

- your Employer's usual place of business;
- an alternative work site at the direction of your Employer, including your home; or
- a location to which your job requires travel

You will also be considered "actively employed" (i) while you are on an approved paid sabbatical or administrative leave from your Employer, (ii) during academic breaks, breaks between semesters or "closure" periods during which no meals are served or interim periods between seasonal jobs, or (iii) while you otherwise remain eligible for benefits in the records of Human Resources.

**BI-WEEKLY BENEFIT** means the total benefit amount an Eligible Employee is eligible for under the Plan subject to the maximum benefit.

**BI-WEEKLY EARNINGS** generally means your gross stated salary from your Employer just prior to your disability as defined in this booklet. If your gross stated salary is increased by the Employer during your period of disability, your Bi-Weekly Earnings will be adjusted to reflect the salary increase.

**BI-WEEKLY PAYMENT** means your payment after any Deductible Sources of Income have been subtracted from your gross disability payment.

**DEDUCTIBLE SOURCES OF INCOME** means income from deductible sources listed in the Plan which you receive or are entitled to receive while you are disabled. This income will be subtracted from your gross disability payment.

**DISABILITY EARNINGS** means the earnings which you receive while you are disabled and working, plus the earnings you could reasonably be expected to receive if you were working to your maximum capacity.

**ELIMINATION PERIOD** means a period of continuous disability which must be satisfied before you are eligible to receive benefits from UNUM.

**EMPLOYEE** means a person who is in active employment on the United States payroll with his or her Employer. Temporary, seasonal, and on-call workers are excluded from the coverage.

**GROSS DISABILITY PAYMENT** means the benefit amount before the Plan subtracts Deductible Sources of Income and Disability Earnings.

**HOSPITAL OR INSTITUTION** means a facility licensed to provide medical care and treatment for the condition causing your disability.

**INJURY** means a bodily injury that is the result of an accident.

**LAW, PLAN OR ACT** means the original enactments of any law, Plan or act and all amendments.

**LEAVE OF ABSENCE** means you are temporarily absent from active employment for a period of time that has been agreed to in advance in writing by your Employer. Your normal vacation time or any period of disability is not considered a temporary leave of absence.

**LIMITED** means what you cannot or are unable to do.

**MATERIAL AND SUBSTANTIAL DUTIES** means those duties that:

- are normally required for the performance of your regular occupation; and
- cannot be reasonably omitted or modified, except that if you are required to work on average in excess of 40 hours per week, the Plan will consider you able to perform that requirement if you are working or have the capacity to work 40 hours per week.

**MAXIMUM CAPACITY** means, based on your restrictions and limitations, the greatest extent of work you are able to do in your regular occupation that is reasonably available.

**MAXIMUM PERIOD OF PAYMENT** means the longest period of time the Plan will make payments to you for any one period of disability.

**OCCUPATIONAL SICKNESS OR INJURY** means a Sickness or Injury that was caused by or aggravated by any employment for pay or profit.

**PART-TIME BASIS** means the ability to work and earn between 20% and 80% of your Bi-Weekly Earnings.

**PAYABLE CLAIM** means a claim for which the Plan is liable.

**PHYSICIAN** means:

- a person performing tasks that are within the limits of his or her medical license; and
- a person who is licensed to practice medicine and prescribe and administer drugs or to perform surgery; or
- a person with a doctoral degree in Psychology (Ph.D. or Psy.D.) whose primary practice is treating patients; or
- a person who is a legally qualified medical practitioner according to the laws and regulations of the governing jurisdiction.

You, or your spouse, children, parents or siblings will not be considered as a physician for a claim that you send to the Plan.

**REGULAR CARE** means:

- you personally visit a physician as frequently as is medically required, according to generally accepted medical standards, to effectively manage and treat your disabling condition(s); and

- you are receiving the most appropriate treatment and care, which conforms with generally accepted medical standards, for your disabling condition(s) by a physician whose specialty or experience is the most appropriate for your disabling condition(s).

**REGULAR OCCUPATION** means the occupation you are routinely performing when your disability begins.

**SALARY CONTINUATION OR ACCUMULATED SICK LEAVE** means continued payments to you by the Employer of all or part of your Bi-Weekly earnings, after you become disabled as defined by the Plan. Salary continuation or accumulated sick leave does not include compensation paid to you by your Employer for work you actually perform after your disability begins. Such compensation is considered disability earnings and would be taken into account in calculating your Bi-Weekly payment.

**SICKNESS** means an illness or disease. Disability must begin while you are covered under the Plan.

**UNUM** means the organization engaged to provide certain administrative claims handling services for the short-term disability insurance benefits under this Plan.

**WAITING PERIOD** means the continuous period of time (shown in the Summary of Benefits) that you must be in active employment as an Eligible Employee before you are eligible for short-term disability insurance benefits under the Plan.

**YOU** means a person who is eligible for short-term disability insurance benefits under the Plan.

## APPENDIX K

### EMPLOYEE AND FAMILY ASSISTANCE PROGRAM

#### INTRODUCTION

The Middlebury Employee and Family Assistance Program (“EFAP”) is designed to assist individuals in accessing professional help for personal issues that may be concerning the individual or affecting his/her work.

#### ELIGIBILITY REQUIREMENTS

The EFAP is available free of charge for ALL active Employees, their Dependents, *and others residing in the Employee’s home*. In addition, student employees of MIIS are eligible for the EFAP. (Employees whose primary relationship with the Employer is that of Middlebury students are not eligible for this benefit.)

#### EMPLOYEE AND FAMILY ASSISTANCE PROGRAM BENEFITS

Middlebury has a contract with New Directions to provide benefits, and such benefits are only available through New Directions. Licensed clinicians are available 24/7 to assist with a variety of concerns including, but not limited to: stress, relationships, mood, anxiety, grief and substance abuse. In addition, work life specialists provide resources, referrals and concierge services.

- New Directions by phone: 800-828-6025
- Up to six free face-to-face counseling sessions per person, per issue, each year, except where prohibited by state law, or deemed as inappropriate for EFAP short-term solution focused counseling.
- New Directions Website - A comprehensive source for current articles, tip sheets, webinars, videos, tax and financial calculators, wellness assessments, quick reference links, and live chat feature for WorkLife services:
  - www.ndbh.com
  - Username: middlebury college
  - Password: guest
- Child and Elder Care Referrals: Qualified searches and referrals for prenatal, adoption, child care, parenting, summer care, mature transitions, share care, special needs, at risk/high-risk adolescents, academic services (primary and secondary), academic services (colleges and universities), emergency/temporary care (child and adult options), grandparents as parents, adult care, disaster relief, and personal services.
- Unlimited Resource and Referral and concierge services by work life specialists for a wide range of needs including, but not limited to pet care, financial assistance, housing, transportation, community supports and daily living needs.
- Legal Consultations: Free phone consultations and additional discounted services.
- Financial Consults: Information about financial planning and investments.

**APPENDIX L-1**

**VISION BENEFITS PLAN OPTION 1:**

**ENHANCED**

# Group Vision Care Policy



Vision Care for Life

**Group Name:** PRESIDENT AND FELLOWS OF MIDDLEBURY COLLEGE  
**Group Number:** 30022396  
**Effective Date:** JANUARY 1, 2020

## Evidence of Coverage

Provided by:

**VISION SERVICE PLAN INSURANCE COMPANY**  
3333 Quality Drive, Rancho Cordova, CA 95670  
(916) 851-5000 (800) 877-7195

NAME OF EMPLOYER: Middlebury  
NAME OF PLAN: Enhanced Plan  
PRINCIPAL ADDRESS: Middlebury, VT

This form is a summary of the Policy provisions and is presented as a matter of general information only. It is not a substitute for the provisions of the Policy itself. A copy of the Policy will be furnished on request.

**DEFINITIONS:**

**ADDITIONAL BENEFIT RIDER** The document attached to this Evidence of Coverage, when purchased by Group, which lists selected vision care services and vision care materials that a Covered Person is entitled to receive by virtue of the Policy.

**ANISOMETROPIA** A condition of unequal refractive state for the two eyes, one eye requiring a different lens correction than the other.

**BENEFIT AUTHORIZATION** Authorization issued by the Company identifying the individual named as an Insured of the Company, and identifying those Plan Benefits to which an Insured is entitled.

**COPAYMENTS** Any amounts required to be paid by or on behalf of an Insured for Plan Benefits that are not fully covered.

**ELIGIBLE DEPENDENT** Any legal dependent of an Enrollee of Group who meets the criteria for eligibility established by Group and approved by the Company under section VI. ELIGIBILITY FOR COVERAGE of the Group Policy document maintained by your Group Administrator under which such Enrollee is covered.

**EMERGENCY CONDITION** A condition, with sudden onset and acute symptoms, that requires the Insured to obtain immediate medical care, or an unforeseen occurrence requiring immediate, non-medical action.

**ENROLLEE** An employee or member of Group who meets the criteria for eligibility specified under section VI. ELIGIBILITY FOR COVERAGE of the Group Policy document maintained by your Group Administrator.

**EXPERIMENTAL NATURE** Procedure or lens that is not used universally or accepted by the vision care profession.

**GROUP** An employer or other entity which contracts with the Company for coverage under this Policy in order to provide vision care coverage to its Enrollees and their Eligible Dependents.

**INSURED** An Enrollee or Eligible Dependent who meets the Company's eligibility coverage under this Policy in order to provide vision care coverage to its Enrollees and their Eligible Dependents.

**MEMBER DOCTOR** An optometrist or ophthalmologist licensed and otherwise qualified to practice vision care and/or provide vision care materials who has contracted with the Company to provide vision care services and/or vision care materials on behalf of Insureds of the Company.

<b>NON-MEMBER PROVIDER</b>	Any optometrist, optician, ophthalmologist, or other licensed and qualified vision care provider who has not contracted with the Company to provide vision care services and/or vision care materials to Insureds of the Company.
<b>PLAN BENEFITS</b>	The vision care services and vision care materials which an Insured is entitled to receive by virtue of coverage under this Policy, as defined on the enclosed insert or in the Schedule of Benefits attached as Exhibit A to the Group Policy document maintained by your Group Administrator.
<b>PREMIUMS</b>	The payments made to the Company by or on behalf of an Insured to entitle him/her to Plan Benefits, as stated in the Schedule of Premiums attached as Exhibit B to the Group Policy document maintained by your Group Administrator.
<b>RENEWAL DATE</b>	The date on which this Policy shall renew or terminate if proper notice is given.
<b>SCHEDULE OF BENEFITS</b>	The document, attached as Exhibit A to the Group Policy document maintained by your Group Administrator, which lists the vision care services and vision care materials which an Insured is entitled to receive by virtue of this Policy.
<b>SCHEDULE OF PREMIUMS</b>	The document, attached as Exhibit B to the Group Policy document maintained by your Group Administrator, which states the payments to be made to the Company by or on behalf of an Insured to entitle him/her to Plan Benefits.

**BENEFITS AND COVERAGES**

**IMPORTANT: The benefits described below are typical services and materials available under most VSP plans. However, the actual Plan Benefits provided to you by your Group may be different. Refer to the attached Schedule of Benefits and/or Disclosure to determine your specific Plan Benefits.**

1. Eye Examination: A complete initial vision analysis which includes an appropriate examination of visual functions, including the prescription of corrective eyewear where indicated.
2. Lenses: The Member Doctor will order the proper lenses necessary for your visual welfare. The doctor shall verify the accuracy of the finished lenses.
3. Frames: The Member Doctor will assist in the selection of frames, properly fit and adjust the frames, and provide subsequent adjustments to frames to maintain comfort and efficiency.
4. Contact lenses: Necessary Contact Lenses are a Plan Benefit when specific benefit criteria are satisfied and when prescribed by Covered Person's Member Doctor or Non-Member Provider. Prior review and approval by VSP are not required for Covered Person to be eligible for Necessary Contact Lenses..

Elective or Necessary contact lenses are available in lieu of spectacle lenses and frames for the current eligibility as indicated on the enclosed insert.



## EXCLUSIONS AND LIMITATIONS OF BENEFITS

Some brands of spectacle frames may be unavailable for purchase as Plan Benefits, or may be subject to additional limitations. Covered Persons may obtain details regarding frame brand availability from their VSP Member Doctor or by calling VSP's Customer Care Division at (800) 877-7195.

This vision service plan is designed to cover visual needs rather than cosmetic materials. If you select any of the following extras, the Plan will pay the basic cost of the allowed lenses or frames, and you will be responsible for the additional cost for the options, unless the extra is defined in the Schedule of Benefits attached as Exhibit A to the Group Policy document maintained by your Group Administrator.

- Optional cosmetic processes.
- Anti-reflective coating.
- Color coating.
- Mirror coating.
- Scratch coating.
- Blended lenses.
- Cosmetic lenses.
- Laminated lenses.
- Oversize lenses.
- Polycarbonate lenses.
- Photochromic lenses, tinted lenses except Pink #1 and Pink #2.
- Progressive multifocal lenses.
- UV (ultraviolet) protected lenses.
- Certain limitations on low vision care.

Although a low vision benefit is available to Insureds diagnosed as having severe visual problems (i.e., partial sight), it is subject to limitations. Consult your Member Doctor or Benefits Representative for details. **There is no benefit for professional services or materials connected with:**

1. Orthoptics or vision training and any associated supplemental testing; plano lenses (less than  $\pm 5.0$  diopter power); or two pair of glasses in lieu of bifocals.
2. Replacement of lenses and frames furnished under this Plan which are lost or broken except at the normal intervals when services are otherwise available.
3. Medical or surgical treatment of the eyes.
4. Any eye examination, or any corrective eye wear, required by an employer as a condition of employment.
5. Corrective vision treatment of an experimental nature such as, but not limited to, RK and PRK Surgery.

**ELIGIBILITY FOR COVERAGE**

Enrollees: To be eligible for coverage, a person must currently be an employee or member of the Group, and meet the criteria established in the coverage criteria mutually agreed upon by Group and the Company.

Eligible Dependents: If dependent coverage is provided, the persons eligible for coverage as dependents shall include the legal spouse of any Enrollee, and any child of an Enrollee, including any natural child from the moment of birth, legally adopted child from the moment of placement in the residence of the Enrollee, or other child for whom a court or administrative agency holds the Enrollee responsible from the moment of birth who has not obtained the limiting age as shown on the enclosed insert page.

A dependent, unmarried child over the limiting age may continue to be eligible as a dependent if the child is incapable of self-sustaining employment because of mental or physical disability, and chiefly dependent upon the enrollee for support and maintenance.

**PREMIUMS**

The Group is responsible for payments to the Company of the periodic charges for your coverage. You will be notified of your share of the charges, if any, by your Group. The entire cost of the program is paid to the Company by the Group.

**COPAYMENT**

The benefits described herein are available to you from any participating Member Doctor, provided you follow the proper procedures by obtaining Benefit Authorization. THERE MAY BE A COPAYMENT AMOUNT PAYABLE BY YOU TO THE MEMBER DOCTOR AT THE TIME OF THE EXAMINATION. ANY ADDITIONAL CARE, SERVICE AND/OR MATERIALS NOT COVERED BY THIS PLAN MAY BE ARRANGED BETWEEN YOU AND THE DOCTOR.

**CHOICE OF PROVIDERS**

Vision care services and vision care materials may be received from any licensed optometrist, ophthalmologist, or dispensing optician, whether Member Doctors or Non-Member Providers. If you elect to receive vision care services from one of the Member Doctors, covered services are provided at no out-of-pocket cost (unless the plan contains a Copayment).

When vision care services are received from a Non-Member Provider, you will be reimbursed for such benefits according to the schedule shown on the enclosed insert, less any applicable Copayment.

**BENEFIT AUTHORIZATION PROCESS**

The Company authorizes Plan Benefits according to the latest eligibility information furnished to the Company by Insured's Group and the level of coverage (i.e. service frequencies, covered materials, reimbursement amounts, limitations, and exclusions) purchased for Insured by Group under this Plan. When Insured requests services under this Plan, Insured's prior utilization of Plan Benefits will be reviewed by the Company to determine if Insured is eligible for new services based upon Insured's Plan's level of coverage. Please refer to the attached Schedule of Benefits for a summary of the level of coverage provided to Insured by Group.

## **PROCEDURE FOR USING THE PLAN**

1. When you desire to receive Plan Benefits from a Member Doctor, contact the Company or the Member Doctor. If you are eligible, the Company will provide Benefit Authorization to you or the Member Doctor.
2. When such authorization is received and services are performed prior to the expiration date of the authorization, this will constitute a claim against the Plan in spite of your termination of coverage or the termination of the Plan. Should you receive services from a Member Doctor without such authorization or obtain services from a provider who is not a Member Doctor, you are responsible for payment in full to the provider.
3. A list of Member Doctors in your geographic location can be obtained from your Group or Plan Administrator. This list contains the names, addresses, and telephone numbers of the Member Doctors. If this list does not cover the geographic area in which you desire to seek services, you may call or write the Company office nearest you to obtain one that does.
4. You pay only the Copayment (if any) to the doctor for the services covered by the Plan. The Company will pay the Member Doctor directly according to its agreement with the doctor.
5. In emergency conditions, when immediate vision care of a medical nature, such as for bodily trauma or disease is necessary, Insured can obtain covered services by contacting a Member Doctor (or Out-of-Network Provider - if the attached Schedule of Benefits indicates that Insured's Plan includes such coverage). No prior approval from the Company is required for Insured to obtain vision care for Emergency Conditions of a medical nature. However, services for medical conditions, including emergencies, are covered by the Company only under the Acute EyeCare and Primary EyeCare Plans. If coverage for one of these plans is not indicated on the attached Schedule of Benefits or Addendum, Insured is not covered by the Company for medical services and should contact a physician under Insured's medical insurance plan for care. For emergency conditions of a non-medical nature, such as lost, broken or stolen glasses, the Insured should contact the Company's Customer Service Department for assistance. Emergency vision care is subject to the same benefit frequencies, plan allowances, Copayments and exclusions stated herein. Reimbursement to Member Doctors will be made in accordance with their agreement with the Company.

## **LIABILITY IN EVENT OF NON-PAYMENT**

IN THE EVENT COMPANY FAILS TO PAY THE PROVIDER, YOU SHALL NOT BE LIABLE TO THE PROVIDER FOR ANY SUMS OWED BY THE VISION POLICY OTHER THAN THOSE NOT COVERED BY THE POLICY.

## **INDIVIDUAL CONTINUATION OF BENEFITS**

This program is available to groups of a minimum of ten (10) employees and is, therefore, not available on an individual basis. When a Group terminates its coverage, individual coverage is not available for Enrollees who may desire to retain same.

## **TERMINATION OF BENEFITS**

Terms and cancellation conditions of your vision care plan are shown on the enclosed insert. If service is being rendered to you as of the termination date of the Policy, such service shall be continued to completion, but in no event beyond six (6) months after the termination date of the Policy.

## **COMPLAINTS AND GRIEVANCES**

If Insured ever has a question or problem, Insured's first step is to call the Company's Customer Service Department. The Customer Service Department will make every effort to answer Insured's question and/or resolve the matter informally. If a matter is not initially resolved to the satisfaction of Insured, the Insured may communicate a complaint or grievance to the Company, orally or in writing, by using the complaint form that may be obtained upon request from the Customer Service Department. Complaints and grievances include disagreements regarding access to care, or the quality of care, treatment or service. Insureds also have the right to submit written comments or supporting documentation concerning a complaint or grievance to assist in the Company's review. The Company will resolve the complaint or grievance within thirty (30) days after receipt, unless special circumstances require an extension of time. In that case, resolution shall be achieved as soon as possible, but no later than one hundred twenty (120) days after the Company's receipt of the complaint or grievance. If the Company determines that resolution cannot be achieved within thirty (30) days, a letter will be sent to the Insured to indicate the Company's expected resolution date. Upon final resolution, the Insured will be notified of the outcome in writing.

### **Claim Payments and Denials**

**A. Initial Determination:** The Company will pay or deny claims within thirty (30) calendar days of the receipt of the claim from the Insured or Insured's authorized representative. In the event that a claim cannot be resolved within the time indicated, the Company may, if necessary, extend the time for decision by no more than fifteen (15) calendar days.

**B. Request for Appeals:** If the Insured's claim for benefits is denied by the Company in whole or in part, the Company will notify the Insured in writing of the reason or reasons for the denial. Within one hundred eighty (180) days after receipt of such notice of denial of a claim, Insured may make a verbal or written request to the Company for a full review of such denial. The request should contain sufficient information to identify the Insured for whom a claim for benefits was denied, including the name of the Enrollee, Member Identification Number of the Enrollee, the Insured's name and date of birth, the name of the provider of services and the claim number. The Insured may state the reasons the Insured believes that the claim denial was in error. The Insured may also provide any pertinent documents to be reviewed. The Company will review the claim and give Insured the opportunity to review pertinent documents, submit any statements, documents, or written arguments in support of the claim, and appear personally to present materials or arguments. Insured or Insured's authorized representative should submit all requests for appeals to:

**VSP  
Member Appeals  
3333 Quality Drive  
Rancho Cordova, CA 95670  
(800) 877-7195**

The Company's determination, including specific reasons for the decision, shall be provided and communicated to the Insured within thirty (30) calendar days after receipt of a request for appeal from the Insured or Insured's authorized representative.

