Primrose School of Cornelius/Huntersville

Employee Benefit Summaries

PSC 01

Coverage includes: Medical, Dental, Vision

12/1/2017 – 11/30/2018

CONTEMPORARY BENEFITS ADVISORS

Contact Us

We invite you to contact our staff directly to ensure that you receive excellent support. You can call or email to request service, comment on specific needs, ask for sales, or offer suggestions on how we might serve you better.

704-218-2899 (local)
844-892-2292 (toll-free)
704-218-2893 (fax)

Managing Member	EXT	Email Address
• Ken Harbin	3232	ken@c-ben.com

Executive Administrator		
• Beverly Griffin	3219	beverly@c-ben.com

Service Specialists		
• Michelle Harbin	3220	michelle@c-ben.com
• Kaylyn Sanchez	3216	kaylyn@c-ben.com
Faisal Akar	3203	faisal@c-ben.com
Stevie Moreno	3200	stevie@c-ben.com
Angela Williams	3218	angela@c-ben.com
Kim Hood	3230	kim@c-ben.com

Group Benefit Specialists		
• Naveed Ulhaq	3202	naveed@c-ben.com
• Spencer Witherspoon	3214	spencer@c-ben.com
• Dennis White	3199	dennis@c-ben.com
• Kristen Venditti	3233	kristen@c-ben.com

1801 Skyway Drive Monroe, NC 28110~Toll Free ~844-892-2292
Office 704.218-2899 ~ Fax 704.218-2893
www.contemporary-benefits.com

Primrose School of Cornelius/Huntersville -

Medical Benefits

You may access participating providers and facilities through United Healthcare website at www.myuhc.com

AR-4E Balanced

Medical Benefits – Co Pay Plan	In Network Benefits	Out of Network Benefits
Deductible	$5,000 single $10,000 family	$10,000 single $20,000 family
Coinsurance (*after the deductible*)	50% for Inpatient Benefits 50% for Outpatient Benefits	Deductible + 50%
Out-of-Pocket Maximum *(total of deductible and coinsurance)*	$7,000 single $14,000 family	$14,000 single $28,000 family
Lifetime Maximum *(per person)*	Unlimited	
Hospital - *preauthorization is required*	Deductible + 50%	Deductible + 50%
Physician Office Visits	**$45** co-pay	Deductible + 50%
Specialist Office Visits	Deductible + 50%	Deductible + 50%
Preventive Care Physicals, Routine Pap Smear, Prostate Screening, Mammograms, etc. Pediatric Well Child Care (as recommended by the America Academy of Pediatrics)	PPACA Benefits: Covered at **100**% no co-pay or Deductible	N/A
Prescription Drugs Generic Preferred Name Brand Non-Preferred Name Brand	Tier 1=**$10** co-pay Tier 2 = **$35** co-pay Tier 3 = **$60** co-pay Tier 4 = **$100** co-pay *Mail Order up to a 90 day supply	N/A
Outpatient Surgery	Deductible + 50%	Deductible + 50%
X-ray and Laboratory and Major Diagnostics- CT, PET, MRI, MRA and Nuclear Medicine--Outpatient	Deductible + 50%	Deductible + 50%
Emergency services Outpatient	Deductible + 50%	Paid as in-network
Urgent Care Center Services	Deductible + 50%	N/A
Inpatient / Outpatient Mental Illness - Drug and Alcohol Rehabilitation *preauthorization is required*	Deductible + 50%	Deductible + 50%

This is intended as an easy-to-read summary. It is not a contract. Additional limitations and exclusions may apply to covered services. For official description of benefits, please refer to your summary plan description.

Primrose School of Cornelius/Huntersville -

Medical Benefits

You may access participating providers and facilities through United Healthcare website at www.myuhc.com

AR-4C Balanced

Medical Benefits – Co Pay Plan	In Network Benefits	Out of Network Benefits
Deductible	$3,500 single $7,000 family	$7,000 single $14,000 family
Coinsurance (*after the deductible*)	60% for Inpatient Benefits 60% for Outpatient Benefits	Deductible + 50%
Out-of-Pocket Maximum *(total of deductible and coinsurance)*	$7,000 single $14,000 family	$14,000 single $28,000 family
Lifetime Maximum *(per person)*	Unlimited	
Hospital - *preauthorization is required*	Deductible + 40%	Deductible + 50%
Physician Office Visits	**$45** co-pay	Deductible + 50%
Specialist Office Visits	**$90** co-pay	Deductible + 50%
Preventive Care Physicals, Routine Pap Smear, Prostate Screening, Mammograms, etc. Pediatric Well Child Care (as recommended by the America Academy of Pediatrics)	PPACA Benefits: Covered at **100%** no co-pay or Deductible	N/A
Prescription Drugs Generic Preferred Name Brand Non-Preferred Name Brand	Tier 1=**$10** co-pay Tier 2 = **$35** co-pay Tier 3 = **$60** co-pay Tier 4 = **$100** co-pay *Mail Order up to a 90 day supply	N/A
Outpatient Surgery	Deductible + 40%	Deductible + 50%
X-ray and Laboratory and Major Diagnostics- CT, PET, MRI, MRA and Nuclear Medicine--Outpatient	Deductible + 40%	Deductible + 50%
Emergency services Outpatient	$500 co-pay	Paid as in-network
Urgent Care Center Services	$100 co-pay	N/A
Inpatient / Outpatient Mental Illness - Drug and Alcohol Rehabilitation *preauthorization is required*	Deductible + 40%	Deductible + 50%

