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Dental Plan
Vision Plan
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Basic Life & AD&D
Voluntary Short Term Disability
Long Term Disability
Voluntary Enrollment
Accident Insurance
Interest Sensitive Whole Life Insurance
Group Critical Illness Insurance
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IMPORTANT DATES

• November 9, 2015 – November 23, 2015 – Open enrollment begins for employees to elect 2016 benefits.
• November 23, 2015 – Open enrollment ends.
• January 1, 2016 – Benefits selections made during open enrollment will be effective.

The 2016 benefits guide is only a brief summary of your benefits. Livingston County has tried to ensure its accuracy, but if there is any discrepancy between the benefits discussed in this guide and the official plan document, the official plan document will rule. Actual benefits will be paid in accordance with the carrier contracts and any amendments to those contracts in place at the time of the claim. Please refer to your benefit booklets for details regarding your coverage, including benefit limitations and exclusions. Livingston County reserves the right to amend, modify or terminate any plan at any time and in any manner.
The Livingston County Open Enrollment process for 2016, or “County Choices”, will once again be electronic. Employees will be required to elect coverage and/or make changes to current coverage via the County MUNIS System.

Livingston County will continue to offer Hospital Indemnity, Interest Sensitive Whole Life, Critical Illness and Accident Insurance to all eligible employees on a voluntary basis. Additionally details can be found in the booklet, and you can enroll via telephone at 866-449-0047 to speak with a UNUM representative.

New this year is Aon Hewitt Advocacy. Aon Hewitt Advocates are available to help resolve benefits and billing issues and to help understand your benefits.
Enrollment Information

Any questions, please contact Jennifer Slater at (517) 540-8793 or via e-mail at jslater@livgov.com.

Decline Coverage-Opt Out
If you are covered by a health plan other than the Livingston County Health Plan, and feel that it meets the needs of you and your family, you may elect to opt out of our Medical Coverage. Opt-Out payment varies per bargaining unit, please look at your agreement to see if your bargaining unit is eligible for an opt-out payment.

Group Term Life Insurance
According to Internal Revenue Service (IRS) tax codes, the value of your Basic Group Term Life Insurance in excess of $50,000 is taxable to you. The taxable amount, called imputed income, will be reflected on your W-2.

SPECIAL ENROLLMENT NOTICE
If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward you or your dependents’ other coverage). However, you must request enrollment within 30 days after you or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact Jennifer Slater at (517) 540-8793 or jslater@livgov.com.

IMPORTANT:

Required Information
• If you are adding a new child or spouse for the first time, you must provide the original documents as proof of relationship to the County Human Resources Department. For a spouse, you will need your marriage license, for a child, you will need a birth certificate.
• Please verify name, dates of birth, and social security numbers for anyone enrolled or enrolling in an insurance plan or whom you may name as an insurance beneficiary.

