



Employee Benefits Guide

Effective: July 1, 2011 through June 30, 2012



Contact Information

Refer to this list when you need to contact one of your benefit vendors. For general information contact Human Resources.

MEDICAL: _____ pages 3-6

Provider Name: Blue Cross Blue Shield
Group / Policy Number: 21250
Provider Phone Number: 1-800-521-2227
Provider Web Address: www.bcbstx.com

DENTAL: _____ page 7

Provider Name: MetLife
Group / Policy Number: KM057357
Provider Phone Number: 1-800-ASK-4-MET (1-800-275-4638)
Provider Web Address: www.metlife.com

VISION: _____ page 8

Provider Name: MetLife / SafeGuard
Group / Policy Number: 291857
Provider Phone Number: 1-800-880-1800
Provider Web address: www.safeguard.net

LIFE & AD&D & VOL. LIFE & EMPLOYEE ASSISTANCE PROGRAM: _____ pages 9 -10

Provider Name: MetLife
Group / Policy Number: KM057357
Provider Phone Number: 1-800-ASK-4-MET (1-800-275-4638)
Provider Web Address: www.metlife.com

SHORT & LONG TERM DISABILITY: _____ page 11

Provider Name: MetLife
Group / Policy Number: KM057357
Provider Phone Number: 1-800-ASK-4-MET (1-800-275-4638)
Provider Web Address: www.metlife.com

FLEXIBLE SPENDING ACCOUNTS: _____ pages 12-13

Provider Name: TASC
Group / Policy Number: 4400-8165-0468
Provider Phone Number: 1-800-422-4661
Provider Web Address: www.tasconline.com

LEGAL PROTECTION PROGRAM: _____ page 14

Provider Name: The Legal Protection Plan, Inc.
Provider Phone Number: 1-800-252-9346

VOLUNTARY SUPPLEMENTAL INSURANCE: _____ page 15

Provider Name: Colonial
Group / Policy Number: TBD
Provider Phone Number: 1-800-325-4368
Provider Web Address: www.coloniallife.com

QUESTIONS AND ANSWERS: _____ page 16

FROST INSURANCE: _____

For questions concerning your benefits or for service issues please contact the following:

Account Manager: Maty Gutierrez 210-220-6461 mgutierrez@frostinsurance.com
(Bilingual)

Account Executive: Raul Barberena 210-220-6459 rbarberena@frostinsurance.com
(Bilingual)

AIR FORCE VILLAGE INTRANET SITE: _____

AFV.MyBenefitsView.com

Login: Username- afv

Password- benefits

Medical Insurance- Base HCA Plan



**BlueCross BlueShield
of Texas**

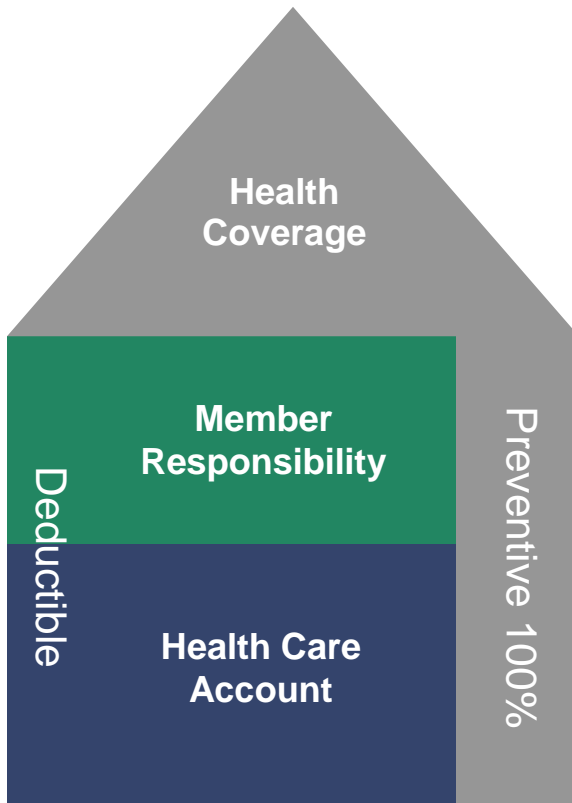
Medical Insurance- Air Force Village will continue to offer two options with BCBS for the 2011-2012 plan year: a Base Health Care Account Plan (pages 3-4) and a Buy Up Preferred Provider Organization (PPO) Plan (page 5).

