

Addendum No. 1

July 9, 2014

RFP -2014-05 Basic Group Life/AD & D Insurance, Voluntary Group Term Life/ADA & D Insurance, Voluntary Cancer/Supplement Insurance, Voluntary Individual Heart/Stroke Insurance, Voluntary Group Disability Insurance, Voluntary Air Ambulance, Cafeteria Plan/Enrollment Services

RFP 2014-05 Due date will be extended to **Thursday, July 31, 2014 at 2:00 P.M.**

On page 40 of the original Section 11 "Summary of Current Benefits" (see additional documents)

Please note that there are 7 sections.

- Air Evac
- Basic & Voluntary Term Life, Basic & Voluntary Personal Accident Insurance Overview
- Heart Stroke Insurance
- MetLaw
- Unum – Short Term Disability
- Unum – Long Term Disability
- Individual Cancer and Specified Disease

Acknowledgement Signature by Proposer

(Must signed and include in the package)



Dr. Cecilia May Moreno, Purchasing Agent

This is for page. 40., Section II: “Summary of Benefits” for RFP # P-2014-05
Supplemental Products website:



America's largest air medical membership network, providing the highest levels of care and access for you, your family & your community

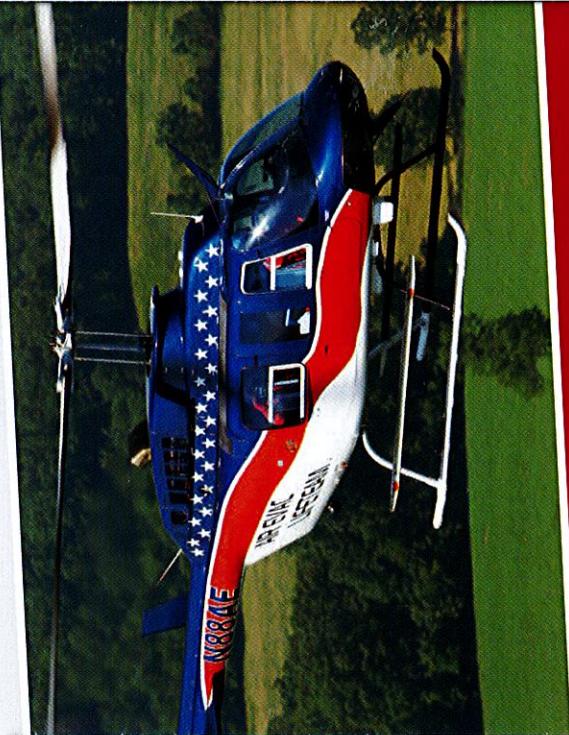
- Over 136 aircraft locations across 24 states
- More than 850,000 network members
- Over 70 years of combined experience with more than 300,000 safely flown transports
- Most Commission on Accreditation of Medical Transport Services (CAMTS) accredited aircraft locations in any membership network

Network Aircraft
Nationwide Locations
There for You... There for Life

Helicopter Airplane



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Participating Member

survive a life-threatening medical emergency?

When you are faced with a medical emergency, your best hope for a good outcome rests in the ability to act quickly.

When someone is having a heart attack, fast action is critical. With each minute that passes, more heart tissue is lost. With each minute that passes, more heart tissue is lost. With each minute that passes, more heart tissue is lost. With each minute that passes, more heart tissue is lost.

The event of a stroke, prompt treatment could mean the difference between life and death. The longer a stroke goes untreated, the greater the damage and potential disability. In most common type of stroke, intervention must occur within 3 hours of onset of symptoms to reduce long-term disability, according to the American Heart Association.

For a serious car accident, several life-threatening injuries may exist, such as head trauma, spinal injury, internal bleeding and/or fractures. The sooner the patient arrives at an emergency trauma center following a serious car accident, the better the prognosis.

There are many possibilities, but you can affect the outcome of a medical emergency.

When the worst happens...time is the essence. Get the help you need

called the Golden Hour – meaning the time from a traumatic injury until you reach definitive care, which can save your outcome.

Air Evac Lifeteam works in cooperation with your local Emergency Responders. A call to 911 is the first step to take in an emergency. The 911 dispatchers are trained to get specific information about the medical emergency from the caller and determine what type of medical transportation best fits the situation. If the 911 dispatcher determines you would benefit from air medical transport, they will dispatch air and ground ambulances to your emergency. Air Evac medical specialists are on duty 24 hours a day, 365 days a year to respond to all emergencies.

Some cases may call for emergency transport from an outlying medical facility to a larger hospital in a metropolitan area. We will work with your physician and health care provider to make sure that you reach a specialized care facility as quickly as possible.

In the event the Air Evac Lifeteam helicopter in your area is committed on another patient flight or out of service for weather or maintenance-related issues, Air Evac Lifeteam dispatchers may be able to call another Air Evac Lifeteam helicopter from an adjoining area. However, in some cases you may need to be transported by a ground ambulance service or another air ambulance. Your membership only covers flights by Air Evac Lifeteam or AirMedCare Network participating providers so you will be responsible for payment of the bill from another service provider. It is important that you get the medical care you need as quickly as possible, no matter what the mode of transportation, so you will have the best chances for survival and degree of recovery.

The best part of the worst day of your life. The largest air medical membership program

Joining our expanding community of over 800,000 members – the largest of its kind in the United States – means you have the support of:

- 25 years of experience with over 200,000 safely flown missions;
- Network of 92 bases across 14 states with over 100 helicopters;
- An organization and medical teams accredited by the Commission on Accreditation of Medical Transport Systems, a national accrediting organization;
- Over 1,000 nurses, medics and pilots professionally trained for emergency medical situations;
- The stability and resources of the largest independently owned and operated air ambulance service in the United States.



Your Air Evac Membership Saves You Money. Join over 800,000 Members

Membership with Air Evac Lifeteam offers significant benefits. Air Evac will work on your behalf with your benefits provider to secure payment for your flight. Whatever your benefits provider pays will be considered payment-in-full for your flight.

Build A Stronger Community

When you become an Air Evac Lifeteam member, you will be supporting the healthcare needs of your friends and neighbors. Our membership base helps support our operations in rural areas where having a quick response time to emergency medical situations can save lives.

Committed To Your Region



Air Evac Lifeteam is a member of the AirMedCare Network, the largest United States Air Ambulance Membership Network with over 800,000 members supported by more than 135 individual Emergency Air Ambulance Aircraft. All AirMedCare Network service providers work cooperatively to provide the highest levels of care and access for you, your family, and your community.

This is for page. 40., Section II: "Summary of Benefits" for RFP # P-2014-05
Supplemental Products website:

Basic & Voluntary Term Life, Basic &
Voluntary Personal Accident Insurance
Overview

Prepared for the employees of Webb County.



Basic & Voluntary Term Life, Basic & Voluntary Personal Accident Insurance Overview

Prepared for the employees of Webb County.



What would happen to your family if you and your income were gone?

- Could they maintain their standard of living?
- Pay for college tuition?
- Household bills?
- What about monthly mortgage or rent?

Three in 10 households carry no life insurance on anyone in the household.

Household Trends in U.S. Life Insurance Ownership, LIMRA, 2010

Half of U.S. households now believe they are underinsured.

Household Trends in U.S. Life Insurance Ownership, LIMRA, 2010

Basic Term Life Insurance Coverage – paid by your employer

Employee

- Benefit Amount and Maximum – \$20,000
- Coverage begins at 1/1/2012 and ends at retirement
- Benefit Reduction Schedule – Providing you are still employed, your coverage will decrease to 65% at age 70, 45% at age 75, 30% @ age 80

Voluntary Term Life Insurance Coverage – paid by you

Employee – If you are an active, full-time U.S. employee and work at least 30 hours per week for your employer. If you are a part-time U.S. employee and work at least 20 hours per week for your employer.

- Benefit Amount – 1 to 2 times Annual Compensation rounded to the nearest \$1,000
- Maximum – The lesser of 2 times annual compensation to a maximum of \$300,000 rounded to the nearest \$1,000
- Coverage begins at 1/1/2012
- Benefit Reduction Schedule – Providing you are still employed, your coverage will decrease to 65% at age 70, 45% at age 75, 30% @ age 80

Your Spouse — Up to age 70 is eligible provided that you apply for and are approved for coverage for yourself.

- Benefit Amount – Choice of \$5,000 or \$10,000
- Maximum – \$10,000
- Coverage begins at 1/1/2012

Your Unmarried, Dependent Children — Under age 19 (or under age 25 if they are full-time students), as long as you apply for and are approved for coverage for yourself.

- Benefit Amount – \$5,000
- Maximum – \$5,000

No one may be covered more than once under this plan.



A Valuable Combination of Benefits

A covered accident is a sudden, unforeseeable, external event, resulting directly and independently of all other causes, in a covered injury or covered loss that occurs while coverage is in force. To help survivors of severe accidents adjust to new living circumstances, we will pay benefits according to the chart below.

