

**Rollins College
Non Medical Booklet**

Where To Find The Answers To Your Questions

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SUMMARY OF BENEFITS

NOTICIA PARA LOS PARTICIPANTES DEL PLAN

SI USTED NO SABE LEER INGLES COMUNIQUESE CON EL ADMINISTRADOR DEL PLAN. EL LE EXPLICARA EN ESPANOL LOS TERMINOS DEL PLAN, SUS DERECHOS Y BENEFICIOS.

Literally translated, this means:

Notice To Plan Participants

If you are unable to read English, contact the Plan Administrator who will arrange to have the terms of the Plan, your rights and the benefits available under the plan explained to you in Spanish.

This Summary of Benefits describes the benefits available to EMPLOYEES ELECTING THE ONE HMO PLAN.

The Summary of Benefits provides a general description of your benefits. The Plan does contain limitations and restrictions which are described later in the Booklet and could reduce the benefits payable under the Plan.

LIFE INSURANCE BENEFITS

All Employees \$20,000.00

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) BENEFITS

The amount of AD&D Benefit that an active Employee may receive is based on a Principal Sum. The amount of the Principal Sum is equal to the amount of Standard Life Insurance.

AD&D Benefit for the Loss of:

	Amount Payable
Life	Principal Sum
Both hands or both feet or sight of both eyes	Principal Sum
One hand and one foot	Principal Sum
One hand or one foot and sight of one eye	Principal Sum
One hand or one foot	1/2 of Principal Sum
Sight of one eye	1/2 of Principal Sum

Loss of hands and feet means permanent dismemberment by severance through or above the wrist or ankle joints. Loss of sight means total and permanent loss of sight beyond remedy by surgical or other means.

REDUCTIONS IN LIFE INSURANCE AND AD&D BENEFIT

The amount of an Employee's Life Insurance and AD&D Benefit in effect at the time the Employee reaches age 65 will reduce by 35% at age 65.

NOTICES

■ Florida Self-Funded Health Plan Disclosure

GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

EXECUTIVE OFFICES - GREENWOOD VILLAGE, COLORADO

Single employer self-funded plans are not regulated by the Department of Insurance and no guaranty fund exists to cover claims a bankrupt or otherwise insolvent employer or association cannot pay.

Great-West Life & Annuity Insurance Company (Great-West)

Great-West Life & Annuity Insurance Company (Great-West)

8505 East Orchard Road

Greenwood Village, Colorado 80111

You may call Great-West's toll-free telephone number to obtain information about coverage or to get help in resolving a complaint.

1-800-537-2033

INTRODUCTION

■ About This Plan

This summary plan description describes the benefits available to EMPLOYEES ELECTING THE ONE HMO PLAN. Benefits for other Employees are described in separate summary plan descriptions.

ROLLINS COLLEGE (the Employer) has established an Employee Welfare Benefit Plan within the meaning of the Employee Retirement Income Security Act of 1974 (ERISA). As of MARCH 1, 2002, the benefits described in this booklet constitute the benefits available under the plan and are referred to collectively in this booklet as the Plan. The Plan will be maintained pursuant to the terms of this booklet. The Plan may be amended from time to time.

If a booklet was issued to you under the Employer's prior plan, this is your new booklet. This new booklet replaces your old booklet in its entirety. If you were covered under the replaced booklet on the day before the effective date of the Plan, you will be covered under this booklet as of the date shown above.

If on the date shown above you are not Actively at Work or your Dependent is confined in the Hospital, refer to *Will My Coverage Change?* under *WHEN COVERAGE BEGINS & ENDS* for details as to when a change in coverage will become effective.

The benefits that form a part of the Plan and are described in this booklet are fully insured by Great-West Life & Annuity Insurance Company (Great-West), 8505 E. Orchard Road, Greenwood Village, CO 80111.

Defined terms are capitalized throughout this booklet. These terms have a special meaning with respect to the coverage outlined in the booklet and are defined in the Glossary.

Insured Benefits

Life and AD&D Insurance

For insured benefits, this booklet becomes your certificate of insurance only if you complete the appropriate application forms and are approved for coverage by Great-West.

Great-West has full discretion and authority to determine the benefits and amounts payable and to construe and interpret all terms and provisions of this booklet.

Plan Modification/Termination

The Employer may:

- change the contributions a Member must pay for benefits; or
- amend or terminate the benefits provided to you in the Plan.