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Primrose School of Cornelius/Huntersville -

Medical Benefits

You may access participating providers and facilities through United Healthcare website at www.myuhc.com

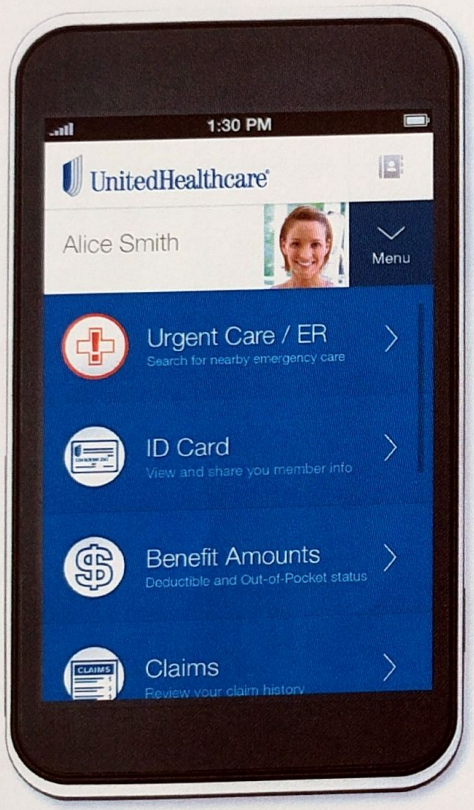
AR-32 Balanced

Medical Benefits – Co Pay Plan	In Network Benefits	Out of Network Benefits
Deductible	$2,000 single $4,000 family	$4,000 single $8,000 family
Coinsurance (*after the deductible*)	60% for Inpatient Benefits 60% for Outpatient Benefits	Deductible + 50%
Out-of-Pocket Maximum *(total of deductible and coinsurance)*	$7,000 single $14,000 family	$14,000 single $28,000 family
Lifetime Maximum *(per person)*	Unlimited	
Hospital - *preauthorization is required*	Deductible + 40%	Deductible + 50%
Physician Office Visits	**$40** co-pay	Deductible + 50%
Specialist Office Visits	**$80** co-pay	Deductible + 50%
Preventive Care Physicals, Routine Pap Smear, Prostate Screening, Mammograms, etc. Pediatric Well Child Care (as recommended by the America Academy of Pediatrics)	PPACA Benefits: Covered at **100%** no co-pay or Deductible	N/A
Prescription Drugs Generic Preferred Name Brand Non-Preferred Name Brand	Tier 1=**$10** co-pay Tier 2 = **$35** co-pay Tier 3 = **$60** co-pay Tier 4 = **$100** co-pay *Mail Order up to a 90 day supply	N/A
Outpatient Surgery	Deductible + 40%	Deductible + 50%
X-ray and Laboratory and Major Diagnostics- CT, PET, MRI, MRA and Nuclear Medicine--Outpatient	Deductible + 40%	Deductible + 50%
Emergency services Outpatient	$500 co-pay	Paid as in-network
Urgent Care Center Services	$100 co-pay	N/A
Inpatient / Outpatient Mental Illness - Drug and Alcohol Rehabilitation *preauthorization is required*	Deductible + 40%	Deductible + 50%

This is intended as an easy-to-read summary. It is not a contract. Additional limitations and exclusions may apply to covered services. For official description of benefits, please refer to your summary plan description.

UnitedHealthcare Health4Me℠

Key features



- Search for physicians or facilities by location or specialty
- Store favorite physicians and facilities
- View claims
- Have an Easy Connect Representative contact you to answer any questions
- View and share health plan ID card information
- Contact an experienced registered nurse 24/7
- Choose to view plan members independently or the plan as a whole
- Locate Urgent Care facilities and ERs
- Check status of deductible and out-of-pocket spending
- Compare procedures, providers, prices and places with myHealthcare Cost Estimator.
- Complete confidentiality
- No cost

Download today

Available on the App Store

Android available in Google play

UnitedHealthcare®

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.
Administrative services provided by United HealthCare Services, Inc. or their affiliates.
100-11765 9/12

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UHCEW584797-000

Save money by using freestanding facilities

You should always talk to your doctor about your best options for medical care. Depending on your type of plan benefits, a freestanding facility not connected to a hospital may be a lower cost option than a hospital when you need outpatient care such as lab tests, radiology services, surgery or other services.

Save money by choosing a lower cost place of service

Generally, you will have a lower co-payment or no co-payment[1] when you use a freestanding network facility[2] instead of a hospital for health care services or treatments that do not require an overnight hospital stay. A freestanding facility performs outpatient services and submits claims separately from any hospital affiliation.

You will likely pay more when you receive outpatient care in a hospital or hospital-affiliated facility. Talk to your doctor about the options available to you for these services.

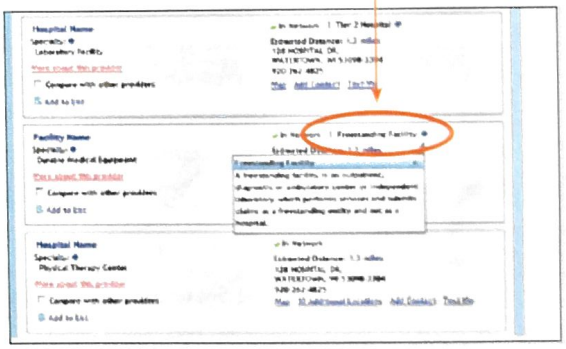
Ask your doctor

When you need lab tests, radiology or outpatient surgery outside of your doctor's office, always ask the following questions:

- Do you know the cost of the tests you are ordering?
- Is the provider or laboratory in my network?
- Since my share of the cost is less for services performed in a freestanding facility that is not connected to a hospital, can the test or service be performed at a freestanding facility?
- Can you recommend a freestanding facility in the UnitedHealthcare network?