If, within 365 days of a covered accident, bodily injuries result in:	We will pay this % of the benefit amount:
Loss of life	100%
Total paralysis of upper and lower limbs, or Loss of any combination of two: hands, feet or eyesight, or Loss of speech and hearing in both ears	100%
Total paralysis of both lower or upper limbs	75%
Total paralysis of upper and lower limbs on one side of the body, or Loss of hand, foot or sight in one eye, or Loss of speech or loss of hearing in both ears	50%
Total paralysis of one upper or lower limb, or Loss of all four fingers of the same hand, or Loss of thumb and index finger of the same hand	25%
Loss of all toes of the same foot	20%
Coma	1%

Only one benefit (the largest) will be paid for losses from the same accident.

Other Coverage Features

For Wearing a Seatbelt & Airbag Protection

Additional 25% benefit but not more than \$25,000 if the covered person dies in an automobile accident while wearing a seatbelt or approved child restraint. We will increase the benefit by an additional 10% but not more than \$5,000 if the insured person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag).

For Comas

1% of full benefit amount, for up to 11 months, if you, your spouse, or your children are in a coma for 30 days or more as a result of a covered accident. If the covered person is still in a coma after 11 months, or dies, the full benefit amount will be paid.

For Child Care Expenses

If you die as a result of a covered accident, we will pay a benefit for a surviving child under 13 who is enrolled in a licensed child care center at the time of the accident or within 90 days afterwards. This benefit is 3% of your benefit amount per year, but not more than \$3,000 per year for 4 years or until the child turns 13, whichever occurs first, for each covered child

For Exposure & Disappearance

Benefits are payable if you or an insured family member suffer a covered loss due to unavoidable exposure to the elements as a result of a covered accident.

If your or an insured family member's body is not found within one year of the disappearance, wrecking or sinking of the conveyance in which you or an insured family member were riding, on a trip otherwise covered, it will be presumed that you sustained loss of life as a result of a covered accident.

For Furthering Education

If you die in a covered accident, we will pay an extra benefit for each insured child under age 25 who enrolls in a school of higher learning within one year of your death.

We will increase your benefit by 5% or \$2,000, whichever is less, for each qualifying child, each year for 4 consecutive years as long as your child continues his/her education.

If there is no qualifying child, we will pay an additional \$1,000 to your beneficiary.



What is Not Covered

Self-inflicted injuries or suicide while sane or insane; commission or attempt to commit a felony or an assault; any act of war, declared or undeclared; any active participation in a riot, insurrection or terrorist act; bungee jumping; parachuting; skydiving; parasailing; hang-gliding; sickness, disease, physical or mental impairment, or surgical or medical treatment thereof, or bacterial or viral infection; voluntarily using any drug, narcotic, poison, gas or fumes except one prescribed by a licensed physician and taken as prescribed; while operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the covered person has been provided a written warning against operating a vehicle while taking it; while the covered person is engaged in the activities of active duty service in the military, navy or air force of any country or international organization (this does not include Reserve or National Guard training, unless it extends beyond 31 days); traveling in an aircraft that is owned, leased or controlled by the sponsoring organization or any of its subsidiaries or affiliates; air travel, except as a passenger on a regularly scheduled commercial airline or in an aircraft being used by the Air Mobility Command or its foreign equivalent; being flown by the covered person or in which the covered person is a member of the crew.

When Your Coverage Begins and Ends

Coverage becomes effective on the later of the program's effective date, the date you become eligible, the date we receive your completed enrollment form, or the date you authorize any necessary payroll deductions. Your coverage will not begin unless you are actively at work on the effective date. Dependent coverage will not begin if hospital or home confined; receiving chemotherapy or radiation treatment; or disabled and under the care of a physician. Coverage will continue while you and your dependents remain eligible, the group policy is in force, and required premiums are paid.

Programs Included at No Additional Cost

Cigna Healthy Rewards[®] Program

Program provides you and your covered family member's discounts on health programs and services like weight loss management, fitness, smoking cessation and more. Enjoy instant savings of up to 60% when you take advantage of this opportunity. Visit www.Cigna.com/rewards (Password: savings) or call: 800.258.3312.

Cigna's Online Will and Health-related Legal Document and Funeral Preparation Program

Offers you and your covered spouse access to a website that helps you build state-specific customized wills and other legal documents as well as create an end-of-life plan that spells out the handling of your estate and funeral arrangements. Visit www.Cignawillcenter.com.

Cignassurance[®] for Beneficiaries

Provides your family with bereavement counseling with certified specialists, financial information from experienced professionals and legal consultation services.

Cigna's Identity Theft Program

Provides access to personal case managers who give step-by-step assistance and guidance if you have had your identity stolen.

Cigna's Secure Travel Program

Provides emergency travel assistance, available 24 hours a day/365 days a year from anywhere in the world, any time you are more than 100 miles from home on personal, non-business travel. Services include: medical assistance (including medical evacuation when necessary), travel and communication services, assistance with legal issues or lost or stolen items, and pre-departure planning information regarding immunization, visa and passport requirements, and tourism advisories.

This information is a brief description of the important features of the plan. It is not a contract. Terms and conditions of life insurance coverage are set forth in Group Policy No. FLX-964533 & OK-966124, issued in TX to Webb County. The group policy is subject to the laws of the jurisdiction in which it is issued. The availability of this offer may change. Please keep this material as a reference. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut Street, Philadelphia, PA. As used in this brochure, the term Cigna and Cigna Group Insurance are registered service marks of Life Insurance Company of North America, a CIGNA company, which is the insurer of the Group Policy. Insurance products and services are provided by the individual CIGNA companies and not by the Corporation itself. © Cigna 2012





ACCIDENT EXPERIENCE REPORT

Account Name: Webb County
Policy Number: OK 966124

PERIOD		Number of Months	Premium	Paid Claims	Total Incurred	Loss Ratio
Start	Finish					
1/1/2012	12/31/2012	12	\$82,941	\$0	\$0	0.00%
1/1/2013	12/31/2013	12	\$83,635	\$203,125	\$350,232	418.76%
1/1/2014	6/20/2014	6	\$42,604	\$0	\$8,947	21.00%
Totals:			\$209,180	\$203,125	\$359,179	171.71%



ACCIDENT CLAIMS REPORT

Account Name: Webb County

Policy Number: OK 966124

Total Paid	Paid Date
\$203,125	2013

EXPERIENCE PRESENTATION FOR:

Webb County

Experience As Of: 6/20/2014

GO YOUSM



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Webb County
Basic Life
FLX0964533
As Of 6/20/2014

Claims Reported on a Paid Basis

Period Description				Fully Revealed Total
Start Date	1/1/2012	1/1/2013	1/1/2014	
End Date	12/31/2012	12/31/2013	6/20/2014	
# of Months	12	12	6	30
Constant Premium	63,205	54,963	26,304	144,471
Paid Claims	20,000	50,001	-	70,001
Outstanding Reserves	-	10,000	-	10,000
Waiver Reserves	-	-	-	-
IBNR	4,390	-	-	4,389
Net Incurred Claims	25,086	59,466	-	84,390
Loss Ratio	39.7 %	108.2 %	0.0%	58.4 %
Total Claims	1	3	-	4

Webb County
Basic Life
FLX0964533
As Of 6/20/2014

Claims Reported on a Paid Basis

Birth Date	Gender	Date of Incurral	Coverage Status	Total Paid	Benefit Paid Date	Outstanding Reserve	Waiver Reserve	Coverage Code
3/10/1954	M	4/15/2013	CC	20,000	5/2/2013			010
10/25/1970	F	1/13/2013	AC		6/20/2014	10,000		010
10/25/1970	F	1/13/2013	CC	10,000	3/15/2013			010
2/18/1960	M	1/1/2013	CC	20,000	2/4/2013			010
10/23/1959	M	8/18/2012	CC	20,000	9/7/2012			010

Coverage Code Table	
010	Basic Life
020	Voluntary Employee Life
030	Dependent Life
093	Waiver of Premium
094	Terminal Illness
170	Interest

Webb County
Voluntary Life - Employee
FLX0964533
As Of 6/20/2014

Claims Reported on a Paid Basis

Period Description				Fully Revealed Total
Start Date	1/1/2012	1/1/2013	1/1/2014	
End Date	12/31/2012	12/31/2013	6/20/2014	
# of Months	12	12	6	30
Constant Premium	139,924	147,958	83,789	371,671
Paid Claims	72,000	80,502	-	152,502
Outstanding Reserves	-	29,500	-	29,500
Waiver Reserves	-	-	-	-
IBNR	11,259	931	1,580	13,771
Net Incurred Claims	83,259	110,933	1,580	195,773
Loss Ratio	59.5 %	75.0 %	1.9 %	52.7 %
Total Claims	1	2	-	3