Any questions regarding the information required to enroll a new dependent, contact Jennifer Slater at jslater@livgov.com. Also, if adding Voluntary Life, STD or LTD, you may be required to fill out an evidence of insurability form for any new coverage.
<table>
<thead>
<tr>
<th>Key Features</th>
<th>Community Blue PPO 4 Base plan for all groups</th>
<th>Community Blue PPO 6 Buy-up plan for all groups</th>
<th>Community Blue PPO 1 Buy-up plan for all groups</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
<td>In-Network</td>
</tr>
<tr>
<td>Annual Calendar Year Deductible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$500</td>
<td>$1,000</td>
<td>$250</td>
</tr>
<tr>
<td>Family</td>
<td>$1,000</td>
<td>$2,000</td>
<td>None</td>
</tr>
<tr>
<td>Coinsurance Maximum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$1,500</td>
<td>$3,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Family</td>
<td>$3,000</td>
<td>$6,000</td>
<td>$2,000</td>
</tr>
<tr>
<td>Out-of-Pocket Maximums</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1: Deductible and Coinsurance Out-of-Pocket</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$2,000</td>
<td>$4,000</td>
<td>$1,250</td>
</tr>
<tr>
<td>Family</td>
<td>$4,000</td>
<td>$8,000</td>
<td>$2,500</td>
</tr>
<tr>
<td>Tier 2: Total Out-of-Pocket (All deductibles, fixed dollar copays, and rx copays)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$6,350</td>
<td>$12,700</td>
<td>$6,350</td>
</tr>
<tr>
<td>Family</td>
<td>$12,700</td>
<td>$25,400</td>
<td>$12,700</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>80% for most services</td>
<td>60% for most services</td>
<td>90% for most services</td>
</tr>
<tr>
<td>Physician Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Visit</td>
<td>Varies by bargaining unit</td>
<td>Varies by bargaining unit</td>
<td>Varies by bargaining unit</td>
</tr>
<tr>
<td>Chiropractic Visit</td>
<td>Varies by bargaining unit</td>
<td>Varies by bargaining unit</td>
<td>Varies by bargaining unit</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>100% Coverage</td>
<td>Not covered</td>
<td>100% Coverage</td>
</tr>
<tr>
<td>Hospital Services</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
<td>90% after deductible</td>
</tr>
<tr>
<td>Emergency Treatment</td>
<td>Varies by bargaining unit</td>
<td>Varies by bargaining unit</td>
<td>Varies by bargaining unit</td>
</tr>
<tr>
<td>Retail Prescriptions (30-day supply)</td>
<td>Varies by bargaining unit</td>
<td>Varies by bargaining unit</td>
<td>Varies by bargaining unit</td>
</tr>
<tr>
<td>Generic</td>
<td>$2</td>
<td>In-network copay plus 25% of the BCBSM approved amount</td>
<td>Varies by bargaining unit</td>
</tr>
<tr>
<td>Formulary brand</td>
<td>$25</td>
<td>Varies by bargaining unit</td>
<td>Varies by bargaining unit</td>
</tr>
<tr>
<td>Non-formulary brand</td>
<td>$50</td>
<td>Varies by bargaining unit</td>
<td>Varies by bargaining unit</td>
</tr>
<tr>
<td>Mail-Order Prescriptions (90-day supply)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>Varies by bargaining unit</td>
<td>Varies by bargaining unit</td>
<td>Varies by bargaining unit</td>
</tr>
<tr>
<td>Formulary brand</td>
<td>Varies by bargaining unit</td>
<td>Varies by bargaining unit</td>
<td>Varies by bargaining unit</td>
</tr>
<tr>
<td>Non-formulary brand</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
</tbody>
</table>
### Coverage Provided through Blue Cross Blue Shield of Michigan

#### Class I Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Exams - once every six months</td>
<td>Covered - 100%</td>
</tr>
<tr>
<td>Teeth Cleaning - once every six months</td>
<td>Covered - 100%</td>
</tr>
<tr>
<td>Bitewing X-rays - once every six months</td>
<td>Covered - 100%</td>
</tr>
<tr>
<td>Full-mouth X-rays - once every 36 months</td>
<td>Covered - 100%</td>
</tr>
<tr>
<td>Fluoride Treatment</td>
<td>Covered - 100%</td>
</tr>
<tr>
<td>Space Maintainers</td>
<td>Covered - 100%, up to age 19</td>
</tr>
<tr>
<td>Palliative Emergency Treatment</td>
<td>Covered - 100%</td>
</tr>
</tbody>
</table>

#### Class II Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fillings (amalgam, acrylic, or silicate)</td>
<td>Covered - 50%</td>
</tr>
<tr>
<td>Inlays, Onlays, and Crowns</td>
<td>Covered - 50%</td>
</tr>
<tr>
<td>Root Canal Therapy</td>
<td>Covered - 50%</td>
</tr>
<tr>
<td>Periodontic Treatments</td>
<td>Covered - 50%</td>
</tr>
<tr>
<td>General Anesthesia</td>
<td>Covered - 50%</td>
</tr>
<tr>
<td>Oral Surgery Including Extractions</td>
<td>Covered - 50%</td>
</tr>
<tr>
<td>Repairs to Existing Dentures</td>
<td>Covered - 50%</td>
</tr>
</tbody>
</table>

#### Class III Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removable Dentures</td>
<td>Covered - 50%</td>
</tr>
<tr>
<td>Fixed Bridges</td>
<td>Covered - 50%</td>
</tr>
</tbody>
</table>

#### Class IV Services – Orthodontic services for dependents under age 19

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Habit Breaking Appliances</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Minor Toot Guidance Appliances</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Full-Banding Treatment</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Monthly, Active Treatment Visits</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>

#### Copays and Dollar Maximums

<table>
<thead>
<tr>
<th>Copays</th>
<th>50% for Class II and III Covered Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Maximum</td>
<td>$800 per member for covered services</td>
</tr>
<tr>
<td></td>
<td>Deputies - $1,200 per member for all covered services</td>
</tr>
</tbody>
</table>
### Copays

