverage year, provided a	2	\$435.75	\$1,307.25	\$2,178.75
benefit is paid under the Daily Hospital Confinement Benefit. The benefit is payable only once per covered person per continuous	3	\$456.50	\$1,369.50	\$2,282.50
hospital confinement and per coverage year. The benefit is not	4	\$477.25	\$1,431.75	\$2,386.25
paid for normal pregnancy or complications of pregnancy, or for a	5	\$498.00	\$1,494.00	\$2,490.00
newborn child's initial hospitalization after birth.	6	\$518.75	\$1,556.25	\$2,593.75
Daily Hospital Confinement Benefit	Year	Low Plan	Medium Plan	High Plan
Allstate Benefits pays the benefit amount shown for each day a covered person is admitted to and confined as an inpatient in a	1	\$165.00/day	\$495.00/day	\$825.00/day
	2	\$173.25/day	\$519.75/day	\$866.25/day
hospital as a result of an injury or sickness. Maximum of 180 days for each period of continuous hospital confinement. The benefit	3	\$181.50/day	\$544.50/day	\$907.50/day
is not payable for a newborn child's routine nursing or routine	4	\$189.75/day	\$569.25/day	\$948.75/day
well baby care during the initial hospital confinement.	5	\$198.00/day	\$594.00/day	\$990.00/day
	6	\$206.25/day	\$618.75/day	\$1,031.25/day
Hospital Intensive Care Benefit	Year	Low Plan	Medium Plan	High Plan
Allstate Benefits pays the amount shown for each day a covered	1	\$165.00/day	\$495.00/day	\$825.00/day
person is confined to a hospital intensive care unit, provided a	2	\$173.25/day	\$519.75/day	\$866.25/day
benefit is also paid under the Daily Hospital Confinement Benefit. The covered person must provide proof for each day that a hospital intensive care room and board charge is incurred. Paid		\$181.50/day	\$544.50/day	\$907.50/day
		\$189.75/day	\$569.25/day	\$948.75/day
in addition to the Daily Hospital Confinement Benefit. Maximum	5	\$198.00/day	\$594.00/day	\$990.00/day
of 60 days for each period of continuous hospital confinement.	6	\$206.25/day	\$618.75/day	\$1,031.25/day

