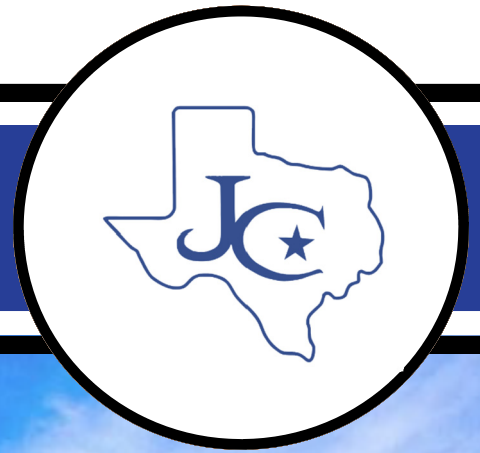


# JARRELL ISD



- Employer Paid Life Insurance
- Medical
- Health Savings Accounts (HSAs)
- Telehealth
- Hospital Indemnity
- Emergency Medical Transportation
- Dental
- Vision
- Disability
- Voluntary Term Life
- Permanent Life
- Accidental Death & Dismemberment
- Cancer
- Accident
- Critical Illness
- Identity Theft Protection
- Legal Services
- Flexible Spending Accounts (FSAs)
- Financial Planning



## 2024 - 2025 EMPLOYEE BENEFIT GUIDE

PLAN YEAR: SEPTEMBER 1, 2024 - AUGUST 31, 2025

# IMPORTANT INFORMATION

## INTRODUCTION

Jarrell Independent School District is pleased to offer our employees a wide variety of benefit options to suit your needs. The information found within the benefit guide is designed to assist you in making important decisions regarding your benefits and to provide you with important contact information. Combined Benefits Group (CBG) is the Third Party Benefit Administrator for the District's benefit program.

## PLAN YEAR

The Plan Year for the district's benefit program is **9/1/2024** through **8/31/2025**. For Open Enrollment, benefits will become effective September 1st or upon approval of evidence of insurability if required.

## SPENDING CREDIT - FOR EMPLOYEES THAT DECLINE THE HEALTH INSURANCE

Employees not participating in the TRS ActiveCare health insurance program are eligible for \$100 per month to be contributed into a qualified 457 or 403(b) retirement plan once an employee sets up the account with a financial advisor. Information about these plans are included in this guide.



## WHO IS ELIGIBLE?

**TRS ActiveCare Health Insurance:** To be eligible for TRS ActiveCare, an individual:

Must either be (i) a participating member who is currently employed by a participating district/entity in a position that is eligible for membership in the TRS pension, or (ii) an individual who is currently employed by a participating district/entity for 10 or more regularly scheduled hours each week in a position that is not eligible for membership; and Is not receiving health care coverage as an employee or retiree under (i) the Texas State College and University Employees Uniform Insurance Benefits Act (e.g., coverage offered by The University of Texas System or the Texas A & M University System), (ii) the Texas Employees Uniform Group Insurance Benefits Act (e.g., coverage offered by ERS); or (iii) TRS-Care.

**All Other Benefit Plans:** You are eligible to enroll in all other Benefits Plans if you are a regular employee working at least 20 hours per week in a permanent position.

## WHO IS AN ELIGIBLE DEPENDENT?

- Your legal spouse
- Children under the age of 26, yours or your spouse's
- Dependent children of any age who are disabled
- Children under your legal guardianship

## NEW HIRE ENROLLMENT

Online benefit enrollment must be completed within 30 days of your start date. Elected benefits will take effect on the 1<sup>st</sup> of the month following your date of employment. Payroll deductions occur in the same month as the coverage. **All new employees are required to complete the enrollment process to either enroll in or decline the district's benefit plan offerings.**

## MID-YEAR CHANGES

The benefits you choose will remain in effect throughout the plan year (from September 1 - August 31). You may only add or cancel coverage during the year if you have a qualifying change in family or employment status that causes you to gain or lose eligibility for benefits. **Employees have 31 days after a qualifying event to make changes based on that event. It is the responsibility of the employee to notify your employer of such changes and to complete the proper paperwork.** Qualifying changes may include:

- A change in your legal marital status
- A change in your number of dependents as a result of birth, adoption, legal custody, or if your dependent child satisfies or ceases to satisfy eligibility requirements for coverage, or the death of a dependent child or spouse
- A change in employment status for you or your spouse
- Loss or gain of eligibility for other insurance (including CHIP & Medicaid—60 day notification deadline)

## WHO DO I CONTACT WITH QUESTIONS?

For questions, you can contact Combined Benefits Group, our Third Party Benefit Administrator at 800-749-6458.