<table>
<thead>
<tr>
<th>Service</th>
<th>VSP Network Provider</th>
<th>Non-VSP Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Exam</td>
<td>$5 copay</td>
<td>$5 copay applies to charge</td>
</tr>
<tr>
<td>Prescription glasses (lenses and/or frames)</td>
<td>A combined $10 copay</td>
<td>Member responsible for difference between approved amount and providers charge, less a $10 copay</td>
</tr>
<tr>
<td>Medically necessary contact lenses</td>
<td>$10 copay</td>
<td>Member responsible for difference between approved amount and providers charge, less a $10 copay</td>
</tr>
</tbody>
</table>

### Eye Exam

Complete eye exam by an ophthalmologist or optometrist. The exam includes refraction, glaucoma testing and other tests necessary to determine the overall visual health of the patient.

- **Covered** - $5 copay
- Reimbursement up to $35, less a $5 copay (member responsible for any difference)

One eye exam in any period of 12 consecutive months

### Lenses and Frames

Standard lenses (must not exceed 60 mm in diameter) prescribed and dispensed by an ophthalmologist or optometrist. Lenses may be molded or ground, glass or plastic. Also covers prism, slab-off prism and special base curve lenses when medically necessary.

- **Covered** - $10 copay (one copay applies to both lenses and frames)
- Reimbursement up to predetermined amount based on lens type after copay (member responsible for any difference)

**Note:** Discounts on additional prescription glasses and savings on lens extras when obtained from a VSP doctor.

One pair of lenses, with or without frames, in any period of 12 consecutive months

### Standard frames

- **Covered** - $10 copay (one copay applies to both lenses and frames)
- Reimbursement up to $45, less a $10 copay (member responsible for any difference)

**Note:** All VSP network doctor locations are required to stock at least 100 different frames within the frame allowance.

One frame in any period of 12 consecutive months

### Contact Lenses

- **Medically necessary contact lenses** (requires prior authorization approval from VSP and must meet criteria of medically necessary)
  - **Covered** - $10 copay
  - Reimbursement up to $210 after a $10 copay (member responsible for any difference)

One pair of contact lenses in any period of 12 consecutive months

- **Elective contact lenses that improve vision** (prescribed, but do not meet criteria of medically necessary)
  - **Covered** - $130 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)
  - **Covered** - $105 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)

One pair of contact lenses in any period of 12 consecutive months

* Coverage provided by BCBS with a VSP network.
Flexible Spending Accounts allow employees to set aside pre-tax dollars for reimbursement of IRS approved health and dependent care expenses for things like doctor’s office visit co-pays, prescription drugs, eyeglasses and contact lenses, and day care that would have otherwise been paid with after tax dollars. Contributing to a flexible spending account reduces taxable income, so that you pay less in taxes. As a general rule, you will save approximately $30 in taxes for every $100 you contribute to the Plan.

**Health Flexible Spending Account (FSA)**

This account covers eligible health care expenses incurred for you and your family that are not reimbursed by any medical, dental or vision care plan you or your dependents may have. As a reminder, the pre-tax premiums you pay for the medical, dental, and vision plans you select are not reimbursable under the FSA because they are already withheld on a pre-tax basis.

**Dependent Care Flexible Spending Account (FSA)**

This account covers eligible dependent care expenses incurred so you can work. If you are married, your spouse must also work or attend school full-time. Childcare, pre-school and before/after school expenses fall into this category.

The IRS requires that any money remaining in your FSA(s) at the end of the Plan Year are forfeited. To avoid this, we recommend planning wisely when you enroll in the Plan and setting aside money for predictable expenses. Keep in mind that you have a month grace period following the end of the Plan.

You can find a worksheet on the County’s link at [www.co.livingston.mi.us/humanresources/](http://www.co.livingston.mi.us/humanresources/). Answers to frequently asked questions can be found at [http://co.livingston.mi.us/humanresources/](http://co.livingston.mi.us/humanresources/). Additional information can also be found at [www.arcadiabenefits.com](http://www.arcadiabenefits.com).

- Don’t forget, you may rollover up to $500 from your 2016 elections to use towards your 2017 elections.

