

Life of Alabama Cancer & Dreaded Disease

The University of Mississippi offers a cancer/dreaded disease and intensive care policy with Life Insurance Company of Alabama. The plan offers a Low Option or a High Option for cancer and dreaded disease benefits. The type of option chosen determines the amount of benefit paid. Optional Intensive Care Riders are also available through this plan. A brief overview of each option is provided in the following benefits summary. A more detailed description of benefits is available in the Life of Alabama Cancer/Dreaded Disease Plan brochure which can be accessed at <http://www.olemiss.edu/hr/files/benefits/LifeofAlabama.pdf>.

Coverage Options & Premiums

Cancer and Dreaded Disease Benefits include but are not limited to:

- Wellness Benefits
- Daily Hospital
- Radiation & Chemotherapy
- Anesthesia
- Prosthesis
- Hospice Care
- Blood and Plasma
- Transportation
- Experimental Treatment

Optional Intensive Care Rider (ICU) – Optional Hospital Intensive Care Plan* – This plan pays benefits at \$300/day, \$600/day, or \$750/day if confined in the hospital intensive care unit. This plan also includes a benefit for confinement in a step-down hospital intensive care unit. Benefits are paid up to 30 days for intensive care confinement for any single hospital admission. If there are two periods of confinement within 30 days, the second confinement will be considered a continuation of the initial confinement. Daily hospital intensive care benefits will be reduced by 50% at age 70.

For more detailed information about both, the cancer/dreaded disease and intensive care options, see the plan brochure at <http://www.olemiss.edu/hr/files/benefits/LifeofAlabama.pdf>.

Monthly Rates (Cancer and Dreaded Disease)

	Low Option	High Option
Individual	\$18.67	\$33.76
Single parent family	\$21.77	\$39.54
Employee & Spouse	\$36.17	\$65.52
2 Parent Family	\$37.83	\$68.66

Monthly Rates (Hospital Intensive Care)

	\$300/day Benefit	\$600/day Benefit	\$750/day Benefit
Individual	\$3.68	\$7.36	\$9.20
Single parent Family	\$3.96	\$7.92	\$9.90
Employee & Spouse	\$5.66	\$11.32	\$14.15
2 Parent Family	\$6.74	\$13.48	\$16.85

* Rates will be different for 9-month faculty members.

Participants enrolled in plans with unlimited chemotherapy and radiation benefits may experience a premium increase.

Employees electing to enroll in coverage as a new participant, change plan option, add or drop dependents, or cancel existing coverage are required to complete the Cancer Insurance Application. Instructions are provided to guide you through the form completion process.

All coverage changes become effective January 1, 2017. Completed forms must be received in the University's Human Resources Office no later than November 4, 2016.

IMPORTANT: PLEASE READ AS ACTION MAY BE REQUIRED.

- In order to be in compliance with From 1095-C and Affordable Care Act requirements, please verify that all names, social security numbers and dates of birth are correct for any family members who are currently enrolled or will be enrolled on an insurance plan. This can be done by accessing the Beneficiary/Dependents section of the online Open Enrollment portal in myOleMiss.
- When enrolling eligible dependents on an insurance plan, a copy of the dependent's Social Security Card **MUST** be provided to the Human Resources office. Furthermore, all listed names on insurance applications must be listed as a legal name, nicknames are not permitted.

- In order to ensure the accuracy of W-2 processing for 2016, please verify all contact information (address, phone number etc.) within myOleMiss. This can be accessed under the 'Employee' tab and then by clicking the MyHRtools drop down box and then selecting Address & Communication Preferences. If any information is incorrect, please update accordingly. Please note that updating your contact information within myOleMiss will only update your address with the University, and does not update your contact information with insurance and retirement vendors. Please also complete a **Benefits Information Change form** to update your information with each respective vendor. When changing your contact information within myOleMiss, a link to this form will populate on the right side of the screen. Below is the link to the form. http://www.olemiss.edu/hr/_files/benefits/InfoChangeForm.pdf

Enrollment Application Instructions:

Enroll as a New Participant

Employees interested in enrolling in the Life of Alabama Cancer/Dreaded Disease and/or Intensive Care policy must complete the **Application for Cancer Insurance**.

- **Questions 1 – 3:** provide personal information
- **Second Section**
 - Select Plan Option: Low Option or High Option
 - Mark the box for Daily Room Rate or \$100
 - Mark the box for Health & Wellness Benefit: High Option is \$100 and Low Option is \$50
 - Mark the box for Rad. & Chemo: Option A is the High Option and Option B is the Low Option

Optional Intensive Care: If also enrolling in an intensive care policy, mark the box for \$300, \$600, or \$750 that reflects the amount of coverage in which you wish to enroll.

- **Question 4:** Premium Mode & Method – mark the boxes for Monthly and Payroll Deduction
- **Questions 5 – 8:** Answer all questions
- **Questions 9 – 11** Answer all underwriting questions for cancer insurance, intensive care, dreaded disease, and provide answers to the last 2 questions about insurance coverage.
- Sign in the space ‘Signature of Proposed Insured’ and date the form

The plan tier: Individual, Individual/Spouse, 1 Parent Family, and 2 Parent family does not have to be the same for the cancer/dreaded disease policy and intensive care rider. For example: You can elect 2 Parent Family coverage for cancer/dreaded disease and Individual for Intensive Care.