# PROVIDER CONTACT INFORMATION

**Employee Benefit Portal:** [www.mybenefitshub.com/JarrellISD](http://www.mybenefitshub.com/JarrellISD)

Benefit Information Access | Online Enrollment Access | Contact Information



| HEALTH INSURANCE                     | PROVIDER                          | PHONE        | WEBSITE   | PG.     |
|--------------------------------------|-----------------------------------|--------------|---|---------|
| TRS ActiveCare - Medical             | BCBSTX                            | 866.355.5999 | <a href="https://www.bcbstx.com/trsactivecare">https://www.bcbstx.com/trsactivecare</a> | 2 - 5   |
| TRS ActiveCare - Pharmacy            | Express Scripts                   | 844.238-8084 | <a href="https://www.esrx.com/trsactivecare">https://www.esrx.com/trsactivecare</a>     |         |
| EMPLOYEE BENEFIT PLANS               | PROVIDER                          | PHONE        | WEBSITE/EMAIL   |         |
| Hospital Indemnity                   | Chubb                             | 888.499.0425 | N/A: Chubb Educator Market  | 6       |
| Telehealth                           | Access Medical                    | 800.800.7616 | <a href="https://mybenefitswork.com">https://mybenefitswork.com</a>                     | 7 - 8   |
| Flexible Spending Accounts (FSAs)    | National Benefit Services         | 800.274.0503 | <a href="https://www.nbsbenefits.com">https://www.nbsbenefits.com</a>                   | 9 - 12  |
| Health Savings Accounts (HSAs)       | EECU                              | 817.882.0800 | <a href="https://www.eecu.org">https://www.eecu.org</a>                                 | 13 - 16 |
| Dental (Basic, Basic Plus & Premium) | Delta Dental                      | 800.521.2651 | <a href="https://www.deltadentalins.com">https://www.deltadentalins.com</a>             | 17 - 18 |
| Dental (DeltaCare USA - DHMO)        | Delta Dental                      | 800.422.4234 | <a href="https://www.deltadentalins.com">https://www.deltadentalins.com</a>             | 17 - 18 |
| Vision (Dual Option)                 | Ameritas                          | 800.487.5553 | <a href="https://ameritas.com">https://ameritas.com</a>                                 | 19 - 24 |
|                                      | Plan Option 1: EyeMed—View Pointe | 866.289.0614 | <a href="https://eyemedvisioncare.com">https://eyemedvisioncare.com</a>                 | 21 - 22 |
|                                      | Plan Option 2: VSP—Focus          | 800.877.7195 | <a href="https://vsp.com">https://vsp.com</a>   | 23 - 24 |
| Disability Income Protection         | Unum                              | 866.679.3054 | <a href="https://www.unum.com">https://www.unum.com</a>                                 | 25 - 28 |
| Term Life Insurance                  | Unum                              | 866.679.3054 | <a href="https://www.unum.com">https://www.unum.com</a>                                 | 29 - 32 |
| Permanent Life Insurance             | Texas Life                        | 800.283.9233 | <a href="https://www.texaslife.com">https://www.texaslife.com</a>                       | 33 - 36 |
| Accidental Death & Dismemberment     | Sun Life                          | 800.247.6875 | <a href="https://www.sunlife.com/us">https://www.sunlife.com/us</a>                     | 37 - 40 |
| Cancer                               | American Public Life              | 800.256.8606 | <a href="https://www.ampublic.com">https://www.ampublic.com</a>                         | 41 - 44 |
| Accident                             | Aflac                             | 800.433.3036 | <a href="https://www.aflac.com">https://www.aflac.com</a>                               | 45 - 46 |
| Critical Illness                     | MetLife                           | 800.638.5433 | <a href="https://www.metlife.com">https://www.metlife.com</a>                           | 47 - 50 |
| Emergency Medical Transportation     | MASA                              | 877.503.0585 | <a href="https://www.masamts.com">https://www.masamts.com</a>                           | 51 - 52 |
| Identity Theft Protection            | Norton LifeLock                   | 800-607-9174 | <a href="https://www.my.norton.com">https://www.my.norton.com</a>                       | 53 - 54 |
| Legal Services                       | MetLife                           | 800.821.6400 | <a href="https://Info.legalplans.com">https://Info.legalplans.com</a>                   | 55      |
| 457 Retirement Plans                 | Lincoln Investment                | 512.261.6458 | <a href="https://lincolninvestment.com">https://lincolninvestment.com</a>               | 56 - 59 |
| 403(b) Plan Administration           | National Benefit Services         | 800.274.0503 | <a href="https://www.nbsbenefits.com">https://www.nbsbenefits.com</a>                   | 60      |
| Teacher Retirement System of Texas   | TRS                               | 800.223.8778 | <a href="https://trs.texas.gov">https://trs.texas.gov</a>                               |         |



