

BENEFITS

WATC – Wichita Area Technical College

July 1, 2017 to June 30, 2018



FY18

EMPLOYEE BENEFITS
Annual Enrollment

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This Enrollment Guide is for general educational purposes and is based on information provided by the employer, summary plan descriptions, and other sources. In case of discrepancy, plan documents will prevail over information presented in this Guide. Please treat this information as confidential and only share it with your dependents. Contact Human Resources with questions.

WELCOME

Welcome to Wichita Area Technical College's Annual Enrollment

The official sponsor of your benefits program!

What's New for FY18?

- Increased Health Savings Account (HSA) employer contribution for those participating in WATC's High Deductible Health Plan (HDHP)
 - \$1,250 employee (increase of \$1,000)
 - \$1,750 employee + child/spouse/family (increase of \$1,000 - \$1,250)
- Required Employee contribution to HSA of \$5 per pay period to receive employer contribution
- Working Well Update
 - With the pending transition to WSU's State of Kansas Health Plan FY19, Working Well has been modified to remain compliant with ACA/HCR.

Annual Enrollment for the FY18 begins **Monday, May 1, 2017**. During Annual Open Enrollment, benefit eligible employees have an opportunity to make changes to their benefit plan elections for the following plan year.

Important facts that you need to know regarding Annual Enrollment:

- Annual Open Enrollment will run **May 1, 2017 through May 26, 2017**.
- Any changes made during Annual Open Enrollment are effective for the FY18.
- Unless you experience a qualifying event, this will be your only opportunity to make changes to your existing coverage until the next Annual Open Enrollment for FY19.
- All benefit changes must be submitted on or before **May 26, 2017**.

**** Note: All eligible employees are required to complete an electronic enrollment form. Current benefits will not continue unless you re-enroll for the new FY18.***



The enrollment form can be located by clicking on the Electronic Forms icon at the top of the MyWATC portal. All benefit changes must be submitted to Human Resources on or before **May 26, 2017**.

The following information is a summary listing of services available to eligible employees. This guide provides basic information needed to make choices about your benefits as you consider the election options for the FY 2018 plan year. If you have additional questions or need supplemental information, contact Human Resources at 316-677-9471 or the appropriate benefit provider.

Note: FY18 = July 1, 2017 through June 30, 2018

MEDICAL & PRESCRIPTION

BlueCross BlueShield of Kansas – Effective July 1, 2017



Blue Cross and Blue Shield of Kansas (BCBSKS) will continue as our health and prescription carrier for the plan year July 1, 2017 through June 30, 2018. We continue to offer two PPO plan options to allow you the freedom to choose the option that best fits you and your family's needs. All benefits shown in the next page assume coverage with in-network providers. Eligible employees include full-time, regular employees. Coverage begins the first day of the month following date of hire.

Visit www.bcbsks.com for access to the following information:

- Locate a BCBSKS PPO provider near you
- Find covered prescription drugs/PrimeMail Order
- Check a Claim/View online EOBs
- Access BCBSKS Customer Service



**BlueCross
BlueShield
of Kansas**

MEDICAL

Blue Cross & Blue Shield of Kansas (BCBSKS)	OPTION 1 – Premium Plan \$1,500 PPO	OPTION 2 – Base Plan \$3,000 HDHP PPO
	In-Network Benefits (Blue Choice PPO Network)	
Dependent Age Limit	Covered to age 26, regardless of student or marital status	
Benefits Accumulation Period	July 1st through June 30th	
Annual Deductible – Individual / Family	\$1,500 / \$3,000	\$3,000 / \$6,000
Annual Coinsurance Max – Individual / Family	Member pays 20% of allowed amount after deductible has been met up to: \$2,500 / \$5,000	Plan pays 100% after deductible has been met. \$0 / \$0
Annual Out of Pocket Max – Individual / Family (Includes Deductible, Coinsurance and Copays)	\$6,350 / \$12,700 After annual out-of-pocket max is met, eligible benefits are paid at 100% for rest of benefit period.	\$6,350 / \$12,700 After annual out-of-pocket max is met, eligible benefits are paid at 100% for rest of benefit period.
Preventive Care as defined by Affordable Care Act include but not limited to: <ul style="list-style-type: none"> • Routine Screenings • Immunizations • Well-woman screenings • Well-man screenings • Contraceptive Methods 	You pay 0%	You pay 0%
Office Visits	PCP & Specialist \$35 Copay	PCP & Specialist Deductible, then you pay 0%
Annual Eye Exam	\$35 Copay	Deductible, then you pay 0%
Outpatient Lab & X-Ray	You pay 0% up to the first \$300 per person per benefit period, then Deductible and you pay 20%	Deductible, then you pay 0%
Accidental Injuries	You pay 0% up to the first \$1,000 per person per benefit period, then Deductible and you pay 20%	Deductible, then you pay 0%
Urgent Care Visits (Includes Walgreens HealthCare Clinic & Dillon's Little Clinic)	\$35 Copay	Deductible, then you pay 0%
Emergency Services in ER	\$100 Copay, Deductible, then you pay 20%	Deductible, then you pay 0%
Outpatient Surgery	Deductible, then you pay 20%	Deductible, then you pay 0%
Inpatient Hospitalization	Deductible, then you pay 20%	Deductible, then you pay 0%
Prescription Drugs - Generic Copay / Preferred Brand Copay / Non-Preferred Brand Copay Some medications are subject to prior authorizations and step-therapy guidelines as set forth by BCBS.	RETAIL – 34 day supply or 100 unit dosage, if defined as a maintenance drug \$15/\$50/\$75 MAIL ORDER – 90 day supply \$37.50/\$125/\$187.50	RETAIL (34 day supply) Deductible, then \$15 Deductible, then \$50 Deductible, then \$75 MAIL ORDER (90 day supply) Deductible, then \$37.50 Deductible, then \$125 Deductible, then \$187.50