Finding a freestanding network facility

Search for an outpatient center or laboratory on **myuhc.com®**. Choose a facility that is marked as "Freestanding Facility" to help reduce your out-of-pocket costs.



More information

Visit the Benefits & Coverage section of myuhc.com or call the member phone number on your health plan ID card for additional information about your plan and using freestanding facilities.

UnitedHealthcare®

[1] Co-payments are the charge or set dollar amount that members are required to pay for certain services per their benefit plans. In addition to office visit co-payments, members may also be responsible for co-payments when they visit a facility or hospital. Facility and hospital co-payments are in addition to the calendar-year/policy-year deductible and co-insurance. Facility and hospital co-payments do not apply to the deductible and continue to apply after the deductible is satisfied. These co-payments may be referred to in plan documents as "per-occurrence co-payments" or "per-occurrence deductibles." All member cost share for eligible expenses will apply to the out-of-pocket maximum.

[2] Freestanding facilities include any of the following: outpatient facility, diagnostic or ambulatory center or independent laboratory. At a freestanding facility, plan deductible and co-insurance may still apply. See plan benefit information for further details.

This guide is intended for members of UnitedHealthcare place-of-service/tiered benefit plans.

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Care24® services

Care24 services offer you access to a wide range of health and well-being information—seven days a week, 24 hours a day. Using one toll-free phone number, you can speak with registered nurses and master's-level counselors who can help with almost any problem ranging from medical and family matters to personal legal,* financial and emotional needs.

Connecting people with information they need

Care24 services connect people with reliable resources for information and support regarding a wide range of personal concerns – 24 hours a day, 365 days a year. One toll-free phone number gives you access to experienced professionals:

- Registered nurses
- Master's-level counselors
- Legal and financial professionals
- Community resources

When you call the same toll-free number, you can listen to audio messages on more than 1,100 health and well-being topics. To listen to your message of choice, press* to speak with a nurse who will provide you with information on the health topics along with the three digit access pin number. More than 600 audio messages are recorded and available in Spanish, along with multi-lingual translation services, and service for callers with hearing impairments.

- Childhood illnesses
- Minor illnesses and injuries
- Medication safety
- Relationship worries
- Choosing appropriate medical care
- Stress and anxiety
- Coping with grief and loss
- Personal legal and financial issues
- Self-care information
- Help finding a doctor
- Information on medications
- General health information

UnitedHealthcare®

Expanded support

If face-to-face resources are appropriate for your situation, a Care24 representative can refer you to local, in-person support. Counselors also can refer you to a wide range of national and community resources.

We also can help you find a doctor or specialist, and check if a doctor is in your network and available. We may even be able to make the appointment for you.

24-hour convenience

Care24 nurses and counselors can help you and your family identify and address concerns that span the spectrum of work and life.

Current health and well-being information

Care24 nurses and counselors offer service based on up-to-date medical and professional guidelines. We consistently deliver high-quality service, so you can be confident that you and your family receive reliable health, personal legal and financial information you use every day.

How to call

To take advantage of Care24 services, nurses and counselors are available 24 hours a day, 7 days a week. Call 1-888-887-4114. TTY/TDD callers, please call the National Relay Center at 1-800-828-1120 and ask to be connected to the 800 number listed above.

UnitedHealthcare®

* Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against Optum or its affiliates, or any entity through which the caller is receiving Optum services directly or indirectly (e.g. employer or health plan).

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The Care24® program integrates elements of traditional employee assistance and work-life programs with health information lines for a comprehensive set of resources. Program components may not be available in all states or for all groups. Care24 is a registered trademark of UnitedHealth Group, Inc., used by permission. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against Optum or its affiliates, including UnitedHealthcare, or any entity through which the caller is receiving Optum services directly or indirectly (e.g. employer or health plan). Care24 may not be available in all states or for all group sizes. Components subject to change.

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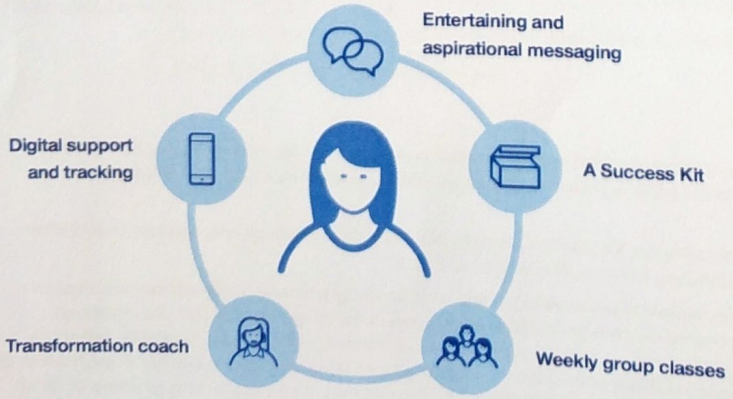
UnitedHealthcare
Real Appeal®

Provide employees with a program for lasting weight loss.