# ENROLLMENT INSTRUCTIONS

## HOW DO I ENROLL?

Visit: [www.MyBenefitsHub.com/JarrellISD](http://www.MyBenefitsHub.com/JarrellISD) and click: **Login** (in the upper right corner)

## WHAT INFORMATION DO I NEED TO LOGIN?

You will need to enter your [Last Name](#), [Date of Birth](#) and [Last Four Digits of your SSN](#).

## ADDITIONAL SECURITY VERIFICATION

After you enter your personal information, you will need to complete Additional Security Verification by entering a Security Code. To obtain the Security Code you have the option to (1) Receive a Phone Call, (2) Receive a Text, (3) Receive an Email, or (4) Call an Administrator. Select the option that best suits your needs.

## ENTER THE SECURITY CODE

Once you receive your Security Code, you will have 10 minutes to verify the temporary security code.



## SYSTEM & COMPANY ACKNOWLEDGEMENTS

The System and Company Acknowledgement page is displayed when you log into the enrollment system as an employee. Please read this section carefully as it contains disclaimer information and requires an electronic confirmation. **Note:** [You are not enrolling in any benefit option as this point and if you have previously given your electronic signature you will not be asked to sign again.](#)

## DEMOGRAPHIC (PERSONAL & DEPENDENT) INFORMATION

The Employee Information Entry process requires you to enter demographic information. You will need to review any pre-filled information for accuracy and complete new or missing information. **Note:** [You must ensure that all eligible dependents are listed within the enrollment system even if you do not plan on covering them under your benefits.](#)

## BENEFIT ENROLLMENT

Once you have completely entered all of your personal and dependent information, you will begin your online enrollment for any of the benefits that you are eligible for. Each available benefit will appear on individual pages for your review. You will elect or decline each benefit plan option before moving to the next available benefit. **Note:** [You must make an active election or declination for each of the benefit options that are made available.](#)

## EVIDENCE OF INSURABILITY

This Page will appear if you have elected coverage that requires Evidence of Insurability (EOI). **Note:** [Any amount of coverage that requires EOI will pend in the enrollment system until you complete the required forms/links and it is approved by the insurance companies underwriter.](#)

