



Term Life and Accidental Death & Dismemberment (AD&D) Insurance

can provide money for your family if you die or are diagnosed with a terminal illness.

How does it work?

You choose the amount of coverage that's right for you, and you keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is also available, which pays a benefit if you survive an accident but have certain serious injuries. It pays an additional amount if you die from a covered accident.

Why is this coverage so valuable?

If you previously purchased coverage, you can increase it up to \$40,000 to meet your growing needs — with no health questions or exams.

What else is included?

A "Living" Benefit

If you are diagnosed with a terminal illness with less than 12 months to live, you can request 50% of your life insurance benefit (up to \$750,000) while you are still living. This amount will be taken out of the death benefit, and may be taxable.

Waiver of premium

Your cost may be waived if you are totally disabled for a period of time.

Portability

You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

Who can get Term Life coverage?

If you are actively at work at least 30 hours per week, you may apply for coverage for:

You	Choose from \$10,000 to \$500,000 in \$10,000 increments, up to 5 times your earnings. If you previously purchased coverage, you can increase it up to \$40,000, your guaranteed issue amount, with no health questions. If you previously declined coverage, you may have to answer some health questions.
Your Spouse	Get up to \$500,000 of coverage in \$5,000 increments. Spouse coverage cannot exceed 100% of the coverage amount you purchase for yourself. If you previously purchased coverage for your spouse, they can increase their coverage up to \$15,000, their guaranteed issue amount, with no health questions or exams, if eligible (see delayed effective date). If you previously declined spouse coverage, some health questions may be required.
Your Children	Your children - Get up to \$10,000 of coverage in \$2,000 increments if eligible (see delayed effective date). One policy covers all of your children until their 19th birthday – or until their 26th birthday if they are full-time students. The maximum benefit for children live birth to 6 months is \$1,000.

Who can get Accidental Death & Dismemberment (AD&D) coverage?

You	Get up to \$500,000 of AD&D coverage for yourself in \$10,000 increments to a maximum of 5 times your earnings.
Your Spouse	Get up to \$500,000 of AD&D coverage for your spouse in \$5,000 increments, if eligible (see delayed effective date).
Your Children	Get up to \$10,000 of coverage for your children in \$2,000 increments if eligible (see delayed effective date).

No questions or health exams required for AD&D coverage.

Delayed Effective Date: If your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan. No questions

Term Life Insurance and Accidental Death & Dismemberment (AD&D)

Worksheet

Calculate your costs

1. Enter the Term Life coverage amount you want.
†
2. Divide by the amount shown.
3. Multiply by the rate. Use the Term Life rate table (at right) to find the rate based on age. (Choose the age you will be when your coverage becomes effective on 01/01/2018. To determine your spouse rate, choose the age the spouse will be when coverage becomes effective on 01/01/2018.)
4. Enter your weekly cost.

Term Life	1	2	3	4
Employee	\$ _____,000	÷ \$10,000 = \$ _____	X \$ _____	= \$ _____
Spouse	\$ _____,000	÷ \$5,000 = \$ _____	X \$ _____	= \$ _____
Child	\$ _____,000	÷ \$2,000 = \$ _____	X \$ _____	= \$ _____
Total cost				

Term Life weekly rate for employee			Spouse weekly rate	Child weekly rate
Age	Per \$10,000 of coverage		Per \$5,000 of coverage	\$0.173 per \$2,000 of coverage
	Tobacco††	Non-tobacco		
15 - 24	\$0.192	\$0.152	\$0.070	
25 - 29	\$0.208	\$0.168	\$0.077	
30 - 34	\$0.279	\$0.224	\$0.103	
35 - 39	\$0.434	\$0.332	\$0.148	
40 - 44	\$0.692	\$0.503	\$0.223	
45 - 49	\$1.080	\$0.782	\$0.347	
50 - 54	\$1.678	\$1.142	\$0.516	
55 - 59	\$2.192	\$1.652	\$0.762	
60 - 64	\$2.753	\$2.148	\$1.056	
65 - 69	\$3.822	\$3.090	\$1.503	
70 - 74	\$7.168	\$5.843	\$2.843	
75+	\$20.850	\$18.245	\$8.790	

1. Enter the AD&D coverage amount you want.
†
2. Divide by the amount shown.
3. Multiply by the rate. Use the AD&D rate table (at right) to find the rate.
4. Enter your weekly cost.