The Air Force Village sponsored Health Plan will remain with Blue Cross Blue Shield for the 2011-2012 plan year. Our plan allows you the opportunity to use physicians in or out of the network, however, we encourage all employees to try and seek treatment in the BCBS network as the benefits outside the network have more of a financial penalty. **The network to use is: BlueChoice.** BCBS has several networks, be sure to search in the correct network for your provider.

HCA Plan Features*		In-Network	Out-of-Network
Calendar Year Deductible-	Individual Family	\$1,500 \$3,000	
Health Care Account-		\$500 Individual / \$1000 Family Any HCA use reduces the Deductible	
Coinsurance -		80%	60%
Coinsurance Maximum-	Individual Family	\$ 2,000 \$ 4,000	\$ 4,000 \$ 8,000
<i>Maximum Out of Pocket = Deductible + Coinsurance Maximum</i>			
Primary Care Physician's Office Visit		80% covered after Deductible	60% covered after Deductible
Preventive Care Services (once annually)		100% covered / no deductible	60% covered after Deductible
Inpatient Care		80% covered after Deductible	60% covered after Deductible
Outpatient Care		80% covered after Deductible	60% covered after Deductible
Urgent Care Services		80% covered after Deductible	60% covered after Deductible
Emergency Services		80% after Deductible	
Prescription Drug Plan-		80% covered after Deductible	
Mail Order – 90 day supply		80% covered after Deductible	

*Refer to Benefit Summary for complete details on services covered. Limitations or exclusions on Pre-Existing conditions may apply if you have not had previous credible coverage. Please see certificate of coverage for details.

Base HCA Plan- Medical and Prescription expenses will be paid as follows:



Insurance Pays 80%
 Member Pays 20%
Maximum Coinsurance:
 Individual \$2,000
 Family \$4,000

Member Responsibility
 Individual \$1,000
 Family \$2,000

Health Care Account (HCA)
 Individual \$500
 Family \$1,000

Calendar Year Deductible for Plan
 Individual \$1,500 / Family \$3000

Preventive is paid at 100%
Deductible does not apply
Health Care Account does not apply

How a Health Care Account (HCA) works:

AFV makes an annual allocation to a Health Care Account (HCA), for you to spend towards your health care per calendar year. You can use this HCA to pay 100% of covered medical expenses including office visits and prescription drugs without having to spend any money out of pocket. Any amount of the HCA used, reduces the annual deductible.

If you use all of your annual HCA allocation, you will be responsible for a specific out of pocket amount called a deductible, before your health coverage (coinsurance) begins.

If you leave the plan and have not used the funds in your HCA account, note that the money will stay with AFV and unused portions do not roll over from year to year.

Medical Insurance- NEW Buy Up PPO Plan



**BlueCross BlueShield
of Texas**

Medical Insurance-

Air Force Village will continue to offer a PPO Co-pay plan with Blue Cross Blue Shield for the 2011-2012 plan year. This plan covers certain services after a co-pay and allows you the opportunity to use physicians in or out of the network. We encourage all employees to try and seek treatment in the BCBS network, as the benefits outside the network have more of a financial penalty. The network to use is: **BlueChoice**. BCBS has several networks, be sure to search in the correct network for your provider.