Wellness & FY18 Working Well

Working Well (WW) was an incentive-based wellness initiative designed to encourage employees to know, and to achieve their own individual optimal level of health. Participation was 100% voluntary and was open to all benefit eligible (full-time) employees who participated in a WATC Medical/Rx plan at the college at any point during the FY17. Employees enrolled in WW tracked points throughout the year to earn a premiums rate reduction for each following or subsequent benefit year.

Effective FY18 there is no longer an active WW program and therefore there is no opportunity to earn a FY19 working well premium rate reduction benefit. In order to be federally compliant, only those employees who **earned** the WW premium reduction in FY17 will be afforded the reduced premium benefit for FY18.

To encourage all employees enrolled on a WATC health plan to maintain a healthy lifestyle and model wellness, the College will pay a one-time health insurance premium rebate of \$100 to each employee who:

- Completes a FY18 Tobacco Affidavit at enrollment.
- Completes a Biometric Exam at the Wellness Fair 9/29/17 (or Physical with physician for new enrollees post 09/29/17).
- Completes a Health Risk Assessment on the BCBS portal by between 7/1/17 and 9/29/2017 (or at time of enrollment for new enrollees).

Rebate will be applied to employee's November health plan premium on the October 27, 2017 pay date. New enrollees hired after 9/29/17 will receive the rebate on the first benefit deduction pay date following eligibility requirements being met.

If it is unreasonable difficult, due to medical condition, for an employee to participate in any activity, the employee may contact HR to define another way to qualify for the benefit.



**WATC is committed to providing an environment that promotes
“Wellness” and “Health Awareness” for all employees.
Wellness is an activity and all Wellness programs at WATC are
open to all employees of the college!**

DENTAL COVERAGE

Delta Dental of Kansas – Effective July 1, 2017



Delta Dental of Kansas will continue to be the dental carrier for the plan year July 1, 2017 through June 30, 2018. We continue to offer a dual option dental plan to allow you the freedom to choose the option that best fits you and your family's needs. The following is a brief summary of the in-network benefits available. To locate a preferred dental provider near you, please visit www.deltadentalks.com. Eligible employees include full-time, regular employees. Coverage begins the first day of the month following date of hire.

In Network Benefits – Premier and PPO Networks		
SERVICES	OPTION 1 BASE PLAN	OPTION 2 BUY-UP PLAN
Dependent Age Limit	To age 26, regardless of student or marital status	
Benefit Accumulation	July 1st through June 30th	
Annual Deductible – Individual – Family	\$25 \$75	\$25 \$75
Preventive Services	Deductible Waived and you pay 0% (cleanings, exams, x-rays)	Deductible Waived and you pay 0% (cleanings, exams, x-rays)
Basic Services (includes Oral Surgery, Endodontics and Periodontics)	Deductible, then you pay 20%	Deductible, then you pay 20%
Major Services	Deductible, then you pay 50% (crowns, bridges, dentures) Implants are not covered	Deductible, then you pay 50% (crowns, bridges, dentures) Implants are covered at 50%* (*Prior authorization is recommended)
Orthodontics	Not Covered	Deductible, then you pay 50% up to lifetime benefit maximum of \$1,500 Orthodontics covered for dependent children only up to age 19
Annual Maximum	The plan pays a maximum of \$1,000 per year per covered person	The plan pays a maximum of \$1,500 per year per covered person

VISION COVERAGE

Surency Vision – Effective July 1, 2017



Surency Vision will continue to be the voluntary vision carrier for the plan year July 1, 2017 through June 30, 2018. The following is a brief summary of the in-network benefits available. To locate a preferred vision provider near you, please visit www.surency.com and access the EyeMed Access Network. Eligible employees include full-time, regular employees. Coverage begins the first day of the month following date of hire.

