

# State Employees' Insurance Board

## Optional Insurance Plan

In November of 2004, the Alabama Legislature enacted a new law (Act No.: 2004-648) that gave the State Employees' Insurance Board (SEIB) the authority to offer supplemental policies to full-time active and retired State employees. The new law also gave the SEIB the authority to enter into contracts of the Public Education Employees' Health Insurance Board (PEEHIP Board) upon the mutual consent of the PEEHIP Board and the contractor.

In lieu of this authority, the SEIB, with the consent of the PEEHIP Board and Southland National Insurance Corporation (Southland), will enter into a contract agreement with Southland to provide supplemental policies to active and retired state employees with similar benefits and under the same conditions as negotiated with the PEEHIP Board.

The supplemental policies will be offered under the SEIB Optional Insurance Plan. The SEIB Optional Insurance Plan will be offered on a self-insured basis with the SEIB as the Plan Administrator and Southland as the Claims Administrator.

As the Plan Administrator, the SEIB will have the same authority and perform the same duties for the SEIB Optional Insurance Plan as it does for the State Employees' Health Insurance Plan (SEHIP). Southland will process claims based upon the benefit designs approved by the SEIB.

An eligible employee or retiree may enroll in the SEIB Optional Insurance Plan at any time, subject to SEIB rules and procedures, by submitting a completed enrollment form directly to the SEIB. Participants must remain in the SEIB Optional Insurance Plan for at least twelve months. If enrollment is effective on any day other than January 1, coverage will remain in effect through the end of the next full Plan Year.

An employee of the State of Alabama may not be covered as a dependent under the SEHIP.

The SEIB will be offering four (4) supplemental policies: Dental - Cancer - Hospital Indemnity – Vision (see attachment). The four supplemental policies will be offered as a package at no premium. Participants may elect individual or family coverage.

The initial plan year will be a short year ending December 31, 2005 with subsequent Plan Years beginning January 1 and ending December 31.

Open and Special Enrollment back into the SEHIP is available for all eligible employees and retirees subject to SEIB rules and procedures.

## DENTAL BENEFITS PROGRAM

Plan Summary\*

### Dental Benefit Schedule

	Plan I (Employee Only)	Plan II (Employee & Full Family)
Maximum benefits applicable Per person per plan year:	\$1,250.00	\$1,000.00

#### **Diagnostic & Preventive Services:** Based on Reasonable & Customary Charges

Deductible	None	None
Oral Examinations	100%	100%
Cleaning of Teeth	100%	100%
Fluoride Applications for children	None	100%
Space Maintainers for children <sup>1</sup>	None	Limited
X-Rays	100%	100%
Emergency Office Visits	100%	100%
Sealants	None	100%

#### **Basic & Major Services:** Based on Reasonable & Customary Charges

Deductible <sup>2</sup>	None	\$25.00
Fillings	80%	60%
General Anesthetics	80%	60%
Oral Surgery <sup>3</sup>	80%	60%
Periodontics	80%	60%
Endodontics	80%	60%
Dentures <sup>4</sup>	80%	60%
Bridgework <sup>4</sup>	80%	60%
Crowns	80%	60%

#### NO ORTHODONTIA BENEFITS

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| <p>1 Space maintainers limited to \$125.00 per unit</p> <p>2 Deductibles are applied per person, per plan year with a maximum of three (3) per Family</p> <p>3 Oral surgery excludes any procedures covered under a Group Medical Program</p> <p>4 No benefits are provided for replacement of teeth removed before coverage is effective</p> <p>* Expenses are incurred at the preparation date and not the installation, service, or "Seating" date</p> <p>* Benefits are not provided for temporary partials</p> |
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## **Vision Program**

### **Coverage and Maximum Benefits**

Examination actual charges not to exceed:	\$ 40.00
Lenses not to exceed:	
Single Vision	\$ 50.00
Bifocal	\$ 75.00
Trifocals	\$100.00
Lenticular	\$125.00
Contacts	\$100.00
Frames	\$ 60.00

\* Plan provides either contact lenses or lenses and frames, but not both in any plan year.

\*\* It is the responsibility of the member to submit a claim for either lenses or contacts and the payment will be made based on the date the claim is received.

### **LIMITATIONS**

**Examinations:** One in any Plan Year.

**Lenses:** One new prescription or replacement in any Plan Year. Benefits are not available under the plan for both lenses and contacts in the same Plan Year.

