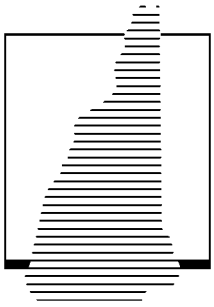

In This Booklet:
- ID Cards (back cover)
- Claim Forms (to copy)
- Benefits Explained
- Details on Exclusions
- Important Phone #'s

benefit value℠
accident and sickness insurance plan

PLAN INFORMATION SUMMARY

for

University System of New Hampshire

Employees & Their Dependents

If you have questions...

Call 1-800-800-8121

Monday through Friday, 8 a.m. to 8 p.m. Eastern Time.

SRC
Strategic Resource Company
PO Box 23759
Columbia, SC 29224-3759

Este folleto contiene un resumen en inglés de su Programa de Beneficios de Grupo. Si usted tiene dificultad en entender cualquier parte de este folleto llame al númerogratuito 1-800-800-8121. Nuestros representantes de consulta están disponibles de8:00 a.m. a 8:00 p.m., de lunes a viernes (hora del Este) para darle asistencia en español.

CONTINENTAL ASSURANCE COMPANY CNA INSURANCE IN TOUCH WITH YOUR WORLD

CORE

CORE MEDICAL PLAN

OUTLINED BELOW IS THE PLAN AVAILABLE UNDER THE MEDICAL INSURANCE PROGRAM.

BENEFIT VALUE MEDICAL INSURANCE PLAN
BENEFITS TABLE
Doctor's Office Visit Benefit
• $10 Co-payment per visit. • Pays for visit at 100% and at 80% for related services. • Counts toward Medical Expense Benefit maximum. Related services subject to Medical Expense Benefit Deductible. • Routine physical exams not covered.
Medical Expense Benefit
• $50 Coverage Year Deductible. • Pays at 80% up to $1,000 per Coverage Year ($2,000 per Coverage Year for medical expenses related to cancer treatment).
Additional Accident Benefit *(Expenses must be incurred within 90 days of the Injury to be covered.)*
• $50 per Occurrence Deductible. • Once $1,000 Medical Expense Benefit used up, pays at 80% up to $5,000 per Occurrence. • Limited to 2 Occurrences per Coverage Year.
Accidental Death Benefit
• $25,000.

Discount Vision Care and Prescription Drug Program
As a Benefit Value Covered Person, you are automatically enrolled in a vision care and discount prescription drug program. All prescription drugs are eligible for discounts. Vision care and eyewear is also available at a discount.
This is a discount program, not insurance coverage.

IMPORTANT NOTICE

IF YOU ENROLL WITHIN 30 DAYS OF BECOMING ELIGIBLE, YOUR COVERAGE BEGINS THE FIRST DAY OF THE PAY PERIOD FOLLOWING THE PAY PERIOD IN WHICH A DEDUCTION OCCURS.

DESCRIPTION OF THE BENEFIT VALUE INSURANCE PLAN

The Benefit Value medical coverage is underwritten by the Continental Assurance Company, a CNA company. CNA is a registered service mark, trade name and domain name of the CNA Financial Corporation. Coverages, features, limitations and exclusions may vary by state. This is not a contract. Only the insurance policies can provide the actual terms, coverages, amounts, conditions, limitations and exclusions. The medical coverages are provided under Continental Assurance Company Policy Form No. R-HP series. For complete details about your coverages, please call SRC to obtain a copy of the policies & certificates provided to your employer.

EACH EMPLOYEE AND EACH INSURED FAMILY MEMBER OR DOMESTIC PARTNER RECEIVES THE FOLLOWING BENEFITS FOR NECESSARY TREATMENT OF A NON-OCCUPATIONAL INJURY OR SICKNESS.

Doctor's Office Visit Benefit: The Covered Person is responsible for the Copayment for the Doctor's Office Visit Benefit listed in the Benefits Table. BENEFIT VALUE will then reimburse 100% of the remaining Usual and Customary Charge for the office visit fee. Any related Covered Expenses, such as allergy testing or diagnostic testing, are reimbursed at 80% of the Usual and Customary Charge. The benefit amount, whether paid to the Covered Person or the doctor, counts toward the Medical Expense Benefit Coverage Year maximum. The Copayment does not count towards the Deductible for the Medical Expense Benefit. The Covered Person may go to any doctor.

Medical Expense Benefit: After the Covered Person meets the Coverage Year Deductible, BENEFIT VALUE pays 80% of the Usual and Customary Charges incurred for Covered Expenses until it has paid the total amount shown for this benefit in the Benefits Table during the Coverage Year.

Additional Accident Benefit: Once a Covered Person has exhausted the Medical Expense Benefit for the Coverage Year, this benefit reimburses the Covered Person for Covered Expenses incurred for Injuries. After the Covered Person meets the per Occurrence Deductible, BENEFIT VALUE pays 80% of the Usual and Customary Charges up to the maximum stated in the Benefits Table for the Coverage Year. To be covered, charges must be incurred within 90 days after the Accident occurs.

