

1
2
3 **RESOLUTION NO. 2011-25**
4

5 **A RESOLUTION OF THE VILLAGE COMMISSION OF THE**
6 **VILLAGE OF BISCAYNE PARK, FLORIDA RELATING TO**
7 **CONTRACTS; AUTHORIZING THE VILLAGE TO PROVIDE**
8 **EMPLOYEE HEALTH BENEFITS FOR THE PERIOD OF**
9 **JUNE 1, 2011 THROUGH MAY 31, 2012; AND PROVIDING**
10 **FOR AN EFFECTIVE DATE.**
11

12 WHEREAS, In May 2010, the Village evaluated its health insurance with AvMed and
13 selected Neighborhood Health Partnership (NHP) and United Health Care (UHC) for the last
14 enrollment period, which the renewal date is June 1, 2011; and
15

16 WHEREAS, the Village administration has obtained quotes from several different
17 agencies relating to insurance coverage as the existing program with NHP and UHC was
18 proposed to be increased by 21.41 percent; and,
19

20 WHEREAS, Coventry Health Care of Florida, along with a GAP Insurance Plan
21 through American Fidelity Assurance Company, provided the best premium and plan for both
22 the Village and its employees; and,
23

24 WHEREAS, the Village employees have been presented the plan proposed by Coventry
25 to explain their processes and to insure the procedures utilized by employees are encompassed
26 within the services and plans being proposed; and,
27

28 WHEREAS, the selected insurance plan is in the best interest of the Village and its
29 employees, and the Village Manager is directed to engage the services of the selected health
30 insurance provider prior to the June 1, 2011 enrollment window and, now therefore,
31

32 BE IT RESOLVED BY THE VILLAGE COMMISSION OF THE VILLAGE OF BISCAYNE
33 PARK, FLORIDA:
34

35 **Section 1.** The foregoing "Whereas" clauses are hereby ratified and confirmed as
36 being true and correct and hereby made a specific part of this Resolution upon adoption hereof.
37

38 **Section 2.** The Village Manager is authorized to engage the services of the selected
39 insurance provider under the terms outlined in the attached exhibit, for the amount indicated
40 therein, and to obtain enrollment in said health insurance plan prior to June 1, 2011. The health
41 insurance proposal, in substantial form, is attached and incorporated by reference into this
42 resolution as exhibit 1.
43

44 **Section 3.** The Insurance provider and policy selected is Coventry Premier Choice
45 100-5000 Plan (13430) and the American Fidelity Assurance Company Gap Plan, with a dental
46 and vision buy up plan through Solstice.
47

48 **Section 4.** This Resolution shall become effective upon adoption.

1

2 PASSED AND ADOPTED this 10th day of May, 2011.

3

4

5

6

7



Roxanna Ross, Mayor

8

9

Attest:

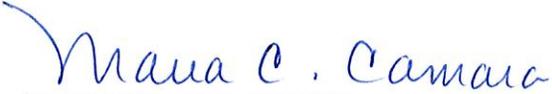
10

11

12

13

14



Maria C. Camara, Village Clerk

15

16

Approved as to form:

17

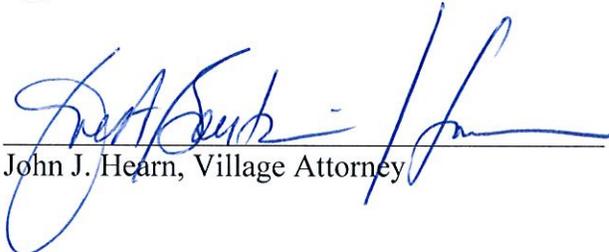
18

19

20

21

22



John J. Hearn, Village Attorney

23

**The foregoing resolution upon being
Put to a vote, the vote was as follows:**

- Mayor Ross: Absent
- Vice Mayor Bernard: Yes
- Commissioner Anderson: Yes
- Commission Childress: Yes
- Commissioner Cooper: Yes