PPO Co-Pay Plan Features*		In-Network	Out-of-Network
Calendar Year Deductible-	Individual Family	\$1,000 \$2,000	\$2,000 \$4,000
Coinsurance -		80%	60%
Coinsurance Maximum-	Individual Family	\$ 4,000 \$ 8,000	\$ 8,000 \$ 16,000
<i>Maximum Out of Pocket = Deductible + Coinsurance Maximum</i>			
Primary Care Physician's Office Visit		\$35 Co-pay	60% covered after Deductible
Preventive Care Services (once annually)		100% covered / no deductible	60% covered after Deductible
Inpatient Care-	Facility Physician	80% Deductible waived 80% covered after Deductible	60% covered after Deductible
Outpatient Care		80% covered after Deductible	60% covered after Deductible
Urgent Care Services Co-pay		\$75	60% covered after Deductible
Emergency Services-	Facility Physician	80% after \$150 co-pay; Deductible waived 80% covered after Deductible	
Prescription Drug Plan-	Generic Copay Preferred Brand Copay Non-Preferred Brand Copay	\$ 10 \$ 40 \$ 65	
Mail Order – 90 day supply		3 co-pay's	

*Refer to Benefit Summary for complete details on services covered. Limitations or exclusions on Pre-Existing conditions may apply if you have not had previous credible coverage. Please see certificate of coverage for details.

Paying for Medical Coverage



The bi-weekly premium schedule for the 2011-2012 plan year is shown below. Amounts are reflective of product chosen and years of employment. Dependent children are eligible for coverage up to the age of 26 (whether single or married, student or not).

New Hire to 5 Years of Service

Medical Base HCA Plan Employee Bi-Weekly Contributions				
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Bi-Weekly	\$20.00	\$134.00	\$98.00	\$182.00
Medical Buy-Up PPO Plan Employee Bi-Weekly Contributions				
Bi-Weekly	\$49.00	\$201.00	\$153.00	\$275.00

Continuous Employment (over 5 Years of Service)

Medical Base HCA Plan Employee Bi-Weekly Contributions				
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Bi-Weekly	\$15.00	\$129.00	\$93.00	\$177.00
Medical Buy-Up PPO Plan Employee Bi-Weekly Contributions				
Bi-Weekly	\$44.00	\$196.00	\$148.00	\$270.00

Employees who waive coverage and are not otherwise covered by Air Force Villages insurance coverage are eligible to receive a bi-weekly benefit amount that will be placed in the Flex plan administered by TASC.

Employee Bi-Weekly Benefit for NON Tri-Care Eligible		
New Hires and Up	\$30.00	\$780 Annual
Employee Bi-Weekly Benefit for Tri-Care Eligible		
New Hires and Up	\$12.30	\$320 Annual

Voluntary Dental Insurance



Dental Insurance

Air Force Village will continue to offer Dental Benefits through MetLife for the 2011 - 2012 plan year. You have two dental plans to choose from, both offered at the same cost. Plan 1 provides a richer benefit for those that utilize In Network providers. Plan 2 pays Out of Network providers at a higher rate. If you utilize a dentist that is not in the MetLife network then Plan 2 may be a better fit for you.

Plan 1- In Network Program	Amount You Pay
Annual Deductible (waived for Preventative Services)	\$50 Individual / \$150 Family
Preventative Services (Exams, Cleanings, X-rays)	100% Covered
Basic Services (Fillings, Oral Surgery, Periodontics)	100% Covered after Deductible
Major Services (Crowns, Endodontics, Dentures)	60% Covered after Deductible
Annual Maximum	\$2,000
Child Ortho Services- to the age of 19	50% Covered
Ortho Lifetime Maximum	\$1,500
Out of Network Benefits	Paid according to a negotiated Fee Schedule

Plan 2- Any Provider	Amount You Pay
Annual Deductible (waived for Preventative Services)	\$50 Individual / \$150 Family
Preventative Services (Exams, Cleanings, X-rays)	100% Covered
Basic Services (Fillings, Oral Surgery, Periodontics)	80% Covered after Deductible
Major Services (Crowns, Endodontics, Dentures)	50% Covered after Deductible
Annual Maximum	\$2,000
Child Ortho Services- to the age of 19	50% Covered
Ortho Lifetime Maximum	\$1,500
Out of Network Benefits	Paid at 90 th percentile of UCR*

*UCR- Usual and Customary Rates

Bi-Weekly Employee Contribution			
Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
\$10.39	\$22.20	\$27.76	\$36.61

Vision



Vision

Your vision program is offered through Safeguard/MetLife. This plan includes In and Out of network benefits. If you visit an In network provider you will receive the maximum benefit. If you choose to see an Out of network provider you will be reimbursed for services as outlined in your benefit summary.