Accidental Death Benefit: If Injury results in the death of a Covered Person within 365 days after the date of the Accident, the beneficiary will be paid the Accidental Death Benefit shown in the Benefits Table. The death can be caused by either an occupational or a non-occupational Injury.

Discount Vision Care and Prescription Drug Program *(This is a discount program, not insurance coverage)*: The BENEFIT VALUE participant will be enrolled automatically in VisionRx, a national network of over 25,000 pharmacies, which offers discounted prescriptions and discount vision care. All prescription drugs are eligible for discounts, including brand names and generics.

KEY TERMS USED IN THIS BOOKLET

The key terms used in this booklet to describe the medical insurance plans are explained below. They are capitalized wherever they appear in this booklet.

What is an Accident? An Accident is a sudden, unexpected and unforeseen, identifiable event producing at the time objective symptoms of an Injury. The Accident must occur while the Covered Person is insured under the Benefit Value policy.

What is a Coverage Year? A Coverage Year is a consecutive 12-month period or part of such period beginning on an insured employee's effective date of coverage under the Benefit Value policy and ending on the insured employee's certificate anniversary date, subject to the provisions outlined below under "When Does Insurance Coverage End?" On each certificate anniversary date, a new Coverage Year starts for an insured employee who still meets the eligibility requirements. For benefits with a Coverage Year Deductible, a new Deductible will need to be satisfied for each new Coverage Year.

What is a Covered Expense? A Covered Expense is a charge for a medical service, supply or for equipment that is covered under the Benefit Value policy. These are typically expenses for hospital confinement, doctor's services, operating and recovery rooms and diagnostic tests. The complete list of Covered Expenses appears in the Benefit Value policy and certificate.

Who is a Covered Person? You (the employee) are a Covered Person and so are any of your dependents who are insured under the Benefit Value policy.

What are Deductibles and Copayments? A Deductible is the amount of money the Covered Person must pay during each Coverage Year or for each Occurrence before the Benefit Value policy pays benefits for the Injury or Sickness. A Copayment is the amount of money the Covered Person must pay for each doctor's office visit.

What is an Occurrence? An Occurrence is a period of Injury or Sickness. An Occurrence ends when 60 consecutive days have passed during which the Covered Person:

1. Receives no medical treatment, services, or supplies for an Injury or Sickness; and
2. Neither takes any medication, nor has any medication prescribed, for an Injury or Sickness.

What is an Injury? An Injury is bodily injury caused by an Accident. The Accident must occur while the Covered Person is insured under the Benefit Value policy. It must also result directly and independently of all other causes in loss covered by the policy.

What is Necessary Treatment? Necessary Treatment is medical treatment which is consistent with currently accepted medical practice, as described in the Benefit Value policy and certificate. Any medical device, drug or pharmaceutical agent, procedure or treatment, or confinement or expense in connection with the treatment which is experimental/investigational in nature, as described in the Benefit Value policy and certificate, is not considered Necessary Treatment.

What is an Open Enrollment Period? An Open Enrollment Period is a specific number of days each year during which the employee and any dependents may enroll for coverage under the Benefit Value policy.

What is a Pre-Existing Condition? A pre-existing condition is any condition for which the Covered Person was medically diagnosed, treated by, sought advice from, or consulted with, a doctor during the 6 months before becoming insured under the Benefit Value policy.

What is a Sickness? Sickness is an illness or disease which causes loss covered by the Benefit Value policy. The loss must start while the Covered Person is insured under the policy. Pregnancy is considered a Sickness.

What is a Usual and Customary Charge? A Usual Charge is the fee regularly charged and received for a given service by the health care provider.

A Customary Charge is the charge that does not exceed the general level of charges being made by providers of similar training and experience when furnishing customary treatment for a similar Sickness, condition or Injury. The locality where the charge is incurred will also be considered. The term "locality" means a country or such greater area as is necessary to establish a representative cross section of providers regularly furnishing the type of treatment, services or supplies for which the charge was made.

IMPORTANT QUESTIONS ABOUT HOW THE BENEFIT VALUE INSURANCE PLANS WORK

What are the rules for payment of Covered Expenses under the Benefit Value policy?

For a benefit to be paid, the medical service, supply or equipment must:

1. Be administered and ordered by the attending doctor;
2. Be Necessary Treatment for the diagnosis and treatment of the Sickness or Injury; and
3. Not be excluded by the Benefit Value policy.

In addition, under the Additional Accident Benefit, only charges incurred within 90 days after the date of the Accident are considered Covered Expenses.

What qualifies as an inpatient (hospital confinement) expense?

To qualify as a Covered Expense, an inpatient (hospital confinement) expense must be the result of a hospital stay for which the hospital bill includes at least one day of inpatient room and board charges, excluding observation and recovery rooms.