**UPDATE FOR 2016:**

- $2,550 Annual Limit For Health Care FSA as a result of Health Care Reform
- $5,000 for Dependent Care FSA remains the same
# Basic Life & AD&D

## Benefit Level

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>Unum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 1 Paramedics</td>
<td>Class 2 MAPE Court Members</td>
</tr>
<tr>
<td>Class 3 MAP Sergeants</td>
<td>Class 4 MAPE 911 Dispatch Members</td>
</tr>
<tr>
<td>Class 5 LCDSA Deputies, Corrections Officers and Detectives</td>
<td>Class 6 MAP lieutenants</td>
</tr>
<tr>
<td>Class 7 Non-Union Members</td>
<td>Class 8 Elected Officials and Judges</td>
</tr>
<tr>
<td>Class 9 EMS Road Supervisors</td>
<td></td>
</tr>
</tbody>
</table>

## Employee Life/AD&D Benefit Amount

### Base Life:
- **Class 1** - $20,000
- **Class 2** - 2 times Annual Earnings rounded to the next higher multiple of $1,000, if not already a multiple of $1,000. Maximum: $200,000
- **Class 3** - $40,000
- **Class 4** - 1 times Annual Earnings rounded to the next higher multiple of $1,000. Maximum: $500,000.
- **Class 5** - $30,000
- **Class 6** - $50,000
- **Class 7** - 1 times your Annual Earnings, rounded to the next higher multiple of $1,000, if not already a multiple of $1,000. Maximum: $500,000
- **Class 8** - 1 times your Annual Earnings, rounded to the next higher multiple of $1,000, if not already a multiple of $1,000. Maximum: $500,000.
- **Class 9** - 1 times your Annual Earnings, rounded to the next higher multiple of $1,000, if not already a multiple of $1,000. Maximum: $500,000

### Base AD&D:
- All Classes Amount equal to Base life amount

## Employee Additional Life Benefit Amount

### Additional Life:
- **Class 1 - Employee**: $20,000, $40,000  
  **Spouse**: $5,000, $10,000  
  **Child**: $2,500, $5,000
- **Class 2 - Employee**:  
  1 times annual earnings, maximum $300,000  
  2 times annual earnings, maximum $300,000
  **Spouse**: $5,000, $10,000  
  **Child**: $2,500, $5,000
- **Class 3 - Employee**: $40,000, $80,000  
  **Spouse**: $5,000, $10,000  
  **Child**: $2,500, $5,000
- **Class 4 - Employee**:  
  1 times annual earnings, maximum $300,000  
  2 times annual earnings, maximum $300,000
  **Spouse**: $5,000, $10,000  
  **Child**: $2,500, $5,000
- **Class 5 - Employee**: $30,000, $60,000  
  **Spouse**: $5,000, $10,000  
  **Child**: $2,500, $5,000
- **Class 6 - Employee**: $50,000, $100,000  
  **Spouse**: $5,000, $10,000  
  **Child**: $2,500, $5,000
- **Class 7 - Employee**:  
  1 times annual earnings, maximum $300,000  
  2 times annual earnings, maximum $300,000
  **Spouse**: $5,000, $10,000  
  **Child**: $2,500, $5,000
- **Class 8 - Employee**:  
  1 times annual earnings, maximum $300,000  
  2 times annual earnings, maximum $300,000
  **Spouse**: $5,000, $10,000  
  **Child**: $2,500, $5,000
- **Class 9 - Employee**:  
  1 times annual earnings, maximum $300,000  
  2 times annual earnings, maximum $300,000
  **Spouse**: $5,000, $10,000  
  **Child**: $2,500, $5,000

## Dependent Life Benefit Amount

### Spouse:
- **Spouse Non-Med Maximum**: Standard $10,000
- **Spouse Reduction**: The amount of your spouse’s life insurance will reduce by the same percentage and at the same time your life insurance reduces.

### Child:
- 0 - 14 days: $1,000
- 14 days - 6 months: $1,000
- 6 months+: ($2,500 or $5,000)

### Child Age Limit: 19
### Student Age Limit: 26

Dependent coverage cannot be more than 100% of the employee’s life amount.
Voluntary Short Term Disability Insurance coverage is available for full time EMS members working at least 30 hours per week.

You are disabled when Unum determines that, due to sickness or injury:

- You are unable to perform any of the material and substantial duties of your regular occupation; and
- You are not working in any occupation.

Insurance will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that coverage would otherwise become effective.

Rates are dependent on your age and Base Annual Salary.

