

THE AMERICAN FEDERATION OF TEACHERS' LIMITED SUPPLEMENTAL MEDICAL PROGRAM

INDEMNITY BENEFITS PROVIDED BY SYMETRA'S SELECT BENEFITS
LIMITED BENEFIT MEDICAL INSURANCE POLICY*



The American Federation of Teachers (AFT) is pleased to offer its members limited benefit medical insurance from Symetra Life Insurance Company.

These offerings are designed to provide limited benefit medical coverage for those who usually go without medical insurance — part-time, hourly, seasonal and temporary workers; it can also be used to supplement other medical insurance. Within the two plans being offered, benefits can include doctor's office visits, X-rays and hospital stays — and can be extended to eligible dependents. An additional feature is the prescription drug benefit that provides generic drugs for a \$10 co-pay (30-day supply).

Why You Should Enroll

Coverage under this program is not minimized by prerequisites or other requirements. For example, there are:

Developed For:



A Union of Professionals

AFT+
Member Benefits

Distributed By:



USI Affinity

Claims Paid By:

Select Benefit
Administrators of
America

No preexisting condition limitations

All preexisting health conditions are accepted

No required networks

You may see the medical provider of your choice

No deductibles

Benefits for covered medical events are effective
once the policy is activated

No restrictions with other insurance plans

Claims are paid regardless of any other coverage you may have

Who Is Eligible?

Eligibility is limited to AFT members in good standing who are actively at work and permanent residents of the United States. There is no minimum requirement on the number of hours one must work in order to be eligible. Please contact USI Affinity at 888-423-8700 for complete eligibility details.

* Select Benefits is insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004. For costs and complete details contact USI Affinity at 888-423-8700.

PLAN DESIGNS

Choose the plan that works with your coverage goals. The amounts shown below are not deductibles or co-pays (except for the Drug Benefit), but the preselected fixed dollar amount for each benefit.

	Basic	Enhanced
Combination Doctor's Office Visit, Diagnostic X-Ray & Lab, & Preventive Care Benefit	\$75 per visit, 10 visits pp/pcy ¹ max.	\$75 per visit, 10 visits pp/pcy ¹ max.
Major Diagnostic Testing Benefit	\$100 per test 1 test pp/pcy max.	\$100 per test 1 test pp/pcy max.
Inpatient Hospital Benefit 500 days lifetime maximum	—	\$300 daily hospital \$600 daily ICU ² 30 days pp/pcy max.
Surgical Benefit	—	\$1,000 pp/pcy max. Schedule A
Surgical Anesthesia Benefit	—	\$200 pp/pcy max. Schedule A
Generic Drug Benefit No pp/pcy¹ max. Discount on name brands	\$10 co-pay	\$10 co-pay
Group Accident Benefit	\$1,000 pp/pcy max.	\$1,000 pp/pcy max.
Survivor Benefit³	Included	Included

¹ pp/pcy = per person, per calendar year

² ICU = Intensive Care Unit

³ If a member dies while insured, any eligible dependent will be extended benefits — without premium payments — for two years after the member's death, as long as AFT's policy remains in force and the covered dependent(s) meets the eligibility requirements (spouse or domestic partner, or children age 14 days to 19 years or 23 years if a full-time student — eligibility requirements for children may vary by state.).

PRESCRIPTION DRUG BENEFIT

With your prescription ID card, you can fill your prescriptions at any of more than 54,000 network pharmacies nationwide without having to file a claim form or wait for reimbursement. For more information or to locate a participating pharmacy, go to www.restat.com.

- Generic Drugs - \$10 co-pay for a 30 day supply
- Brand Name Drugs - discount
- No annual maximum (applies only to Generic Drugs)

The following is a partial list of participating pharmacies:

A & P Pharmacies	Duane Reade	Publix Pharmacies	Target
Albertson's Pharmacies	K-Mart	Rite-Aid	Vons
Eckerd	Kroger Drug Stores	Safeway	Walgreens
Costco	Medicine Shoppe	Sav-On	
CVS	Pathmark Pharmacies	Super D Drugs	

NATIONAL PREFERRED PROVIDER NETWORK (NPPN)

AFT members who sign up for this limited medical policy will have access to a PPO Network, which provides discounts on hospital and physician services. Using NPPN may lower out-of-pocket medical expenses. The NPPN network is comprised of more than 550,000 physician locations, nearly 4,000 acute care facilities, and more than 90,000 ancillary care providers. To locate a provider in your area, or for more information, go to www.nppn.com.