If Insured disagrees with the Company's determination, he/she may request a second level appeal within sixty (60) calendar days from the date of the determination. The Company shall resolve any second level appeal within thirty (30) calendar days.

When Insured has completed all appeals mandated by the Employee Retirement Income Security Act of 1974 ("ERISA"), additional voluntary alternative dispute resolution options may be available, including mediation and arbitration. Insured should contact the U. S. Department of Labor or the State insurance regulatory agency for details. Additionally, under ERISA (Section 502(a)(1)(B)) [29 U.S.C. 1132(a)(1)(B)], Insured has the right to bring a civil (court) action when all available levels of reviews of denied claims, including the appeal process, have been completed, the claims were not approved in whole or in part, and Insured disagrees with the outcome.

## **OTHER FACTS YOU SHOULD KNOW ABOUT THE PLAN**

As a participant in the Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all Plan participants shall be entitled to:

- Examine, without charge, at the Plan Administrator's office, all Plan documents such as detailed annual reports and Plan descriptions, including insurance contracts, and copies of all documents filed by the Plan with the U.S. Department of Labor or the Internal Revenue Service.
- Obtain copies of all Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit Plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries. No one, including your employer, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA. If your claim for a benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to have the Plan reviewed and your claim reconsidered. Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials from the Plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent to you because of reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and fees. If you lose, the court may order you to pay these costs and fees if, for example, it finds your claim frivolous. If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or your rights under ERISA, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue NW, Washington, DC 20210.

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires that, under certain circumstances, health plan benefits available to an eligible Enrollee and his or her Eligible Dependents be made available for purchase by said persons upon the occurrence of a COBRA-qualifying event. If, and only to the extent COBRA applies, VSP shall make the statutorily-required continuation coverage available for purchase in accordance with COBRA.

The Plan Administrator and the employer are subject to numerous obligations in connection with continuation coverage, including an obligation to notify eligible participants and their dependents of the existence of said continuation coverage. In this regard, the U.S. Department of Labor has issued ERISA Technical Release No. 86-2 dated June 26, 1986, setting forth a Model Statement of the required notice. Providing said notice by first class mail to each covered employee and his or her spouse, if any, at their last known address will constitute a good faith effort at compliance of the notice requirement in the absence of promulgated COBRA regulations.

VISION SERVICE PLAN INSURANCE COMPANY  
3333 Quality Drive  
Rancho Cordova, CA 95670

Group Name: PRESIDENT AND FELLOWS OF MIDDLEBURY COLLEGE

Plan Number: 30022396

Effective Date: JANUARY 1, 2020

Plan Term: FORTY-EIGHT (48) MONTHS

VISION CARE PLAN  
DISCLOSURE FORM AND EVIDENCE OF COVERAGE

**PLAN ADMINISTRATOR:** Middlebury College  
(Name)  
84 Service Rd  
(Address)  
Middlebury, VT 05753-6012  
(City, State, Zip)

**MONTHLY PREMIUM:** YOUR GROUP IS RESPONSIBLE FOR PAYMENT TO VISION SERVICE PLAN OF THE PERIODIC CHARGES FOR YOUR COVERAGE. YOU WILL BE NOTIFIED OF YOUR SHARE OF THE CHARGES, IF ANY, BY YOUR GROUP.

**ELIGIBILITY:** ENROLLEES & ELIGIBLE DEPENDENTS: DEPENDENT CHILDREN ARE COVERED TO THE END OF THE MONTH IN WHICH THEY TURN AGE 26. THE WAITING PERIOD IS THE SAME AS YOUR OTHER HEALTH BENEFITS.

**PLAN AND SCHEDULE:** **SIGNATURE PLAN Buy up Plan**

**EXAMINATION:** ONCE EVERY PLAN YEAR\*  
**LENSES:** ONCE EVERY PLAN YEAR\*  
**FRAMES:** ONCE EVERY PLAN YEAR\*

\*PLAN YEAR BEGINS JANUARY 1ST.

**TERM, TERMINATION AND RENEWAL:** AFTER THE POLICY TERM, THIS POLICY WILL CONTINUE ON A MONTH TO MONTH BASIS OR UNTIL TERMINATED BY EITHER PARTY GIVING THE OTHER SIXTY (60) DAYS PRIOR WRITTEN NOTICE.

**TYPE OF ADMINISTRATION:** BENEFITS ARE FURNISHED UNDER A VISION CARE PLAN PURCHASED BY THE GROUP AND PROVIDED BY VISION SERVICE PLAN (VSP) UNDER WHICH VSP IS FINANCIALLY RESPONSIBLE FOR THE PAYMENT OF CLAIMS.

**VSP'S ADDRESS IS:** VISION SERVICE PLAN  
3333 QUALITY DRIVE  
RANCHO CORDOVA, CA 95670

## SCHEDULE OF BENEFITS

### GENERAL

This Schedule and any Additional Benefit Rider(s), when purchased by Group, attached hereto list the vision care services and vision care materials to which Insureds of the Company are entitled, subject to any Copayments and other conditions, limitations and/or exclusions stated herein. Vision care services and vision care materials may be received from any licensed optometrist, ophthalmologist, or dispensing optician, whether Member Doctors or Non-Member Providers.

When Plan Benefits are received from Member Doctors, benefits appearing in the first column below are applicable subject to any Copayment(s) as stated below. When Plan Benefits are received from Non-Member Providers, you are reimbursed for such benefits according to the schedule in the second column below less any applicable Copayment.

<u>PLAN BENEFITS</u>	<u>MEMBER DOCTOR BENEFIT</u>	<u>NON-MEMBER PROVIDER BENEFIT</u>
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### VISION CARE SERVICES

Vision Examination	Covered in Full*	Up to \$ 50.00*
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### VISION CARE MATERIALS

Lenses		
Single Vision	Covered in Full*	Up to \$ 50.00*
Bifocal	Covered in Full*	Up to \$ 75.00*
Trifocal	Covered in Full*	Up to \$ 100.00*
Lenticular	Covered in Full*	Up to \$ 125.00*

Polycarbonate lenses are covered in full for dependent children up to the end of the month in which they turn age 26  
Standard Progressive Lenses covered in full

Frames	Covered up to Plan Allowance*	Up to \$ 70.00*
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Frame allowance may be applied towards non-prescription sunglasses for post PRK, LASIK, or Custom LASIK patients.

### CONTACT LENSES

Necessary		
Professional Fees and Materials	Covered in Full*	Up to \$ 210.00*

Elective	Materials	Professional Fees and Materials
	Up to \$ 200.00	Up to \$ 105.00
	Elective Contact Lens fitting and evaluation** services are covered in full once every plan year, after a maximum \$60.00 Copayment.	

Necessary Contact Lenses are a Plan Benefit when specific benefit criteria are satisfied and when prescribed by Covered Person's Member Doctor or Non-Member Provider. Prior review and approval by VSP are not required for Covered Person to be eligible for Necessary Contact Lenses.

**\*Subject to Copayment, if any.**

**\*\*15% discount applies to Member Doctor's usual and customary professional fees for contact lens evaluation and fitting.**

### COPAYMENT

A Copayment amount of \$15.00 shall be payable by the Insured to the Member Doctor or Non-Member Doctor at the time services are rendered.

**LOW VISION**

*Professional services for severe visual problems not corrected with regular lenses, including:*

<i>Supplemental Testing (includes evaluation, diagnosis and prescription of vision aids where indicated)</i>	<i>Covered in Full</i>	<i>Up to \$125.00</i>
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<i>Supplemental Aids</i>	<i>75% of cost</i>	<i>75% of cost</i>
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*Maximum allowable for all Low Vision benefits of \$1000.00 every two (2) years.*

**THIS EVIDENCE OF COVERAGE CONSTITUTES ONLY A SUMMARY OF THE VISION PLAN. THE VISION PLAN DOCUMENT MUST BE CONSULTED TO DETERMINE THE EXACT TERMS AND CONDITIONS OF COVERAGE.**



## **ADDENDUM**

### **VISION SERVICE PLAN INSURANCE COMPANY ADDITIONAL BENEFIT RIDER DIABETIC EYECARE PLUS PROGRAM**

#### **GENERAL**

This Rider lists additional vision care benefits to which Insureds of VISION SERVICE PLAN INSURANCE COMPANY are entitled, subject to any applicable Copayments and other conditions, limitations and/or exclusions stated herein or in the Schedule of Benefits with which it is associated. Plan Benefits under the Diabetic Eyecare Program are available to Insureds who have been diagnosed with type 1 or type 2 diabetes and specific ophthalmological conditions. This Rider forms a part of the plan or Evidence of Coverage to which it is attached.

#### **ELIGIBILITY**

The following are Covered Persons under this POLICY, pursuant to eligibility criteria established by Client:

- Enrollee.
- The legal spouse of Enrollee.
- The domestic partner of the same or opposite gender as Enrollee including their dependent children, pursuant to Group's eligibility.
- Any child of an Enrollee, including any natural child from the date of birth, legally adopted child from the date of placement for adoption with the Enrollee, or other child for whom a court holds the Enrollee responsible.

Dependent children are covered up to the end of the month in which they attain the age of 26 years.

A dependent, unmarried child over the limiting age may continue to be eligible as a dependent if the child is incapable of self-sustaining employment because of mental or physical disability, and chiefly dependent upon Enrollee for support and maintenance.

## **PROGRAM DESCRIPTION**

The Diabetic Eyecare Plus Program ("DEP Plus") is intended to be a supplement to Insureds group medical plan. Providers will first submit a claim to Insureds group medical insurance plan, and then to VSP. Any amounts not paid by the medical plan will be considered for payment by VSP. (This is referred to as "Coordination of Benefits" or "COB." Please refer to the Coordination of Benefits section of Covered Person's Evidence of Coverage for additional information regarding COB.) If Insured does not have a group medical plan, providers will submit claims directly to VSP.

Examples of symptoms which may result in an Insured seeking services under DEP Plus may include, but are not limited to:

- blurry vision
- transient loss of vision
- trouble focusing
- "floating" spots

Examples of conditions which may require management under DEP Plus may include, but are not limited to:

- diabetic retinopathy
- diabetic macular edema
- rubeosis

## **REFERRALS**

If Insureds Member Doctor cannot provide Covered Services, the doctor will refer the Insured to another Member Doctor or to a physician whose offices provide the necessary services.

If the Insured requires services beyond the scope of DEP Plus, the Member Doctor will refer the Insured to a physician.

Referrals are intended to insure that Insured receive the appropriate level of care for their presenting condition. Insureds do not require a referral from a Member Doctor in order to obtain Plan Benefits.

**PLAN BENEFITS  
MEMBER DOCTORS**

**COVERED SERVICES**

**Eye Examination:** Covered in full after a Copayment of \$20.00.

**Special Ophthalmological Services:** Covered in Full.

**EXCLUSIONS AND LIMITATIONS OF BENEFITS**

The Diabetic Eyecare Plus Program provides coverage for limited, vision-related medical services. A current list of these procedures will be made available to Insured upon request. The frequency at which these services may be provided is dependent upon the specific service and the diagnosis associated with such service.

**NOT COVERED**

1. Services and/or materials not specifically included in this Rider as Plan Benefits.
2. Frames, lenses, contact lenses or any other ophthalmic materials.
3. Orthoptics or vision training and any associated supplemental testing.
4. Surgery of any type, and any pre- or post-operative services.
5. Treatment for any pathological conditions.
6. An eye exam required as a condition of employment.
7. Insulin or any medications or supplies of any type.
8. Local, state and/or federal taxes, except where VSP is required by law to pay.

**DIABETIC EYECARE PROGRAM DEFINITIONS**

Diabetes	A disease where the pancreas has a problem either making, or making and using, insulin.
Type 1 Diabetes	A disease in which the pancreas stops making insulin.
Type 2 Diabetes	A disease in which the pancreas either makes too little insulin or cannot properly use the insulin it makes to convert blood glucose to energy.
Diabetic Retinopathy	A weakening in the small blood vessels at the back of the eye.
Rubeosis	Abnormal blood vessel growth on the iris and the structures in the front of the eye.
Diabetic Macular Edema	Swelling of the retina in diabetes mellitus due to leaking of fluid from blood vessels within the macula.

## ADDENDUM

### EVIDENCE OF COVERAGE & DISCLOSURE FORM

Please note the following revisions to your Evidence of Coverage and Disclosure Form. Keep this document with your Evidence of Coverage and Disclosure Form for a complete and accurate description of your benefits.

1. The following provision is added to the section titled **DEPENDENT ELIGIBILITY**:

Domestic Partners: Domestic partners of the same or opposite gender as the Enrollee shall be covered pursuant to the Group's eligibility rules which are applicable to the Group's general medical benefits. The domestic partner's dependent children are also covered provided they depend upon the Enrollee for support and maintenance.

**Summary of Benefits and Coverage**

**SIGNATURE PLAN**

**Buy up Plan**

**Prepared for:** PRESIDENT AND FELLOWS OF MIDDLEBURY COLLEGE  
**Group ID:** 30022396  
**Effective Date:** JANUARY 1, 2020

The Affordable Care Act requires that health insurance companies and group health plans provide consumers with a simple and consistent benefit and coverage information document, beginning September 23, 2012. This document is a Summary of Benefits and Coverage (SBC).

The grid below is being provided for your convenience and mirrors the sample SBC that the U.S. Department of Labor has published. All the information provided is relative to your plan and described in detail in the preceding Evidence of Coverage.

Common Medical Event	Services You May Need	Your cost if you use an		Limitations and Exceptions
		In-Network Provider	Out-of-Network Provider	
If you or your dependents (if applicable) need eyecare	Eye Exam	*	Reimbursed up to \$50.00	Exam covered in full every 12 months**
	Frames, Lenses or Contacts	* Up to \$60.00 copay for Contact Lens Exam	Frames reimbursed up to \$ 70.00 SV Lenses reimbursed up to \$ 50.00 Bi-Focal Lenses reimbursed up to \$ 75.00 Tri-Focal Lenses reimbursed up to \$100.00 Lenticular Lenses reimbursed up to \$125.00 ECL reimbursed up to \$105.00	Frames covered every 12 months** Lenses covered every 12 months**
	Fees	\$15.00 Copay		

\* Fees copay applies to first service used.

\*\* Beginning with the first day of the Benefit Period.

**Your Grievance and Appeals Rights:**

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact: 800-877-7195.

**APPENDIX L-2**

**VISION BENEFITS PLAN OPTION 2:**

**BASIC**

# Group Vision Care Policy



Vision Care for Life

**Group Name:** PRESIDENT AND FELLOWS OF MIDDLEBURY COLLEGE  
**Group Number:** 30022396  
**Effective Date:** JANUARY 1, 2020

## Evidence of Coverage

Provided by:

**VISION SERVICE PLAN INSURANCE COMPANY**  
3333 Quality Drive, Rancho Cordova, CA 95670  
(916) 851-5000 (800) 877-7195

NAME OF EMPLOYER: Middlebury College  
NAME OF PLAN: Base Vision Plan  
PRINCIPAL ADDRESS: Middlebury, VT  
PLAN ADMINISTRATOR: Middlebury College

This form is a summary of the Policy provisions and is presented as a matter of general information only. It is not a substitute for the provisions of the Policy itself. A copy of the Policy will be furnished on request.

**DEFINITIONS:**

<b>ADDITIONAL BENEFIT RIDER</b>	The document attached to this Evidence of Coverage, when purchased by Group, which lists selected vision care services and vision care materials that a Covered Person is entitled to receive by virtue of the Policy.
<b>ANISOMETROPIA</b>	A condition of unequal refractive state for the two eyes, one eye requiring a different lens correction than the other.
<b>BENEFIT AUTHORIZATION</b>	Authorization issued by the Company identifying the individual named as an Insured of the Company, and identifying those Plan Benefits to which an Insured is entitled.
<b>COPAYMENTS</b>	Any amounts required to be paid by or on behalf of an Insured for Plan Benefits that are not fully covered.
<b>ELIGIBLE DEPENDENT</b>	Any legal dependent of an Enrollee of Group who meets the criteria for eligibility established by Group and approved by the Company under section VI. ELIGIBILITY FOR COVERAGE of the Group Policy document maintained by your Group Administrator under which such Enrollee is covered.
<b>EMERGENCY CONDITION</b>	A condition, with sudden onset and acute symptoms, that requires the Insured to obtain immediate medical care, or an unforeseen occurrence requiring immediate, non-medical action.
<b>ENROLLEE</b>	An employee or member of Group who meets the criteria for eligibility specified under section VI. ELIGIBILITY FOR COVERAGE of the Group Policy document maintained by your Group Administrator.
<b>EXPERIMENTAL NATURE</b>	Procedure or lens that is not used universally or accepted by the vision care profession.
<b>GROUP</b>	An employer or other entity which contracts with the Company for coverage under this Policy in order to provide vision care coverage to its Enrollees and their Eligible Dependents.
<b>INSURED</b>	An Enrollee or Eligible Dependent who meets the Company's eligibility coverage under this Policy in order to provide vision care coverage to its Enrollees and their Eligible Dependents.
<b>MEMBER DOCTOR</b>	An optometrist or ophthalmologist licensed and otherwise qualified to practice vision care and/or provide vision care materials who has contracted with the Company to provide vision care services and/or vision care materials on behalf of Insureds of the Company.



<b>NON-MEMBER PROVIDER</b>	Any optometrist, optician, ophthalmologist, or other licensed and qualified vision care provider who has not contracted with the Company to provide vision care services and/or vision care materials to Insureds of the Company.
<b>PLAN BENEFITS</b>	The vision care services and vision care materials which an Insured is entitled to receive by virtue of coverage under this Policy, as defined on the enclosed insert or in the Schedule of Benefits attached as Exhibit A to the Group Policy document maintained by your Group Administrator.
<b>PREMIUMS</b>	The payments made to the Company by or on behalf of an Insured to entitle him/her to Plan Benefits, as stated in the Schedule of Premiums attached as Exhibit B to the Group Policy document maintained by your Group Administrator.
<b>RENEWAL DATE</b>	The date on which this Policy shall renew or terminate if proper notice is given.
<b>SCHEDULE OF BENEFITS</b>	The document, attached as Exhibit A to the Group Policy document maintained by your Group Administrator, which lists the vision care services and vision care materials which an Insured is entitled to receive by virtue of this Policy.
<b>SCHEDULE OF PREMIUMS</b>	The document, attached as Exhibit B to the Group Policy document maintained by your Group Administrator, which states the payments to be made to the Company by or on behalf of an Insured to entitle him/her to Plan Benefits.

**BENEFITS AND COVERAGES**

**IMPORTANT: The benefits described below are typical services and materials available under most VSP plans. However, the actual Plan Benefits provided to you by your Group may be different. Refer to the attached Schedule of Benefits and/or Disclosure to determine your specific Plan Benefits.**

1. Eye Examination: A complete initial vision analysis which includes an appropriate examination of visual functions, including the prescription of corrective eyewear where indicated.
2. Lenses: The Member Doctor will order the proper lenses necessary for your visual welfare. The doctor shall verify the accuracy of the finished lenses.
3. Frames: The Member Doctor will assist in the selection of frames, properly fit and adjust the frames, and provide subsequent adjustments to frames to maintain comfort and efficiency.
4. Contact lenses: Necessary Contact Lenses are a Plan Benefit when specific benefit criteria are satisfied and when prescribed by Covered Person's Member Doctor or Non-Member Provider. Prior review and approval by VSP are not required for Covered Person to be eligible for Necessary Contact Lenses..

Elective or Necessary contact lenses are available in lieu of spectacle lenses and frames for the current eligibility as indicated on the enclosed insert.

## EXCLUSIONS AND LIMITATIONS OF BENEFITS

Some brands of spectacle frames may be unavailable for purchase as Plan Benefits, or may be subject to additional limitations. Covered Persons may obtain details regarding frame brand availability from their VSP Member Doctor or by calling VSP's Customer Care Division at (800) 877-7195.

This vision service plan is designed to cover visual needs rather than cosmetic materials. If you select any of the following extras, the Plan will pay the basic cost of the allowed lenses or frames, and you will be responsible for the additional cost for the options, unless the extra is defined in the Schedule of Benefits attached as Exhibit A to the Group Policy document maintained by your Group Administrator.

- Optional cosmetic processes.
- Anti-reflective coating.
- Color coating.
- Mirror coating.
- Scratch coating.
- Blended lenses.
- Cosmetic lenses.
- Laminated lenses.
- Oversize lenses.
- Polycarbonate lenses.
- Photochromic lenses, tinted lenses except Pink #1 and Pink #2.
- Progressive multifocal lenses.
- UV (ultraviolet) protected lenses.
- Certain limitations on low vision care.