AD&D	1	2	3	4
Employee	\$ _____,000	÷ \$10,000 = \$ _____	X \$0.138	= \$ _____
Spouse	\$ _____,000	÷ \$5,000 = \$ _____	X \$0.073	= \$ _____
Child	\$ _____,000	÷ \$2,000 = \$ _____	X \$0.016	= \$ _____
Total cost				

AD&D weekly rates		
	Coverage amount	Rate
Employee	per \$10,000	\$0.138
Spouse	per \$5,000	\$0.073
Child	per \$2,000	\$0.016

Billed amount may vary slightly. † If you apply for coverage above the guaranteed issue amount, you will be asked health-related questions which may affect your ability to get the larger coverage amount. In order to purchase coverage for your dependents, you must buy coverage for yourself. Coverage amounts cannot exceed 100% of your coverage amounts. †† A tobacco user is defined as anyone who currently uses or has used a tobacco product within the last 12 months.

Term Life Insurance and Accidental Death & Dismemberment (AD&D)

Actively at work

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 or lay off.

An unmarried handicapped dependent child who becomes handicapped prior to the child's attainment age of 26 may be eligible for benefits. Please see your plan administrator for details on eligibility.

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage. Spouses and dependents must live in the U.S. to receive coverage.

Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

Exclusions and limitations

Life insurance benefits will not be paid for deaths caused by suicide occurring within 24 months after the effective date of coverage. The same applies for increased or additional benefits.

AD&D specific exclusions and limitations:

Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body; diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Suicide, self-destruction while sane, intentionally self-inflicted injury while sane or self-inflicted injury while insane
- War, declared or undeclared, or any act of war
- Active participation in a riot
- Committing or attempting to commit a crime under state or federal law
- The voluntary use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction of your or your dependent's doctor. This exclusion does not apply to you or your dependent if the chemical substance is ethanol.
- Intoxication – "Being intoxicated" means your or your dependent's blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.

Delayed effective date of coverage

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

Delayed Effective Date: If your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

Age reduction

Coverage amounts for life and AD&D Insurance for you and your dependents will reduce to 65% of the original amount when you reach age 70, and will reduce to 50% of the original amount when you reach age 75. Coverage may not be increased after a reduction.

Termination of coverage

Your coverage and your dependents' coverage under the policy ends on the earliest of:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage

In addition, coverage for any one dependent will end on the earliest of:

- The date your coverage under a plan ends
- The date your dependent ceases to be an eligible dependent
- For a spouse, the date of a divorce or annulment
- For dependents, the date of your death

Unum will provide coverage for a payable claim that occurs while you and your dependents are covered under the policy or plan.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.

Life Planning Financial & Legal Resources services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject

to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Unum complies with state civil union and domestic partner laws when applicable.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

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Term Life Insurance

Complete this form to enroll. THIS IS NOT AN APPLICATION FOR INSURANCE: This is an enrollment form.

If you already have Unum coverage: Please be aware that any new benefit elections on this form will replace all existing elections. If you do not wish to make changes, you do not need to complete this form. Please contact your plan administrator for assistance.

Harrington Electric

Step 1: Complete your personal information

First name (please print) M. initial Last name 607599-001

Social Security Number Gender Date of birth (mm-dd-yyyy) Have you used tobacco products (such as cigarettes, cigars, snuff, chew, or pipe) or any nicotine delivery system in the past 12 months? (Y/N)

Street address Apartment #

City State ZIP code -

Original hire date Annual salary \$ Occupation Hours worked per week

Did you recently become eligible for benefits? (Y/N) Have you been rehired by your company? (Y/N) If so, please provide a date (mm-dd-yyyy)

Spouse first name (please print) M. initial Last name

Date of birth (mm/dd/yyyy)

Step 2: Choose a coverage amount (you may use the worksheet to calculate your cost)

Remember: The coverage amounts you choose for your spouse or child(ren) cannot exceed 100% of the coverage amount you purchase for yourself.

Term Life Insurance

* If you previously purchased coverage and are now electing an amount over \$40,000 for you or \$15,000 for your spouse or if you were previously offered coverage during your initial eligibility period and declined to enroll, please complete an Evidence of Insurability form. Ask your Plan Administrator for details.

