

ADVANCING RESEARCH



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Health & Wellness Benefits Summary

May 1, 2013 - April 30, 2014

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****If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 28 - 30 for more details.**

A Word From Gallagher Benefit Services, Inc.

Gallagher Benefit Services, Inc. is here to act as a liaison in your dealings with insurance carriers. If you are having problems getting claims paid or have questions regarding your coverage, let us deal with the insurance company for you. Please contact anyone at Gallagher Benefit Services, Inc. with questions regarding your employee benefits package.

We are here to help!



Our team of Benefit Specialists is here to assist you with questions about your coverage and claim resolution. You may contact them by phone or email:

Phone: (512) 499-8005 / (800) 492-8005

Email: Austin.GBS.CustomerService@ajg.com

Fax: (512) 233-0102

Hours of Operation: Monday - Friday
8:00 a.m. - 5:00 p.m. CST

The following pages give a brief description of the benefit plans eligibility requirements and the specific benefits available to you. SEDL provides several categories of benefits from which employees may choose to participate:

Healthcare - Medical and Dental

Life and Disability - Group Term Life and AD&D and Group Voluntary Life

Additional Benefits - Flexible Spending Account and Health Savings Account



Benefits and Customer Service Information

The following benefits are offered through Blue Cross Blue Shield:

- Medical Insurance Group # 83593
- Dental Insurance
Customer Service: 800-521-2227
Website: www.bcbstx.com
Network: BlueChoice PPO

The following benefits are offered through Guardian:

- Group Term Life and AD&D Insurance Group # G-369187
- Dependent Life Insurance
- Group Voluntary Term Life
- Enhanced AD&D Insurance
Customer Service: 800-441-6455
www.guardiananytime.com

The following benefits are offered through FlexCorp:

- Flexible Spending Account
 - Premium and HSA Pre-taxing
 - \$2,500 Healthcare Reimbursement - Max lowered due to Health Care Reform
 - \$5,000 Daycare Reimbursement
- Customer Service: 866-401-5272
- Website - Check Balances & Submit Claims: www.bpas.com
- Fax Claims: 866-254-2942

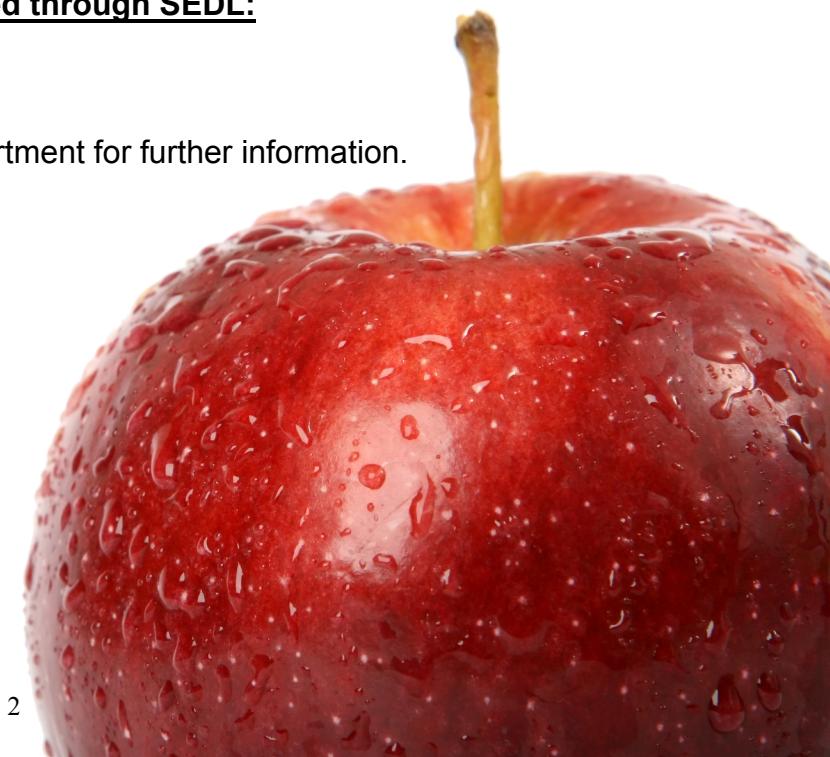
The following benefits are offered through Wells Fargo:

- HSA Accounts
Customer Service: 866-890-8309
<https://healthbenefits.wellsfargo.com>

The following benefits are self administered through SEDL:

- COBRA Administration
- State Continuation

Please contact your Human Resources Department for further information.



Important Information

- Be sure that all providers (doctors, labs, x-rays, etc.) participate in-network for the best coverage.
- The choices you make now will remain in effect until the next open enrollment period, unless you experience a family status change.
- **This book highlights some of the main features of your benefit programs, but does not include all plan rules, features, limitations or exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be any inconsistencies between this book and the legal plan documents, the plan documents are the final authority. SEDL reserves the right to change or discontinue its benefit plans at any time.**

HIPAA Privacy Notice

HIPAA requires SEDL to notify you that a privacy notice is available upon request. **Please contact Human Resources if you have any questions.**

The Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act of 1998 requires group health plans that provide coverage for a mastectomy to provide coverage for certain reconstructive services. This law also requires that written notice of the availability of the coverage be delivered to all plan participants upon enrollment and annually thereafter. This language serves to fulfill that requirement for this year. These services include:

- Reconstruction of the breast upon which the mastectomy has been performed;
- Surgery / reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment for physical complications during all stages of mastectomy, including lymph edemas.

In addition, the plan may **not**:

- Interfere with a participant's rights under the plan to avoid these requirements; or
- Offer inducements to the healthcare provider, or assess penalties against the provider, in an attempt to interfere with the requirements of the law.

However, the plan may apply deductibles, co-insurance, and co-payments consistent with other coverage provided by the plan.

Pre-Existing Condition Limitation Notice

This plan imposes a preexisting condition exclusion. This means that if you have a medical condition before coming to our plan, you might have to wait a certain period of time before the plan will provide coverage for that condition.

This exclusion applies only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received within a six-month period. Generally, this six-month period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, the six-month period ends on the day before the waiting period begins. The preexisting condition exclusion does not apply to pregnancy nor to a child under the age of 19.

This exclusion may last up to 12 months (18 months if you are a late enrollee) from your first day of coverage, or, if you were in a waiting period, from the first day of your waiting period. However, you can reduce the length of this exclusion period by the number of days of your prior "creditable coverage." Most prior health coverage is creditable coverage and can be used to reduce the preexisting condition exclusion if you have not experienced a break in coverage of at least 63 days. To reduce the 12-month (or 18-month) exclusion period by your creditable coverage, you should give us a copy of any certificates of creditable coverage you have. If you do not have a certificate, but you do have prior health coverage, we will help you obtain one from your prior plan or issuer. There are also other ways that you can show you have creditable coverage. Please contact us if you need help demonstrating creditable coverage. **All questions about the pre-existing condition exclusion and creditable coverage should be directed to Human Resources.**



Eligibility and Enrollment

- You are eligible for benefits on your Date of Hire. Submission of enrollment forms within your first 31 days of employment is required. If you miss this time frame, your next opportunity to enroll will be our **Annual Open Enrollment, which is in April.**
- You are eligible if you are a full-time employee regularly scheduled to work at least **20 hours a week.**
- Not enrolling "timely" as a new hire, or when you have Qualifying Events, can cause penalties and limitations on some lines of coverage.
- You and/or your dependents will receive a HIPAA Certificate of Creditable Coverage at termination from your previous carrier to provide proof of prior coverage to SEDL's Medical carrier.
- Outside of New Hire enrollment, the Open Enrollment period is the only time employees may enroll for coverage without the occurrence of a qualifying event (see definition below*).
- Open Enrollment applies to Medical, Dental and Flexible Spending Accounts only. Applying for any other coverage will require underwriting. Underwriting may be at your own expense, and you can be declined.

Making Enrollment Changes During the Year:

In most cases, your benefit elections will remain in effect for the entire plan year (May 1st - April 30th). During the annual enrollment period, you have the opportunity to review your benefit elections and make changes for the coming year.

*You may only make changes to your elections during the year if you have one of the following status changes:

- Marriage, divorce or legal separation;
- Gain or loss of an eligible dependent for reasons such as birth, adoption, court order, disability, death, reaching the dependent child age limit; or
- Significant changes in employment or employer-sponsored benefit coverage that affect you or your spouse's benefit eligibility.
- Your benefit change must be consistent with your change in family status.

IRS regulations require that for enrollment due to the qualifying events above, change forms must be submitted to your benefits office within 30 days of that qualifying event. Contact your Human Resources office for these forms.

Medical PPO Terms & Conditions

- **Dependent Age:** Your children are eligible for coverage on your Medical plans until the age of 26, regardless of marital, financial or student status. Your unmarried dependent children are eligible for coverage on your Dental plan until the age of 25, regardless of student status, and on your optional life and enhanced AD&D coverage to the age of 23, or 25 if a full time student.
- **Domestic Partners:** Same and opposite sex domestic partners qualify for coverage on the Medical, Dental, Dependent Life, Voluntary Term Life, and Enhanced AD&D plans. See Human Resources for an Affidavit of Domestic Partnership Form.
- **Calendar Year Deductible/Out-of-Pocket Maximum:** Expenses incurred towards your deductible and your out-of-pocket maximum are credited on a calendar year basis. A calendar year is January 1st - December 31st. **Your deductible and out-of-pocket maximum will restart January 1st each year, regardless of the expenses you incurred in the prior calendar year or when your annual open enrollment period occurs.**
- This Benefits Summary book highlights some of the main features of your benefit programs, but does not include all plan rules, features, limitations or exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be any inconsistencies between this book and the legal plan documents, the plan documents are the final authority. These documents can be found on the various carrier websites and / or available from your Human Resources Department.