## BENEFICIARY INFORMATION

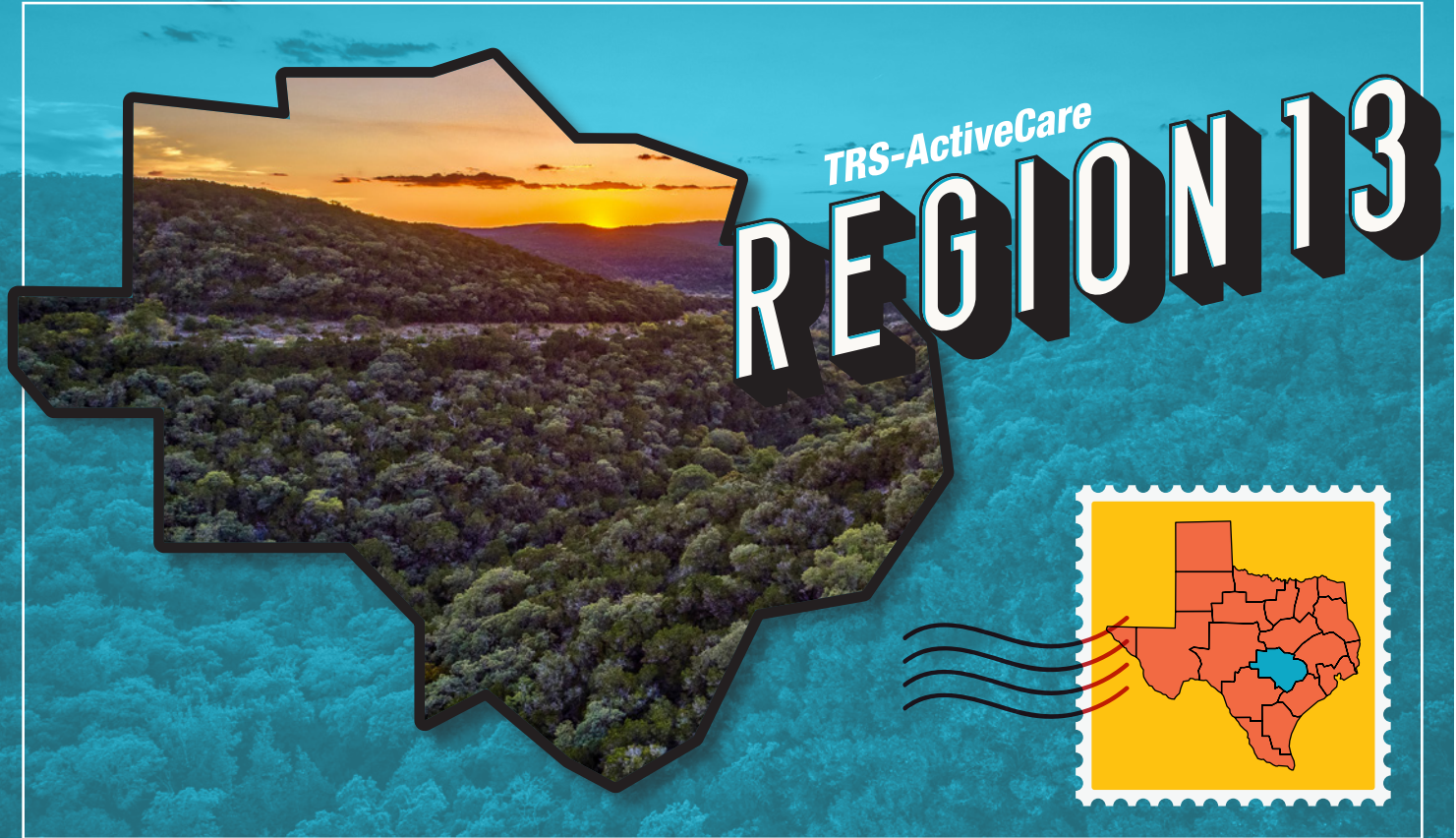
You will be taken to the Beneficiary Election page if you have elected benefits that require beneficiary designations. You can select a dependent that is already listed in the system, add a new beneficiary and select primary and contingent beneficiaries. **Note:** [You may not exceed 100% for your primary or contingent beneficiary designation for each benefit plan.](#)

## CONSOLIDATED ENROLLMENT FORM

The Consolidated Enrollment Form is a complete list of your profile and benefits elections. This form will be shown at the end of your enrollment walkthrough and is also available at all times through your Employee Menu in the enrollment system. **Note:** [ALMOST DONE! If you are hired in the months of May, June and July, you will need to complete your new hire enrollment and annual open enrollment so ensure benefits are carried forward to the new plan year.](#)



*TRS-ActiveCare has more doctors and hospitals than the hill country has hills.*



## TRS-ActiveCare Plan Highlights 2024-25



### Learn the Terms.

- **Premium:** The monthly amount you pay for health care coverage.
- **Deductible:** The annual amount for medical expenses you're responsible to pay before your plan begins to pay.
- **Copay:** The set amount you pay for a covered service at the time you receive it. The amount can vary based on the service.
- **Coinsurance:** The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; e.g., you pay 20% while the health care plan pays 80%.
- **Out-of-Pocket Maximum:** The maximum amount you pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services.

