

PPO DENTAL

INSURANCE FOR MEMBERS OF THE INDIANA STATE BAR ASSOCIATION

Highlight Sheet

Questions? Call ISBAIA at 1-877-647-2242



About the plan

As a member of the Indiana State Bar Association (ISBA) or an employee of a member, you are eligible to participate in this association member group plan. Through this plan, you will enjoy quality coverage at **competitive group rates**. This plan is a great solution for individuals or small groups that do not have access to group voluntary dental or to employees of large law firms that do not offer a quality dental insurance solution. To enroll in this plan, you must be a present member of the ISBA, or an employee of a present member. Dependent coverage is available to lawful spouses, domestic partners, and unmarried dependent children under age 25.

As a triple option plan, you may choose between the lowest cost **Preventive PPO option**, which is designed to provide limited coverage for basic dental care needs or the **Network Select PPO option**, which provides comprehensive coverage and is designed for members to receive care primarily from more than 100,000 provider access points for dental care through the Ameritas PPO network, and the **Freedom Choice PPO option**, with its 90th U&C allowance and higher “out-of-network” coinsurance levels, gives you the flexibility to visit any licensed dentist in the United States or save more through an Ameritas PPO network provider.

PPO Plan Options - Dental Plan Summary

	Preventive PPO	Network Select PPO		Freedom Choice PPO
	In-Network/Out-of-Network	In-Network	Out-of-Network	In-Network/Out-of-Network
Coinsurance (<i>Ameritas pays % after deductible</i>)				
Type 1 <i>Diagnostic/Preventative</i>	100%	100%	90%	100%
Type 2 <i>Basic</i>	50%	80%	70%	80%
Type 3 <i>Major</i>	N/A	50%	40%	50%
Deductible	\$50/Calendar Year	Waived for Type 1 procedures \$50/Calendar Year		Waived for Type 1 procedures \$50/Calendar Year
Maximum (<i>per person</i>)	\$1,000 per calendar year No Family Maximum	\$1,000 per calendar year No Family Maximum		\$1,000 per calendar year No Family Maximum
Allowance	Contracted Fee	Contracted Fee		90 th U&C
Waiting Period	None	6 months for Type 3		6 months for Type 3

Monthly Rates for 01/01/12 – 12/31/12

	Preventive PPO	Network Select PPO	Freedom Choice PPO
Enrollee Only	\$15.80	\$28.36	\$36.80
Enrollee + 1 dependent	\$33.16	\$58.04	\$76.00
Enrollee + 2 or more dependents	\$56.24	\$93.80	\$124.16

- Premiums do not include the one-time \$20.00 non-refundable processing fee due at the time of enrollment when selecting the Direct Annual Billing payment method. Processing fee is waived when selecting Monthly Auto-pay. For businesses with 5 or more participants, only one \$20.00 non-refundable processing fee is required). Contact administrator for firm list billing options.
- Premiums are guaranteed not to change before 12/31/12, and are subject to change thereafter.

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your association it is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact the plan administrator. As a group plan, this plan is subject to changes in carrier, network, plan benefits, and premium rates. This group plan is not available in the following states: Arkansas, Florida, Idaho, Louisiana, North Carolina, Oregon, and Washington, and New York.

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Covered Procedure Summary (Current Dental Terminology © American Dental Association.)

Type 1 <i>Diagnostic/Preventative</i> Procedure (Frequency)	<ul style="list-style-type: none"> Routine Exam (1 in 6 months) Bitewing X-rays (1 in 12 months) Full Mouth/Panoramic X-rays (1 in 5 years) Cleaning (1 in 6 months) 	<ul style="list-style-type: none"> Fluoride for Children 13 and under (1 per benefit period) Sealants (age 13 and under) Space Maintainers Periapical X-rays
Type 2 <i>Basic</i> Procedure (Frequency)	<ul style="list-style-type: none"> Restorative Amalgams Restorative Composites 	<ul style="list-style-type: none"> Denture Repair Simple Extractions
Type 3* <i>Major</i> Procedure (Frequency)	<ul style="list-style-type: none"> Onlays Crowns (1 on 10 years per tooth) Crown Repair Endodontics (nonsurgical) Endodontics (surgical) 	<ul style="list-style-type: none"> Periodontics (nonsurgical) Periodontics (surgical) Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years) Complex Extractions Anesthesia

* Type 3 procedures not covered in Preventive Plan

In Network vs Out of Network

With this plan, you have the right to receive care from any licensed dentist in the United States. However, your out-of-pocket costs will almost always be lower if you choose to receive care from more than 100,000 provider access points for dental care through the Ameritas PPO network.