Although a low vision benefit is available to Insureds diagnosed as having severe visual problems (i.e., partial sight), it is subject to limitations. Consult your Member Doctor or Benefits Representative for details. **There is no benefit for professional services or materials connected with:**

1. Orthoptics or vision training and any associated supplemental testing; plano lenses (less than  $\pm .50$  diopter power); or two pair of glasses in lieu of bifocals.
2. Replacement of lenses and frames furnished under this Plan which are lost or broken except at the normal intervals when services are otherwise available.
3. Medical or surgical treatment of the eyes.
4. Any eye examination, or any corrective eye wear, required by an employer as a condition of employment.
5. Corrective vision treatment of an experimental nature such as, but not limited to, RK and PRK Surgery.

**ELIGIBILITY FOR COVERAGE**

Enrollees: To be eligible for coverage, a person must currently be an employee or member of the Group, and meet the criteria established in the coverage criteria mutually agreed upon by Group and the Company.

Eligible Dependents: If dependent coverage is provided, the persons eligible for coverage as dependents shall include the legal spouse of any Enrollee, and any child of an Enrollee, including any natural child from the moment of birth, legally adopted child from the moment of placement in the residence of the Enrollee, or other child for whom a court or administrative agency holds the Enrollee responsible from the moment of birth who has not obtained the limiting age as shown on the enclosed insert page.

A dependent, unmarried child over the limiting age may continue to be eligible as a dependent if the child is incapable of self-sustaining employment because of mental or physical disability, and chiefly dependent upon the enrollee for support and maintenance.

**PREMIUMS**

The Group is responsible for payments to the Company of the periodic charges for your coverage. You will be notified of your share of the charges, if any, by your Group. The entire cost of the program is paid to the Company by the Group.

**COPAYMENT**

The benefits described herein are available to you from any participating Member Doctor, provided you follow the proper procedures by obtaining Benefit Authorization. THERE MAY BE A COPAYMENT AMOUNT PAYABLE BY YOU TO THE MEMBER DOCTOR AT THE TIME OF THE EXAMINATION. ANY ADDITIONAL CARE, SERVICE AND/OR MATERIALS NOT COVERED BY THIS PLAN MAY BE ARRANGED BETWEEN YOU AND THE DOCTOR.

**CHOICE OF PROVIDERS**

Vision care services and vision care materials may be received from any licensed optometrist, ophthalmologist, or dispensing optician, whether Member Doctors or Non-Member Providers. If you elect to receive vision care services from one of the Member Doctors, covered services are provided at no out-of-pocket cost (unless the plan contains a Copayment).

When vision care services are received from a Non-Member Provider, you will be reimbursed for such benefits according to the schedule shown on the enclosed insert, less any applicable Copayment.

**BENEFIT AUTHORIZATION PROCESS**

The Company authorizes Plan Benefits according to the latest eligibility information furnished to the Company by Insured's Group and the level of coverage (i.e. service frequencies, covered materials, reimbursement amounts, limitations, and exclusions) purchased for Insured by Group under this Plan. When Insured requests services under this Plan, Insured's prior utilization of Plan Benefits will be reviewed by the Company to determine if Insured is eligible for new services based upon Insured's Plan's level of coverage. Please refer to the attached Schedule of Benefits for a summary of the level of coverage provided to Insured by Group.

## **PROCEDURE FOR USING THE PLAN**

1. When you desire to receive Plan Benefits from a Member Doctor, contact the Company or the Member Doctor. If you are eligible, the Company will provide Benefit Authorization to you or the Member Doctor.
2. When such authorization is received and services are performed prior to the expiration date of the authorization, this will constitute a claim against the Plan in spite of your termination of coverage or the termination of the Plan. Should you receive services from a Member Doctor without such authorization or obtain services from a provider who is not a Member Doctor, you are responsible for payment in full to the provider.
3. A list of Member Doctors in your geographic location can be obtained from your Group or Plan Administrator. This list contains the names, addresses, and telephone numbers of the Member Doctors. If this list does not cover the geographic area in which you desire to seek services, you may call or write the Company office nearest you to obtain one that does.
4. You pay only the Copayment (if any) to the doctor for the services covered by the Plan. The Company will pay the Member Doctor directly according to its agreement with the doctor.
5. In emergency conditions, when immediate vision care of a medical nature, such as for bodily trauma or disease is necessary, Insured can obtain covered services by contacting a Member Doctor (or Out-of-Network Provider - if the attached Schedule of Benefits indicates that Insured's Plan includes such coverage). No prior approval from the Company is required for Insured to obtain vision care for Emergency Conditions of a medical nature. However, services for medical conditions, including emergencies, are covered by the Company only under the Acute EyeCare and Primary EyeCare Plans. If coverage for one of these plans is not indicated on the attached Schedule of Benefits or Addendum, Insured is not covered by the Company for medical services and should contact a physician under Insured's medical insurance plan for care. For emergency conditions of a non-medical nature, such as lost, broken or stolen glasses, the Insured should contact the Company's Customer Service Department for assistance. Emergency vision care is subject to the same benefit frequencies, plan allowances, Copayments and exclusions stated herein. Reimbursement to Member Doctors will be made in accordance with their agreement with the Company.

## **LIABILITY IN EVENT OF NON-PAYMENT**

IN THE EVENT COMPANY FAILS TO PAY THE PROVIDER, YOU SHALL NOT BE LIABLE TO THE PROVIDER FOR ANY SUMS OWED BY THE VISION POLICY OTHER THAN THOSE NOT COVERED BY THE POLICY.

## **INDIVIDUAL CONTINUATION OF BENEFITS**

This program is available to groups of a minimum of ten (10) employees and is, therefore, not available on an individual basis. When a Group terminates its coverage, individual coverage is not available for Enrollees who may desire to retain same.

## **TERMINATION OF BENEFITS**

Terms and cancellation conditions of your vision care plan are shown on the enclosed insert. If service is being rendered to you as of the termination date of the Policy, such service shall be continued to completion, but in no event beyond six (6) months after the termination date of the Policy.

## **COMPLAINTS AND GRIEVANCES**

If Insured ever has a question or problem, Insured's first step is to call the Company's Customer Service Department. The Customer Service Department will make every effort to answer Insured's question and/or resolve the matter informally. If a matter is not initially resolved to the satisfaction of Insured, the Insured may communicate a complaint or grievance to the Company, orally or in writing, by using the complaint form that may be obtained upon request from the Customer Service Department. Complaints and grievances include disagreements regarding access to care, or the quality of care, treatment or service. Insureds also have the right to submit written comments or supporting documentation concerning a complaint or grievance to assist in the Company's review. The Company will resolve the complaint or grievance within thirty (30) days after receipt, unless special circumstances require an extension of time. In that case, resolution shall be achieved as soon as possible, but no later than one hundred twenty (120) days after the Company's receipt of the complaint or grievance. If the Company determines that resolution cannot be achieved within thirty (30) days, a letter will be sent to the Insured to indicate the Company's expected resolution date. Upon final resolution, the Insured will be notified of the outcome in writing.

### **Claim Payments and Denials**

**A. Initial Determination:** The Company will pay or deny claims within thirty (30) calendar days of the receipt of the claim from the Insured or Insured's authorized representative. In the event that a claim cannot be resolved within the time indicated, the Company may, if necessary, extend the time for decision by no more than fifteen (15) calendar days.

**B. Request for Appeals:** If the Insured's claim for benefits is denied by the Company in whole or in part, the Company will notify the Insured in writing of the reason or reasons for the denial. Within one hundred eighty (180) days after receipt of such notice of denial of a claim, Insured may make a verbal or written request to the Company for a full review of such denial. The request should contain sufficient information to identify the Insured for whom a claim for benefits was denied, including the name of the Enrollee, Member Identification Number of the Enrollee, the Insured's name and date of birth, the name of the provider of services and the claim number. The Insured may state the reasons the Insured believes that the claim denial was in error. The Insured may also provide any pertinent documents to be reviewed. The Company will review the claim and give Insured the opportunity to review pertinent documents, submit any statements, documents, or written arguments in support of the claim, and appear personally to present materials or arguments. Insured or Insured's authorized representative should submit all requests for appeals to:

**VSP  
Member Appeals  
3333 Quality Drive  
Rancho Cordova, CA 95670  
(800) 877-7195**

The Company's determination, including specific reasons for the decision, shall be provided and communicated to the Insured within thirty (30) calendar days after receipt of a request for appeal from the Insured or Insured's authorized representative.

If Insured disagrees with the Company's determination, he/she may request a second level appeal within sixty (60) calendar days from the date of the determination. The Company shall resolve any second level appeal within thirty (30) calendar days.

When Insured has completed all appeals mandated by the Employee Retirement Income Security Act of 1974 ("ERISA"), additional voluntary alternative dispute resolution options may be available, including mediation and arbitration. Insured should contact the U. S. Department of Labor or the State insurance regulatory agency for details. Additionally, under ERISA (Section 502(a)(1)(B)) [29 U.S.C. 1132(a)(1)(B)], Insured has the right to bring a civil (court) action when all available levels of reviews of denied claims, including the appeal process, have been completed, the claims were not approved in whole or in part, and Insured disagrees with the outcome.

## **OTHER FACTS YOU SHOULD KNOW ABOUT THE PLAN**

As a participant in the Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all Plan participants shall be entitled to:

- Examine, without charge, at the Plan Administrator's office, all Plan documents such as detailed annual reports and Plan descriptions, including insurance contracts, and copies of all documents filed by the Plan with the U.S. Department of Labor or the Internal Revenue Service.
- Obtain copies of all Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit Plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries. No one, including your employer, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA. If your claim for a benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to have the Plan reviewed and your claim reconsidered. Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials from the Plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent to you because of reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and fees. If you lose, the court may order you to pay these costs and fees if, for example, it finds your claim frivolous. If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or your rights under ERISA, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue NW, Washington, DC 20210.

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires that, under certain circumstances, health plan benefits available to an eligible Enrollee and his or her Eligible Dependents be made available for purchase by said persons upon the occurrence of a COBRA-qualifying event. If, and only to the extent COBRA applies, VSP shall make the statutorily-required continuation coverage available for purchase in accordance with COBRA.

The Plan Administrator and the employer are subject to numerous obligations in connection with continuation coverage, including an obligation to notify eligible participants and their dependents of the existence of said continuation coverage. In this regard, the U.S. Department of Labor has issued ERISA Technical Release No. 86-2 dated June 26, 1986, setting forth a Model Statement of the required notice. Providing said notice by first class mail to each covered employee and his or her spouse, if any, at their last known address will constitute a good faith effort at compliance of the notice requirement in the absence of promulgated COBRA regulations.

**VISION SERVICE PLAN INSURANCE COMPANY**

**3333 Quality Drive**

**Rancho Cordova, CA 95670**

Group Name: PRESIDENT AND FELLOWS OF MIDDLEBURY COLLEGE

Plan Number: 30022396

Effective Date: JANUARY 1, 2020

Plan Term: FORTY-EIGHT (48) MONTHS

**VISION CARE PLAN  
DISCLOSURE FORM AND EVIDENCE OF COVERAGE**

**PLAN ADMINISTRATOR:** Middlebury College  
(Name)  
84 Service Rd  
(Address)  
Middlebury, VT 05753-6012  
(City, State, Zip)

**MONTHLY PREMIUM:** YOUR GROUP IS RESPONSIBLE FOR PAYMENT TO VISION SERVICE PLAN OF THE PERIODIC CHARGES FOR YOUR COVERAGE. YOU WILL BE NOTIFIED OF YOUR SHARE OF THE CHARGES, IF ANY, BY YOUR GROUP.

**ELIGIBILITY:** ENROLLEES & ELIGIBLE DEPENDENTS: DEPENDENT CHILDREN ARE COVERED TO THE END OF THE MONTH IN WHICH THEY TURN AGE 26. THE WAITING PERIOD IS THE SAME AS YOUR OTHER HEALTH BENEFITS.

**PLAN AND SCHEDULE:** **SIGNATURE PLAN Base Plan**

**EXAMINATION:** ONCE EVERY PLAN YEAR\*  
**LENSES:** ONCE EVERY PLAN YEAR\*  
**FRAMES:** ONCE EVERY TWO PLAN YEARS\*  
\*PLAN YEAR BEGINS JANUARY 1ST.

**TERM, TERMINATION AND RENEWAL:** AFTER THE POLICY TERM, THIS POLICY WILL CONTINUE ON A MONTH TO MONTH BASIS OR UNTIL TERMINATED BY EITHER PARTY GIVING THE OTHER SIXTY (60) DAYS PRIOR WRITTEN NOTICE.

**TYPE OF ADMINISTRATION:** BENEFITS ARE FURNISHED UNDER A VISION CARE PLAN PURCHASED BY THE GROUP AND PROVIDED BY VISION SERVICE PLAN (VSP) UNDER WHICH VSP IS FINANCIALLY RESPONSIBLE FOR THE PAYMENT OF CLAIMS.

**VSP'S ADDRESS IS:** VISION SERVICE PLAN  
3333 QUALITY DRIVE  
RANCHO CORDOVA, CA 95670

## SCHEDULE OF BENEFITS

### GENERAL

This Schedule and any Additional Benefit Rider(s), when purchased by Group, attached hereto list the vision care services and vision care materials to which Insureds of the Company are entitled, subject to any Copayments and other conditions, limitations and/or exclusions stated herein. Vision care services and vision care materials may be received from any licensed optometrist, ophthalmologist, or dispensing optician, whether Member Doctors or Non-Member Providers.

When Plan Benefits are received from Member Doctors, benefits appearing in the first column below are applicable subject to any Copayment(s) as stated below. When Plan Benefits are received from Non-Member Providers, you are reimbursed for such benefits according to the schedule in the second column below less any applicable Copayment.

<u>PLAN BENEFITS</u>	<u>MEMBER DOCTOR BENEFIT</u>	<u>NON-MEMBER PROVIDER BENEFIT</u>
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### VISION CARE SERVICES

Vision Examination	Covered in Full*	Up to \$	50.00*
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### VISION CARE MATERIALS

*Lenses*

Single Vision	Covered in Full*	Up to \$	50.00*
Bifocal	Covered in Full*	Up to \$	75.00*
Trifocal	Covered in Full*	Up to \$	100.00*
Lenticular	Covered in Full*	Up to \$	125.00*

Polycarbonate lenses are covered in full for dependent children up to the end of the month in which they turn age 26  
Standard Progressive Lenses covered in full

Frames	Covered up to Plan Allowance*	Up to \$	70.00*
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Frame allowance may be applied towards non-prescription sunglasses for post PRK, LASIK, or Custom LASIK patients.

### CONTACT LENSES

*Necessary*

Professional Fees and Materials	Covered in Full*	Up to \$	210.00*
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*Elective*

	<i>Materials</i>		<i>Professional Fees and Materials</i>
	Up to \$ 150.00		Up to \$ 105.00
	<i>Elective Contact Lens fitting and evaluation** services are covered in full once every plan year, after a maximum \$60.00 Copayment.</i>		

Necessary Contact Lenses are a Plan Benefit when specific benefit criteria are satisfied and when prescribed by Covered Person's Member Doctor or Non-Member Provider. Prior review and approval by VSP are not required for Covered Person to be eligible for Necessary Contact Lenses.

When contact lenses are obtained, the Insured shall not be eligible for lenses and frames again for one plan year.

**\*Subject to Copayment, if any.**

**\*\*15% discount applies to Member Doctor's usual and customary professional fees for contact lens evaluation and fitting.**



**COPAYMENT**

A Copayment amount of \$15.00 shall be payable by the Insured to the Member Doctor or Non-Member Doctor at the time services are rendered.

**LOW VISION**

Professional services for severe visual problems not corrected with regular lenses, including:

Supplemental Testing (includes evaluation, diagnosis and prescription of vision aids where indicated)	Covered in Full	Up to \$125.00
--	-----------------	----------------

Supplemental Aids	75% of cost	75% of cost
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Maximum allowable for all Low Vision benefits of \$1000.00 every two (2) years.

**THIS EVIDENCE OF COVERAGE CONSTITUTES ONLY A SUMMARY OF THE VISION PLAN. THE VISION PLAN DOCUMENT MUST BE CONSULTED TO DETERMINE THE EXACT TERMS AND CONDITIONS OF COVERAGE.**

**ADDENDUM**

**VISION SERVICE PLAN INSURANCE COMPANY  
ADDITIONAL BENEFIT RIDER  
DIABETIC EYECARE PLUS PROGRAM**

**GENERAL**

This Rider lists additional vision care benefits to which Insureds of VISION SERVICE PLAN INSURANCE COMPANY are entitled, subject to any applicable Copayments and other conditions, limitations and/or exclusions stated herein or in the

Schedule of Benefits with which it is associated. Plan Benefits under the Diabetic Eyecare Program are available to Insureds who have been diagnosed with type 1 or type 2 diabetes and specific ophthalmological conditions. This Rider forms a part of the plan or Evidence of Coverage to which it is attached.

## **ELIGIBILITY**

The following are Covered Persons under this POLICY, pursuant to eligibility criteria established by Client:

- Enrollee.
- The legal spouse of Enrollee.
- The domestic partner of the same or opposite gender as Enrollee including their dependent children, pursuant to Group's eligibility.
- Any child of an Enrollee, including any natural child from the date of birth, legally adopted child from the date of placement for adoption with the Enrollee, or other child for whom a court holds the Enrollee responsible.

Dependent children are covered up to the end of the month in which they attain the age of 26 years.

A dependent, unmarried child over the limiting age may continue to be eligible as a dependent if the child is incapable of self-sustaining employment because of mental or physical disability, and chiefly dependent upon Enrollee for support and maintenance.

## **PROGRAM DESCRIPTION**

The Diabetic Eyecare Plus Program ("DEP Plus") is intended to be a supplement to Insureds group medical plan. Providers will first submit a claim to Insureds group medical insurance plan, and then to VSP. Any amounts not paid by the medical plan will be considered for payment by VSP. (This is referred to as "Coordination of Benefits" or "COB." Please refer to the Coordination of Benefits section of Covered Person's Evidence of Coverage for additional information regarding COB.) If Insured does not have a group medical plan, providers will submit claims directly to VSP.

Examples of symptoms which may result in an Insured seeking services under DEP Plus may include, but are not limited to:

- blurry vision
- transient loss of vision
- trouble focusing
- "floating" spots

Examples of conditions which may require management under DEP Plus may include, but are not limited to:

- diabetic retinopathy
- diabetic macular edema
- rubeosis

## **REFERRALS**

If Insureds Member Doctor cannot provide Covered Services, the doctor will refer the Insured to another Member Doctor or to a physician whose offices provide the necessary services.

If the Insured requires services beyond the scope of DEP Plus, the Member Doctor will refer the Insured to a physician.

Referrals are intended to insure that Insured receive the appropriate level of care for their presenting condition. Insureds do not require a referral from a Member Doctor in order to obtain Plan Benefits.

**PLAN BENEFITS  
MEMBER DOCTORS**

**COVERED SERVICES**

**Eye Examination:** Covered in full after a Copayment of \$20.00.

**Special Ophthalmological Services:** Covered in Full.

**EXCLUSIONS AND LIMITATIONS OF BENEFITS**

The Diabetic Eyecare Plus Program provides coverage for limited, vision-related medical services. A current list of these procedures will be made available to Insured upon request. The frequency at which these services may be provided is dependent upon the specific service and the diagnosis associated with such service.

**NOT COVERED**

1. Services and/or materials not specifically included in this Rider as Plan Benefits.
2. Frames, lenses, contact lenses or any other ophthalmic materials.
3. Orthoptics or vision training and any associated supplemental testing.
4. Surgery of any type, and any pre- or post-operative services.
5. Treatment for any pathological conditions.
6. An eye exam required as a condition of employment.
7. Insulin or any medications or supplies of any type.
8. Local, state and/or federal taxes, except where VSP is required by law to pay.

**DIABETIC EYECARE PROGRAM DEFINITIONS**

Diabetes	A disease where the pancreas has a problem either making, or making and using, insulin.
Type 1 Diabetes	A disease in which the pancreas stops making insulin.
Type 2 Diabetes	A disease in which the pancreas either makes too little insulin or cannot properly use the insulin it makes to convert blood glucose to energy.
Diabetic Retinopathy	A weakening in the small blood vessels at the back of the eye.
Rubeosis	Abnormal blood vessel growth on the iris and the structures in the front of the eye.
Diabetic Macular Edema	Swelling of the retina in diabetes mellitus due to leaking of fluid from blood vessels within the macula.

**ADDENDUM**

**EVIDENCE OF COVERAGE & DISCLOSURE FORM**

Please note the following revisions to your Evidence of Coverage and Disclosure Form. Keep this document with your Evidence of Coverage and Disclosure Form for a complete and accurate description of your benefits.

1. The following provision is added to the section titled **DEPENDENT ELIGIBILITY**:

Domestic Partners: Domestic partners of the same or opposite gender as the Enrollee shall be covered pursuant to the Group's eligibility rules which are applicable to the Group's general medical benefits. The domestic partner's dependent children are also covered provided they depend upon the Enrollee for support and maintenance.