 Coventry FL Premier Choice 100-5000	
Network	POS
PCP / Specialist	\$25 / \$50
Preventive Care	No Charge
Outpatient Diagnostics- <i>Freestanding Ctr.</i>	\$50 Copay
Inpatient Hospital Services	\$5,000
Outpatient Surgery <i>Freestanding Ctr.</i>	\$250 Copay
Rx Copays	
Tier 1	\$20
Tier 2	\$45
Tier 3	\$70
Self Injectable	20%(\$250 max)
Mail Order	\$20/\$90/\$210
Emergency Room	\$250 Copay
Urgent Care Center	\$50 Copay
Deductible (Single/Family)	\$5,000 / \$10,000
Member Coinsurance	0%
Out of Pocket Max (Single/Family)	\$6,000 / \$12,000
Out of Pocket Max Includes	Deductible, Coins, & Copays <i>Excluding RX</i>
Preventative Dental	INCLUDED See Fee Schedule
Preventative Vision	INCLUDED See Fee Schedule
Out of Network	See Summary
Max Lifetime Benefit	Unlimited
Web Site	www.chcflorida.com

- * POS- No referrals, National Access (Out of Network)
- * Worldwide Emergency Coverage
- * Maternity Coverage Included
- * Free Dental/Vision Included

Discounted -10%	13430
Employee	\$353.50
Employee + Spouse	\$742.35
Employee + Children	\$671.65
Employee + Family	\$1,095.85
Monthly Premium	\$11,312
Annual Premium	\$135,744

Employee	23
Employee + Spouse	1
Employee + Children	2
Employee + Family	1
	\$8,130.50
	\$742.35
	\$1,343.30
	\$1,095.85



Schedule of Benefits Small Group Open Access POS

Premier Choice100-5000 Plan

Referrals are not required for Covered Services

	In-Network	Out-of-Network
Annual Deductible (Individual / Family) (per calendar year) <i>(amount a Member must pay before Coventry will make any payment toward certain Covered Services.)</i>	\$5,000 / \$10,000	\$7,500 / \$15,000
Coinsurance (the sharing of expenses for Covered Services between Coventry and the Member)	0% after deductible	40% after deductible
Out-of-Pocket Maximum (Individual / Family) (per calendar year) <i>(maximum amount of Copayments, Deductible and Coinsurance a Member will pay. Prescription drugs do not apply toward the maximum.)</i>	\$6,000 / \$12,000	\$10,000 / \$20,000
Maximum Lifetime Benefit	Unlimited	
Benefit Provisions	Member Responsibility	
Primary Care Physician (PCP) office visits	\$25 copay	40% after deductible
Specialist office visits <i>(office visits include lab tests, X-rays, hearing & vision screening and outpatient surgery)</i>	\$50 copay	40% after deductible
Hospital admission	0% after deductible	40% after deductible
Prescription Drugs: 30-day supply at participating pharmacy	\$20/ \$45/ \$70/ 20%	Not covered
Inpatient Hospital / Physician Services	Member Responsibility	
Inpatient Hospital Facility Services <i>(includes pre-admission testing, room and board, diagnostic tests, x-rays, operating & recovery room, intensive & special care units, general nursing care, anesthesia, prescribed drugs, radiation therapy & chemotherapy, surgeon services, anesthesiologist services, specialist consultation, physician visits, human organ transplants, maternity care)</i>	0% after deductible	40% after deductible
Rehabilitative Services Limitation: 30 days per calendar year	0% after deductible	40% after deductible
Outpatient Medical Services	Member Responsibility	
Adult Preventive Care <i>(includes annual physical exams, annual well-woman exams, Pap smears, prostate cancer screening, colon cancer screening, eye exams, health education and counseling and immunizations)</i>	Covered in full – No deductible	Not covered
Child Preventive Care <i>(includes well child and well baby exams and immunizations)</i>	Covered in full – No deductible	Not covered
Routine Mammography <i>(based on established guidelines)</i>	Covered in full – No deductible	40% after deductible
Allergy Injections	Included in office visit	40% after deductible
Maternity Prenatal / Postnatal Care <ul style="list-style-type: none"> • in a Physician's office • in a Sub-Specialty office 	One-time \$50 copay \$50 copay	40% after deductible 40% after deductible
Outpatient Diagnostic Services <ul style="list-style-type: none"> • at a Hospital • at a Freestanding Facility 	0% after deductible \$50 copay	40% after deductible 40% after deductible
Outpatient Surgery <i>(includes physician and facility services)</i> <ul style="list-style-type: none"> • at a Hospital • at an Ambulatory Surgical Center • in a Physician's office 	0% after deductible \$250 copay Included in office visit	40% after deductible 40% after deductible 40% after deductible
Outpatient Physical, Speech and Occupational Therapy Limitation: 60 visits per calendar year, combined all therapies	0% after deductible	40% after deductible
Outpatient Cardiac and Respiratory Therapy	0% after deductible	40% after deductible
Outpatient Radiation and Chemotherapy	0% after deductible	40% after deductible
Outpatient Dialysis Treatment	0% after deductible	40% after deductible
Non-Surgical Spine and Back Services Limitation: 20 visits per calendar year	Same as office visit	40% after deductible
Second Medical and Surgical Opinion	Same as office visit	40% after deductible
Emergency and Urgent Care <ul style="list-style-type: none"> • in hospital emergency room (waived if admitted) • in urgent care facility • in physician's office • Ambulance service to hospital 	\$250 copay \$50 copay Same as office visit 0% after deductible	\$250 copay 40% after deductible 40% after deductible 0% after deductible