Visiting an Ameritas PPO network provider (In Network)

Preventive PPO / Network Select PPO / Freedom Choice PPO

Ameritas PPO dentists agree to provide treatment to plan participants at contracted fees prearranged with Ameritas, which means that your out-of-pocket expense will usually be lower. Here's how PPO costs are actively managed:

- True managed care discounts. Our network fees are typically 25% below average charges, or 30-50% below the 90th percentile.
- Discounted fees. Our fees are appropriate for each PPO ZIP code, they're not lumped together in broad ranges. This means reimbursement levels for participants and dentists are appropriate to costs in their area.
- We offer discounted fees on virtually all covered procedures, not just a few of the more common ones.

Ameritas PPO dentists will file claim forms on your behalf and will accept payment directly from Ameritas. This means that you do not need to pay the entire bill and await reimbursement. Instead, you pay only your portion of the coinsurance (including deductible, if necessary) at the time of service.

Go online to www.ameritasgroup.com to find the participating network dentists who are most convenient for you.

Visiting a non-Ameritas PPO network provider (Out of Network)

Preventive PPO / Network Select PPO

Preventive PPO / Network Select PPO are not recommended for members electing to receive the majority of their dental care from a non-Ameritas PPO dentist. When receiving treatment from an "out-of-network" dentist, this plan will pay the applicable coinsurance level based on the Maximum Allowable Charge (MAC) in your specific ZIP Code area. The dentist may balance bill you for all charges above the MAC allowance. (For example, if your dentist charges \$140 for a Type 1 procedure that has a coinsurance level of %100 and a MAC of \$100, you would be responsible for paying the additional \$40 to the dentist.)

Freedom Choice PPO

When receiving treatment from an out-of-network dentist, this plan will pay the applicable coinsurance level based on the out-of-network plan allowance. The out-of-network plan allowance is 90th U&C.

90th U&C means 9 out of 10 dentists in a specific ZIP Code area charge at or below the plan allowance for a procedure. We determine the Usual and Customary (U&C) allowance using information including data from Ingenix, a multicarrier compilation formerly derived by the Health Insurance Association of America (HIAA). Plan members are reimbursed based on the appropriate charges in the dentist's ZIP Code area. We review our U&C allowances annually.

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Highlight Sheet (cont.)

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Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Covered Expenses will not include and no benefits will be payable for expenses incurred:

- for any treatment which is for cosmetic purposes, except as specifically listed in the Table of Dental Procedures.
- to replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed partial denture within ten years of the date of the last placement of these items. However, if a replacement is required because of an accidental bodily injury sustained while the person is covered, it will be a Covered Expense.
- for initial placement of any dental prosthesis or prosthetic crown unless such placement is needed because of the extraction of one or more teeth while the plan member is covered under the dental expense benefit. The extraction of a third molar (wisdom tooth) will not qualify under the above. Any such dental prosthesis or prosthetic crown must include the replacement of the extracted tooth or teeth.
- for any procedure begun before the plan member was covered under the dental expense benefit.
- for any procedure begun after the member's insurance under the dental expense benefit terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the member's insurance under the dental expense benefit terminates.
- to replace lost or stolen appliances.
- for appliances, restorations, or procedures to: alter vertical dimension; restore or maintain occlusion; splint or replace tooth structure lost because of abrasion or attrition
- for any procedure which is not shown on the Table of Dental Procedures.
- for orthodontic treatment (unless otherwise specified in this contract.)
- for which the plan member is entitled to benefits under any workmen's compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit.
- for charges for which the plan member is not liable or which would not have been made had no insurance been in force.
- for services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- because of war or any act of war, declared or not.

Group Dental/Vision Plan Open Enrollment Guidelines

Your coverage begins on the first day of the month following the date your completed application is approved and initial premium payment is received. The initial coverage period is the date your coverage begins up to the next annual open enrollment date (January 1st), after which time continued enrollment for the next 12 months is automatic unless canceled in writing by you.