Are Pre-Existing Conditions covered under the Benefit Value policy?

Pre-Existing Conditions are not covered under the Benefit Value policy until the earlier of:

1. The end of a continuous period of 6 months of coverage under the policy, during which no expense is incurred, no diagnosis, treatment, or advice is received, and a doctor is not consulted as a result of the Pre-Existing Condition or a related condition; or
2. 12 months of continuous coverage under the policy.

Pre-Existing Conditions are covered for newborns or adopted children. A pregnancy is not considered a Pre-Existing Condition. Any periods stated above during which Pre-Existing Conditions are not covered are reduced by the period of time the Covered Person was previously insured for the condition under a prior plan with creditable coverage immediately prior to becoming insured under the Benefit Value policy if the Covered Person became insured under the Benefit Value policy within 63 days after termination of coverage under the prior plan.

What is excluded from coverage under the Benefit Value policy?

Medical coverage is not provided for services, supplies or equipment for which a charge is not customarily made in the absence of insurance or which are not for Necessary Treatment of an Injury or a Sickness. Prescription drugs are not covered.

No medical coverage is provided for loss caused by or resulting from:

1. Charges for routine physical examinations (unless required by law);
2. Injury or Sickness arising out of or in the course of employment; or which is compensable under any workers' compensation or occupational disease act or law;
3. Declared or undeclared war; or act of war;
4. Expenses which are not approved by a doctor;
5. Cosmetic surgery. This does not apply to:
   a. Reconstructive surgery incidental to or following surgery resulting from trauma, infection, or other diseases of the involved part; or
   b. Reconstructive surgery because of a congenital disease or anomaly of a Covered Person; or
   c. Reconstructive surgery on a non-diseased breast to restore and achieve symmetry between two breasts following a mastectomy;
6. Eye examination for the purpose of prescribing corrective lenses or for the fitting of glasses;
7. Glasses, hearing aids, or contact lenses except contact lenses when required because of surgery;
8. Charges made by a health care provider if related to the Covered Person or living with the person requiring treatment;
9. Any period of custodial care confinement in a hospital or skilled nursing facility;
10. Charges for home health care services, unless provided in lieu of a hospital confinement.
11. The Covered Person's commission of a felony;
12. Intentionally self-inflicted Injury or Sickness;
13. Dental care and dental treatment, except that required by Injury & rendered within 90 days of the Injury;
14. Treatment which is determined to be experimental or investigational; or
15. Injury sustained while the Covered Person is:
    a. Legally intoxicated or under the influence of alcohol as defined by the jurisdiction in which the Accident occurs; or
    b. Voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a doctor.

No coverage is provided for an Accidental death caused by or resulting from:

1. Declared or undeclared war; or any act of war;
2. Suicide or any attempt at it while sane; or self-destruction or any attempt at it if the Covered Person is insane;
3. Medical or surgical treatment of Sickness;
4. Riding in, or boarding or alighting from any aircraft owned, operated, chartered or leased by or on behalf of the employer; or
5. Riding in, or boarding or alighting from any aircraft while a pilot or crew member of the aircraft.

May I obtain coverage for my dependents?

Benefit Value provides the coverage as described in this booklet for each of your eligible dependents whom you elected to have covered. Your eligible dependents are your legal spouse or same sex domestic partner and your unmarried dependent children under 19 years of age. This includes any adopted children, stepchildren or other children who depend on you for support and have a parent-child relationship with you. The age limit is through age 25 if the child is enrolled full-time in an accredited school or college and is financially dependent on you for support. Coverage continues for any child who reaches the age limit if the child is totally incapable of self-sustaining employment due to physical or mental handicap and dependent on you for support and maintenance.

Your dependents' coverage starts on the same day as your coverage starts, if your dependents were enrolled at the same time as you enrolled and if their premium has been paid.

May I obtain coverage for my newborn or adopted child?

Your newborn will automatically become insured as a dependent. Coverage starts on the date of birth. Coverage is the same as for other covered dependent children. Coverage is also provided for congenital defects, birth abnormalities, prematurity and routine nursery care.

If additional premium is required for the child, insurance terminates 31 days after the date of birth, unless you provide a Change Form (which you can obtain from your Human Resource Office or SRC) and pay the required premium.

Other children, such as your adopted children, may also be covered, as described in the Benefit Value policy and certificate.

If I, or any of my dependents, do not enroll within 31 days of becoming eligible, may enrollment occur at a later date?

Enrollment in the plan for you, and your dependents, will only be permitted as a special enrollee or during an Open Enrollment Period. A special enrollee is a person who experiences one of the following events:

1. Loses other health coverage;
2. Becomes a dependent or acquires a dependent due to marriage;
3. Becomes a dependent, or acquires a dependent, due to birth, adoption, or placement for adoption in your home; or
4. Has a court order requiring coverage to be provided for a spouse or a dependent child.