Nearly seven out of 10 adults are considered overweight or obese.[1] Health care costs directly related to excess pounds are estimated at $190 billion per year and will continue to rise.[2] UnitedHealthcare's Real Appeal is working to reverse this trend, with tools and support to help employees lose weight, feel good and prevent weight-related health conditions. **Real Appeal is provided at no additional cost to eligible employees as part of their medical benefit plan.**

Simple steps that can help lead to successful transformation.

Real Appeal can help motivate your employees to improve their health and reduce their risk of developing costly, chronic conditions like cardiovascular disease and diabetes. The year-long program combines clinically proven science with engaging content and easy-to-understand principles that teach employees how to eat healthier and be active, without turning their lives upside down, so that they can achieve and maintain their weight-loss goals.



Real Appeal yields real success.[3]

100k+
registered participants.

82%
of participants lost weight.

38%
lost 5 percent or more in body weight.

10 pounds
of weight lost per person (on average).

[1] The Journal of the American Medical Association; "Trends in Obesity Among Adults in the United States"; June 2016.
[2] American Heart Association; "Understanding the American Obesity Epidemic"; 2017.
[3] UnitedHealthcare Book of Business; September '15 – May '16; includes participants who started 16+ weeks ago and attended 4+ sessions.

UnitedHealthcare®

Real Appeal includes:

1 A Success Kit.

Tools employees need to help kick-start their weight loss and keep them going strong will be delivered to their door after they attend their first group coaching session. The Success Kit includes these helpful tools:

- Program Success Guides.
- Nutrition Guide with recipes.
- Portion plate.
- Electronic food scale.
- Digital weight scale.
- Fitness Guide.
- 12 fitness DVDs.
- Resistance bands.

Employees will also receive a personal blender during week eight of the program, in advance of the class on healthy smoothie options.

2 A personalized transformation coach for an entire year.

Coaches guide employees through the program step-by-step, customizing it to help fit their needs, personal preferences, goals and medical history.

3 24/7 online support and mobile app.

Staying accountable to goals is easier than ever with:

- Customizable food, activity, weight and goal trackers.
- Unlimited access to digital content.
- Success group support which lets employees chat with others who are doing the Real Appeal program.
- A weekly online TV show that is fun, engaging and helps employees learn new ways to be healthy.

Why Real Appeal works.

Real Appeal is guided by a Clinical Advisory Board of obesity, nutrition and behavior-change experts that create customized content to help keep your employees engaged throughout their weight-loss journey. Your employees will learn simple steps for long-term transformation, which may translate to a happier, healthier workforce.

To learn more about Real Appeal or any of our clinical or wellness solutions, contact your UnitedHealthcare representative.

Launching Real Appeal for your company is simple.

We provide everything you need to promote Real Appeal to your employees to help get them excited about the program. Just follow these three easy steps to get started:

1. **Create an account.** Create an account at **engage .realappeal.com**. Here, you'll choose a username and password, provide contact information and fill out a company profile to match with your eligibility file from your policy holder number.

2. **Choose a launch date.** The launch date will be the date of your first email to employees.

3. **Configure your launch email.** Choose an email sender and upload email addresses.

All trademarks are the property of their respective owners. Real Appeal is a voluntary weight-loss program that is offered to eligible United Healthcare members and dependents who are 18 years of age or older as part of their benefit plan. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. Participants should consult an appropriate health care professional to determine what may be right for them. Results will vary. Any items/tools that are provided may be taxable and participants should consult an appropriate tax professional to determine any tax obligations they may have from receiving items/tools under the program.

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Facebook.com/UnitedHealthcare Twitter.com/myUHC YouTube.com/UnitedHealthcare

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UnitedHealthcare®

Humana Dental Preventive Plus 14

NORTH CAROLINA

Primrose School Of Cornel

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist	
	Individual	Family	Individual	Family
Calendar-year deductible (excludes orthodontia services)	$50	$150	$50	$150
	Deductible applies to all services excluding preventive services.			
Calendar-year annual maximum (excludes orthodontia services)	$1,000			
Preventive services • Routine oral examinations (2 per year) • Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) • Routine cleanings (2 per year) • Fluoride treatment (1 per year, through age 14) • Sealants (permanent molars, through age 14) • Space maintainers (primary teeth, through age 14) • Oral Cancer Screening (1 per year, ages 40 and older)	100% no deductible		100% no deductible	
Basic services • Emergency care for pain relief • Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) • Oral surgery (tooth extractions including impacted teeth)	80% after deductible		80% after deductible	
More Value Basic services • Stainless steel crowns • Harmful habit appliances for children Major services • Crowns • Inlays and onlays • Bridges • Dentures • Denture relines/rebases • Denture repair and adjustments • Implants • Periodontics (gums) • Endodontics (root canals) Orthodontia services • Adult and child orthodontia	These services are not covered under this plan. Members may receive a discount on non-covered services and may contact their participating provider to determine if any discounts are available on non-covered services.			

Non-participating dentists can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist.Members and their families benefit from negotiated discounts on covered services by choosing dentists in our network. If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee for covered services. If a member sees an out-of-network dentist, coinsurance will apply to the usual and customary charge. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

Feel good about choosing a HumanaDental plan

Make regular dental visits a priority

Regular cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.* Your HumanaDental Preventive Plus plan focuses on prevention and early diagnosis, providing two exams and cleanings every calendar year.

* www.perio.org

Go to MyDentalIQ.com

Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

Tips to ensure a healthy mouth

- Use a soft-bristled toothbrush
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Floss daily
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings

Did you know that 74 percent of adult Americans believe an unattractive smile could hurt a person's chances for career success?* HumanaDental helps you feel good about your dental health so you can smile confidently.