Below is a brief summary of the plan. Please refer to the entire summary of benefits for a full description of all plan provisions and exclusions.

<table>
<thead>
<tr>
<th>Weekly Benefit:</th>
<th>66.6667% of Weekly earnings to a maximum benefit of $1,000 per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elimination Period:</td>
<td>0 Day – Injury</td>
</tr>
<tr>
<td></td>
<td>7 Days – Sickness</td>
</tr>
<tr>
<td>Benefit Duration:</td>
<td>13 Weeks</td>
</tr>
<tr>
<td>Pre-Existing Condition Exclusion:</td>
<td>If you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 3 months just prior to your effective date; and the disability begins within the first 12 months after your effective date of coverage</td>
</tr>
</tbody>
</table>
Optional Benefit for LCDSA, MAPE 911, MAPE Courts, MAP Sergeants and MAFF EMS. (Not available to Judges and Elected Officials)

Long Term Disability Income Protection Insurance coverage includes all active full time employees working 30 hours per week.

- **Class 1:** You Paramedics (member paid)
- **Class 2:** MAPE Court Members (member paid)
- **Class 3:** MAP Sergeants (member paid)
- **Class 4:** MAPE 911 Dispatch Members (member paid)
- **Class 5:** LCDSA Deputies, Correction Officers and Detectives (Member paid)
- **Class 6:** MAP Lieutenants
- **Class 7:** Non-Union Members
- **Class 9:** EMS Road Supervisors

<table>
<thead>
<tr>
<th>Monthly Benefit:</th>
<th>60% of monthly earnings to a maximum benefit of $5,000 per month</th>
</tr>
</thead>
</table>
| Elimination Period: | * 90 Days  
* 30 Day accumulation feature |
| Benefit Duration: | Social Security Retirement Age/Reducing Benefit Duration |
Livingston County
2016 Voluntary Enrollment

For a limited time, you have an opportunity to talk to a Benefit Representative by telephone. This salary based Benefit Counselor will be available to answer your questions about the Voluntary Benefits program, provide you with detailed rates and enroll you in the benefit plans of your choice.

To enroll in any of the available benefits, simply call the toll-free number below.

Don’t miss your opportunity to enroll in these valuable benefit programs. Call today!

**This benefit will rollover into 2016 if currently enrolled. If you wish to cancel your current coverage you must call and cancel with this number below.**

CALL CENTER
Monday – Friday
8:00 a.m. to 8:00 p.m. EST
866-449-0047

Don’t delay – your enrollment period is open:
Monday, November 9th – Monday, November 23th
Unum’s accident insurance can pay benefits based on the injury you receive and the treatment you need, including X-rays, emergency room care and related surgery. The benefit can help offset the out-of-pocket expenses that medical insurance does not pay, including deductibles and copays.

Advantages of the plan

- Coverage is available to eligible employees age 17-80 who are actively at work*.
- You can buy coverage for your spouse and dependent children.
- No health questions to answer. If you apply, you automatically receive the base plan.
- Base plan is guaranteed renewable for life and covers a wide variety of injuries and accident-related expenses such as hospitalization, physical therapy, emergency room treatment, doctor's visits, fractures and dislocations, transportation, lodging and more.
- Benefits are paid for accidents that occur off-the-job.
- You own the policy so you can keep this coverage if you change jobs or retire. Unum will bill you for your premiums.
- This plan includes convenient payroll deduction, so you don’t have to remember to write a check for your premiums.
- Coverage becomes effective on the first day of the month in which payroll deductions begin.

Additional coverage option

You can purchase a Sickness Hospital Confinement rider to add additional coverage. This rider pays the insured employee, spouse or child(ren) a daily benefit if he or she is in the hospital for a covered illness.

* Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company’s business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence.

This policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. See the actual policy or your Unum representative for specific provisions and details of availability.

THIS IS A LIMITED POLICY.

Underwritten by:
Provident Life and Accident Insurance Company
Chattanooga, Tennessee
unum.com

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To enroll in this benefit or make changes to current voluntary benefits, please call (877) 275-0021.
Coverage that can last a lifetime
Will your family have a picture-perfect lifestyle if you're out of the picture? Unum's interest sensitive whole life insurance can help. Whether the policy is used to supplement term life insurance or purchased as a stand-alone product, whole life insurance plays a vital role in securing your family's financial future.