In Network Benefits – Member's Responsibility – EyeMed Access Network	
Dependent Age Limit	To age 26, regardless of student status
Benefit Frequency	Frequencies are measured from the date the service is incurred. The frequencies do not track on a calendar or plan year.
Eye Exam	\$10 copay every 12 months
Prescription Lenses	\$25 copay every 12 months
Frames	\$130 retail allowance every 24 months
Contact Lenses	\$0 copay – \$130 retail allowance every 12 months (in lieu of frames & lenses)



Benefit Plan Changes

PLAN CAREFULLY! Employees **cannot change or revoke** their election in any of the above plans outside the **Annual** Enrollment period unless they have a qualifying life event change (including marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to employment transfer for you or your spouse, commencement or termination of adoption proceedings, or change in spouse's employment status). **You must make your election changes within 31 days of the qualifying event.**

CAFETERIA PLAN & SPENDING ACCOUNTS (FSA & HSA)

The cafeteria plan allows employees the advantage of paying for health and dental premiums on a pre-tax basis. FSA/HSA allows you to save money on a pre-tax basis to cover eligible dependent day care or medical expenses not covered by insurance. You choose how much you contribute to your account through payroll deductions.

How does the Flexible Spending Account (FSA) reimbursement account work?

- You decide how much you want to contribute to your account each year up to the maximum annual amounts. Then you can use the money in your account to reimburse yourself for eligible expenses incurred during the FY18 plan year.
- Each pay period, an equal portion of your annual election will be deducted from your gross pay and transferred to your FSA before federal, state, and social security taxes are calculated.
- After you have incurred an eligible expense, you may be reimbursed for the expense.

What are the FSA maximum annual contribution amounts?

- \$2,600.00 annual maximum per family for the Medical Reimbursement Account.
- \$5,000.00 annual maximum per family for the Dependent Care Account.
- Consider your contributions carefully. The funds you allocate for this year will not be returned to you if you do not incur the expenses during the FY18 plan year. You cannot drop or change this coverage during the year, except if you experience a qualifying event during the plan year.

How does the Health Savings Account (HSA) reimbursement account work?

An HSA is what you get when you combine a qualified high-deductible health plan (HDHP) and a tax-exempt account owned by an individual. The HSA is a bank account that allows individuals to save money for healthcare expenses on a pre-tax basis.

HSA Eligibility

- A High Deductible Health Plan (HDHP) must be the individual's only medical coverage
- If a spouse has a Flexible Spending Account (FSA) for unreimbursed medical expenses, an individual **cannot** have an HSA -- even if they do not use their spouse's account
- An individual **cannot** put money in a HSA if they are:
 - Enrolled in Medicare, Medicaid or Tricare
 - Eligible to be claimed as a dependent on another person's tax return (except spouses)
 - Not enrolled in a HDHP

What are the HSA maximum annual contribution amounts?

- **2017 Calendar Year:** EE only – \$3,400/EE plus dependents – \$6,750
- Employees age 55 or older may contribute a catch-up amount of \$1,000
- Any person – an eligible individual, an employer, a family member, or any other person can contribute to your HSA; counting towards your maximum amount.
- Contributions can only be made to a HSA when an individual is currently participating in a qualified HDHP. However, all funds in an existing HSA are yours to use at any time, for qualified medical expenses, no matter what plan type you may be enrolled in at the time of service.