Employee	Spouse	Child
Coverage amount	Coverage amount	Coverage amount
<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000
<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$10,000	
<input type="checkbox"/> \$30,000	<input type="checkbox"/> \$15,000 *	
<input type="checkbox"/> \$40,000 *		

Want a different amount? \$ \$ \$

AD&D insurance

Employee		Spouse		Child	
Coverage amount	Weekly cost	Coverage amount	Weekly cost	Coverage amount	Weekly cost
<input type="checkbox"/> \$10,000	\$0.14	<input type="checkbox"/> \$5,000	\$0.07	<input type="checkbox"/> \$10,000	\$0.08
<input type="checkbox"/> \$20,000	\$0.28	<input type="checkbox"/> \$10,000	\$0.15		
<input type="checkbox"/> \$30,000	\$0.41	<input type="checkbox"/> \$15,000	\$0.22		
<input type="checkbox"/> \$40,000	\$0.55				

Want a different amount? \$ \$ \$

Step 3: Name your beneficiaries

Your primary beneficiary is the person (or persons) who will receive the benefit payment from your life insurance policy if you were to die. **The total percent of benefit** must not exceed 100%.

First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your secondary beneficiary would receive the benefit payment from your life insurance policy if a primary beneficiary is no longer living.

First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Step 4: Sign and certify

I have read and understand the "Exclusions and limitations" listed on the Benefit Brochure. All statements are true to the best of my knowledge and belief. I understand that a copy of this form will be made available to me at my request. I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective. I understand that my payroll deduction amount will change if my coverage or costs change, or if I've made an error completing this form.

Signature

___ / ___ / ____
Date

No, I do not want coverage under the Term Life Insurance.

No, I do not want coverage under Accidental Death & Dismemberment.

I understand that if I elect coverage in the future, I may need to complete evidence of insurability relative to my health status in order for Unum to determine my eligibility for coverage.

Signature

___ / ___ / ____
Date

Return forms to: plan administrator
By: 11/30/2018

Delayed effective date of coverage

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

Delayed Effective Date: If your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan. Exception: Infants are insured from live birth.





Unum DentalSM

A smile-worthy dental plan

Harrington Electric Company

Plan features:

- 100% coverage for preventive services
- See any dentist or maximize your benefits by utilizing our national network of more than 323,000+ dental access points with discounted fees for in-network services
- Manage benefits online with AlwaysAssist.com and on-the-go with the AlwaysAssist mobile app.

AlwaysAssist.com | **AlwaysAssist App**
 Online benefits management



Weekly Premium Rates*:	Employee Only	\$6.57
	Employee & Spouse	\$12.77
	Employee & Children	\$14.79
	Employee & Family	\$22.52

*Rates valid from 01/01/2019 to 01/01/2020.

Overview:

Deductible:
 Maximum 3 per family.
 Applies to Basic (Class B) and Major (Class C) Services. \$50 per calendar year

Coinsurance: The plan pays the following percentages of maximum allowable charges for each class:	Class A	Preventive	100%
	Class B	Basic	80%
	Class C	Major	50%

Benefit Maximums:
 (Class A, B, and C benefits). \$1500 per calendar year

Carryover Benefit: \$350, Threshold Limit \$700, Carryover Account Maximum \$1250

Covered procedures and waiting periods:

Preventive Services (Class A):

No waiting period

- Routine exams (2 per 12 months)
- Prophylaxis (2 per 12 months)
 - (1 additional cleaning or periodontal maintenance per 12 months if member is in 2nd or 3rd trimester of pregnancy)
- Bitewing x-rays (maximum of 4 films) (1 per 12 months)
- Fluoride treatment for children up to age 16 (1 per 12 months)
- Sealants for children up to age 16 (permanent molars 1 per 36 months)
- Space maintainers for children up to age 16 (1 per 24 months)
- Adjunctive pre-diagnostic oral cancer screening (1 per 12 months for age 40+)

Basic Services (Class B):

No waiting period

- Full mouth / panoramic x-rays (1 per 24 months)
- Emergency treatment (1 per 12 months)
- Simple restorative services (fillings) (benefit allowed for amalgam restorations on posterior teeth)
- Simple extractions

Major Services (Class C):

No waiting period

- Oral surgery (extractions and impacted teeth) & anesthesia (subject to review, covered with complex oral surgery)
- Repair of crown, denture, or bridge
- Non-surgical periodontics
- Endodontics (root canals)
- Surgical periodontics (gum treatments)
- Inlays and onlays
- Crowns, bridges, dentures and endosteal implants (in lieu of an approved 3-unit bridge)

Dental carryover benefit

Members who take care of their teeth, but use only part of their annual maximum benefit during a benefit period are rewarded with extra benefits in future years! If an insured submits qualifying claims for covered expenses during a benefit year and, in that benefit year, receives benefits that are less than their group's threshold limit, the insured will be credited a carryover benefit. Carryover benefits will be accrued and stored in the insured's carryover account to be used in the next benefit year. If an insured reaches his or her certificate year maximum benefit, we will pay a benefit from the insured's carryover account up to the amount stored in the insured's carryover account. The accrued carryover benefits stored in the carryover account may not be greater than the carryover account limit.