Medical Plan Comparison

		HDHP Plan (HSA-Compatible)		Medical Co-Pay Plan	
		2013 Plan Design RMH2 (Effective: 05/01/13 – 04/30/14)		2013 Plan Design RM25 (Effective: 05/01/13 – 04/30/14)	
Plan Design		In-Network	Out-of-Network	In-Network	Out-of-Network
<u>Deductible (calendar year)</u>		\$3,000 Individual \$6,000 Family	\$6,000 Individual \$12,000 Family		\$3,000 Individual \$9,000 Family
<u>Co-insurance (Plan Pays)</u>		100% after Deductible	70% after Deductible	100% after Deductible	70% after Deductible
<u>Out-of-Pocket Maximum (calendar year)</u> <u>Includes deductible</u>		\$3,000 Individual \$6,000 Family	\$6,000 Individual \$12,000 Family	\$3,000 Individual \$9,000 Family	\$14,000 Individual \$28,000 Family
<u>Hospital Services- Inpatient</u>		100% after Deductible	70% after Deductible	100% after deductible	70% after Deductible
<u>Emergency Room Treatment</u> (Emergency Situation)		100% after Deductible		100% after \$100 co-pay	
<u>Urgent Care Center Services (Excluding Major Diagnostics)</u>		<i>Pre-authorization of Services required if results in an Inpatient Stay</i>		<i>Pre-authorization of Services required if results in an Inpatient Stay</i>	
<u>Physician Services</u>		100% after Deductible	70% after Deductible	100% after \$55 co-pay	70% after Deductible
<u>Primary Physician:</u> Office Visit (including lab and X-ray)		100% after Deductible	70% after Deductible	100% after \$30 co-pay	70% after Deductible
<u>Specialist:</u> Office Visit (including lab and X-ray)		100% after Deductible	70% after Deductible	100% after \$30 co-pay	70% after Deductible
<u>Preventive Care :</u> Physician: Lab, X-Ray or other Preventive tests:		100%	70% after Deductible	100% co-pay waived	70% after Deductible
<u>Office & Outpatient Surgery</u>		100%	70% after Deductible	100% co-pay waived	70% after Deductible
<u>Lab, X-Ray and Diagnostics-Outpatient:</u>		100% after Deductible	70% after Deductible	100% after Deductible	70% after Deductible
<u>Lab, X-Ray and Major Diagnostics</u> (CT, PET, MRI, MRA and Nuclear Medicine)		100% after Deductible	70% after Deductible	100% <i>Ded. not applied</i>	70% after Deductible
<u>Prescription Drug Program (31 day supply)</u>		100% after Deductible	70% after Deductible	100% after Deductible	70% after Deductible
<u>Mail Order Prescription Drug Program (90 day supply)</u>		100% after Deductible	100% after Deductible	Generic - \$10	80% of allowable minus co-pay
				Preferred Brand - \$40	80% of allowable minus co-pay
				Non-Preferred Brand - \$60	80% of allowable minus co-pay <i>You will be responsible for the difference between non-network charges and the in-network charges.</i>
				Generic - \$30 Preferred Brand - \$80 Non-Preferred Brand - \$120	

24/7 Nurseline



Experience. Wellness. Everywhere.SM



**BlueCross BlueShield
of Texas**

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association

Answering Your Health Care Needs

Maintaining your health starts by asking the right questions at the right time. And we all know that sometimes those questions come up unexpectedly, like when the doctor's office is closed. That's why Blue Cross and Blue Shield of Texas (BCBSTX) is proud to offer the **24/7 Nurseline**.

Around-the-Clock Access

As part of the **Blue Care® Connection program**, the 24/7 Nurseline provides you with 24-hours a day/seven days a week access via a toll-free telephone number to experienced registered nurses who understand your health care concerns.

The program covers four areas of medical decision making, including: medical concerns, major medical issues, chronic illness support and lifestyle change support.

You'll have around-the-clock access to a knowledgeable nursing staff with years of experience in multiple areas, including:

- Emergency room care
- Urgent care
- Clinical setting
- Family care
- Certified health triage

Audio Health Library

Sometimes you may want to get basic health information on a specific topic. We encourage you to use the 24/7 Nurseline audio library. Just call the 24/7 Nurseline number to choose a topic from more than 1,200 pre-recorded health topics. The program is available in English and Spanish.

Contact Information

The 24/7 Nurseline is available at no out-of-pocket expense to you. All it takes is a simple call to the toll-free phone number listed on the back of your ID card, or you can call the universal phone number through BCBSTX at **1-866-412-8795**.

Note: This service is not a substitute for medical care. You should consult a health professional for diagnosis and treatment.

Medical HDHP Plan (with HSA)

**BlueEdge HSA
Embedded Deductible
Integrated Rx
RMH2**



**BlueCross BlueShield
of Texas**

BENEFIT HIGHLIGHTS		BlueChoice Network	
<i>This is a general summary of your benefits. Please refer to your benefit booklet for additional details and a description of the plan requirements and benefit design. This plan does not cover all health care expenses. Upon receipt of your benefit booklet, carefully review the plan's limitations and exclusions.</i>			
Overall Payment Provisions	PPO (In-Network)	Non-PPO (Out-of-Network)	
Calendar Year Deductible			
Applies to all Eligible Expenses (unless otherwise indicated) <i>Family coverage: When one family member meets the individual Deductible, benefits become available under the plan for that individual.</i> 4 th quarter Deductible carryover provision does not apply Deductible credit from prior carrier (applied on initial group enrollment only)	\$3,000 Individual / \$6,000 Family	\$6,000 Individual / \$12,000 Family	Yes Yes
Out-of-Pocket Maximum			
Deductible, Coinsurance Amounts, and Copayments (if any) apply to Out-of-Pocket Maximum Credit for Out-of-Pocket Maximum from prior carrier (applied on initial group enrollment only)	\$3,000 Individual / \$6,000 Family <i>Network Deductible & Out-of-Pocket Maximum will only apply toward Network Deductible & Out-of-Pocket Maximum</i>	\$12,000 Individual / \$24,000 Family <i>Out-of-Network Deductible & Out-of-Pocket Maximum will also apply toward Network Deductible & Out-of-Pocket Maximum</i>	
Maximum Lifetime Benefits			
Per individual	<i>Unlimited</i>		
Inpatient Hospital Expenses			
Inpatient Hospital Expenses (must be preauthorized)			
Inpatient Hospital Expenses	100% of Allowable Amount after Calendar Year Deductible	70% of Allowable Amount after Calendar Year Deductible	
Penalty for failure to preauthorize	None	\$250	
Medical/Surgical Expenses			
Medical / Surgical Expenses			
Physician office visit/consultation, including lab & x-ray Physician surgical services in any setting	100% of Allowable Amount after Calendar Year Deductible	70% of Allowable Amount after Calendar Year Deductible	
Lab & x-ray in other outpatient facilities & Certain Diagnostic Procedures: Bone Scan, Cardiac Stress Test, CT Scan (with or without contrast), MRI, Myelogram, PET Scan.	100% of Allowable Amount after Calendar Year Deductible	70% of Allowable Amount after Calendar Year Deductible	
Home Infusion Therapy (must be preauthorized)	100% of Allowable Amount after Calendar Year Deductible	70% of Allowable Amount after Calendar Year Deductible	
In Vitro Fertilization Services	<i>Declined</i>		
All other outpatient services and supplies	100% of Allowable Amount after Calendar Year Deductible	70% of Allowable Amount after Calendar Year Deductible	

Medical HDHP Plan (with HSA)

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Extended Care Expenses	PPO (In-Network)	Non-PPO (Out-of-Network)
Extended Care Expenses (must be preauthorized)	100% of Allowable Amount after Calendar Year Deductible	70% of Allowable Amount after Calendar Year Deductible
Skilled Nursing Facility Home Health Care Hospice Care	Limited to 25 days maximum each Calendar Year* Limited to 60 visits each Calendar Year* Unlimited	
Special Provisions Expenses		
Treatment of Chemical Dependency (must be preauthorized)		
Inpatient treatment must be provided in a Chemical Dependency Treatment Center	Covered as any other sickness	Covered as any other physical illness
All other outpatient treatment	Covered as any other physical illness	Covered as any other physical illness
Serious Mental Illness (certain services must be preauthorized)		
Inpatient Services Hospital services (facility)		
Hospital services (facility)		100% of Allowable Amount after Calendar Year Deductible
Physician services		70% of Allowable Amount after Calendar Year Deductible
Outpatient Services Services performed in a Physician's office, including lab & x-ray		
Services performed in a Physician's office, including lab & x-ray		100% of Allowable Amount after Calendar Year Deductible
Other outpatient services and psychological testing		70% of Allowable Amount after Calendar Year Deductible
Mental Health Care (certain services must be preauthorized)		
Inpatient Services Hospital services (facility)		
Hospital services (facility)		100% of Allowable Amount after Calendar Year Deductible
Physician services		70% of Allowable Amount after Calendar Year Deductible
Outpatient Services Services performed in a Physician's office, including lab & x-ray		
Services performed in a Physician's office, including lab & x-ray		100% of Allowable Amount after Calendar Year Deductible
Other outpatient services and psychological testing		70% of Allowable Amount after Calendar Year Deductible

* Benefits used In-Network and Out-of-Network will apply toward satisfying any day, visit, Calendar Year, or Lifetime Maximum amounts indicated

Medical HDHP Plan (with HSA)