Dental Made Simple!

The Solstice Pledge to You!



Solstice Stellar Dental Plan

PPO P4442 Benefits Summary

Category	Benefit	
Calendar Year Maximum	\$1,000	
Orthodontic Lifetime Maximum	N/A	
Deductible (waived for Preventive)	\$50/\$150	
Reimbursement Structure In/Out	MAC	MAC
Preventive Services - Oral Exams, X-Rays, Emergency office visits, Cleanings, Topical application of Fluoride Solutions and Sealants	100%	100%
Basic Services – Denture Repairs, Fillings, Space Maintainers, Restorations,	80%	80%
Specialty Services - Oral Surgery, Endodontics and Periodontics	80%	80%
Major Services – Crowns, Prosthodontics and Dentures	50%	50%
Orthodontia – Children only to age 19	N/A	N/A
Waiting Period	None	

More Options

- Nationwide network of 102,000 dental providers
- Eligibility information available 24 hrs a day, 7 days a week
- Multilingual representatives
- Includes MaxMultiplierSM carryover benefit
- Prenatal Program
- You can locate dental providers at www.solsticebenefits.com
- Rates are based on participation level of at least 5 enrolled employees, if less than 5 rates will increase by 15%
- Rates include standard broker commission
- Rates are guaranteed for 12 months from effective date

Monthly Rate

Tier	Member Fee
Employee Only	\$35.11
Employee & Spouse	\$70.23
Employee & Child(ren)	\$81.34
Employee & Family	\$120.86

Claims Management

- State-of-the-art claims processing
- Highly automated claims adjudication
- Timely and accurate claims payment
- Interactive Voice Response (IVR) system available 24 hours a day, 7 days a week

Leading – Edge Technology

- Employer internet services: Manage eligibility, receive electronic bills, make payments online, and access standard reporting options
- Employee online self-service: Search for network dentist, check claim status, request ID card, view benefit summaries, and obtain educational information
- Toll-free customer service line

This is a descriptive flier, not a contract. Please see the complete schedule for a complete description of benefits, limitations, and exclusions. All benefits are subject to the provisions of the Group Employer Contract.



Vision Made Simple!

The Solstice Pledge to You!