**Summary of Benefits and Coverage**

**SIGNATURE PLAN**

**Base Plan**

**Prepared for:** PRESIDENT AND FELLOWS OF MIDDLEBURY COLLEGE  
**Group ID:** 30022396  
**Effective Date:** JANUARY 1, 2020

The Affordable Care Act requires that health insurance companies and group health plans provide consumers with a simple and consistent benefit and coverage information document, beginning September 23, 2012. This document is a Summary of Benefits and Coverage (SBC).

The grid below is being provided for your convenience and mirrors the sample SBC that the U.S. Department of Labor has published. All the information provided is relative to your plan and described in detail in the preceding Evidence of Coverage.

Common Medical Event	Services You May Need	Your cost if you use an		Limitations and Exceptions
		In-Network Provider	Out-of-Network Provider	
If you or your dependents (if applicable) need eyecare	Eye Exam	*	Reimbursed up to \$50.00	Exam covered in full every 12 months**
	Frames, Lenses or Contacts	* Up to \$60.00 copay for Contact Lens Exam	Frames reimbursed up to \$ 70.00 SV Lenses reimbursed up to \$ 50.00 Bi-Focal Lenses reimbursed up to \$ 75.00 Tri-Focal Lenses reimbursed up to \$100.00 Lenticular Lenses reimbursed up to \$125.00 ECL reimbursed up to \$105.00	Frames covered every 24 months** Lenses covered every 12 months**
	Fees	\$15.00 Copay		

\* Fees copay applies to first service used.

\*\* Beginning with the first day of the Benefit Period.

**Your Grievance and Appeals Rights:**

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact: 800-877-7195.

**APPENDIX M**

**BUSINESS TRAVEL (ABROAD) INSURANCE PLAN**



CERTIFICATE OF INSURANCE
Policy Number 02301A

Middlebury College

(Hereinafter called the Policyholder)

Underwritten by: Cigna Health and Life Insurance Company
Wilmington, Delaware

Cigna Health and Life Insurance Company hereby certifies that it has issued and delivered to the Policyholder the above specified group policy.

The insurance benefits and the provisions of the group policy principally affecting the persons insured are described below. The policy covers expenses worldwide. The final interpretation of any specific provision herein is governed by the terms of the policy. This is your certificate of insurance if you are eligible for the insurance, become insured and remain insured in accordance with the terms, provisions and conditions of the policy.

Employee Eligibility: All full-time active employees who are traveling on the business of, or at the expense of, the Policyholder outside their country of residence or permanent assignment for no more than 180 consecutive days per one trip.

Dependent Eligibility: Not Covered

CGHB USE ONLY
Insured's Name: Birthdate:
Travel Dates From: To:

The effective date of this Schedule of Benefits is August 1, 2019
Issue Date: May 23, 2019

Table with 2 columns: Benefit, Benefit Amount. Rows include Accidental Death & Dismemberment (\$100,000), Medical Evacuation/Repatriation (\$100,000), Calendar Year Medical Benefit Maximum (\$200,000), Calendar Year Deductible (\$25), Coinsurance (paid by Cigna) (100%), Out of Pocket Coinsurance Maximum (None), Prescription Drug (100% covered expenses\*), Emergency Dental (\$1,000 calendar year maximum), Personal Deviation/Sojourn Travel (Not Covered), Room & Board Outside US (Average Semi-Private Room Rate), Room & Board Inside US\*\* (Average Semi-Private Room Rate), Pre-Existing Conditions (None, subject to the medical maximum), War Risk (Medical) (Not Covered), War Risk (AD&D) (Not Covered).

\* covered expenses when medically necessary while on an approved international business trip. This benefit also includes replacement medicine for lost prescriptions that are medically necessary during an international business trip.

\*\*Pre-Admission Certification / Continued Stay Review is Required for all U.S. Hospitalizations

Please refer to the welcome kits or the MBA website at http://www.cignaenvoy.com/ciebpublic/ for details around submitting a claim. Phone: 302.797.3535 (outside the USA) 800.243.1348 (inside the USA)
Cigna Global Health Benefits Mailing address: P.O.Box 15111, Wilmington, DE 19850, USA

FRAUD NOTICE: Any person who, knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

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**APPENDIX N**

**VOLUNTARY GROUP ACCIDENT INSURANCE PLAN**



## Accident Insurance

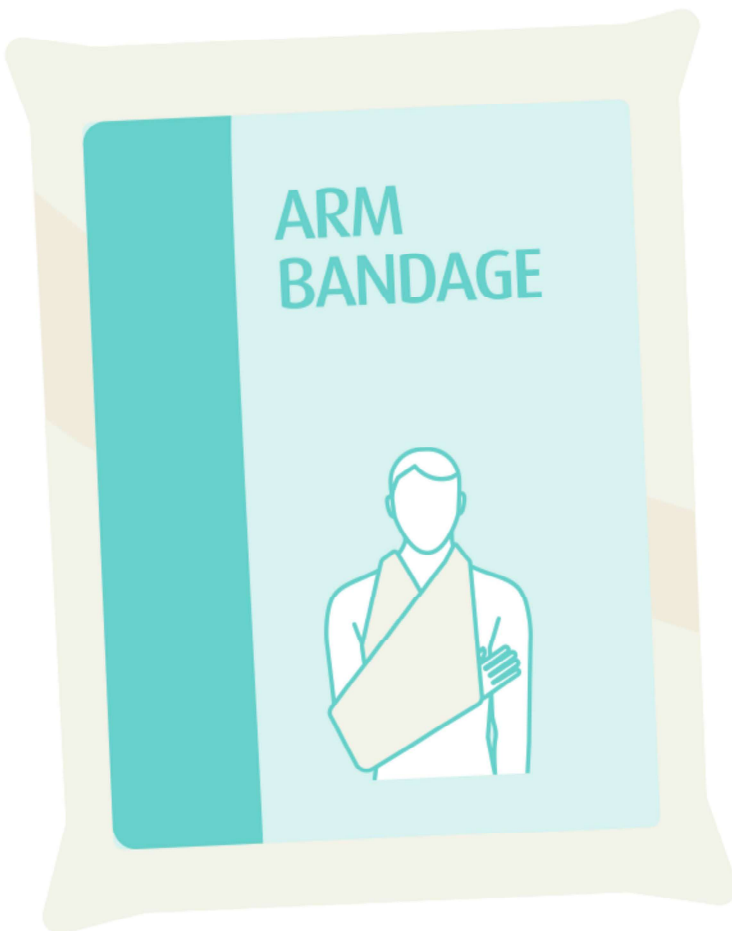
can pay you money for covered accidental injuries and their treatment.

### How does it work?

Accident Insurance can pay a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur on and off the job. And it includes a range of incidents, from common injuries to more serious events.

### Why is this coverage so valuable?

- It can help you with out-of-pocket costs that your medical plan doesn't cover, like co-pays and deductibles.
- You're guaranteed base coverage, without answering health questions.
- The cost is conveniently deducted from your paycheck.
- You can keep your coverage if you change jobs or retire. You'll be billed directly.



### Who can get coverage?

<b>You</b>	If you're actively at work*
<b>Your spouse</b>	Ages 17 and up
<b>Your children</b>	Dependent children from birth until their 26th birthday, regardless of marital or student status.

Unum has been a leading provider in **group disability benefits** for over **4 decades**.<sup>1</sup>

**#1** Individual Disability<sup>2</sup>  
Whole/Universal Life<sup>3</sup>

**#3** Voluntary Benefits<sup>5</sup>  
Critical Illness<sup>6</sup>

**#2** Group Disability<sup>4</sup>

1 Employee Benefit Plan Review, "Group Accident & Health Surveys 1976-1990" (1977-1991); Gen Re, "U.S. Group Disability Market Surveys 1991-2013" (1992-2014); LIMRA, "U.S. Group Disability Insurance 2014 2016 Annual Sales and In Force" (2015 2017).  
2 LIMRA, "4Q 2017 U.S. Workplace Disability Insurance Inforce" (2018), based on inforce premium.  
3 Eastbridge, "U.S. Worksite/Voluntary Sales Report: Carrier Results for 2016" (2017).  
4 LIMRA, "4Q 2017 U.S. Workplace Disability Insurance Inforce (2018), based on inforce premium.  
5,6 Eastbridge, "U.S. Worksite/Voluntary Sales Report: Carrier Results for 2016" (2017).

\*Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. Spouses and dependent children must reside in the United States to receive coverage.



## Accident Insurance – Schedule of Benefits

Covered injuries	Benefit amount	Emergency and hospitalization benefits	Benefit amount	Accidental death and other covered losses	Benefit amount
<b>Fractures</b>		<b>Ambulance</b> (ground, once per accident)		<b>Accidental death*</b>	
Open Reduction (dependent on location of injury)	\$150 to \$7,500	Air ambulance	\$1500	Employee	\$50,000
Closed Reduction (dependent on location of injury)	\$75 to \$3,750	<b>Emergency room treatment</b>	\$150	Spouse	\$20,000
Chips	25% of closed amount	<b>Emergency treatment</b> in physician office/urgent care facility	\$75	Child	\$10,000
<b>Dislocations</b>		<b>Hospital admission</b> (admission or intensive care admission once per covered accident)	\$1,000	<b>The accidental death benefit triples if the insured individual is injured as a fare-paying passenger on a common carrier:</b> Employee-\$150,000; spouse-\$60,000; child-\$30,000	
Open Reduction (dependent on location of injury)	\$300 to \$6,000	<b>Intensive care admission</b> (same as above)	\$1,500	<b>Initial accidental dismemberment — one benefit per accident, not payable with initial accidental loss</b>	
Closed Reduction (dependent on location of injury)	\$150 to \$3,000	<b>Hospital confinement</b> (per day up to 365 days)	\$200	Loss of both hands or both feet; or	\$15,000
<b>Burns</b>		<b>Intensive care confinement</b> (per day up to 15 days)	\$400	Loss of one hand and one foot; or	\$15,000
At least 10 square inches, but less than 20 square inches	2nd degree – \$0 3rd degree – \$2,500	<b>Medical imaging test</b> (once per accident)	\$200	Loss of one hand or one foot;	\$7,500
At least 20 square inches, but less than 35 square inches	2nd degree – \$0 3rd degree – \$5,000	<b>Outpatient surgery facility service</b> (once per accident)	\$300	Loss of two or more fingers, toes or any combination; or	\$1,500
35 or more square inches of the body surface	2nd degree – \$1,000 3rd degree – \$10,000	<b>Pain management</b> (epidural, once per accident)	\$100	Loss of one finger or toe	\$750
Skin grafts for 2nd and 3rd degree burns	50% of burn benefit	<b>Treatment and other services</b>		<b>Catastrophic accidental dismemberment†</b> — once per lifetime, not payable with catastrophic loss	
<b>Skin graft for any other accidental traumatic loss of skin</b>		<b>Surgery benefit</b>		Loss of both hands or both feet; or loss of one hand and one foot	
At least 10 square inches, but less than 20 square inches	\$150	Open abdominal, thoracic	\$1,500	Employee (prior to age 65)	\$100,000
At least 20 square inches, but less than 35 square inches	\$250	Exploratory (without repair)	\$150	Spouse and child	\$50,000
35 or more square inches of the body surface	\$500	<b>Hernia repair</b>	\$150	Employee (ages 65–69)	\$50,000
<b>Concussion</b>		<b>Physician follow-up visit</b> (2 visits per accident)	\$75	Spouse and child	\$25,000
		<b>Chiropractic visit</b> (up to 3 visits per calendar year)	\$25	Employee (70+ years old)	\$25,000
<b>Coma</b>		<b>Therapy services (up to 10 per accident)</b>		Spouse and child	\$12,500
		Occupational therapy	\$25	<b>Accidental loss — paralysis, sight, hearing and speech</b> Initial accidental loss — one benefit per accident, not payable with initial dismemberment	
<b>Ruptured disc</b>		Speech therapy	\$25	Permanent paralysis; or	\$15,000
		Physical therapy	\$25	Loss of sight of both eyes; or	\$15,000
<b>Knee cartilage</b>		<b>Prosthetic device or artificial limb</b>		Loss of sight of one eye; or	\$7,500
Torn with surgical repair	\$750	One	\$750	Loss of the hearing of one ear	\$7,500
Exploratory surgery or cartilage shaved, only	\$150	More than one	\$1,500	<b>Catastrophic accidental loss†</b> — once per lifetime, not payable with catastrophic dismemberment	
<b>Laceration</b>		<b>Appliance (once per accident)</b>	\$100	Permanent paralysis; or loss of hearing in both ears; or loss of the ability to speak; or loss of sight of both eyes	
		<b>Blood, plasma and platelets</b>	\$400	Employee (prior to age 65)	\$100,000
		<b>Travel due to accident</b> Transportation of more than 50+ miles from residence; 3 trips per accident; max 1,200 miles per round trip	\$0.40 per mile	Spouse and child	\$50,000
<b>Tendon/ligament and rotator cuff</b>		<b>Lodging</b> (per night up to 30 days per accident)	\$150	Employee (ages 65–69)	\$50,000
Surgical repair of one	\$800	<b>Rehabilitation unit confinement</b> (per day up to 15 days; max 30 days per calendar year)	\$100	Spouse and child	\$25,000
Surgical repair of two or more	\$1,200			Employee (70+ years old)	\$25,000
Exploratory surgery without repair	\$150			Spouse and child	\$12,500
<b>Dental work, emergency</b>				<b>†Catastrophic accidental loss benefit — payable after fulfilling a 365 day elimination period.</b>	
Extraction	\$100				
Crown	\$300				
Eye injury	\$300				

**Accident coverage is a limited policy.**

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

The information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to policy form GA-1 or contact your Unum representative.

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Level 2 with AD&D

# Accident Insurance

See Schedule of Benefits for a complete listing of what is covered.

## **THIS IS A LIMITED BENEFITS POLICY.**

### **Effective date of coverage**

Coverage becomes effective on the first day of the month in which payroll deductions begin.

### **Exclusions and limitations**

Unum will not pay benefits for a claim that is caused by, contributed to by or occurs as a result of:

- participating in war or act of war, whether declared or undeclared;
- committing acts of terrorism;
- riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- operating, learning to operate, serving as a crew member of or jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven. This does not include flying as a fare paying passenger;
- engaging in hang-gliding, bungee jumping, sailgliding, parasailing, parakiting;
- participating or attempting to participate in a felony, being engaged in an illegal occupation or being incarcerated in a penal institution;
- committing or trying to commit suicide or injuring oneself intentionally, whether sane or not;
- practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received;
- having any sickness or declining process caused by a sickness, including physical or mental infirmity including any treatment for allergic reactions. Unum also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by an injury.

In addition to the exclusions listed above, Unum will also not pay the catastrophic accidental dismemberment or catastrophic accidental loss benefit for the following injuries that are caused by or are the result of:

- an insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a physician; or
- injuries to a dependent child received during the birth.

### **Termination of employee coverage**

If you choose to cancel your coverage under the policy, your coverage ends on the first of the month following the date you provide notification to your employer. Otherwise, your coverage under the policy ends on the earliest of the:

- date this policy is cancelled;
- date you are no longer in an eligible group;
- date your eligible group is no longer covered;
- date of your death;
- last day of the period for which you made any required contributions; or last day you are in active employment. However, as long as premium is paid as required, coverage will continue if you elect to continue coverage under the Portability provision or in accordance with the layoff and leave of absence provisions of this policy. Unum will provide coverage for a payable claim which occurs while you are covered under this policy.

## **THIS IS A LIMITED BENEFITS POLICY**

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form GA-1 et al. or contact your Unum representative.

Unum complies with state civil union and domestic partner laws when applicable.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

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## Group Accident Insurance

Group Accident insurance is designed to help covered employees meet the out-of-pocket expenses and extra bills that can follow an accidental injury, whether minor or catastrophic. Indemnity lump sum benefits are paid directly to the employee based on the amount of coverage listed in the schedule of benefits. The accident base plan is guaranteed issue, so no health questions are required.

**Coverage effective date:** January 1, 2020

**Cost of coverage paid by:** Employee

**Eligibility class descriptions:**

**Benefit-eligible employees**

<b>Plan Description</b>	<b>Class 1</b>
Type of Plan	On/off job
Benefit Option	Medium Benefit Plan Design (does not include Sickness Hospital Confinement)
Covered Conditions	See Schedule of Benefits
Family Coverage Options	Employee, Spouse*, and Child * "Spouse" in this proposal includes "Domestic Partner"
Rates	Composite
Minimum Number of Applications Required for Policy to Issue	2% of approved adult applications based on total eligible employees
Participation Basis for Base Accident	Guaranteed Issue
Portability	Included
Enrollment Frequency	All Scheduled
Primary Enrollment Method	Face to Face
New Employee Waiting Period	For new employees who complete their waiting period on or after the plan effective date, coverage will begin on the first of the month following the date they are approved by Unum which is the first of the month payroll deductions begin.
Present Employee Waiting Period	0 days* *This is the period of time that current employees must be actively employed before they are eligible for coverage.
Credit Prior Service	Included
Minimum Hours for Eligibility	Refer to Wrap Plan
Pre-Tax Capability	Unum does not support the sale of its Voluntary benefits on a pre-tax basis.



**Schedule of Benefits**

**Class 1**

Benefits listed below are payable once per covered accident unless otherwise noted.	
<b>Covered Treatments/Services</b>	
<b>Ambulance</b>	
ground	\$400
air	\$1,500
<b>Appliance</b>	\$100
<b>Blood/Plasma/Platelets</b>	\$400
<b>Chiropractic Care Services</b>	
Chiropractic Treatment	3 visits per covered accident, per calendar year
Chiropractic Care Services Dollar Amount	\$25
<b>Emergency Room Treatment</b>	\$150
<b>Emergency Treatment in Physician Office/Urgent Care Facility</b> <i>Either ER room or Physician/Urgent Care benefit is payable once per covered accident</i>	
Physician	\$75
Urgent Care Facility	\$75
<b>Hospitalization Benefits</b>	
Admission; or	\$1,000
Intensive Care Unit Admission <i>Either Admission or Intensive Care Admission benefit is payable once per covered accident</i>	\$1,500
Confinement (per day up to 365 days per covered accident)	\$200
Intensive Care Unit Confinement (per day up to 15 days per covered accident)	\$400
<b>Medical Imaging Test (MRI, MR, CT, CAT, EEG)</b>	\$200
<b>Outpatient Surgery Facility Service</b>	
Knee cartilage, ruptured disc, tendon/ligament/rotator cuff, eye injury, hernia	\$300
<b>Pain Management (epidural)</b>	\$100
<b>Physician Follow-up Visit</b>	2 visits
Physician	\$75
Urgent Care Facility or Hospital	\$75
<b>Rehabilitation Unit Confinement</b> (per day up to 15 days per covered accident, max of 30 days per calendar year)	\$100
<b>Therapy Services</b>	
Occupational, Physical, or Speech Therapy	10 visits
Therapy Services Dollar Amount	\$25



**Class 1**

<b><u>Travel (due to covered accident)</u></b>		
Lodging (per day up to 30 days per covered accident)		\$150
Transportation more than 50+ miles from residence (up to three trips per covered accident; benefit for injured insured only; max 1200 miles per round trip)		\$0.40
Transportation Maximum		\$1,440
<b>Covered Injuries and Surgical Procedures</b>		
<b><u>Burns</u></b>		
<b>2nd Degree</b>		
35 or more square inches of the body surface		\$1,000
<b>3rd Degree</b>		
At least 10 square inches, but less than 20 square inches; or		\$2,500
At least 20 square inches, but less than 35 square inches; or		\$5,000
35 or more square inches of the body surface		\$10,000
<b><u>Burns - Skin Graft</u></b>		
<b>Skin Graft</b> for 2 <sup>nd</sup> or 3 <sup>rd</sup> degree burns		50%
<b>Skin Graft</b> for any other accidental traumatic loss of skin:		
At least 10 square inches, but less than 20 square inches; or		\$150
At least 20 square inches, but less than 35 square inches; or		\$250
35 or more square inches of the body surface		\$500
<b>Coma</b>		\$10,000
<b>Concussion</b>		\$150
<b><u>Dental (emergency)</u></b>		
crown		\$300
extraction		\$100
<b><u>Dislocation (separated joint)</u></b>	<b>Closed Reduction</b>	<b>Open Reduction</b>
Hip joint	\$3,000	\$6,000
Knee joint (except patella)	\$1,500	\$3,000
Ankle Bone or Bones of the Foot (other than toes)	\$1,200	\$2,400
Collar Bone (sternoclavicular)	\$750	\$1,500
Lower jaw	\$450	\$900
Shoulder	\$450	\$900
Elbow joint	\$450	\$900
Wrist joint	\$450	\$900
Hand (other than fingers)	\$450	\$900
Collar Bone (acromioclavicular and separation)	\$150	\$300
Finger or Toe joint	\$150	\$300
Incomplete dislocation or dislocation reduction without anesthesia - 25% of the applicable amount for closed reduction of joint involved.		
<b>Eye Injury</b>		\$300