Change Plan Option

Employees who wish to change their coverage from the High Plan to Low Plan or Low Plan to High Plan or adjust the Intensive Care Rider amount must complete the **Application for Cancer Insurance**.

- **Questions 1 – 3:** provide personal information
- **Second Section**
 - Select Plan Option: Low Option or High Option
 - Mark the box for Daily Room Rate or \$100
 - Mark the box for Health & Wellness Benefit: High Option is \$100 and Low Option is \$50
 - Mark the box for Rad. & Chemo: Option A is the High Option and Option B is the Low Option

Optional Intensive Care: If also enrolling in an intensive care policy, mark the box for \$300, \$600, or \$750 that reflects the amount of coverage in which you wish to enroll.

- **Question 4:** Premium Mode & Method – mark the boxes for Monthly and Payroll Deduction
- **Questions 5 – 8:** Answer all questions
- **Questions 9 – 11** Answer all underwriting questions for cancer insurance, intensive care, dreaded disease, and provide answers to the last 2 questions about insurance coverage.
- Sign in the space ‘Signature of Proposed Insured’ and date the form

The plan tier: Individual, Individual/Spouse, 1 Parent Family, and 2 Parent family does not have to be the same for the cancer/dreaded disease policy and intensive care rider. For example: You can elect 2 Parent Family coverage for cancer/dreaded disease and Individual for Intensive Care.

Cancellation of Existing Coverage

Employees cancelling Life of Alabama Cancer/Dreaded Disease and/or Intensive Care coverage must print a copy of the **Open Enrollment Benefits Confirmation** available on the Open Enrollment homepage, write DROP next to Life of Alabama Cancer and/or Life of Alabama ICU, sign and date the form and return it to the Human Resources office with other Open Enrollment paperwork.

APPLICATION FOR CANCER INSURANCE - PART 1

Life Insurance Company of Alabama

P. O. Box 349 · Gadsden, Alabama 35902

Please Use Dark Ink Suitable for Photocopying.

Do you have a current Medicaid eligibility card or other state sponsored insurance program? Yes No

All Shaded areas must be completed.

1. PROPOSED INSURED <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Separated LAST NAME FIRST M.I.	BIRTHDATE			AGE	SEX	SOCIAL SECURITY #
	MO	DAY	YR			
SPOUSE						
DEPENDENT CHILDREN PROPOSED for INSURANCE						

2. RESIDENCE ADDRESS STREET	CITY	COUNTY	STATE	ZIP	PHONE: RES: () BUS: () E-MAIL:
3. INSURED'S EMPLOYER				EMPLOYMENT DATE	

IMPORTANT NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files a statement 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 may be subject to fines and confinement in prison.

CANCER ADVANTAGE HIGH OPTION CANCER CHOICE LOW OPTION Answer questions 4 - 9

Individual Individual/Spouse 1 Parent Family 2 Parent Family
Daily Room \$100 Health & Wellness Benefit \$100 \$50
Rad. & Chemo. Option A Option B

PREMIUM

Cancer _____

Specified Disease _____

Intensive Care _____

OPTIONAL SPECIFIED DISEASE Answer question 11

Individual Individual/Spouse 1 Parent Family 2 Parent Family

OPTIONAL INTENSIVE CARE \$300 \$600 \$750 \$_____ Answer question 10

Individual Individual/Spouse 1 Parent Family 2 Parent Family

TOTAL _____

4. PREMIUM MODE & METHOD: Monthly Direct Bill Not Available
 Annual Semi Annual Quarterly Monthly
 Bank Draft Payroll Deduction Direct Bill Family Bill

5. Will the policy applied for replace any insurance in force on any proposed covered person? YES NO

6. If yes, state name of company: _____
 Company Year Issued _____

7. Primary Beneficiary & Relationship

8. Contingent Beneficiary & Relationship

HOME OFFICE USE:

9. CANCER ADVANTAGE

9a. Has any person proposed for coverage under this Policy ever tested positive, been diagnosed as having or been treated for acquired immune deficiency syndrome (AIDS), or Human Immunodeficiency Virus (HIV) in any form? YES NO

9b. Has any person proposed for coverage under this Policy within the last 24 months, had any elevated or rising PSA or CEA test or abnormal mammogram, pap smear, radiological exam (e.g. X-Ray, MRI, CAT Scan, sonogram, ultrasound, echo tests, etc.), biopsy or scope procedure (e.g. colonoscopy, endoscopy, etc.) or are awaiting further tests or test results? YES NO

9c. Has any person proposed for coverage under this Policy within the last five years, been diagnosed as having or been treated for any cancer, including skin cancer, Hodgkin's Disease and Leukemia, in any form? YES NO

9d. Has any person proposed for coverage under this Policy been diagnosed, as having or been treated for any cancer, including skin cancer, Hodgkin's Disease and Leukemia, in any form over five years ago? YES NO

If yes to question 9 a, b or c, any person(s) so designated will not be covered under the policy.

If yes to question 9d, you are eligible for a policy that provides Option C Radiation & Chemotherapy Benefits and \$100 per day Daily Room Benefit for the treatment of cancer. No additional amounts will be issued.