Webb County
Voluntary Life - Employee
FLX0964533
As Of 6/20/2014

Claims Reported on a Paid Basis

Birth Date	Gender	Date of Incurral	Coverage Status	Total Paid	Benefit Paid Date	Outstanding Reserve	Waiver Reserve	Coverage Code
10/25/1970	F	1/13/2013	CC	29,500	3/15/2013			020
10/25/1970	F	1/13/2013	AC		6/20/2014	29,500		020
2/18/1960	M	1/1/2013	CC	51,000	2/4/2013			020
10/23/1959	M	8/18/2012	CC	72,000	9/7/2012			020

Coverage Code Table	
010	Basic Life
020	Voluntary Employee Life
030	Dependent Life
093	Waiver of Premium
094	Terminal Illness
170	Interest

Webb County
Voluntary Life - Dependent
FLX0964533
As Of 6/20/2014

Claims Reported on a Paid Basis

Period Description				Fully Revealed Total
Start Date	1/1/2012	1/1/2013	1/1/2014	
End Date	12/31/2012	12/31/2013	6/20/2014	
# of Months	12	12	6	30
Constant Premium	19,372	19,290	9,801	48,462
Paid Claims	5,000	15,000	10,000	30,000
Outstanding Reserves	-	-	-	-
Waiver Reserves	-	-	-	-
IBNR	1,778	37	37	1,853
Net Incurred Claims	6,778	15,038	10,037	31,853
Loss Ratio	35.0 %	78.0 %	102.4 %	65.7 %
Total Claims	1	2	1	4



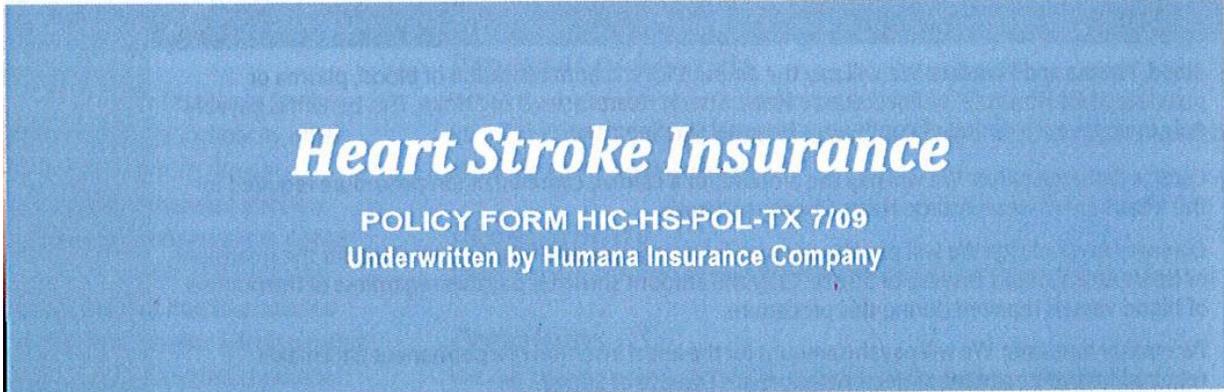
Webb County
Voluntary Life - Dependent
FLX0964533
As Of 6/20/2014

Claims Reported on a Paid Basis

Birth Date	Gender	Date of Incurral	Coverage Status	Total Paid	Benefit Paid Date	Outstanding Reserve	Waiver Reserve	Coverage Code
12/9/1960	M	3/18/2014	CC	10,000	4/15/2014			030
9/10/1957	M	2/27/2013	CC	10,000	4/11/2013			030
2/14/2007	M	1/13/2013	CC	5,000	3/27/2013			030
6/2/1948	M	3/5/2012	CC	5,000	4/27/2012			030

Coverage Code Table	
010	Basic Life
020	Voluntary Employee Life
030	Dependent Life
093	Waiver of Premium
094	Terminal Illness
170	Interest

This is for page. 40., Section II: "Summary of Benefits" for RFP # P-2014-05
Supplemental Products website:





Heart Stroke Insurance

POLICY FORM HIC-HS-POL-TX 7/09
Underwritten by Humana Insurance Company

▶ Plan Features

- Renewable for Life
- In and Out of hospital benefits
- Pays regardless of other coverage

Benefit options include:

- Angioplasty
- Surgery
- Coronary Artery Bypass
- Cardiac Catheterization

The following schedule represents one unit of coverage:

Benefit	Maximum Amount
Hospital Confinement: We will pay for each day a Covered Person is admitted to and confined as an Inpatient in a Hospital due to Heart Attack, Heart Disease or Stroke.	\$200 per day for each period of Continuous Hospital Confinement
Physician's Attendance: We will pay for each day a Covered Person requires services of a Physician while Hospital Confined due to Heart Attack, Heart Disease or Stroke. This benefit is payable only for the number of days the Hospital Confinement benefit in this Policy is payable.	\$25 per day
Inpatient Drugs and Medicine: We will pay the amount, per day, for drugs or medicine required while Hospital Confined due to Heart Attack, Heart Disease or Stroke. This benefit is payable only for the number of days the Hospital Confinement benefit in this Policy is payable.	\$25 per day
Private Duty Nursing: We will pay the amount, per day, for private nursing care and attendance by a Nurse while Hospital Confined due to Heart Attack, Heart Disease or Stroke. Nursing services must be required and authorized by the attending Physician. The maximum number of days this benefit is payable is 60 days for each period of continuous Hospital Confinement.	\$100 per day
Physiotherapy: We will pay the amount, per day, for physiotherapy performed by a licensed physical therapist, as required while Hospital Confined due to Heart Attack, Heart Disease or Stroke. The maximum number of days this benefit is payable is 60 days for each period of continuous Hospital Confinement.	\$50 per day
Oxygen: We will pay the amount for the use of oxygen equipment while Hospital Confined due to Heart Attack, Heart Disease or Stroke. This benefit is payable only once each period of continuous Hospital Confinement.	\$200 per period of continuous Hospital Confinement
Cardiograms: We will pay the amount for an electrocardiogram, echocardiogram, phonocardiogram, or vectorcardiogram which requires Hospital Confinement due to Heart Attack, Heart Disease or Stroke. This benefit is payable only once for each period of continuous Hospital Confinement.	\$100 per period of continuous Hospital Confinement
Cerebral or Cartoid Angiogram: We will pay the amount for a cerebral or cartoid angiogram required while Hospital Confined due to Heart Attack, Heart Disease or Stroke. This benefit is payable only once for each period of continuous Hospital Confinement.	\$150 per period of continuous Hospital Confinement



BAY BRIDGE ADMINISTRATORS

"Your solutions begin at the Bridge"™

Benefit	Maximum Amount
<p>Blood, Plasma and Platelets: We will pay the amount for the administration of blood, plasma or platelets while Hospital Confined due to Heart Attack, Heart Disease or Stroke. This benefit is payable only once for each period of continuous Hospital Confinement.</p>	\$200 per period of continuous Hospital Confinement
<p>Cardiac Catheterization: We will pay the amount for a cardiac catheterization procedure required for the treatment of Heart Attack, Heart Disease or Stroke.</p>	\$500
<p>Coronary Angioplasty: We will pay the amount for a Angioplasty procedure required for the treatment of Heart Attack, Heart Disease or Stroke. Only the amount shown is payable regardless of the number of blood vessels repaired during this procedure.</p>	\$750
<p>Pacemaker Insertion: We will pay the amount for the initial insertion of a permanent pacemaker required for the treatment of Heart Attack, Heart Disease or Stroke.</p>	\$1,000
<p>Coronary Artery Bypass Graft Operation: We will pay for a coronary artery bypass graft operation required for the treatment of Heart Attack, Heart Disease or Stroke. Only the amount shown is payable regardless of the number of grafts performed during the operation.</p>	\$2,500
<p>Thromboendarterectomy: We will pay for a thromboendarterectomy operation required for the treatment of Heart Attack, Heart Disease or Stroke.</p>	\$2,500
<p>Heart Transplant: We will pay for the implantation of a natural human heart required for the treatment of Heart Attack, Heart Disease or Stroke. This benefit is payable only once per Covered Person.</p>	\$100,000
<p>Surgery and Anesthesia: We will pay for the following benefits for Surgery performed in a Hospital or an Ambulatory Surgical Center, provided that the Surgery is required for the treatment of Heart Attack, Heart Disease or Stroke.</p>	
<p>1. Surgery: See Surgical Schedule. If any surgical procedure for the treatment of Heart Attack, Heart Disease or Stroke other than those listed in the Surgical Schedule is performed, We will pay the unit value for a surgical procedure as set forth in the 1994 California Relative Value Schedule (C.R.V.S.) multiplied by \$17 per unit of coverage, up to a maximum of \$10,000 per unit of coverage. If the surgical procedure has no unit value or is not shown in the 1994 C.R.V.S., We will pay an amount we reasonably determine based upon relative difficulty and payment amounts for other procedures, up to a maximum of \$5,000 per unit of coverage.</p>	See Surgical Schedule 25% of item P1
<p>2. Anesthesia: We will pay an additional percentage of the amount paid for benefit "P.1. Surgery" for anesthesia received by a Covered Person during the course of covered Surgery.</p>	\$250
<p>3. Ambulatory Surgical Center: We pay an additional amount when benefit "P.1. Surgery" is paid for an operation performed at an Ambulatory Surgical Center. This benefit does not pay for surgeries covered by other benefits in this Policy.</p>	
<p>Second Surgical Opinion: We will pay the amount for a second opinion obtained after a positive diagnosis that results in a Physician recommending Surgery for the treatment of Heart Attack, Heart Disease or Stroke.</p>	\$100
<p>Ambulance: We will pay for transfer by a licensed ambulance service or a hospital owned ambulance to a Hospital or emergency room for the treatment of Heart Attack, Heart Disease or Stroke.</p>	\$200 (double for air ambulance)
<p>Non-Local Transportation: We will pay the amount when a Covered Person requires Hospital Confinement for the treatment of Heart Attack, Heart Disease or Stroke prescribed by your local attending Physician that cannot be obtained locally. This benefit is payable only once per continuous Hospital Confinement.</p>	\$200 per period of continuous Hospital Confinement
<p>Family Member Lodging & Transportation: We will pay the following benefits for a member of the Covered Person's family to be near the Covered Person when a Covered Person is confined in a Non-Local Hospital for the treatment of Heart Attack, Heart Disease or Stroke.</p>	
<p>Lodging: We will pay the amount shown, per day, for a motel, hotel or other accommodations acceptable to us. This benefit is limited to 60 days for each period of continuous Hospital Confinement.</p>	\$50 per day
<p>Transportation: We will pay the amount shown for each period of continuous Hospital Confinement when the Non-Local transportation benefit is paid and a family member travels more than 100 miles from his or her home to be near the Covered Person for a portion of his or her continuous Hospital Confinement.</p>	\$200 per period of continuous Hospital Confinement