**Class 1**

<b>Fracture (broken bone)</b>	<b>Closed Reduction</b>	<b>Open Reduction</b>
Skull (except bones of face or nose), Depressed	\$3,750	\$7,500
Skull (except bones of face or nose), Non-depressed	\$1,500	\$3,000
Hip, Thigh (femur)	\$2,250	\$4,500
Vertebrae, Body of (excluding vertebral processes)	\$1,200	\$2,400
Pelvis	\$1,200	\$2,400
Leg (tibia and/or fibula)	\$1,200	\$2,400
Bones of the Face or Nose (except mandible or maxilla)	\$525	\$1,050
Upper Jaw, Maxilla (except alveolar process)	\$525	\$1,050
Upper Arm between Elbow and Shoulder (humerus)	\$525	\$1,050
Lower Jaw, Mandible (except alveolar process)	\$450	\$900
Shoulder Blade (scapula), Collarbone (clavicle, sternum)	\$450	\$900
Vertebral Processes	\$450	\$900
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	\$450	\$900
Kneecap (patella)	\$450	\$900
Foot (except toes)	\$450	\$900
Ankle	\$450	\$900
Rib	\$375	\$750
Coccyx	\$300	\$600
Finger, Toe	\$75	\$150
Chip fracture - 25% of the applicable amount for closed reduction of the bone listed above.		
<b><u>Knee cartilage</u></b>		
torn with surgical repair		\$750
exploratory		\$150
<b><u>Laceration</u></b>		
Laceration(s) not requiring stitches		\$25
Repaired by stitches:		
total of all lacerations is less than two inches (5.08 centimeters) long		\$75
total of all lacerations is two to six inches (5.08 to 15.24 centimeters) long		\$300
total of all lacerations is greater than six inches (15.24 centimeters) long		\$600
<b><u>Prosthetic device</u></b>		
one		\$750
two or more		\$1,500
<b><u>Ruptured Disc with Surgical Repair</u></b>		\$800
<b><u>Surgery</u></b>		
open abdominal or thoracic		\$1,500
exploratory without repair		\$150
hernia repair		\$150
<b><u>Tendon, Ligament and Rotator Cuff</u></b>		
one with surgical repair		\$800
two or more with surgical repair		\$1,200
exploratory		\$150
<b>Accidental Death/Dismemberment/Loss</b>		





**Class 1**

<b>Accidental Death</b>	
Once per lifetime; if payable, Accidental Death - Common Carrier is not payable	
Employee	\$50,000
Spouse	\$20,000
Child	\$10,000
<b>Accidental Death - Common Carrier</b>	
Once per lifetime; if payable, Accidental Death is not payable	
Employee	\$150,000
Spouse	\$60,000
Child	\$30,000
<b>Accidental Dismemberment</b>	
<b>Initial Accidental Dismemberment</b>	
One benefit per covered accident; if payable, Initial Accidental Loss is not payable	
loss of both hands or both feet; or	\$15,000
loss of one hand and one foot: or	\$15,000
loss of one hand or foot; or	\$7,500
loss of two or more fingers, toes or any combination: or	\$1,500
loss of one finger or toe	\$750
<b>Catastrophic Accidental Dismemberment</b>	
Once per lifetime; if payable, Catastrophic Accidental Loss is not payable	
loss of both hands or both feet; or	
loss of one hand and one foot	
<i>Prior to age 65</i>	
employee	\$100,000
spouse	\$50,000
child	\$50,000
<i>Age 65 - 69</i>	
employee	\$50,000
spouse	\$25,000
child	\$25,000
<i>Age 70 and over</i>	
employee	\$25,000
spouse	\$12,500
child	\$12,500



**Class 1**

<b>Accidental Loss - Paralysis, Sight, Hearing and Speech</b>	
<b>Initial Accidental Loss</b>	
One benefit per accident; if payable, Initial Accidental Dismemberment is not payable	
Permanent Paralysis, or loss of sight of both eyes; or loss of sight of one eye; or loss of the hearing of one ear	\$15,000 \$15,000 \$7,500 \$7,500
<b>Catastrophic Accidental Loss</b>	
Once per lifetime; if payable, Catastrophic Accidental Dismemberment is not payable	
Permanent Paralysis, or loss of hearing of both ears; or loss of the ability to speak; or loss of sight of both eyes	
<i>Prior to age 65</i>	
employee	\$100,000
spouse	\$50,000
child	\$50,000
<i>Age 65 - 69</i>	
employee	\$50,000
spouse	\$25,000
child	\$25,000
<i>Age 70 and over</i>	
employee	\$25,000
spouse	\$12,500
child	\$12,500



### Rates and Cost Information

#### Class 1

Monthly Premium			
Employee	Employee and Spouse	Employee and Child	Employee, Spouse and Child
\$14.66	\$23.71	\$27.37	\$36.42

Dependent Children issue ages are newborn up to their 26<sup>th</sup> birthday or through the maximum coverage age defined in the policy.

<b>Rate Guarantee</b>	2 Years (subject to the policy terms)
-----------------------	---------------------------------------

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**Unum Life Insurance Company of America**  
2211 Congress St., Portland, ME 04122



## **Group Accident Insurance**

Some features listed below may be applicable only to certain quotes and/or classes. Please see the "Plan Description" section of your Benefits and Cost Summary for specific plan details.

### **Enrollment Frequency**

#### **Scheduled**

Eligible Employees may apply for coverage at a scheduled enrollment period. If the plan includes employee choices, employees may increase only during a scheduled enrollment period and within plan design limits. Employees applying for or increasing coverage may be required to submit Evidence of Insurability (EOI). Decreases can be made at anytime and do not require EOI.

#### **Portability**

Allows an employee who has been insured under the policy to continue Group Accident coverage at group rates when; employment ends or when the policy is terminated by the policyholder and is not being replaced. An employee must apply for coverage and pay the first premium within 31 days of the continuation event.

#### **New Employee Waiting Period**

This represents the period that a new employee, hired after the effective date of the plan, will have to wait to be eligible for coverage. Please see the plan description section of the Benefits and Cost Summary for the waiting period duration.

#### **Present Employee Waiting Period**

This represents the period that a current employee will have to wait to be eligible for coverage. This applies only at the initial enrollment event. Please see the plan description section of the Benefits and Cost Summary for the waiting period duration.

#### **Credit Prior Service**

Credit prior service allows Unum to apply a prior period of work with the Employer toward the eligibility waiting period.

### **Exclusions**

Unum will not pay any benefits for a claim that is caused by, contributed to by or occurs as a result of:

- participating in war or act of war, whether declared or undeclared;
- committing acts of terrorism;
- riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- operating, learning to operate, serving as a crew member of or jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven. This does not include flying as a fare paying passenger;
- engaging in hang-gliding, bungee jumping, sailgliding, parasailing, parakiting;
- participating or attempting to participate in a felony, being engaged in an illegal occupation or being incarcerated in a penal institution;
- committing or trying to commit suicide or injuring oneself intentionally, whether sane or not;
- practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received;
- having any sickness or declining process caused by a sickness, including physical or mental infirmity including any treatment for allergic reactions. Unum also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by an injury.



**Product Highlights & Descriptions**  
**Group Accident**

THE PRESIDENT AND FELLOWS OF MIDDLEBURY COLLEGE

In addition to the Exclusions listed above, Unum will also not pay the Catastrophic Accidental Dismemberment or Catastrophic Accidental Loss benefit for the following injuries that are caused by or are the result of:

- an insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a physician; or
- injuries to a dependent child received during the birth.

**Insured Coverage Termination**

An insured's (employee or dependent) coverage under the policy will end on the earliest of:

- date the policy is cancelled;
- date the insured is no longer in an eligible group;
- date the eligible group is no longer covered;
- date of insured's death;
- last day of the period for which contributions were made;
- last day the insured is in active employment;
- date spouse no longer meets the definition of spouse;
- date of divorce or annulment;
- date dependent child(ren) no longer meets the definition of dependent child(ren); or
- however, as long as premium is paid as required, coverage will continue if you elect to continue coverage under the Portability provision or in accordance with the layoff and leave of absence provisions of the policy.

If dependent coverage is present and the employee chooses to cancel spouse and/or child coverage under the policy, coverage for the spouse and/or child ends on the first of the month following the date notification is provided to the Plan Administrator.

Unum will provide coverage for a payable claim which occurs while the insured is covered under the policy.

Underwritten by the following subsidiary of Unum Group:

**Unum Life Insurance Company of America**  
2211 Congress St, Portland ME 04122

**APPENDIX O**

**VOLUNTARY GROUP CRITICAL ILLNESS INSURANCE**



## Critical Illness Insurance

can pay money directly to you when you're diagnosed with certain serious illnesses.

### How does it work?

If you're diagnosed with an illness that is covered by this insurance, you can receive a benefit payment in one lump sum. You can use the money however you want.

### Why is this coverage so valuable?

- The money can help you pay out-of-pocket medical expenses, like co-pays and deductibles.
- You can use this coverage more than once. Even after you receive a payout for one illness, you're still covered for the remaining conditions. If you have a different condition later, you can receive another benefit.
- This insurance pays you once for each eligible illness. However, the diagnoses must be at least 90 days apart, and the conditions can't be related to each other.

### What's covered?

- Heart attack
- Blindness
- Major organ failure
- End-stage kidney failure
- Benign brain tumor
- Coronary artery bypass surgery (pays at 25% of lump sum benefit)
- Coma that lasts at least 14 consecutive days
- Stroke whose effects are confirmed at least 30 days after the event
- Occupational HIV
- Permanent paralysis of at least two limbs due to a covered accident

### Coverage is also included for:

- Cancer
- Carcinoma in situ — pays 25% of your coverage amount. (Carcinoma in situ is defined as cancer that involves only cells in the tissue in which it began and that has not spread to nearby tissues.)

### Why should I buy coverage now?

- It's more affordable when you buy it through your employer.
- The cost is conveniently deducted from your paycheck.
- You can keep coverage if you leave the company or retire. You'll be billed at home.

### What else is included?

#### A Wellness Benefit

Every year, each family member who has Critical Illness coverage can also receive \$50 for getting a health screening test, such as:

- Blood tests
- Chest X-rays
- Stress tests
- Colonoscopies
- Mammograms
- And other tests listed in your policy

Please refer to the policy for complete details about these covered conditions. Coverage may vary by state. See exclusions and limitations.

**Effective date of coverage:** Coverage becomes effective on the first day of the month in which payroll deductions begin. Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. Spouses and dependent children must reside in the United States to receive coverage.

## Critical Illness Insurance

### Who can get coverage?

Coverage is guaranteed up to the stated amount. If you don't sign up now but decide to apply later, you may have to answer medical questions.

<b>You:</b>	Choose from \$5,000 to \$50,000 in increments of \$1,000. Coverage is guaranteed up to \$10,000 if you apply during this enrollment. You can get coverage up to \$50,000, but you may have to answer a few health questions.
<b>Your spouse:</b>	Spouses from ages 17 and up can get \$5,000 of coverage as long as you have purchased coverage for yourself. They can get coverage up to \$30,000 in increments of \$1,000, but they may have to answer a few health questions.
<b>Your children:</b>	Dependent children from newborns to age 26 are automatically covered at no extra cost. Their coverage amount is 50% of yours. They are covered for all the same illnesses, plus these specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome and spina bifida. The diagnosis must occur after the child's coverage effective date.

Unum has been a leading provider in **group disability benefits** for over 4 decades.<sup>1</sup>

<b>#1</b> Individual Disability <sup>2</sup> Whole/Universal Life <sup>3</sup>	<b>#3</b> Voluntary Benefits <sup>5</sup> Critical Illness <sup>6</sup>
<b>#2</b> Group Disability <sup>4</sup>	

1 Employee Benefit Plan Review, "Group Accident & Health Surveys 1976-1990" (1977-1991); Gen Re, "U.S. Group Disability Market Surveys 1991-2013" (1992-2014); LIMRA, "U.S. Group Disability Insurance 2014-2016 Annual Sales and In Force" (2015-2017).

2 LIMRA, "4Q 2017 U.S. Workplace Disability Insurance Inforce" (2018), based on inforce premium.

3 Eastbridge, "U.S. Worksite/Voluntary Sales Report: Carrier Results for 2016" (2017).

4 LIMRA, "4Q 2017 U.S. Workplace Disability Insurance Inforce (2018), based on inforce premium.

5,6 Eastbridge, "U.S. Worksite/Voluntary Sales Report: Carrier Results for 2016" (2017).

### Exclusions and limitations

#### Reduction of benefits

Any coverage inforce prior to the insured's 70th birthday will be reduced on the policy anniversary date following the insured's 70th birthday. The insured's face amount will be reduced to 50% of the face amount the insured had prior to the policy anniversary date. Any coverage inforce after the policy anniversary date following the insured's 70th birthday will not be subject to a benefit reduction on subsequent policy anniversary dates.

#### Exclusions and limitations

Unum will not pay benefits for a claim that is caused by, contributed to by or occurs as a result of:

- Participating or attempting to participate in a felony or being engaged in an illegal occupation;
- Committing or trying to commit suicide or injuring oneself intentionally; or
- Participating in war or any act of war, whether declared or undeclared; or
- Committing acts of terrorism; or
- Being under the influence of or addicted to intoxicants or narcotics. This would not include physician-prescribed medication, taken in the prescribed dosage.

#### Termination of employee coverage

If you choose to cancel your coverage under the policy, your coverage ends on the first of the month following the date you provide notification to your employer. Otherwise, your coverage under the policy ends on the earliest of the:

- Date this policy is canceled;
- Date you are no longer in an eligible group;
- Date your eligible group is no longer covered;
- Date of your death;
- Last day of the period for which you made any required contributions; or
- Last day you are in active employment. However, as long as premium is paid as required, coverage will continue if you elect to continue coverage under the portability provision or in accordance with the Layoff and Leave of Absence provisions of this policy.

Coverage on your dependent children ends on the earliest of the date your coverage under this policy ends or the date a dependent child no longer meets the definition of dependent children.

Unum will provide coverage for a payable claim which occurs while you are covered under this policy.

#### THIS INSURANCE PROVIDES LIMITED BENEFITS

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The

policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form CI-1 or contact your Unum representative.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

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**Benefits & Cost Summary: Group Critical Illness**

THE PRESIDENT AND FELLOWS OF MIDDLEBURY COLLEGE

**Group Critical Illness Insurance**

Critical Illness insurance is designed to help employees offset the financial effects of a catastrophic illness with a lump sum benefit if an insured is diagnosed with a covered critical illness. The Critical Illness benefit is based on the amount of coverage in effect on the date of diagnosis of a critical illness or the date treatment is received according to the terms and provisions of the policy.

**Coverage effective date:** January 1, 2020

**Cost of coverage paid by:** Employee

**Eligibility class descriptions:**

**Benefit-eligible employees**

<b>Plan Description</b>	<b>Class 1</b>
Type of Plan	Critical Illness with Cancer Option
Covered Conditions	For Critical Illness with Cancer: Cancer, Carcinoma in Situ (25%), Heart Attack, Coronary Artery Bypass Surgery (25%), Stroke, End Stage Renal (Kidney) Failure, Major Organ Failure, Permanent Paralysis as the result of a Covered Accident, Coma as the result of Severe Traumatic Brain Injury, Blindness, Benign Brain Tumor, Occupational HIV.  Additional Covered Conditions for Dependent Children: -Cerebral Palsy -Cleft Lip or Palate -Cystic Fibrosis -Down Syndrome -Spina Bifida
Family Coverage Options	Employee/Child, Spouse  Note: Child coverage automatically included with Employee coverage
Coverage Amount	Employee - \$5,000 to \$50,000 in increments of \$1,000  Spouse - \$5,000 to \$30,000 in increments of \$1,000  Child - 50% of Employee Coverage Amount
Guaranteed Issue Limit Amount	Employee - \$10,000  Spouse - \$5,000
Rates	Issue age, unisex, tobacco distinct
Benefit Reduction	Benefit reduces by 50% on the policy anniversary date following the insured's 70 <sup>th</sup> birthday
Minimum Number of Applications Required for Policy to Issue	2% of approved adult applications based on total eligible employees
Participation Basis	Guaranteed Issue: Guaranteed Issue is available from application one. Should participation at the initial enrollment event not meet the expected participation level, the Underwriting Offer may be changed for future enrollments.



**Benefits & Cost Summary: Group Critical Illness**

THE PRESIDENT AND FELLOWS OF MIDDLEBURY COLLEGE

<b>Plan Description</b>	<b>Class 1</b>
Evidence of Insurability (Health Questions)	<p>Employee/Spouse</p> <p>Health questions are not required for amounts up to the guaranteed issue limit of \$10,000 for the employee and \$5,000 for the spouse.</p> <p>Health questions are required for amounts greater than the guaranteed issue limit for the employee and spouse.</p> <p>Dependent Children are covered for 50% of the Employee coverage amount without Evidence of Insurability.</p>
Pre-existing Condition Period	N/A
Benefit Waiting Period	N/A
Wellness Benefit	\$50 per insured per calendar year.
<u>Employee Elected Options</u>	
Critical Illness Coverage Amount	Included
Spouse Coverage	Included
Cancer Coverage	Included
Minimum Hours for Eligibility	Refer to Wrap Plan
New Employee Waiting Period	For new employees who complete their waiting period on or after the plan effective date, coverage will begin on the first of the month following the date they are approved by Unum which is the first of the month payroll deductions begin.
Present Employee Waiting Period	<p>0 days*</p> <p>*This is the period of time that current employees must be actively employed before they are eligible for coverage.</p>
Credit Prior Service	Included
Portability	Included
Primary Enrollment Method	Face to Face
Enrollment Frequency	All Scheduled
Pre-Tax Capability	Unum does not support the sale of its Voluntary benefits on a pre-tax basis.
<u>Reenrollment Information</u>	
Increase Coverage Levels for Currently Enrolled Employees	Currently enrolled employees may purchase an increase in coverage to any level subject to health questions.
Coverage Levels for Previously Eligible Employees Not Currently Enrolled	Previously eligible employees not currently enrolled may qualify for coverage at any level subject to health questions.
Increase Coverage Levels for Currently Enrolled Spouses	Currently enrolled spouses may purchase an increase in coverage to any level subject to health questions.
Coverage Levels for Previously Eligible Spouses Not Currently Enrolled	Previously eligible spouses not currently enrolled may qualify for coverage at any level subject to health questions.



**Benefits & Cost Summary: Group Critical Illness**

THE PRESIDENT AND FELLOWS OF MIDDLEBURY COLLEGE

**Rate Information**

Wellness benefit premium is in addition to base premium.

**Class 1**

Without Cancer Monthly Rates per \$1,000		
Issue Ages	Non-Tobacco	Tobacco
< 25	.27	.27
25 - 29	.28	.28
30 - 34	.40	.40
35 - 39	.54	.54
40 - 44	.78	.78
45 - 49	1.02	1.02
50 - 54	1.32	1.32
55 - 59	1.70	1.70
60 - 64	2.17	2.17
65 - 69	2.48	2.48
70 +	4.65	4.65

**Class 1**

With Cancer Monthly Rates per \$1,000		
Issue Ages	Non-Tobacco	Tobacco
< 25	.46	.46
25 - 29	.52	.52
30 - 34	.76	.76
35 - 39	1.05	1.05
40 - 44	1.51	1.51
45 - 49	2.08	2.08
50 - 54	2.75	2.75
55 - 59	3.59	3.59
60 - 64	4.50	4.50
65 - 69	4.96	4.96
70 +	8.64	8.64

**Class 1**

Wellness Benefit - Additional Monthly Cost per \$50	
Employee and Children	\$1.60
Spouse	\$1.60

Dependent Children issue ages are newborn up to their 26<sup>th</sup> birthday or to the maximum coverage age defined in the policy.

<b>Rate Guarantee</b>	2 Years (subject to the policy terms)
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Eligibility for, entitlement to, and amount of actual benefits will be determined according to the terms of the group critical illness insurance policy.

**THIS IS A LIMITED POLICY**

Underwritten by the following subsidiary of Unum Group:

**Unum Life Insurance Company of America**  
2211 Congress St., Portland, ME 04122



## Group Critical Illness Insurance

Some features listed below may be applicable only to certain quotes and/or classes. Please see the "Plan Description" section of your Benefits and Cost Summary for specific plan details.

### Enrollment Frequency

#### Scheduled

Eligible Employees may apply for coverage at a scheduled enrollment period. If the plan includes employee choices, employees may increase only during a scheduled enrollment period and within plan design limits. Employees applying for or increasing coverage may be required to submit Evidence of Insurability (EOI). Decreases can be made at anytime and do not require EOI.

#### Portability

Portability allows an employee who has been insured under the policy to continue Group Critical Illness coverage at group rates when employment ends or when the policy is terminated by the policyholder and is not being replaced. An employee must apply for coverage and pay the first premium within 31 days of the continuation event.

#### Benefit Reduction

Any coverage inforce prior to the insured's 70th birthday will be reduced on the policy anniversary date following the insured's 70th birthday. The insured's coverage amount will be reduced to 50% of the coverage amount the insured had prior to the policy anniversary date. Any coverage inforce after the policy anniversary date following the insured's 70th birthday will not be subject to a benefit reduction on subsequent policy anniversary dates. There will be no further increases in the insured's coverage amount.