If the Plan is amended or terminated it will not affect coverage for services provided prior to the effective date of the change.

WHEN COVERAGE BEGINS & ENDS

■ When Will Coverage Begin?

The definition of Employee or Retired Employee will determine who is eligible for coverage under the Plan.

Coverage will begin after you have satisfied any eligibility waiting periods required by the Employer.

Before coverage can start, you must:

- Submit an application within 31 days after becoming eligible;
- Pay any required contribution; and
- Be Actively at Work on the eligibility date.

■ **What If I Don't Apply On Time?**

You are a late applicant under the Plan if you don't apply for coverage within 31 days of the date you become eligible for coverage.

Life and AD&D Insurance

Late applicants must provide Great-West with Proof of Good Health at their own expense. Coverage for a late applicant will begin on the date Great-West approves Proof of Good Health.

■ **How Is Life Insurance Affected by the Transfer to Great-West?**

If this Plan replaces a similar group life policy issued by another carrier, then a Member:

- Who was validly covered under the replaced policy when it terminated; and
- Whose insurance is not being continued under any disability benefit extension in the replaced policy; and
- Who would not be eligible under this Plan on its effective date due to his or her absence from work on that date;

Will still be eligible for benefits under this Plan on its effective date. Benefits will be the same as those provided under the replaced policy. Life Insurance will terminate on the earliest of:

- The date insurance would terminate under the terms of this Plan;
- The date the Member is eligible for full benefits under the terms of this Plan; and
- The date insurance would have terminated under any disability benefit extension in the replaced policy.

■ **Will My Coverage Change?**

If the Employer amends the benefits or amounts provided under the Plan, a Member's coverage will change on the effective date of the amendment. If a Member changes classes, coverage will begin under the new class on the date that the Member's class status changes.

If you are an active Employee and you are not Actively at Work when either of these changes occurs, the change in your coverage will not take place until you return to work with the Employer for one full day.

If you are confined in the Hospital, any change in coverage will not take place until you are released from the Hospital.

All claims will be based on the benefits in effect on the date the claim was incurred.

■ **When Will My Coverage End?**

Your coverage will end on the earliest of the following dates:

- The date the Employer terminates the benefits described in this booklet.
- The date you are no longer eligible or your Service ends.
- The due date of the first contribution toward your coverage that you or the Employer fails to make.

■ **Can I Continue or Convert My Coverage If I Become Ineligible?**

If you become ineligible for coverage under the Plan, you may be able to continue coverage for certain benefits.

Continuation of Life Insurance during an Illness, Approved Leave of Absence or Temporary Layoff

If your Service ends due to Illness, Life Insurance will continue for 12 months after your Service ends.

If your Service ends due to approved leave of absence or temporary layoff, Life Insurance will continue for 31 days after the date your Service terminates.

Your coverage will end sooner than stated above if you and/or your Employer fails to pay for this continuation coverage.

There is no continuation for AD&D benefits.

Continuation of Coverage during Family and Medical Care Leave

If the Employer approves your Family and Medical Care Leave, coverage under the Plan will continue during your leave. Contributions must be paid by you and/or the Employer. If contributions are not paid, your coverage will cease.

However, on the date you return to work, coverage will be on the same basis as that provided for any active Member on that date. If you have questions about Family and Medical Care Leave, see the Plan Administrator.

Extended Life Insurance Benefits

If you are:

- Totally Disabled; and
- not covered under the disability benefit;

on the date of discontinuance then you may be entitled to extended life insurance benefits for a period not to exceed 12 months from the date of discontinuance. You do not have to pay for extended benefits. If you die during this 12 month period, the amount of the death benefit payable will be:

- your current amount of group term life insurance; less
- any amount for which you are eligible under any group policy issued to the Employer within 31 days of the date of discontinuance.

You must become Totally Disabled while covered under this Plan.

“Date of discontinuance” means the date the group policy terminates, or the company by which you are employed is no longer an affiliated company of the group policyholder.

Conversion of Life Insurance Benefits

If all or part of your group term life insurance ends, you may apply for an individual life insurance policy.

Proof of Good Health is not required. You must apply for the life conversion coverage within 31 days after your life insurance coverage ends.

The policy will be one of Great-West’s standard conversion policies and will not contain a disability benefit or an accidental death benefit. The amount of coverage chosen can never be more than your current amount of insurance. The amount of the premium will depend on your age and class of risk.