**BlueEdge HSA
Embedded Deductible
Integrated Rx
RMH2**



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Special Provisions Expenses, cont.	PPO (In-Network)	No n - PPO (Out-of-Network)
Emergency Care/Outpatient Hospital Emergency Room		
Accidental Injury & Medical Emergency Care Facility charges	100% of Allowable Amount after Calendar Year Deductible	
Physician charges	100% of Allowable Amount after Calendar Year Deductible	
Non-Emergency Situations		
Facility charges	100% of Allowable Amount after Calendar Year Deductible	70% of Allowable Amount after Calendar Year Deductible
Physician charges	100% of Allowable Amount after Calendar Year Deductible	70% of Allowable Amount after Calendar Year Deductible
Urgent Care		
Each Urgent Care center visit, including all lab & x-ray services, Certain Diagnostic Procedures, and all other services and supplies	100% of Allowable Amount after Calendar Year Deductible	70% of allowable Amount after Calendar Year Deductible
Preventive Care		
Routine annual physicals, well-baby care, immunizations(after 6 th birthdate), and other preventive health services as determined by the USPSTF	100% of Allowable Amount	70% of allowable Amount
Immunizations (birth through the day of the 6 th birthdate)	100% of Allowable Amount	100% of Allowable Amount
Speech and Hearing Services		
Services to restore loss of or correct an impaired speech or hearing function with hearing aids	Covered same as any other sickness	Covered same as any other sickness
Hearing Aids	100% of Allowable Amount after Calendar Year Deductible	70% of Allowable Amount after Calendar Year Deductible
Hearing Aids Maximum Benefit	Hearing aids are subject to a \$1,000 maximum amount each 36-month period*	
Physical Medicine Services		
Physical Medicine Services (includes but is not limited to physical, occupational, and manipulative therapy)	100% of Allowable Amount after Calendar Year Deductible	70% of Allowable Amount after Calendar Year Deductible
Calendar Year Maximum	Limited to 35 visits each Calendar Year*	

* Benefits used In-Network and Out-of-Network will apply toward satisfying any day, visit, Calendar Year, or Lifetime Maximum amounts indicated

Prescription Drug Program	Participating Pharmacy	Non-Participating Pharmacy (member files claim)
Prescription Drugs*		
Retail Pharmacy (Benefit payments are based on a 30-day supply – With appropriate Prescription Order, up to a 90-day supply)	100% of Allowable Amount after the Calendar Year Deductible	
Mail Service Pharmacy (Benefit payments are based on a 30-day supply – With appropriate Prescription Order, up to a 90-day supply)	100% of Allowable Amount after the Calendar Year Deductible	
Preferred Drug List: Preferred Drug List 1 applies. Additional details are available at: http://www.bcbstx.com/member/rx_drugs.html		

* Benefits used In-Network and Out-of-Network will apply toward satisfying any day, visit, or Calendar Year Maximum amounts indicated

Medical HDHP Plan (with HSA)

BlueEdge HSA
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Integrated Rx
RMH2



EMPLOYEE INFORMATION

- **The following applies to dependent coverage:**
 - Dependent children covered for maternity benefits.
 - Automatic coverage for newborns for the first 31 days following birth. Infants not enrolled for coverage within the first 31 days after birth will not be eligible for coverage until the following open enrollment period or special enrollment event.
- **Payments:** Network providers agree to accept amounts negotiated with BCBSTX and are paid according to this BCBSTX-determined Allowable Amount. Covered individuals are responsible for any required Deductibles, Coinsurance Amounts, and Copayments. Plan benefits paid to Out-of-Network providers are also based on the BCBSTX-determined Allowable Amount. Covered individuals will be responsible for charges in excess of the Allowable Amount in addition to any applicable Deductibles, Coinsurance Amounts, and Copayments. For cost savings information, refer to the section on ParPlan Providers and the definition of Allowable Amount in the benefit booklet.
- **Preexisting conditions Provision:** Benefits for Eligible Expenses incurred for treatment of a Preexisting Condition will not be available during the twelve-month period following the individual's initial Effective Date, or if a Waiting Period applies, the first day of the Waiting Period. In accordance with state and federal law, certain conditions will not be considered Preexisting Conditions and the Preexisting Condition exclusion will not apply to certain individuals. Details are provided in the benefit booklet.
- **Replacement of Medical Coverage:** In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Texas State law, the following provisions apply to each eligible Participant who has health coverage under the employer's plan immediately prior to the effective date of the health contract between the employer and BCBSTX (the Contract Date):
 - Benefits for eligible expenses incurred for any service or supplies prior to the contract date, are not covered under the contract.
 - Eligible Expenses for services or supplies incurred on or after the effective date will be considered for benefits subject to all applicable contract provisions.
- **Deductible (Embedded):** The benefits of the Plan will be available after satisfaction of the applicable Deductible. The Deductible will be increased in the future in direct proportion to the increase as determined from the cost-of-living adjustments based on the Consumer Price Index (CPI-U). The Deductibles are explained as follows:
 1. The individual Deductible amount as shown on this Benefits Highlights under "Calendar Year Deductible," must be satisfied by each Participant under your coverage each Calendar Year. This Deductible, unless otherwise indicated, will apply to all combined Inpatient Hospital Expenses, Medical-Surgical Expenses, Extended Care Expenses, and Special Provisions Expenses you incur during a Calendar Year.
 2. If you have several covered Dependents, all charges used to apply toward a "per individual" Deductible amount will be applied toward the "per family" Deductible amount shown on this Benefits Highlights. When that family Deductible amount is reached, no further individual Deductibles will have to be satisfied for the remainder of that Calendar Year. No Participant will contribute more than the individual Deductible amount to the "per family" Deductible amount.
- **Out-of-Pocket Maximum:** Most of your Eligible Expense payment obligations are applied to the Out-of-Pocket Maximum. The Out-of-Pocket Maximum will be increased in the future in direct proportion to the increase as determined from the cost-of-living adjustments based on the Consumer Price Index (CPI-U).
 1. The Out-of-Pocket Maximum **will not** include:
 - Services, supplies, or charges limited or excluded by the Plan;
 - Expenses not covered because of a benefit maximum has been reached;
 - Any Eligible Expense paid by the Primary Plan when BCBSTX is the Secondary Plan for purposes of coordination of benefits;
 - Penalties for failing to obtain preauthorization;
 2. When the Out-of-Pocket Maximum amount for the In-Network or Out-of-Network Benefits level for a Participant in a Calendar Year equals the "per individual" "Out-of-Pocket Maximum" shown on this Benefits Highlights for that level, the benefit percentages automatically increase to 100% for purposes of determining the benefits available for additional Eligible Expenses incurred by that Participant for the remainder of that Calendar Year for that level.
 3. When the Out-of-Pocket Maximum amount for the In-Network or Out-of-Network Benefits level for all Participants under your coverage in a Calendar Year equals the "per family" "Out-of-Pocket Maximum" shown on this Benefits Highlights for that level, the benefit percentages automatically increase to 100% for purposes of determining the benefits available for additional Eligible Expenses incurred by all family Participants for the remainder of the Calendar Year for that level. No Participant will be required to contribute more than the individual Out-of-Pocket Maximum to the family Out-of-Pocket Maximum.

± Please be reminded that Health Savings Accounts (HSA's) have tax and legal ramifications. Blue Cross and Blue Shield of Texas does not provide legal or tax advice, and nothing herein should be construed as legal or tax advice. These materials, and any tax-related statements in them, are not intended or written to be used, and cannot be used or relied on, for the purpose of avoiding tax penalties. Tax-related statements, if any, may have been written in connection with the promotion or marketing of the transaction(s) or matter(s) addressed by these materials. You should seek advice based on your particular circumstances from an independent tax advisor regarding the tax consequences of specific health insurance plans or products.

Health Savings Account

Participants in the SEDL High Deductible Health Plan (HDHP) may be eligible to open a Health Savings Account.

A Health Savings Account (HSA) is a tax-advantaged account participants can use to pay for qualified health expenses they incur while covered under a High Deductible Health plan. HSA dollars may also be used to pay for non-qualified health expenses, however, the dollars will be taxable income and subject to a 20% penalty. HSA dollars can be contributed by the employer, employee or others and accumulate over time with interest. Investment earnings are tax-free and are portable after employment. If you reside in California, Alabama, or New Jersey, any contribution by your employer to your HSA account is taxable.

Eligibility Requirements:

In order to open a Health Savings Account, you **MUST** meet the following requirements:

- Covered by the SEDL qualified HDHP
- **NOT** covered by another health insurance plan that is not a qualified HDHP including:
 - * A spouse's medical plan
 - * Medicare, enrolled in Part A or B
 - * Tricare
 - * Note: Does not apply to specific injury, accident, disability, dental care, vision care and/or long term care insurance plans.
- **NOT** have received VA benefits within the past 3 months
- **NOT** participating in an employer-sponsored unlimited Flexible Spending Account
- **NOT** claimed as a dependent on someone else's tax return
- Your spouse may **NOT** participate in an unlimited Flexible Spending Account.

HSAs allow:

- **Tax-free** contributions by employer, employee or others
- **Tax-free** growth of interest or investment earnings
- **Tax-free** distributions of principal and interest to pay for qualified medical expenses
- **Accumulation** of unused funds and **portability** between employers. No "Use it or Lose it" rules. Portable from employer to employer and across state lines.
- **Flexible use** – You choose whether or when to use the account for health expenses, now or after employment.