Exceptions and Other Limitations

The policy provides benefits only for Heart Attack, Heart Disease or Stroke. The policy does not cover any other disease or sickness or incapacity other than Heart Attack, Heart Disease or Stroke even though such disease, sickness or incapacity may be caused, complicated or otherwise affected by Heart Attack, Heart Disease or Stroke. If a covered confinement is due to more than one covered condition, benefits will be payable as though the confinement was due to one condition. If a confinement due to a covered disease is also due to a condition that is not covered, benefits will be payable only for the part of the confinement attributable to the covered condition.

Effect of Simultaneous Surgical or Invasive Procedures:

Two or more surgical or invasive procedures done at the same time and through a common incision or entry point are considered one operation. If benefits would otherwise be payable for two or more surgical or invasive procedures which are considered one operation, benefits for that operation are only payable for the one surgical or invasive procedure with the largest total benefits.

Pre-Existing Condition Limitation

Pre-Existing Condition means any injury or sickness, diagnosed or undiagnosed, for which medical care is received by a Covered Person within the 12 month period prior to the Covered Person's effective date of insurance; or with respect to the limitation for increase in coverage, within the 12 month period prior to the effective date of the Covered Person's increase in coverage.

We will consider medical care received when a Physician is consulted or medical advice is given; or treatment is recommended or prescribed by, or received from a Physician. We will consider treatment to include, but not be limited to, any:

- (a) medical examination, test, treatment, or observation;
- (b) medical services, supplies, or equipment, including their prescription or use; or
- (c) prescribed drugs or medicines, including their prescription or use.

All manifestations, symptoms, or findings which result from the same or related accident or sickness, or from any aggravations of accident or sickness, are considered to be the same accident or sickness for the purpose of determining a Pre-Existing Condition.

During the first 12 months of a Covered Person's insurance, losses incurred for Pre-Existing Conditions are not covered. During the first 12 months following the date a Covered Person makes a change in coverage that increases his or her benefits, the increase will not be paid for Pre-Existing Conditions.

30-Day Right to Examine Policy

If You decide not to keep this Policy, send it to Us or Our agent within 30 days after You receive it. We will treat the Policy as though it had never been issued. We will refund any premiums paid.

Payment of Benefits

Benefits are payable for a Covered Person's Heart Attack, Heart Disease or Stroke Positive Diagnosis that begins after the Policy Effective Date and while this Policy has remained in force.

Renewability

The policy is guaranteed renewable for life, subject to change in premiums by class.

Premiums

We can change premium rates on premiums becoming due after the first premium. However, We can only change the rate on this Policy by making the rate change for all such policies in a class. Once the Policy has been issued, We cannot place any restrictive riders on it or cancel or refuse to renew Your Policy if You maintain it continuously in force. If We do change rates on all like policies in Your class, We will mail You a notice of this change. Notice will be mailed at least 31 days prior to such changes. It will be mailed to Your address as shown on Our records. No change in premiums is effective unless this notice is mailed.

Covered Persons

Covered Person means any of the following:

- (a) the Named Insured; or
- (b) any eligible Spouse or Child, as defined and as named on the Policy Schedule whose coverage has become effective;
- (c) any eligible Spouse or Child, as defined and added to this Policy by endorsement after the Policy Effective Date whose coverage has become effective; or
- (d) a Newborn Child (as described in the Eligibility Section).

Dependent means:

- (a) your spouse, unless divorced or legally separated from you;
- (b) your unmarried child(ren) who are less than age 25 and primarily dependent on you for support and maintenance; and
- (c) your unmarried child(ren) who are at least age 25 but less than age 26 who:
 - 1) regularly attend an institution of learning; and
 - 2) are primarily dependent on You for support and maintenance.

A Child includes a stepchild residing with You, a child placed with you for adoption, a legally adopted child and a foster child. Child will also include a grandchild, if, at the time of his or her birth, one parent is Your dependent. If you give Us a Written Request, You may add Dependents to the Policy while it is in force.

**Option to Add Additional Benefits
Intensive Care Insurance
Form Number HIC-HS-ICR-TX 7/09**

In consideration of additional premium, this coverage will provide you with benefits if you go into an intensive care unit (ICU).

Benefits

Your benefits start the first day you go into ICU. The benefit is payable for up to 45 days per ICU stay.

Hospital Intensive Care Confinement Benefit

You may choose a benefit of \$100; \$200; \$300; \$400; \$500; \$600; \$700; or \$800 per day. It is reduced by one-half at age 75.

Step Down Unit

We will pay a benefit equal to one half the benefit indicated on the application for confinement to a step down unit.

Double Benefits

We will double the daily benefits for each day you are in ICU as a result of cancer or a specified disease. We will also double the benefit for an injury that results from:

- 1) being struck by an automobile, bus, truck, motorcycle, train, or airplane; or
- 2) being involved in an accident in which the named insured was the operator or was a passenger in such vehicle. ICU confinement must occur within 48 hours of accident.

Emergency Hospitalization and Subsequent Transfer to an ICU

We will pay the benefit selected by you for the highest level of care in a hospital that does not have an ICU. You must be transferred within 48 hours.

Exceptions and Other Limitations

a. Exceptions.

Except as provided in 2b. and 2d. above, coverage does not provide benefits for:

- 1) surgical recovery rooms;
- 2) progressive care;
- 3) intermediate care;
- 4) private monitored rooms;
- 5) observation units;
- 6) telemetry units; or other facilities which do not meet the standards for an intensive care unit.

b. Limitations.

Benefits are not payable:

- 1) if you go into ICU before the "Effective Date;"
- 2) if you go into ICU for intentionally self-inflicted bodily injury or suicide attempts;
- 3) if you go into ICU due to being intoxicated or under the influence of alcohol, drugs or any narcotic. This would not apply if administered on the advice of a physician and taken according to the physician's instructions. The term "intoxicated" refers to that condition as defined by law in the jurisdiction where the accident or cause of loss occurred.

Renewability

As long as premiums are paid on time, you have the right to renew the Rider.

Premiums

We have the right to change the premium for this Rider. The change in premium will apply to all riders of this form number issued in your state of residence.

**Option to Add Additional Benefits
Cancer First Diagnosis Rider
Form Number HIC-HS-CFD-TX 7/09**

In consideration of additional premium, We will pay a one-time benefit when a Covered Person is Positively Diagnosed for the first time as having Cancer (other than Skin Cancer).

Benefits

We will pay a one-time benefit of \$10,000 per unit when a covered person is positively diagnosed for the first time as having cancer (other than Skin Cancer) as defined in the rider. The first diagnosis must occur: a) 30 days after the rider effective date; and b) while this rider is in force on such covered person. This benefit is payable only once per covered person.