* American Academy of Cosmetic Dentistry

Questions?

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit Humana.com.

Use your HumanaDental benefits

Find a dentist

With HumanaDental's Preventive Plus plan, you can see any dentist. Members and their families benefit from negotiated discounts on covered servcies by choosing dentists in the HumanaDental Preventive Plus Network. To find a dentist in HumanaDental's Preventive Plus Network, log on to **Humana.com** or call 1-800-233-4013.

Know what your plan covers

The other side of this page gives you a summary of HumanaDental benefits. Your plan certificate describes your HumanaDental benefits, including limitations and exclusions. You can find it on MyHumana, your personal page at **HumanaDental.com** or call 1-800-233-4013.

See your dentist

Your HumanaDental identification card contains all the information your dentist needs to submit your claims. Be sure to share it with the office staff when you arrive for your appointment. If you don't have your card, you can print proof of coverage at **Humana.com**.

Learn what your plan paid

After HumanaDental processes your dental claim, you will receive an explanation of benefits or claims receipt. It provides detailed information on covered dental services, amounts paid, plus any amount you may owe your dentist. You can also check the status of your claim on MyHumana at **Humana.com** or by calling 1-800-233-4013.

Humana group dental plans are offered by Humana Insurance Company, HumanaDental Insurance Company, Humana Insurance Company of New York, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc., Humana Medical Plan of Utah, CompBenefits Company, CompBenefits Dental, Inc., Humana Employers Health Plan of Georgia, Inc. or DentiCare, Inc. (d/b/a CompBenefits)

This is not a complete disclosure of plan qualifications and limitations. Your agents will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.

Humana®

Humana.com

Humana Dental Traditional Preferred 14

NORTH CAROLINA

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist	
Calendar-year deductible (excludes orthodontia services)	Individual $50	Family $150	Individual $50	Family $150
	Deductible applies to all services excluding preventive services.			
Calendar-year annual maximum (excludes orthodontia services)	$1,000 After you reach the annual maximum amount, you will receive 30 percent coinsurance on preventive, basic, and major services for the rest of the year (excludes orthodontia.)			
Preventive services • Routine oral examinations (2 per year) • Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) • Routine cleanings (2 per year) • Fluoride treatment (1 per year, through age 14) • Sealants (permanent molars, through age 14) • Space maintainers (primary teeth, through age 14) • Oral Cancer Screening (1 per year, ages 40 and older)	100% no deductible, does not apply against annual maximum		100% no deductible, does not apply against annual maximum	
Basic services • Emergency care for pain relief • Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) • Oral surgery (tooth extractions including impacted teeth) • Stainless steel crowns • Harmful habit appliances for children (1 per lifetime, through age 14)	80% after deductible		80% after deductible	
Major services • Crowns (1 per tooth every 5 years) • Inlays/onlays (1 per tooth every 5 years) • Bridges (1 per tooth every 5 years) • Dentures (1 per tooth ever 5 years) • Denture relines/rebases (1 every 3 years, following 6 months of denture use) • Denture repair and adjustments (following 6 months of denture use) • Implants (1 every 5 years limited to crowns, bridges, and dentures. Coverage limited to equivalent cost of a non-implant service. Implant placement itself is not covered) • Periodontics (periodontal cleanings 4 per year, scaling/root planing and surgery 1 per quadrant every 3 years) • Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)	50% after deductible		50% after deductible	
Orthodontia services	Child orthodontia - Covers children through age 18. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: $1,000 lifetime orthodontia maximum.			

Feel good about choosing a HumanaDental plan

Make regular dental visits a priority

Regular cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.* Your HumanaDental Traditional Preferred plan focuses on prevention and early diagnosis, providing four exams and cleanings every calendar year: two regular and two periodontal.

* www.perio.org

Go to MyDentalIQ.com

Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

Tips to ensure a healthy mouth

- Use a soft-bristled toothbrush
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Floss daily
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings

Did you know that 74 percent of adult Americans believe an unattractive smile could hurt a person's chances for career success?* HumanaDental helps you feel good about your dental health so you can smile confidently.

* American Academy of Cosmetic Dentistry

Questions?

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit Humana.com.

Use your HumanaDental benefits

Find a dentist

With HumanaDental's Traditional Preferred plan, you can see any dentist. Members and their families benefit from negotiated discounts on covered servcies by choosing dentists in the HumanaDental Traditional Preferred Network. To find a dentist in HumanaDental's Traditional Preferred Network, log on to **Humana.com** or call 1-800-233-4013.

Know what your plan covers

The other side of this page gives you a summary of HumanaDental benefits. Your plan certificate describes your HumanaDental benefits, including limitations and exclusions. You can find it on MyHumana, your personal page at **HumanaDental.com** or call 1-800-233-4013.

See your dentist

Your HumanaDental identification card contains all the information your dentist needs to submit your claims. Be sure to share it with the office staff when you arrive for your appointment. If you don't have your card, you can print proof of coverage at **Humana.com**.

Learn what your plan paid

After HumanaDental processes your dental claim, you will receive an explanation of benefits or claims receipt. It provides detailed information on covered dental services, amounts paid, plus any amount you may owe your dentist. You can also check the status of your claim on MyHumana at **Humana.com** or by calling 1-800-233-4013.