Supplemental Hospital

Surgery Benefit	Year	Low Plan	Medium Plan	High Plan
Allstate Benefits pays a benefit up to the amount shown, depending on the surgery, for a surgical operation performed	1	\$33.00 to \$825.00	\$99.00 to \$2,475.00	\$165.00 to \$4,125.00
in a hospital or an ambulatory surgical center. Two or more procedures performed at the same time through one incision	2	\$34.65 to \$866.25	\$103.95 to \$2,598.75	\$4,125.00 \$173.25 to \$4,331.25
are considered one operation; Allstate Benefits pays the amount shown in the Schedule of Operations for the operation with	3	\$36.30 to \$907.50	\$108.90 to \$2,722.50	\$181.50 to \$4,537.50
the largest benefit. If any operation other than those listed is performed, Allstate Benefits pays an amount based upon the amount stated in the Schedule of Operations for the most	4	\$37.95 to \$948.75	\$113.85 to \$2,846.25	\$189.75 to \$4,743.75
performed, Allstate Benefits pays an amount based upon the amount stated in the Schedule of Operations for the most comparable procedure.		\$39.60 to \$990.00	\$118.80 to \$2,970.00	\$198.00 to \$4,950.00
Anesthesia Benefit Pays 25% of surgical benefit for anesthesia received by a covered person during the course of a covered surgical operation.	6	\$41.25 to \$1,031.25	\$123.75 to \$3,093.75	\$206.25 to \$5,156.25
Inpatient Physician's Treatment Benefit	Year	Low Plan	Medium Plan	High Plan
Allstate Benefits pays the amount shown for each day a covered	1	\$41.00/day	\$123.00/day	\$205.00/day
person requires and receives the services of a physician (other	2	\$43.05/day	\$129.15/day	\$215.25/day
than a surgeon) during a covered hospital confinement. The benefit is payable for the number of days the Daily Hospital	3	\$45.10/day	\$135.30/day	\$225.50/day
Confinement Benefit is payable.	4	\$47.15/day	\$141.45/day	\$235.75/day
Comment Benefit is payable.		\$49.20/day	\$147.60/day	\$246.00/day
		\$51.25/day	\$153.75/day	\$256.25/day
Outpatient Emergency Accident Benefit	Year	Low Plan	Medium Plan	High Plan
Allstate Benefits pays the amount shown for each visit a covered	1	\$415.00/visit	\$1,245.00/visit	\$1,660.00/visit
person, as a result of an injury, requires medical or surgical		\$435.75/visit	\$1,307.25/visit	\$1,743.00/visit
treatment in an emergency treatment center. Limited to 2 visits per covered person per coverage year.	3	\$456.50/visit	\$1,369.50/visit	\$1,826.00/visit
g.,	4	\$477.25/visit	\$1,431.75/visit	\$1,909.00/visit
	5	\$498.00/visit	\$1,494.00/visit	\$1,992.00/visit
	6	\$518.75/visit	\$1,556.25/visit	\$2,075.00/visit
Outpatient Physician's Treatment Benefit	Year	Low Plan	Medium Plan	High Plan
Allstate Benefits pays the amount shown if a covered person is	1	\$41.00/visit	\$123.00/visit	\$164.00/visit
treated by a physician for any cause outside of a hospital. Limited	2	\$43.05/ visit	\$129.15/ visit	\$172.20/ visit
to 5 visits per covered person per coverage year; and a maximum of 10 visits per coverage year for Individual and Spouse/	3	\$45.10/ visit	\$135.30/ visit	\$180.40/ visit
Domestic Partner coverage or Individual and Children coverage;	4	\$47.15/ visit	\$141.45/ visit	\$188.60/ visit
or a maximum of 15 visits per coverage year if Family Coverage.	5	\$49.20/ visit	\$147.60/ visit	\$196.80/ visit
	6	\$51.25/ visit	\$153.75/ visit	\$205.00/ visit

Supplemental Hospital

SHOP - Per Pay Rates

Allstate/AHL

1 Unit Hospital Benefits, 1 Unit Surgery & Related Benefits, 1 Unit Outpatient Benefit, 1 Unit Diagnostic & Wellness Benefit and 1 Unit Prescription Drug Benefit

	Employ	vee Only		+ Spouse/ ic Partner	Employee + Child(ren)		Family	
Age	16 Deductions*	24 Deductions*	16 Deductions*	24 Deductions*	16 Deductions*	24 Deductions*	16 Deductions*	24 Deductions*
18-35	\$24.14	\$16.10	\$46.94	\$31.29	\$45.91	\$30.61	\$67.86	\$45.24
36-49	\$28.00	\$18.67	\$54.51	\$36.34	\$52.40	\$34.93	\$78.41	\$52.27
50-59	\$33.27	\$22.18	\$65.80	\$43.87	\$58.40	\$38.94	\$90.72	\$60.48
60-64	\$41.45	\$27.63	\$82.89	\$55.26	\$67.39	\$44.93	\$107.70	\$71.80
65+	\$51.61	\$34.41	\$103.22	\$68.81	\$79.15	\$52.77	\$129.42	\$86.28

Plan 2

3 Units Hospital Benefits, 3 Units Surgery & Related Benefits, 3 Units Outpatient Benefit, 1 Unit Diagnostic & Wellness Benefit and 1 Unit Prescription Drug Benefit

	Employ	vee Only		+ Spouse/ ic Partner	Employee + Child(ren)		Family	
Age	16 Deductions*	24 Deductions*	16 Deductions*	24 Deductions*	16 Deductions*	24 Deductions*	16 Deductions*	24 Deductions*
18-35	\$56.14	\$37.43	\$108.23	\$72.15	\$99.72	\$66.48	\$149.29	\$99.53
36-49	\$65.26	\$43.51	\$126.06	\$84.04	\$114.14	\$76.10	\$172.68	\$115.12
50-59	\$78.90	\$52.60	\$155.58	\$103.72	\$129.26	\$86.17	\$203.79	\$135.86
60-64	\$101.12	\$67.41	\$202.23	\$134.82	\$152.98	\$101.99	\$250.69	\$167.13
65+	\$130.18	\$86.79	\$260.36	\$173.57	\$186.07	\$124.05	\$312.23	\$208.16