Pre-Existing Condition Limitation And Exclusions And Other Limitations

We do not pay a benefit under this rider for a pre-existing condition as defined in the policy during the 12 month period beginning on the date that person became a covered person. We do not pay a benefit under this rider for any disease other than cancer as defined in this rider.

Renewability

The Renewability provision of the policy applies to this rider.

This is a limited policy. Upon receipt of your policy, please review it and your application. This is not a Medicare supplement policy. If you are eligible for Medicare, see the Medicare Supplement Buyers guide available from the company. Retain this for your records! In all cases, consult your policy for full details. If any information is incorrect, please contact:

**Bay Bridge Administrators
P.O. Box 161690 | Austin, Texas 78716 | 1-800-845-7519**

This is for page. 40., Section II: “Summary of Benefits” for RFP # P-2014-05
Supplemental Products website:

MetLaw[®]
Smart. Simple. Affordable.[®]

Webb County

► Telephone and Office Consultations

MetLaw provides you with telephone and office consultations for an unlimited number of matters with the attorney of your choice. During the consultation, the attorney will review the law, discuss your rights and responsibilities, explore your options and recommend a course of action.

► Legal Representation

Trials for covered matters are covered from beginning to end, regardless of length, when using a network attorney.

Estate Planning Documents

- Simple Wills
- Complex Wills
- Revocable Trusts
- Irrevocable Trusts
- Powers of Attorney (Healthcare, Financial, Childcare)
- Healthcare Proxies
- Living Wills
- Codicils

Financial Matters

- Personal Bankruptcy/Wage Earner Plan
- Debt Collection Defense
- Foreclosure Defense
- Repossession Defense
- Garnishment Defense
- Identity Theft Defense
- Tax Collection Defense
- Negotiations with Creditors
- Tax Audit Representation (Municipal, State, or Federal)

Real Estate Matters

- Sale, Purchase or Refinancing of your Home (Primary, Second/Vacation)
- Home Equity Loans for your Home (Primary, Second/Vacation)
- Tenant Negotiations (Tenant Only)
- Eviction Defense
- Security Deposit Assistance (Tenant Only)
- Boundary or Title Disputes
- Property Tax Assessments
- Zoning Applications

Elder Law Matters

Consultation & Document Review for issues related to your parents:

- Medicare
- Medicaid
- Prescription Plans
- Nursing Home Agreements
- Leases
- Notes
- Deeds
- Wills
- Powers of Attorney

Family Law

- Adoption
- Guardianship
- Conservatorship
- Name Change
- Prenuptial Agreement
- Protection from Domestic Violence
- Uncontested Divorce

Traffic Offenses

- Defense of ANY Traffic Ticket (Excludes DUI)
- Driving Privileges Restoration (Includes License Suspension due to DUI)

Document Preparation

- Affidavits
- Deeds
- Demand Letters
- Mortgages
- Notes
- Review of Any Personal Legal Document

Immigration Assistance

- Advice & Consultation
- Review of Immigration Documents
- Preparation of Affidavits
- Preparation of Powers of Attorney

Juvenile Court Defense

- Juvenile Court Defense (Including Criminal Matters)
- Parental Responsibility Matters

Consumer Protection

- Disputes over Consumer Goods and Services
- Small Claims Assistance

Defense of Civil Lawsuits

- Civil Litigation Defense
- Incompetency Defense
- Administrative Hearings
- School Hearings
- Pet Liabilities

Personal Property Protection

- Consultation & Document Review for Personal Property Issues
- Assistance for Disputes over Goods and Services

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www.legalplans.com

and enter password 6110016

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E-Services

- Attorney Locator
- Law Firm E-Panel[®]
- Free, downloadable legal documents
- Life Guide
- Links to financial planning, insurance and work/life matters resources

This is for page. 40., Section II: "Summary of Benefits" for RFP # P-2014-05
Supplemental Products website:



*Short Term Disability Income Protection
Insurance Highlights*



**Short Term Disability Income Protection
Insurance Highlights**

**Webb County
Policy # 575619**

Please read carefully the following description of your Short Term Disability Income Protection insurance plan, underwritten by Unum Life Insurance Company of America.

Your Plan

Eligibility

You are eligible for coverage if you are an active employee working a minimum of 30 hours per week.

Guarantee Issue

Current Employees: If you are not currently enrolled you may apply for coverage on or before the enrollment deadline of 09/28/2012, your coverage will be medically underwritten and you will be required to qualify based on information you provide on your overall medical health including routine, planned, unplanned or ongoing medical care or consultation. This review may result in a declination of coverage

New Hires: You may apply for coverage without answering any medical questions or providing evidence of insurability if you apply for coverage within 31 days after your eligibility date. If you apply more than 31 days after your eligibility date, your coverage will be medically underwritten and you will be required to qualify based on information you provide regarding your health history.

Please see your Plan Administrator for your eligibility date.

Weekly Benefit Amount

If you meet the definition of disability, you would be eligible to receive a weekly benefit if you are disabled equal to 60% of your weekly earnings, to a maximum of \$1000 per week.

Your STD benefits may be reduced by the amount of other income replacement benefits you receive for the same disability, such as benefits from state-mandated disability plans or Worker's Compensation, etc. However, the minimum weekly benefit is \$25.

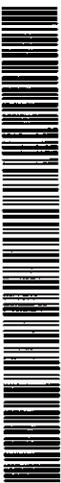
Definition of Disability

You are disabled when Unum determines that:

- you are limited from performing the material and substantial duties of your regular occupation due to your sickness or injury; and
- you have a 20% or more loss in weekly earnings due to the same sickness or injury.

You must be under the regular care of a physician in order to be considered disabled.

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Elimination Period

The Elimination Period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits. If your disability is the result of an injury that occurs while you are covered under the plan, your Elimination Period is 14 days.

If your disability is due to a sickness, your Elimination Period is 14 days.

Benefit Duration

If you meet the definition of disability you may receive a benefit for 11 weeks.

Limitations/Exclusions/ Termination of Coverage

Instances When Benefits Would Not Be Paid

Benefits would not be paid for loss resulting from:

- war, declared or undeclared, or any act of war;
- active participation in a riot;
- intentionally self-inflicted injuries;
- loss of a professional license, occupational license or certification;
- commission of a crime for which you have been convicted;
- any period of disability during which you are incarcerated;
- an **occupational injury or sickness**, *(this will not apply to a partner or sole proprietor who cannot be covered by law under Workers' Compensation or any similar law)*;

Termination of Coverage

Your coverage under the policy ends on the earliest of the following:

- 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 in active employment except as provided under the covered layoff or leave of absence provision. Please see your Plan Administrator for further information on these provisions.

Unum will provide coverage for a payable claim which occurs while you are covered under the policy or plan.

Next Steps

How to Apply

Current employees: To apply for coverage, complete your enrollment form by 9/28/2012 along with the Evidence of Insurability Form.

For new employees: To apply for coverage, complete your enrollment form within 31 days of your eligibility date. After that date you will be required to provide evidence of insurability in order to qualify for coverage.

Effective Date of Coverage

Please see your Plan Administrator for your effective date.

Delayed Effective Date of Coverage

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

Questions

If you should have any questions about your coverage or how to enroll, please contact your Plan Administrator.

This plan highlight is a summary provided to help you understand your insurance coverage from Unum. Details may differ from state to state. Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.

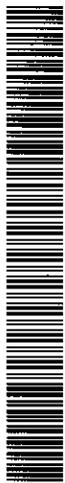
Travel assistance services are provided exclusively by Assist America, Inc. The services are subject to availability and may be withdrawn by Unum without prior notice.

Underwritten by:

Unum Life Insurance Company of America 2211 Congress Street, Portland, Maine 04122, www.Unum.com

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Underwritten by:
 Unum Life Insurance Company of America
 2211 Congress Street, Portland, ME 04122

Webb County
 Short Term Disability Insurance
 Enrollment Form
Policy # 575619

Employee Name: _____	Location: _____
Social Security Number: _____ - _____ - _____	Date of Birth: ____/____/____
Hours Worked/Week: _____	Gender: _____
Date of Hire: ____/____/____	Annual Salary: _____

Rates* per \$10 of Weekly Benefit	
Age	Rate
<25	\$0.976
25 – 29	\$1.072
30 – 34	\$0.904
35 – 39	\$0.76
40 – 44	\$0.76
45 – 49	\$0.76
50 – 54	\$0.904
55 – 59	\$1.16
60 – 64	\$1.408
65 – 69	\$1.56

**STD rates are based on five-year increments. Rates increase as you age.*

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To calculate the per-paycheck cost for this coverage, complete the calculations below.
Note: If your weekly salary exceeds \$1667, use \$1667 as your weekly salary in the calculation.