In addition to Paying for Current Expenses, funds can be used to pay for:

- COBRA premiums
- Long-term Care premiums
- Out-of-Pocket expenses for Medicare
- Medical insurance during unemployment
- Services not covered under a future health plan



Health Savings Account

If you are covered under the qualified High Deductible Health Plan and meet the eligibility requirements you may open a Health Savings Account (HSA). HSA plans are intended to be used to pay for healthcare for the individual and his or her covered dependents. Distributions from an HSA to pay for qualified health care expenses are not taxable. Qualified health care expenses are expenses which are:

- Incurred for the individual, his/her spouse or a tax dependent;
- Eligible as defined in Internal Revenue Code Section 213(d) – generally defined as expenses for the diagnosis, cure, mitigation, treatment or prevention of disease;
- Not reimbursed by insurance or another health plan; and
- Not deducted on the individual's tax return.

Over-the-counter drugs and medicines can be reimbursed from the HSA as long as they meet the criteria set out in Internal Revenue Code Section 213(d) and you have a current prescription on file for the medication

Medical expenses that may be reimbursed through a Health Savings Account under IRS Code Section 213 include (but are not limited to) the following:

- Deductible payments;
- Co-insurance payments;
- Dental care not provided through another health insurance plan;
- Prescription drugs;
- Over-the-counter drugs (with prescription);
- Emergency ambulance service;
- Chiropractic services;
- Eyeglasses and/or contact lenses;
- Hearing devices;
- Psychiatric care; and
- Psychologists' fees.
- Acupuncture



**You are responsible for the eligibility of all items and
keeping receipts for tax purposes**

**Not all expenses that are qualified health care expenses under the HSA count
towards the satisfaction of the calendar year deductible.
ie; over-the-counter medications**

Health Savings Account

Contributing to your HSA

When you participate in a HDHP, you can set aside money in a HSA account to pay for eligible out-of-pocket expenses. Money can be contributed to your HSA by you, SEDL, or anyone else.

Calendar Year HSA Contribution Maximums:

	2013 Annual Max	SEDL Payment (Applies only to Non-Exempt (Semi-Monthly) staff)	Employee Can Add Maximum
Single Coverage	\$3,250	\$300.00	\$2,950.00
Family Coverage	\$6,450	\$300.00	\$6,150.00
*Catch-up provision for ages 55 & older	\$1,000	\$0	\$1,000

A Calendar Year is the 12-month period of January 1st - December 31st

*If you are age 55 or older, you can make an additional contribution amount of \$1000. **The HSA cannot receive contributions after the individual has enrolled in Medicare.** For the most current HSA contribution information, please go to the U.S. Dept. of Treasury web site at <http://www.treasury.gov/resource-center/faqs/Taxes/Pages/Health-Savings-Accounts.aspx>.

****Note for Newly Eligible and Partial Year Participants:** If you become newly eligible to contribute to an HSA during the year, you may contribute the maximum contribution for the year (without incurring taxes or a penalty on the amount of the contribution) provided you continue to remain eligible for a 13 - month period beginning December 1 of the year in which you become eligible and ending on December 31st of the following year.

If you are eligible to contribute to an HSA for a partial year (less than 12 months between January 1st and December 31st) and do not remain eligible for the 13 - month period shown above, then your excess HSA contributions will be subject to Federal income taxes and a 20% penalty. Please contact your tax advisor for assistance determining if your partial year contributions will be subject to taxes and penalties.

Using your HSA

With an HSA, your contributions, earnings and eligible withdrawals are all tax-free at the federal level. As long as your withdrawals are used to pay for qualified health care expenses, you won't pay taxes. Contributions that SEDL makes to your HSA are yours. There are no vesting requirements or forfeiture provisions. And unlike Flexible Spending Accounts (FSAs), HSAs do not have a "use it or lose it" requirement. Your account balance rolls over from year to year and may earn interest - tax-free at the federal level. You may contribute to your account until the April 15 tax deadline following the year for which you want to make contributions, as long as you have not filed taxes for that year yet.

Tax Filing

You will receive a 1099SA and a 5498SA and be required to file Form 8889 with your annual tax return. Please see your tax advisor if you have any questions.

Medical Co-Pay Plan

**Preferred Provider Benefit Plan (PPO) –
RM25**



BlueCross BlueShield
of Texas

BENEFIT HIGHLIGHTS		BlueChoice Network				
This is a general summary of your benefits. Please refer to your benefit booklet for additional details and a description of the plan requirements and benefit design. This plan does not cover all health care expenses. Upon receipt of your benefit booklet, carefully review the plan's limitations and exclusions.						
Overall Payment Provisions	PPO (In-Network)	Non-PPO (Out-of-Network)				
Calendar Year Deductible (Combined)						
Applies to all Eligible Expenses (unless otherwise indicated)	\$3000 Individual / \$9000 Family					
4 th quarter Deductible carryover applies	Yes					
Deductible credit from prior carrier (applied on initial group enrollment only)	Yes					
Copayment Amounts Required						
Physician office visit/consultation	\$30 Copayment Amount					
Urgent Care center visit	\$55 Copayment Amount					
Outpatient Hospital Emergency Room visit	\$100 Copayment Amount	\$100 Copayment Amount				
Coinurance Stop-Loss Amount						
Deductibles are not applied to Coinsurance Stop-Loss Amount. Your benefit booklet will provide more details.	\$0 Individual / \$0 Family	\$10,000 Individual / \$30,000 Family				
Credit for Coinsurance Stop-Loss Amount from prior carrier (applied on initial group enrollment only)	Network Coinsurance Stop-Loss Amount <i>will only apply toward Network Coinsurance Stop-Loss Amount</i>	Out-of-Network Coinsurance Stop-Loss Amount <i>will also apply toward Network Coinsurance Stop-Loss Amount</i>				
	Yes	Yes				
Maximum Lifetime Benefits						
Per individual	Unlimited					
Inpatient Hospital Expenses						
Inpatient Hospital Expenses (must be preauthorized)						
Inpatient Hospital Expenses	100% of Allowable Amount after Calendar Year Deductible	70% of Allowable Amount after Calendar Year Deductible				
Penalty for failure to preauthorize	None	\$250				
Medical/Surgical Expenses						
Medical / Surgical Expenses						
Physician office visit/consultation, including lab & x-ray	100% of Allowable Amount after \$30 Copayment Amount	70% of Allowable Amount after Calendar Year Deductible				
Physician surgical services in any setting	100% of Allowable Amount after Calendar Year Deductible	70% of Allowable Amount after Calendar Year Deductible				
Lab & x-ray in other outpatient facilities (excluding Certain Diagnostic Procedures)	100% of Allowable Amount	70% of Allowable Amount after Calendar Year Deductible				
Certain Diagnostic Procedures: Bone Scan, Cardiac Stress Test, CT Scan (with or without contrast), MRI, Myelogram, PET Scan	100% of Allowable Amount after Calendar Year Deductible	70% of Allowable Amount after Calendar Year Deductible				
Home Infusion Therapy (must be preauthorized)	100% of Allowable Amount after Calendar Year Deductible	70% of Allowable Amount after Calendar Year Deductible				
In Vitro Fertilization Services	Declined					
All other outpatient services and supplies	100% of Allowable Amount after Calendar Year Deductible	70% of Allowable Amount after Calendar Year Deductible				

Medical Co-Pay Plan

**Preferred Provider Benefit Plan (PPO) –
RM25**



**BlueCross BlueShield
of Texas**

Extended Care Expenses		P P O (In-Network)	N o n - P P O (Out-of-Network)
Extended Care Expenses (must be preauthorized)		100% of Allowable Amount	70% of Allowable Amount after Calendar Year Deductible
Skilled Nursing Facility Home Health Care Hospice Care		Limited to 25 days maximum each Calendar Year* Limited to 60 visits each Calendar Year* Unlimited	
Special Provisions Expenses			
Treatment of Chemical Dependency (must be preauthorized)			
Inpatient treatment must be provided in a Chemical Dependency Treatment Center		Covered as any other sickness	Covered as any other sickness
All other outpatient treatment		Covered as any other sickness	Covered as any other sickness
Serious Mental Illness (certain services must be preauthorized)			
Inpatient Services Hospital services (facility)		100% of Allowable Amount after Calendar Year Deductible	70% of Allowable Amount after Calendar Year Deductible
	Physician services	100% of Allowable Amount after Calendar Year Deductible	70% of Allowable Amount after Calendar Year Deductible
Outpatient Services Physician office visit/consultation, including lab & x-ray		100% of Allowable Amount after \$30 Copayment Amount	70% of Allowable Amount after Calendar Year Deductible
	Other outpatient services, including psychological testing	100% of Allowable Amount after Calendar Year Deductible	70% of Allowable Amount after Calendar Year Deductible
Mental Health Care (certain services must be preauthorized)			
Inpatient Services Hospital services (facility)		100% of Allowable Amount after Calendar Year Deductible	70% of Allowable Amount after Calendar Year Deductible
	Physician services	100% of Allowable Amount after Calendar Year Deductible	70% of Allowable Amount after Calendar Year Deductible
Outpatient Services Physician office visit/consultation, including lab & x-ray		100% of Allowable Amount after \$30 Copayment Amount	70% of Allowable Amount after Calendar Year Deductible
	Other outpatient services, including psychological testing	100% of Allowable Amount after Calendar Year Deductible	70% of Allowable Amount after Calendar Year Deductible
Emergency Care/Outpatient Hospital Emergency Room			
Accidental Injury & Medical Emergency Care Facility charges		100% of Allowable Amount after \$100 Copayment Amount (Copayment Amount waived if admitted)	
	Physician charges	100% of Allowable Amount after Calendar Year Deductible	
Non-Emergency Situations Facility charges		100% of Allowable Amount after \$100 Copayment Amount (Copayment Amount waived if admitted)	70% of Allowable Amount after \$100 Copayment Amount & Calendar Year Deductible (Copayment Amount waived if admitted)
	Physician charges	100% of Allowable Amount after Calendar Year Deductible	70% of Allowable Amount after Calendar Year Deductible