When does insurance coverage end?

Your insurance ends on the earliest of the following:

1. The date ending the last period for which you made any required premium contribution;
2. The date you are no longer a member of a class eligible for insurance; or
3. The date you enter the armed forces of any country; membership in the reserves is not deemed entry into the armed forces.

The insurance of a covered dependent ends on the earliest of:

1. The date your insurance ends;
2. The date the dependent no longer is a dependent as defined in the Benefit Value policy and certificate; or
3. The date the dependent enters the armed forces of any country; membership in the reserves is not deemed entry into the armed forces.

However, if an unmarried insured dependent child is incapable of self-support due to mental retardation or physical handicap and dependent upon you for support and maintenance, the child's insurance will not end because of age. Due proof of the child's incapacity will be required within 31 days after the child reaches the termination age for children.

The insurance for the child may be continued for as long as:

1. The incapacity and dependency continues; and
2. Your insurance remains in force.

How do I file a claim for medical benefits?

Filing a claim for your medical benefits is an easy task:

1. You need to complete the medical claim form included in this booklet (at least once annually);
2. Attach your medical bills to the form; and
3. Mail it to: **Strategic Resource Company**
   P.O. Box 23759
   Columbia, SC 29224-3759
4. If you have a question, please call: 1-800-869-0808.

NOTE: *If your provider submits the claim, you still need to complete steps 1 & 3.*

All medical bills must be original itemized statements which include the following:

1. Procedure and diagnosis codes or descriptions;
2. Dates of service; and
3. Hospital's or doctor's name, address and Federal Tax Identification Number;

(Photocopies and balance due statements are not acceptable proof of expense).

What should my beneficiary do in the event of my accidental death?

Your beneficiary should contact **Strategic Resource Company** for a claim form. Instructions on how to complete the form will be included.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT (NMHPA)

Special Rights Upon Childbirth

Group health plans and health insurers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

This Act does not change the benefit limits or Deductibles of BENEFIT VALUE.

IMPORTANT MASTECTOMY NOTICE

Reconstructive Surgery After Mastectomies

Effective October 21, 1998, Congress enacted the Women's Health and Cancer Rights Act. The Act stipulates that any health plan that provides medical benefits for a mastectomy must also provide coverage for breast reconstruction if the Covered Person chooses to receive it.
Specifically, any patient who is covered for mastectomy is also covered for:

1. Reconstruction of the breast on which the mastectomy was performed;
2. Reconstruction of the other breast to achieve symmetry; and
3. Prostheses and physical complications of all stages of mastectomy including lymphedema.

This Act does not change the benefit limits or Deductibles of BENEFIT VALUE.

OPTIONAL CONTINUATION OF MEDICAL COVERAGE

As an employee of an employer who is subject to Public Law 99-272 (COBRA), you have the right to choose this continuation coverage if you lose your group health coverage because of a reduction in your hours of employment, or the termination of your employment (for reasons other than gross misconduct on your part), or if you are a retiree, for the reasons specified below.

If you are the spouse of an employee (or a retiree for reason 5. below) covered under this plan, you have the right to choose continuation coverage for yourself if you lose group health coverage under this plan for any of the following reasons:

1. The death of your spouse;
2. A termination of your spouse's employment (for reasons other than gross misconduct) or reduction in your spouse's hours of employment;
3. Divorce or legal separation from your spouse;
4. Your spouse becomes covered by Medicare; or
5. Your spouse's Employer files for Chapter 11 reorganization.

A dependent child of an employee (or a retiree for reason 6. below) covered under this plan has the right to continuation coverage if group health coverage is lost for any of the following 6 reasons:

1. The death of a parent;
2. The termination of a parent's employment (for reasons other than gross misconduct) or reduction in a parent's hours of employment;
3. Parents' divorce or legal separation;
4. A parent becomes covered by Medicare;
5. The dependent ceases to be a "dependent child" under this plan; or
6. The parent's Employer files for Chapter 11 reorganization.

Under this law, the employee or a family member has the responsibility to inform their Human Resource Office of a divorce, legal separation, or a child losing dependent status under this plan within 60 days of the qualifying event.

The employee or a family member also has the responsibility of notifying their Human Resource Office of the Social Security determination of any family member that was covered by this plan, if the family member was disabled at any time during the first 60 days of continuation coverage.

You or your dependent has the responsibility to notify your Human Resource Office of your termination of employment, reduction in hours, or Medicare enrollment. In the case of death, you or your dependent has the responsibility to notify your Human Resource Office and Strategic Resource Company.

When Human Resource Office is notified that one of these events has happened, Strategic Resource Company will in turn notify you that you have the right to choose continuation coverage. Under the law, you have at least 60 days from the date of notice of your COBRA continuation of coverage rights to inform Strategic Resource Company that you want continuation coverage.