Plan 3

5 Units Hospital Benefits, 5 Units Surgery & Related Benefits, 4 Units Outpatient Benefit, 1 Unit Diagnostic & Wellness Benefit and 1 Unit Prescription Drug Benefit

	Employ	vee Only		Employee + Spouse/ Domestic Partner Employee + Child(ren) Family		Employee + Child(ren)		nily
Age	16 Deductions*	24 Deductions*	16 Deductions*	24 Deductions*	16 Deductions*	24 Deductions*	16 Deductions*	24 Deductions*
18-35	\$82.53	\$55.02	\$158.31	\$105.54	\$142.33	\$94.89	\$214.75	\$143.17
36-49	\$96.65	\$64.43	\$185.87	\$123.91	\$164.15	\$109.43	\$250.22	\$166.81
50-59	\$118.12	\$78.75	\$232.53	\$155.02	\$187.28	\$124.85	\$298.59	\$199.06
60-64	\$153.23	\$102.15	\$306.45	\$204.30	\$223.45	\$148.97	\$372.16	\$248.09
65+	\$199.84	\$133.23	\$399.68	\$266.45	\$275.17	\$183.45	\$469.66	\$313.11

^{*} On the rate chart above, the 16 Deductions column refers to 9 & 10 month employees. The 24 Deductions column refers to 12 month employees.

Legal Services



SMART. SIMPLE. AFFORDABLE.

Telephone and Office Consultations

MetLaw provides you with telephone and office consultations for an unlimited number of matters with the attorney of your choice. During the consultation, the attorney will review the law, discuss your rights and responsibilities, explore your options and recommend a course of action.

Legal Representation

Trials for covered matters are covered from beginning to end, regardless of length, when using a network attorney. Out of network attorneys can be used under the plan. Participants will be reimbursed according to a set fee schedule. Fee schedules are available by calling 800-821-6400.

The following information is the Schedule of Benefits:

Estate Planning

- Simple Wills
- Complex Wills
- Revocable Trusts
- Irrevocable Trusts
- Powers of Attorney (Healthcare, Financial, Childcare)
- Healthcare Proxies
- Living Wills
- Codicils

Financial Matters

- Personal Bankruptcy/Wage Earner Plan
- Debt Collection Defense
- Foreclosure Defense
- Repossession Defense
- Garnishment Defense
- Identity Theft Defense
- Tax Collection Defense
- Negotiations with Creditors
 True Audit Borroscoptation
- Tax Audit Representation (Municipal, State, or Federal)

Real Estate Matters

- Sale, Purchase or Refinancing of your Home (Primary, Second/Vacation)
- Home Equity Loans for your Home (Primary, Second/Vacation)
- Tenant Negotiations (Tenant Only)
- Eviction Defense
- Security Deposit Assistance (Tenant Only)
- Boundary or Title Disputes
- Property Tax Assessments
- Zoning Applications

Elder Law

Consultation & Document Review for issues related to your parents:

- Medicare
- Medicaid
- Prescription Plans
- Nursing Home Agreements
- Leases
- Promissory Notes
- Deeds
- Wills
- Powers of Attorney

Family Law

- Adoption
- Guardianship
- Conservatorship
- Name Change
- Prenuptial Agreement
- Protection from Domestic Violence

Traffic Offenses*

- Defense of ANY Traffic Ticket (Excludes DUI)
- Driving Privileges Restoration (Includes License Suspension due to DUI)

Document Preparation

- Affidavits
- Deeds
- Demand Letters
- Mortgages
- Promissory Notes
- Review of Any Personal Legal Document