You are allowed 31 days to apply for the individual policy. If you die within this period, your beneficiary will receive a death benefit. The amount of this benefit will be the maximum amount of group term life insurance which you would have been eligible to convert under this provision.

However, if the amount of your insurance had been reduced during this 31-day period because of age or retirement, the death benefit will be the amount of your group term life insurance before the reduction. This death benefit is payable even if you had not applied for an individual policy.

Employee Conversion of Life Insurance Benefits

If the group policy is still in force, you may convert all or part of your insurance to an individual policy if your coverage ends. If your coverage reduces due to age or retirement you may convert up to the amount of the reduction.

If the group policy is terminated or amended you may convert your life insurance if all or part of your coverage ends. However:

- You must have been insured under the group policy for at least five consecutive years; and
- The amount of the individual policy will be the lesser of \$10,000.00 and the current amount of your group term life insurance.

If your insurance is being continued under the disability benefit, you may convert your coverage if your coverage ends or reduces due to age or retirement. You may convert this coverage even if the group policy is not in force.

Conversion of AD&D Benefits

Conversion coverage is not available for AD&D benefits.

■ Can Coverage Be Reinstated?

If your coverage ended because of termination of your Service, it will be reinstated on the date you return to work with the Employer. You must return within 12 month(s) to be reinstated.

On the date you return to work, coverage will be on the same basis as that provided for any other active Employee as of that date. However, any restrictions on your coverage that were in effect before your reinstatement will still apply.

Coverage for a Military Reservist who returns from active duty will be reinstated as required under the Uniformed Services Employment & Re-employment Rights Act.

LIFE INSURANCE BENEFITS

■ Standard Life Insurance

If you die from any cause while covered under the life insurance Plan, your amount of standard life insurance will be paid to your beneficiary. The amount will be based on the schedule shown in the front of this booklet.

■ How Do I Name a Beneficiary?

A beneficiary is the person who will receive payment of the life insurance amount if you die. You should name a beneficiary when you first apply for insurance. Unless legally restricted, you can change the beneficiary at any time by giving written notice. The beneficiary's consent is not required unless the designation of the beneficiary is irrevocable.

Naming or changing a beneficiary must be in writing, signed by you and filed with your Employer.

If a named beneficiary dies before you, the amount of the life insurance that beneficiary would have received will be paid to any remaining named beneficiaries who survive you, unless you have specified otherwise on your application or state law does not allow this.

When there are two or more named beneficiaries the life insurance will be divided in equal shares, unless you have specified otherwise.

Subject to state law, if no named beneficiary survives you or if you have not named a beneficiary, the amount of insurance will be paid to your surviving spouse; if none, then to your surviving child or children; if none, then to your surviving parent or parents; if none, then to your surviving brothers or sisters; if none, then to your estate.

■ How Will Benefits Be Paid?

Proof of death must be sent to Great-West. Great-West will pay the amount of insurance (the death benefit) to the beneficiary.

- If any person has incurred expenses related to your last illness or death, Great-West can deduct up to \$2,000.00 from the death benefit to pay the person who incurred these expenses.
- The life insurance will be paid to the beneficiary. Prior to your death, you may elect to have your life insurance paid to your beneficiary in any manner to which Great-West agrees.
- If you do not elect an optional payment method prior to your death, then after your death the beneficiary may elect to have the life insurance paid to him or her in any manner to which Great-West agrees.

Payments will not be made more than once a year unless each payment is at least \$25.00.

■ What If I Become Disabled?

After you have been Totally Disabled for 9 consecutive months, insurance for yourself may be continued without further premium payment. To qualify for this benefit:

- You must become Totally Disabled while insured under this life insurance Plan;
- Your Total Disability must continue without interruption for at least 9 months;
- You must be under age 60 when you become Totally Disabled;
- You must send proof of your Total Disability to Great-West within 12 months of the start of the disability; and
- If you have converted to an individual policy under this Plan, you must surrender it. See "Conversion of Life Insurance Benefits" in the section entitled "When Coverage Begins & Ends." All premiums paid for the individual policy after you have been Totally Disabled for 9 months will be returned. If you die during this 9 month period, the amount of insurance will be paid under either this life insurance Plan or the individual policy but *not* under both.