If you do not choose continuation coverage, your group health insurance coverage will end.

If you choose continuation coverage, Strategic Resource Company is required to give you coverage which, as of the time coverage is being provided, is identical to the coverage provided under this plan to similarly situated employees or family members. The law requires that you be afforded the opportunity to maintain continuation coverage for 3 years unless you lost group health coverage because of a termination of employment or reduction in hours. In that case, the required continuation coverage period is 18 months unless you are totally disabled in which case the extension may continue for up to 29 months when the Social Security Administration determines that you, or another family member covered by this plan at the time of termination of employment or reduction in hours, were determined to have been disabled at any time during the first 60 days of continuation coverage and you inform the Strategic Resource Company before the end of the 18-month period. If during an 18-month continuation coverage period another event takes place that might otherwise result in your health coverage ending, coverage may be extended. In no case, other than for a covered retiree and the retiree's covered family members during the company's bankruptcy proceedings, may the total amount of continued coverage be more than 36 months. However, the law also provides that your continuation coverage may be cut short for any of the following reasons:

1. The employer no longer provides group health coverage to any of its employees.
2. The premium for your continuation coverage is not paid in a timely fashion.
3. You become covered under another group health plan, and any pre-existing conditions exclusions or limitations of that plan do not apply or are satisfied by you. (This provision applies individually to each person with COBRA coverage).
   A plan's pre-existing conditions limitation period will be reduced by each month that you and your family had continuous health coverage (including COBRA continuation coverage) with no break in coverage greater than 63 days.
   When your COBRA coverage ends, you will receive certification of the duration of your COBRA coverage.
4. You become covered by Medicare.

You do not have to show that you are insurable to choose continuation coverage. However, under the law, you may have to pay all or part of the premium for your continuation coverage; you will have a grace period of at least 30 days to pay the premium. In addition, at the end of the 18 month, 29 month, or 3 year continuation coverage period, you must be allowed to enroll in a conversion health plan provided under this plan.

If you have any questions about the law or the conversion health plan, please contact Strategic Resource Company.

EXTRA-TERRITORIAL INFORMATION

Some states require that certain benefits or provisions be provided to their residents regardless of where the group insurance policy that covers those residents is issued. If you are a resident of one of those states, your state's requirements will apply to you in place of the benefits or provisions in this booklet when those requirements provide a greater benefit or right than described in this booklet.

HOW TO USE THE BENEFIT VALUE PROGRAM

BENEFIT VALUE Insurance ID Cards

There are two ID cards on the back cover of this booklet. Write your Social Security Number on the card and sign it. Cut out the ID card and carry it with you in your wallet. Give the second ID card to your insured dependent.

Making a Doctor's Appointment

When you call the doctor's office, be sure to tell them that your plan is BENEFIT VALUE and the insurance company is the Continental Assurance Company. Tell them that your plan is not an HMO or PPO and that you are allowed to see any doctor of your choice. You can also offer the phone number on your insurance ID card (803-736-6463) for the doctor to verify coverage.

The Day of Your Appointment

Show your BENEFIT VALUE insurance ID card when you check in for your appointment. Your ID card has a phone number (803-736-6463) that the office can call to verify that you are insured. You may be required to pay for your visit on the same day. It is up to the doctor's office policy whether they will want money immediately, or whether they will submit a claim to BENEFIT VALUE for reimbursement.

Submitting Claims

For a medical claim, follow the procedures listed in the section of this booklet titled **How do I file a claim for medical benefits?** For a claim under the Accidental Death Benefit, follow the procedures listed under **What should my beneficiary do in the event of my accidental death?**

For a death claim under the Accidental Death Benefit, the claim form must be sent within 90 days after the date of death. For a medical or disability claim, the claim form must be sent within 90 days after the date the Covered Person incurs the loss. If it is not reasonably possible to give the proof within 90 days, a claim is not affected if the proof is sent as soon as reasonably possible. But, unless the Covered Person is legally incapacitated, written proof must be given within 1 year of the time it is otherwise required.

Using Your Prescription and Vision Discount Program

As a BENEFIT VALUE participant, you have been automatically enrolled in VisionRx, a network of pharmacies and vision care centers that have contracted with BENEFIT VALUE to offer prescriptions and vision care at a discounted price. This is not an insurance benefit.