Solstice Clear 50 Vision Plan

Benefits Summary

In-Network Procedures	Member In-Network Co-Payments	Out-of-Network Reimbursement
Eye Exam	\$4.00	Up to \$35.00
Single Lenses	\$10.00	Up to \$25.00
Bifocal Lenses	\$10.00	Up to \$40.00
Trifocal Lenses	\$10.00	Up to \$60.00
Lenticular	\$10.00	Up to \$80.00
Frames*	100% after \$10.00 co-pay (\$85.00 retail value)	Up to \$45.00
Contact Lenses*	\$119.00 Allowance**	\$85.00 Allowance**
Medically Necessary Contact Lenses	Paid In Full	\$150.00 Allowance**
Lens Options: Options include, but are not limited to tint, uv, anti-scratch coat, anti-reflective, polycarbonate, hi-index, photogray and transitions.	15% discount	Not Applicable

All Benefits have a 12-month limitation (in or out-of-network)

* Once a year benefit for either frames or contacts.

** Allowance is for exam, fitting, evaluation, follow-up care and materials.

More Options

- Receive benefits immediately upon the effective date of coverage
- Hassel free options with NO Annual deductible, claim forms to submit or waiting periods
- The member co-payments listed are guaranteed to be up to a 45% discount and are offered by a participating Solstice Provider.
- You can locate participating vision providers at www.solsticebenefits.com

- The patient/member is ultimately responsible for verification as to the accuracy and appropriateness of all fees applicable.
- Benefit for contacts or frames are a once a year benefit (Ex: one year frames the following year contacts).
- Benefits include out of network coverage as listed above
- All out of network services must be approved by Solstice prior to services being rendered (unless after hours).
- Rates include standard broker commission
- Rates are guaranteed for 12 months from (effective date)

Monthly Rate

Tier	Member Fee
Employee Only	\$ 5.75
Employee & Spouse	\$ 11.51
Employee & Child(ren)	\$ 11.85
Employee & Family	\$ 18.41

Leading – Edge Technology

- Employer internet services: Manage eligibility, receive electronic bills, make payments online, and access standard reporting options
- Employee online self-service: Search for network vision providers, request ID card, view benefit summaries, and obtain educational information
- Interactive Voice Response (IVR) system available 24 hours a day, 7 days a week
- Toll-free customer service line

This is a descriptive flier, not a contract. Please see the complete schedule for a complete description of benefits, limitations, and exclusions. All benefits are subject to the provisions of the Group Employer Contract.

Solstice Benefits, P.O. Box 19199 Plantation, FL. 33318
Toll Free 877.760.2247 Fax 954.476.8816



This brochure is to be used for 4 - 50 Certificates

Decide Today To Protect Tomorrow[®]



**American Fidelity
Assurance Company**

A member of the American Fidelity Group[®]

Here's How The Hospital *GAP* PLAN® Works For You:

Three Primary Benefits

- **In-Hospital**
- **Outpatient**
- **Physician Outpatient Treatment**

The In-Hospital Benefit Is Payable For...

covered out-of-pocket expenses up to the maximum benefit selected per confinement.

The Outpatient Benefit Is Payable For...

covered out-of-pocket expenses up to a maximum outpatient benefit of \$500.00 for outpatient treatment in a Hospital emergency room, outpatient surgery in a Hospital outpatient facility or free-standing outpatient surgery center, and diagnostic testing in a Hospital outpatient facility or MRI facility. All benefits for the same or related conditions will be subject to the maximum outpatient benefit, unless such conditions are separated by 90 consecutive days, then a new maximum outpatient benefit will apply.

The Physician Outpatient Treatment Benefit Is Payable For...

Physician visits. This benefit pays \$50.00 per visit for up to five visits (\$250.00) per family per calendar year, for outpatient treatment due to Sickness, or outpatient emergency care for an injury due to an Accident, provided the Covered Person is covered by Another Medical Plan when such charges are incurred, at a Hospital outpatient clinic, free-standing emergency care clinic, or Physician office for out-of-pocket Covered Charges.