Immigration Assistance

- Advice & Consultation
- Review of Immigration Documents
- Preparation of Affidavits
- Preparation of Powers of Attorney

Juvenile Court Defense

- Juvenile Court Defense (Including Criminal Matters)
- Parental Responsibility Matters

Consumer Protection

- Disputes over Consumer Goods and Services
- Small Claims Assistance

Defense of Civil Lawsuits

- Civil Litigation Defense
- Incompetency Defense
- Administrative Hearings
- School Hearings
- Pet Liabilities

Personal Property Protection

- Consultation & Document Review for Personal Property Issues
- Assistance for Disputes over Goods and Services

Additional Plan Features

Reduced Fees

Network attorneys provide representation for personal injury, probate and estate administration matters at reduced fees.

Family Matters**

- Available for an additional fee
- Separate plan for parents of participants for estate planning documents

E-Services

- Attorney Locator
- Law Firm E-Panel[®]
- Free, downloadable legal documents
- Life Guide
- Links to financial planning, insurance and work/life matters resources

Smart. Simple. Affordable.®



and enter access code: 6090415 or GetLaw
Or call our Client Service Center at 1-800-821-6400
Per pay deduction --- 16 pay - \$12.38 / 24 pay - \$8.25
(The 16 Deductions refers to 9 & 10 month employees.
The 24 Deductions refers to 12 month employees.)
Automatically Deducted from your Paycheck Covers Employee, Spouse/Domestic

Partner and Dependents

For More Information Visit: info.legalplans.com

Group legal plans and Family Matters provided by Hyatt Legal Plans, Inc., Cleveland, Ohio. In certain states, group legal plans and Family Matters provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, Rhode Island. Please contact Hyatt Legal Plans for complete details on covered services including trials. No service, including advice and consultations, will be provided for: 1) employment related matters, including company or statutory benefits; 2) matters involving the employer, MetLife® and affiliates, and plan attorneys; 3) matters in which there is a conflict of interest between the employee and spouse/domestic partner or dependents in which case services are excluded for the spouse/domestic partner and dependents; 4) appeals and class actions; 5) farm and business matters, including rental issues when the participant is the landlord; 6) patent, trademark and copyright matters; 7) costs and fines; 8) frivolous or unethical matters; 9) matters for which an attorney-client relationship exists prior to the participant becoming eligible for plan benefits. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters listed above under Legal Representation. *Not available in all states. **For Family Matters, different terms and exclusions apply. Lo812275420[exp1013][All States][DC]

Preferred Legal Plan[™]

Legal Services



What is it?

This locally-based plan is attorney owned and operated and offers comprehensive legal assistance, advice and formal representation on all types of legal services. Coverage includes a spouse, domestic partner, dependents and anyone living in the household. Plan services are unlimited and available 24/7. Members have access to local in-network lawyers when formal representation is needed. Employment-related subjects are not covered.

Schedule of Benefits include:

- Divorce
- Child Support, Custody and Visitation
- Traffic Tickets/Suspended Licenses/DUI
- Credit Repair
- Loan Modifications/Foreclosures
- Bankruptcy
- Wills/Powers of Attorney/Living Wills/Revocable Living Trusts
- Identity Theft Services
- Buying or Selling a Home
- IRS Issues
- Landlord-Tenant Disputes
- Probate
- Garnishments
- Civil Litigation/Small Claims
- HOA/Condo Disputes
- Immigration
- Personal Injury
- Criminal Defense
- Domestic Violence
- Car Accidents
- and many more...

Member Benefits include:

- FREE unlimited legal advice via phone consultation
- FREE review of legal documents (real estate contracts, lease agreements, court papers, etc.)
- FREE letters and phone calls on your behalf to third parties to resolve disputes
- FREE credit repair and settling accounts in collection
- FREE identity theft protection and restoration
- FREE loan modification assistance and foreclosure defense
- FREE face-to-face initial consultations with local attorneys
- FREE wills for member and spouse or domestic partner (powers of attorney and living wills also available)
- FREE legal forms available through Form Library (i.e. bills of sale, court forms, promissory notes, contracts, affidavits, etc.)
- FREE notary services
- 40 percent to 70 percent reduced legal fees for panel attorney representation
- Comprehensive legal coverage (including all divorce, child support and custody issues)

- 24 hours a day, 7 days a week access
- All pre-existing issues are covered
- Spouse (or domestic partner), dependent children and entire household covered
- Unlimited, immediate use of membership
- All communications strictly confidential
- Florida-based plan. Out-of-state assistance available

Whom do I contact?