EASY ENROLLMENT

When you call USI Affinity at 888-423-8700, you'll speak to an AFT Insurance Representative who will explain the policy, and can enroll you right over the phone.

ADMINISTRATION

USI Affinity provides all enrollment services and premium collection. Payment can be easily collected by credit card or checking account withdrawals, direct billing (quarterly), or payroll deductions (where available).

- Select Benefit Administrators of America (SBAA) will provide you with a certificate and an ID card.
- Once you have submitted a claim, all questions can be directed to SBAA by calling 1-800-497-3699, or emailing them at sbaa@selectbenefit.net.



Mail or fax claim forms to:

Select Benefit Administrators of America
Attn: Claims Dept.
PO Box 440
Ashland, WI 54806
Fax: (715) 682-5919

USING THE PLAN

To use your plan, follow these steps:

- 1 Enroll in the plan by contacting USI Affinity, the plan administrator.
- 2 a) At the time of the visit, pay for services received and obtain a receipt.
b) If you are using a participating pharmacy, simply pay the \$10 co-pay for your generic prescription.
- 3 To file a claim, submit a copy of this receipt (keep the original for your records) along with an itemized bill from your provider, listing dates of service, procedure codes, and diagnosis codes, to Select Benefit Administrators of America (address and fax number listed above).
- 4 You will receive prompt payment in accordance with your policy.

FREQUENTLY ASKED QUESTIONS

Who can I contact if I have questions about my benefits?

Please contact USI Affinity at 888-423-8700 or info@aftbenefits.org.

How do I submit a claim?

You may file the claim directly with SBAA (refer to the section on page 3 entitled, “Using the Plan”), and they will pay benefits based upon the fixed amount covered by your policy. For faster response, please request a copy of the itemized bill from the provider listing dates of service and procedure and diagnosis codes. Ask for Health Care Financing Administration (HCFA) forms for doctor’s office visits and Universal Billing (UB92) forms for hospital care.

Who do I contact if I have a change in my name or address or if there is an error on my Select Benefits ID card?

Contact SBAA at 1-800-497-3699 or sbaa@selectbenefit.net. Customer service representatives are available Monday through Friday, 6:30 a.m. to 5:00 p.m., Central Time.

For more information, please contact:



USI Affinity
100 Matawan Road
Matawan, NJ 07747
888-423-8700

SYMETRA FINANCIAL

Symetra Financial is a family of companies with a half-century of experience providing retirement plans, employee benefits, annuities and life insurance through independent distributors nationwide.



Symetra Life Insurance Company
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Select Benefit Administrators of America is a division of Employee Benefit Consultants, Inc., a Symetra company.

Select Benefits is insured by Symetra Life Insurance Company. For costs and complete details, contact USI Affinity at 888-423-8700.

Select Benefits is not a replacement for a major medical policy or other comprehensive policy. It is designed to cover benefits at a preselected fixed dollar amount used on a routine basis. Coverage may be subject to exclusions, limitations, reductions and termination of benefit provisions. May not be available in all U.S. states or any U.S. territory. Policy form number is LGC-8786 2/03 and LGC-8787 2/03 in most states.