Important Policy Provisions

Eligibility

All active full-time employees who are working 18 hours or more per week, covered under Another Medical Plan, and under age 70 will be eligible for coverage. (The age 70 limit does not apply if you work for an employer employing 20 or more employees on a typical work day in the preceding calendar year.) This coverage is not appropriate for persons eligible for Medicaid.

You will be eligible for Dependent coverage on the day you become eligible for coverage or the day you acquire your first Dependent, whichever is later, provided the Dependent to be insured is covered under Another Medical Plan.

Effective Date Of Coverage

The insurance on any eligible person will take effect on the requested Effective Date or the Effective Date assigned by American Fidelity upon approval of such person's written application, whichever is later, if underwriting rules are met, such person is on Active Service, such person is covered under Another Medical Plan, and premium has been paid.

If an eligible person is not on Active Service due to an Accident or Sickness when his or her coverage is to take effect, it will take effect on the first day of the calendar month after the date such person returns to Active Service.

The Effective Date of coverage for each eligible Dependent will be the first of the month following American Fidelity's acceptance of the application and receipt of the first premium. However, if on such date your coverage has not yet taken effect, the Effective Date for Dependent coverage will be the same as your Effective Date.

If a Dependent is Totally Disabled on the date coverage (with respect to that particular Dependent) would otherwise take effect, the coverage of that Dependent will be deferred until the first of the month following the Dependent's cessation of Total Disability.

Dependent

A newborn child will become covered for Accident and Sickness automatically on the day he or she is born as long as your coverage was in force on that date. Accident or Sickness includes prematurity, congenital defects and birth abnormalities of a newborn child. Coverage for newborn children will also include coverage for a newly-born child adopted by you, from the moment of birth, if a petition for adoption was filed within 31 days of the birth of the child and a child adopted by you from the date of petition for adoption. Coverage for the adopted child will not continue past 31 days after the date of filing of the petition unless American Fidelity is notified by the end of the 31-day period of the addition of such adopted child and any applicable additional premium is paid.

Exclusions

No benefits are payable under this Policy for any expenses incurred during an period the Covered Person does not have coverage under Another Medical Plan except as provided in the Absence of Other Medical Plan provision, or which result from:

- suicide or any attempt, thereat, while sane or insane;
- any intentionally self-inflicted injury or Sickness;
- rest care or rehabilitative care and treatment;
- routine newborn care, including routine nursery charges;
- voluntary abortion except, with respect to you or your covered Dependent spouse, where such person's life would be endangered if the fetus were carried to term or where medical complications have arisen from abortion;
- pregnancy of a Dependent child;
- participation in a riot, civil commotion, civil disobedience, or unlawful assembly. This does not include a loss which occurs while acting in a lawful manner within the scope of authority;
- commission of a felony;
- participation in a contest of speed in power driven vehicles, parachuting, or hang gliding;

Important Policy Revisions *continued*

- air travel, except as a fare-paying passenger on a commercial airline on a regularly scheduled route or as a passenger for transportation only and not as a pilot or crew member;
- intoxication (Whether or not a person is intoxicated is determined and defined by the laws and jurisdiction of the geographical area in which the loss occurred.);
- alcoholism or drug use, unless such drugs were taken on the advice of a Physician and taken as prescribed;
- sex changes;
- experimental treatment, drugs, or surgery;
- Pre-Existing Conditions for the first 12 months from the Effective Date of a Covered Person's coverage (This exclusion is waived if your employer pays the Employee Only premium.);
- an act of war, whether declared or undeclared, or while performing police duty as a member of any military or naval organization (This exclusion includes Accident sustained or Sickness contracted while in the service of any military, naval, or air force of any country engaged in war. American Fidelity will refund the pro rata unearned premium for any such period the Covered Person is not covered.);
- Accident or Sickness arising out of and in the course of any occupation for compensation, wage or profit (This does not apply to those sole proprietors or partners not covered by Workers' Compensation.);
- mental illness or functional or organic nervous disorders, regardless of the cause;
- dental or vision services, including treatment, surgery, extractions, or x-rays, unless resulting from an Accident occurring while the Covered Person's coverage is in force and if performed within 12 months of the date of such Accident, or due to congenital disease or anomaly of a covered newborn child;
- routine examinations, such as health exams, periodic check-ups, or routine physicals;
- any expense for which benefits are not payable under the Covered Person's Other Medical Plan; or
- air or ground ambulance.

