

SOUTHWEST  
WASHINGTON  
MEDICAL CENTER



BENEFIT MATTERS



7041 10/04 4K

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WASHINGTON  
MEDICAL CENTER



BENEFIT MATTERS

# ELIGIBILITY

You are eligible to participate in SWMC Benefit Program if you are a regular full-time or part-time employee working at least 0.6 FTE (48 scheduled hours or more per pay period).

Participation in SWMC's benefit program begins first of the month following date of hire or change in employment status.



2

## Dependent Eligibility

You may enroll your eligible spouse or dependent child(ren) up to age 19 in medical, dental, vision and life coverage. Your dependent child(ren) are covered to the age of 25 as long as they are a full-time student.

## Flexibility of Elections

You may choose medical, dental and vision coverage independently of each other. You may enroll only those eligible family members you wish on each of the plans.

## Qualifying Event

If you experience a qualified family status change (such as marriage, birth, loss of coverage) during the calendar year you will have the opportunity to make a benefit election change. Please complete a benefits change form and provide appropriate documentation within 60 days of the qualified status change. Your change will not be processed without the required documentation.

The cost of the benefit premiums you pay for your benefits is affected when you change from full to part-time status.

## Accidental Death and Dismemberment (AD&D)

Enter cost of Additional AD&D Insurance here \$ \_\_\_\_\_

Amount of Insurance	Employee Only Cost	or	Employee + Family Cost	Amount of Insurance	Employee Only Cost	or	Employee + Family Cost
\$25,000	\$0.48		\$0.74	\$275,000	\$5.28		\$8.04
50,000	0.96		1.46	300,000	5.76		8.76
75,000	1.44		2.20	325,000	6.24		9.50
100,000	1.92		2.92	350,000	6.72		10.22
125,000	2.40		3.66	375,000	7.20		10.96
150,000	2.88		4.38	400,000	7.68		11.68
175,000	3.36		5.12	425,000	8.16		12.42
200,000	3.84		5.84	450,000	8.64		13.14
225,000	4.32		6.58	475,000	9.12		13.88
250,000	4.80		7.30	500,000	9.60		14.60

## Long Term Disability (LTD)

Employee Age and Corresponding Rate

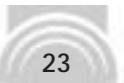
Employee Age	Rate	Employee Age	Rate
To Age 30	\$0.0036	50-54	0.0067
30-34	0.0039	55-59	0.0076
35-39	0.0042	60-64	0.0090
40-44	0.0046	65-69	0.0072
45-49	0.0061	70 & over	0.0114

- A. Enter the rate from above table (A) \$ .....
- B. Enter your Gross Monthly Earnings (not to exceed \$15,000) here (B) \$ .....
- C. To calculate cost, multiply #'s inside box (A) by #'s inside box (B) = \$ .....

## Short Term Disability (STD)

Employee Age	15-day Rate	30-day Rate
To age 30	0.0208	0.0148
30-39	0.0144	0.0084
40-49	0.0138	0.0078
50-59	0.0164	0.0104
60-69	0.0187	0.0128
70 and over	0.0283	0.0222

- A. Enter the rate from above table (A) \$ .....
- B. Enter your Gross Monthly Earnings (not to exceed \$15,000) here (B) \$ .....
- C. To calculate cost, multiply #'s inside box (A) by #'s inside box (B) = \$ .....