* Benefits used In-Network and Out-of-Network will apply toward satisfying any day, visit, or Calendar Year Maximum amounts indicated

Medical Co-Pay Plan

**Preferred Provider Benefit Plan (PPO) –
RM25**



BlueCross BlueShield
of Texas

Special Provisions Expenses, cont.	PPO (In-Network)	Non-PPO (Out-of-Network)
Urgent Care Services		
Urgent Care center visit, including all lab & x-ray services, except Certain Diagnostic Procedures	100% of Allowable Amount after \$55 Copayment Amount	70% of Allowable Amount after Calendar Year Deductible
Certain Diagnostic Procedures and all services and supplies	100% of Allowable Amount after Calendar Year Deductible	70% of Allowable Amount after Calendar Year Deductible
Preventive Care		
Routine annual physicals, well-baby care, immunizations(after 6 th birthdate), and other preventive health services as determined by the USPSTF	100% of Allowable Amount	70% of Allowable Amount after Calendar Year Deductible
Immunizations (birth through the day of the 6 th birthdate)	100% of Allowable Amount	100% of Allowable Amount
Speech and Hearing Services		
Services to restore loss of or correct an impaired speech or hearing function	Covered same as any other sickness	Covered same as any other sickness
Hearing Aids	100% of Allowable Amount after Calendar Year Deductible	70% of Allowable Amount after Calendar Year Deductible
Hearing Aids Maximum Benefit	Hearing aids are subject to a \$1,000 maximum amount each 36-month period*	
Physical Medicine Services		
Physical Medicine Services (includes but is not limited to physical, occupational, and manipulative therapy)	100% of Allowable Amount after Calendar Year Deductible	70% of Allowable Amount after Calendar Year Deductible
Calendar Year Maximum	Limited to 35 visits each Calendar Year*	

* All benefit payments made for both In-Network and Out-of-Network services will apply toward any maximum amounts indicated.

Prescription Drug Program	Participating Pharmacy	Non-Participating Pharmacy (member files claim)
Prescription Drugs		
Retail Prescription** (All Copayment Amounts are per 30-day supply and will not apply to Coinsurance Stop-Loss Amount) Generic	\$10 Copayment Amount	80% of Allowable Amount minus Copayment Amount
Preferred Brand Name	\$40 Copayment Amount	80% of Allowable Amount minus Copayment Amount
Non-Preferred Brand Name	\$60 Copayment Amount	80% of Allowable Amount minus Copayment Amount
Mail Service Prescription** (All Copayment Amounts are per 30-day supply and will not apply to Coinsurance Stop-Loss Amount) Generic	\$10 Copayment Amount	
Preferred Brand Name	\$40 Copayment Amount	
Non-Preferred Brand Name	\$60 Copayment Amount	
<i>**Generic Incentive-</i>Members electing to purchase Preferred/Non-Preferred Brand Name Drugs when a Generic equivalent is available, will be required to pay the difference between the cost of the Generic and Preferred/Non-Preferred Brand Name Drug, plus the Preferred Brand Name Copayment Amount.		
<i>Diabetes Supplies</i> are available under the Prescription Drug Program portion of your plan. Diabetes Supplies include insulin and insulin analog preparations, insulin syringes necessary for self-administration, prescriptive and non-prescriptive oral agents, all required test strips and tablets which test for glucose, ketones, and protein, lancets and lancet devices, biohazard disposable containers, glucagon emergency kits, and other injection aids. All provisions of this portion of the plan will apply including Copayment Amounts and any pricing differences that may apply to the items dispensed.		
<i>Preferred Drug List:</i> Preferred Drug List 1 applies. Additional details are available at: http://www.bcbstx.com/member/fx_drugs.html		

Medical Co-Pay Plan

**Preferred Provider Benefit Plan (PPO) –
RM25**



BlueCross BlueShield
of Texas

EMPLOYEE INFORMATION

The following benefits apply to dependent coverage:

- Dependent children are covered for maternity benefits.
- Automatic coverage for newborns for the first 31 days following birth. Infants not enrolled for coverage within the first 31 days after birth will not be eligible for coverage until the following open enrollment period or special enrollment event.

Payments: Network providers agree to accept amounts negotiated with BCBSTX and are paid according to this BCBSTX-determined Allowable Amount. Covered individuals are responsible for any required Deductibles, Coinsurance Amounts, and Copayments. Plan benefits paid to Out-of-Network providers are also based on the BCBSTX-determined Allowable Amount. Covered individuals will be responsible for charges in excess of the Allowable Amount in addition to any applicable Deductibles, Coinsurance Amounts, and Copayments. For cost savings information, refer to the section on ParPlan Providers and the definition of Allowable Amount in the benefit booklet.

Preexisting conditions Provision: Benefits for Eligible Expenses incurred for treatment of a Preexisting Condition will not be available during the twelve-month period following the individual's initial Effective Date, or if a Waiting Period applies, the first day of the Waiting Period. In accordance with state and federal law, certain conditions will not be considered Preexisting Conditions and the Preexisting Condition exclusion will not apply to certain individuals. Details are provided in the benefit booklet.

Replacement of Medical Coverage: In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Texas State law, the following provisions apply to each eligible participant who has health coverage under the employer's plan immediately prior to the effective date of the health contract between the employer and BCBSTX (the contract date):

- Benefits for Eligible Expenses incurred for any service or supplies prior to the Contract Date, are not covered under the contract.
- Eligible Expenses for services or supplies incurred on or after the effective date will be considered for benefits subject to all applicable contract provisions.

Members residing in other states may use that state's network through the BlueCard program. To locate a participating provider in your state, please contact 1-800-810-BLUE or visit our web site at www.bcbstx.com to use our Provider Finder® tool.

This proposal assumes the group contract will be issued in Texas. In addition to the benefits stated herein, benefits for covered persons who reside outside of Texas will conform to all Extraterritorial requirements of those states.

This proposal is made on the condition you are not a Small Employer as defined in the Texas Insurance Code. A proposal to a Small Employer would have to contain specific contractual elements and mandated insurance plans not contained in this proposal. Should it be determined you were a Small Employer, this proposal and any health insurance contract issued to you, shall be null and void.



Dental Plan

TYPE OF SERVICE	BENEFIT**
GENERAL PROVISIONS Calendar Year Deductible (4th quarter carryover applies) Deductible Credit from Prior Carrier Calendar Year Maximum per Participant	\$50 Indiv/\$150 Family No \$1500
DIAGNOSTIC AND PREVENTIVE CARE BENEFITS (deductible waived) Oral Examinations (2 exams per Calendar Year) Prophylaxis (2 cleanings per Calendar Year) Fluoride Treatment Dental X-rays (Subject to booklet provisions)	100%
MISCELLANEOUS SERVICES Sealants/ Space Maintainers / Lab Tests / Palliative Care	80%
RESTORATIVE SERVICES Amalgams & Composites / Simple Extractions / Pin Retention	80%
GENERAL SERVICES Anesthesia / Stainless Steel Crowns	50%
ENDODONTIC SERVICES Root canal therapy/ Direct pulp cap / Apicoectomy/apexification / Retrograde filling Root amputation/hemisection / Therapeutic pulpotomy / Gross pulpal debridement	50%
PERIODONTAL SERVICES Periodontal scaling and root planning / Full mouth debridement / Gingivectomy/gingivoplasty Gingival flap procedure/ Osseous surgery/ Osseous grafts / Soft tissue grafts	50%
ORAL SURGERY SERVICES Surgical tooth extractions/ Alveoloplasty / Vestibuloplasty	50%
CROWNS, INLAYS/ONLAYS SERVICES Prefabricated post and cores / Recementation of crowns, inlays/onlays / Crown repair	50%
PROSTHODONTIC SERVICES Reline/Rebase / Bridges and dentures / Recementation and repair of bridges	50%
ORTHODONTIC BENEFITS Orthodontic Diagnostic Procedures and Treatment / Available to Adults and Children Lifetime Maximum per Participant	N/A N/A

** Each time you need dental care, you can choose to:

See a Contracting Dentist		See a Non-Contracting Dentist
BlueCare Dentist <ul style="list-style-type: none"> Your out-of-pocket cost will generally be the least amount because BlueCare Dentists have contracted to accept a lower Allowable Amount as payment in full for Eligible Dental Expenses You are not required to file claim forms You are not balance billed for costs exceeding the BCBSTX Allowable Amount for BlueCare Dentists 	DentaBlue Dentist <ul style="list-style-type: none"> Your out-of-pocket cost may be greater because DentaBlue Dentists have contracted to accept a higher Allowable Amount as payment in full for Eligible Dental Expenses You are not required to file claim forms You are not balance billed for costs exceeding the BCBSTX Allowable Amount for DentaBlue Dentists 	<ul style="list-style-type: none"> Your out-of-pocket cost may be greater because Non-Contracting Dentists have not entered into a contract with BCBSTX to accept any Allowable Amount determination as payment in full for Eligible Dental Expenses You are required to file claim forms You are balance billed for costs exceeding the BCBSTX Allowable Amount

- This is a general summary of your benefit design. Please refer to your benefit booklet for other details and for limitations and exclusions.
- The following eligibility provisions apply:
 - Retirees are not eligible for coverage.
 - Employees may enroll dependent children up to age 5 on the first of the month following application with no late enrollment penalty.
 - Open enrollment – employees and/or dependents not presently covered may enroll for dental 31 days prior to the anniversary date.
- An exclusion will apply to expenses involving the replacement of teeth that were missing prior to the effective date of the dental contract. All other benefits will begin on the first day of coverage. This exclusion will not apply to:
 - Any participant who becomes effective on the dental contract date who was covered under a previous group dental care contract by the Employer.
 - Any participant who has been continuously covered for 24 months under a group dental care contract with BCBSTX which included prosthetic benefits.
 - A partial or full denture or fixed bridge which includes replacement of a missing tooth which was extracted after coverage becomes effective.
- When the course of treatment will be in excess of \$300, a predetermination request should be submitted to BCBSTX in advance of treatment.
- Plan D202 is available to group sizes of 2 or more enrolled.