Preferred Legal Plan at 1-888-577-3476 or visit www.preferredlegal.com.

Preferred Legal Rates					
16 Deductions*	24 Deductions*				
\$7.46	\$4.98				

 * On the rate chart above, the 16 Deductions column refers to 9 & 10 month employees. The 24 Deductions column refers to 12 month employees.

Life can change in an instant.

How much would a trip to the emergency room cost you?

Highlights

- Family Coverage. Insure yourself, your spouse/domestic partner, and your children.
- Guaranteed Renewable. Coverage remains in force for life, as long as premiums are paid.
- Take your policy with you. It's yours to keep even if you change jobs or retire.
- Benefits paid to you regardless of any other coverage you have.

TRUSTMARK ACCIDENT INSURANCE

You do everything you can to keep your family safe, but accidents do happen. When they do, it's good to know you have help to manage the medical costs associated with accidental injuries. Trustmark's Accident insurance helps take care of medical bills, so you can take care of your family. Wellness benefits are payable every year and help offset the affordable premium you pay for coverage.

Accident Insurance Provides 24-hour Coverage and provides benefits for:

Hospital Admission Hospital Confinement* Hospital Intensive Care Unit* Emergency Room Treatment

- Initial Care Benefits: Physician visit; ambulance; emergency room treatment; hospital benefits; lodging; blood transfusions, platelets and plasma; surgery; emergency dental
- Injury Benefits: Burn; concussion; dislocation; eye injury; fracture; herniated disc; laceration; loss of finger, toe, hand, foot, sight; tendon, ligament, rotator cuff injury; torn knee cartilage
- Follow-up Care Benefits: Physical therapy, appliances, prosthetic device, artificial limb, skin graft, transportation
- Accidental Death Benefit
- Catastrophic Accident Benefit
- Wellness Benefit: Includes routine physicals, immunizations and health screening tests. The \$100 benefit is payable for up to two visits per person, per year.

Please refer to Schedule of Benefits for benefit amounts and covered conditions for your state.

*Hospital Confinement and ICU Benefits cannot be paid at the same time. Benefit amount payable may vary by state. **Exclusions.** No benefits will be payable for an injury as the result of a covered accident that occurs: during any involvement in any period of any type of armed conflict; while riding in or driving any motor-driven vehicle in a race, stunt show or speed test; while operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft, including those which are not motor-driven - this does not include flying as a fare paying passenger in a scheduled or chartered flight operated by a commercial airline; while engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, or parakiting; while participating in or practicing for any semiprofessional or professional competitive athletic contest in which any compensation is received; while participating or attempting to participate in an illegal activity, whether or not you are charged with a crime; while committing or attempting to commit suicide or injuring yourself intentionally, whether you are sane or not. No benefits will be payable for sickness or infection including physical or mental condition which is not caused solely by or as a direct result of a covered accident.

Your Rates

Coverage Level:	16 Deductions*	24 Deductions*
Employee	\$13.86	\$9.24
Employee & Spouse/ Domestic Partner	\$21.23	\$14.15
Employee & Children	\$32.25	\$21.50
Employee & Family	\$39.62	\$26.42

* On the rate chart above, the 16 Deductions column refers to 9 & 10 month employees. The 24 Deductions column refers to 12 month employees.