Type of Service	In Network Coverage	Out of Network Coverage
Eye Exam (every 12 months)	\$10 Copay	\$35 Reimbursement
Material Copay	\$25 Copay	Reimbursement varies
Standard Lenses (every 12 months)	Standard lenses covered under \$25 Copay	Type of lens purchased dictates reimbursement
Frames (every 24 months)	\$125 Allowance	\$85 Reimbursement
Contact Lens (elective)	\$160 Allowance	\$125 Reimbursement

Employee Bi-Weekly Contributions

Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
\$2.76	\$5.54	\$5.71	\$7.90



Life and AD&D Insurance



MetLife

Basic Life & AD&D Insurance

Air Force Village provides all full-time, Hourly benefits eligible employees with \$25,000 coverage and Salaried benefits eligible employees with \$50,000 of coverage. This includes accidental death and dismemberment (AD&D) insurance. This benefit is paid 100% by Air Force Village. Contact Human Resources to update your beneficiary information.

Employee Assistance Program:

Included with your Basic Life Insurance coverage is an added benefit- an EAP program for all employees and their families. You have access to telephonic consultation as well as 3 face to face visits per year with certified counselors to discuss issues such as Parenting, Care Giving, Relocation, Personal problems, or Stress. You have unlimited access via telephone to counseling.

Voluntary Life Insurance

Employees who want to supplement their group life insurance benefits may purchase additional coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through payroll deductions. Accidental Death & Dismemberment (AD&D) is included in the cost.

Employee

- Coverage is available in \$10,000 increments up to five (5) time's annual salary (Minimum of \$10,000), up to \$500,000, whichever is less.
- **Guarantee Issue Amount (for new hires only):** You can enroll for up to \$100,000 of coverage with NO MEDICAL questions asked.
- **For all employee's-** Any amount over \$100,000 will require an Evidence of Insurability medical questionnaire (pending approval from MetLife).

Spouse

- Coverage is available in \$5,000 increments up to \$250,000 (not to exceed 50% of employees elected benefit amount).
- **Guarantee Issue Amount (for new hires only):** You can enroll your spouse for up to \$25,000 of coverage with NO MEDICAL questions asked.
- **For all employee's-** Any amount over \$25,000 will require an Evidence of Insurability questionnaire (pending approval from MetLife).

Life and AD&D Insurance (continued)



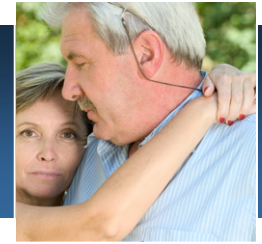
Children (6 months to age 25 if unmarried)

- Minimum benefit amount is \$1,000
- Coverage amounts available are \$1,000, \$2,000, \$4,000, \$5,000, or \$10,000.

Voluntary Life Rates (Spouse based on Employee's age):

Employee Bi-Weekly Deduction for \$10,000 of Life & AD&D										
Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 +
Life	0.41	0.50	0.60	0.73	1.06	1.61	2.72	3.69	6.36	11.67
Child(ren) rate: \$.97 bi-weekly or \$2.10 monthly for all kids (not per child).										
Guarantee Issue: \$100,000 employee, \$25,000 spouse, \$10,000 children										
Benefit	Spouse Benefit Limit – lesser of 50% or \$250,000 Children Benefit Limit – 10% of Employee Benefit									

Disability Insurance



Voluntary Short Term Disability Insurance (STD)

Full-time employees may purchase Short-Term Disability insurance. In the event you become disabled from a non work related injury or sickness, disability income benefits are provided as a source of income. You are not eligible to receive STD benefits if you are receiving workers' compensation benefits.