Group Term Life & AD&D Insurance

Basic Group Term Life for Employees:

Applies Only to: Regular Employees
Excludes: Temps and Board Members
100% Employer Paid
Benefit = 1 x Annual Salary to a maximum of \$100,000

Basic AD&D for Employees:

Applies Only to: Regular Employees
Excludes: Temps and Board Members
100% Employer Paid
Benefit = 1 x Annual Salary to a maximum of \$100,000

(Optional) Basic Dependent Term Life:

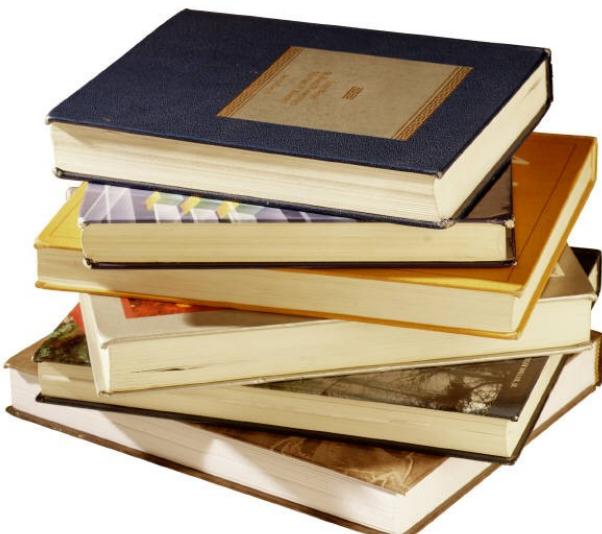
Available only to: Dependents of regular employees
Excludes: Dependents of Temps or Board Members
100% Employee Paid
Spouse Benefit = \$5,000
Child(ren) Benefit = \$2,000

Enhanced AD&D Insurance for Employees:

Applies only to: Regular Employees and Temps who travel,
and Board Members
100% Employer Paid
Benefit = \$100,000 per employee covered

(Optional) Enhanced AD&D Insurance for Dependents:

Applies only to: Dependents of Regular Employees
Excludes: Dependents of Temps who travel
and Board Members
100% Employee Paid
Employee & Spouse Benefit = Spouse amount is 60% of the employee amount
Employee & Child(ren) Benefit = Child amount is 20% of the employee amount
Employee, Spouse & Child Benefit = Spouse amount is 40% of the employee amount
Child amount is 10% of the employee amount



Group Voluntary Life

Benefits:

Maximum Benefit:	\$100,000
Minimum Benefit:	\$25,000
Increments of:	\$25,000
Guarantee Issue Amount:	\$100,000*

Note*: The Optional Life Insurance is guaranteed only at initial enrollment. Enrollment at a future date will require evidence of medical insurability at your expense and coverage may be declined.

Age Reductions:

- 35% at age 65
- An additional 25% at age 70
- An additional 15% at age 75
- An additional 10% at age 80

Dependent Life Benefit:

- Spouse: 50% of employee election
- Child(ren): 10% of employee election

Waiver of Premium to age 60: If an employee becomes totally and permanently disabled prior to age 60, with premiums waived to age 65 his/her life insurance will continue in-force without further payment of premium on a year-to-year basis, subject to periodic submission of evidence of total and permanent disability.

Conversion: Allows you to convert your insurance without evidence of insurability to an individual Life policy issued by Guardian. You are eligible for this benefit if your employment or membership in the eligible class terminates. Election and premium payment must be made within 31 days of termination.

Portability: Allows employees to continue low cost Term Life protection if they no longer work for the group (for reasons other than injury or illness or the termination of the policy), provided the employee and any eligible dependents have been insured for Voluntary Life at least three months. Surviving spouses may also elect to continue coverage for themselves and all eligible children.

Seat Belt and Airbag Benefit: Additional benefits are payable if the claimant was wearing their seat belt properly and if the airbags deployed properly.

Accelerated Life Benefit: If an employee has a medical condition that is expected to result in death within 12 months, they may apply for a percentage of their death benefit to be payable prior to death to be used for expenses incurred.

Eligibility:

Employee - All full-time active employees working 20 or more hours per week in an eligible class are eligible for coverage on the policy effective date. A delayed effective date will apply if the employee is not actively at work.

Dependents - Cannot be in a period of limited activity on the day coverage takes effect. Spouse coverage terminates upon the spouse's attainment of age 70.

Group Voluntary Life Monthly Rates

	PLAN 1	PLAN 2	PLAN 3	PLAN 4
EMPLOYEE'S AGE:	\$ 25,000	\$ 50,000	\$ 75,000	\$ 100,000

LESS THAN AGE 30

EMPLOYEE ONLY	\$1.50	\$3.00	\$4.50	\$6.00
EMP. & SPOUSE	2.25	4.50	6.75	9.00
EMP. & CHILDREN	1.93	3.85	5.78	7.70
EMP/SPOUSE/CHILDREN	2.68	5.35	8.03	10.70

AGE 30-34

EMPLOYEE ONLY	\$2.00	\$4.00	\$6.00	\$8.00
EMP. & SPOUSE	3.00	6.00	9.00	12.00
EMP. & CHILDREN	2.43	4.85	7.28	9.70
EMP/SPOUSE/CHILDREN	3.43	6.85	10.28	13.70

AGE 35-39

EMPLOYEE ONLY	\$3.00	\$6.00	\$9.00	\$12.00
EMP. & SPOUSE	4.50	9.00	13.50	18.00
EMP. & CHILDREN	3.43	6.85	10.28	13.70
EMP/SPOUSE/CHILDREN	4.93	9.85	14.78	19.70

AGE 40-44

EMPLOYEE ONLY	\$4.50	\$9.00	\$13.50	\$18.00
EMP. & SPOUSE	6.75	13.50	20.25	27.00
EMP. & CHILDREN	4.93	9.85	14.78	19.70
EMP/SPOUSE/CHILDREN	7.18	14.35	21.53	28.70

AGE 45-49

EMPLOYEE ONLY	\$8.75	\$17.50	\$26.25	\$35.00
EMP. & SPOUSE	13.13	26.25	39.38	52.50
EMP. & CHILDREN	9.18	18.35	27.53	36.70
EMP/SPOUSE/CHILDREN	13.55	27.10	40.65	54.20

AGE 50-54

EMPLOYEE ONLY	\$14.75	\$29.50	\$44.25	\$59.00
EMP. & SPOUSE	22.13	44.25	66.38	88.50
EMP. & CHILDREN	15.18	30.35	45.53	60.70
EMP/SPOUSE/CHILDREN	22.55	45.10	67.65	90.20

AGE 55-59

EMPLOYEE ONLY	\$24.00	\$48.00	\$72.00	\$96.00
EMP. & SPOUSE	36.00	72.00	108.00	144.00
EMP. & CHILDREN	24.43	48.85	73.28	97.70
EMP/SPOUSE/CHILDREN	36.43	72.85	109.28	145.70

AGE 60-64

EMPLOYEE ONLY	\$35.75	\$71.50	\$107.25	\$143.00
EMP. & SPOUSE	53.63	107.25	160.88	214.50
EMP. & CHILDREN	36.18	72.35	108.53	144.70
EMP/SPOUSE/CHILDREN	54.05	108.10	162.15	216.20



Don't Think A
Flexible Spending Account
Is Right For You?

Think Again



Save time, money and paperwork!

**With the Benny™
Prepaid Benefits
Card, your FSA is:**

Cash-flow friendly –
No cash to pay
at the time of
purchase

Easy – Simply a swipe
of the Card

Convenient – No
forms to fill out

Fast – Funds auto-
matically deducted
from your FSA

Simple to track –
Your current balance
available online 24/7

**What are YOU
waiting for?**

**Sign up now and let
your savings begin!**

Yes, it's that time of year again, and a Health Care Flexible Spending Account (FSA) is being offered as part of your benefits program. Access to your FSA will be as easy as a swipe of a Card, and the more you put into it, the more you save. So, if you haven't considered an FSA in the past, it pays to take another look.

An FSA adds spendable income.

Let's face it, you work hard for your money and you want to keep as much of it as you can. A Health Care FSA helps you do just that!

You elect to have your annual health care contribution deducted from your paycheck each pay period in equal installments throughout the year – before federal income, state income (in most cases) and Social Security taxes are taken out. So every dollar you put in your FSA is tax-free, spendable income.

An FSA covers many expenses!

Your tax-free FSA dollars are ready to pay for health-related, out-of-pocket costs not covered by your insurance for you, and for your spouse and dependents covered under your plan – things like copayments, deductibles, prescriptions, dental bills and vision expenses. And don't forget eligible over-the-counter (OTC) items*. Even if your annual health care expenses are just a few hundred dollars, an FSA can keep more money in your wallet.

Did you know?

The average family of four in the U. S. can expect to pay over \$3,000 each year on out-of-pocket expenses like doctor visits, prescription copays, dental work and new glasses – or an unexpected hospital stay.