SCHEDULE OF BENEFITS¹

Accident

Accident Insurance Provides 24-Hour Coverage

Benefit	Amount	Benefit	Amount
INITIAL CARE		Injuries	
Hospital Benefits Admission Benefit (per admission) Confinement Benefit (per day up to 365 days) ICU Benefit (per day up to 15 days)	\$3,200 \$500 \$1,000	Fractures Open reduction Closed reduction Chips	up to \$15,000 up to \$7,500 25% of closed
Emergency Room Treatment	\$150	Pi L. vi	amount
Ambulance Ground Air	\$600 \$2,500	Dislocations Open reduction Closed reduction	up to \$12,000 up to \$7,500
Initial Doctor's Office Visit	\$200	Laceration	\$50-\$1,000
Lodging (per night up to 30 days per accident)	\$200	Burns Flat amount for:	
Surgery Benefit Open, abdominal, thoracic Exploratory	\$2,000 \$200	Third-degree 35 or more sq. in. Third-degree 9-34 sq. in. Second-degree for 36% or more of body	\$25,000 \$4,000 \$2,000
Blood, Plasma and Platelets	\$600	Concussion	\$200
Emergency Dental Benefit Extraction Crown	\$150 \$450	Eye Injury Requires surgery or removal of foreign body	\$400
FOLLOW-UP CARE	Ψ 4 50	Ruptured Disc	\$1,000
Accident Follow-Up Treatment	\$200	Loss of Finger, Toe, Hand, Foot or Sight Loss of both hands, feet, sight of both eyes or any combination of two or more losses	\$30,000
Physical Therapy Up to six visits per person per accident	\$100	Loss of one hand, foot or sight of one eye Loss of two or more fingers, toes or any	\$15,000
Appliance	\$250	combination of two or more losses Loss of one finger or toe	\$3,000 \$1,500
Transportation 100+ miles, up to three trips	\$600	Tendon/Ligament/Rotator Cuff Injury	
Prosthetic Device or Artificial Limb More than one One	\$2,000 \$1,000	Repair of more than one Repair of one Exploratory surgery without repair	\$1,500 \$1,000 \$200
Skin Grafts	25% of	Torn Knee Cartilage Exploratory surgery	\$1,250 \$200
	burn benefit	WELLNESS BENEFIT	4 200
ACCIDENTAL DEATH	555	Two per person annually	\$100
Employee Spouse ² Child	\$100,000 \$50,000 \$25,000	Routine physicals, immunizations and health screening tests. 60-day waiting period	
ACCIDENTAL DEATH – COMMON CARRIER	, 42), 500	CATASTROPHIC ACCIDENT	
Employee Spouse ² Child	\$200,000 \$100,000 \$50,000	Employee Spouse ² Child	\$150,000 \$75,000 \$75,000

Benefits are payable only as the result of a covered accident. Benefits may vary by state and additional benefits may be available in some states. Most benefits are paid once per person per covered accident unless otherwise noted. In some states, spouse, domestic partner or civil union partner.

This provides a brief description of your available benefits and is not a contract. Coverage, definitions and availability may vary by state, and exclusions and limitations may apply. Please consult your policy for complete details.

Pre-existing Condition Limitation. Generally, no benefit will be paid for any condition caused by or resulting from a pre-existing condition, which begins in the first 12 months after the coverage effective date. A pre-existing condition is a sickness or injury for which medical care, diagnosis or advice was received or recommended, or the existence of symptoms which would have caused an ordinarily prudent person to seek medical care, treatment, diagnosis or advice during the 12 months immediately prior to coverage effective date. Please consult Plan CACI-82001 and other optional riders for your state for exact terms and provisions.

Life can change in an instant.

If you had a heart attack tomorrow, would a check for \$10,000 help?

Highlights

- Family Coverage. Insure yourself, your spouse/ domestic partner, your children.
- Guaranteed Renewable. Coverage remains in force for life, as long as premiums are paid.
- Take your policy with you. It's yours to keep even if you change jobs or retire.
- Benefits paid to you regardless of any other coverage you have.

TRUSTMARK CRITICAL ILLNESS INSURANCE

Trustmark Critical Illness insurance pays a lump-sum benefit upon the first diagnosis of a covered critical illness or condition. It provides a cash payment to help with expenses and treatments not covered by most medical plans, and it pays before most high-deductible health plan benefits begin. A health screening benefit identifies and reduces health risks, making it easier for you and your covered family members to stay healthy.