_____	÷ 52 =	_____	X	_____	=	_____
Annual Salary		Weekly Salary		Benefit %		Your Weekly Benefit
_____	÷ 10 =	_____	X	_____	=	_____
Your Weekly Benefit		Your Rate		Your Rate		Your Monthly Cost
_____	X 12 =	_____	÷	_____	=	_____
Your Monthly Cost		Annual Cost		# Paychecks per Year		Cost per Paycheck*

- Yes**, I would like to participate. I authorize my employer to deduct from my salary or wages the necessary premium for this coverage. My signature verifies the accuracy of information contained on this form.
- I understand the effective date of my coverage will be delayed if I am not in active employment because of an injury, sickness, temporary lay-off or leave of absence on the date this insurance would otherwise become effective. **I have also read and understand the information in the Enrollment Kit, including all statements regarding exclusions.**
- No**, I do not wish to participate. I understand that evidence of insurability will be required, at my own expense, if I decide to elect this coverage in the future.

Employee Signature: _____ Date: ____/____/____

Return Forms To: _____ By: ____/____/____

This section to be completed by your employer:
 Coverage Effective Date: ____/____/____

* Final cost may vary slightly due to rounding.



This is for page. 40., Section II: "Summary of Benefits" for RFP # P-2014-05
Supplemental Products website:



***Long Term Disability Income Protection
Insurance Plan Highlights***



**Webb County
Policy # 575619**

Please read carefully the following description of your Unum Long Term Disability Income Protection insurance plan.

Your Plan

Eligibility

You are eligible for LTD coverage if you are an active employee in the United States working a minimum of 30 hours per week.

Guarantee Issue

Current Employees: If you enroll on or before the enrollment deadline of 9/28/2012, your coverage will be medically underwritten, and you will be required to qualify based on information you provide on your overall medical health including routine, planned, unplanned or ongoing medical care or consultation. This review may result in a declination of coverage.

New Employees: You may apply for coverage without answering any medical questions or providing evidence of insurability if you apply for coverage within 31 days after your eligibility date. If you apply more than 31 days after your eligibility date, your coverage will be medically underwritten, and you will be required to qualify based on information you provide regarding your health history.

Please see your Plan Administrator for your eligibility date.

Benefit Amount

Monthly LTD Benefit:

- 60% of your monthly earnings
- To a maximum of \$4000

The total benefit payable to you on a monthly basis (including all benefits provided under this plan) will not exceed 100% of your monthly earnings, unless the excess amount is payable as a Cost of Living Adjustment. However, if you are participating in Unum's Rehabilitation and Return to Work Assistance program, the total benefit payable to you on a monthly basis (including all benefits provided under this plan) will not exceed 110% of your monthly earnings (unless the excess amount is payable as a Cost of Living Adjustment).

Your LTD benefit may be reduced by the amount of other income replacement benefits you receive for the same disability, such as benefits from Social Security, Workers' Compensation, etc.

Definition of Disability

You are disabled when Unum determines that:

- you are limited from performing the material and substantial duties of your regular occupation; and
- you have a 20% or more loss in indexed monthly earnings due to the same sickness or injury.
- After benefits have been paid for 24 months, benefits of up to 80% of income begin if the employee is unable to perform two or more activities of daily living (ADLs) (bathing, dressing, eating, toileting, continence and transferring) or has cognitive impairment.

Total benefit duration: 5 years

You must be under the regular care of a physician in order to be considered disabled.

Elimination Period

The Elimination Period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits.

LTD benefits would begin after 90 consecutive days of disability, if you are disabled, as described in the definition above.

During your elimination period you will be considered disabled if you are limited from performing the material and substantial duties of your regular occupation due to your sickness or injury, and you are under the regular care of a physician. You are not required to have a 20% or more earnings loss to be considered disabled during the elimination period due to the same sickness or injury.

Benefit Duration

Your duration of benefits is based on your age when the disability occurs. Your LTD benefits are payable for the period during which you continue to meet the definition of disability for 5 years. If your disability occurs at or after age 65, benefits would be paid for a reduced period of time.

Taxation

The taxability of benefits depends on how premium was taxed during the plan year in which you become disabled. Whether you pay 100% of the premium or you and your Employer share in the cost, if premium for the plan year is paid with **post-tax** dollars, your benefits **will not** be taxed. If premium for the plan year is paid with **pre-tax** dollars, your benefits **will** be taxed. If premium for the plan year is paid partially with post-tax dollars and partially with pre-tax dollars, then a portion of your benefits will be taxed.

Additional Benefits

Rehabilitation and Return to Work Assistance

Unum has a vocational Rehabilitation and Return to Work Assistance program available to assist you in returning to work. We will make the final determination of your eligibility for participation in the program, and will provide you with a written Rehabilitation and Return to Work Assistance plan developed specifically for you. This program may include, but is not limited to the following benefits:

- coordination with your Employer to assist your return to work;
- adaptive equipment or job accommodations to allow you to work;
- vocational evaluation to determine how your disability may impact your employment options;
- job placement services;
- resume preparation;
- job seeking skills training; or
- education and retraining expenses for a new occupation.

If you are participating in a Rehabilitation and Return to Work Assistance program, we will also pay an additional disability benefit of 10% of your gross disability payment to a maximum of \$1,000 per month. In addition, we will make monthly payments to you for 3 months following the date your disability ends, if we determine you are no longer disabled while:

- you are participating in a Rehabilitation and Return to Work Assistance program; and
- you are not able to find employment.

Dependent Care Expense Benefit

If you are disabled and participating in Unum's Rehabilitation and Return to Work Assistance program, Unum will pay a Dependent Care Expense Benefit when you are disabled and you:

- are incurring expenses to provide care for a child under the age of 15;
- and/or start incurring expenses to provide care for a child age 15 or older or a family member who needs personal care assistance.

The payment will be \$350 per month per dependent, to a maximum of \$1,000 per month for all dependent care expenses combined.

Waiver of Premium

You will not be required to pay LTD premiums as long as you are receiving LTD benefits.

Work/Life Balance Employee Assistance Program

Unum's work/life balance employee assistance program is a comprehensive resource designed to provide fast and convenient answers and advice on a wide variety of topics ranging from severe to everyday problems. Available to you and your family members, Unum's work/life balance employee assistance program provides 24 hour access to professional advice - even face to face sessions when needed. Every inquiry is answered by an experienced, masters-level consultant, who can help in a variety of ways including: telephone consultations, personalized searches and referrals, educational materials, Tips-on-Tape™, and online resources. Some of the topics addressed are parenting and childcare, older adults, legal and financial issues, emotional well-being and education.

And if you should become disabled and be on claim, the new On Claim Support service can help you handle everyday concerns, the kinds of things that used to be easy to do. A consultant and a researcher can help find solutions to problems such as finding child care, setting up appointments and arranging transportation.

**Universal Access
Card**

The Universal Access card puts you in touch with some of Unum's support services that enhance your coverage and help you deal with concerns both in and out of the workplace.

**Worldwide
Emergency Travel
Assistance Services**

A 24-hour network of emergency medical and legal resources offers valuable protection for you and your family when traveling more than 100 miles from home. With just one call, you have access to a global network of highly qualified professionals trained to manage any travel emergency. (Note that spouses traveling on business are not eligible.)

Survivor Benefit

Unum will pay your eligible survivor a lump sum benefit equal to 3 months of your gross disability payment.

This benefit will be paid if, on the date of your death, your disability had continued for 180 or more consecutive days, and you were receiving or were entitled to receive payments under the plan. If you have no eligible survivors, payment will be made to your estate, unless there is none. In this case, no payment will be made. However, we will first apply the survivor benefit to any overpayment which may exist on your claim.

You may receive your survivor benefit prior to your death if you have been diagnosed as terminally ill, your life expectancy has been reduced to less than 12 months, and you are receiving monthly payments. If you elect to receive this benefit, no survivor benefit will be payable to your eligible survivor upon your death.

**Limitations/Exclusions/
Termination of Coverage**

**Pre-existing Condition
Exclusion**

You have a pre-existing condition if:

- you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 3 months just prior to your effective date of coverage; and
- the disability begins in the first 12 months after your effective date of coverage.

**Instances When Benefits
Would Not Be Paid**

Benefits would not be paid for disabilities caused by, contributed to by, or resulting from:

- intentionally self-inflicted injuries;
- active participation in a riot;
- war, declared or undeclared, or any act of war;
- conviction of a crime;
- loss of professional license, occupational license or certification;
- pre-existing conditions (see definition).

Unum will not pay a benefit for any period of disability during which you are incarcerated.

Mental and Nervous

The lifetime cumulative maximum benefit period for all disabilities due to mental illness and disabilities based primarily on self-reported symptoms is 24 months. Only 24 months of benefits will be paid for any combination of such disabilities even if the disabilities are not continuous and/or are not related. Payments would continue beyond 24 months only if you are confined to a hospital or institution as a result of the disability.

Termination of Coverage

Your coverage under the policy ends on the earliest of the following:

- 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 in active employment except as provided under the covered layoff or leave of absence provision.