	Short-term Disability
Elimination Period	14 days for Accident or Illness
Percentage of Weekly Income Replaced	60%
Maximum Weekly Benefit	\$1,500
Maximum Benefit Period	Maximum Benefit Duration is 24 weeks
Pre Existing Limitation	None
*Rate per \$10 of coverage	\$0.50

Voluntary Long Term Disability Insurance (LTD)

Full-time employees may purchase Long-Term Disability insurance. In the event you become disabled for a long period of time, or permanently, from a non work related injury or sickness, disability income benefits are provided as a source of income. You are not eligible to receive LTD benefits if you are receiving workers' compensation benefits.

	Long-term Disability
Elimination Period	180 Days
Percentage of Monthly Income Replaced	60%
Maximum Monthly Benefit	\$5,000
Maximum Benefit Period	Age 65 / SSNRA
Pre Existing Limitation	3/12 Exclusion
*Rate per \$100 of coverage	\$.0616

***Please refer to the MetLife Benefit summary for STD & LTD for a chart with calculated rates based on different coverage amounts.**

Flexible Spending Accounts (FSA)



Flexible Spending Accounts

Air Force Village provides you the opportunity to pay for out-of-pocket medical, dental, vision and dependent care expenses with pre-tax dollars through the Flexible Spending Account. You must enroll/re-enroll in the plan to participate for the plan year July 1, 2011- June 30, 2012. You can save approximately 25% of each dollar spent on these expenses when you participate in the FSA. Health Reimbursement Account expenses are limited to \$2,000 per plan year. Dependent Care Reimbursement Account expenses are limited to \$5,000 per plan year, or \$2,500, if married and filing separately.

Health Care Reimbursement FSA

Flexible Spending Accounts provide you the opportunity to pay for out-of-pocket medical, dental, and vision care expenses with pre-tax dollars. You may also contribute pre-tax dollars to this plan for eligible out-of-pocket expenses even if you do not participate in the medical, dental or vision plans.

Dependent Care FSA

The Dependent Care FSA lets Air Force Village employee's use pre-tax Dollars towards qualified dependent care such as caring for children under the age 13 or caring for elders. Examples include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

What Are The Rules For Flexible Spending Accounts?

Be sure to choose your annual elections carefully. Please remember you cannot change your benefit elections during the Plan Year, unless you have a qualified change in status, such as (Please refer to Summary Plan Description for details of qualified changes):

- Marriage
- Birth or Adoption
- Death
- Employment status change for employee or spouse

Key Points

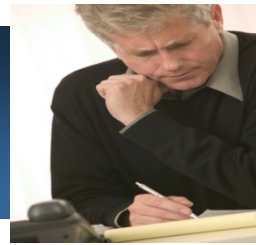
- The maximum annual contribution to the Health Care Spending Account is \$2,000.
- The maximum annual contribution to the Dependent Care Account is \$5,000.
- The Plan Year is July 1, 2011 – June 30, 2012.
- Services must be incurred in the plan year to be reimbursable
- Dependents do not have to be covered under Air Force Village's group medical plan or group dental plan for their expenses to be reimbursable under the Health Care Spending Account.

Examples of Expenses Eligible for Health Care Reimbursement Accounts

- Acupuncture
- Alcoholism
- Ambulance hire
- Artificial limbs/teeth
- **Birth Control pills**
- Birth prevention surgery
- Braces
- Braille-books and magazines
- Care for handicapped child
- **Chiropractors**
- **Co-insurance**
- Communication equipment/deaf
- Contact lenses and cleaning solutions
- Crutches
- **Deductibles**
- **Dental fees**
- Dentures
- Diagnostic fees
- Drug and medical supplies
- Education for the blind
- **Eyeglasses, including exam fee**
- Healing service fee
- Hearing devices and batteries
- Home improvements motivated by medical consideration
- **Hospital bills/hospitalization insurance**
- Insulin
- Laboratory fees
- Lasik Eye Surgery
- Lead base paint removal for children with lead poisoning
- Needed medical supplies, prescribed by doctor
- Nurses' fees
- Obstetrical expenses
- Operations
- **Orthodontia**
- Orthopedic shoes
- Osteopaths
- Oxygen
- **Prescribed medicines**
- Psychiatric care
- Psychologist fees
- Routine physicals and other non-diagnostic services and treatments
- "Seeing Eye" dog and its upkeep
- Sterilization fees
- Surgical fees
- Therapeutic care for drug/alcohol addiction
- Therapy treatments
- Tuition at special school for handicapped
- Wheelchair
- Wigs (prescribed by a physician)
- X-rays

