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IMPORTANT CHANGES FOR APRIL 1, 2009

- Dental Benefits will be provided by HumanaDental
- Vision Benefits will be provided by Advantica Eyecare
- Life and Disability Insurance Benefits will be provided by UNUM

HumanaDental is offering three Dental Plans for you to choose from- One DHMO and Two PPOs. Your school will provide you with information as to whether you need to actively enroll in a plan or if you will be assigned to a plan should you take no action. You can look up providers by logging onto: <http://www.HumanaDental.com> or you may call 1-800-233-4013.

For additional information regarding the HumanaDental Plans see the table on Page 2.

Advantica EyeCare is a managed vision eye care insurance company with a national network of optometrists, ophthalmologists, opticians, and retail providers. Benefits can be obtained at network private or retail providers, which include (but not limited to) EyeMasters, Sears Optical, JC Penny Optical, Target Optical, Pearle Vision Centers, Optical Outlets, Wal-Mart, and any locations with EyeCare Centers of America, such as VisionWorks.

You can login at www.advanticaeyecare.com to view the entire provider network, or contact Advantica EyeCare Service Center at (866) 425-2323.

ADVANTICA SELECT PLUS 100 Plan

	In Network	Out of Network
Vision Exam	\$5 Co-Pay	Up to \$40 Reimbursement (less applicable Co-Pay)
Standard Frames	\$15 Co-Pay; Up to \$100 allowance less applicable Co-Pay if outside Standard	Reimbursed up to \$40
Contact Lenses (in lieu of glasses)	\$100 Allowance (less applicable Co-Pay)	Reimbursed up to \$60 (less applicable Co-Pay)
Contact Lens Fitting Fee	\$30 Allowance	Not Applicable
Frequency Limitations Exams/ Lenses (std plastic)/ Contact Lenses (in lieu of Glasses)	12 Months	
Frequency Limitations Frames	24 Months	

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Important Information to Improve Your Health

HumanaDental Plans 4/1/09-3/31/10

DHMO CS 250 (Dentists must be In-Network and assigned)	Traditional Preferred Low Option	Traditional Preferred High Option
Exams, X-rays and cleaning at 100% after co-pay; Additional co-pays apply to other services; In-Network co-pays based on Schedule of Benefits; Discounts on services not listed on the Schedule of Benefits	100/80/50/50 (Preventive/Basic/Major/Orthodontia) In-Network; Same benefit Out of Network but you may be balanced billed on amounts over Usual and Customary; Endodontic and Periodontal Services covered under Basic Services	100/80/50/50 (Preventive/Basic/Major/Orthodontia) In-Network; Same benefit Out of Network but you may be balanced billed on amounts over Usual and Customary; Endodontic and Periodontal Services covered under Basic Services
No Benefit Maximums	\$1000 Plan Year Maximum	\$2000 Plan Year Maximum
Adult and Child Orthodontics at a fixed co-pay	Adult and Child Orthodontics at a fixed co-pay	\$2000 Lifetime Maximum for Adult and Child Orthodontics
No Deductibles for any service	Plan Year Deductible \$50 per Individual up to \$150 per Family for ALL SERVICES except Preventive	Plan Year Deductible \$50 per Individual up to \$150 per Family for ALL SERVICES except Preventive

If you enroll now, there are No Waiting Periods for any of the Plans! Self-referral to Specialists is allowed on all Plans.

REMEMBER, YOU MUST MAKE AN ELECTION EACH YEAR TO CONTINUE YOUR HEALTH CARE SPENDING ACCOUNT OR YOUR DEPENDENT CARE SPENDING ACCOUNT.



LOG ONTO <http://icubabenefits.org> DURING OPEN ENROLLMENT TO MAKE YOUR ANNUAL ELECTION WHICH WILL COVER YOU FROM 4/1/2009- 3/31/2010