Termination Of Insurance

Your insurance coverage will end on the earliest of these dates:

- the date you no longer qualify as an Insured;
- the end of the last period for which premium has been paid;
- the date the Policy is discontinued;
- the date you retire;
- your 70th birthday if your employer employs less than 20 employees;
- the date you cease to be on Active Service;
- the date your coverage under Another Medical Plan ends; or
- the date you cease employment with the employer through whom you originally became insured under the Policy.

Your insurance coverage on a Dependent will end on the earliest of these dates:

- the date your coverage terminates;
- the end of the last period for which premium has been paid;
- the date the Dependent no longer meets the definition of Dependent;
- the date the Dependent's coverage under Another Medical Plan ends; or
- the date the Policy is modified so as to exclude Dependent coverage.

American Fidelity may end the coverage of any Covered Person who submits a fraudulent claim.

Definitions

"Accident" means sudden, unexpected and unintended injury which is independent of any Sickness, over which the Covered Person has no control, and that takes place while the Covered Person's coverage is in force.

"Active Service" means that you are doing in the usual manner all of the regular duties of your employment on a full-time basis on any scheduled work day and these duties are being done at one of the places of business where you normally do such duties or at some location to which your employment sends you. You will be said to be on Active Service on a day which is not a scheduled work day only if you would be able to perform in the usual manner all of the regular duties of your employment if it were a scheduled work day.

"Covered Charges" means those charges that:

- are incurred by a Covered Person because of an Accident or Sickness;
- are for necessary treatment, services and medical supplies and recommended by a Physician;
- are not more than any dollar limit set forth in the schedule of benefits;
- are incurred while insured under the Policy (subject to any Extension of Benefits); and
- are not excluded under Exclusions.

"Covered Person(s)" means you and your Dependents who are insured under the Policy.

"Dependent" means you:

- married spouse who is under age 70 and who lives with you (The age 70 limit does not apply if you work for an employer employing 20 or more employees on a typical work day in the preceding calendar year.); or
- unmarried child including natural children from the moment of birth, step or adopted (from the moment of placement in the residence or in the case of an adopted newborn, from the moment of birth if an agreement to adopt is entered into and the child is ultimately placed in the home) and who:
 - is less than 19 years old and who lives with you; or
 - is less than 23 years old and going to an accredited school full-time. Such child must be dependent on you for principal support and maintenance; or
 - becomes incapable of self-support because of mental retardation or physical handicap while covered under the Policy and prior to reaching the limiting age for dependent children. The child must be dependent on you for support and maintenance. American Fidelity must receive proof of incapacity within 31 days after coverage would otherwise terminate. Coverage will then continue as long as your insurance stays in force and the child remains incapacitated. Additional proof may be required from time to time but not more often than once a year after the child attains age 23; or
 - is not living with you, but you are legally required to support such child, and the child would otherwise qualify under the above.

"Hospital" shall not include any institution used as a place for rehabilitation, a place for rest or for the aged, a nursing or convalescent home, a long term nursing unit or geriatrics ward, or an extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

"Inpatient" means confinement in a Hospital for at least 18 continuous hours in duration.

"Other (or Another) Medical Plan" means any basic Major Medical or Comprehensive Medical policy which includes managed care and through which a Covered Person has coverage. The term Other Medical Plan does not include CHAMPUS/TRICARE.

"Physician" means a practitioner of the healing arts who is practicing within the scope of his or her license in the state where so licensed and is not related to the Covered Person.

