

BAIRD & WARNER

BENEFIT PLAN HIGHLIGHTS



Medical
Dental
Vision
Life
Short-Term
Disability
Long-Term
Disability





DID YOU KNOW...

- Roughly 2 in 7 families report having at least one member with a disability
- A 40 Year old is 5.9 times more likely to become disabled than to die
- In the US, 2,330 disabling injuries occur every hour – one every 2 seconds–

2002 National Safety Council: Injury Facts

ARE YOU COVERED?? IS YOUR FAMILY PROTECTED??

Lincoln Financial Group - Voluntary Life Insurance at a Glance / One Time Offer Only

TYPE OF COVERAGE	COVERAGE FOR	COVERAGE OPTIONS
Basic Life Insurance	Sales Associates	\$5,000 increments up to maximum of \$250,000 \$100,000 Guarantee Issue for Associates under age 60 \$10,000 Guarantee Issue for Associates age 60 and over
Spousal Life Insurance*	Spouse	\$2,500 increments up to maximum of \$50,000 \$25,000 Guarantee Issue for a spouse under age 60 Spousal benefits are based on Associate's age
Child(ren) Life*	Children ages 14 days to 19 years (up to age 25 if unmarried and a full-time student)	\$5,000 or \$10,000 for children age 6 months to 19 years \$250 for children age 14 days to 6 months One premium applies for all dependent children

* You must select coverage for yourself in order to enroll your spouse and/or children. Benefits reduce by 35% when associate reaches age 65 (this also applies to Spousal Life Insurance which is based on the associate's age).

Lincoln Financial Group - Short Term Disability / One Time Offer Only

PLAN	PROVISIONS	BENEFIT
Short-Term Disability (STD)	Benefits are paid for up to 26 weeks Elimination period 31 day accident and 31 day sickness	60% of your income to a maximum of \$500 weekly \$500 Guarantee Issue Includes coverage for: Partial Disability, Pregnancy, Alcoholism, Drug Addiction and Mental Nervous conditions

Product may not be available in all states due to local and state regulations. Please refer to your company's website for a more detailed summary of benefits.

Lincoln Financial Group - Long Term Disability / One Time Offer Only

PLAN	PROVISIONS	BENEFIT
Long-Term Disability (LTD)	Benefits are paid for up to 2 years Elimination period 180 days	60% of your income to a maximum of \$5000 monthly \$5000 Guarantee Issue Includes coverage for: Partial Disability, Pregnancy, Alcoholism, Drug Addiction and Mental Nervous condition – Partial Disability requires as little as a 1% loss of income & reimburses up to 100% of pre-disability income for up to 2 years.

Product may not be available in all states due to local and state regulations. Please refer to your company's website for a more detailed summary of benefits.

ADVANTAGES OF GROUP INSURANCE:

- No Underwriting
- Group Rates
- Guaranteed Coverage
- Simple Enrollment Process

United Concordia – Dental Benefits

DIAGNOSTIC & PREVENTIVE SERVICES	BASIC SERVICES	MAJOR SERVICES	ORTHODONTIC SERVICES
No Deductible*	\$50 per person/\$150 per family annual deductible		
Paid at 100%**	100%**	50%**	50%**
\$2,000 Maximum Benefit Per Person Per Calendar Year			\$1,500 Lifetime Maximum (for dependents to age 19)
Routine Exams Cleanings & Flouride Treatments X-Rays Sealants Space Maintainers Palliative Treatment	Basic Restorative (Fillings Etc.) Simple Extractions Endodontics General Anesthesia	Inlays, Onlays, Crowns Prosthetics (Bridges, Dentures)	Diagnostic, Active, and Retention Treatment

* Deductible is waived on Diagnostic and Preventive services, when performed by a Participating Provider.

** All coinsurance percentages are of United Concordia's Maximum Allowable Charge (MACs). Coinsurance and deductible are based upon the maximum allowance.

The network of participating providers for this program is *Advantage Plus*.