FY18 HSA Employer Contribution Amounts:

This year, employees will be required to contribute a minimum of \$5 per pay period to their HSA to be eligible for the employer contribution. The College's HSA contribution will be applied in two equal installments and will be processed for deposit into employee HSA accounts after the pay dates of July 21, 2017 and February 2, 2018. FY18 WATC Contributions are:

- \$1,250 total for Employee (increase of \$1,000 from FY17)
- \$1,750 total for Employee + Child/Spouse/Family (increase of \$1,000 - \$1,250 from FY17)

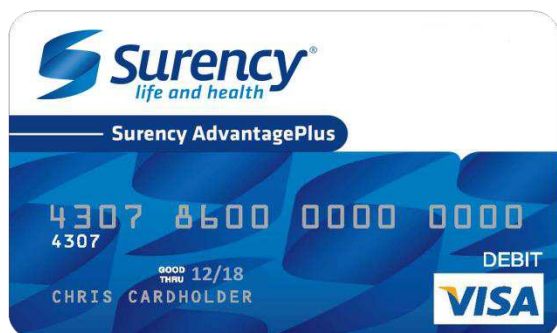
Using money from your FSA or HSA Spending Account is simple

You can pay your provider directly from your spending account using your Surency Benny Card. You can also submit claims online, fax or mail the claim to Surency. Reimbursement is paid by a check to your home or you can have the amount deposited directly into your bank account with free direct deposit.

Benefit Card Transactions

Your **Benny Card** will be accepted at any retailer with an inventory control system in place. These transactions may be automatically substantiated. This means you may not have to submit a receipt for benefits card purchases, **however**, you should always keep all documentation for tax purposes or in the event that Surency requests further documentation. For a nationwide list of retailers where your **Benny Card** can be used, visit www.surency.com.

Note: When paying for your medical expenses, have the cashier ring up all of your qualifying items together. When it is time to pay, swipe your **Benny Card** first and be sure to select the 'credit' option. All eligible expenses will be paid for from your FSA or HSA and deducted from your total. If you are purchasing non-medical items, you will need to have a second form of payment available for those items. IRS regulations require benefit card transactions be substantiated with a third-party receipt. Credit Card receipts do not satisfy this requirement.



IRS Documentation Requirements

- A receipt showing type of item purchased and the date the service was incurred
- Name of the service provider or place of purchase
- Drug name and Rx number, if applicable
- Amount or cost of the service or expense
- Detailed description of the service or expense provided (referred to as type of service)
- Provider Tax ID and Signature (for Dependent Care FSAs only)
- Name of the individual for whom the service or expense was provided

Failure to provide required documentation in a timely manner will result in a hold being placed on your benefits card causing it to be declined at the point of sale.

Additional Information

- It is your responsibility to determine the tax consequences of any withdrawals or distributions. Save all of your receipts/documentation in the event the IRS requests.
- *IRS Pub. 502* (Medical & Dental Expenses) defines “qualified” medical, dental & vision expenses for which your HSA account can be used tax-free.

Dependent Age Restriction

Dependents can be covered on the High Deductible Health Plan to age 26. However, the IRS restricts the use of FSA/HSA funds to pay for your child’s qualified medical expenses if your dependent child is under age 19; under the age of 24 and a full-time student; or totally and normally disabled.



FY18 MEDICAL/RX PREMIUMS

Effective July 1, 2017 through June 30, 2018

Per Pay Period premiums are 24 semi-monthly pay periods (PP)

Premiums with participation in the Working Well Program:

BCBS Option 1 Premium Plan – \$1,500 PPO	FY17 Employee Monthly Portion	<u>NEW</u> FY18 Employee Monthly Portion	Monthly Difference	FY18 Employee Per Pay Period Deduction (24 PP)
Employee	\$78.33	\$82.25	\$3.92	\$41.13
Employee/Spouse	\$168.17	\$176.58	\$8.41	\$88.29
Employee/Child(ren)	\$164.73	\$172.97	\$8.24	\$86.49
Family	\$254.57	\$267.30	\$12.73	\$133.65

BCBS Option 2 – Base Plan \$3,000 HDHP PPO	FY17 Employee Monthly Portion	<u>NEW</u> FY18 Employee Monthly Portion	Monthly Difference	FY18 Employee Per Pay Period Deduction (24 PP)
Employee	\$35.29	\$35.29	\$0.00	\$17.65
Employee/Spouse	\$75.75	\$75.75	\$0.00	\$37.88
Employee/Child(ren)	\$74.20	\$74.20	\$0.00	\$37.10
Family	\$114.66	\$114.66	\$0.00	\$57.33

Premiums with **NO** participation in the Working Well Program:

BCBS Option 1 Premium Plan – \$1,500 PPO	FY17 Employee Monthly Portion	<u>NEW</u> FY18 Employee Monthly Portion	Monthly Difference	FY18 Employee Per Pay Period Deduction (24 PP)
Employee	\$109.99	\$115.49	\$5.50	\$57.75
Employee/Spouse	\$207.55	\$217.93	\$10.38	\$108.97
Employee/Child(ren)	\$203.10	\$213.26	\$10.16	\$106.63
Family	\$300.66	\$315.69	\$15.03	\$157.85