"Pre-Existing Condition" means a disease, Accident, Sickness, or physical condition for which the Covered Person:

- had treatment;
- incurred expense;
- took medication; or
- received a diagnosis or advice from a Physician, during the 12-month period immediately before the Effective Date of the Covered Person's coverage. The term "Pre-Existing Condition" will also include conditions which are related to such disease, Accident, Sickness or physical condition.

"Sickness" means illness or disease which starts while the Covered Person's coverage is in force and is the direct cause of the loss.

"Total Disability" (or Totally Disabled) means you are prevented from performing the material and substantial duties of your occupation. For Dependents, "Totally Disabled" means the inability to perform a majority of the normal activities of a person of like age in good health.

Supplemental Limited Benefit Medical Expense Insurance Monthly Premium by Plan*

In-Hospital Benefit

4 - 50 Certificates

Under 55	\$500	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000	\$2,500	\$3,500	\$5,000
Employee Only	\$13.72	\$16.66	\$18.62	\$19.60	\$21.56	\$22.54	\$25.50	\$29.42	\$34.32
Employee & Spouse	\$25.50	\$30.40	\$34.32	\$36.28	\$39.22	\$41.18	\$47.06	\$52.94	\$62.74
Employee & Child(ren)	\$24.52	\$27.46	\$29.42	\$31.38	\$34.32	\$36.28	\$41.18	\$46.08	\$51.96
Employee & Family	\$36.28	\$41.18	\$45.10	\$48.04	\$51.96	\$54.90	\$62.74	\$69.62	\$80.40

Ages 55-59	\$500	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000	\$2,500	\$3,500	\$5,000
Employee Only	\$19.60	\$23.54	\$27.46	\$29.42	\$33.34	\$35.30	\$41.18	\$48.04	\$54.90
Employee & Spouse	\$36.28	\$42.16	\$49.02	\$52.94	\$59.80	\$63.72	\$74.52	\$87.26	\$100.00
Employee & Child(ren)	\$30.40	\$34.32	\$37.26	\$41.18	\$46.08	\$49.02	\$56.86	\$64.70	\$72.56
Employee & Family	\$47.06	\$52.94	\$59.80	\$64.70	\$72.56	\$77.46	\$89.22	\$103.92	\$117.66

Ages 60 & Over	\$500	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000	\$2,500	\$3,500	\$5,000
Employee Only	\$30.40	\$35.30	\$40.20	\$45.10	\$49.02	\$53.92	\$63.72	\$76.48	\$93.14
Employee & Spouse	\$54.90	\$63.72	\$72.56	\$81.38	\$89.22	\$98.04	\$115.70	\$137.26	\$168.64
Employee & Child(ren)	\$41.18	\$46.08	\$50.98	\$56.86	\$62.74	\$68.64	\$78.44	\$93.14	\$110.78
Employee & Family	\$65.68	\$74.52	\$83.34	\$93.14	\$101.96	\$111.76	\$130.40	\$153.92	\$186.28

*The premium and amount of benefits vary dependent upon Plan selected at time of application.

Marketed and Administered by:



A member of the American Fidelity Group.

2305 Lakeland Drive ■ Flowood, MS 39232
(800) 256-8606

Underwritten by:



A member of the American Fidelity Group.

2000 N. Classen Blvd. ■ Oklahoma City, OK 73106

THIS IS A LIMITED POLICY. This brochure highlights important features of the policy. Please refer to your certificate for complete details. This policy is endorsed/sponsored by an association or issued through a trust in which the employer is a member, is intended to be covered by ERISA, and will be administered and enforced in accordance with ERISA. This brochure is applicable only to residents of Florida. If you reside in a state other than your employer's state of domicile, where required by law, policy provisions and benefits may vary. Policy Form G-908B series ■ Florida ■ Supplemental Limited Benefit Medical Expense Insurance (10/10) ■ C. Ramage