1. Take your prescription(s) to a participating VisionRx pharmacy.
2. Show the pharmacist your discount program ID card in order to receive your discount.
3. You must pay the pharmacist for the prescription when you receive it.
4. If you are unable to find a participating pharmacy or vision care center in your area, call the following numbers:

Pharmacy Locations:	1-888-246-7996
Vision Locations:	1-877-881-7272
Or, visit	www.locateproviders.com

VisionRx Member Terms and Conditions: Savings are based upon the provider's usual and customary fees. Actual savings will vary depending upon location and specific services or products purchased. The discounts contained herein may not be used in conjunction with any other discount plan or program. All listed or quoted prices are current prices by participating providers and subject to change without notice. From time to time, certain providers may offer products or services to the general public at prices lower than the discounted prices available through this program. In such event, members will be charged the lowest price. Providers are subject to change without notice and benefits may vary in some states. This is a discount membership program only, not insurance, and may be discontinued or modified at anytime. All companies providing benefits and discounts in this program are not licensed insurers, health maintenance organizations, or other underwriters of health care services. No portion of any provider's fees will be reimbursed or otherwise paid. At any time, a Participating Professional may be eliminated from the respective network in which they are associated. All companies providing benefits and discounts in this program are not licensed to provide medical services or items to individuals. Providers contracted by each network associated with this program are solely responsible for the professional advice and treatment rendered to members and each company disclaims any liability with respect to such matters.

THE FOLLOWING ARE DISCOUNT PROGRAMS. THEY ARE NOT INSURANCE BENEFITS.

RETAIL PHARMACY SAVINGS - AT YOUR LOCAL PHARMACY

- Save up to 50% on most medications
- Welcome at participating chain and independent pharmacies nationwide

How to use this program

1. Visit www.locateproviders.com or call 1-888-246-7996 to locate participating pharmacies in your area.
2. Present this card, along with your prescription(s) to the pharmacist. Please do not call the pharmacy for price quotes because they cannot give them to you over the telephone.
3. If you experience any difficulties in using the pharmacy program, please call or ask the pharmacist to call our pharmacy help desk.

Note: Some pharmacies may already be selling their maintenance medications (prescribed to treat on-going ailments such as high blood pressure and arthritis) and some short-term prescriptions as "loss leaders" in order to attract more business. In these instances, your price may not be less than the pharmacy's regular price. However, you will never pay more than the pharmacy's advertised price. You are always assured the best price possible in that store on that day for your medications.

RETAIL PHARMACY SAVINGS - THROUGH MAILORDER

- Savings and convenience
- Delivered directly to your door!

How to use this program

1. Call 1-800-293-2202 and give the representative the brand name, strength and quantity of the medication(s) you wish to order.
2. To order, complete the attached patient profile form and mail it with a valid doctor's prescription and a check or credit card information to: PrecisionRx, P.O. Box 961025, Fort Worth, TX 76161.
3. Please allow 7 to 14 days to receive your prescription(s).

VISION CARE SAVINGS

We took a great idea one step further with savings on eye care and eyewear with EyeMed Vision Care. EyeMed's network has over 3,500 locations, including LensCrafters, private practice optometrists, ophthalmologists and opticians.

VisionRx members see for less!

- 35% off frames, lenses and accessories
- 20% of eye exams and most contact lenses

Discount is applied to the provider's usual and customary charges and is not applicable to contact lens fitting and follow-up services.

HOW TO USE THIS PROGRAM

How to use this program

1. Look at the provider list, visit www.locateproviders.com, or call 1-877-881-7272 to locate participating providers in your area.
2. Please reference EyeMed when calling a participating provider for an appointment. You must show your membership card to the eyewear provider at the time of service to receive your discount.

FOR PROVIDERS IN YOUR AREA:

Pharmacy Locations..... 1-888-246-7996
Vision Locations..... 1-877-881-7272
Prescriptions by Mail.....1-800-293-2202

or visit

www.locateproviders.com

Missed Premium Deduction Form

MAKE A COPY OF THIS FORM

FORM INSTRUCTIONS

To ensure your coverage is continuous (without lapses) when a payroll premium deduction or deductions were missed:

1. Make a copy of this form.
2. Complete the form. If more than one pay period was missed, please include all beginning and ending dates
3. Attach a personal check, money order, or cashier's check for the full premium payment due, made payable to Strategic Resource Company
4. Return the form and your premium payment to the address below within 45 days from the missed pay period(s).

NOTES

- You may not make a direct payment to continue your coverage if you have never had a premium payment deducted from your paycheck or if you are no longer eligible.
- If you have been terminated you may not make up missed premium payments. Instead, you will be notified of any rights that you have to continue coverage under COBRA.

EMPLOYEE INFORMATION

COMPANY NAME		
EMPLOYEE NAME (last, first, middle)		EMPLOYEE SOCIAL SECURITY NUMBER - -
PAY PERIOD BEGINNING DATE(S)	PAY PERIOD ENDING DATE(S)	TODAY'S DATE
EMPLOYEE SIGNATURE		

RETURN FORM & PAYMENT TO:

Strategic Resource Company
ATTN: Missed Premium Department
P.O. Box 23759
Columbia, SC 29224-3759

QUESTIONS?

Call the SRC Customer Service Center, Monday through Friday, 8 a.m. to 8 p.m. Eastern Time. Spanish-speaking representatives are available. *The toll-free phone number is:*

1-800-800-8121

YOU MUST RETURN THIS COMPLETED FORM WITH YOUR PAYMENT.