23

Choice of doctors/hospitals	Plan A		
	SWMC	Providence	Out-of-Network
Annual Deductible: Individual/Family	Combined \$200/\$400		Waived if at SWMC
Out of Pocket Limit: Individual/Family	\$1,500/\$3,000		
Lifetime Benefit per person	\$2,000,000		
Preventive Care	Plan pays first \$750 for preventive care – In-network only		
Preauthorization	Required for certain services		
Physician Services			
Primary Care Physician Office Visit	90%		50%
Specialist Office Visit	90%		50%
Lab and X-Ray	90%		50%
Urgent Care	90%		50%
Other	90%		50%
Hospital Services			
Inpatient	90%		50% subject to deductible
Outpatient Surgery	90%		50%
Emergency Room	100% after \$100 co-payment*		
Bariatric Surgery	50% to a plan max of \$17,500	Not Covered	Not Covered
Ambulance	\$100 Co-Pay*		\$100 Co-Pay*
Mental Health/Chemical Dependency	\$25 per visit*		No Coverage
Outpatient Rehabilitation	90%		50%
Home Health Care	90%		50%
Skilled Nursing Facility	90%		50%
Hospice	100%	90%	50%
Durable Medical Equipment (DME)	90%		50%
Alternative Care (12 Visit Max)	90%		50%
TMJ Coverage (\$1,000 annual max to a \$5,000 lifetime max)	50%		50%
Family Planning Services	90%		50%
<b>Prescription Drugs*</b> : \$3 discount on prescription co-pays at SWMC outpatient pharmacy			
Generic		\$10	
Brand-Preferred		\$25	
Non-Preferred		\$40	
Maintenance Prescriptions - Purchased through mail order vendor (90-day-Supply)	90-day supply for two co-payments		



2005 WORKSHEET

This worksheet is to assist you while enrolling into your benefits. If you have questions regarding your enrollment, please contact the benefits office at extension 3099 or 7292.

Medical Choices	Full-time (0.9 or greater) Monthly Contribution				Part-time (0.60 to 0.89 FTE) Monthly Contribution			
	Employee only	Employee + Spouse	Employee + Child(ren)	Family	Employee only	Employee + Spouse	Employee + Child(ren)	Family
Plan A								
\$200 Deductible	\$71.30	\$158.10	\$137.82	\$212.80	\$86.02	\$190.48	\$165.78	\$258.36
Plan B								
\$500 Deductible	\$29.40	\$64.76	\$55.92	\$90.96	\$44.12	\$97.14	\$83.88	\$136.44
Plan C								
\$1,000 Deductible	\$2.00	\$6.00	\$4.00	\$8.00	\$4.00	\$8.00	\$6.00	\$10.00

Total Medical \$ \_\_\_\_\_

Dental Choices	Full-time (0.9 or greater) Monthly Contribution				Part-time (0.60 to 0.89 FTE) Monthly Contribution			
	Employee only	Employee + Spouse	Employee + Child(ren)	Family	Employee only	Employee + Spouse	Employee + Child(ren)	Family
Choice Dental	\$3.74	\$6.44	\$8.00	\$9.68	\$5.42	\$9.32	\$11.60	\$14.04
Basic Plus Dental	\$15.00	\$25.82	\$32.12	\$38.82	\$16.68	\$28.70	\$35.72	\$43.18
Gentle Dental	\$9.98	\$20.48	\$24.74	\$25.90	\$11.66	\$23.36	\$28.34	\$30.26
Incentive Dental*	\$32.56	\$56.02	\$69.72	\$83.90	\$35.84	\$61.66	\$76.74	\$92.40

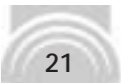
Total Dental \$ \_\_\_\_\_

Vision Choices	Full-time (0.9 or greater) Monthly Contribution				Part-time (0.60 to 0.89 FTE) Monthly Contribution			
	Employee only	Employee + Spouse	Employee + Child(ren)	Family	Employee only	Employee + Spouse	Employee + Child(ren)	Family
VSP	\$1.76	\$2.84	\$2.90	\$4.66	\$3.54	\$5.66	\$5.78	\$9.34

Total Vision \$ \_\_\_\_\_

Total Monthly Contribution \$ \_\_\_\_\_

\*Incentive dental closed to current participants only.



### Providence RN (Nurse Advice Line)

All enrolled employees and dependents will have access to Providence RN, a 24 hour, seven days a week nurse advice line. You may call and speak to a registered nurse regarding any health related questions. When calling Providence RN you will hear a brief recording and then a registered nurse will come on the phone line to assist you. Providence RN nurses can answer many questions you may have regarding conditions, symptoms, medications or let you know whether you should seek a doctor's care. Language translation is available upon request

### Disease Management Services

SWMC offers a variety of disease management programs to help you and your family members living with a specific disease or condition. Assistance is provided through education, support and coordination of healthcare. These are confidential and voluntary. Programs help participants manage and understand conditions such as: congestive heart failure, coronary artery disease, diabetes and many others. The services are provided free of charge to participants.