When enrolling in this plan, you are agreeing to participate in the plan until the next plan annual open enrollment date (January 1st), except in the case of a *qualifying event*. Examples of a *qualifying event* include marriage, divorce, birth of a child, death of a spouse or child, and spouse's termination of employment. Prior to the next annual open enrollment date (January 1st), you have the opportunity to change, add or cancel any of your benefits. In addition, you may add or change the dependents you cover under your benefits. Any changes you request will be made effective on the annual open enrollment date (January 1st) following receipt of your written request.

Upon approval of your completed application and receipt of your initial premium, you will receive your Certificate of Insurance with your Approval letter via email. If you decide this coverage is not for you, simply let ISBAIA know in writing within 10 days of receiving the Certificate of Insurance. You will promptly be refunded your paid premium minus any paid claims.

Participants whom terminate coverage, for any reason, will not be able to re-enroll for a period of 24 months from the last day of coverage.

FOCUS VISION

INSURANCE FOR MEMBERS OF THE INDIANA STATE BAR ASSOCIATION

Highlight Sheet

Questions? Call ISBAIA at 1-877-647-2242



About the plan

Like the PPO Dental options, this benefit is available at group rates for members of the ISBA and employees of active members. With this plan, you have the right to receive care from any vision care provider in the United States. However, your out-of-pocket costs will almost always be lower if you choose a provider from VSP nationwide network.

Vision plan summary

	VSP Network	Out of Network
Annual Eye Exam	100% covered	covers up to \$52
Lenses (per pair)		
• Single Vision	100% covered	covers up to \$55
• Bifocal Lenses	100% covered	covers up to \$75
• Trifocal Lenses	100% covered	covers up to \$95
• Lenticular Lenses	100% covered	covers up to \$125
• Progressive Lenses	See lens options	N/A
Contacts		
• Fit & Follow Up Exams	15% discount, see additional features	No benefit
• Elective	covers up to \$120	covers up to \$105
• Medically Necessary	100% covered	covers up to \$210
Frames	covers up to \$120	covers up to \$45
Deductibles	\$10 Exams, \$25 Eye Glass Lenses or Frames*	\$10 Exams, \$25 Eye Glass Lenses or Frames*
Frequency Limits (months)		
• Exams/Lenses/Frames (based on date of service)	12/12/24	12/12/24

*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

Lens Options (member cost)**

	VSP Network	Out of Network
Progressive Lenses	\$60-119	No Benefit
Standard Polycarbonate	100% covered for dependent children, \$25 - \$35 adults	No Benefit
High Luster Edge Polish	\$14	No Benefit
Solid Plastic Dye	\$13 (except (Pink I & II)	No Benefit
Plastic Gradient Dye	\$15	No Benefit
Photochromatic Lenses	\$27-\$76	No Benefit
Scratch Resistant Coating	\$15-\$29	No Benefit
Anti-Reflective Coating	\$39-\$61	No Benefit
Ultraviolet Coating	\$15	No Benefit
Lasik or PRK	Avg. discount of 15% off retail. See addtl features	No Benefit

**Lens Option member costs vary by prescription and option chosen.

Monthly Rates for 01/01/12 – 12/31/12

Enrollee Only	\$8.96
Enrollee + 1 dependent	\$17.92
Enrollee + 2 or more dependents	\$25.20

- Premiums do not include the one-time \$20.00 non-refundable processing fee due at the time of enrollment when selecting the Direct Annual Billing payment method. Processing fee is waived when selecting Monthly Auto-pay. For businesses with 5 or more participants, only one \$20.00 non-refundable processing fee is required. Contact administrator for firm list billing options.
- Premiums are guaranteed not to change before 12/31/12, and are subject to change thereafter.

FOCUS VISION

INSURANCE FOR MEMBERS OF THE INDIANA STATE BAR ASSOCIATION

Highlight Sheet (cont.)