ORDER FORM AND PATIENT PROFILE

To begin accessing your pharmacy by mail benefits simply fill in the following information.

MEMBER'S NAME	DATE OF BIRTH (MM/DD/YY): / /	☐ MALE ☐ FEMALE
MEMBERSHIP NUMBER	GROUP NUMBER	

DRUG ALLERGIES

☐ NONE ☐ PENICILLIN ☐ CODEINE ☐ SULFA ☐ ASPIRIN ☐ OTHER:_____

DOCTOR'S NAME	PHONE NUMBER ( )	
SPOUSE'S NAME	DATE OF BIRTH (MM/DD/YY): / /	☐ MALE ☐ FEMALE

DRUG ALLERGIES

☐ NONE ☐ PENICILLIN ☐ CODEINE ☐ SULFA ☐ ASPIRIN ☐ OTHER:_____

DOCTOR'S NAME	PHONE NUMBER ( )

MEMBER ADDRESS

CITY STATE ZIP	DAYTIME PHONE NUMBER ( )	HOME PHONE NUMBER ( )

I WOULD LIKE CHILD-PROOF CAPS ☐ YES ☐ NO *CHILD-PROOF CAPS ARE USED FOR SAFETY IN SHIPPING*

SUBSTITUTE FOR GENERIC MEDICATION, WHERE AVAILABLE? ☐ YES ☐ NO

CHILD'S NAME	CHILD'S NAME
DATE OF BIRTH (MM/DD/YY): / / ☐ MALE ☐ FEMALE	DATE OF BIRTH (MM/DD/YY): / / ☐ MALE ☐ FEMALE
DRUG ALLERGIES ☐ NONE ☐ PENICILLIN ☐ CODEINE ☐ SULFA ☐ ASPIRIN ☐ OTHER:_____	DRUG ALLERGIES ☐ NONE ☐ PENICILLIN ☐ CODEINE ☐ SULFA ☐ ASPIRIN ☐ OTHER:_____
DOCTOR'S NAME	DOCTOR'S NAME
DOCTOR'S PHONE NUMBER ( )	DOCTOR'S PHONE NUMBER ( )

PAYMENT INFORMATION

☐ CHECK OR MONEY ORDER ☐ VISA ☐ MASTERCARD ☐ DISCOVER CARD

CREDIT CARD NUMBER	EXPIRATION DATE (MM/DD/YY): / /
NUMBER OR PRESCRIPTIONS ENCLOSED	TOTAL DOLLAR AMOUNT ENCLOSED $

PLEASE NOTE AND SIGN: I certify that the information provided on this form is correct, and authorize the release of all information to the plan administrator. I authorize Precision Rx to substitute generic drugs in all cases legally permissible with applicable law.

SIGNATURE	DATE (MM/DD/YY): / /

MAIL COMPLETED FORM TO: **Precision Rx**
P.O. Box 961025
Fort Worth, TX 76161
1-800-293-2202

benefit value℠
accident and sickness insurance plan

MEDICAL CLAIM FORM

POLICY NUMBER: _____

Plans underwritten by
CONTINENTAL ASSURANCE COMPANY
(herein called the "Company")

EMPLOYEE'S NAME	☐ MALE ☐ FEMALE	☐ MARRIED ☐ NOT MARRIED
HOME ADDRESS		
DAYTIME PHONE NUMBER ( )	EVENING PHONE NUMBER ( )	SOCIAL SECURITY NUMBER - -
HAS EMPLOYMENT TERMINATED? ☐ YES ☐ NO ..... *IF YES:*		DATE OF TERMINATION (MM/DD/YY): / /
PATIENT'S NAME (if other than Employee)	☐ MALE ☐ FEMALE	☐ MARRIED ☐ NOT MARRIED
RELATIONSHIP TO EMPLOYEE		DATE OF BIRTH (MM/DD/YY): / /
IF INJURED, HOW & WHERE DID ACCIDENT OCCUR?		DATE ACCIDENT/SICKNESS BEGAN: / /
PHYSICIAN'S NAME		DID ACCIDENT OCCUR AT WORK? ☐ YES ☐ NO
PHYSICIAN'S ADDRESS		
CITY STATE ZIP		PHYSICIAN'S PHONE NUMBER ( )
PLEASE DESCRIBE SICKNESS, INJURY, DIAGNOSIS, OR MEDICAL VISIT:		

By signing below, I hereby Certify and Agree that I have read and understand the IMPORTANT NOTICE contained on the reverse side of this claim form:

EMPLOYEE'S SIGNATURE	DATE (MM/DD/YY): / /
PATIENT'S SIGNATURE (if other than employee) or Parent if claimant is a minor	DATE (MM/DD/YY): / /