# OTHER BENEFITS

### Solutions (EAP)

You and your family may seek help from experienced counselors for personal issues, such as marital problems, financial worries and substance abuse. All services are strictly confidential and are provided at no charge to you. Call 696-5092 for an appointment.

### Tuition Reimbursement

SWMC believes in assisting employee's who seek increased skills and qualifications through college education. When you enroll in accredited education classes, you may apply for Tuition Reimbursement assistance. Depending on your length of service and hours worked, you may receive up to \$3,000 for undergraduate level and up to \$5,000 for graduate level courses per fiscal year. You must have a minimum of 0.50 status hours (40 hours per pay period) to receive Tuition Reimbursement assistance.

### Health Promotion

SWMC recognizes the value of having healthy employees. We provide a 50% reimbursement for eligible employees (0.50 FTE or greater) who sign-up for approved programs such as:

- Any aerobic, yoga, or pilates classes
- Health/fitness classes for employees and/or family members through Parks & Recreation and YMCA
- Weight management classes (doctor's note is required for reimbursement)
- Smoking cessation program

### Food Debit Card

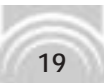
A 20% discount is available on meals in the SWMC cafeterias, including Memorial and Pavilion cafe. For your convenience, meals purchased on the debit card will be paid through payroll deductions.

### Pharmacy and Gift Shop Debit Card

For your convenience, SWMC Outpatient pharmacy and gift shop items may be purchased on the debit card and will be paid through payroll deductions.

### SWMC Day Care

SWMC partners with ESD112 to provide nearby childcare services for employees. Extended hours are offered. Contact extension 3138 or 7292 for more information.



Here is an example of what an employee with one dependent would save by participating in the Health Care Benefit Bank:

	Without Benefit Bank	With Benefit Bank
Annual Salary .....	\$ 24,000.00 .....	\$ 24,000.00
Less Benefit Bank Contributions .....	\$ 0.00 .....	\$ 1,200.00
Taxable Income .....	\$ 24,000.00 .....	\$ 22,800.00
Federal Taxes .....	\$ 4,833.00 .....	\$ 4,470.36
Social Security .....	\$ 1,475.64 .....	\$ 1,401.24
Medicare .....	\$ 345.12 .....	\$ 327.72
Less Medical Expenses .....	\$ 1,200.00 .....	\$ 0.00
Net Cash .....	\$ 16,143.24 .....	\$ 16,480.68
<b>Total Savings .....</b>		<b>\$ 337.44</b>

#### Dependent Care Benefit Bank

A Dependent Care Bank is a great way to save money on childcare because you can use the tax-free dollars in your account to reimburse eligible dependent care expenses. Covered expenses include charges for daily care of children under the age of 13 as well as charges for daily care of a dependent who is physically or mentally incapable of caring for themselves. An eligible dependent is one that lives with you, relies on you for financial support and is claimed as a dependent on your federal income tax return. Only those expenses that comply with Section 129 of the IRS Code of 1986 are covered. The annual maximum contribution for the Dependent Care Benefit Bank is \$5,000 (\$2,500 if married and filing separately).

#### Dependent Care Account vs. Federal Tax Credit

The option that will give you the greatest tax savings depends on your individual situation. Typically, if your adjusted gross income is less than \$11,000 or more than \$24,000, you'll receive the greatest benefit from a Dependent Care Benefit Bank. If your income is in the \$11,000-\$24,000 range, you may come out ahead by using the federal tax credit. Consult your tax advisor to determine which option is best for you.

#### Short Term Disability (STD)

Short Term Disability is available as a voluntary employee benefit, through The Standard. A benefit is paid in the event you cannot work because of a covered non-occupational illness or injury. STD benefits replace a portion of your weekly income, providing tax-free funds directly to you to help pay your bills and living expenses. You may choose a plan with a 30-day or a 15-day benefit waiting period. The benefit waiting period is the period of time that you must be continuously disabled before benefits become payable.