Covered Conditions

Invasive cancer • Heart attack • Stroke • Renal (kidney) failure • Blindness • ALS (Lou Gehrig's disease) • Major organ transplant • Paralysis of at least two limbs • Coronary artery bypass surgery (25% benefit) •

• Coronary artery bypass surgery (25% benefit) • Carcinoma in situ (25% benefit)

Benefits you'll appreciate

- Lump-sum benefit Paid directly to you, regardless of any other coverage you have.
- Double Benefit If you receive first diagnosis of a second covered condition (different from the first and six months later) you can receive a second cash payment equal to the first.

 Health Screening Benefit – Pays the cost of one screening test or immunization (after a 60-day waiting period) per calendar year up to \$100 maximum. Some of the many tests included:

Low dose mammography Colonoscopy
Serum Cholesterol Bone marrow
Stress test Vaccinations

 Best Doctors® medical advice when you need it most. Receive one-on-one support in connecting you to the medical information you may need for covered conditions.

Optional feature

 EZ Value automatically increases your benefits to keep pace with your increasing needs – without additional underwriting.



Actual values will vary by age, tobacco use and benefits selected.

Pet Insurance

VPI® Pet Insurance

VPI® Pet Insurance is the nation's oldest. largest and number one veterinarianrecommended pet health insurance provider.

With comprehensive plans designed to protect you financially when the unexpected occurs, affordable coverage from VPI® Pet Insurance allows you to focus on providing optimal healthcare for your pet rather than worrying about the cost of treatment. You can be reimbursed for veterinary expenses such as surgeries, diagnostic tests, hospitalization, prescriptions, vaccinations and more.

Available Plans

The following plans are available for both dogs and cats:

Major Medical Plan - Comprehensive

Covers accidents, illnesses & hereditary conditions

If you want a safety net for big vet bills, this is the dog and cat insurance plan you're looking for. It's our most comprehensive protection, with our highest level of benefits.

- Our most popular plan
- Double the benefit allowances of the Medical Plan
- Includes benefits for hereditary conditions after the first year of
- Chronic condition coverage included at no extra cost
- Freedom to use any vet, anywhere—even specialists and emergency providers
- Your pet will not be dropped from coverage, regardless of age or number of claims filed
- · Benefits renew in full each year
- Flexible deductible
- Maximum annual benefit of \$14,000

Medical Plan - Economical

Covers accidents & illnesses

If you want dependable coverage for great value, this plan is perfect for you. It provides basic coverage for accidents, emergencies and illnesses, including cancer.

- Chronic condition coverage included at no extra cost
- Freedom to use any vet, anywhere—even specialists and emergency providers
- Your pet will not be dropped from coverage, regardless of age or number of claims filed
- · Benefits renew in full each year
- Flexible deductible
- Maximum annual benefit of \$7,000

Injury Plan - Emergency

Covers accidents only

If you just want coverage for emergencies, this plan is ideal for you. It offers low-cost coverage for injuries only (like poisonings and broken bones), but not medical conditions.

Feline Select Plan - (Just for Cats)

Covers 15 common conditions

If you're looking for essential coverage without the expense of a comprehensive plan, look no further. The Feline Select® plan offers low-cost coverage for the 15 most common cat conditions.

	Dog	Cat
Major Medical Plan	\$26-36/mo*	\$16-23/mo*
Medical Plan	\$20-28/mo*	\$13-18/mo*
Injury Plan	\$12/mo*	\$12/mo*

*Sample monthly rates. Your rates will be calculated and deducted on a Per Pay Period basis. The above premiums vary based on the age of the pet, species, size (as an adult), plan type, deductible and state of residence.