BCBS Option 2 – Base Plan \$3,000 HDHP PPO	FY17 Employee Monthly Portion	<u>NEW</u> FY18 Employee Monthly Portion	Monthly Difference	FY18 Employee Per Pay Period Deduction (24 PP)
Employee	\$63.82	\$63.82	\$0.00	\$31.91
Employee/Spouse	\$108.36	\$108.36	\$0.00	\$54.18
Employee/Child(ren)	\$106.33	\$106.33	\$0.00	\$53.17
Family	\$150.88	\$150.88	\$0.00	\$75.44

PREMIUMS

PREMIUMS

FY18 DENTAL & VOLUNTARY VISION PREMIUMS

Per Pay Period premiums 24 semi-monthly pay periods (PP)

Delta Dental Option 1 Dental Base Plan	FY17 Employee Monthly Portion	<u>NEW</u> FY18 Employee Monthly Portion	Monthly Difference	FY18 Employee Per Pay Period Deduction (24 PP)
Employee	\$10.00	\$10.25	\$0.25	\$5.13
Employee/Spouse	\$21.51	\$22.05	\$0.54	\$11.03
Employee/Child(ren)	\$18.40	\$18.86	\$0.46	\$9.43
Family	\$29.05	\$29.78	\$0.73	\$14.89

Delta Dental Option 2 Dental Buy-Up Plan	FY17 Employee Monthly Portion	<u>NEW</u> FY18 Employee Monthly Portion	Monthly Difference	FY18 Employee Per Pay Period Deduction (24 PP)
Employee	\$12.56	\$12.87	\$0.31	\$6.44
Employee/Spouse	\$27.24	\$27.92	\$0.68	\$13.96
Employee/Child(ren)	\$36.79	\$37.71	\$0.92	\$18.86
Family	\$58.11	\$59.56	\$1.45	\$29.78

Surency Voluntary Vision	FY17 Employee Monthly Portion	<u>NEW</u> FY18 Employee Monthly Portion	Monthly Difference	Employee Pay Period Deduction (24PP)
Employee	\$9.81	\$10.10	\$0.29	\$5.05
Employee/Spouse	\$15.71	\$16.18	\$0.47	\$8.09
Employee/Child(ren)	\$16.02	\$16.50	\$0.48	\$8.25
Family	\$25.83	\$26.60	\$0.77	\$13.30



LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) - CIGNA

The College provides Group Term Life and Accidental Death and Dismemberment (AD&D) insurance to all regular full-time employees. The College pays the full cost of the premium. Cigna will continue as our insurance carrier with a benefit of 1 times your annual salary with a minimum benefit of \$50,000 and maximum benefit of \$150,000. Please see the Human Resource Office if you need to update your beneficiary information.

The following services are included under the Cigna coverages as a reminder to you:

- **Will Preparation** – this is an online tool that helps covered employees and their spouses create a will and other legal documents. Visit www.cignawillcenter.com for information.
- **Identity Theft** – provides Identity Theft Resolution Services, which includes access to personal case managers for assistance. Support is available 24/7 and the program includes all types of identity theft. Please contact Cigna at 1-888-226-4567 or www.cigna.com/idtheft.
- **Beneficiary Services** – comprehensive packet of financial, bereavement and legal counseling by phone 24/7. Visit Cigna at www.cigna.com for information
- **Secure Travel** – Trips more than 100 miles from home, business or pleasure. Visit Cigna at www.cigna.com for information.
- **Healthy Rewards** – Offers discounts on a range of health and wellness-related services and products, including discounts on weight management and smoking cessation programs, chiropractic care, anti-cavity products, power toothbrushes, fitness club memberships, hearing and vision care, massage therapy, acupuncture, pharmacy, vitamins, and more. Please contact Cigna at 1-800-258-3312 or at www.cigna.com/rewards. (password: savings)

Voluntary Life-AD&D Insurance - Cigna

Voluntary Life Insurance options are available to all regular employees who normally work 40 hours or more per week and/or their dependents in varying amounts of coverage and you pay the full cost of this benefit. You can elect a benefit amount up to 5 times your annual salary with a maximum benefit of \$500,000 for employee, up to 50% of the employee amount up to a maximum of \$250,000 for spouse and up to \$10,000 for dependent children ages 6 months to age 23.

Current employees who did not enroll at your first opportunity upon your hire will be asked to provide evidence of insurability for future enrollment. If enrolling as a new hire, you will be asked to provide evidence of insurability for the benefit amount elected coverage over the Guarantee Issue amounts of \$150,000 for the employee and \$30,000 for the spouse. Eligibility for coverage will be determined by Cigna Insurance Company. Please see the Human Resource Office if you need to update your beneficiary information.