Employee Age	15-day Rate	30-day Rate
To age 30 .....	0.0208 .....	0.0148
30-39 .....	0.0144 .....	0.0084
40-49 .....	0.0138 .....	0.0078
50-59 .....	0.0164 .....	0.0104
60-69 .....	0.0187 .....	0.0128
70 and over .....	0.0283 .....	0.0222

- A. Enter the rate from above table (A) \$ .....
- B. Enter your Gross Monthly Earnings (not to exceed \$15,000) here (B) \$ .....
- C. To calculate cost, multiply #'s inside box (A) by #'s inside box (B) = \$ .....

**Note:** Please see your Summary Plan Description for further details.

# DISABILITY



# DENTAL

# AD & D

## DENTAL

SWMC offers a choice of three dental plans. Each plan provides dental coverage in a different way. You can choose the plan that best meets your needs.

Dental	Full-time (0.9 or greater ) Monthly Contribution				Part-time (0.60 to 0.89 FTE) Monthly Contribution			
	Employee only	Employee + Spouse	Employee + Child(ren)	Family	Employee only	Employee + Spouse	Employee + Child(ren)	Family
Choice Dental	\$3.74	\$6.44	\$8.00	\$9.68	\$5.42	\$9.32	\$11.60	\$14.04
Basic Plus Dental	\$15.00	\$25.82	\$32.12	\$38.82	\$16.68	\$28.70	\$35.72	\$43.18
Gentle Dental	\$9.98	\$20.48	\$24.74	\$25.90	\$11.66	\$23.36	\$28.34	\$30.26

### Choice Dental Plan

The payment level you will receive under the Choice Dental plan varies based on the type of services you receive. Under this plan you can access any dentist and receive higher benefit if you use a Washington Dental Service (WDS) provider. Diagnostic and preventive services are covered at 100% of usual, customary and reasonable (UCR) amounts. There is a \$100 annual per person deductible for certain services. The maximum benefit is \$1,500 per calendar year per person. Orthodontia is not a covered benefit under this plan.

### Gentle Dental Plan

Under the Gentle Dental plan you must receive dental care through Gentle Dental multi-specialty care offices throughout the Vancouver/Portland area. Under this option you pay an office visit co-pay and additional co-pays for various services. The plan has no deductible and a \$2,000 annual maximum per person.

Contact a Gentle Dental facility to make an appointment. Identify yourself as a Gentle Dental/SWMC member and provide the office with your name and/or social security number (your covered dependent should also reference your social security number when making appointments).

### Basic Plus Dental Plan

The payment level you will receive under the Basic Plus Dental plan varies based on the type of services you receive. Under this plan you can access any dentist and receive a higher benefit if you use a WDS provider. Diagnostic and preventive services are covered at 100% of usual, customary and reasonable (UCR) amounts. Basic care is covered at 80% and major care is covered at 60% of UCR. There is a \$50 annual per person deductible for certain services. The maximum benefit is \$1,500 per calendar year per person. Orthodontia for children or adults is covered on this plan.

## ACCIDENTAL DEATH AND DISMEMBERMENT (AD & D)

Accidental Death and Dismemberment insurance provides compensation for you or a family member in the event of an accident which causes loss of life or severe dismemberment. This insurance is in addition to any other life or accident coverage you may have.

### Core AD&D

Core AD&D Insurance is offered through The Standard. The benefit is based upon your salary and employment status. Coverage ranges from one to two and one-half times your annual salary.

### Additional AD&D

Additional AD&D Insurance is offered through The Standard. You may purchase Additional AD&D Insurance for yourself and/or your family in \$25,000 increments up to a \$500,000 maximum. Additional AD&D Insurance over \$150,000 cannot exceed 10 times your annual earnings. You may calculate the cost of coverage by electing one of the following choices.