If you qualify for this disability waiver of premium benefit, you must send proof of the continuance of your Total Disability to Great-West when requested.

The amount of life insurance continued will be the amount in effect under this Plan on the date you became disabled. However, the amount of insurance may reduce or terminate due to age or retirement according to the provisions of the Plan that were in effect on the date you became Totally Disabled.

This life insurance Plan does not have to be in force at the time of death for life insurance to be paid.

Your disability waiver of premium benefit will terminate:

- On the date you recover from your Total Disability; or
- If you do not send Great-West proof of the continuance of your Total Disability when requested.

■ **Is the Amount of My Insurance Reduced As I Grow Older?**

If you are an Active Employee, your amount of standard life insurance will be reduced according to the schedule shown in the front of this booklet.

■ **Life Insurance Benefits If Terminally Ill**

Any Accelerated Benefit that you receive may be treated as taxable income and may affect your eligibility for Medicaid or other government benefits or entitlements. You should consult your personal tax and/or legal advisor before you apply for an Accelerated Benefit.

If you are terminally ill, you may apply to receive a portion of your life insurance as an Accelerated Benefit. In order to do this, you must be covered under this Plan and you must give Great-West satisfactory proof of having a Qualifying Medical Condition.

Qualifying Medical Condition means you are terminally ill, with a life expectancy of 12 months or less. In considering a request for an Accelerated Benefit, Great-West at its expense, may require that you be examined by a Doctor of its choice.

To apply for an Accelerated Benefit you must:

- contact your Employer for the appropriate application form; and
- send your application to Great-West along with a statement from your Doctor certifying the Qualifying Medical Condition.

For purposes of this benefit, the Doctor cannot be:

- yourself; or
- a person who is part of your immediate family (your parent, spouse, sibling or child); or
- a person who lives with you.

The request for an Accelerated Benefit must be made by the terminally ill insured person. However, if he or she is legally incapacitated or a minor child, the request must be made by a person with legal authority to act on the insured person's behalf.

You may request an Accelerated Benefit of up to 50% of the amount of your life insurance to a maximum of \$100,000.00. The minimum Accelerated Benefit is \$1,000.00.

The amount of the Accelerated Benefit available to you will be based on the amount of life insurance coverage provided to you by Great-West under this Plan when you request the Accelerated Benefit.

For any life insurance scheduled to reduce within 36 months of the date of application for the Accelerated Benefit, the amount of the Accelerated Benefit will be based on the reduced amount.

The Accelerated Benefit will be paid in a lump sum and is available only one time while covered by Great-West. If you recover from your Qualifying Medical Condition after receiving an Accelerated Benefit, Great-West will not ask you for a refund of the Accelerated Benefit. However, your amount of life insurance will be reduced as described below.

After payment of the Accelerated Benefit, the amount of your life insurance coverage under this Plan will be reduced by the amount of the Accelerated Benefit. If the Accelerated Benefit amount is equal to or exceeds the amount of life insurance in force at the time of your death, no additional amounts of life insurance will be payable upon your death.

Anyone approved for an Accelerated Benefit may also be approved for disability waiver of premium. (See "What If I Become Disabled?") Anyone already on disability waiver of premium when approved for an Accelerated Benefit, will continue on premium waiver.

No Accelerated Benefit will be paid if:

- All or part of your insurance must be paid to your children or your spouse or former spouse as part of a court approved divorce decree, separate maintenance agreement, or property settlement agreement.
- You are married and live in a community property state, unless you provide us with a signed statement from your spouse consenting to payment of the Accelerated Benefit.
- You have made an assignment of all or part of your life insurance, unless you provide Great-West with a signed statement from your assignee consenting to payment of the Accelerated Benefit.
- You have filed for bankruptcy, unless you provide Great-West with written approval from the bankruptcy court for payment of the Accelerated Benefit.
- You have previously received an Accelerated Benefit while covered under this Plan.

■ Other Information About Life Insurance

Absolute Assignment

You can transfer all your rights of ownership in your life insurance. This is known as absolute assignment. Great-West is not responsible for the validity or effect of any assignment.

To assign your life insurance, notify your Employer, who will contact Great-West for an assignment form. Great-West will not recognize an assignment until the original assignment form has been noted at its Executive Offices.

Collateral Assignment

You cannot assign your insurance as collateral for a loan.