#### Wellness Benefit

##### Coverage Amount \$50

Unum will pay the Wellness Benefit once per insured per calendar year while coverage is inforce.

Wellness tests are:

- Blood test for triglycerides;
- Bone marrow aspiration or biopsy;
- CA 15-3 (blood test for breast cancer);
- CA-125 (blood test for ovarian cancer);
- CEA (blood test for colon cancer);
- Carotid Doppler;
- Chest x-ray;
- Colonoscopy;
- Echocardiogram;
- Electrocardiogram;
- Fasting blood glucose test;
- Fasting plasma glucose (FPG);
- Hemoglobin A1C(HbA1c);
- Flexible sigmoidoscopy;
- Hemocult stool analysis;
- Mammography;
- Pap smear;
- PSA (blood test for prostate cancer);
- Serum cholesterol test to determine HDL and LDL levels;
- Serum protein electrophoresis (blood test for myeloma);
- Skin cancer biopsy;
- Stress test on a bicycle or treadmill;
- Thermography;
- Thin prep pap test;
- Two hour post load plasma glucose;
- Virtual Colonoscopy

#### New Employee Waiting Period

This represent the period that a new employee, hired after the effective date of the plan, will have to wait to be eligible for coverage. Please see the plan description section of the Benefits and Cost Summary for the waiting period duration.



## **Present Employee Waiting Period**

This represents the period that a current employee will have to wait to be eligible for coverage. This applies only at the initial enrollment event. Please see the plan description section of the Benefits and Cost Summary for the waiting period duration.

## **Credit Prior Service**

Credit prior service allows Unum to apply a prior period of work with the Employer toward the eligibility waiting period.

## **Benefit Waiting Period**

None

## **Evidence of Insurability**

**Evidence of Insurability** is a statement of the employee and/or spouse medical history, which Unum will use to determine if the applicant will be approved for the Critical Illness Insurance.

*Please see the plan description section of the Benefits and Cost Summary to see if Evidence of Insurability applies to any class.*

## **Limitations and Exclusions**

Unum will not pay benefits for a claim that is caused by, contributed to by or occurs as a result of:

- participating or attempting to participate in a felony or being engaged in an illegal occupation;
- committing or trying to commit suicide or injuring oneself intentionally;
- participating in war or any act of war, whether declared or undeclared;
- committing acts of terrorism;
- being under the influence of or addicted to intoxicants or narcotics. This would not include Physician prescribed medication, taken in the prescribed dosage; or
- having a Date of Diagnosis during the Benefit Waiting Period.

## **Termination of Employee Coverage**

If You choose to cancel Your coverage under the policy, Your coverage ends on the first of the month following the date You provide notification to Your Employer.

Otherwise, Your coverage under the policy ends on the earliest of the:

- date this policy is cancelled;
- date You are no longer in an eligible group;
- date Your eligible group is no longer covered;
- date of Your death;
- last day of the period for which You made any required contributions; or
- last day You are in Active Employment. However, as long as premium is paid as required, coverage will continue if You elect to continue coverage under the Portability provision or in accordance with the Layoff and Leave of Absence provisions of this policy.

Coverage on Your Dependent Children ends on the earliest of the date Your coverage under the policy ends or the date a dependent child no longer meets the definition of Dependent Children.

Unum will provide coverage for a Payable Claim which occurs while You are covered under this policy.



**Product Highlights & Descriptions**  
**Group Critical Illness**

THE PRESIDENT AND FELLOWS OF MIDDLEBURY COLLEGE

**Termination of Spouse Coverage**

If You choose to cancel Your Spouse's coverage under the policy, coverage for Your Spouse ends on the first of the month following the date You provide notification to Your Employer.

Otherwise, Spouse coverage under the policy ends on the earliest of the:

- date this policy is cancelled;
- date You are no longer in an eligible group;
- date Your eligible group is no longer covered;
- date of Your death;
- last day of the period for which You made any required contributions;
- last day You are in Active Employment, as long as premium is paid as required, coverage will continue if You elect to continue coverage under the Portability provision or in accordance with the Layoff and Leave of Absence provisions of this policy;
- date Your coverage under the policy ends;
- date Your Spouse no longer meets the definition of Spouse; or
- date of divorce, annulment or dissolution of a civil union.

Unum will provide coverage for a Payable Claim which occurs while Your Spouse is covered under this policy.

Underwritten by the following subsidiary of Unum Group:

**Unum Life Insurance Company of America**  
2211 Congress St, Portland ME 04122

**APPENDIX P**

**VOLUNTARY WHOLE LIFE INSURANCE PLAN**



## Whole Life Insurance

can pay money to your family if you die. It can help them with basic living expenses, final arrangements, tuition and more.

### How does it work?

You can keep Whole Life Insurance as long as you want. Once you've bought coverage, your cost won't increase as you age. The benefit amount stays the same, too — it doesn't decrease as you get older. That means you get protection during your working years and into retirement.

Whole Life Insurance also earns interest, or "cash value," at a guaranteed rate of 4.5%.\* You can borrow from that cash value, or you can buy a smaller, paid-up policy — with no more premiums due.

### What's included?

#### A "Living" Benefit

You can request an early payout of your policy's death benefit (up to \$150,000 maximum) if you're expected to live 12 months or less. It would reduce the benefit that's paid when you die.

### Who can get coverage?

<b>You</b>	You can purchase coverage for as little as \$3 weekly, as long as the minimum benefit is at least \$2,000. The benefit amount is based on the premium amount you select, your age when coverage begins, and whether you use tobacco.
<b>Your spouse: Individual coverage</b>	Available for your spouse, ages 15-80, even if you don't purchase coverage for yourself. If you leave your employer, you can keep this coverage and be billed at home. You can purchase coverage for as little as \$3 weekly, as long as the minimum benefit is at least \$2,000. The benefit amount is based on the premium amount you choose, your spouse's age when coverage begins, and whether they use tobacco.
<b>Your children: Individual coverage</b>	Your children and grandchildren can have individual coverage, even if you don't get coverage for yourself. If you leave your employer, your children can keep their coverage. You can purchase coverage for each child for as little as \$1 a week.

### Why should I buy coverage now?

- It's more affordable when you're younger. Once you've bought coverage, your cost stays the same as long as you keep it.
- The cost is conveniently deducted from your paycheck.
- Whole life gives you valuable protection in addition to any term life insurance you might have.

### What else can I add?

#### 50% more coverage

Increase your benefit amount by 50% for a 20-year period. For example, if your Whole Life benefit is \$20,000, this option would add \$10,000 of term life insurance coverage for the next 20 years.

- Available for you, age 15-60
- An affordable way to add term life coverage

#### An Accidental Death Benefit

This increases the payment your family would receive if you die from a covered accident before age 70.

- Available for you and your spouse, age 15-65
- Doubles the death benefit, which could add up to \$150,000 extra coverage

These options will increase your cost.



Unum has been a leading provider in group disability benefits for over 4 decades.<sup>1</sup>

- #1 Individual Disability<sup>2</sup> Whole/Universal Life<sup>3</sup>
- #2 Group Disability<sup>4</sup>
- #3 Voluntary Benefits<sup>5</sup> Critical Illness<sup>6</sup>

1 Employee Benefit Plan Review, "Group Accident & Health Surveys 1976-1990" (1977-1991); Gen Re, "U.S. Group Disability Market Surveys 1991-2013" (1992-2014); LIMRA, "U.S. Group Disability Insurance 2014-2016 Annual Sales and In Force" (2015-2017).  
2 LIMRA, "4Q 2017 U.S. Workplace Disability Insurance Inforce" (2018), based on inforce premium.  
3 Eastbridge, "U.S. Worksite/Voluntary Sales Report: Carrier Results for 2016" (2017).  
4 LIMRA, "4Q 2017 U.S. Workplace Disability Insurance inforce (2018), based on inforce premium.  
5,6 Eastbridge, "U.S. Worksite/Voluntary Sales Report: Carrier Results for 2016" (2017).

When you buy life insurance, you name the people who will receive the money from the policy when you die. These people are called beneficiaries. Unum will pay benefits to the beneficiaries in one lump sum; however, if a beneficiary is a minor (typically younger than 18, but this may vary by state) and no financial guardian has been appointed, the benefits will be paid to that minor through a Unum Retained Asset Account.

A Unum Retained Asset Account is a fund held in Unum's general account for the named minor beneficiary. The account accrues interest regardless of Unum's actual investment performance, and, while not FDIC insured, the account funds are fully guaranteed by Unum. For more information about the retained asset account, please contact Unum.

\*The policy accumulates cash value based on a non-forfeiture interest rate of 4.5% and the 2017 CSO mortality table. The cash value is guaranteed and will be equal to the values shown in the policy. Cash value will be reduced by any outstanding loans against the policy. Eligible employees must be actively at work to apply for coverage. Employees are not considered actively at work if they are on a leave of absence.

Employees must be U.S. citizens, Canadian citizens working in the U.S., or have a Green Card to receive coverage.

#### Effective date of coverage

Your coverage will be effective on the first day of the month in which payroll deductions begin.

#### Exclusions

Life Insurance benefits will not be paid for deaths caused by suicide. If within two years from the policy effective date, the insured commits suicide, whether sane or insane, Unum will not pay the death benefit. The amount payable by us in place of all other benefits, shall be the sum of premiums paid, without interest, less the sum of any debt and the cost of any riders.

#### Termination of coverage

All coverage under this policy will terminate on the earliest of the following:

- Written request by you to terminate the policy;
- The insured dies;
- The policy matures; or
- The loan value exceeds the guaranteed cash value of this policy.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details

of coverage and availability, please refer to Policy Form L-21848 et al. or contact your Unum representative.

Unum complies with state civil union and domestic partner laws when applicable.

Underwritten by:

Provident Life & Accident Insurance Company, Chattanooga, TN

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## Whole Life Insurance

Unum's Whole Life insurance offers protection beyond an individual's working years, potentially for your lifetime. With a guaranteed death benefit that will never decrease, level premiums that will never increase, cash value accumulation, living benefits and other options, Whole Life goes beyond typical term life insurance.

**Proposed coverage effective date:** January 1, 2020

**Number of eligible employees:** 1479

**Eligibility class descriptions:** **Benefit Eligible Employees**

<b>Plan Description</b>	<b>Class 1</b>
Family Coverage Options	Employee, Spouse and Child
Purchase Option Type	Money Purchase
Purchase Option Type Child	Money Purchase
Paid Up Option	Payable to Age 120, with option for Paid Up at Age 70 Paid Up at Age 70 Issue Ages 15-50 *Child always Paid Up at Age 70
Benefit Amounts	Employee - \$2,000 - \$300,000 Spouse - \$2,000 - \$75,000 Child - \$5,000 - \$50,000 *All Policies issued are subject to minimum premium limits*
Issue Ages	15-80 - Employee and Spouse 14 days to 26 years - Juvenile
Rates	Employee and Spouse - Age last birthday, unisex, tobacco distinct Juvenile - Unisex
Coverage Effective Date	The first day of the month in which payroll deductions begin
Minimum Number of Applications Required for Policy to Issue	2% of approved adult applications based on total eligible employees
Participation Basis	Guaranteed Issue: Guaranteed Issue is available from application one. Should participation at the initial enrollment event not meet the expected participation level, the Underwriting Offer may be changed for future enrollments.
Evidence of Insurability (Health Questions)	See grid below for details
Guaranteed Renewable	To age 120 - as long as the required premiums are paid
<b>Employee Elected Options</b>	
- Employee Term Rider	50% of the employee face amount *Issue Ages 15-60
- Accidental Death Benefit (ADB)	Coverage is equal to the face amount up to a maximum of \$150,000.
Enrollment Frequency	All Scheduled
Primary Enrollment Method	Face to Face



New Employee Waiting Period	For new employees who complete their waiting period on or after the plan effective date, coverage will begin on the first of the month following the date they are approved by Unum which is the first of the month payroll deductions begin.
Present Employee Waiting Period	0 days* *This is the period of time that current employees must be actively employed before they are eligible for coverage .
Minimum Hours for Eligibility	Refer to Wrap Plan
<u>Reenrollment Information</u>	
Increase Coverage Levels for Currently Enrolled Employees	Currently enrolled employees may purchase an increase in coverage to the maximum Guaranteed Issue amount without health questions.
Coverage Levels for Previously Eligible Employees Not Currently Enrolled	Previously eligible employees not currently enrolled may qualify for coverage at any level subject to health questions.
Increase Coverage Levels for Currently Enrolled Spouses	Currently enrolled spouses may purchase an increase in coverage to any level subject to health questions.
Coverage Levels for Previously Eligible Spouses Not Currently Enrolled	Previously eligible spouses not currently enrolled may qualify for coverage at any level subject to health questions.

**States where enrollment will take place:** VT  
(Actual enrollment states will depend on product availability.)

**Class 1**

<b>Evidence of Insurability (Health Questions)</b>	
Tier I Amounts	Tier II Amounts
<b>Employee (Money Purchase)</b> Health questions are not required for amounts up to \$12 weekly premium.	<b>Employee (Money Purchase)</b> Tier I and Tier II health questions are required for amounts over \$12 weekly premium, up to \$20 weekly premium.
<b>Spouse (Money Purchase)</b> One qualifying question is always required. Spouse may receive up to \$3 weekly premium Conditional Guaranteed Issue.	<b>Spouse (Money Purchase)</b> Tier I and Tier II health questions are required for amounts over \$3 weekly premium, up to \$10 weekly premium.
<b>Child (Money Purchase)</b> Health questions are not required for amounts up to \$3 weekly premium.	<b>Child (Money Purchase)</b> Not Applicable

**Rates and Cost Information**

See Rate Sheets section below



**Rates and Cost Information**

**Whole Life**

Some rates and costs listed below may be applicable only to certain quotes and/or classes. Please see the "Plan Description" section of your Benefits Summary for specific plan details.

Premium illustrates base product premium only; optional rider premium is in addition to base premium.

The guaranteed interest rate is 4.5%. Surrender value will be reduced by any outstanding loans.

Cash Values shown apply to policies effective 1/1/2020 and later for all states except California. For Cash Values available in California, please contact your Unum sales representative.

<b>Employee and Spouse Money Purchase</b>				
<b>Paid Up Age 120</b>				
<b>Cash Value at 65</b>				
For use in all states except New York				
<b>Face amounts based on a money purchase of \$13.00 monthly</b>				
	<b>Non-Tobacco</b>		<b>Tobacco</b>	
<b>Issue Age</b>	<b>Face Amount</b>	<b>Cash Value</b>	<b>Face Amount</b>	<b>Cash Value</b>
15	\$23,214	\$9,146	\$14,169	\$5,583
20	\$20,996	\$7,530	\$12,065	\$5,379
25	\$17,910	\$6,215	\$10,277	\$4,434
30	\$14,593	\$4,839	\$8,824	\$3,641
35	\$11,650	\$3,630	\$7,072	\$2,742
40	\$9,075	\$2,602	\$5,436	\$1,935
45	\$6,949	\$1,767	\$4,101	\$1,291
50	\$5,154	\$1,085	\$3,111	\$806
55	\$3,640	\$550	\$2,182	\$400
60	\$2,609	\$499	N/A	N/A
<b>Face amounts based on a money purchase of \$52.00 monthly</b>				
	<b>Non-Tobacco</b>		<b>Tobacco</b>	
<b>Issue Age</b>	<b>Face Amount</b>	<b>Cash Value</b>	<b>Face Amount</b>	<b>Cash Value</b>
15	\$92,857	\$36,586	\$56,676	\$22,330
20	\$83,984	\$30,120	\$48,260	\$21,517
25	\$71,642	\$24,862	\$41,107	\$17,735
30	\$58,372	\$19,357	\$35,294	\$14,562
35	\$46,602	\$14,520	\$28,286	\$10,968
40	\$36,300	\$10,408	\$21,742	\$7,740
45	\$27,795	\$7,070	\$16,404	\$5,164
50	\$20,614	\$4,340	\$12,445	\$3,225
55	\$14,559	\$2,201	\$8,727	\$1,598
60	\$10,435	\$1,996	\$6,413	\$1,344
<b>Face amounts based on a money purchase of \$86.67 monthly</b>				
	<b>Non-Tobacco</b>		<b>Tobacco</b>	
<b>Issue Age</b>	<b>Face Amount</b>	<b>Cash Value</b>	<b>Face Amount</b>	<b>Cash Value</b>
15	\$154,762	\$60,976	\$94,460	\$37,217
20	\$139,973	\$50,200	\$80,433	\$35,861
25	\$119,403	\$41,436	\$68,511	\$29,558
30	\$97,287	\$32,261	\$58,824	\$24,270
35	\$77,670	\$24,200	\$47,144	\$18,281
40	\$60,500	\$17,347	\$36,237	\$12,899
45	\$46,325	\$11,783	\$27,340	\$8,607
50	\$34,357	\$7,234	\$20,742	\$5,376
55	\$24,265	\$3,669	\$14,545	\$2,663
60	\$17,391	\$3,326	\$10,689	\$2,241



<b>Employee and Spouse Money Purchase</b>				
<b>Paid Up Age 70</b>				
<b>Cash Value at 65</b>				
For use in all states except New York				
<b>Face amounts based on a money purchase of \$13.00 monthly</b>				
	<b>Non-Tobacco</b>		<b>Tobacco</b>	
<b>Issue Age</b>	<b>Face Amount</b>	<b>Cash Value</b>	<b>Face Amount</b>	<b>Cash Value</b>
15	\$20,000	\$8,516	\$12,652	\$5,387
20	\$18,118	\$7,161	\$10,773	\$5,210
25	\$15,264	\$5,964	\$9,107	\$4,348
30	\$12,322	\$4,739	\$7,753	\$3,637
35	\$9,665	\$3,635	\$6,134	\$2,808
40	\$7,317	\$2,669	\$4,610	\$2,038
45	\$5,387	\$1,876	\$3,378	\$1,420
50	\$3,789	\$1,221	\$2,466	\$953
55	N/A	N/A	N/A	N/A
60	N/A	N/A	N/A	N/A
<b>Face amounts based on a money purchase of \$52.00 monthly</b>				
	<b>Non-Tobacco</b>		<b>Tobacco</b>	
<b>Issue Age</b>	<b>Face Amount</b>	<b>Cash Value</b>	<b>Face Amount</b>	<b>Cash Value</b>
15	\$80,000	\$34,062	\$50,608	\$21,548
20	\$72,474	\$28,644	\$43,094	\$20,842
25	\$61,057	\$23,857	\$36,427	\$17,392
30	\$49,289	\$18,955	\$31,014	\$14,549
35	\$38,662	\$14,540	\$24,538	\$11,231
40	\$29,268	\$10,674	\$18,440	\$8,154
45	\$21,547	\$7,504	\$13,512	\$5,678
50	\$15,157	\$4,886	\$9,862	\$3,811
55	N/A	N/A	N/A	N/A
60	N/A	N/A	N/A	N/A
<b>Face amounts based on a money purchase of \$86.67 monthly</b>				
	<b>Non-Tobacco</b>		<b>Tobacco</b>	
<b>Issue Age</b>	<b>Face Amount</b>	<b>Cash Value</b>	<b>Face Amount</b>	<b>Cash Value</b>
15	\$133,333	\$56,771	\$84,347	\$35,913
20	\$120,790	\$47,740	\$71,823	\$34,737
25	\$101,761	\$39,762	\$60,712	\$28,988
30	\$82,148	\$31,591	\$51,690	\$24,249
35	\$64,436	\$24,234	\$40,897	\$18,719
40	\$48,780	\$17,791	\$30,733	\$13,590
45	\$35,912	\$12,506	\$22,521	\$9,464
50	\$25,261	\$8,143	\$16,437	\$6,353
55	N/A	N/A	N/A	N/A
60	N/A	N/A	N/A	N/A

<b>Child Money Purchase</b>		
Child Weekly Premium Maximum is \$2 in Washington		
<b>Paid Up Age 70</b>		
<b>Cash Value at 65</b>		
<b>Child face amounts based on a money purchase of \$4.34 monthly</b>		
	<b>Uni-Tobacco</b>	
<b>Issue Age</b>	<b>Face Amount</b>	<b>Cash Value</b>
0	\$7,461	\$3,236
1	\$7,450	\$3,229
2	\$7,429	\$3,217
3	\$7,345	\$3,178
4	\$7,232	\$3,126



**Rates and Cost Information: Whole Life**

THE PRESIDENT AND FELLOWS OF MIDDLEBURY COLLEGE

Child face amounts based on a money purchase of \$4.34 monthly		
Uni-Tobacco		
Issue Age	Face Amount	Cash Value
5	\$7,084	\$3,059
10	\$6,198	\$2,660
15	\$5,274	\$2,246
25	\$3,994	\$1,665
Child face amounts based on a money purchase of \$8.67 monthly		
Uni-Tobacco		
Issue Age	Face Amount	Cash Value
0	\$14,921	\$6,472
1	\$14,900	\$6,458
2	\$14,857	\$6,434
3	\$14,689	\$6,355
4	\$14,465	\$6,252
5	\$14,169	\$6,118
10	\$12,396	\$5,320
15	\$10,548	\$4,491
25	\$7,988	\$3,329
Child face amounts based on a money purchase of \$13.00 monthly		
Uni-Tobacco		
Issue Age	Face Amount	Cash Value
0	\$22,382	\$9,708
1	\$22,350	\$9,687
2	\$22,286	\$9,651
3	\$22,034	\$9,533
4	\$21,697	\$9,378
5	\$21,253	\$9,176
10	\$18,594	\$7,980
15	\$15,822	\$6,737
25	\$11,982	\$4,994