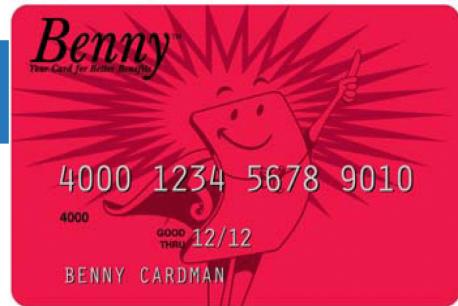
**If that \$3,005 goes into a Health Care FSA,
a family can save over \$811 in taxes.**

And how do you get your Benny?

Look for details during open enrollment, or ask your Human Resources representative for more information.



(Continued from page 1)



Your FSA includes Benny™, the fast and easy way to access your account.

An FSA is a good idea, and here's a feature that makes it even better – the Benny™ Prepaid Benefits Card. The Card contains the value of your annual Health Care FSA election amount, so you can use Benny to pay for eligible out-of-pocket medical expenses such as:

- Prescription and health plan copayments, deductibles and coinsurance
- Orthodontics
- Mail-order or online prescription invoices
- Vision services and eyeglasses
- LASIK surgery
- Eligible over-the-counter (OTC) items*

Say hello to Benny and good-bye to “paying twice.”

Using the Card helps you keep cash in your wallet. You'll never “pay twice” with the Card – first from your paycheck into your FSA and then again at the time of purchase. You'll have less claim forms to complete and you won't have to wait to get a check in the mail. You can check balances or account details online anytime, or with a quick phone call.

Simply swipe your Card and the amount of your eligible expense will be automatically deducted from your account. And, there are now tens of thousands of merchant locations where you can use the Card for eligible out-of-pocket prescription and OTC expenses, and for those items you will NOT have to provide a receipt to verify the purchase!

Already have an FSA? Perhaps now is the time to increase your contributions. Already have a Card? Hang on to it and your new election amount will be added.

An FSA is a valuable benefit – and the Card can make it even better. If you're not currently participating in a Health Care FSA, now's the time to enroll!

* The list of eligible, reimbursable OTC items has changed per the Patient Protection and Affordable Care Act of 2010. Please refer to **page 26** in this summary booklet for a sample listing of what does and does not qualify.

Know Your FSA Eligible and Ineligible Expenses

Use Your Health Care FSA Wisely

The Flexible Spending Account (FSA) is an IRS sanctioned benefit that allows you to use pretax dollars to cover eligible expenses. The IRS defines eligible health care expenses as amounts paid for the diagnosis, cure, mitigation or treatment of a disease, and for treatments affecting any part or function of the body. The expenses must be primarily to alleviate a physical or mental defect or illness.

Take a look at the following lists for a better understanding of what is and isn't eligible. Other expenses not specifically mentioned may also qualify (for additional information, please call our Customer Service Department at (866) 401-5272.)

Eligible Expenses		
BABY/CHILD TO AGE 13 <ul style="list-style-type: none">▪ Lactation Consultant*▪ Lead-Based Paint Removal▪ Special Formula*▪ Tuition: Special School/Teacher for Disability or Learning Disability*▪ Well Baby Care	MEDICAL EQUIPMENT/SUPPLIES <ul style="list-style-type: none">▪ Abdominal and Back Supports*▪ Air Purification Equipment*▪ Arches and Orthopedic Shoes▪ Contraceptive Devices▪ Crutches and Wheel Chairs▪ Exercise Equipment*▪ Hospital Beds▪ Mattresses*▪ Medic Alert Bracelet or Necklace▪ Oxygen*▪ Post-Mastectomy Prosthesis▪ Prosthesis▪ Splints/Casts or Support Hose*▪ Syringes▪ Wigs*	MEDICATION <ul style="list-style-type: none">▪ Birth Control▪ Homeopathic Medications*▪ Insulin▪ Prescription Drugs▪ Weight Loss Drugs*
DENTAL <ul style="list-style-type: none">▪ Dental X-Rays▪ Dentures and Bridges▪ Exams and Teeth Cleaning▪ Extractions and Fillings▪ Gum Treatment▪ Oral Surgery▪ Orthodontia and Braces		OBSTETRICS <ul style="list-style-type: none">▪ Lamaze Class▪ Midwife Expenses▪ OB/GYN Exams▪ OB/GYN Prepaid Hospital Fees (reimbursable after date of birth)▪ Pre- and Postnatal Treatments
EYES <ul style="list-style-type: none">▪ Artificial Eyes▪ Eyeglasses and Contact Lenses▪ Laser Eye Surgeries▪ Prescription Sunglasses▪ Radial Keratotomy/LASIK	MEDICAL PROCEDURES/SERVICES <ul style="list-style-type: none">▪ Acupuncture▪ Alcohol and Drug Addiction (inpatient and outpatient treatment)▪ Ambulance▪ Hospital Services▪ Infertility Treatment▪ In Vitro Fertilization▪ Norplant Insertion or Removal▪ Physical Examination (not employment-related)▪ Reconstructive Surgery (due to a congenital defect or accident)▪ Service Animals*▪ Sterilization/Sterilization Reversal▪ Transplants (including organ donor)▪ Transportation*▪ Vaccinations and Immunizations	PRACTITIONERS <ul style="list-style-type: none">▪ Allergist▪ Chiropractor▪ Christian Science Practitioner▪ Dermatologist▪ Homeopath or Naturopath*▪ Osteopath▪ Physician▪ Psychiatrist or Psychologist
HEARING <ul style="list-style-type: none">▪ Hearing Devices and Batteries▪ Hearing Examinations		THERAPY <ul style="list-style-type: none">▪ Alcohol and Drug Addiction▪ Counseling (not marital or career)▪ Exercise*▪ Hypnosis▪ Massage*▪ Occupational▪ Physical▪ Speech▪ Weight Loss Programs*
LAB EXAMS/TESTS <ul style="list-style-type: none">▪ Blood Tests and Metabolism Tests▪ Body Scans▪ Cardiographs▪ Laboratory Fees▪ Urine and Stool Analyses▪ X-Rays		

Note: This list is not meant to be all-inclusive. Also, expenses marked with an asterisk (*) are "potentially eligible expenses" that require a Letter of Medical Necessity from your health care provider to qualify for reimbursement.

The IRS does NOT allow the following expenses to be reimbursed under Health Care FSAs, as they are not prescribed by a physician for a specific ailment.

Ineligible Expenses

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|---|---|
| <ul style="list-style-type: none">■ Contact Lens or Eyeglass Insurance■ Cosmetic Surgery/Procedures■ Electrolysis | <ul style="list-style-type: none">■ Insurance Premiums and Interest (FSA Ineligible Only)■ Long Term Care Premiums (FSA Ineligible Only)■ Marriage or Career Counseling |
| <ul style="list-style-type: none">■ Personal Trainers■ Sunscreen (spf less than 30)■ Swimming Lessons | |

Note: This list is not meant to be all-inclusive.

Please Note: The IRS does not allow Over-the-Counter (OTC) medicines or drugs to be purchased with Health Care FSA funds unless accompanied by a prescription and the prescription is filled by a pharmacist. If you have an OTC prescription, you can use your benefits card for these purchases.

Ineligible Over-the-Counter Medicines and Drugs (unless prescribed in accordance with state laws)

- | | | |
|---|--|---|
| <ul style="list-style-type: none">■ Acid controllers■ Acne medications■ Allergy & sinus■ Antibiotic products■ Antifungal (Foot)■ Antiparasitic treatments■ Antiseptics & wound cleansers■ Anti-diarrheals■ Anti-gas■ Anti-itch & insect bite■ Baby rash ointments & creams■ Baby teething pain■ Cold sore remedies■ Contraceptives | <ul style="list-style-type: none">■ Cough, cold & flu■ Denture pain relief■ Digestive aids■ Ear care■ Eye care■ Feminine antifungal & anti-itch■ Fiber laxatives (bulk forming)■ First aid burn remedies■ Foot care treatment■ Hemorrhoidal preps■ Homeopathic remedies■ Incontinence protection & treatment products■ Laxatives (non-fiber) | <ul style="list-style-type: none">■ Medicated nasal sprays, drops, & inhalers■ Medicated respiratory treatments & vapor products■ Motion sickness■ Oral remedies or treatments■ Pain relief (includes aspirin)■ Skin treatments■ Sleep aids & sedatives■ Smoking deterrents■ Stomach remedies■ Unmedicated nasal sprays, drops & inhalers■ Unmedicated vapor products |
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OTC items that are not medicines or drugs remain eligible for purchase with FSAs. You can use your benefits card for these items.

Eligible Over-the-Counter Items

 (Product categories are listed in bold face; common examples are listed in regular face.)

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|--|--|---|
| <ul style="list-style-type: none">■ Baby Electrolytes and Dehydration
Pedialyte, Enfalyte■ Contraceptives
Unmedicated condoms■ Denture Adhesives, Repair, and Cleansers
PoliGrip, Benzodent, Plate Weld, Efferdent■ Diabetes Testing and Aids
Ascencia, One Touch, Diabetic Tussin, insulin syringes; glucose products■ Diagnostic Products
Thermometers, blood pressure monitors, cholesterol testing■ Ear Care
Unmedicated ear drops, syringes, ear wax removal | <ul style="list-style-type: none">■ Elastics/Athletic Treatments
ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts■ Eye Care
Contact lens care■ Family Planning
Pregnancy and ovulation kits■ First Aid Dressings and Supplies
Band Aid, 3M Nexcare, non-sport tapes■ Foot Care Treatment
Unmedicated corn and callus treatments (e.g., callus cushions), devices, therapeutic insoles■ Glucosamine &/or Chondroitin
Osteo-Bi-Flex, Cosamin D, Flex-a-min Nutritional Supplements | <ul style="list-style-type: none">■ Hearing Aid/Medical Batteries■ Home Health Care (limited segments)
Ostomy, walking aids, decubitus/pressure relief, enteral/parenteral feeding supplies, patient lifting aids, orthopedic braces/supports, splints & casts, hydrocollators, nebulizers, electrotherapy products, catheters, unmedicated wound care, wheel chairs■ Incontinence Products
Attends, Depend, GoodNites for juvenile incontinence, Prevail■ Prenatal Vitamins
Stuart Prenatal, Nature's Bounty Prenatal Vitamins■ Reading Glasses and Maintenance Accessories |
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For additional information, please contact the Flex Corp Customer Service Department at (866) 401-5272.