Interest Sensitive Whole Life Insurance

Coverage
- Level Premium – Premium rates do not increase as you get older
- Level Death Benefit - Death benefit does not reduce as you get older
- Cash Value with 4% Guaranteed Interest Rate – The cash value or equity of the policy builds at an interest rate guaranteed to be at least 4%
- Long-Term Care Benefit included – Access 100% of the death benefit for Long-Term Care needs (paid out evenly over the course of 16-25 months).
  - Continuation Rider available that will double the Long Term Care benefit duration (paid out evenly over the course of 32-50 months)
  - Restoration Rider available (After death benefit has exhausted due to Long Term Care benefits, this rider restores 100% of death benefit)
  - Continuation/Restoration Combination Rider available
- Reduced Paid-Up Option at Age 65 - You can exercise a “paid-up” option at a future time if desired
- 100% Portable - you can take this policy with you at the exact same premiums if you leave or retire from your company
- Stand Alone Coverage for Spouse, Children and even Grandchildren - You do not have to purchase coverage on yourself as an employee in order to elect coverage on an eligible family member

How long do you want your life insurance to last?
Everyone's life insurance needs are different, particularly throughout the different stages of life. Whether you are single and just starting your career, married and have increasing family obligations or getting close to retirement, life insurance is an important financial consideration to help you plan for the future.

To enroll in this benefit or make changes to current voluntary benefits, please call (877) 275-0021.

Sample Rates:

<table>
<thead>
<tr>
<th>Age</th>
<th>Face Amount</th>
<th>Guaranteed Cash Value @ Age 65</th>
<th>Guaranteed Reduced Paid-Up @ Age 65</th>
<th>Weekly Premium</th>
</tr>
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<tbody>
<tr>
<td>25</td>
<td>$42,623.00</td>
<td>$15,805.00</td>
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<td>$6.00</td>
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<td>35</td>
<td>$27,036.00</td>
<td>$9,051.00</td>
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<td>45</td>
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<tr>
<td>55</td>
<td>$13,347</td>
<td>$2,085</td>
<td>$4,787</td>
<td>$10.00</td>
</tr>
</tbody>
</table>

Please Note: Rates provided are for illustrative purposes only. Actual rates may vary.
Available to all employees; regularly scheduled 20 hours or more

Unum's group critical illness insurance can help protect your finances from the expense of a serious health problem, such as a stroke or heart attack. Cancer coverage is also available. This plan pays a lump sum benefit directly to you - not to a doctor or health care provider - at the first diagnosis of a covered condition.

What is covered?
The following specified critical illnesses are covered under the base plan:

- Heart attack
- Blindness
- Major organ failure
- End-stage renal (kidney) failure
- Occupational HIV
- Coronary artery bypass surgery (pays 25% of lump sum benefit)
- Benign brain tumor
- Stroke (evidence of persistent neurological deficits confirmed at least 30 days after the event)
- Coma (resulting from severe injury lasting 14 consecutive days or more)
- Permanent paralysis (complete and permanent loss of the use of two or more limbs for a continuous 90 days as a result of a covered accident)
- You may choose to select this benefit for an additional premium:
  - Cancer
  - Carcinoma in situ (pays 25% of the lump sum benefit)

Please refer to the policy for complete details about these covered conditions.

Advantages of the plan

- Coverage is available to eligible employees who are actively at work*.
- You can buy coverage for your spouse and dependent children.
- All eligible children are automatically covered at 25% of the employee benefit amount at no additional cost. Eligible children are covered for the same conditions as the employee and the following specific childhood conditions: cerebral palsy, deformed lip or palate, cystic fibrosis, Down syndrome and spina bifida. Diagnosis must occur after the child’s coverage effective date.
- You can use this coverage more than once. If you receive a full benefit payout for a covered illness, your coverage can be continued for the remaining covered conditions. The diagnosis of a new covered illness must occur at least 90 days after the most recent diagnosis. Each condition is payable once per lifetime.
- You get affordable rates when you buy this policy through your employer, and the premiums are conveniently deducted from your paycheck.
- You own the policy so you can keep this coverage if you change jobs or retire. Unum will bill you directly for the same premium amount.
- Coverage becomes effective on the first day of the month in which payroll deductions begin.

Wellness Benefit

This benefit can pay $75 per calendar year per insured individual for covered health screening tests, including:

- blood tests, stress tests, colonoscopies, mammograms, chest X-rays. A full list of covered tests will be provided in your certificate.