# 2024-25 TRS-ActiveCare Plan Highlights

Sept. 1, 2024 – Aug. 31, 2025



## How to Calculate Your Monthly Premium

Total Monthly Premium

➔ Your Employer Contribution

➔ Your Premium

Ask your Benefits Administrator for your district's specific premiums.

## Wellness Benefits at No Extra Cost\*

Being healthy is easy with:

- \$0 preventive care
- 24/7 customer service
- One-on-one health coaches
- Weight loss programs
- Nutrition programs
- Ovia™ pregnancy support
- TRS Virtual Health
- Mental health benefits
- And much more!

*\*Available for all plans.  
See the benefits guide for more details.*

## Primary Plans & Mental Health

- Both Primary and Primary+ offer \$0 virtual mental health visits with any in-network provider.

All TRS-ActiveCare participants have **three plan options**. Each includes a wide range of wellness benefits.

|              | TRS-ActiveCare Primary   | TRS-ActiveCare Primary+  | TRS-ActiveCare HD   |
|--------------|--|--|---|
| Plan Summary | <ul style="list-style-type: none"><li>• Lowest premium of all three plans</li><li>• Copays for doctor visits before you meet your deductible</li><li>• Statewide network</li><li>• Primary Care Provider referrals required to see specialists</li><li>• Not compatible with a Health Savings Account</li><li>• No out-of-network coverage</li></ul> | <ul style="list-style-type: none"><li>• Lower deductible than the HD and Primary plans</li><li>• Copays for many services and drugs</li><li>• Higher premium</li><li>• Statewide network</li><li>• Primary Care Provider referrals required to see specialists</li><li>• Not compatible with a Health Savings Account</li><li>• No out-of-network coverage</li></ul> | <ul style="list-style-type: none"><li>• Compatible with a Health Savings Account</li><li>• Nationwide network with out-of-network coverage</li><li>• No requirement for Primary Care Providers or referrals</li><li>• Must meet your deductible before plan pays for non-preventive care</li><li>• No requirement for Primary Care Providers or referrals</li></ul> |

| Monthly Premiums      | Total Premium | Employer Contribution | Your Premium | Total Premium | Employer Contribution | Your Premium |
|-----------------------|---------------|-----------------------|--------------|---------------|-----------------------|--------------|
| Employee Only         | \$445         | -                     | -            | \$522         | -                     | -            |
| Employee and Spouse   | \$1,202       | -                     | -            | \$1,358       | -                     | -            |
| Employee and Children | \$757         | -                     | -            | \$888         | -                     | -            |
| Employee and Family   | \$1,513       | -                     | -            | \$1,723       | -                     | -            |

| Plan Features                           | In-Network Coverage Only     | In-Network Coverage Only     | Out-of-Network               |
|---|------------------------------|------------------------------|------------------------------|
| Individual/Family Deductible            | \$2,500/\$5,000              | \$1,200/\$2,400              | \$6,400/\$12,800             |
| Coinsurance                             | You pay 30% after deductible | You pay 20% after deductible | You pay 30% after deductible |
| Individual/Family Maximum Out of Pocket | \$8,050/\$16,100             | \$6,900/\$13,800             | \$20,250/\$40,500            |
| Network                                 | Statewide Network            | Statewide Network            | Nationwide Network           |
| PCP Required                            | Yes                          | Yes                          | No                           |

| Doctor Visits |            |            |                              |
|---------------|------------|------------|------------------------------|
| Primary Care  | \$30 copay | \$15 copay | You pay 30% after deductible |
| Specialist    | \$70 copay | \$70 copay | You pay 30% after deductible |

| Immediate Care              |                               |                               |                               |
|-----------------------------|-------------------------------|-------------------------------|-------------------------------|
| Urgent Care                 | \$50 copay                    | \$50 copay                    | You pay 30% after deductible  |
| Emergency Care              | You pay 30% after deductible  | You pay 20% after deductible  | You pay 30% after deductible  |
| TRS Virtual Health-RediMD™  | \$0 per medical consultation  | \$0 per medical consultation  | \$30 per medical consultation |
| TRS Virtual Health-Teladoc® | \$12 per medical consultation | \$12 per medical consultation | \$42 per medical consultation |