Amount of Insurance	Employee Only Cost	or	Employee + Family Cost	Amount of Insurance	Employee Only Cost	or	Employee + Family Cost
\$25,000	\$0.48		\$0.74	\$275,000	\$5.28		\$8.04
50,000	0.96		1.46	300,000	5.76		8.76
75,000	1.44		2.20	325,000	6.24		9.50
100,000	1.92		2.92	350,000	6.72		10.22
125,000	2.40		3.66	375,000	7.20		10.96
150,000	2.88		4.38	400,000	7.68		11.68
175,000	3.36		5.12	425,000	8.16		12.42
200,000	3.84		5.84	450,000	8.64		13.14
225,000	4.32		6.58	475,000	9.12		13.88
250,000	4.80		7.30	500,000	9.60		14.60

*Note: Please see your Summary Plan Description for further details.*

**VISION**

Vision coverage is provided through Vision Service Plan (VSP). The Vision Service Plan allows you to use any provider, and you will receive a higher benefit by using a VSP network provider. After a \$15 co-payment, VSP will pay 100% of a covered vision exam. There is a \$25 co-payment on frames and/or lenses. You may receive an eye exam and new lenses every 12 months.

Vision	Full-time (0.9 or greater) Monthly Contribution				Part-time (0.60 to 0.89 FTE) Monthly Contribution			
	Employee only	Employee + Spouse	Employee + Child(ren)	Family	Employee only	Employee + Spouse	Employee + Child(ren)	Family
VSP	\$1.76	\$2.84	\$2.90	\$4.66	\$3.54	\$5.66	\$5.78	\$9.34

Procedure	In-Network	Out-of-Network	Frequency
Exam .....	100% .....	Up to \$45 .....	1x12 months
Lenses...Single vision .....	100% .....	Up to \$45 .....	1x12 months
Bifocal Lenses .....	100% .....	Up to \$65 .....	1x12 months
Trifocal Lenses .....	100% .....	Up to \$85 .....	1x12 months
Lenticular Lenses .....	100% .....	Up to \$125 .....	1x12 months
Frames .....	100% (Standard selection) .....	Up to \$47 .....	1x24 months
Medically Necessary Contact Lenses .....	100% .....	Up to \$210 .....	1x12 months
Elective Contact Lenses .....	Up to \$105 .....	Up to \$105 .....	1x12 months

To obtain a list of VSP member doctors, call VSP at 1-800-877-7195 or visit the VSP website at [www.vsp.com](http://www.vsp.com). Contact a VSP doctor to make an appointment. Identify yourself as a VSP member and provide the office with your social security number (your covered dependent should also reference your social security number when making appointments). If you choose to go out of the VSP network you will be responsible for initial payment and must submit an itemized bill to VSP for reimbursement. Out-of-Network claims should be sent to:

Vision Service Plan  
Out-of-Network Provider Claims  
P.O. Box 997105  
Sacramento, CA 95899-7105

**VISION**

*Note: All plan comparisons are meant to be a summary only. If a discrepancy should arise between a summary and the Plan Documents, or if any provision is not covered or only partially covered, the official Plan Documents will govern benefits paid by the plan.*

**L I F E**

**LIFE INSURANCE**

Southwest Washington Medical Center believes that life insurance is very important. That is why we provide you with core coverage and also allow you to purchase additional coverage for you and your family at low group rates.

**Core Life Insurance**

Core Life Insurance is offered through The Standard. The benefits are based upon your salary and employment status. Coverage ranges from one to two and one-half times your annual salary.

**Additional Life Insurance**

In addition to your core life insurance you may elect to purchase Additional Life Insurance in multiples of \$10,000, ranging from \$20,000 to the lesser of five times your annual earnings or \$500,000. You may be asked to complete a Health Statement before your coverage is effective.

*Note: both of the Core and Additional Life Insurance policies include an accelerated benefit if you become terminally ill and have less than 12 months life expectancy.*

You may elect to purchase additional employee life insurance in multiples of \$10,000, ranging from \$20,000 to the lesser of five times your annual earnings or \$500,000. You may calculate the cost of this coverage by following the steps below. You will need to submit a separate Statement of Health if you are enrolling for the first time and electing coverage greater than \$200,000, if you are increasing current coverage, or if you are applying for coverage after initial enrollment.