Proof of Age

Before benefits are paid, Great-West may request proof of age. An adjustment may be made if:

- The Member's age was misstated; and
- A different premium rate would have been charged for the person's true age.

The difference between the premiums actually paid, and those that should have been paid, will be calculated. Any difference will be paid:

- By your Employer to Great-West, if the age was understated; and
- By Great-West to your Employer, if the age was overstated.

AD&D BENEFITS

Your AD&D benefits are payable if you are an active Employee and are in an Accident while covered under this AD&D Plan and suffer a loss:

- Within 90 days of the Accident and
- As a result of the Accident.

The amount of AD&D benefits that you may receive is based on a Principal Sum. The amount of your Principal Sum is equal to the amount of your Standard Life Insurance. (See "Standard Life Insurance" in the Life Insurance section of this booklet.) Great-West will pay all or part of the Principal Sum according to the AD&D Benefit table shown in the front of this booklet.

Only one of the amounts, the largest, will be paid for all injuries that result from any one Accident.

Loss of hands and feet means permanent dismemberment by severance through or above the wrist or ankle joints. Loss of sight means total and permanent loss of sight beyond remedy by surgical or other means.

If you die, the benefit will be paid to the beneficiary you name for life insurance. If you suffer any other loss, the benefit will be paid to you.

To claim AD&D benefits, written proof of loss must be sent to Great-West as soon as reasonably possible. In any case, the proof required must be given no later than 15 months from the date of loss unless the claimant was legally incapable of doing so.

Your amount of AD&D Principal Sum is subject to the same age-based reductions as your life insurance.

BENEFIT LIMITATIONS

AD&D Benefit Limitations

No amount will be payable for any loss caused by or in connection with:

- Intentionally self-inflicted injury.
- War or any act relating to war.
- Any form of disease.
- Physical or mental infirmity.
- The medical or surgical treatment of a disease or infirmity.
- Suicide.
- Potomac poisoning.
- Bacterial infections.
- Commission of a felony.

CLAIMS & LEGAL ACTION

■ How To File Claims

Life Insurance Benefits

The beneficiary should contact the Employer for the claim form. Proof of death must be sent to Great-West. After the claim is processed, Great-West will pay the amount of insurance (the death benefit) to the beneficiary(ies).

AD&D Benefits

You or your beneficiary should contact the Employer for the claim form.

■ If A Claim Is Denied

If any benefits are denied the Member will be sent a written notice. This notice will state the reasons for the denial, the reference to the Plan provisions on which the denial is based and what is needed to complete the claim.

The Member must be given notice of claim denial within 45 days after the claim is filed.

Claim Review Procedures

The Member or Doctor can request a review of any denied claim, or the status of a pending claim by contacting the Benefit Payment Office by letter or by calling the toll-free number on the ID card.

A Member Services Representative will respond to all inquiries within two working days. If the information does not satisfy the Member or Doctor, a request for a claims review will be forwarded to the Member Services Supervisor.

Upon receiving the Member's request for a claims review, Great-West will:

- Let the Member or Doctor know within 20 days who may be contacted in respect to the claims review;
- Notify the Member or Doctor within 30 days of the final disposition of the claims review.

If the Member's claims review is not resolved within one week it will be forwarded to the regional Benefit Payment Manager for review and resolution.

If the Member's claims review is not resolved by the Benefit Payment Manager, it will be forwarded to the Benefit Payment Review Department located at Great-West's Executive Office in Greenwood Village, Colorado.

The Benefit Payment Review staff may consult with Great-West's:

- Medical Director (Dental Consultant if the claims review is of dental origin);
- Law Department;

to assist them in the claims review process.

The Member or Doctor will be notified of the result of the claims review within 30 days of filing of the request for review.

Final Appeals Process

For self-funded benefits, the Plan Administrator has the exclusive and full discretion and authority to determine the benefits and amounts payable and to construe and interpret all terms and provisions of this booklet.

For insured benefits, Great-West has full discretion and authority to determine the benefits and amounts payable and to construe and interpret all terms and provisions of this booklet.

If a Member or Doctor is not satisfied with the final disposition of the claims review process, the Member can initiate an appeal by giving written notice within 60 days after receipt of the written claim denial. This appeal must be filed before the Member may file a lawsuit.

The Member or anyone authorized to act on the Member's behalf may appeal the claim and ask to examine any pertinent documents. The Member should submit in writing the reasons why the claim should not have been denied, as well as any other information, questions or comments.