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Additional Focus® Vision features

Contact Lenses Elective	Cost of the fitting and evaluation is deducted from the allowance and any amount left is deducted from the material allowance. Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts chosen in lieu of glasses. New and current soft contact lens wearers may be eligible for a special program that includes an initial contact lens evaluation and initial supply of lenses. Contact VSP or your VSP provider for additional details.
Additional Glasses	20% discount off the retail price on additional pairs of prescription glasses (complete pair).
Frame Discount	VSP offers a 20% discount off the remaining balance in excess of the frame allowance.
Laser Visioncare	VSP offers an average discount of 15% on LASIK and PRK. The maximum out-of-pocket per eye for members is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
Low Vision	With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).
VSP Provider Network	Find a VSP network provider at www.ameritasgroup.com

Focus Vision – our fine print

<p>Covered Expenses will not include, and no benefits will be payable for, expenses incurred for:</p> <ol style="list-style-type: none">1. vision examinations more than once in any twelve-month period.2. lenses more than once in any twelve-month period, and then only if replacement is deemed necessary by the provider.3. frames more than once in any twenty-four month period, and then only if replacement is deemed necessary by the provider.4. contact lenses more than once in any twelve-month period. When chosen, contact lenses shall be in lieu of any other lens or frame benefit during the twelve-month period. When lenses and frames are chosen, expenses for contact lenses are not covered expenses during the twelve-month period.5. Medically necessary contact lenses are limited to the plan allowance (100% covered in-network, \$210 out-of-network) for the following conditions:<ol style="list-style-type: none">a. following cataract surgeryb. to correct extreme visual problems that cannot be corrected with spectacle lensesc. certain conditions of anisometropiad. keratoconus <p>Such payment is limited to once in any twelve-month period and is in lieu of lenses and frame benefits under this policy. All other contact lenses paid subject to allowance and frequency rules.</p> <ol style="list-style-type: none">6. orthoptics or eye care training and any associated testing.7. plano lenses.8. two pairs of glasses in lieu of bifocals.9. lenses and frames which are lost or broken, except at the normal intervals when services are otherwise available.10. medical or surgical treatment of the eyes.11. services for which a claim is filed more than 180 days after completion of the service.12. the following materials, over and above the covered expense for the basic material. These materials are cosmetic and the insured will be responsible for the cost of these materials.<ol style="list-style-type: none">a. blended lensesb. oversize lensesc. photo chromatic lenses; tinted lenses except pink #1 and #213. progressive multi-focal lenses14. the coating of the lens or lenses15. the laminating of the lens or lenses16. frame costs exceeding the maximum allowance.

Group Dental/Vision Plan Open Enrollment Guidelines

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When enrolling in this plan, you are agreeing to participate in the plan until the next plan annual open enrollment date (January 1st), except in the case of a *qualifying event*. Examples of a *qualifying event* include marriage, divorce, birth of a child, death of a spouse or child, and spouse's termination of employment. Prior to the next annual open enrollment date (January 1st), you have the opportunity to change, add or cancel any of your benefits. In addition, you may add or change the dependents you cover under your benefits. Any changes you request will be made effective on the annual open enrollment date (January 1st) following receipt of your written request.

Upon approval of your completed application and receipt of your initial premium, you will receive your Certificate of Insurance with your Approval letter via email. If you decide this coverage is not for you, simply let ISBAIA know in writing within 10 days of receiving the Certificate of Insurance. You will promptly be refunded your paid premium minus any paid claims.

Participants whom terminate coverage, for any reason, will not be able to re-enroll for a period of 24 months from the last day of coverage.

About the Indiana State Bar Association Insurance Agency

The **ISBA Insurance Agency**, with offices in Indianapolis, Kokomo and the South Bend area, is dedicated to provide comprehensive insurance services.

Our insurance products have been specifically designed for *ISBA* members and their employees to provide the highest quality coverage at the lowest possible cost. The group purchasing power of the *ISBA* can help satisfy your insurance needs – at a price you can afford!

Call **ISBAIA** at 1-877-647-2242



Coverage Provided By: Ameritas Group Dental & EyeCare

Ameritas Group, a division of Ameritas Life Insurance Corp. (Ameritas Life), a UNIFI company, offers group dental and eye care products nationwide. Since the very beginning, we've been doing what we love to do: enhancing the lives of millions of people. Through the years, we've honed our skills and improved our systems. That's why we don't have a one-size-fits all plan. We tailor our products and services to be just the right fit.

Our process is very simple: we do whatever it takes to help our customers get the care they need. And whatever it takes includes:

- Processing more than 3.6 million dental claims each year.
- Having a claims processing turnaround time of 90% in 5-7 working days.
- Being so meticulous that our accuracy of processed claims exceeds 99%.
- Putting into place a high-tech electronic claims system specifically designed for processing dental claims.
- Accurately processing customized deductibles, coinsurance levels, maximums and claim allowance.