Unum will provide coverage for a payable claim which occurs while you are covered under the policy or plan.

Next Steps***How to Apply***

Current employees: To apply for coverage, complete your enrollment form by 9/28/2012 along with the Evidence of Insurability Form.

For new employees: To apply for coverage, complete your enrollment form within 31 days of your eligibility date. After that date you will be required to provide evidence of insurability in order to qualify for coverage.

Effective Date of Coverage

Please see your Plan Administrator for your effective date.

Delayed Effective Date of Coverage

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

Questions

If you should have any questions about your coverage or how to enroll, please contact your Plan Administrator.

This plan highlight is a summary provided to help you understand your insurance coverage from Unum. Details may differ from state to state. Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.

Travel assistance services are provided exclusively by Assist America, Inc. The services are subject to availability and may be withdrawn by Unum without prior notice.

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This is for page. 40., Section II: “Summary of Benefits” for RFP # P-2014-05
Supplemental Products website:

Individual Cancer and Specified Disease Insurance

POLICY FORM HIC-CAN-POL-TX 5/09

Underwritten by Humana Insurance Company

Individual Cancer and Specified Disease Insurance

POLICY FORM HIC-CAN-POL-TX 5/09
Underwritten by Humana Insurance Company



Plan Features

- Donor Benefits
- Wellness Benefits
- Many Benefits have No Lifetime Maximum
- Covers Certain Lodging and Transportation
- Renewable for Life
- In and Out of hospital benefits
- Pays regardless of other coverage

Benefit	BBAC-110	BBAC-66
Wellness Benefit. For Cancer screening tests such as mammogram, flexible sigmoidoscopy, pap smear, chest X-ray, hemocult stool specimen, or prostate screen. No Lifetime Maximum	Up to \$50 per calendar year	Up to \$50 per calendar year
Positive Diagnosis Test. Payable for a test that leads to positive diagnosis of Cancer or Specified Disease within 90 days. This benefit is not payable if the same Cancer or Specified Disease recurs.	Up to \$300 per calendar year	Up to \$300 per calendar year
First Diagnosis Benefit. One-time benefit payable when a Covered Person is first diagnosed with Cancer (other than Skin Cancer) or a Specified Disease. Must occur after the Policy Effective Date.	\$2,500	\$2,500
Second and Third Surgical Opinions. Covers written opinions received after a Positive Diagnosis and before surgery. No Lifetime Maximum	Actual Charges	Actual Charges
Non-Local Transportation. Payable for transportation to a Hospital, clinic or treatment center which is more than 60 miles and less than 700 miles from a Covered Person's home. No Lifetime Maximum	Actual charges by a common carrier or 50 cents per mile if a personal vehicle is used.	Actual charges by a common carrier or 50 cents per mile if a personal vehicle is used.
Adult Companion Lodging and Transportation. Payable for one adult companion to stay with a Covered Person who is confined in a Hospital that is more than 60 miles and less than 700 miles from his or her home. Covered expenses include a single room in a motel or hotel up to 60 days per confinement; and the actual charge of round trip coach fare by a common carrier or a mileage allowance for the use of a personal vehicle. This benefit is not payable for lodging expense incurred more than 24 hours before the treatment nor for lodging expense incurred more than 24 hours following treatment. No Lifetime Maximum	Up to \$75 per day for lodging. 50 cents per mile if a personal vehicle is used.	Up to \$75 per day for lodging. 50 cents per mile if a personal vehicle is used.
Ambulance. For ambulance service if the Covered Person is taken to a Hospital and admitted as an inpatient. No Lifetime Maximum	Actual Charges	Actual Charges
Surgery. Covers actual surgeon's fee for an operation up to the amount listed on the schedule. Benefits for surgery performed on an outpatient basis will be 150% of the schedule benefit amount, not to exceed the actual surgeon's fees. No Lifetime Maximum	Up to \$1,500	Up to \$3,000
Donor Benefit Bone Marrow and Stem Cell Transplant. We will pay the following expenses incurred by the Covered Person and his or her live donor: (a) Medical expense allowance of two times the selected Hospital Confinement benefit. (b) Actual charges for round trip coach fare on a Common Carrier to the city where the transplant is performed; or personal automobile expense allowance of 50 cents per mile. Mileage is measured from the home of the Donor or Covered Person to the Hospital in which the Covered Person is staying. We will pay for up to 700 miles per Hospital stay. (c) Actual Charges up to \$50 per day for lodging and meals expense for donor to remain near Hospital.	(a) \$200 per day (b) Actual charges for round trip coach fare; or personal automobile expense of 50 cents per mile. (c) Actual charges up to \$50 per day	(a) \$200 per day (b) Actual charges for round trip coach fare; or personal automobile expense of 50 cents per mile. (c) Actual charges up to \$50 per day
Bone Marrow and Stem Cell Transplant. We will pay Actual Charges per Covered Person for surgical and anesthetic charges associated with bone marrow transplant and/or peripheral stem cell transplant	Actual charges to a combined lifetime maximum of \$15,000	Actual charges to a combined lifetime maximum of \$15,000



BAY BRIDGE ADMINISTRATORS

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Benefit

BBAC-110

BBAC-66

Anesthesia. For services of an anesthesiologist during a Covered Person's surgery. For anesthesia in connection with the treatment of skin Cancer. No Lifetime Maximum

Up to 25% of surgical benefit paid. \$100 maximum per Covered Person

Up to 25% of surgical benefit paid. \$100 maximum per Covered Person

Ambulatory Surgical Center. We will pay the expense incurred at an Ambulatory Surgical Center. No Lifetime Maximum

\$250 Per Day

\$250 Per Day

Drugs and Medicines. Payable for drugs and medicine received while the Covered Person is Hospital confined. No Lifetime Maximum

Up to \$25 per day, \$600 per calendar year

Up to \$25 per day, \$600 per calendar year

Outpatient Anti-Nausea Drugs. Payable for drugs prescribed by a Physician to suppress nausea due to Cancer or Specified Disease. No Lifetime Maximum

Up to \$250 per calendar year

Up to \$250 per calendar year

Radiation, Radioactive Isotopes Therapy, Chemotherapy, or Immunotherapy. Covers treatment administered by a Radiologist, Chemotherapist or Oncologist on an inpatient or outpatient basis. No Lifetime Maximum

Actual charges up to \$200 per day

Actual charges up to \$1,000 per day

Miscellaneous Therapy Charges. Covers charges for physical exams, lab work or x-rays in connection with radiation and chemotherapy treatment. Service must be performed while receiving treatment(s) in Item 15 or within 30 days following a covered treatment.

Actual charges up to a lifetime maximum of \$10,000

Actual charges up to a lifetime maximum of \$10,000

Self-Administered Drugs. We will pay the actual expenses incurred for self-administered chemotherapy, including hormone therapy, or immunotherapy agents. This benefit is not payable for planning, monitoring, or other agents used to treat or prevent side effects, or other procedures related to this therapy treatment. No Lifetime Maximum

Actual charges up to \$4,000 per month

Actual charges up to \$4,000 per month

Colony Stimulating Factors. We will pay expenses incurred for: [a] cost of the chemical substances and [b] their administration to stimulate the production of blood cells. Treatment must be administered by an Oncologist or Chemotherapist. No Lifetime Maximum

Actual charges up to \$1,000 per month

Actual charges up to \$1,000 per month

Blood, Plasma and Platelets. For blood, plasma and platelets, and transfusions: including administration. No Lifetime Maximum

Actual charges up to \$200 per day

Actual charges up to \$200 per day

Physician's Attendance. For one visit per day while Hospital confined. No Lifetime Maximum

Up to \$35 per day

Up to \$35 per day

Private Duty Nursing Service. For private nursing services ordered by the Physician while Hospital confined. No Lifetime Maximum

Up to \$100 per day

Up to \$100 per day

National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit. We will pay the expense incurred if an Covered Person is diagnosed with Internal Cancer and seeks evaluation or consultation from a National Cancer Institute designated Comprehensive Cancer Treatment Center. If the Comprehensive Cancer Treatment Center is located more than 30 miles from the Covered Person's place of residence, We will also pay the transportation and lodging expenses incurred. This benefit is not payable on the same day a Second or Third Surgical Opinion Benefit is payable and is in lieu of the Non-Local Transportation Benefits of the policy.

Expenses incurred limited to a lifetime maximum up to \$750 for evaluation. Expenses incurred limited to a lifetime maximum up to \$350 for transportation and lodging.

Expenses incurred limited to a lifetime maximum up to \$750 for evaluation. Expenses incurred limited to a lifetime maximum up to \$350 for transportation and lodging.

Breast Prosthesis. Covers the prosthesis and its implantation if it is required due to breast cancer. No Lifetime Maximum

Actual Charges

Actual Charges

Artificial Limb or Prosthesis. Covers implantation of an artificial limb or prosthesis when an amputation is performed.