The limits for this policy/certificate are: Carryover benefit **\$350**, threshold limit **\$700**, carryover account limit **\$1250**.

Other specifications:

- An insured's carryover account will be eliminated, and the accrued carryover benefits lost, if the insured has a break in coverage of any length of time, for any reason.
- Eligibility for a carryover benefit will be established or reestablished at the time the first qualifying claim in a benefit year is received for covered expenses incurred during that benefit year.
- In order to be eligible to accumulate the carryover benefit, an insured must be enrolled in the plan at least four months prior to the start of the new policy year. Example: If the plan effective date is January 1st, the insured must be enrolled by September 1st.
- Only claims incurred on or after the start of the next policy year will count toward the threshold limit.
- Carryover benefits will not be applied to an insured's carryover account until the policy year that starts one year from the date the rider first applies.
- If charges for Class C services are not payable for an insured due to a benefit waiting period for certain covered procedures, this rider will not apply to the insured until the end of such waiting period. And, if the waiting period ends within the three months prior to the start of this plan's next benefit year, this rider will not apply to the insured until the next benefit year.
- Carryover benefits will not be applied to an insured's carryover account until the benefit year that starts one year from the date the rider first applies.

Definitions:

- "Benefit year" means calendar year or policy year, according to the type of plan applicable under the policy/certificate to which this rider is attached.
- "Carryover account" means the amount of an insured's accrued carryover benefits.
- "Carryover account limit" means the maximum amount of cumulative Carryover benefits that an insured can store in his or her carryover account.
- "Carryover benefit" means the dollar amount, which will be added to an insured's carryover account when he or she receives benefits in a benefit year that do not exceed the threshold limit.
- Qualifying claim means a claim under procedure classes A, B, and C and must include 1 exam & 1 cleaning.
- "Threshold limit" means the maximum amount of benefits for all procedure classes A, B, C and D that an insured can receive during a benefit year and still be entitled to receive the carryover benefit.

Dependent children: Dependent age guidelines vary by state. Please refer to your policy certificate or contact customer service at (888) 400-9304.

Services not listed: If you expect to require a dental or vision service not included on this brochure, it may still be covered. Please contact customer service at (888) 400-9304 to confirm your exact benefits.

Alternate treatment: Unum covers the least expensive most commonly used and accepted American Dental Association treatments. Plan members may elect a more expensive treatment, but will be responsible for the cost difference resulting from the more expensive procedure.

Exclusions/limitations:

Unum members whose dental plan includes coverage of crowns and bridges will have the option of choosing an endosteal implant to replace a missing tooth instead of a conventional fixed 3-unit bridge, when a 3-unit bridge is approved for coverage. Crowns placed on implants will also be covered. Other implants or implant related services are not covered.

The following dental services are not covered:

- any treatment which is elective or primarily cosmetic in nature and not generally recognized as a generally accepted dental practice by the American Dental Association, as well as any replacement of prior cosmetic restorations;
- the correction of congenital malformations;
- the replacement of lost, discarded, or stolen appliances;
- replacement of bridges, dentures, crowns, inlays, onlays or dentures unless more than [5] years old and cannot be made serviceable;
- appliances, services or procedures relating to: (i) the change or maintenance of vertical dimension; (ii) restoration of occlusion; (iii) splinting; (iv) correction of attrition, abrasion, erosion or a fracture; (v) bite registration; or (vi) bite analysis;
- services provided for any type of temporomandibular joint (TMJ) dysfunctions, muscular, skeletal deficiencies involving TMJ or related structures, myofascial pain;
- charges for implants (except noted above), removal of implants, precision or semi-precision attachments, denture duplication, overdentures and any associated surgery, or other customized services or attachments, and related procedures;
- dentures for teeth missing prior to effective date of coverage; some exceptions apply and are detailed in the Certificate of Coverage;
- multiple x-rays done on same date of service will be combined to a full-mouth x-ray;
- cosmetic restorations on posterior permanent teeth and all primary teeth will be given alternate benefit;
- Anesthesia is covered with complex oral surgery only. Charges are subject to review. Pre-treatment estimate is recommended.