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Ameritas Group, a division of Ameritas Life Insurance Corp. (Ameritas Life), a UNIFI Company, offers group dental and eye care products nationwide. Ameritas Group's dental and eye care products (9000 Ed. 01-05) are issued by Ameritas Life. ©2008 Ameritas Life Insurance Corp. Ameritas, the bison symbol and "We're Ameritas. We're for people." are registered service marks of Ameritas Life, UNIFI Mutual Holding Company or Ameritas Holding Company. VSP is a registered trademark of Vision Service Plan.

This group plan is not available in the following states: Arkansas, Florida, Idaho, Louisiana, North Carolina, Oregon, and Washington, and New York.

ENROLLMENT INSTRUCTIONS

PPO DENTAL/VISION INSURANCE FOR MEMBERS OF THE INDIANA STATE BAR ASSOCIATION



1. COMPLETE ENROLLMENT FORM

Make sure to complete the form in its entirety. Omissions, illegible print, failure to include all necessary requirements and correct payment amount or voided check could result in a delay of your coverage effective date.

2. PAYMENT OPTIONS

Payment Option 1 - Monthly Auto Pay

If you elect to pay by Monthly Bank Draft (ACH), you do not need to send any premium. Upon approval of your enrollment form, we will automatically draft your account on a monthly basis. Make sure to complete the Authorization section and include a VOIDED check.

Payment Option 2 - Direct Billing

If you elect this method, **please make check or money order written out to BPC Financial**, for the premium required to pay your coverage through the end of the plan year (December 31st) plus the one-time \$20.00 Direct Billing fee*. You will be invoiced on an annual basis thereafter.

For example, if you are enrolling for the 7/1 enrollment date, you will need to submit 6 months premium plus the one-time \$20.00 Direct Billing fee.

*The \$20.00 Direct Billing fee is required for each primary enrollee that selects the Direct Billing payment method. The Direct Billing fee is waived when enrolling with a firm of 5 or more primary enrollees or when selecting Monthly Auto Pay. Contact administrator for Firm list billing options.

3. FAX OR MAIL FORMS TO:

You may use this form as a FAX COVER

Fax to: (904) 396-2091

Your Name: _____ Date: _____

Attn: Enrollment/Processing

Or Mail to:

ISBAIA

Attn: Dental/Vision Enrollment Processing

7645 Gate Parkway, Ste 101

Jacksonville, FL 32256

IMPORTANT: All requirements must be received by ISBAIA no later than the last day of the month prior to your requested enrollment date. The initial coverage period is the date your coverage begins up to the next annual open enrollment date (January 1st), after which time continued enrollment for the next 12 months is automatic unless canceled in writing by you. Carefully make your benefit selections, as you will not be able to modify your elections until the next plan annual open enrollment date (January 1st), except in the case of a qualifying event.

Upon approval, you will receive your Dental ID cards from Ameritas in the mail and an email from ISBAIA with notification of your effective date and your Certificate of Insurance (COI). Make sure to review the COI carefully. Be sure to understand all of your rights and benefits under the plan. If you are not completely satisfied, you may notify us in writing within 10 days of receipt and promptly be refunded your paid premium minus any paid claims.

ANY QUESTIONS? CALL TOLL-FREE: 1-877-647-2242

important notice of privacy of information practices

This Notice is provided on behalf of the Group Dental and Eye Care Division of Ameritas Life Insurance Corp. and First Ameritas Life Insurance Corp. of New York.

our commitment to your privacy

**ATTN. PLAN SPONSORS: PLEASE POST
OR DISTRIBUTE TO PLAN PARTICIPANTS**

We value your trust. That is why we are committed to protecting your personal information. This Notice explains the way we use and protect your personal information. You do not need to take any action but you do have certain rights that are described in this Notice.