Short-Term Disability Insurance – Cigna

The College provides Short-Term Disability income benefits to all regular employees who normally work 40 hours or more per week. The College pays the full cost of the premium. Cigna will continue as our insurance carrier with the benefit of 60% of your salary up to \$1,250 weekly maximum after a 14-day waiting period. In the event an employee becomes disabled from a non work-related injury or sickness, short-term disability benefits are provided as a source of income. Long-term disability benefits are provided to employees through their enrollment in KPERS.

CONTACT INFORMATION

Refer to this list when you need to contact one of your benefit vendors. For general information contact Human Resources.

MEDICAL/Rx

Provider Name:	Blue Cross Blue Shield of Kansas
Provider Phone Number:	(800) 432-3990
Provider Web Address:	www.bcbsks.com

DENTAL

Provider Name:	Delta Dental of Kansas
Provider Phone Number:	(316) 264-4511 or (800) 234-3375
Provider Web Address:	www.deltadentalks.com

VOLUNTARY VISION

Provider Name:	Surency
Provider Phone Number:	(316) 462-3316 or (866) 818-8805
Provider Web Address:	www.surency.com

CAFETERIA AND SPENDING ACCOUNTS (FSA & HSA)

Provider Name:	Surency
Provider Phone Number:	(316) 462-3316 or (866) 818-8805
Provider Web Address:	www.surency.com

LIFE AD&D

Provider Name:	Cigna Insurance Company
Provider Phone Number:	(800) 36-CIGNA or (800) 362-4462
Provider Web Address:	www.cigna.com

VOLUNTARY LIFE AD&D

Provider Name:	Cigna Insurance Company
Provider Phone Number:	(800) 36-CIGNA or (800) 362-4462
Provider Web Address:	www.cigna.com

SHORT-TERM DISABILITY

Provider Name:	Cigna Insurance Company
Provider Phone Number:	(800) 36-CIGNA or (800) 362-4462
Provider Web Address:	www.cigna.com

NOTES

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Benefits Enrollment Guide

Basic & Voluntary Term Life, Basic & Voluntary Personal Accident Insurance Overview

Prepared for the employees of Wichita Area Technical College



What would happen to your family if you and your income were gone?

- Could they maintain their standard of living?
- Pay for college tuition?
- Household bills?
- What about monthly mortgage or rent?

Three in 10 households carry no life insurance on anyone in the household.

Household Trends in U.S. Life Insurance Ownership, UMRA, 2010

Half of U.S. households now believe they are underinsured.

Household Trends in U.S. Life Insurance Ownership, UMRA, 2010

Basic Term Life Insurance Coverage – paid by your employer

Employee If you are an active, full-time employee and work at least 40 hours per week.

- Benefit Amount-1x Annual Compensation with a \$50,000 minimum benefit.
- Maximum – \$150,000
- Benefit Reduction Schedule – Benefits will reduce to 65% of inforce amount at age 65, 40% of inforce amount at age 70, and 25% of inforce amount at age 75.

Voluntary Term Life Insurance Coverage – paid by you

Employee – If you are an active, full-time employee and work at least 40 hours per week

- Benefit Amount – Units of \$5,000
- Maximum – The lesser of 5 times annual compensation to a maximum of \$500,000
- Guarantee Issue Amount - \$150,000
- Benefit Reduction Schedule – Providing you are still employed, your coverage will decrease to 65% at age 70.

Your Spouse — Up to age 70 is eligible provided that you apply for and are approved for coverage for yourself.

- Benefit Amount – Units of \$5,000
- Maximum – \$250,000; not to exceed 50% of employee amount.
- Guarantee Issue Amount - \$30,000

Your Unmarried, Dependent Children — Under age 23

- Benefit Amount – Units of \$2,500
- Maximum – \$10,000
- 15 days to 6 months: \$250 increments to \$1,000 maximum

No one may be covered more than once under this plan.



Guaranteed Issue for Voluntary Term Life Insurance Coverage

Guaranteed Issue Amount is the amount of coverage you can elect without answering any medical questions or taking a health exam. Guaranteed Issue is only available during Initial Enrollment and other times as approved. If you apply for coverage that is above the Guaranteed Issue Amount, or if you are applying for coverage after 31 days after you become eligible, you must fill out a Medical Evidence of Insurability form.