Employee Age and Corresponding Rate

Employee Age	Rate	Employee Age	Rate	Employee Age	Rate
To Age 30 .....	.067	45-49 .....	.244	65-69 .....	1.715
30-34 .....	.080	50-54 .....	.403	70-79 .....	3.791
35-39 .....	.092	55-59 .....	.630	80 and over .....	9.768
40-44 .....	.143	60-64 .....	.984		

- A. Enter amount of Life Insurance you would like to purchase here \$ .....
- B. Enter first two digits from line (A) if under 100,000, or  
Enter first three digits from line (A) if \$100,000 or over here \$ .....
- C. Enter your rate from above tables here \$ .....
- D. To calculate cost, multiply #'s inside box (B) by #'s inside box (C): \$ .....



### Spouse Life Insurance

You may purchase spouse life insurance between \$10,000 and \$100,000 as long as it is purchased in multiples of \$5,000 and is limited to a maximum of 50% of the amount you have elected for yourself. Your spouse may need to complete a health statement before coverage is effective.

#### Spouse's Age and Corresponding Rate

Spouse's Age	Rate	Spouse's Age	Rate
To Age 30 .....	.132	50-54 .....	.792
30-34 .....	.148	55-59 .....	1.240
35-39 .....	.182	60-64 .....	1.934
40-44 .....	.280	65-69 .....	3.382
45-49 .....	.480		

- A. Enter amount of Life Insurance you would like to purchase here \$ .....
- B. Enter first two digits from line (A) if under \$100,000, or  
Enter first three digits from line (A) if \$100,000 or over here \$ .....
- C. Enter your rate from above tables here \$ .....
- D. To calculate cost, multiply #'s inside box (B) by #'s inside box (C): \$ .....

### Child Life Insurance

If you elected Additional Life Insurance for yourself you may purchase life insurance for your dependent child(ren) in multiples of \$1,000, ranging from \$2,000 to \$10,000. Each child covered will be insured for the same amount. You must cover all your children if you wish to elect this coverage.

- A. Enter amount of Life Insurance you would like to purchase here (A) \$ .....
- B. Enter first two digits from line (A) if under \$10,000, or enter 10 (B) \$ .....
- C. To calculate cost, multiply #'s inside box (B) by 0.10 = \$ .....

### Beneficiary Designation

You may change your beneficiary at any time by contacting your HR Benefits team. If you cover your spouse and/or child(ren), you are automatically the beneficiary in the event of their death.

**Note:** Please see your Summary Plan Description for further details on the Core Life and Additional Life Insurance.

	Choice	Gentle Dental	Basic Plus
Choice of Providers	Your choice of any licensed dentist. Member dentist will not bill for amounts charged over filled fees. Non-member dentists can charge for amounts billed over usual and customary levels.	Services are provided only through dentists at Gentle Dental offices	Your choice of any licensed dentist. Member dentist will not bill for amounts charged over filled fees. Non-member dentists can charge for amounts billed over usual and customary levels.
Geographic Eligibility		Must live within 50 miles of contracting dental office	Available to all members regardless of residence
Maximum Benefit	\$1,500 per person per calendar year	\$2,000 per person per calendar year	\$1,500 per person per calendar year
Annual Deductible			
Individual	\$100	Not applicable	\$50
Family	\$300	Not applicable	\$150
Visit Charge	Not applicable	\$10 per visit	Not applicable
Routine Exams, Cleaning, Polishing, Scaling, X-rays, Fluoride Treatments for Children	100% (no deductible)	Fully covered after visit charge	100% (no deductible)
Fillings		Fully covered after visit charge	
Surgical Teeth Extractions		Fully covered after visit charge and \$50 co-pay per tooth	
All Other Extractions		Fully covered after visit charge \$10	
Nitrous Oxide	50% after deductible	Fully covered after visit charge and \$10 co-payment	80% after deductible
Root Planning		Fully covered after visit charge and \$50 co-payment per quadrant	
Root Canal Work		Fully covered after visit charge and these co-payments: Single canal—\$60 Two canals—\$100 Three or more canals—\$135	
Periodontal Treatment (includes maintenance procedures)	50% after deductible	Fully covered after visit charge and \$50 co-payment per quadrant or procedure	80% after deductible
Inlays, Crowns, Bridges, Dentures, Periodontal Splints, Bruxism Splints/Nightguards	50% after deductible	Fully covered after visit charge and \$125 co-payment per inlay, crown or bridge space, denture, or splint	60% after deductible
Orthodontia	Not a covered benefit	Fully covered after visit charge and these co-payments: Class I Malocclusion — \$2,200 Class II Malocclusion — \$2,400 Class III Malocclusion — \$2,700	50% (no deductible); \$1,500 individual lifetime maximum
Charge for Missed Appointments	Not a covered benefit	Patient pays \$20 charge	Not a covered benefit