UNIFI Companies

In addition to Ameritas Life Insurance Corp. and First Ameritas Life Insurance Corp. of New York, UNIFI Companies consist of the following affiliated companies, all of which offer their own Notice of Privacy Practices:

Acacia Federal Savings Bank
Acacia Life Insurance Company
Ameritas Investment Corp.
Calvert Group, Ltd.
PRB Administrators, Inc.
Summit Investment Advisors, Inc.
Summit Investment Partners, Inc.
The Union Central Life Insurance Company

information we collect

We collect information about you for the purpose of conducting routine business functions such as paying your dental and eye care claims. Following are examples of the types of customer information we may collect about you:

Personal identification and contact information such as your:

- Name and address;
- Social Security number; and
- Date of birth.

Enrollment information such as your:

- Employment status; and
- Date of hire.

Health information such as the claims information that you or your dental or eye care provider submit to us so that we can process your claims and assess your benefits.

how we gather your personal information

Most of the information we collect about you comes directly from you. You give us personal information when you enroll in your employer's Dental and/or Eye Care plan. We also may receive information from:

- Your dental or eye care provider;
- Governmental agencies; and
- Independent reporting agencies.

how we use and share your personal information

We do not sell or share your information with outside marketers. However, we may share your information outside of UNIFI Companies for the following reasons:

• **Service Providers.** We may share information about you with service providers. Service providers are unrelated companies who perform business transactions for us. We require service providers to keep your information confidential. We prohibit them



We're First Ameritas. We're for people.®



We're Ameritas. We're for people.®

A Division of Ameritas Life Insurance Corp.
A UNIFI Company

from using your information for their own purposes or re-disclosing it to anyone. Disclosures to service providers are a part of our business operations. You may not opt-out of these disclosures.

- **Required by Law.** Sometimes the law requires us to share customer information such as in response to a valid summons, court order, search warrant or subpoena. We must comply with the law and therefore you may not opt-out of these disclosures.

- **Agents and Brokers.** We may share your information with your agent or broker so that they may provide you with efficient and superior service. Your agents and brokers understand the importance of your privacy and they are required by law to maintain your privacy and safeguard your information. We require our agents and brokers to follow our policies in order to keep your personal information private and secure. You may not opt-out of these disclosures.

Health or Medical Information

We will not release your medical or health information to anyone unless we are permitted or required by law to do so. When we are not permitted or required by law to disclose your health or medical information, we will not do so without your written authorization.

Examples:

- **Permitted by Law:** The law permits us to exchange information with your health care provider in order to process your claims and facilitate payment.
- **Required by Law:** The law requires us to disclose your information under a valid court order.

your rights

You have the right to receive a copy of this Notice at least once each year while you are our customer. This Notice is also available on our website. You may request an additional copy by writing, e-mailing or calling the UNIFI Companies' Privacy Office as indicated at the end of this Notice.

You have the right to review the information that we have about you. You must make this request in writing and include your full name, address and policy or account number. We may charge you a reasonable fee for the copies you request.

You have the right to request that we make corrections to the information that we maintain about you if you believe that our records are incorrect. All requests must be in writing.

we safeguard your personal information

We maintain physical and electronic safeguards for the protection of your personal information. We restrict access of your information to our employees and agents who need it to perform their jobs. Our employees and agents understand the importance of these safeguards. We have trained them in the proper handling of your personal information.

former customers' personal information

The policies and practices described in this Notice apply equally to current and former customers. When you are no longer a customer, we will maintain your information for the period of time required by law and then it is destroyed. As a former customer, however, you will not receive our annual Privacy Notice.

our privacy policies

This Privacy Notice summarizes the Official Privacy Policy of UNIFI Companies identified on the first page of this Notice, which became effective on January 1, 2006. We are required by law to send you our Privacy Notice at least once each year. This Notice complies with all applicable laws and regulations. If your State's privacy law requires more restrictive practices than those described in this Notice, we will apply the more restrictive practices to your information. We may make changes to our Privacy Policies from time to time. However, if we make a change that impacts the accuracy of the sharing practices that are explained in this Notice, we will provide you with a revised Privacy Notice within thirty days.

Special Note to our Group Dental and Eye Care Plan Sponsors and Participants:

Our Group Dental plans and our Group Eye Care plans must also comply with the privacy requirements of the Health Insurance Portability and Accountability Act (HIPAA). Our Notice of Protected Health Information Practices more specifically describes our privacy policies with regard to your information. You may contact our Privacy Office to request an additional copy.

You may contact us at:

UNIFI Companies Privacy Office
P.O. Box 81889
Lincoln, NE 68501-1889
1-888-284-7844
privacy@ameritas.com