Humana group dental plans are offered by Humana Insurance Company, HumanaDental Insurance Company, Humana Insurance Company of New York, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc., Humana Medical Plan of Utah, CompBenefits Company, CompBenefits Dental, Inc., Humana Employers Health Plan of Georgia, Inc. or DentiCare, Inc. (d/b/a CompBenefits)

This is not a complete disclosure of plan qualifications and limitations. Your agents will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.

Humana®

Humana.com

Humana Dental PPO 14

NORTH CAROLINA

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist	
Calendar-year deductible (excludes orthodontia services)	Individual $50	Family $150	Individual $50	Family $150
	Deductible applies to all services excluding preventive services.			
Calendar-year annual maximum (excludes orthodontia services)	Unlimited			
Preventive services • Routine oral examinations (2 per year) • Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) • Routine cleanings (2 per year) • Fluoride treatment (1 per year, through age 14) • Sealants (permanent molars, through age 14) • Space maintainers (primary teeth, through age 14) • Oral Cancer Screening (1 per year, ages 40 and older)	100% no deductible		100% no deductible	
Basic services • Emergency care for pain relief [1] • Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) • Oral surgery (tooth extractions including impacted teeth) • Stainless steel crowns • Harmful habit appliances for children (1 per lifetime, through age 14) • Periodontics (periodontal cleanings 4 per year, scaling/root planing and surgery 1 per quadrant every 3 years) • Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)	90% after deductible		80% after deductible	
Major services • Crowns (1 per tooth every 5 years) • Inlays/onlays (1 per tooth every 5 years) • Bridges (1 per tooth every 5 years) • Dentures (1 per tooth ever 5 years) • Denture relines/rebases (1 every 3 years, following 6 months of denture use) • Denture repair and adjustments (following 6 months of denture use) • Implants (1 every 5 years for implant placement, crowns, bridges, and dentures)	60% after deductible		50% after deductible	
Orthodontia services	Child orthodontia covers children through age 18. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: $2,000 lifetime orthodontia maximum.			

[1] Covered emergency care for pain relief provided by an out-of-network dentist will be covered at the in-network coinsurance level.

Questions?

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit Humana.com.

Feel good about choosing a HumanaDental plan

Make regular dental visits a priority

Regular cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.* Your HumanaDental PPO plan focuses on prevention and early diagnosis, providing four exams and cleanings every calendar year: two regular and two periodontal.

* www.perio.org

Go to MyDentalIQ.com

Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

Tips to ensure a healthy mouth

- Use a soft-bristled toothbrush
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Floss daily
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings

Did you know that 74 percent of adult Americans believe an unattractive smile could hurt a person's chances for career success?* HumanaDental helps you feel good about your dental health so you can smile confidently.

* American Academy of Cosmetic Dentistry

Use your HumanaDental benefits

Find a dentist

With HumanaDental's PPO plan, you can see any dentist. Members and their families benefit from negotiated discounts on covered servcies by choosing dentists in the HumanaDental PPO Network. To find a dentist in HumanaDental's PPO Network, log on to **Humana.com** or call 1-800-233-4013.

Know what your plan covers

The other side of this page gives you a summary of HumanaDental benefits. Your plan certificate describes your HumanaDental benefits, including limitations and exclusions. You can find it on MyHumana, your personal page at **HumanaDental.com** or call 1-800-233-4013.

See your dentist

Your HumanaDental identification card contains all the information your dentist needs to submit your claims. Be sure to share it with the office staff when you arrive for your appointment. If you don't have your card, you can print proof of coverage at **Humana.com**.

Learn what your plan paid

After HumanaDental processes your dental claim, you will receive an explanation of benefits or claims receipt. It provides detailed information on covered dental services, amounts paid, plus any amount you may owe your dentist. You can also check the status of your claim on MyHumana at **Humana.com** or by calling 1-800-233-4013.

Humana group dental plans are offered by Humana Insurance Company, HumanaDental Insurance Company, Humana Insurance Company of New York, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc., Humana Medical Plan of Utah, CompBenefits Company, CompBenefits Dental, Inc., Humana Employers Health Plan of Georgia, Inc. or DentiCare, Inc. (d/b/a CompBenefits)

This is not a complete disclosure of plan qualifications and limitations. Your agents will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.

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Plan summary created on: 11/23/15 19:12

HumanaVision Voluntary Vision Care

Vision Care Plan

NORTH CAROLINA

Primrose School-Cornelius

1. Choose your exam/material [1] copay:

- ☐ $10/$15
- ☐ $15/$15
- ☐ $15/$20
- ☐ $20/$20

2. Choose your wholesale frame allowance:

	Approximate retail value:
☐ $40	($80 - $120)
☐ $45	($90 - $135)
☐ $50	($100 - $150)

3. Choose your elective contact lens allowance:

- ☐ $110
- ☐ $150

	See a participating provider	See a nonparticipating provider
Exam with dilation as necessary	100% after copay	$35 allowance
Lenses		
• Single	100% after copay	$25 allowance
• Bifocal	100% after copay	$40 allowance
• Trifocal	100% after copay	$60 allowance
Frames	Wholesale frame allowance option	$40 retail allowance
Contact lenses[2]		
• Elective (conventional and disposable) [3]	Contact lens allowance option	Contact lens allowance option
• Medically necessary (limit one pair) [4]	100%	$210 allowance

Frequency (based on date of service)	Examination	Lenses or contact lenses	Frame
Option 1	Once every 12 months	Once every 12 months	Once every 12 months
Option 2	Once every 12 months	Once every 12 months	Once every 24 months

Additional plan discounts

- Members may receive additional fixed copayments on lens options including: anti-reflective and scratch-resistant coatings.
- By using a participating provider, members may be eligible to receive up to a 20 percent retail discount on a second pair of eyeglasses, which is available for 12 months after the covered eye exam through the participating provider who sold the initial pair of eyeglasses.
- After copay, standard polycarbonate available at no charge for dependents less than 19 years old.