How to Enroll

Once you've decided on which plan best protects your pet, visit: http://www.petinsurance.com/affiliates/ufl_pr

Dog	Major Medical Plan	Medical Plan	Injury Plan (for dogs & cats)
Accidents	X	X	X
X-rays	X	X	X
Surgeries	X	X	X
Prescriptions	X	X	X
Hospitalization	X	X	X
Illness	X	X	
Cancer	X	X	
Hereditary Diseases	X		
Highest Reimbursement	X		
Maximum Annual Benefit	\$14,000	\$7,000	\$14,000

Cat	Major Medical Plan	Medical Plan	Feline Select (for cats only)
Accidents	X	X	X
X-rays	X	X	X
Surgeries	X	X	X
Prescriptions	X	X	X
Hospitalization	X	X	X
Illness	X	X	X
Cancer	X	X	
Hereditary Diseases	Х		
Highest Reimbursement	X		
Maximum Annual Benefit	\$14,000	\$7,000	\$9,000



Retail Benefits

Cash Back Shopping

A SIMPLE, BUT POWERFUL IDEA.

- Shop thousands of leading merchants in one place, everyone from Best Buy and Travelocity to Target and countless others.
- Earn 1 40% cash back on over 300 million products.
- Money you earn from shopping goes directly to you!

How Does It Work?

There's no cost to you to sign up or use this new benefit. Once registered you're ready to quickly and easily browse over 300 million products from over 5,000 retailers. From merchandise to travel to green products, you'll be able to shop from the retailers you already rely on and shop from today. But now you'll get even more from your shopping!

You also determine how you want to receive your cash back – debit card, PayPal, check or ACH – whichever is easiest for you. There is a \$3 administrative fee each time you withdraw your accumulated cash back to cover Retail Benefits costs associated with preparing and mailing checks or transferring the money to your bank account.

Earn Fast on Big Ticket Items

Our shopping portal gives you access to great discounts and cash back on larger purchases like that new big screen TV you've wanted, a new computer for your kids or your next vacation.

Earn the Most on Everyday Essentials

Think about all the things you buy in a typical week, from diapers to shampoo to school supplies. Now you can earn cash back on all these purchases. Over the course of a year you'll be amazed by how quickly the cash back you've earned will add up.

Never Miss a Cash Back Opportunity

To make sure you never miss an opportunity to earn, we've also created a Shopping Assistant for your web browser (Internet Explorer, Firefox, Chrome, and Safari) that integrates with our portal. It's easy to download and even easier to use.

You can search and shop directly from the Shopping Assistant without even going to our shopping portal. You'll get access to all the same merchants and products and all the same cash back shopping benefits, just faster.

The Shopping Assistant will even tell you when you're on a merchant's site that offers cash back so you'll never miss a chance to earn.

Get Started

Our portal has a How To Use section to help you take full advantage of this exciting new program.

Visit uf.retailbenefits.com and start saving today!



Contacts

PROVIDER Allstate/AHL	PLAN/SERVICE Supplemental Hospital	CUSTOMER PHONE NUMBER 1.800.521.3535	WEBSITE allstateatwork.com
Eagles Dental	Dental	Claim Fax 1.772.334.7059 Questions 1.800.726.5603	eaglesbenefits.com
Humana	Dental Vision	1-800-342-5209 1-866-537-0229	HumanaDental.com HumanaVisionCare.com
Hyatt Legal	MetLaw® Legal Plan	1.800.821.6400	info.legalplans.com (password 6090415)
Preferred Legal	Legal Plan	1.888.577.3476	preferredlegal.com
Retail Benefits	Retail Program	1.855.375.1053	retailbenefits.com
Standard Insurance Company	Term Life and AD&D Disability	Life claim status 1.800-628-8600 Disability claim status 1.800-368-2859 All other inquiries 1.800-325-5757 ext 02	standard.com
Trustmark	Critical Illness Accident LifeEvents	Customer Care 1.800.918.8877 Claims 1.877.201.9373	trustmarksolutions.com
VPI	Pet Insurance	1.877.PETS.VPI	petsVPI.com
UFSelect Voluntary B	enefits Information	1.855.569.3262 (855.5MYFBMC)	fbmclearningcenter.com/uf
UF HUMAN RESOUF Benefits Office	OURCE SERVICES 2012 Open Enrollment	(352) 392.2477 hr.ufl.edu/benefits	/openenrollment/default.asp