Takeover benefits:

Takeover benefits apply if we are taking over a comparable benefits plan from another carrier and only if there is no break in coverage between the original plan and the takeover date. Takeover is available to those individuals insured under the employer's dental plan in effect at the time of the employer's application. If takeover benefits are included in your benefits, then waiting periods for service will be waived for the individuals currently insured under the employer's previous plan during the month prior to coverage moving to us.

Application of takeover benefits is subject to Underwriting review and approval.

New hires with prior-like dental coverage (lapse in coverage must be less than 63 days) will receive takeover credit for the length of time they had with the prior carrier and must provide proof of coverage (including coverage dates) to receive takeover credit (i.e. one page benefit summary, certificate of creditable coverage, etc.).

Late entrants: Employees that waive coverage at initial enrollment (within 31 days of effective date) or in the new employee eligibility period and/or terminate coverage with Unum will have a twelve (12) month waiting period applied to basic and major services and orthodontia upon re-applying.

The prior carrier is responsible for reimbursement of costs for procedures begun prior to the effective date.

This brochure is not intended to be a complete description of the insurance coverage available. The policies or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form Series Dental – DN2002 and DN2007 or contact your Unum DentalSM representative.

Underwritten and administered by: Starmount Life Insurance Company
8485 Goodwood Boulevard • Baton Rouge, LA 70806 • PH: (888) 400-9304.
Policy Forms: Dental – DN2002 and DN2007

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Unum VisionSM

Quality eye care meets convenience

Harrington Electric Company

Plan features:

- Our network offers members access to convenient, quality care with more than 40,000 vision access points¹, including independent optometrists and retail stores like Walmart, Sam's Club, JCPenney, Sear's Optical, America's Best and many more!
- Manage benefits online with AlwaysAssist.com and on-the-go with the AlwaysAssist mobile app.

AlwaysAssist.com
Online benefits management

AlwaysAssist App



Covered benefits:

Exam: Each member is entitled to a comprehensive vision exam. An exam co-pay applies and is outlined in the grid below.

Materials: Each member may purchase eyewear in the form of an eyeglass frame and lenses, or contact lenses. Purchases are subject to benefit frequencies and co-pays. Plan features include:

- **Frame benefit:** You may choose any frame within a provider's collection, subject to the retail frame allowance listed below. If the cost is greater than the plan's benefits, you are responsible for the difference.
- **Eyeglass lens benefit:** Standard plastic (CR-39 Plastic Material) single vision, bifocal and trifocal lenses are generally covered after any applicable materials copay. Plan allowances are listed below for specialty lenses. If the cost is greater than the plan's benefits, you are responsible for the difference.
- **Contact lens benefit:** Members electing contact lenses instead of glasses may apply the contact lens allowance to any lenses in the provider's collection. If the cost is greater than the plan's benefits, you are responsible for the difference. The contact allowance will apply to the retail cost of contact lenses and to any professional fitting fee charged by the provider. Some providers, operating independently of the optical store, may charge separately for the fit and evaluation, permitting the contact lens benefit to be used fully for materials.

Laser vision correction: Discounts are available with participating surgery providers across the country (not an insured benefit)

Weekly Premium Rates²:

Rates are guaranteed 01/01/2018 to 01/01/2020 with a minimum of 20%-49% participation and 2-9 enrolled.

Employee Only	\$1.27
Employee & Spouse	\$2.53
Employee & Child(ren)	\$2.74
Employee & Family	\$4.28

Overview:

Vision Care Services	All Participating Providers	Out-of-Network
Exam (1 per 12 month)	\$10 Co-pay	Up to \$35
Materials	\$25 Co-pay	See Below
Standard Plastic Lenses: (1 per 12 month)		
Single Vision	Covered by Co-pay	Up to \$25
Bifocal	Covered by Co-pay	Up to \$40
Trifocal	Covered by Co-pay	Up to \$50
Lenticular	\$80 allowance	Up to \$50
Progressive	\$70 allowance	Up to \$40
Lens Options:		
Scratch resistant coating	Covered at Wal-Mart only	N/A
Polycarbonate Lenses for children to age 19	Covered	N/A
Frames: (1 per 24 months)		
Members choose from any frame available at provider locations.	Up to \$130 allowance	Up to \$50 retail
Contact Lenses³: (1 per 12 months) (Includes fit ⁴ , follow-up and materials)	\$25 Co-pay	
Elective	Up to \$130 allowance	Up to \$100
Medically Necessary	Up to \$210 allowance	Up to \$210

1. Starmount internal data, 2017. Access points are sites where network providers see patients. Some providers may be available at more than one access point.