1. Material copay is required for a complete pair of eyeglasses, lenses or frames.
2. If a member prefers contact lenses, the plan provides an allowance for contacts in lieu of all other benefits (including frames) (Vision Care Plan only).
3. The contact lens allowance applies to professional services (evaluation and fitting fee) and materials. Members visiting a participating provider may be eligible to receive up to a 15 percent discount. The discount for professional services is available for 12 months after the covered eye exam.
4. Benefit provides coverage for professional services and one pair of medically necessary contact lenses with prior plan authorization.

Vision Care Plan

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 / Traditional**		Custom **	
TLC 888-358-3937 (designated locations only)	**$895**		**$1,295**	**$1,895***
LasikPlus 866-757-8082	**$695*** LasikPlus free enhancements for 1 year	**$1,395*** LasikPlus free enhancements for life	**$1,895*** LasikPlus free enhancements for life	
QualSight LASIK 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

You may receive a 10% discount from retail prices at certain independent Lasik participating providers and pay no more than $1,800 per eye for Conventional Lasik and $2,300 per eye for Custom Lasik.

*with IntraLase™

** Pricing varies by section procedure offered by the provider you choose and options in your area. Not all locations offer fixed pricing. Please call the provider for details

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

* Retail costs may differ and are based on 2½times the wholesale cost. Actual savings may vary.

Use your HumanaVision benefits

HumanaVision options have you covered and make eye care affordable. You have access to one of the largest vision networks in the United States, with more than 35,000 participating optometrist, 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 **HumanaVisionCare.com**

How it Works

1. After signing up for your vision plan, you will receive an ID card in the mail
2. Prior to scheduling your appointment, select a network provider through the Customer Care Center, automated information line, or **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 this time

PRIVATE PRACTITIONERS LENSCRAFTERS PEARLE VISION JCPenney Optical Sears Optical OPTICAL

Know what your plan covers

Attached is a summary of HumanaVision benefits that are described in detail in your certificate. You can find your certificate on HumanaVisionCare.com or call 1-866-537-0229. 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 in-network providers directly, you also have the freedom to use out-of-network 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 **HumanaVisionCare.com** , if you prefer, call us at 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 (non-prescription) 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

Vision health impacts overall health

Routine eye exams can lead to early detection of vision problems and other diseases such as diabetes, hypertension, multiple sclerosis, high blood pressure, osteoporosis, and rheumatoid arthritis.[1]

1. Thompson Media Inc.

This is not a complete disclosure of plan qualifications and limitations.

Check with your local Humana or HumanaDental sales office to verify product availability.

Insured by Humana Insurance Company, HumanaDental Insurance Company, Humana Insurance Company of New York, CompBenefits Insurance Company, or The Dental Concern, Inc.

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PRIMROSE SCHOOL OF CORNELIUS

BASED ON 26 PAY PERIODS

AR-4E $5000 DED (BASE)

	MONTHLY	BI-WEEKLY	PRE-TAX SAVINGS	BI-WEEKLY RATES	
EMPLOYEE	$210.29	$97.06	($29.12)	$67.94	PER PAY PERIOD
EMPLOYEE SPOUSE	$583.40	$269.26	($80.78)	$188.48	PER PAY PERIOD
EMPLOYEE CHILDREN	$459.04	$211.86	($63.56)	$148.31	PER PAY PERIOD
FAMILY	$956.52	$441.47	($132.44)	$309.03	PER PAY PERIOD

AR-4C $3500 DED (BUY UP)

	MONTHLY	BI-WEEKLY	PRE-TAX SAVINGS	BI-WEEKLY RATES	
EMPLOYEE	$275.53	$127.17	($38.15)	$89.02	PER PAY PERIOD
EMPLOYEE SPOUSE	$707.36	$326.47	($97.94)	$228.53	PER PAY PERIOD
EMPLOYEE CHILDREN	$563.42	$260.04	($78.01)	$182.03	PER PAY PERIOD
FAMILY (1 CHILD)	$1,139.19	$525.78	($157.73)	$368.05	PER PAY PERIOD

AR-32 $2000 DED (BUY UP

	MONTHLY	BI-WEEKLY	PRE-TAX SAVINGS	BI-WEEKLY RATES	
EMPLOYEE	$293.43	$135.43	($40.63)	$94.80	PER PAY PERIOD
EMPLOYEE SPOUSE	$741.37	$342.17	($102.65)	$239.52	PER PAY PERIOD
EMPLOYEE CHILDREN	$592.06	$273.26	($81.98)	$191.28	PER PAY PERIOD
FAMILY	$1,189.30	$548.91	($164.67)	$384.24	PER PAY PERIOD

HE NET COST IS BASED ON AN ESTIMATE 30% TAX RATE FOR STATE, FEDERAL, AND FICA

MOUNTS SHADED IN THE GREEN WILL BE THE AMOUNT THAT WILL SHOW ON YOUR CHECK

RATES ARE BASED ON FINAL ENROLLMENTS

Group Benefits Enrollment

We are now conducting our benefits enrollment online!