Click... Click... Submit

your FSA claims online

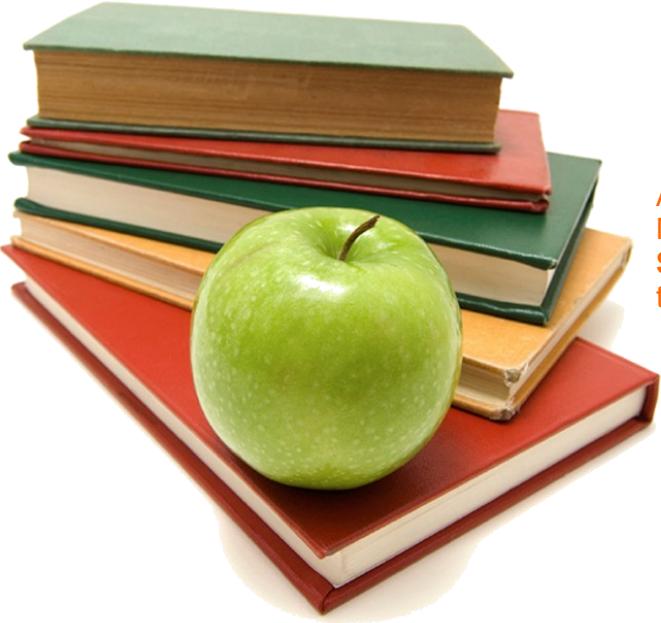
Now you can quickly and easily submit your Flexible Spending Account claims online! Follow the detailed instructions below and have your claim processed in no time at all!

From www.bpas.com, select Participant Accounts and Flex Account from the drop down menu. From the Flex Account page, select Account Access and log into the web using your login and password.

1. Scan the document or receipt. Please submit only one receipt per submission in one of the following file types: .doc, .pdf, .tif.
2. Navigate to the **New Claim** page (*My Account>New Claim*).
3. Complete the following fields:
 - **Plan**-Select the reimbursement plan from the pull-down list.
 - **Provider**-Enter the provider's name (i.e Dr. Jones, Day Care for Kids, My Pharmacy).
 - **Claimant Name**-Enter the name of the person who received the service (i.e. your name, your spouse's, or your dependent's name).
 - **Description**-Enter a short description of the care, prescription, or services received (i.e. co-pay, weekly day care fees).
 - **From**-Enter the beginning date of service, or select the date from the calendar (*this is not necessarily the date the expense was paid*).
 - **To**-Select the ending date of service. For a purchase or an appointment, change both date fields to the same day. For hospital stays or a range of dependent care, enter the last date of service.
 - **Requested**-Enter the amount of your claim (the amount of reimbursable expenses).
*** NOTE: If you are submitting documentation for a Benny Card transaction, please enter 0.00 as the "Requested" amount.*
 - **Notes**-Enter any relevant information about this claim that you feel the claim processor should be aware of.
4. Click BROWSE, navigate to the scanned document or image, and click Open.
5. Click Submit to enter your claim.

When the **Claim Confirmation Receipt** report is displayed, if you have another claim to enter, click Enter a New Claim. Otherwise, navigate to another page or log out.

Should you have any questions, please contact our Customer Service Department at 1-866-401-5272.



Payroll Deductions

Any Non-Exempt (Semi-Monthly) staff electing the HDHP Medical plan will receive an employer contribution of **\$25.00 per month** in a HSA account, unless ineligible, then a FSA account.

	<u>Monthly</u>	<u>Semi-Monthly</u>
<u>Employee Only - HDHP Medical</u>	\$ 0.00	\$ 0.00
To Include Your Spouse	\$ 553.58	\$ 276.79
To Include Your Child(ren):	\$ 435.64	\$ 217.82
To Include Your Spouse and Child(ren):	\$ 989.29	\$ 494.64
<u>Employee Only - Co-pay Medical</u>	\$ 111.53	\$ 55.76
To Include Your Spouse:	\$ 762.32	\$ 381.16
To Include Your Child(ren):	\$ 623.67	\$ 311.83
To Include Your Spouse and Child(ren):	\$1,274.51	\$ 637.25
<u>Employee Only - Dental</u>	\$ 0.00	\$ 0.00
To Include Your Spouse:	\$ 37.32	\$ 18.66
To Include Your Child(ren):	\$ 35.87	\$ 17.93
To Include Your Spouse and Child(ren):	\$ 75.97	\$ 37.98

Employee Basic Term Life and AD&D

100% Employer Paid

Employee Enhanced AD&D

100% Employer Paid

Dependent Basic Life

\$1.75 per family

Dependent Enhanced AD&D

\$3.00 per family

Medicare D Notice

Important Notice from SEDL About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with SEDL and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. SEDL has determined that the prescription drug coverage offered by the SEDL Medical Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

Medicare D Notice

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current SEDL coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current SEDL coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with SEDL and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage.

For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed on the next page for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through SEDL changes. You also may request a copy of this notice at any time.

Medicare D Notice

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	May 2013
Name of Entity/Sender:	SEDL
Contact--Position/Office:	Sue Liberty, Human Resources Department
Address:	4700 Mueller Blvd., Austin, TX 78723
Phone Number:	512-476-6861

Medicaid & the Children's Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premiums assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependant are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your state Medicaid or CHIP office, or dial **1-877-KIDS-NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan - as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of **January 31, 2013**. You should contact your State for further information on eligibility.

Alabama - Medicaid Website: http://www.medicaid.alabama.gov Phone: 1-855-692-5447	Colorado - Medicaid Medicaid Website: http://www.colorado.gov/ Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943
Alaska - Medicaid Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-8529	Florida - Medicaid Website: https://www.flmedicaidptrecovery.com/ Phone: 1-877-357-3268
Arizona - CHIP Website: http://www.azahccs.gov/applicants Phone (Outside Maricopa Cty): 1-877-764-5437 Phone (Maricopa Cty): 602-417-5437	Georgia - Medicaid Website: http://dch.georgia.gov/ Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150
	Idaho - Medicaid and CHIP Medicaid Website: www.accesstohealthinsurance.idaho.gov Medicaid Phone: 1-800-926-2588 CHIP Website: www.medicaid.idaho.gov CHIP Phone: 1-800-926-2588

Indiana - Medicaid Website: http://www.in.gov/fssa/ Phone: 1-800-889-9949	North Carolina - Medicaid Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
Iowa - Medicaid Website: http://www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	North Dakota - Medicaid Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604
Kansas - Medicaid Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884	Oklahoma - Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
Kentucky - Medicaid Website: http://chfs.ky.gov/dlms/default.htm Phone: 1-800-635-2570	Oregon - Medicaid and CHIP www.oregonhealthykids.gov www.hijossaludablesoregon.gov Phone: 1-877-314-5678
Louisiana - Medicaid Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-695-2447	Pennsylvania - Medicaid Website: http://www.dpw.state.pa.us/hipp Phone: 1-800-692-7462
Maine - Medicaid Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-977-6740 TTY 1-800-977-6741	Rhode Island - Medicaid Website: www.ohhs.ri.gov Phone: 401-462-5300
Massachusetts - Medicaid and CHIP Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	South Carolina - Medicaid Website: http://www.scdhhs.gov Phone: 1-888-549-0820
Minnesota - Medicaid Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone: 1-800-657-3629	South Dakota - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059
Missouri - Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Texas - Medicaid Website: http://www.gethipptexas.com/ Phone: 1-800-440-0493
Montana - Medicaid Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Phone: 1-800-694-3084	Utah - Medicaid and CHIP Website: http://health.utah.gov/upp Phone: 1-866-435-7414
Nebraska - Medicaid Website: www.ACCESSNebraska.ne.gov Phone: 1-877-383-4278	Vermont - Medicaid Website: http://www.greenmountaincare.org/ Telephone: 1-800-250-8427
Nevada - Medicaid Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Virginia - Medicaid and CHIP Medicaid Website: http://www.dmas.virginia.gov/rchip-HIPP.htm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org/ CHIP Phone: 1-866-873-2647
New Hampshire - Medicaid Website: www.dhhs.nh.gov/oii/documents/hipapp.pdf Phone: 603-271-5218	Washington - Medicaid Website: http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtml Phone: 1-800-562-3022 ext. 15473
New Jersey - Medicaid and CHIP Medicaid Website: http://www.state.nj.us/humanresources/dmhs/clients/medicaid/ Medicaid Phone: 1-800-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	West Virginia - Medicaid Website: http://dhhr.wv.gov/bms/ Phone: 1-877-598-5820, HMS Third Party Liability
	Wisconsin - Medicaid Website: http://www.badgercareplus.org/pubs/p10095.htm Phone: 1-800-362-3002
	Wyoming - Medicaid Website: http://www.health.wyo.gov/healthcarefin/equalitycare Telephone: 307-777-7531
New York - Medicaid Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831	

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323 Ext. 61565

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