2. Final rates subject to home office underwriting verification of participation and other factors. Members must enroll for a minimum of 12 months.

3. Contact lenses are in lieu of eyeglass lenses and frames.

4. Some providers, such as Walmart, may charge for a contact lens fit and evaluation separately from your contact lens allowance, leaving the entire allowance for materials.

Other Unum Vision specifications

Dependent children: Dependent age guidelines vary by state. Please refer to your policy certificate or contact customer service at 888-400-9304.

Services not listed: If you expect to require a vision service not included on this brochure, it may still be covered. Please contact customer service at 888-400-9304, to confirm your exact benefits.

This is a primary vision care benefit and is intended to cover only eye examinations and corrective eyewear. Medical or surgical treatment of eye disease or injury is not provided under this plan. Coverage may not exceed the lesser of actual cost of covered services and materials or the limits of the policy.

Some providers at optical and/or retail chains, such as Walmart, may charge for a contact lens fit and evaluation separately and apart from your contact lens allowance, leaving the entire allowance for materials.

Covered materials that are lost or broken will be replaced only at normal service intervals indicated in the Plan Design; however, these materials and any items not covered below may be purchased at Preferred Pricing from a Participating Provider. In addition, benefits are payable only for expenses incurred while the Group and individual Member coverage is in force.

This plan will not cover:

Orthoptics or vision training and any supplemental testing; Plano (non-prescription) lenses; or two pair of eyeglasses in lieu of bifocals or trifocals;

Medical or surgical treatment of the eyes;

An eye exam or corrective eye wear required by an employer as a condition of employment;

Any injury or illness covered under Workers' Compensation or similar law, or which is work related;

Plain or prescription sunglasses or tinted lenses, and no-line bifocals and blended lenses (subject to allowance);

Sub-normal vision aids;

Services rendered or materials purchased outside the U.S. or Canada, unless: the insured resides in the U.S. or Canada, and the charges are incurred while on a business or pleasure trip;

Charges in excess of Usual and Customary for services and materials;

Experimental or non-conventional treatments or devices;

Safety eyewear;

Spectacle lens styles, materials, treatments or "add-ons" not shown in the Schedule of Benefits.

Laser vision correction network

Membership provides access to preferred pricing. Transactions are handled directly between members and providers. Refractive surgery is an elective procedure and may involve potential risks to patients. This is not an insured benefit. Unum cannot and does not guarantee the outcome of any refractive surgical procedure or a total elimination of the need for glasses or contacts. Providers may not be available in all metropolitan areas. Login to www.alwaysassist.com for a list of participating laser vision correction providers.

This brochure is not intended to be a complete description of the insurance coverage available. The policies or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form Series Vision – VI-2002 and VI-2007 or contact your Unum VisionSM representative.

Vision plans are marketed by Unum, administered and underwritten by Starmount Life Insurance Company.

8485 Goodwood Boulevard • Baton Rouge, LA 70806 • PH: (888) 400-9304.
Policy Forms: Vision – VI-2002 and VI-2007

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AlwaysAssist.com

Access your ID card, locate providers and more!

How to register:

Visit AlwaysAssist.com or download the mobile app to register for access. Select "Member Registration" on the login screen and complete the required information.

**Trouble logging in?
Contact us.**

Customer Service:
(888) 400-9304

Find all the information you need to manage your coverage — like printing your member ID card or benefit summaries, locating providers, checking claim status and learning about good dental and vision health.

Website features

- › Print ID cards
- › View coverage
- › Manage claim privacy
- › View Frequently Asked Questions
- › Email customer service
- › View current benefit elections
- › Change email address
- › Access forms and documents

Mobile app features

TRY THE APP NOW!



Scan this code to go directly to the app download page, or visit bit.ly/AlwaysAssist-App.



Always have up-to-date dental & vision ID cards.



Find in-network dental & vision providers near you.



Review your dental & vision claims.

Download the AlwaysAssistSM Mobile App for your Apple iPhone & iPad or Android devices for easy, on-the-go access to your ID cards, benefits, claims and more. It's simple, secure and free!

- › Schedule appointments
- › Register in the app
- › Manage your AlwaysAssist account
- › Access dental & vision benefits information
- › Connect to the AlwaysAssist site

Dental and vision plans are marketed by Unum, administered and underwritten by Starmount Life Insurance Company.
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Vision network

Quality eye care meets convenience.