| Prescription Drugs   |   |   |  |
|--|---|---|--|
| Drug Deductible  | Integrated with medical                                 | Integrated with medical   |  |
| Generics (31-Day Supply/90-Day Supply)                                       | \$15/\$45 copay; \$0 copay for certain generics         | \$15/\$45 copay   | You pay 20% after deductible; \$0 coinsurance for certain generics |
| Preferred (Max does not apply if brand is selected and generic is available) | You pay 30% after deductible                            | You pay 25% after deductible (\$100 max)/<br>You pay 25% after deductible (\$265 max) | You pay 25% after deductible                                       |
| Non-preferred  | You pay 50% after deductible                            | You pay 50% after deductible  | You pay 50% after deductible                                       |
| Specialty (31-Day Max)   | \$0 if SaveOnSP eligible; You pay 30% after deductible  | \$0 if SaveOnSP eligible; You pay 30% after deductible                                | You pay 20% after deductible                                       |
| Insulin Out-of-Pocket Costs  | \$25 copay for 31-day supply; \$75 for 61-90 day supply | \$25 copay for 31-day supply; \$75 for 61-90 day supply                               | You pay 25% after deductible                                       |

This plan is closed and not accepting new enrollees. If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan.

| TRS-ActiveCare 2  |
|---|
| <ul style="list-style-type: none"><li>• Closed to new enrollees</li><li>• Current enrollees can choose to stay in plan</li><li>• Lower deductible</li><li>• Copays for many services and drugs</li><li>• Nationwide network with out-of-network coverage</li><li>• No requirement for Primary Care Providers or referrals</li></ul> |

| Total Premium | Employer Contribution | Your Premium |
|---------------|-----------------------|--------------|
| \$1,013       | -                     | -            |
| \$2,402       | -                     | -            |
| \$1,507       | -                     | -            |
| \$2,841       | -                     | -            |

| In-Network                   | Out-of-Network               |
|------------------------------|------------------------------|
| \$1,000/\$3,000              | \$2,000/\$6,000              |
| You pay 20% after deductible | You pay 40% after deductible |
| \$7,900/\$15,800             | \$23,700/\$47,400            |
| Nationwide Network           |                              |
| No                           |                              |

|            |                              |
|------------|------------------------------|
| \$30 copay | You pay 40% after deductible |
| \$70 copay | You pay 40% after deductible |

|   |                              |
|---|------------------------------|
| \$50 copay                                      | You pay 40% after deductible |
| You pay a \$250 copay plus 20% after deductible |                              |
| \$0 per medical consultation                    |                              |
| \$12 per medical consultation                   |                              |

|   |  |
|---|--|
| \$200 brand deductible  |  |
| \$20/\$45 copay   |  |
| You pay 25% after deductible (\$40 min/\$80 max)/<br>You pay 25% after deductible (\$105 min/\$210 max)                       |  |
| You pay 50% after deductible (\$100 min/\$200 max)/<br>You pay 50% after deductible (\$215 min/\$430 max)                     |  |
| \$0 if SaveOnSP eligible;<br>You pay 30% after deductible (\$200 min/\$900 max)/<br>No 90-day supply of specialty medications |  |
| \$25 copay for 31-day supply; \$75 for 61-90 day supply   |  |

## Compare Prices for Common Medical Services

### REMEMBER:

Call a Personal Health Guide 24/7 to help you find the best price for a medical service.  
Reach them at **1-866-355-5999**.

