

<u>Product</u>	<u>Carrier</u>	<u>Benefit Summary</u>	<u>Cost</u>	<u>Effective Date</u>
<i>Group Term Life &amp; AD&amp;D</i>	UNUM	\$10,000 Term Life and AD&D benefit sponsored by the employer. Employees are automatically enrolled at the time their BlueCross BlueShield health benefit takes effect. Employers need to keep beneficiary forms on file, if employees have not called the UNUM Call Center.	\$1.98 per employee	4/1/2012
<i>Employee Assistance Program (EAP)</i>	Ceridian	Value added benefit included in your Group Term Life plan at no cost.	FREE	4/1/2012
<i>Travel Assistance Program</i>	Assist America	Value added benefit included in your Group Term Life plan at no cost.	FREE	4/1/2012
<i>Dependent Term Life</i>	UNUM	\$10,000 Term Life for the Spouse and \$5,000 for the Child(ren) of an employee. Included if chosen at the group level, paid for by the employee or employer.	\$2.29 per family unit	4/1/2012
<i>Voluntary Term Life</i>	UNUM	Optional Voluntary Life in \$20,000 increments up to \$100,000. All amounts are guaranteed without medical underwriting. Employees will receive in the mail directly their certificate of coverage from UNUM.	\$5.40 per \$20,000 increments	5/1/2012
<i>Voluntary Accident</i>	UNUM	Lump Sum benefit paid to the enrollee based on an injury or accident.	Varies depending on the plan type and level chosen.	5/1/2012
<i>Voluntary Whole Life</i>	UNUM	Money purchase up to \$200,000 for employees and spouses. A volume purchase is available up to \$150,000 for employees.	Varies depending on the amount the employee and/or spouse chose.	5/1/2012
<i>Dental</i>	Delta Dental	Dental benefit including: exams, x-rays, and cleanings sponsored by the employer at a composite rate. Employees may elect more coverage as a buy-up.	<b>Employer Cost: \$24.79</b> Employee Only: \$11.99 Employee + Spouse: \$39.23 Employee + Child(ren): \$51.11 Employee + Family: \$86.26	4/1/2012
<i>Vision</i>	VSP	This can be funded either by the Employer or on a Voluntary basis. \$10 copay – Eye Exam (paid in full every 12 months) and a \$20 copay for the materials of lenses, frames, or contacts. Enrollment into the plan does not need to match the medical plan.	Employee Only: \$14.19 Employee + Spouse: \$22.70 Employee + Child(ren): \$23.18 Employee + Family: \$37.36	4/1/2012
<i>Flex &amp; Health Reimbursement Plans</i>	ICMI	Plans designed to an employer's specifications and needs.	\$5.25 pmpm for full flex	4/1/2012
<i>Combined Billing</i>	ICMI	Single invoice billing for all above sponsored products.	\$0.25 pmpm	4/1/2012
<i>COBRA</i>	ICMI	COBRA administration available for all ICMI products and BlueCross BlueShield of MT plans.	\$1.65 pmpm	4/1/2012