THE BENEFITS ARE CLEAR

› Vision health and wellness

Regular vision exams can help show signs of diabetes², high blood pressure², macular degeneration² and cancer³ and early diagnosis of vision issues means treatment is most effective² and may make treatment less costly.⁴

› Freedom of choice

Members are free to see any vision provider and can choose different providers for exams and eyewear, too! It's all about meeting employees' needs for health, value and convenience.

› High vision customer satisfaction⁵



› Extended vision customer service hours

Mon – Fri: 7:00 a.m. – 7:00 p.m. (CT)
Sat: 9:00 a.m. – 3:00 p.m. (CT)

Employees' eyes deserve the best care to keep them healthy year after year. Plus, with Unum VisionSM, they will get a great value on their eye care and eyewear, at the time and place that fits their lifestyle and budget!

You'll like what you see.

Large national network – Our network offers members access to convenient, quality care with more than 40,000 access points¹, including independent optometrists and retail stores like Walmart, Sam's Club, JCPenney, Sear's Optical, America's Best and many more!

The vision network includes:

Our vision network includes independent and local optometrists and ophthalmologists.



Using Unum Vision is easy!

- › **Find eye care providers quickly.** The eight closest network providers to members are printed on the member's initial Unum Vision ID card. Members can find a complete list of providers at AlwaysAssist.com, or on our AlwaysAssist mobile app for iPhone and Android devices.
- › **Confirm your provider's continued participation in our network** by having the office verify participation in the network listed on your ID card prior to your appointment.
- › **No claim forms are needed** for in-network providers.

1. Starmount internal data, 2017. Access points are sites where network providers see patients. Some providers may be available at more than one access point.
2. Centers for Disease Control and Prevention, "Keep an Eye on Your Vision Health" (2016). Located at: <https://www.cdc.gov/features/healthyvision/>
3. American Cancer Society, "Can Eye Cancer Be Found Early?" (2016). Located at: <http://www.cancer.org/cancer/eyecancer/detailedguide/eye-cancer-detection>
4. Center for Disease Control, "The Burden of Vision Loss" (2015).
5. Starmount / AlwaysCare Benefits, "2015 Customer Satisfaction Survey" (2015).

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form series VI-2002, and VI-2007 or contact your Unum Vision representative.

Vision plans are marketed by Unum, administered and underwritten by Starmount Life Insurance Company.

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Dental network

More choices, greater savings

SMILE-WORTHY DENTAL PLANS

› Prevention and wellness

Dental health issues may contribute to many common serious illnesses — including heart disease, stroke, and premature birth.¹

› Savings for members

In-network discounts and insurance coverage help offset major dental expenses like implants, crowns and surgery.

› Freedom of choice

Members can visit any dentist, or stretch their benefits with Unum's national network of dentists. Members are free to choose a new provider at any time, without prior authorization and with no penalty.

› High dental and vision customer satisfaction²



› Extended dental and vision customer service hours

Mon – Fri: 7:00 a.m. – 7:00 p.m. (CT)
Sat: 9:00 a.m. – 3:00 p.m. (CT)

Large national dental network

With more than 165 years of employee benefits focus and expertise, you can trust Unum to bring you valuable benefits and personalized service at every step.

As a Unum DentalSM member, you'll have access to our national PPO network of more than 323,000 access points³. In-network dentists are easily located with our online Provider Locator on our member website, AlwaysAssist.com, or through our mobile app for iPhone and Android devices.

Our highly competitive networks give members access to top providers in their state and region, and our fast, efficient claims processing and payments will keep you smiling.



PLUS

Our in-house Provider Relations team continually adds providers to our network, and members can refer a dentist that isn't currently in our network!

Email NetworkRecruiting@Unum.com to request that your provider be added to our network.

USING UNUM DENTAL IS EASY

› Find dental providers quickly.

The eight closest network providers to members are printed on the member's initial Unum Dental ID card. Members can find a complete list of providers at AlwaysAssist.com, or on our AlwaysAssist mobile app for iPhone and Android devices.



› **Confirm your provider's continued participation in our network** by having the office verify participation in the network listed on your ID card prior to your appointment.

› **No claim forms are needed** for in-network providers.

How much can members save?

Dental costs vary from region to region, but Unum Dental members everywhere benefit two ways:



Discounted fees for in-network services



Insurance coverage of up to 50%, 80%, or even 100% of some services

Save Hundreds In-network with Unum Dental ⁴

Dental Procedure	Average Cost Range	Member Out-of-pocket Cost
Periodic oral exam	\$40 - \$50	\$0 ⁵
Adult cleaning	\$74 - \$87	\$0 ⁵
Four bitewing x-rays	\$50 - \$62	\$0 ⁵
Crown (porcelain/ceramic)	\$1,000 - \$1,195	\$425 - \$508
Root canal therapy (back tooth)	\$1,015 - \$1,095	\$432 - \$465

MORE

To find out more about the services available to you or to enroll, talk to your benefits manager today.