** This list is to serve as a reference only. It is not a complete list of deductible expenses, nor is it an item-by item approved list of expenses by the Internal Revenue Service (IRS) as determinations made by the IRS may vary from year to year. For a full list visit: http://www.irs.gov/publications/p502/ar02.html#en_US_publink1000178885*

Legal Assistance Plan



Participating Attorneys

This is a voluntary program that is payroll deducted if you enroll. You have access to Attorney's to help guide you in different life situations. **When you use a participating Attorney for a covered service, the plan pays for all of the attorney's time in full and there are no copayments or deductibles.** Refer to your Texas Legal Protection Plan Brochure for detailed plan coverage and exclusions. Covered services are available to you (and your dependents- if enrolled) one time per year, per family. The covered services are:

- Court Adoption Proceedings
- Consumer Protection
- Estate Planning (Will, Power of Attorney, Living Will, Codicil)
- Name Change
- Bankruptcy Court Proceedings (personal Non-business related)
- Divorce, Separation, & Annulment
- Habeas Corpus Court Proceedings
- Defense of Insanity or infirmity proceeding

Protection Benefits

These services are available to you a the defendant or respondent of the legal matter:

- Defense of Civil Action
- Defense of Felony Charge
- Defense of Insanity or Infirmity Proceeding
- Defense of Misdemeanor Charge (including traffic charges)
- Defense of Misdemeanor- License Suspension
- Defense of Driving While Intoxicated
- Juvenile Court Proceedings (Family Coverage Required)

Additional Points:

Preventive Legal Services- is a category of service that offers an additional four (4) hours of attorney time per plan year for legal advice, correspondence, negotiation and document preparation.

Non-Participating Attorneys- If you use an attorney who does not participate in this program, coverage is available on an "Indemnity" basis; you will be partially reimbursed for the costs of covered legal services up to a specified dollar amount.

Employee Annual and Monthly Contributions		
Cost	Individual	Family
Monthly Bank Draft	\$10.82	\$15.16

Supplemental Insurance



Supplemental Insurance –

Colonial allows you to purchase individual, choice-driven coverage's as an additional payroll deduction. Below is an overview of these products. Colonial will be available to meet with you individually to go over specific product information.

- **Hospital Confinement Insurance** - *Hospital Confinement, Surgical*
- **Critical Illness** - *Heart Attack, Blindness, Coma, Major Organ Failure, Stroke*
- **Accident** – *Emergency Treatment, Follow-up Treatment, Initial Hospitalization, Hospital Confinement, Physical Therapy, Accidental-Death, Wellness*
- **Cancer** – *First Occurrence, Hospital Confinement, Medical Imaging, Radiation & Chemotherapy, Cancer Screening, Wellness, Transportation, Lodging*

Questions & Answers

Q: *What is Open Enrollment?*

A: Open Enrollment is the only time of year to add or delete dependents unless you have a Family Status Change occur. Open Enrollment is from June 2, 2011 – June 9, 2011. A Family Status Change would be: marriage, divorce, death, birth or adoption of a child or if your spouse loses their coverage elsewhere. In the event of a qualifying event, you have 30 days to notify HR of your wish to make a change in your dependent coverage.

Q: *Will I receive a new medical ID card?*

A: No, only if you make a plan change or add dependents will you receive a new ID card.

Q: *If I am canceling my coverage or dropping a dependent from my plan, when is the last day of my coverage?*

A: The last day of your coverage will be June 30, 2011.

Q: *I am enrolling or changing to a new plan/adding a dependent to my plan, when is the first day of my coverage?*

A: The first day of your coverage will be July 1, 2011.

Q: *At what age can my dependent no longer be covered under my medical plan?*

A: Your dependent is eligible for coverage regardless of marital or student status up to the age of 26.

Notes

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.