**Contacts:** One new prescription or replacement in any Plan Year. Plan provides either contacts or lenses and frames, but not both in any Plan Year.

**Frames:** One new or replacement in any Plan Year.

**Vision Examination:** Consisting of one or more, but not limited to the following component services when performed by a licensed ophthalmologist or optometrist.

- case history
- external examination of the eye and adnexa
- determination of refractive status
- ophthalmoscopy
- application of pharmaceutical agents for diagnostic purposes when indicated and allowed by state law
- tonometry test for glaucoma when indicated
- binocular measure
- summary findings and recommendations
- prescribing corrective lenses, if needed

## Hospital Indemnity Program Plan Summary Coverage

	<b>Plan I</b>	<b>Plan II</b>
*In hospital benefit (per day) <sup>1</sup>	\$ 150.00	\$ 75.00
*Maternity (per day)	\$ 150.00	\$ 75.00
*Intensive care benefit (per day)	\$ 300.00	\$ 150.00
*Convalescent or long term care /rehabilitation (per day) <sup>2</sup>	\$ 150.00	\$ 75.00
Supplemental accident <sup>3</sup>	\$ 1000.00	\$ 1000.00
Ambulance benefit <sup>4</sup>	\$ 100.00	\$ 100.00

\*In-hospital, Maternity, intensive care and convalescent or long term care benefits are exclusive and non-duplicating

1 In hospital benefits are limited to 365 days per covered accident or illness; benefits will be paid for any admission on an in-patient basis where charges are incurred for a private or semi-private room.

2 Limited to 90 days lifetime maximum

3 Limited to \$1000.00 per plan participant and/or dependent, per plan year

4 Ambulance benefits: limited to the amount of actual charges to a maximum of \$100.00 per trip to or from a hospital where the insured is confined as an in-patient. No lifetime maximum.

## **CANCER PROGRAM**

- A. **Hospital Confinement:** \$250.00 per day for first 90 consecutive days of hospital confinement for in-patient charges; \$500.00 per day thereafter. Readmission 30 days after discharge starts \$250.00 daily payment again. No limit on number of confinements or dollar amount.
- B. **Hospice Care:** Actual charges to a maximum of \$50.00 per day for care provided by a licensed hospice agency, organization or unit that provides to persons terminally ill, and to their families, a centrally administered and autonomous continuum of palliative and supportive care. The care must be directed and coordinated by the hospice organization in the patient or family home. This benefit does not apply to non-terminally ill patients, nor does it apply to home health care or custodial care benefits. Lifetime maximum of \$3,000 per insured.
- C. **Cancer Surgery:** Actual charges for operation, depending on type of surgery (see schedule of policy), to a maximum of \$2,400.00. Hospitalization not required. No limit on number of operations.
- D. **Anesthesia:** Actual charges to a maximum of \$400.00 per operation. No limit on number of operations.
- E. **Radiation & Chemotherapy:** Actual charges to a lifetime maximum of \$10,000.00 for Cobalt Therapy, X-Ray Therapy or Chemotherapy Injections. Hospitalization not required. Diagnostic tests not included.
- F. **Blood & Plasma:** Actual charges to a lifetime maximum of \$2,000.00. Includes transfusions, administration, processing and procurement, and cross-matching (excludes other laboratory expenses). Hospitalization not required. No lifetime maximum for Leukemia.
- G. **Nursing Service:** Actual charges for full-time private care and attendance to \$80.00 per day for R.N., L.P.N., or L.V.N. for each day the insured is eligible for Hospital Confinement Benefit. Such services to be rendered by a person who does not ordinarily reside in the same household with the covered person, and who is not related by blood, marriage or legal adoption to the covered person. No lifetime maximum.
- H. **Attending Physician:** Actual charges to a maximum of \$20.00 per day for physician other than the surgeon for each day the insured is eligible for Hospital Confinement Benefit. No lifetime maximum.
- I. **Prosthetic Devices:** Actual surgery charges to a maximum of \$500.00 for each surgically implanted prosthetic device for which is prescribed as a direct result of cancer surgery. Lifetime maximum of \$1,000.00 per insured.
- J. **Ambulance:** Actual charges to a maximum of \$100.00 per trip to and from hospital where insured is confined as an in-patient. Limit two trips per confinement. No lifetime maximum.