1. Mayo Clinic, "Oral Health: A Window to Your Overall Health" (2016).
2. Starmount / AlwaysCare Benefits "2015 Customer Satisfaction Survey" (2015).
3. Starmount internal data (2017). Access points are sites where network dentists see patients. Some dentists may be available at more than one access point.
4. Savings based on in-network discounts and covered benefits. This is just an illustration. Eligibility for, entitlement to, and amount of actual benefits will be determined according to the terms of your dental policy. Based on Unum internal data, 2016 and average cost ranges from one zip code (70806). After enrollment, use the Dental Cost Estimator on AlwaysAssist.com for information specific to your zip code.
5. Dental insurance usually pays 100% for these services. Plans and benefits may vary.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form Series DN-2007, DN-2010, and DN-2015 or contact your Unum Dental representative.

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AlwaysAssistSM Mobile App

Benefit management at your fingertips

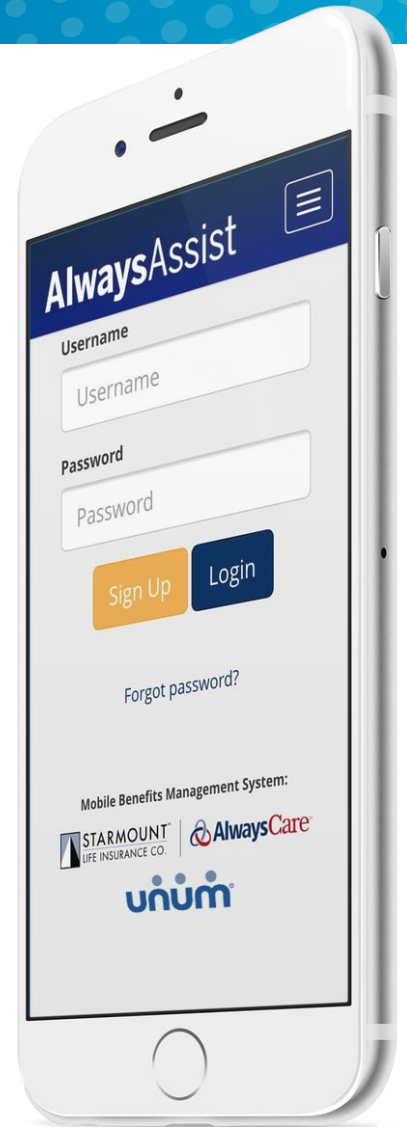
Download the AlwaysAssist Mobile App for easy, on-the-go access to your ID cards, benefits, claims and more. It's simple, secure and free!

Features:

- › View and share member ID cards
- › Find in-network providers with click-to-call
- › Access benefit summaries & track claims
- › Registration is easy!

How to get started:

- › Search for "AlwaysAssist" in the Apple App Store or Google Play, and download.
- › Login using your AlwaysAssist username and password. (Or, if you are not currently registered with AlwaysAssist, click the "Sign Up" button on the login screen.)
- › Provide the appropriate information, and sign in.



Available through:



TRY THE APP NOW!



Scan this code to go directly to the app download page, or visit bit.ly/AlwaysAssist-App.

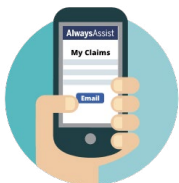
AlwaysAssist Mobile App Features



Always have up-to-date dental & vision ID cards.
Never fumble around for a paper card again! Mobile ID cards are a convenient alternative and are easy to email or fax to family members and providers.



Schedule appointments quickly and easily.
No need to look up providers' phone numbers anymore. With one touch, you can call and schedule an appointment directly from your search results.



Review your dental & vision claims.
Get a snapshot of your claims, and send your complete EOBs via secure email.



Find in-network dental & vision providers near you.
Use the search method that works best for you. The system will generate a map instantly to help you on your way to quality providers and great savings!



Register, manage and connect to AlwaysAssist.
Register for the mobile app and the full AlwaysAssist website, update your password, email address, and security question, review your plan information, or get in touch with Unum, all from your mobile device.



Access dental & vision benefits information.
Get a snapshot of your dental & vision benefits. Send your complete benefit summaries via secure email.

TRY THE APP NOW! Visit bit.ly/AlwaysAssist-App.