\$1,500 lifetime maximum per amputation.

\$1,500 lifetime maximum per amputation.

Physical or Speech Therapy. Payable when therapy is needed to restore normal bodily function. No Lifetime Maximum

Up to \$35 per session

Up to \$35 per session

Extended Benefits. If a Covered Person is confined in a Hospital for 60 continuous days We will pay three times the selected Hospital Confinement Benefit beginning on the 61st day for Hospital Confinement. This benefit is payable in place of the Hospital Confinement Benefit. No Lifetime Maximum

\$300 per day

\$300 per day

Extended Care Facility. Limited to number of days of prior Hospital confinement. Must begin within 14 days after Hospital confinement, and be at the direction of the attending Physician. No Lifetime Maximum

Up to \$50 per day

Up to \$50 per day

At Home Nursing. Limited to number of days of prior Hospital confinement. Must begin immediately following a Hospital confinement, and be authorized by the attending Physician. No Lifetime Maximum

Up to \$100 per day

Up to \$100 per day

New or Experimental Treatment. We will pay the expenses incurred by a Covered Person for New or Experimental Treatment judged necessary by the attending Physician and received in the United States or in its territories. No Lifetime Maximum

Up to \$7,500 per calendar year

Up to \$7,500 per calendar year

Hospice Care. If a Covered Person elects to receive hospice care, We will pay the expenses incurred for care received in a Free Standing Hospice Care Center. No Lifetime Maximum

Up to \$50 per day

Up to \$50 per day

Government or Charity Hospital. Payable if the Covered Person is confined in a U. S. Government Hospital or a Hospital that does not charge for its services. Paid in place of all other benefits under the Policy. No Lifetime Maximum

\$200 per day

\$200 per day

Hairpiece. We will pay the actual expense incurred per Covered Person for a hairpiece when hair loss is a result of Cancer Treatment.

Actual charge up to a lifetime maximum of \$150

Actual charge up to a lifetime maximum of \$150

Benefit	BBAC-110	BBAC-66
Rental or Purchase of Durable Goods. We will pay the actual expenses incurred for the rental or purchase of the following pieces of durable medical equipment: a respirator or similar mechanical device, brace, crutches, Hospital bed, or wheelchair. No Lifetime Maximum	Actual charges up to \$1,500 per calendar year	Actual charges up to \$1,500 per calendar year
Waiver of Premium. After 60 continuous days of disability due to Cancer or Specified Disease, We will waive premiums starting on the first day of policy renewal.	After 60 days	After 60 days
Hospital Confinement. Payable for each day a Covered Person is charged the daily room rate by a Hospital, for up to 60 days of continuous stay. The benefit for covered children under age 21 is two times the Covered Person's daily benefit. No Lifetime Maximum	\$100 per day	\$100 per day

Other Specified Diseases Covered:

- Addison's Disease
- Amyotrophic Lateral Sclerosis
- Cystic Fibrosis
- Diphtheria
- Encephalitis
- Epilepsy
- Hansen's Disease
- Legionnaire's Disease
- Lupus Erythematosus
- Malaria
- Rocky Mountain Spotted Fever
- Scarlet Fever
- Multiple Sclerosis
- Muscular Dystrophy
- Myasthenia Gravis
- Niemann-Pick Disease
- Osteomyelitis
- Poliomyelitis
- Rabies
- Reye's Syndrome
- Rheumatic Fever
- Meningitis (epidemic cerebrospinal)
- Sickle Cell Anemia
- Tay-Sachs Disease
- Tetanus
- Toxic Epidermal Necrolysis
- Tuberculosis
- Tularemia
- Typhoid Fever
- Undulant Fever
- Whipple's Disease
- Lyme Disease

Renewability

As long as premiums are paid on time, you have the right to renew your policy and riders.

Premiums

Premiums for this policy are calculated at age at issue class as of the effective date of the policy. You lock in your age class for the life of the policy. The premium for this policy and rider if selected may change but will not change because you attain the next premium rate age classification. Any change in premium will apply to all policies and riders of this form number issued in your State of residence.

Payment Of Benefits

Benefits are payable for a Covered Person's Positive Diagnosis of a Cancer or Specified Disease that begins after the Policy Effective Date and while this Policy has remained in force.

Exceptions and Other Limitations

The Policy pays benefits only for diagnoses resulting from Cancer or Specified Diseases, as defined in the Policy. It does not cover:

1. any other disease or sickness;
2. injuries;
3. any disease, condition, or incapacity that has been caused, complicated, worsened, or affected by:
 - a. Specified Disease or Specified Disease treatment; or
 - b. Cancer or Cancer treatment, or unless otherwise defined in the Policy
4. care and treatment received outside the United States or its territories;
5. treatment not approved by a Physician as medically necessary;
6. Experimental Treatment by any program that does not qualify as Experimental Treatment as defined in the Policy.

Pre-Existing Condition Limitation

During the first 12 months of a Covered Person's insurance, losses incurred for Pre-Existing Conditions are not covered. During the first 12 months following the date a Covered Person makes a change in coverage that increases his or her benefits, the increase will not be paid for Pre-Existing Conditions. After this 12 month period, however, benefits for such conditions will be payable unless specifically excluded from coverage. This 12 month period is measured from the Policy Effective Date for each Covered Person.

Pre-Existing Condition means Cancer or a Specified Disease, for which a Covered Person has received medical consultation, treatment, care, services, or for which diagnostic test(s) have been recommended or for which medication has been prescribed during the 12 months immediately preceding the effective date of coverage.

Right to Examine Policy

If You decide not to keep this Policy, send it to Us or Our agent within 30 days after You receive it. We will treat the Policy as though it had never been issued. We will refund any premiums paid.

Covered Persons

Covered Person

means any of the following:

- a. the Named Insured; or
- b. any eligible Spouse or Child, as defined and as indicated on the Policy Schedule whose coverage has become effective;
- c. any eligible Spouse or Child, as defined and added to this Policy by endorsement after the Policy Effective Date whose coverage has become effective; or
- d. a newborn child (as described in the Eligibility Section).

Child (Children)

means the Named Insured's unmarried child, including a natural child from the moment of birth, stepchild, foster or legally adopted child, or child in the process of adoption (including a child while the Named Insured is a party to a proceeding in which the adoption of such child by the Named Insured is sought); a child for whom the Named Insured is required by a court order to provide medical support, and grandchildren who are dependent on the Named Insured for federal income tax purposes at the time of application, who is:

- a. not yet age 25; or
- b. not yet age 26 if a full time student at an accredited school.

Option To Add Additional Benefits Hospital Intensive Care Insurance Rider

Form Number HIC-ICR-TX 5/09

In consideration of additional premium, this coverage will provide you with benefits if you go into a Hospital Intensive Care Unit (ICU).

Benefits

Your benefits start the first day you go into ICU. The benefit is payable for up to 45 days per ICU stay.

Hospital Intensive Care Confinement Benefit

You may choose the benefit of \$325 or \$625 per day. It is reduced by one-half at age 75.

Double Benefits

We will double the daily benefits for each day you are in an ICU as a result of Cancer or a Specified Disease. We will also double the benefit for an injury that results from: being struck by an automobile, bus, truck, motorcycle, train, or airplane; or being involved in an accident in which the named insured was the operator or was a passenger in such vehicle. ICU confinement must occur within 48 hours of the accident.

Emergency Hospitalization and Subsequent Transfer to an ICU

We will pay the benefit selected by you for the highest level of care in a hospital that does not have an ICU, if you are admitted on an emergency basis, and you are transferred within 48 hours to the ICU of another Hospital.

Step Down Unit

We will pay a benefit equal to one half the chosen daily benefit for confinement in a Step Down Unit.

Exceptions and Other Limitations

Except as provided in Step Down Unit and Emergency Hospitalization and Subsequent Transfer to an ICU, coverage does not provide benefits for: surgical recovery rooms; progressive care; intermediate care; private monitored rooms; observation units; telemetry units; or other facilities which do not meet the standards for a Hospital Intensive Care Unit.

Benefits are not payable: if you go into an ICU before the Policy Effective Date; if you go into an ICU for intentionally self-inflicted bodily injury or suicide attempts; if you go into an ICU due to being intoxicated or under the influence of alcohol, drugs or any narcotics, unless administered on the advice of a Physician and taken according to the Physician's instructions. The term "intoxicated" refers to that condition as defined by law in the jurisdiction where the accident or cause of loss occurred.

**Upon receipt of your policy, please review it and your application.
This is not a medicare supplement policy. If you are eligible for medicare,
see the medicare supplement buyer's guide Available from the company.
This policy only covers cancer and the Diseases specified above, unless
The hospital intensive care rider is selected.
If any information is incorrect, please contact:**

**Bay Bridge Administrators
P.O. Box 161690 | Austin, Texas 78716 | 1-800-845-7519**