AUTHORIZATION AND CERTIFICATION

I authorize payment of all medical benefits for services rendered from those doctors and providers described above and/or indicated on the enclosed bill:

EMPLOYEE'S SIGNATURE	DATE (MM/DD/YY): / /

Please attach original bill(s) if available and mail to:

Strategic Resource Company
PO Box 23759
Columbia, SC 29224-3759

IMPORTANT NOTICE

This form provides authorization of any doctor, medical professional, hospital, covered entity as defined under the Health Insurance Portability and Accountability Act (HIPAA), insurer or other organization or person having any records, dates, or information concerning my occupation, finances and health including protected health information, individually identifiable health information, summary health information, psychotherapy notes, mental health, Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), and alcohol/drug records to release all such records in their entirety to the Company. The insured understands that he may receive a copy of this authorization, and that this authorization is valid for the entire duration of the claim, and that he may revoke this authorization at any time by sending a request in writing to the Company. The insured understands that it may be necessary for the Company to provide such information or summaries of it to his employer, regulatory state agency, or his Workers' Compensation carrier.

RESIDENTS OF ALL STATES EXCEPT AZ, CA, CO, FL, NJ and VA: Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or settlement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

ARIZONA RESIDENTS: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

CALIFORNIA RESIDENTS: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO RESIDENTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

FLORIDA RESIDENTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NEW JERSEY RESIDENTS: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

VIRGINIA RESIDENTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

I.D. CARDS

CUT OUT I.D. CARDS ON DASHED LINES AND CARRY WITH YOU

benefit value℠
accident and sickness insurance plan

POLICY # 83130609
Underwritten by Continental Assurance Company or CNA Group Life Assurance Company

CNA

POLICY HOLDER: University System of New Hampshire

NAME: _____

SOCIAL SECURITY NO. _ _ _ – _ _ – _ _ _ _

FOLD HERE

VisionRx
MEMBERSHIP CARD

NAME _____

SOCIAL SECURITY NO. _ _ _ – _ _ – _ _ _ _

BIN NO. 610473

PROCESSOR NO. 5443

CNA

benefit value℠
accident and sickness insurance plan

POLICY # 83130609
Underwritten by Continental Assurance Company or CNA Group Life Assurance Company

CNA

POLICY HOLDER: University System of New Hampshire

NAME: _____

SOCIAL SECURITY NO. _ _ _ – _ _ – _ _ _ _

FOLD HERE

VisionRx
MEMBERSHIP CARD

NAME _____

SOCIAL SECURITY NO. _ _ _ – _ _ – _ _ _ _

BIN NO. 610473

PROCESSOR NO. 5443

CNA

Arranged and Administered by Strategic Resource Company

G-000000-A

IMPORTANT TELEPHONE NUMBERS

PHONE NUMBERS FOR YOU

Benefits, Enrollment and Missed Premiums.....1-800-800-8121
Claims Inquiries.....1-800-869-0808

Prescription and Vision Discount Card Numbers:

Pharmacy Locations.....1-888-246-7996
Mail Order Pharmacy 1-800-293-2202
Pharmacy Help Desk 1-888-246-7996
Vision Locations.....1-877-881-7272

PHONE NUMBER FOR YOUR HEALTH CARE PROVIDERS

Medical 1-803-736-6463

---

benefit value℠
accident and sickness insurance plan

For verification of coverage, filing a claim, or for questions OTHER than the Discount Program, contact:

SRC
Strategic Resource Company
P.O. Box 23759
Columbia, SC 29224-3759
(803) 736-6463

VisionRx

Pharmacy Locations: 1-888-246-7996
Mail Order Pharmacy:1-800-293-2202
Pharmacy Help Desk: 1-888-246-7996

Vision Locations: 1-877-881-7272

Vision Rx discount program may change or be discontinued without notice.
Payment must be made at the time of service.

THIS IS NOT INSURANCE

RXAmerica
Delivering Innovative Healthcare Solutions

Pharmacists: Refer to the Bin and Processor numbers on the front

EyeMed Vision Care

Vision Providers:
20% off exams and most contacts
35% off materials
Group Code: 9224031

benefit value℠
accident and sickness insurance plan

For verification of coverage, filing a claim, or for questions OTHER than the Discount Program, contact:

SRC
Strategic Resource Company
P.O. Box 23759
Columbia, SC 29224-3759
(803) 736-6463

VisionRx

Pharmacy Locations: 1-888-246-7996
Mail Order Pharmacy:1-800-293-2202
Pharmacy Help Desk: 1-888-246-7996

Vision Locations: 1-877-881-7272

Vision Rx discount program may change or be discontinued without notice.
Payment must be made at the time of service.

THIS IS NOT INSURANCE

RXAmerica
Delivering Innovative Healthcare Solutions

Pharmacists: Refer to the Bin and Processor numbers on the front

EyeMed Vision Care

Vision Providers:
20% off exams and most contacts
35% off materials
Group Code: 9224031