Employee Term Rider				
Paid Up Age 120 for Base - 20 Year Term for Rider				
Employee Term Rider premiums based on a money purchase of \$13.00 monthly				
Issue Age	Non-Tobacco		Tobacco	
	Term Amount	Term Premium	Term Amount	Term Premium
15	\$11,607	\$1.99	\$7,085	\$1.81
20	\$10,498	\$1.91	\$6,033	\$1.66
25	\$8,955	\$2.01	\$5,139	\$1.75
30	\$7,297	\$2.06	\$4,412	\$1.85
35	\$5,825	\$2.14	\$3,536	\$1.89
40	\$4,538	\$2.19	\$2,718	\$1.89
45	\$3,475	\$2.26	\$2,051	\$1.89
50	\$2,577	\$2.22	\$1,556	\$1.89
55	\$1,820	\$2.25	\$1,091	\$1.89
60	\$1,305	\$2.25	N/A	N/A
Employee Term Rider premiums based on a money purchase of \$52.00 monthly				
Issue Age	Non-Tobacco		Tobacco	
	Term Amount	Term Premium	Term Amount	Term Premium
15	\$46,429	\$7.97	\$28,338	\$7.23
20	\$41,992	\$7.63	\$24,130	\$6.66
25	\$35,821	\$8.03	\$20,554	\$7.01
30	\$29,186	\$8.22	\$17,647	\$7.40
35	\$23,301	\$8.54	\$14,143	\$7.57
40	\$18,150	\$8.77	\$10,871	\$7.57



**Rates and Cost Information: Whole Life**

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<b>Employee Term Rider premiums based on a money purchase of \$52.00 monthly</b>				
	<b>Non-Tobacco</b>		<b>Tobacco</b>	
<b>Issue Age</b>	<b>Term Amount</b>	<b>Term Premium</b>	<b>Term Amount</b>	<b>Term Premium</b>
45	\$13,898	\$9.02	\$8,202	\$7.56
50	\$10,307	\$8.88	\$6,223	\$7.56
55	\$7,280	\$9.00	\$4,364	\$7.56
60	\$5,218	\$9.01	\$3,207	\$7.56

<b>Employee Term Rider premiums based on a money purchase of \$86.67 monthly</b>				
	<b>Non-Tobacco</b>		<b>Tobacco</b>	
<b>Issue Age</b>	<b>Term Amount</b>	<b>Term Premium</b>	<b>Term Amount</b>	<b>Term Premium</b>
15	\$77,381	\$13.28	\$47,230	\$12.04
20	\$69,987	\$12.71	\$40,217	\$11.09
25	\$59,702	\$13.38	\$34,256	\$11.68
30	\$48,644	\$13.70	\$29,412	\$12.33
35	\$38,835	\$14.24	\$23,572	\$12.61
40	\$30,250	\$14.62	\$18,119	\$12.61
45	\$23,163	\$15.04	\$13,670	\$12.60
50	\$17,179	\$14.80	\$10,371	\$12.60
55	\$12,133	\$15.00	\$7,273	\$12.61
60	\$8,696	\$15.01	\$5,345	\$12.60

<b>Employee Term Rider Paid Up Age 70 for Base - 20 Year Term for Rider</b>				
<b>Employee Term Rider premiums based on a money purchase of \$13.00 monthly</b>				
	<b>Non-Tobacco</b>		<b>Tobacco</b>	
<b>Issue Age</b>	<b>Term Amount</b>	<b>Term Premium</b>	<b>Term Amount</b>	<b>Term Premium</b>
15	\$10,000	\$1.72	\$6,326	\$1.61
20	\$9,059	\$1.65	\$5,387	\$1.49
25	\$7,632	\$1.71	\$4,554	\$1.55
30	\$6,161	\$1.74	\$3,877	\$1.63
35	\$4,833	\$1.77	\$3,067	\$1.64
40	\$3,659	\$1.77	\$2,305	\$1.60
45	\$2,694	\$1.75	\$1,689	\$1.56
50	\$1,895	\$1.63	\$1,233	\$1.50
55	N/A	N/A	N/A	N/A
60	N/A	N/A	N/A	N/A

<b>Employee Term Rider premiums based on a money purchase of \$52.00 monthly</b>				
	<b>Non-Tobacco</b>		<b>Tobacco</b>	
<b>Issue Age</b>	<b>Term Amount</b>	<b>Term Premium</b>	<b>Term Amount</b>	<b>Term Premium</b>
15	\$40,000	\$6.87	\$25,304	\$6.45
20	\$36,237	\$6.58	\$21,547	\$5.94
25	\$30,529	\$6.84	\$18,214	\$6.21
30	\$24,645	\$6.94	\$15,507	\$6.50
35	\$19,331	\$7.09	\$12,269	\$6.56
40	\$14,634	\$7.07	\$9,220	\$6.42
45	\$10,774	\$6.99	\$6,756	\$6.23
50	\$7,579	\$6.53	\$4,931	\$5.99
55	N/A	N/A	N/A	N/A
60	N/A	N/A	N/A	N/A

<b>Employee Term Rider premiums based on a money purchase of \$86.67 monthly</b>				
	<b>Non-Tobacco</b>		<b>Tobacco</b>	
<b>Issue Age</b>	<b>Term Amount</b>	<b>Term Premium</b>	<b>Term Amount</b>	<b>Term Premium</b>
15	\$66,667	\$11.45	\$42,174	\$10.75
20	\$60,395	\$10.97	\$35,912	\$9.91
25	\$50,881	\$11.41	\$30,356	\$10.35
30	\$41,074	\$11.57	\$25,845	\$10.83



**Rates and Cost Information: Whole Life**

THE PRESIDENT AND FELLOWS OF MIDDLEBURY COLLEGE

<b>Employee Term Rider premiums based on a money purchase of \$86.67 monthly</b>				
	<b>Non-Tobacco</b>		<b>Tobacco</b>	
<b>Issue Age</b>	<b>Term Amount</b>	<b>Term Premium</b>	<b>Term Amount</b>	<b>Term Premium</b>
35	\$32,218	\$11.81	\$20,449	\$10.94
40	\$24,390	\$11.79	\$15,367	\$10.69
45	\$17,956	\$11.66	\$11,261	\$10.38
50	\$12,631	\$10.88	\$8,219	\$9.99
55	N/A	N/A	N/A	N/A
60	N/A	N/A	N/A	N/A

<b>Accidental Death Benefit (ADB) Rider</b>		
<b>Paid Up Age 120</b>		
<b>Premiums based on a money purchase of \$13.00 monthly</b>		
Equal to the Face Amount up to a maximum of \$150,000		
	<b>Non-Tobacco</b>	<b>Tobacco</b>
<b>Issue Age</b>	<b>ADB</b>	<b>ADB</b>
15	\$1.86	\$1.13
20	\$1.68	\$0.97
25	\$1.43	\$0.82
30	\$1.17	\$0.71
35	\$0.93	\$0.57
40	\$0.73	\$0.44
45	\$0.56	\$0.33
50	\$0.41	\$0.25
55	\$0.29	\$0.18
60	\$0.21	N/A
<b>Premiums based on a money purchase of \$52.00 monthly</b>		
Equal to the Face Amount up to a maximum of \$150,000		
	<b>Non-Tobacco</b>	<b>Tobacco</b>
<b>Issue Age</b>	<b>ADB</b>	<b>ADB</b>
15	\$7.43	\$4.53
20	\$6.72	\$3.86
25	\$5.73	\$3.29
30	\$4.67	\$2.82
35	\$3.73	\$2.26
40	\$2.90	\$1.74
45	\$2.22	\$1.31
50	\$1.65	\$1.00
55	\$1.17	\$0.70
60	\$0.84	\$0.51
<b>Premiums based on a money purchase of \$86.67 monthly</b>		
Equal to the Face Amount up to a maximum of \$150,000		
	<b>Non-Tobacco</b>	<b>Tobacco</b>
<b>Issue Age</b>	<b>ADB</b>	<b>ADB</b>
15	\$12.00	\$7.56
20	\$11.20	\$6.44
25	\$9.55	\$5.48
30	\$7.78	\$4.71
35	\$6.21	\$3.77
40	\$4.84	\$2.90
45	\$3.71	\$2.19
50	\$2.75	\$1.66
55	\$1.94	\$1.16
60	\$1.39	\$0.86





<b>Accidental Death Benefit (ADB) Rider</b>		
<b>Paid Up Age 70</b>		
<b>Premiums based on a money purchase of \$13.00 monthly</b>		
Equal to the Face Amount up to a maximum of \$150,000		
	<b>Non-Tobacco</b>	<b>Tobacco</b>
<b>Issue Age</b>	<b>ADB</b>	<b>ADB</b>
15	\$1.60	\$1.01
20	\$1.45	\$0.86
25	\$1.22	\$0.73
30	\$0.99	\$0.62
35	\$0.77	\$0.49
40	\$0.59	\$0.37
45	\$0.43	\$0.27
50	\$0.30	\$0.20
55	N/A	N/A
60	N/A	N/A
<b>Premiums based on a money purchase of \$52.00 monthly</b>		
Equal to the Face Amount up to a maximum of \$150,000		
	<b>Non-Tobacco</b>	<b>Tobacco</b>
<b>Issue Age</b>	<b>ADB</b>	<b>ADB</b>
15	\$6.40	\$4.05
20	\$5.80	\$3.45
25	\$4.89	\$2.91
30	\$3.94	\$2.48
35	\$3.09	\$1.96
40	\$2.34	\$1.48
45	\$1.72	\$1.08
50	\$1.21	\$0.79
55	N/A	N/A
60	N/A	N/A
<b>Premiums based on a money purchase of \$86.67 monthly</b>		
Equal to the Face Amount up to a maximum of \$150,000		
	<b>Non-Tobacco</b>	<b>Tobacco</b>
<b>Issue Age</b>	<b>ADB</b>	<b>ADB</b>
15	\$10.67	\$6.75
20	\$9.66	\$5.75
25	\$8.14	\$4.86
30	\$6.57	\$4.14
35	\$5.16	\$3.27
40	\$3.90	\$2.46
45	\$2.87	\$1.80
50	\$2.02	\$1.32
55	N/A	N/A
60	N/A	N/A

Underwritten by the following subsidiary of Unum Group:

**Provident Life and Accident Insurance Company**  
1 Fountain Square, Chattanooga, TN 37402

In New York, coverage is underwritten by:

**First Unum Life Insurance Company**  
666 3rd Avenue, Suite 301, New York, NY 10017



## Whole Life Insurance

Some features listed below may be applicable only to certain quotes and/or classes. Please see the "Plan Description" section of your Benefits Summary for specific plan details.

### Paid Up Option

If the Paid Up Option is Age 120/70; employees will have a choice based on issue age of paying premiums to age 70 or age 120.

- Premiums are payable to age 70; policy will be paid up with no additional premiums due for the life of the policy.
- Policy will mature at age 120.
- This option is available for issue ages 15-50.
- Rates are different based on Paid Up Option selected.

### Enrollment Frequency

#### Scheduled

Eligible Employees may apply for coverage at a scheduled enrollment period. If the plan includes employee choices, employees may increase only during a scheduled enrollment period and within plan design limits. Employees applying for or increasing coverage may be required to submit Evidence of Insurability (EOI).

### Family Coverage Options

#### Spouse Coverage

- The employee does not have to apply for coverage to purchase standalone spouse coverage.
- The spouse cannot be covered under both the spouse standalone policy and spouse term rider.
- The premiums are based on the issue age of the spouse.
- This is an individually owned policy, so coverage can be continued if the employee retires or leaves the company.

#### Children's Coverage

Either Employee or Spouse has the option of choosing a standalone policy for each child.

#### Children's Whole Life Insurance Policy

- Premiums are based on the issue age of the child and are payable to age 70 .
- Coverage can be continued if the employee retires or leaves the company.
- This is available to children and grandchildren, regardless of dependency.

### Additional Coverage Options

#### Employee Term Rider

- Employee issue ages 15-60.
- Benefit equal to 50% of base whole life policy.
- Coverage term of 20 years with level premiums and guaranteed death benefit.
- At the end of 20 years, the coverage expires and cannot be renewed.
- If Base Policy has Waiver of Premium then Waiver of Premium charges will be added for Employee Term Rider.

#### Accidental Death Benefit Rider

Provides an additional death benefit equal to the base policy face amount if the insured individual dies before age 70 as a result of an accident as defined in the policy.

- This rider is available to employees and spouses age 15 to 65, and only at initial enrollment.
- The maximum available benefit is \$150,000.



### **Living Benefit Option Rider**

A Living Benefit Option Rider is automatically included at no extra premium on all policies. This feature allows the policyowner to request up to 100% of the death benefit (to a maximum of \$150,000) if the insured is diagnosed with a medical condition that limits life expectancy to 12 months or less. Any payout reduces the death benefit. May vary by state.

### **State Approvals**

Whole life is currently available for sale in all states.  
Washington must have a minimum face amount of \$5,000.

### **Exclusions**

If the insured individual commits suicide within two years from the policy date, Unum's liability will be the refund of premiums paid, without interest, less the sum of any debt, and the cost of any supplementary benefit riders. May vary by state.

### **Policy Termination**

All coverage terminates when any one of the following occurs:

- You request coverage to terminate;
- The Insured dies;
- The policy matures; or
- The loan value exceeds the Guaranteed Cash Value of the policy.

### **Policy Definitions**

- Premiums are guaranteed level based on the insured individual's age at policy issue, and do not increase due to age.
- The guaranteed non-forfeiture interest rate is 4.5%.
- The policy contains a reduced paid-up provision, which allows employees to use their accumulated cash value to purchase a smaller, paid-up policy with no further premiums due, subject to minimum policy limits.
- Coverage may be continued as long as sufficient premiums are paid.

Underwritten by the following subsidiary of Unum Group:

**Provident Life and Accident Insurance Company**  
1 Fountain Square, Chattanooga, TN 37402

In New York, coverage is underwritten by:

**First Unum Life Insurance Company**  
666 3<sup>rd</sup> Avenue, Suite 301, New York, NY 10017

**APPENDIX Q**

**ABROAD ASSIGNMENT BENEFITS PLANS**

**Global Health Advantage  
2-20 Lives Platinum Plan**

GROUP INSURANCE PLAN

CN004  
716660 – 1/1/2017  
Printed in U.S.A.

**These materials are being made available electronically for your convenience. Cigna has provided the final documents to your employer. Care should be taken to ensure you are reviewing the most complete, accurate and up to date version. Any questions regarding content may be directed to your employer or Cigna.**



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*Home Office: Bloomfield, Connecticut  
Mailing Address: Hartford, Connecticut 06152*

**CIGNA HEALTH AND LIFE INSURANCE COMPANY**

a Cigna company (hereinafter called Cigna) certifies that it insures certain Employees for the benefits provided by the following policy(s):

**GROUP POLICY(S) — COVERAGE**

**PREFERRED PROVIDER MEDICAL BENEFITS  
EMERGENCY EVACUATION OR REPATRIATION BENEFIT (IF APPLICABLE)  
CIGNA VISION  
CIGNA DENTAL PREFERRED PROVIDER BENEFITS (IF APPLICABLE)  
PRESCRIPTION DRUG BENEFITS**

**This certificate describes the main features of the insurance. It does not waive or alter any of the terms of the policy(s). If questions arise, the policy(s) will govern.**

**This certificate takes the place of any other issued to you on a prior date which described the insurance.**

  
*Anna Krishtul, Corporate Secretary*

### **Explanation of Terms**

You will find terms starting with capital letters throughout your certificate. To help you understand your benefits, most of these terms are defined in the Definitions section of your certificate.

### **The Schedule**

**The Schedule is a brief outline of your maximum benefits which may be payable under your insurance. For a full description of each benefit, refer to the appropriate section listed in the Table of Contents.**

## Special Plan Provisions

When you select a Participating Provider, the cost for medical services provided will be less than when you select a non-Participating Provider. Participating Providers include Physicians, Hospitals and Other Health Care Professionals and Other Health Care Facilities. You can access a list of Participating Providers in your area at [www.cignaenvoy.com](http://www.cignaenvoy.com). Participating Providers are committed to providing you and your Dependents appropriate care while lowering medical costs.

### Services Available in Conjunction With Your Medical Plan

The following pages describe helpful services available in conjunction with your medical plan. You can access these services by calling the toll-free number shown on the back of your ID card.

HC-SPP1

04-10  
V1

### Case Management

Case Management is a service provided through a Review Organization, which assists individuals with treatment needs that extend beyond the acute care setting. The goal of Case Management is to ensure that patients receive appropriate care in the most effective setting possible whether at home, as an outpatient, or an inpatient in a Hospital or specialized facility. Should the need for Case Management arise, a Case Management professional will work closely with the patient, his or her family and the attending Physician to determine appropriate treatment options which will best meet the patient's needs and keep costs manageable. The Case Manager will help coordinate the treatment program and arrange for necessary resources. Case Managers are also available to answer questions and provide ongoing support for the family in times of medical crisis.

Case Managers are Registered Nurses (RNs) and other credentialed health care professionals, each trained in a clinical specialty area such as trauma, high risk pregnancy and neonates, oncology, mental health, rehabilitation or general medicine and surgery. A Case Manager trained in the appropriate clinical specialty area will be assigned to you or your Dependent. In addition, Case Managers are supported by a panel of Physician advisors who offer guidance on up-to-date treatment programs and medical technology. While the Case Manager recommends alternate treatment programs and helps coordinate needed resources, the patient's attending Physician remains responsible for the actual medical care.

- You, your dependent or an attending Physician can request Case Management services by calling the **toll-free number** shown on your ID card. In addition, your employer, a claim office or a utilization review program (see the PAC/CSR section of your certificate) may refer an individual for Case Management.
- The Review Organization assesses each case to determine whether Case Management is appropriate.
- You or your Dependent is contacted by an assigned Case Manager who explains in detail how the program works. Participation in the program is voluntary - no penalty or benefit reduction is imposed if you do not wish to participate in Case Management.
- Following an initial assessment, the Case Manager works with you, your family and Physician to determine the needs of the patient and to identify what alternate treatment programs are available (for example, in-home medical care in lieu of an extended Hospital convalescence). You are not penalized if the alternate treatment program is not followed.
- The Case Manager arranges for alternate treatment services and supplies, as needed (for example, nursing services or a Hospital bed and other Durable Medical Equipment for the home).
- The Case Manager also acts as a liaison between the insurer, the patient, his or her family and Physician as needed (for example, by helping you to understand a complex medical diagnosis or treatment plan).
- Once the alternate treatment program is in place, the Case Manager continues to manage the case to ensure the treatment program remains appropriate to the patient's needs.

While participation in Case Management is strictly voluntary, Case Management professionals can offer quality, cost-effective treatment alternatives, as well as provide assistance in obtaining needed medical resources and ongoing family support in a time of need.

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## How To File Your Claim

There's no paperwork for U.S. In-Network care. Just show your identification card and pay your share of the cost, if any; your provider will submit a claim to Cigna for reimbursement. U.S. Out-of-Network and International claims can be submitted by the provider if the provider is able and willing to file on your behalf. If the provider is not submitting on your behalf, you must send your completed claim form and itemized bills to the claims address listed on the claim form.

You may get the required claim form at [www.cignaenvoy.com](http://www.cignaenvoy.com)

or from your Benefit Plan Administrator. All fully completed claim forms and bills should be sent directly to your servicing Cigna Service Center.

You must follow the Predetermination of Benefits procedure when it is necessary for dental forms.

#### **CLAIM REMINDERS**

- BE SURE TO USE YOUR EMPLOYEE ID AND ACCOUNT NUMBER WHEN YOU FILE CIGNA'S CLAIM FORMS, OR WHEN YOU CALL THE CIGNA SERVICE CENTER.
- YOUR EMPLOYEE ID AND ACCOUNT NUMBER ARE SHOWN ON YOUR BENEFIT IDENTIFICATION CARD.
- BE SURE TO FOLLOW THE INSTRUCTIONS LISTED ON THE CLAIM FORM CAREFULLY WHEN SUBMITTING A CLAIM TO CIGNA.

#### **Timely Filing of U.S. Out-of-Network & International Claims**

Cigna will consider claims for coverage under our plans when proof of loss (a claim) is submitted within one year (365 days) for U.S. Out-of-Network and International benefits after services are rendered. If services are rendered on consecutive days, such as for a Hospital Confinement, the limit will be counted from the last date of service. If claims are not submitted within one year for U.S. Out-of-Network and International benefits, the claim will not be considered valid and will be denied.

**WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information; or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act.

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## **Eligibility - Effective Date**

### **Employee Insurance**

This plan is offered to you as an Employee.

#### **Eligibility for Employee Insurance**

You will become eligible for insurance on the day you complete the waiting period if:

- you are in a Class of Eligible Employees; and
- you are an eligible, full-time Employee; and
- you normally work at least 30 hours a week; and
- you pay any required contribution.

### **Eligibility for Dependent Insurance**

You will become eligible for Dependent insurance on the later of:

- the day you become eligible for yourself; or
- the day you acquire your first Dependent.

### **Waiting Period**

None

### **Classes of Eligible Employees**

The following Classes of Employees are eligible for this insurance:

*All full time Expatriate, Third Country National and select Key Local National Employees working outside the United States as reported by the Policyholder.*

“Expatriate” means an Employee who is working outside his country of citizenship (for U.S. citizens, an employee working outside their home country or outside the United States for at least 180 days in a consecutive 12 month period that overlaps with the plan year and their covered dependents).

“Third Country National” generally means an Employee who works outside his country of citizenship and outside the Employer’s country of domicile.

“Key Local National” means an employee of the Policyholder working and residing within his country of citizenship and who the Policyholder has designated as essential to the management of that country’s operation.

Persons for whom coverage is prohibited under applicable law will not be considered eligible under this plan.

### **Employee Insurance**

This plan is offered to you as an Employee. To be insured, you may be required to pay part of the cost.

### **Effective Date of Your Insurance**

If you do not contribute towards the cost of the premium, you will become insured on the date you become eligible.

If you do contribute towards the cost of the premium, you will become insured on the date you elect the insurance by signing an Enrollment and Change Form, but no earlier than the date you become eligible. If you are a Late Entrant, your insurance will not become effective until Cigna agrees to insure you. You will not be denied enrollment for Medical Insurance due to your health status.

You will become insured on the date you become eligible, if you are in Active Service on that date, or if you are not in Active Service on that date due to your health status.

### **Late Entrant - Employee**

You are a Late Entrant if you are required to contribute towards the cost of the premium and:

- you elect the insurance more than 30 days after you become eligible; or
- you again elect it after you have previously canceled the coverage.

### **Dependent Insurance**

For your Dependents to be insured, you may be required to pay part of the cost of Dependent Insurance.

#### **Effective Date of Dependent Insurance**

If you do not contribute towards the cost of the premium for your Dependents, insurance for your Dependents will become effective on the date you become eligible for Dependent Insurance. All of your Dependents as defined will be included.

If you do contribute towards the cost of the premium for your Dependents, insurance for your Dependents will become effective on the date you elect it by signing an Enrollment and Change Form, but no earlier than the date you become eligible for Dependent Insurance.

If you are a Late Entrant for Dependent Insurance, the insurance for each of your Dependents will not become effective until Cigna agrees to insure that Dependent. Your Dependent will not be denied enrollment for Medical Insurance due to health status.

Your Dependents will be insured only if you are insured.

#### **Late Entrant – Dependent**

You are a Late Entrant for Dependent Insurance if you are required to contribute towards the cost of the premium for Dependent Insurance and:

- you elect that insurance more than 30 days after you become eligible for it; or
- you again elect it after you canceled the coverage.

A Dependent spouse or minor child enrolled within 30 days following a court order of such coverage will not be considered a Late Entrant.

#### **Exception for Newborns**

Any Dependent child born while you are insured for Medical Insurance will become insured for Medical Insurance on the date of his birth if you elect Dependent Medical Insurance no later than 31 days after his birth. If you do not elect to insure your newborn child within such 31 days, coverage for that child will end on the 31st day. No benefits for expenses incurred beyond the 31st day will be payable.

## Preferred Provider Medical Benefits

### The Schedule

#### **For You and Your Dependents**

Preferred Provider Medical Benefits provide coverage for care in the United States (In & Out-of-Network) and International. To receive Preferred Provider Medical Benefits, you and your Dependents may be required to pay a portion of the Covered Expenses for services and supplies. That portion is the Copayment or Coinsurance.

#### **Coinsurance**

The term Coinsurance means the percentage of charges for Covered Expenses that an insured person is required to pay under the plan.

#### **Copayments**

Copayments are expenses to be paid by you or your Dependent for covered services. Copayments are in addition to any Coinsurance.

#### **Out-of-Pocket Expenses**

Out-of-Pocket Expenses are Covered Expenses incurred for charges that are not paid by the benefit plan. The following Expenses contribute to the Out-of-Pocket Maximum, and when the Out-of-Pocket Maximum shown in The Schedule is reached, they are payable by the benefit plan at 100%:

- Coinsurance.
- Copayments.

Once the Out-of-Pocket Maximum is reached for covered services that apply to the Out-of-Pocket Maximum, any copayments are no longer required.

The following Out-of-Pocket Expenses and charges do not contribute to the Out-of-Pocket Maximum, and they are not payable by the benefit plan at 100% when the Out-of-Pocket Maximum shown in The Schedule is reached:

- Non-compliance penalties.
- Provider charges in excess of the Maximum Reimbursable Charge.

#### **Accumulation of Out-of-Pocket Maximums**

Out-of-Pocket Maximums will cross-accumulate between U.S. In-Network, U.S. Out-of-Network and International. All other plan maximums and service-specific maximums (dollar and occurrence) will also cross-accumulate.

#### **Multiple Surgical Reduction**

Multiple surgeries performed during one operating session result in payment reduction of 50% to the surgery of lesser charge. The most expensive procedure is paid as any other surgery.

#### **Assistant Surgeon and Co-Surgeon Charges**

##### **Assistant Surgeon**

The maximum amount payable will be limited to charges made by an assistant surgeon as specified in Cigna Reimbursement Policies.

##### **Co-Surgeon**

The maximum amount payable will be limited to charges made by co-surgeons as specified in Cigna Reimbursement Policies.

BENEFIT HIGHLIGHTS	INTERNATIONAL	U.S. IN-NETWORK	U.S. OUT-OF-NETWORK
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited
<b>Emergency Evacuation or Repatriation Benefits</b> *Only applicable if elected by your Employer.	100% *	100%*	100% *
<b>The Percentage of Covered Expenses the Plan Pays</b>	100%	100%	100% of the Maximum Reimbursable Charge
<p><b>Maximum Reimbursable Charge</b></p> <p>Maximum Reimbursable Charge is determined based on the lesser of the provider's normal charge for a similar service or supply; or</p> <p>A percentage of a schedule that we have developed that is based upon a methodology similar to a methodology utilized by Medicare to determine the allowable fee for similar services within the geographic market. In some cases, a Medicare based schedule will not be used and the Maximum Reimbursable Charge for covered services is determined based on the lesser of:</p> <ul style="list-style-type: none"> <li>• the provider's normal charge for a similar service or supply; or</li> <li>• the 80th percentile of charges made by providers of such service or supply in the geographic area where it is received as compiled in a database selected by the Insurance Company.</li> </ul>	U.S. Claims Only	Not Applicable	150%

BENEFIT HIGHLIGHTS	INTERNATIONAL	U.S. IN-NETWORK	U.S. OUT-OF-NETWORK
<b>Maximum Reimbursable Charge (Cont.)</b> <b>Note:</b> The provider may bill you for the difference between the provider's normal charge and the Maximum Reimbursable Charge, in addition to applicable coinsurance.			
<b>Out-of-Pocket Maximum</b> Individual Family Maximum  Family members meet only their individual Out-of-Pocket and then their claims will be covered at 100%; if the family Out-of-Pocket has been met prior to their individual Out-of-Pocket being met, their claims will be paid at 100%.	\$1,000 per person  \$3,000 per family	\$1,000 per person  \$3,000 per family	\$1,000 per person  \$3,000 per family
<b>Combined Medical/Pharmacy Out-of-Pocket Maximum</b> Combined Medical/Pharmacy Out-of-Pocket: includes retail and home delivery prescription drugs	Yes	Yes	Yes
<b>Physician's Services</b>  Physician's Office visit  Surgery Performed In the Physician's Office  Second Opinion Consultations (provided on a voluntary basis)  Allergy Treatment	100%  100%  100%  100%	100%  100%  100%  100%	100%  100%  100%  100%



BENEFIT HIGHLIGHTS	INTERNATIONAL	U.S. IN-NETWORK	U.S. OUT-OF-NETWORK
<b>Preventive Care</b> Routine Preventive Care - all ages Immunizations - all ages	100%	100%	100%
<b>Travel Immunizations</b> For Employees and Dependents	100%	100%	100%
<b>Prescription Drug Benefit</b> Purchased outside the United States	100%	Refer to the Prescription Drug Benefits Schedule	Refer to the Prescription Drug Benefits Schedule
<b>Mammograms, PSA, PAP Smear and Colorectal Cancer Screenings</b>	100%	100%	100%
<b>Lead Poisoning Screening Tests</b> For Children under age 6	100%	100%	100%
<b>Inpatient Hospital - Facility Services</b> Semi-Private Room and Board Private Room  Special Care Units (ICU/CCU)	100%  Limited to the semi-private room rate  Limited to the semi-private room rate (Private Room covered outside the United States only if no semi-private room equivalent is available)  Limited to the ICU/CCU daily room rate	100%  Limited to the semi-private room negotiated rate  Limited to the semi-private room negotiated rate  Limited to the negotiated rate	100%  Limited to the semi-private room rate  Limited to the semi-private room rate  Limited to the ICU/CCU daily room rate
<b>Outpatient Facility Services</b> Operating Room, Recovery Room, Procedures Room, Treatment Room and Observation Room	100%	100%	100%
<b>Inpatient Hospital Physician's Visits/Consultations</b>	100%	100%	100%

BENEFIT HIGHLIGHTS	INTERNATIONAL	U.S. IN-NETWORK	U.S. OUT-OF-NETWORK
<b>Inpatient Hospital Professional Services</b> Surgeon Radiologist Pathologist Anesthesiologist	100%	100%	100%
<b>Outpatient Professional Services</b> Surgeon Radiologist Pathologist Anesthesiologist	100%	100%	100%
<b>Emergency Care</b>  Physician's Office Visit  Hospital Emergency Room  Outpatient Professional services (radiology, pathology and ER Physician)  X-ray and/or Lab performed at the Emergency Room (billed by the facility as part of the ER visit)  Independent x-ray and/or Lab Facility in conjunction with an ER visit  Advanced Radiological Imaging (i.e. MRIs, MRAs, CAT Scans, PET Scans etc.)	100%	100%	100%

BENEFIT HIGHLIGHTS	INTERNATIONAL	U.S. IN-NETWORK	U.S. OUT-OF-NETWORK
<b>Urgent Care Services</b>			
Urgent Care Facility	100%	100%	100%
X-ray and/or Lab performed at the Urgent Care Facility (billed by the facility as part of the UC visit)	100%	100%	100%
Advanced Radiological Imaging (i.e. MRIs, MRAs, CAT Scans, PET Scans etc.)	100%	100%	100%
<b>Ambulance</b>	100%	100%	100%
<b>Inpatient Services at Other Health Care Facilities</b>	100%	100%	100%
Includes Skilled Nursing Facility, Rehabilitation Hospital and Sub-Acute Facilities Calendar Year Maximum: 120 days combined			
<b>Laboratory and Radiology Services (includes pre-admission testing)</b>			
Physician's Office Visit	100%	100%	100%
Inpatient Facility	100%	100%	100%
Outpatient Hospital Facility	100%	100%	100%
Independent X-ray and/or Lab Facility	100%	100%	100%

BENEFIT HIGHLIGHTS	INTERNATIONAL	U.S. IN-NETWORK	U.S. OUT-OF-NETWORK
<p><b>Advanced Radiological Imaging (i.e. MRIs, MRAs, CAT Scans and PET Scans)</b></p> <p>Physician's Office Visit</p> <p>Inpatient Facility</p> <p>Outpatient Facility</p> <p>Independent X-ray Facility</p>	<p>100%</p> <p>100%</p> <p>100%</p> <p>100%</p>	<p>100%</p> <p>100%</p> <p>100%</p> <p>100%</p>	<p>100%</p> <p>100%</p> <p>100%</p> <p>100%</p>
<p><b>Outpatient Short-Term Rehabilitative Therapy</b></p> <p>Calendar Year Maximum: 60 days for all therapies combined</p> <p>Includes:            Cardiac Rehab            Physical Therapy            Speech Therapy            Occupational Therapy            Pulmonary Rehab            Cognitive Therapy</p> <p><b>Note:</b>            The Short-Term Rehabilitative Therapy maximum does not apply to the treatment of autism and/or Mental Health and Substance Use Disorder conditions.</p>	<p>100%</p>	<p>100%</p>	<p>100%</p>
<p><b>Chiropractic Care</b></p> <p>Physician's Office Visit</p> <p>Calendar Year Maximum:</p>	<p>100%</p> <p>20 days</p>	<p>100%</p> <p>Unlimited</p>	<p>100%</p> <p>20 days</p>

BENEFIT HIGHLIGHTS	INTERNATIONAL	U.S. IN-NETWORK	U.S. OUT-OF-NETWORK
<b>Alternative Therapies and Non-traditional Medical Services (Outside the United States)</b> Herbalist, Massage Therapist, Naturopath  Calendar Year Maximum: \$1,000	100%	Not covered	Not covered
<b>Acupuncture</b>	100%	100%	100%
<b>Home Health Care</b> Calendar Year Maximum: 120 days (includes outpatient private nursing when approved as medically necessary) (The limit is not applicable to Mental Health and Substance Use Disorder conditions.)	100%	100%	100%
<b>Hospice</b>  Inpatient Services  Outpatient Services (same coinsurance level as Home Health Care)	100%  100%	100%  100%	100%  100%
<b>Bereavement Counseling</b> Services provided as part of Hospice Care  Inpatient  Outpatient  Services provided by Mental Health Professional	100%  100%  Covered under Mental Health Benefit	100%  100%  Covered under Mental Health Benefit	100%  100%  Covered under Mental Health Benefit

BENEFIT HIGHLIGHTS	INTERNATIONAL	U.S. IN-NETWORK	U.S. OUT-OF-NETWORK
<b>Maternity Care Services</b>			
Initial Visit to Confirm Pregnancy	100%	100%	100%
All subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges (i.e. global maternity fee)	100%	100%	100%
Physician's Office Visits in addition to the global maternity fee when performed by an OB/GYN or Specialist	100%	100%	100%
Delivery – Facility (Inpatient Hospital, Birthing Center)	100%	100%	100%
<b>Abortion</b>			
Includes elective and non-elective procedures			
Physician's Office Visit	100%	100%	100%
Inpatient Facility	100%	100%	100%
Outpatient Facility	100%	100%	100%
Physician's Services	100%	100%	100%

BENEFIT HIGHLIGHTS	INTERNATIONAL	U.S. IN-NETWORK	U.S. OUT-OF-NETWORK
<b>Women's Family Planning Services</b>			
Office Visits and Counseling	100%	100%	100%
Lab and Radiology Tests	100%	100%	100%
<b>Note:</b> Includes coverage for contraceptive devices (e.g., Depo-Provera and Intrauterine Devices (IUDs)) as ordered or prescribed by a physician. Diaphragms also are covered when services are provided in the physician's office. Surgical Sterilization Procedures for Tubal Ligation (excludes reversals)			
Physician's Office Visit	100%	100%	100%
Inpatient Facility	100%	100%	100%
Outpatient Facility	100%	100%	100%
Physician's Services	100%	100%	100%

BENEFIT HIGHLIGHTS	INTERNATIONAL	U.S. IN-NETWORK	U.S. OUT-OF-NETWORK
<b>Men's Family Planning Services</b>			
Office Visits and Counseling	100%	100%	100%
Lab and Radiology Tests Surgical Sterilization Procedures for Vasectomy (excludes reversals)	100%	100%	100%
Physician's Office Visit	100%	100%	100%
Inpatient Facility	100%	100%	100%
Outpatient Facility	100%	100%	100%
Physician's Services	100%	100%	100%



BENEFIT HIGHLIGHTS	INTERNATIONAL	U.S. IN-NETWORK	U.S. OUT-OF-NETWORK
<p><b>Infertility Treatment</b></p> <p>Services Not Covered include:</p> <ul style="list-style-type: none"> <li>• Testing performed specifically to determine the cause of infertility.</li> <li>• Treatment and/or procedures performed specifically to restore fertility (e.g. procedures to correct an infertility condition).</li> <li>• Artificial means of becoming pregnant (e.g. Artificial Insemination, In-vitro, GIFT, ZIFT, etc).</li> </ul> <p><b>Note:</b> Coverage will be provided for the treatment of an underlying medical condition up to the point an infertility condition is diagnosed. Services will be covered as any other illness.</p>	Not Covered	Not Covered	Not Covered

BENEFIT HIGHLIGHTS	INTERNATIONAL	U.S. IN-NETWORK	U.S. OUT-OF-NETWORK
<p><b>Organ Transplants</b> Includes all medically appropriate, non-experimental transplants</p> <p>Physician's Office Visit</p> <p>Inpatient Facility</p> <p>Physician's Services</p> <p>Lifetime Travel Maximum: \$10,000 per transplant</p>	<p>100%</p> <p>100%</p> <p>100%</p> <p>Not Covered U.S. In-Network Coverage Only</p>	<p>100%</p> <p>100%</p> <p>100%</p> <p>No Charge (only available when using Lifesource facility)</p>	<p>100%</p> <p>100%</p> <p>100%</p> <p>Not Covered U.S. In-Network Coverage Only</p>
<p><b>Durable Medical Equipment</b></p>	100%	100%	100%
<p><b>External Prosthetic Appliances</b></p>	100%	100%	100%
<p><b>Diabetic Equipment</b></p>	100%	100%	100%
<p><b>TMJ Treatment</b> Benefit Lifetime Maximum: \$1,000</p>	100%	100%	100%
<p><b>Hearing Benefit</b> One examination per 24 month period</p>	100%	100%	100%
<p><b>Hearing Aid Maximum</b> Up to \$1,000 per hearing aid unit necessary for each hearing impaired ear every 3 years for a dependent child under age 24.</p>	100%	100%	100%
<p><b>Wigs (for hair loss due to alopecia areata)</b> Calendar Year Maximum: \$500</p>	100%	100%	100%

BENEFIT HIGHLIGHTS	INTERNATIONAL	U.S. IN-NETWORK	U.S. OUT-OF-NETWORK
<p><b>Nutritional Evaluation</b></p> <p>Calendar Year Maximum:</p> <p>3 visits per person however, the 3 visit limit will not apply to treatment of diabetes and/or to Mental Health and Substance Use Disorder conditions</p> <p>Physician's Office Visit</p> <p>Inpatient Facility</p> <p>Outpatient Facility</p> <p>Physician's Services</p>	<p>100%</p> <p>100%</p> <p>100%</p> <p>100%</p>	<p>100%</p> <p>100%</p> <p>100%</p> <p>100%</p>	<p>100%</p> <p>100%</p> <p>100%</p> <p>100%</p>
<p><b>Nutritional Formulas</b></p>	<p>100%</p>	<p>100%</p>	<p>100%</p>
<p><b>Dental Care</b></p> <p>Limited to charges made for a continuous course of dental treatment started within six months of an injury to sound, natural teeth.</p> <p>Physician's Office Visit</p> <p>Inpatient Facility</p> <p>Outpatient Facility</p> <p>Physician's Services</p>	<p>100%</p> <p>100%</p> <p>100%</p> <p>100%</p>	<p>100%</p> <p>100%</p> <p>100%</p> <p>100%</p>	<p>100%</p> <p>100%</p> <p>100%</p> <p>100%</p>
<p><b>Routine Foot Disorders</b></p> <p>Not covered except for services associated with foot care for diabetes and peripheral vascular disease when Medically Necessary.</p>			
<p><b>Treatment Resulting From Life Threatening Emergencies</b></p> <p>Medical treatment required as a result of an emergency, such as a suicide attempt, will be considered a medical expense until the medical condition is stabilized. Once the medical condition is stabilized, whether the treatment will be characterized as either a medical expense or a mental health/substance use disorder expense will be determined by the utilization review Physician in accordance with the applicable mixed services claim guidelines.</p>			

BENEFIT HIGHLIGHTS	INTERNATIONAL	U.S. IN-NETWORK	U.S. OUT-OF-NETWORK
<p><b>Mental Health</b></p> <p><b>Inpatient Facility</b> Includes Acute Inpatient and Residential Treatment Unlimited Maximum per Calendar Year</p> <p><b>Outpatient – Office Visits</b> Includes Individual, Family and Group Psychotherapy; Medication Management, etc. Unlimited Maximum per Calendar Year</p> <p><b>Outpatient – All Other Services</b> Includes Partial Hospitalization, Intensive Outpatient Services, etc. Unlimited Maximum per Calendar Year</p>	<p>100%</p> <p>100%</p> <p>100%</p>	<p>100%</p> <p>100%</p> <p>100%</p>	<p>100%</p> <p>100%</p> <p>100%</p>