Appeals must be submitted in writing:

- To Great-West for insured benefits;
- To the Plan Administrator for self-funded benefits.

The Member will be notified of the final decision within 60 days after receipt of a request for review. If special circumstances require an extension, a further 60 days will be allowed.

■ **Other Information A Member Needs to Know**

Incontestability

After the Plan has been in force for 2 years, its validity can only be contested due to non-payment of premiums. During the first 2 years a Member is covered under this Plan, only a written statement signed by the Member can be used to contest the validity of the coverage. After the Member's coverage has been in force for 2 years during the Member's lifetime, no statement by the Member can be used to contest the validity of the Member's coverage.

Proof of Claim

Send written claim to Great-West as soon as reasonably possible. A Member must submit a written claim no later than 15 months from the date the claim is incurred, unless legally incapable of doing so.

Payment of Claims

Benefits payable under this Plan will be paid within 45 days after written proof of claim is received.

If additional information is requested prior to payment of a claim, the claim will be paid within 60 days of receipt of this additional information. All claims will be paid within 120 days of receipt.

If payment is not made within:

- 45 days for an uncontested claim; or
- 120 days for a claim which required a request for additional information;

simple interest will be paid at the rate determined according to state law. However, interest will not be payable if:

- there is a good faith dispute regarding the amount of the benefit or the validity of the claim; and
- any undisputed portion of the claim is paid within 45 days of receipt of the claim.

For life insurance, the death benefit will be paid to the beneficiary(ies).

For other benefits, the benefits will be paid to the Member, if living. If not, benefits will be paid to the Member's estate. If any benefit is payable to the Member's estate or to a person who cannot give a valid release, then Great-West can pay up to \$3,000.00 to any relative it considers to be entitled to such payment. The Member may request in writing that payments under this Plan be made directly to the person providing the services.

Legal Actions

A Member may bring a legal action to recover under the Plan. Such legal action may be brought no sooner than 60 days after the time written proof of loss is required to be given under the terms of the Plan. No such action may be brought after the expiration of the applicable statute of limitations from the time written proof of loss is required to be given.

Conformity with Statutes

For Life Insurance and AD&D Benefits, the Plan is amended to comply with the minimum requirements of the state in which the Plan is issued.

Physical Examinations and Autopsy

Great-West, at its own expense, has the right to have the person for whom a claim is pending examined as often as reasonably necessary. Great-West may also have an autopsy done where it is not against the law.

Investigation of Improper Billing

If a Member notifies Great-West that he or she has been billed for services not received from a provider, Great-West will investigate the allegation of improper billing and determine if the Member received the billed services.

If it is determined that the Member did not receive the billed services, Great-West will:

- notify both the Member and the provider of its findings;
- reduce the amount of payment to the provider by the amount determined to be improperly billed; and
- pay the Member 20% of the amount of the reduction.

■ **ERISA General Information**

The following information is required by the Employee Retirement Income Security Act of 1974 (ERISA).

This summary plan description describes the benefits available to EMPLOYEES ELECTING THE ONE HMO PLAN OF ROLLINS COLLEGE, the Plan Sponsor/Employer.

The address of the Plan Sponsor/Employer is 1000 HOLT AVENUE CB 2718, WINTER PARK, FL 32789. The telephone number is 407-646-2353.

The Employer Identification Number (EIN) is 59-0624440. The Plan Number assigned by the Plan Sponsor is 501.

The Plan Administrator is DAWN PETERSON, ASSISTANT DIRECTOR.

The Agent for Service of Legal Process is MARIA MARTINEZ, H.R. DIRECTOR .

Service of legal process may also be made upon the Plan Administrator.

The Plan provides Life and AD&D Insurance.

See the section, "About This Plan" for more information about the Insured and Self-Funded benefits.

Great-West Life & Annuity Insurance Company provides Contract Administration.

The eligibility requirements, termination provisions and a description of the circumstances which may result in disqualification, ineligibility, or denial or loss of any benefits are described in this booklet.

Contributions are determined by the Employer. Employee contributions, if any, for a time period for which the Employee is not covered under the Plan may be refunded by the Employer. Please see your Plan Administrator for details.

The fiscal records of the Plan are maintained on the basis of Plan years ending DECEMBER 31.

Claims

Procedures to be followed in presenting claims for benefits and what to do when claims are denied in whole or in part are described in the "How To File Claims" section of this booklet.