*Carcinoma in situ is defined as cancer that involves only cells in the tissue in which it began and that has not spread to nearby tissues.

*Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence.

This policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. See the actual policy or your Unum representative for specific provisions and details of availability.

To enroll in this benefit or make changes to current voluntary benefits, please call (877) 275-0021.
(CONTINUED FROM PREVIOUS PAGE)

**Policy Provisions**

**Pre-existing condition limitation** – Unum will not pay benefits for a claim that is caused by, contributed to by or occurs as a result of a pre-existing condition. Please refer to the information provided in your certificate or consult with a benefit representative to determine what would be considered a pre-existing condition.

**Reduction of benefits** – the benefit amount for the employee and spouse reduces by 50% on the first policy anniversary date after the insured individual’s 70th birthday. Premiums will not be reduced. For coverage purchased after age 70, benefit amounts will not be reduced.

**Termination Provisions**

If you choose to cancel your coverage under the policy, your coverage ends at 12:00 midnight on the first of the month following the date you provide notification to your employer. Otherwise, your coverage under the policy ends on the earliest of the:

- date this policy is cancelled;
- date you are no longer in an eligible group;
- date your eligible group is no longer covered;
- date of your death;
- last day of the period for which you made any required contributions; or
- last day you are in active employment unless continued due to a covered layoff or leave of absence or due to an injury or sickness. Coverage on your dependent children ends on the earliest of the date your coverage under the policy ends or the date a dependent child no longer meets the definition of dependent children.

Unum will provide coverage for a payable claim which occurs while you are covered under this policy. THIS IS A LIMITED POLICY.

Underwritten by:
Unum Life Insurance Company of America Portland, Maine
unum.com

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To enroll in this benefit or make changes to current voluntary benefits, please call (877) 275-0021.
Livingston County Important Notices & Information Regarding Your Health Insurance

The updates below reflect both changes and updates to your current health plan based on the Patient Protection and Affordable Care Act (PPACA), and additional information regarding certain federal guidelines.

**PREVENTIVE CARE**

Medical* – Certain services, when billed as preventive, are covered at 100% due to the new Health Care Reform Law. Please note, the services must be billed as preventive, not diagnostic. You may also wish to contact your insurance carrier in advance of a medical procedure that you may undergo to determine what your benefit level is. In doing so, you will want to obtain the diagnosis and the billing code in advance that the Doctor’s office or Hospital will use for payment of the service you will be provided. With the diagnosis and billing code, customer service should be able to tell you exactly how the service will be covered. Items on the Preventive Care Guidelines are covered with $0 copay can be found at http://bcbsm.com/healthreform/index.shtml or http://www.uspreventiveservicestaskforce.org/uspsabrecs.htm.

Pharmaceutical* – Certain preventive care prescription drugs are covered 100%.

*A complete list of covered preventive care services and prescription drugs can be found at http://www.healthcare.gov/center/regulations/prevention/taskforce.html.

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires employer health plans to maintain the privacy of your health information and to provide you with a notice of the Plan’s legal duties and privacy practices with respect to your health information.

**LIFETIME LIMIT NO LONGER APPLIES AND ENROLLMENT OPPORTUNITY**

The lifetime limit on the dollar value of benefits under Livingston County’s BCBSM plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll. Individuals have 30 days from the date of this notice to request enrollment. For more information contact the Jennifer Slater at (517) 540-8793.

**OPPORTUNITY TO ENROLL IN CONNECTION WITH EXTENSION OF DEPENDENT COVERAGE TO AGE 26**

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll Livingston County’s BCBSM plan. Enrollment will be effective January 1, 2016. For more information contact the Jennifer Slater at (517) 540-8793.

**Women’s Health and Cancer Rights Act of 1998 (Janet’s Law)**

Your plan, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema). These benefits are subject to applicable terms and conditions under your health plan, including copayments, deductible, and coinsurance provisions. They are also subject to medical insurance limitations and exclusions. This notification is a requirement of the act. If you would like more information on WHCRA benefits, call Jennifer Slater at (517) 540-8793. The Women’s Health and Cancer Rights Act (Women’s Health Act) was signed into law on October 21, 1998. The law includes important new protections for breast cancer patients who elect breast reconstruction in connection with a mastectomy. The Women’s Health Act amended the Employee Retirement Income Security Act of 1974 (ERISA) and the Public Health Service Act (PHS Act) and is administered by the Departments of Labor and Health and Human Services.