Provider information is available at www.ucci.com

Davis Vision Benefits

SERVICE/PRODUCT	IN-NETWORK	MAXIMUM OUT-OF-NETWORK REIMBURSEMENT	FREQUENCY
Examination	Included	Up to \$30	Once every 12 months
Frames	Fashion Frame Included	Up to \$30	Once every 24 months
Standard Lenses Single Bifocal Trifocal Lenticular	Included	Up to \$25 Up to \$35 Up to \$45 Up to \$60	Once every 12 months
Contact Lenses	Up to \$100 Allowance	Elective up to \$75 Medically Necessary up to \$225 with prior approval	Once every 12 months

For a provider listing or information on plan prior to enrolling, visit Davis Vision's Website at www.davisvision.com and enter client control code **7237**.

INDIVIDUAL HEALTH INSURANCE PLANS

Comprehensive medical coverage is now being offered to you through Dergalis Associates. With the rising cost of health care, it is important to know that you have a choice. We offer a variety of affordable medically underwritten plans from the major insurance carriers in your area.

Dergalis Associates offers individual health plans that best fit your needs and budget. You will have the choice of Traditional indemnity, PPO or Health Savings Account plans.

Plan highlights may include:

- ♦ A choice of copay options for doctor office visits
- ♦ Prescription Drug coverage
- ♦ A choice of Deductibles and Coinsurance
- ♦ Extensive doctor and hospital networks
- ♦ Wellness benefits
- ♦ Maternity coverage
- ♦ Initial 12 month rate guarantee

For more information about these plans or how to enroll, please contact Dergalis Associates at 888.564.0300 or insurance@agentbenefits.net.

Dergalis Associates

9 East Stow Road

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Marlton, NJ 08053

Phone: 1.888.564.0300

Fax: 856.396.3193

Email: insurance@agentbenefits.net

USI Affinity

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Philadelphia, PA 19113

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Fax: 610.833.2738

Dergalis
Associates

ADMINISTERED BY:



AFFINITY

BAIRD & WARNER RATE SHEET

United Concordia Comprehensive Dental Coverage

Monthly Rates	
Single	\$50.64
Husband/Wife	\$111.74
Parent & Child	\$122.40
Parent & Children	\$155.86
Family	\$155.86
Effective 1/1/2010 to 12/31/2010	

Davis Vision

Monthly Rates	
Single	\$6.42
Husband/Wife	\$11.55
Parent & Child	\$12.20
Parent & Children	\$12.20
Family	\$19.26
Effective 1/1/2010 to 12/31/2011	

Lincoln Financial Group Life Insurance

Monthly Rates	
\$100,000 Benefit Amount	
Age	Rate
< 30	\$7.28
30-34	\$9.36
35-39	\$12.48
40-44	\$17.68
45-49	\$30.16
50-54	\$52.00
55-59	\$78.00
Dependent Child Life \$5,000	\$1.04
Amounts over \$100,000	
<ul style="list-style-type: none"> • Require Evidence of Insurability Paperwork • Are subject to underwriting requirements and you may be denied. 	
Spousal rates are based on the agent's date of birth.	

Lincoln Financial Group Short-Term Disability

Monthly Rates Per	
\$500 Weekly Benefit Amount	
Age	Rate
< 30	\$24.44
30-34	\$22.36
35-39	\$20.80
40-44	\$20.80
45-49	\$22.36
50-54	\$24.44
55-59	\$29.12
60-64	\$34.84
65-69	\$39.00
70-74	\$43.16
75-99	\$47.32

Lincoln Financial Group Life Insurance Over Age 60

Monthly Rates	
\$10,000 Guarantee Issue Amount	
Age	Rates
60-64*	\$11.96
Monthly Rates	
\$6,500 Guarantee Issue Amount	
65-69**	\$15.22
Amounts over \$10,000	
<ul style="list-style-type: none"> • Require Evidence of Insurability Paperwork • Are subject to underwriting requirements and you may be denied. 	
Spousal rates are based on the agent's date of birth	
*Max benefit of \$250,000 **Max benefit of \$162,500	

Lincoln Financial Group Long-Term Disability

Monthly Rates Per	
\$1,000 Monthly Benefit Amount	
Age	Rate
< 30	\$2.81
30-34	\$3.64
35-39	\$4.58
40-44	\$5.62
45-49	\$10.19
50-54	\$14.98
55-59	\$26.21
60-64	\$38.69
65-69	\$40.56
70-74	\$24.23
75-99	\$26.10

All rates include a 4% administrative fee. These rates are for illustrative purposes and are subject to change without notice. For more specific information refer to the highlight sheets.