How Much Your Coverage will Cost per Month

Age	Employee Cost Per \$1,000	Spouse Cost Per \$1,000	Accident Cost Per \$1,000	Age	Employee Cost Per \$1,000	Spouse Cost Per \$1,000	Accident Cost Per \$1,000	Benefit	Premium Cost
<30	\$0.05	\$0.05	\$0.026	60-64	\$0.92	\$0.92	\$0.026	Voluntary Child per \$1,000 of Coverage Elected	\$0.21
30-34	\$0.06	\$0.06	\$0.026	65-69	\$1.54	\$1.54	\$0.026	Child Accident	.014
35-39	\$0.09	\$0.09	\$0.026	70-74	\$2.73	N/A	\$0.026		
40-44	\$0.14	\$0.14	\$0.026	75-79	\$4.63	N/A	\$0.026		
45-49	\$0.22	\$0.22	\$0.026	80-84	\$7.45	N/A	\$0.026		
50-54	\$0.37	\$0.37	\$0.026	85-89	\$11.42	N/A	\$0.026		
55-59	\$0.64	\$0.64	\$0.026	90-94	\$16.78	N/A	\$0.026		

* Costs are subject to change

Cost Calculation Example

	Age	Monthly Cost per \$1,000		Benefit				Monthly Cost	Divide by 2.1667	Bi-Weekly Cost
Example	33	.06 + .026 = .086	X	100,000	÷	1,000	=	\$8.60	/ 2.1667	\$3.97
<i>Yours</i>			X		÷	1,000	=			
<i>Spouse</i>			X		÷	1,000	=			
<i>Child</i>			X		÷	1,000	=			

*Note – Spouse premium based on Employee age.

*Bi-Weekly Premium would be Monthly Cost divided by 2.1667

*Employees who elect Voluntary Life automatically included for Voluntary Accident.

Other Coverage Features

Accelerated Death Benefit — Terminal Illness

If you or your spouse is diagnosed by two unaffiliated physicians as terminally ill with a life expectancy of 12 months or less, the benefit for terminal illness provides for up to 50% of the Voluntary Term Life Insurance coverage amount in force or \$50,000, whichever is less, to be paid to the insured. This benefit is payable only once in the insured's lifetime, and will reduce the life insurance death benefit.

Waiver of Premium

If you are totally disabled prior to age 60 and can't work for at least 6 months, you won't need to pay premiums for

your coverage while you are disabled, provided the insurance company approves you for this benefit. You are considered totally disabled when you are completely unable to engage in any occupation for wage or profit because of injury or sickness. This benefit will remain in force until age 70, subject to proof of continuing disability each year.

Extended Death Benefit

The extended death benefit ensures that if you become disabled prior to age 60, and die before you qualify for Waiver of Premium, we will pay the life insurance benefit if you remain disabled during that period. If you



qualify for this benefit and have insured your spouse or children, their coverage is also extended.

Conversion

If group life insurance coverage is reduced or ends for any reason except nonpayment of premiums, you can convert to an individual policy. To convert, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends. Family members may convert their coverage as well. Converted policies are subject to certain benefits and limits as outlined in the conversion brochure which may be requested as needed. Premiums may change at this time.

Portability

This plan allows you to continue all of your voluntary coverage if you leave your employer. Premiums may change at this time. Just pay your premiums directly to the insurance company. Coverage may be continued for you and your spouse until age 70. Coverage may also be continued for your children.

Exclusions

This plan will not pay benefits if loss of life is the result of suicide that occurs within the first two years of coverage.

Personal Accident Insurance Coverage

Basic Personal Accident Insurance Coverage – paid by your employer

Employee

- Benefit Amount-1x Annual Compensation with a \$50,000 minimum benefit
- Maximum- \$150,000
- Benefit Reduction Schedule – Benefits will reduce to 65% of inforce amount at age 65, 40% of inforce amount at age 70, and 25% of inforce amount at age 75.

Voluntary Personal Accident Insurance Coverage – paid by you

Employee –

- Benefit Amount – Units of \$5,000
- Maximum – The lesser of 5 times annual compensation to a maximum of \$500,000
- Benefit Reduction Schedule – Providing you are still employed, your coverage will decrease to 65% at age 70.

Your Spouse — Up to age 70 is eligible provided that you apply for and are approved for coverage for yourself.

- Benefit Amount – Units of \$5,000
- Maximum – \$250,000; not to exceed 50% of employee amount.