**Newborns’ and Mothers’ Health Protection Act**

The Newborns’ Act is a federal law that prohibits group health plans and insurance companies (including HMOs) that cover hospitalization in connection with childbirth from restricting a mother’s or newborn’s benefits for such hospital stays to less than 48 hours following a natural delivery or 96 hours following delivery by cesarean section, unless the attending doctor, nurse midwife or other licensed health care provider, in consultation with the mother, discharges the mother or newborn child earlier.
Tell Us When You're Medicare Eligible

Please notify Human Resources when you or your dependents become eligible for Medicare. You will need to provide Human Resources with a copy of your Medicare card. We are required to contact the insurer to inform them of your Medicare status. Federal law determines whether Medicare or the health plan pays primary. You must also contact Medicare directly to notify them that you have health care coverage through an employer group. Privacy laws prohibit anyone other than the Medicare beneficiary, or their legal guardian, to update or change Medicare records. The toll free number to contact Medicare Coordination of Benefits Contractor is 800-999-1118.

GENETIC INFORMATION NONDISCRIMINATION ACT OF 2008

The Genetic Information Nondiscrimination Act of2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic Information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

MICHELLE’S LAW

Michelle’s Law is an act that requires health plans to allow college students who take a leave of absence or reduce their class load because of illness to retain their dependent status under their parents’ health plan for up to one year. Students’ eligibility for dependent coverage will continue for one year (unless the student would otherwise lose eligibility within the year). To qualify for protection under Michelle’s Law, the following requirements must be met: the student must be enrolled as a full-time student immediately before the leave of absence or scheduled reduction the student must have written certification from a treating physician that the leave of absence or reduced schedule is necessary due to a severe illness or injury; and the leave or reduced schedule must have triggered the loss of student status under the health plan. If the Plan Sponsor changes group health plans during a medically necessary leave and the new health plan offers coverage of dependent children, the new plan will be subject to the same rules.
SPECIAL ENROLLMENT NOTICE

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward you or your dependents’ other coverage). However, you must request enrollment within 30 days after you or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact Jennifer Slater at (517) 540-8793 or jslater@livgov.com.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Carrier</th>
<th>Phone Number</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical, Dental &amp; Vision</td>
<td>Blue Cross Blue Shield of Michigan</td>
<td>1-800-258-8000</td>
<td><a href="http://www.bcbsm.com">www.bcbsm.com</a></td>
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<tr>
<td>Flex Life &amp; AD&amp;D</td>
<td>UNUM</td>
<td>1-866-679-3054</td>
<td><a href="http://www.unum.com">www.unum.com</a></td>
</tr>
<tr>
<td>Long Term Disability</td>
<td>UNUM</td>
<td>1-866-679-3054</td>
<td><a href="http://www.unum.com">www.unum.com</a></td>
</tr>
<tr>
<td>Group Critical Illness &amp; Accident</td>
<td>UNUM</td>
<td>1-800-635-5597</td>
<td><a href="http://www.unum.com">www.unum.com</a></td>
</tr>
<tr>
<td>Flexible Spending Account</td>
<td>Arcadia</td>
<td>1-866-329-4333</td>
<td><a href="http://www.arcadiabenefits.com">www.arcadiabenefits.com</a></td>
</tr>
<tr>
<td>Livingston County</td>
<td>Human Resources</td>
<td>1-517-540-8793</td>
<td><a href="mailto:jslater@livgov.com">jslater@livgov.com</a></td>
</tr>
<tr>
<td></td>
<td>(Jennifer Slater)</td>
<td></td>
<td><a href="http://www.livgov.com/HR">www.livgov.com/HR</a></td>
</tr>
<tr>
<td>Claims Advocate</td>
<td>Aon Hewitt Advocates</td>
<td>1-800-715-4015</td>
<td><a href="http://www.aonhewittadvocacy.com">www.aonhewittadvocacy.com</a></td>
</tr>
</tbody>
</table>

This guide is designed as a reference to help eligible members enroll for benefits and answer many of the questions you might have about benefits during the year. The legal documents and insurance contracts governing these plans will determine your benefits in the events of any omissions or discrepancies. Your participation in these plans is not a contract of employment and does not guarantee your future employment. Livingston County reserves the right to change or end any of the plans, at any time and for any reason, to the extent allowed by law. 2012-2013