■ **Statement of ERISA Rights**

As a participant in this Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all Plan participants shall be entitled to:

- Examine, without charge, at the Plan Administrator's office and at other specified locations, such as work sites and union halls, all Plan documents, including insurance contracts, collective bargaining agreements and copies of all documents filed by the Plan with the U.S. Department of Labor, such as detailed annual reports and Plan descriptions.

However, Employers with fewer than 100 Employees at the beginning of the Plan Year are not required to:

- **allow examination of the Annual Report or Plan Description; or**

- **furnish copies of the Plan Description, Annual Report, or any Terminal Report.**
- Obtain copies of all Plan documents and other Plan information upon written request to the Plan Administrator. The administrator may make a reasonable charge for the copies.
- **Receive a summary of the Plan's annual financial report except as described below. The Plan Administrator is required by law to furnish each participant with a copy of this Summary of the Annual Report. Employers with fewer than 100 Employees at the beginning of the Plan Year are not required to furnish a copy of the Summary of the Annual Report.**

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the Employee benefit plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries. No one, including your Employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

If your claim for a welfare benefit is denied in whole or in part you must receive a written explanation of the reason for the denial. You have the right to have the Plan review and reconsider your claim. Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials from the Plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator.

If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or federal court. If Plan fiduciaries misuse the Plan's money or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay the court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees (e.g. if it finds your claim is frivolous). If you have any questions about your Plan, contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, you should contact the nearest office of the Pension and Welfare Benefits Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Pension and Welfare Benefits Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

GLOSSARY

The following defined terms have a special meaning with respect to the benefits outlined in this booklet. On each page where they appear throughout this booklet, they are capitalized.

Accident/Accidental Injury

An accidental bodily injury that is the direct cause of a loss. It does not include harm resulting from disease, bodily infirmity, or other cause.

Actively at Work

Employment on an active and full-time basis at the Employer's usual and customary place of business. If you were Actively at Work, as defined above, on your last regular working day, then you will be deemed to be Actively at Work on each day of paid vacation or regular non-working day on which you are not disabled.

Doctor/Physician

A person licensed to practice medicine or osteopathy. This also includes any other practitioner of the healing arts if:

- He or she performs a service within the scope of his or her license ; and
- State law requires such practitioner to be covered.

Employee

A person who is in the Service of the Employer and is a resident of the United States or Puerto Rico. This includes a Retired Employee as defined later in this section.

Employer

- ROLLINS COLLEGE ; and
- Any affiliated companies listed in the application of the Employer. The Employer may add an affiliated company after the effective date of the Plan. For that company only, the effective date of the Plan will be considered to be the effective date of the amendment that adds that company.

Hospital

An institution licensed as a Hospital by the proper authority of the state in which it is located. An institution recognized as a Hospital by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). This does not include any institution that is used primarily as a place for treatment of alcoholism or substance abuse, unless required by state law, a clinic, convalescent home, rest home, home for the aged, nursing home, custodial care facility, or training center.

Illness

An Accidental Injury, a bodily or mental disorder, a pregnancy, or any birth defect of a newborn child. Conditions that exist and are treated at the same time or are due to the same or related causes are considered to be one Illness.

Member

An Employee.

Plan

ROLLINS COLLEGE (the Employer) has established an Employee Welfare Benefit Plan within the meaning of the Employee Retirement Income Security Act of 1974 (ERISA). The benefits described in this booklet constitute benefits available under the plan and are referred to collectively in this booklet as “the Plan”.

Proof of Good Health

Written evidence that the person meets Great-West’s general underwriting standards. Such evidence includes but is not limited to medical evidence.

Retired Employee

Retired Employees are not eligible for Life and Accidental Death and Dismemberment Insurance.

Service

Work with the Employer on an active, full-time and full pay basis for at least 1462 hours per year.

If you are a Retired Employee, Service means the period during which you are retired according to the definition of Retired Employee in this section.

Totally Disabled and Total Disability

Active Employee Life Insurance

Being under the care of a Doctor and prevented by Illness from working for pay or profit in any job for which you are or may become suited by reason of education, training or experience.

Retired Employee Benefits

Being under the care of a Doctor and prevented by Illness from engaging in substantially all of the normal activities of a person of the same age and sex who is in good health.

You and Your

An Employee.