

## Optional Plans

### ***(Cancer, Dental, Hospital Indemnity, Vision Care)***

There are four Optional plans offered through PEEHIP. A synopsis of these plans is provided below. More detailed information will be provided to those who enroll in the plan(s). Claims administration is provided through Southland Benefit Solutions. All Optional plans must be retained for the entire insurance year, i.e. until September 30. New employees employed during the Open Enrollment period cannot enroll in the Optional plans on their date of employment and cancel the plans October 1 of that same year.

If a member is enrolled in more than one of the Optional plans, the contracts must be all family or all single plans. Members enrolled in family Optional Plans cannot change to single Optional plans outside of the Open Enrollment period unless all dependent(s) become ineligible due to age, death or divorce. Listed below are merely summaries of benefits for the Optional plans. Members should refer to the benefit booklet for detailed information and limitations.

#### Cancer Plan

- ◆ This plan covers cancer disease only.
- ◆ Benefits are provided regardless of other insurance.
- ◆ Benefits are paid directly to the insured unless assigned.
- ◆ Coverage provides \$250 per day for the first 90 consecutive days of hospital confinement, \$500 per day thereafter.
- ◆ Actual surgical charges are paid up to the amounts in the surgical schedule.
- ◆ The lifetime maximum benefit for radiation and chemotherapy coverage is \$10,000. This benefit covers actual charges for cobalt therapy, x-ray therapy, or chemotherapy injections (excluding diagnostic tests).
- ◆ Benefits are also provided for Hospice care, anesthesia, blood and plasma, nursing services, attending physician, prosthetic devices, and ambulance trips.

#### Dental Plan

- ◆ This plan covers diagnostic and preventative services, as well as basic and major dental services.
- ◆ Diagnostic and preventative services are not subject to a deductible and are covered at 100% (based on Alabama reasonable and customary charges). These services include: oral examinations, teeth cleaning, fluoride applications for insured children up to age 19, space maintainers, x-rays, and emergency office visits.
- ◆ Routine cleaning visits are limited to two times per plan year.
- ◆ Basic and major services are covered at 80% for individual coverage and 60% for family coverage with a \$25 deductible for family coverage (based on the Usual Customary Rates (UCR) for Alabama). These services include: fillings, general anesthetics, oral surgery not covered under a Group Medical Program, periodontics, endodontics, dentures, bridgework, and crowns.
- ◆ The family coverage deductible for basic and major services is applied per person, per plan year with a maximum of three (3) per family.
- ◆ All dental services are subject to a maximum of \$1,250 per year for individual coverage and \$1,000 per person per year for family coverage. Dental coverage does not cover pre-existing dentures or bridgework, nor does it provide orthodontia benefits.
- ◆ The dental coverage does not cover the replacement of natural teeth removed before a member's coverage is effective.
- ◆ This plan does not cover temporary partials, implants, or temporary crowns.

- ◆ The dental plan administered by Southland Benefit Solutions also offers a money-saving network program known as DentaNet. Under the DentaNet program, members have the opportunity to use network dentists but still have the freedom to use any dentist.
- ◆ Dental benefits under this plan will always be paid secondary to other dental plans.

### Hospital Indemnity Plan

- ◆ This plan provides a per-day benefit when the insured is confined to the hospital.
- ◆ The In-Hospital Benefit is \$150 per day for individual coverage and \$75 per day for family coverage.
- ◆ In-hospital benefits are limited to 365 days per covered accident or illness.
- ◆ Intensive care benefit is \$300 per day for individual coverage; \$150 per day for family coverage.
- ◆ Convalescent care benefit is \$150 per day for individual coverage; \$75 per day for family coverage.
- ◆ Convalescent care benefits are limited to a lifetime benefit of 90 days. This plan does not cover assisted living facilities.
- ◆ Cancer and maternity admissions are covered as any other illness.
- ◆ There is supplemental accident coverage for \$1,000. The reimbursement for an accident(s) is limited to a maximum of \$1,000 per contract year for each covered individual. There is no limit on the number of accident claims that can be filed per contract year.

### Vision Care Plan

This plan provides coverage for:

- ◆ One examination in any 12-month period (actual charges up to \$40)
- ◆ One new prescription or replacement prescription for lenses per plan year (up to \$50 for single vision, \$75 for bifocals, \$100 for trifocals, and \$125 for Lenticular)
- ◆ One new prescription or replacement of contacts per plan year (up to \$100 for contact lenses)
- ◆ One new or replacement set of frames per plan year (up to \$60)
- ◆ Either glasses or contacts, but not both in any plan year
- ◆ Disposable contact lenses
- ◆ Vision benefits under this plan will always be paid secondary to other vision plans.

**Remember, this is only a summary of benefits. Members should refer to the appropriate benefit booklet for detailed information and limitations.**