Your Unmarried, Dependent Children — Under age 23

- Benefit Amount – Units of \$2,500
- Maximum – \$10,000
- 15 days to 6 months: \$250 increments to \$1,000 maximum

How Much Your Coverage will Cost per Month

The cost of this insurance is paid by you. Indicate your choice, or your decision not to elect coverage, on your enrollment form. The monthly cost per \$1,000 of coverage is \$0.026 for Employee, \$0.026 for Spouse and \$0.014 for Children. Please see chart on page 2 to determine your monthly premium. Costs are subject to change.



A Valuable Combination of Benefits

A covered accident is a sudden, unforeseeable, external event, resulting directly and independently of all other causes, in a covered injury or covered loss that occurs while coverage is in force. To help survivors of severe accidents adjust to new living circumstances, we will pay benefits according to the chart below.

If, within 365 days of a covered accident, bodily injuries result in:	We will pay this % of the benefit amount:
Loss of life	100%
Total paralysis of upper and lower limbs, or Loss of any combination of two: hands, feet or eyesight, or Loss of speech and hearing in both ears	100%
Total paralysis of both lower or upper limbs	75%
Total paralysis of upper and lower limbs on one side of the body, or Loss of hand, foot or sight in one eye, or Loss of speech or loss of hearing in both ears	50%
Total paralysis of one upper or lower limb, or Loss of all four fingers of the same hand, or Loss of thumb and index finger of the same hand	25%
Loss of all toes of the same foot	20%
Coma	1%

Only one benefit (the largest) will be paid for losses from the same accident.

Other Coverage Features

For Wearing a Seatbelt & Protection by an Airbag

Additional 10% benefit but not more than \$25,000 if the covered person dies in an automobile accident while wearing a seatbelt or approved child restraint. We will increase the benefit by an additional 5% but not more than \$10,000 if the insured person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag).

For Comas

1% of full benefit amount, for up to 11 months, if you, your spouse, or your children are in a coma for 30 days or more as a result of a covered accident. If the covered person is still in a coma after 11 months, or dies, the full benefit amount will be paid.

For Exposure & Disappearance

Benefits are payable if you or an insured family member suffer a covered loss due to unavoidable exposure to the elements as a result of a covered

accident.

If your or an insured family member's body is not found within one year of the disappearance, wrecking or sinking of the conveyance in which you or an insured family member were riding, on a trip otherwise covered, it will be presumed that you sustained loss of life as a result of a covered accident.

What is Not Covered

Self-inflicted injuries or suicide while sane or insane; commission or attempt to commit a felony or an assault; any act of war, declared or undeclared; any active participation in a riot, insurrection or terrorist act; bungee jumping;



parachuting; skydiving; parasailing; hang-gliding; sickness, disease, physical or mental impairment, or surgical or medical treatment thereof, or bacterial or viral infection; voluntarily using any drug, narcotic, poison, gas or fumes except one prescribed by a licensed physician and taken as prescribed; while operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the covered person has been provided a written warning against operating a vehicle while taking it; while the covered person is engaged in the activities of active duty service in the military, navy or air force of any country or international organization (this does not include Reserve or National Guard training, unless it extends beyond 31 days); traveling in an aircraft that is owned, leased or controlled by the sponsoring organization or any of its subsidiaries or affiliates; air travel, except as a passenger on a regularly scheduled commercial airline or in an aircraft being used by the Air Mobility Command or its foreign equivalent; being flown by the covered person or in which the covered person is a member of the crew.

When Your Coverage Begins and Ends

Coverage becomes effective on the later of the program's effective date, the date you become eligible, the date we receive your completed enrollment form, or the date you authorize any necessary payroll deductions. Your coverage will not begin unless you are actively at work on the effective date. Dependent coverage will not begin for any dependent who on the effective date is hospital or home confined; receiving chemotherapy or radiation treatment; or disabled and under the care of a physician. Coverage will continue while you and your dependents remain eligible, the group policy is in force, and required premiums are paid.

include: medical assistance (including medical evacuation when necessary), travel and communication services, assistance with legal issues or lost or stolen items, and pre-departure planning information regarding immunization, visa and passport requirements, and tourism advisories.

This information is a brief description of the important features of the plan. It is not a contract. Terms and conditions of life insurance coverage are set forth in Group Policy No. SGM-603138 & SOK-601984, issued in Kansas to Wichita Area Technical College. The group policy is subject to the laws of the jurisdiction in which it is issued. The availability of this offer may change. Please keep this material as a reference. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut Street, Philadelphia, PA. As used in this brochure, the term Cigna and Cigna Group Insurance are registered service marks of Life Insurance Company of North America, a CIGNA company, which is the insurer of the Group Policy. Insurance products and services are provided by the individual CIGNA companies and not by the Corporation itself. © Cigna 2011