Online enrollment is simple, secure and can be done in a few minutes from any computer with internet access. After enrolling online, you will have access to your benefit information 24 hours a day, from any computer.

You should receive an email that looks like this...

Dear John Doe,

Congratulations on your new position with A Benefits Demo! You can now begin the new hire enrollment process by accessing this Registration link. You are required to complete the enrollment process even if you are declining benefits. Enrollment must be completed immediately or you may not be able to enroll until our next Open Enrollment.

During the registration process you will be required to enter personal identifying data as well as the following **company identifier: Bdemo**.

Please direct any questions about enrollment or benefits to your HR administrator.

Thank you,
A Benefits Demo

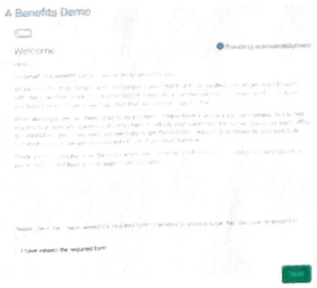
This is an automatic email. Please do not reply.

Once you open this email simply click on the blue "Registration" link to be taken to the page where you will create your Username and Password

The page to create your Username and Password looks like...

On this page you need to create your Username and Password then enter the LAST 4 digits of your SS #. Click the box to agree to the terms and then click Register!

Once you Register you will be taken to the "Welcome" screen to start the enrollment process...



From the "Welcome" screen you follow the instructions on each page and click "Next" to continue

If you do NOT receive an email...

1. Go to: https://www.employeenavigator.com/benefits/Account/Register

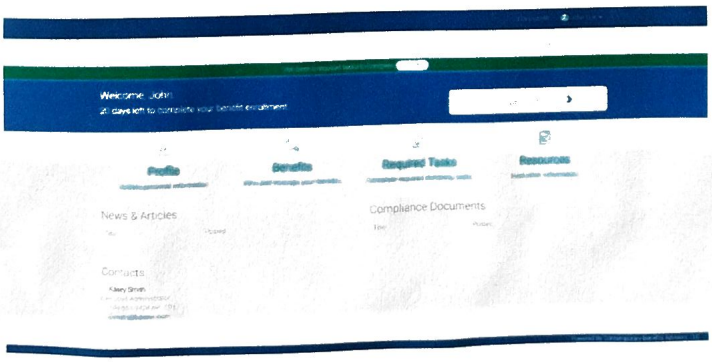
The link above should take you to a page that looks like this

What you need to get started...

1. First Name and Last Name
2. Company Identifier _____
3. PIN - Last 4 digits of your SS #
4. Birthdate

Next Steps...

Once you enter the information above click "Next" and follow the instructions on each page before hitting "Next" to continue until you see the screen below



From this screen you need to click "Start Benefits" to go through and enroll in your insurance benefits.

PRIMROSE SCHOOL OF CORNELIUS

BASED ON 26 PAY PERIODS

HUMANA PREV +

	MONTHLY	BI-WEEKLY	PRE-TAX SAVINGS	BI-WEEKLY RATES	
EMPLOYEE	$17.96	$8.29	($2.49)	$5.80	PER PAY PERIOD
EMPLOYEE SPOUSE	$40.67	$18.77	($5.63)	$13.14	PER PAY PERIOD
EMPLOYEE CHILDREN	$47.73	$22.03	($6.61)	$15.42	PER PAY PERIOD
FAMILY	$75.16	$34.69	($10.41)	$24.28	PER PAY PERIOD

HUMANA NC TRP 01K

	MONTHLY	BI-WEEKLY	PRE-TAX SAVINGS	BI-WEEKLY RATES	
EMPLOYEE	$40.94	$18.90	($5.67)	$13.23	PER PAY PERIOD
EMPLOYEE SPOUSE	$81.87	$37.79	($11.34)	$26.45	PER PAY PERIOD
EMPLOYEE CHILDREN	$109.86	$50.70	($15.21)	$35.49	PER PAY PERIOD
FAMILY (1 CHILD)	$152.30	$70.29	($21.09)	$49.20	PER PAY PERIOD

HUMANA NC PPO 02K

	MONTHLY	BI-WEEKLY	PRE-TAX SAVINGS	BI-WEEKLY RATES	
EMPLOYEE	$55.34	$25.54	($7.66)	$17.88	PER PAY PERIOD
EMPLOYEE SPOUSE	$110.68	$51.08	($15.32)	$35.76	PER PAY PERIOD
EMPLOYEE CHILDREN	$153.32	$70.76	($21.23)	$49.53	PER PAY PERIOD
FAMILY	$211.91	$97.80	($29.34)	$68.46	PER PAY PERIOD

HUMANA VISION

	MONTHLY	BI-WEEKLY	PRE-TAX SAVINGS	BI-WEEKLY RATES	
EMPLOYEE	$7.55	$3.48	($1.05)	$2.44	PER PAY PERIOD
EMPLOYEE SPOUSE	$15.09	$6.96	($2.09)	$4.88	PER PAY PERIOD
EMPLOYEE CHILDREN	$14.34	$6.62	($1.99)	$4.63	PER PAY PERIOD
FAMILY	$22.53	$10.40	($3.12)	$7.28	PER PAY PERIOD

HE NET COST IS BASED ON AN ESTIMATE 30% TAX RATE FOR STATE, FEDERAL, AND FICA

MOUNTS SHADED IN THE GREEN WILL BE THE AMOUNT THAT WILL SHOW ON YOUR CHECK

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