**Note:** All plan comparisons are meant to be a summary only. If a discrepancy should arise between a summary and the Plan Documents, or if any provision is not covered or only partially covered, the official Plan Documents will govern benefits paid by the plan.)

DISABILITY INSURANCE

Long Term Disability (LTD)

If you're unable to work for a long period of time due to an illness or injury, your life could change drastically. Long Term Disability (LTD) coverage provides income protection while you are unable to work.

Core LTD

SWMC provides all eligible employees with Core LTD Insurance through The Standard. Your coverage level is based on your position. You may be eligible for coverage of 50% of your current monthly compensation up to a \$10,000 monthly benefit maximum or 66⅔% of your current compensation up to a \$10,000 monthly benefit maximum. Coverage begins after a six-month disability qualification period.

Additional LTD

You may purchase Additional LTD coverage through The Standard, which will increase your LTD coverage to 66⅔% of your monthly covered compensation. This option is not available if you already have Core LTD coverage of 66⅔%. If you previously declined coverage, any increase to your coverage level is subject to approval by The Standard.

Employee Age and Corresponding Rate

Employee Age	Rate	Employee Age	Rate
To Age 30 .....	\$0.0036	50-54 .....	0.0067
30-34 .....	0.0039	55-59 .....	0.0076
35-39 .....	0.0042	60-64 .....	0.0090
40-44 .....	0.0046	65-69 .....	0.0072
45-49 .....	0.0061	70 & over.....	0.0114

- A. Enter the rate from above table (A) \$ .....
- B. Enter your Gross Monthly Earnings (not to exceed \$15,000) here (B) \$ .....
- C. To calculate cost, multiply #'s inside box (A) by #'s inside box (B) = \$ .....

**Note:** Please see your Summary Plan Description for further details.

Eligible Dependent Care Expenses

- Licensed nursery schools and day-care centers
- Individuals who provide care in or outside the home, other than members of your family; tax identification is required by your provider, either tax IDN or SSN.

Unused Balances

You have 90 days after the end of the year to submit claims for the previous year's expenses. It is important to remember that the IRS requires that any money remaining in a Benefit Bank account at the end of the calendar year be forfeited. Therefore, it is important to carefully calculate the amount you plan to contribute to the Benefit Bank before enrolling, and be conservative.

Election

Once you make your Benefit Bank election for the year, you cannot change or stop your contributions during the year unless you experience a qualifying event, such as:

- Death
- Gaining a new dependent during the year
- Marriage
- Divorce
- Loss of your job or loss of your spouse's job
- Change from full-time to part-time employment status or vice versa
- Change of daycare provider
- Significant increase in amount of childcare

Annual Amount

Benefit Banks operate on a calendar year basis, January 1 through December 31. Before each annual enrollment period, estimate how much you expect to spend during the year for you and your dependents' health care and dependent care expenses. **(The maximum annual amount you can place in the Dependent Care Benefit Bank and Health Care Bank is \$5,000 for each account, per calendar year.)** You cannot transfer unused money from one Benefit Bank to the other.

Debit Card

For your convenience a debit card will be made available. The debit card will allow immediate access to your Benefit Bank account without paying with cash or check. You may be required to provide copies of receipts and itemized statements for each purchase.