United HealthCare Dental Program

**Available to AFT members as a part of
the Limited Supplemental Medical Plan**



Basic Plan Benefits	Coverage
Annual Maximum Benefit	\$1,000 per covered member
Annual Deductible	\$25 per covered member
Sample Schedule* Service Description	Maximum Covered Charge
Diagnostic, Preventive and Restorative	
Periodic Oral Evaluation	\$17
X-Rays (Bitewings) - Four Films or Intraoral - Complete Series (including bitewings)	\$17 - \$40
Fillings - Based on tooth location, materials and # of surfaces	\$35 - \$85
Endodontics and Periodontics	
Root Canal - Anterior, Bicuspid and molar (Permanent Tooth) (Excluding Final Restoration)	\$125 - \$140
Periodontal Maintenance; Periodontal Scaling and Root Planing, Four or More Teeth Per Quadrant	\$33 - \$72
Oral Surgery	
Extraction, Erupted Tooth Or Exposed Root (Elevation and/or Forceps Removal)	\$39
Removal of Impacted Tooth	\$45 - \$85
Incision and Drainage of Abscess - Intraoral Soft Tissue	\$45
Adjunctive General Services	
Emergency Exam and Visit - Pain Relief Treatment During Regularly Scheduled Office Hours	\$38
Deep Sedation/General Anesthesia - First 30 Minutes	\$52

Using the plan:

- ✓ Enjoy comprehensive care from any dentist or specialist you choose
- ✓ At the time of your visit, pay for care and obtain a receipt
- ✓ To file a claim, submit a copy of your receipt (containing the Subscriber # provided on your ID card along with a diagnosis from the dentist) to

United HealthCare Dental
Attn: Claims Unit
PO Box 30567
Salt Lake City, UT 84130

- ✓ You will receive prompt payment in accordance with your policy

To enroll in this program, please call 888/423-8700

*This is a sample schedule of covered charges. Please consult your policy for full details.



A Union of Professionals

AFT+
Member Benefits

Comprehensive Vision Care Programs

SPECTERA

A UnitedHealth Group Company

Spectera Vision Program

Available to AFT members as a part of the
Limited Supplemental Medical Plan

Benefits	In-Network	Out-of-Network
Vision Exam -	100% after \$10 co-pay	up to \$40
Frames -	100%	up to \$45
Spectacle Lenses		
Single Vision Lenses	100% after \$25 co-pay	up to \$40
Bifocal Lenses	100% after \$25 co-pay	up to \$60
Trifocal Lenses	100% after \$25 co-pay	up to \$80
Lenticular Lenses	100% after \$25 co-pay	up to \$80
Contact Lenses		
Conventional	100% after \$25 co-pay	up to \$105
Disposable	100% after \$25 co-pay	up to \$105
Medically Necessary	100% after \$25 co-pay	up to \$210

Using the plan:

The Spectera vision program offers both in and out-of-network benefits. Spectera's national network offers choice and convenience with a diverse network of more than 23,000 providers. When making an appointment, simply give the Spectera provider the subscriber's unique identification number, along with the patient's name and date of birth, and identify the patient as a Spectera member. The provider will verify the patient's eligibility and coverage prior to the scheduled appointment.

If you choose an out-of-network provider, simply pay the provider in full at the time of service. To request reimbursement, submit your receipts to:

Spectera Claims Department
PO Box 30978
Salt Lake City, UT 84130
-or-
Fax: 248-733-6060

The following information should be included with your receipt submission:

- Member's name and address
- Patient's name and date of birth
- Patient's unique identification number

To locate a participating provider in your area, go to www.spectera.com

To enroll in this program, please call 888/423-8700

For informational purposes only. Please refer to your policy for full details.



LIMITED SUPPLEMENTAL MEDICAL PLAN MONTHLY RATES

Monthly Rates	Basic	Enhanced	Dental*	Vision*
Member	\$62.35	\$90.11	\$13.11	Member \$5.45
Member + spouse	\$144.27	\$210.39	\$26.23	Member + 1 \$9.90
Member + child(ren)	\$87.76	\$127.43	\$28.85	Member + 2 or more (family)
Family	\$148.98	\$217.30	\$44.59	\$16.80

* Optional programs that can be added to the Basic and Enhanced Plans or purchased separately.

Medical Benefits offered by:

SYMETRA
FINANCIAL

Dental Benefits offered by:

UnitedHealthcare Dental[®]

Vision Benefits offered by:



For more information, or to enroll in the program, please call 888/423-8700