| Benefit  | TRS-ActiveCare Primary  | TRS-ActiveCare Primary+   | TRS-ActiveCare HD                          |   | TRS-ActiveCare 2  |  |
|--|---|---|--|---|---|--|
|  | In-Network Only   | In-Network Only   | In-Network                                 | Out-of-Network  | In-Network  | Out-of-Network   |
| Diagnostic Labs**  | Office/Independent Lab: You pay \$0                                 | Office/Independent Lab: You pay \$0                                 | You pay 30% after deductible               | You pay 50% after deductible                                  | Office/Independent Lab: You pay \$0                                   | You pay 40% after deductible                                     |
|  | Outpatient: You pay 30% after deductible                            | Outpatient: You pay 20% after deductible                            |  |   | Outpatient: You pay 20% after deductible                              |  |
| High-Tech Radiology  | You pay 30% after deductible  | You pay 20% after deductible  | You pay 30% after deductible               | You pay 50% after deductible                                  | You pay 20% after deductible + \$100 copay per procedure              | You pay 40% after deductible + \$100 copay per procedure         |
| Outpatient Costs   | You pay 30% after deductible  | You pay 20% after deductible  | You pay 30% after deductible               | You pay 50% after deductible                                  | You pay 20% after deductible (\$150 facility copay per incident)      | You pay 40% after deductible (\$150 facility copay per incident) |
| Inpatient Hospital Costs   | You pay 30% after deductible  | You pay 20% after deductible  | You pay 30% after deductible               | You pay 50% after deductible (\$500 facility per day maximum) | You pay 20% after deductible (\$150 facility copay per day)           | You pay 40% after deductible (\$500 facility copay per incident) |
| Freestanding Emergency Room  | You pay \$500 copay + 30% after deductible                          | You pay \$500 copay + 20% after deductible                          | You pay \$500 copay + 30% after deductible | You pay \$500 copay + 50% after deductible                    | You pay \$500 copay + 20% after deductible                            | You pay \$500 copay + 40% after deductible                       |
| Bariatric Surgery  | Facility: You pay 30% after deductible                              | Facility: You pay 20% after deductible                              | Not Covered                                | Not Covered   | Facility: You pay 20% after deductible (\$150 facility copay per day) | Not Covered  |
|  | Professional Services: You pay \$5,000 copay + 30% after deductible | Professional Services: You pay \$5,000 copay + 20% after deductible |  |   | Professional Services: You pay \$5,000 copay + 20% after deductible   |  |
|  | Only covered if rendered at a BDC+ facility                         | Only covered if rendered at a BDC+ facility                         |  |   | Only covered if rendered at a BDC+ facility                           |  |
| Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist) | You pay \$70 copay  | You pay \$70 copay  | You pay 30% after deductible               | You pay 50% after deductible                                  | You pay \$70 copay  | You pay 40% after deductible                                     |
| Annual Hearing Exam (one per plan year)  | \$30 PCP copay<br>\$70 specialist copay                             | \$15 PCP copay<br>\$70 specialist copay                             | You pay 30% after deductible               | You pay 50% after deductible                                  | \$30 PCP copay<br>\$70 specialist copay                               | You pay 40% after deductible                                     |

**\*\*Pre-certification for genetic and specialty testing may apply. Contact a PHG at 1-866-355-5999 with questions.**

[www.trs.texas.gov](http://www.trs.texas.gov)





## TRS-ActiveCare Health Insurance Plans Jarrell Independent School District

Region 13  
9/1/2024 - 8/31/2025

### Monthly Rates

#### TRS-ActiveCare Primary | In-Network Only | Employees must select a Primary Care Physician (PCP)

|                       | Monthly           |                       |               |
|-----------------------|-------------------|-----------------------|---------------|
|                       | Medical Insurance | District Contribution | Employee Cost |
| Employee Only         | \$445.00          | \$445.00              | \$0.00        |
| Employee + Spouse     | \$1,202.00        | \$445.00              | \$757.00      |
| Employee + Child(ren) | \$757.00          | \$445.00              | \$312.00      |
| Employee + Family     | \$1,513.00        | \$445.00              | \$1,068.00    |

#### TRS-ActiveCare HD (High Deductible Health Plan) | Nationwide Network | Deductible per Covered Individual

|                       | Monthly           |                       |               |
|-----------------------|-------------------|-----------------------|---------------|
|                       | Medical Insurance | District Contribution | Employee Cost |
| Employee Only         | \$460.00          | \$445.00              | \$15.00       |
| Employee + Spouse     | \$1,242.00        | \$445.00              | \$797.00      |
| Employee + Child(ren) | \$782.00          | \$445.00              | \$337.00      |
| Employee + Family     | \$1,564.00        | \$445.00              | \$1,119.00    |

#### TRS-ActiveCare Primary Plus | In-Network Only | Employees must select a Primary Care Physician (PCP)

|                       | Monthly    |                       |               |
|-----------------------|------------|-----------------------|---------------|
|                       | Premium    | District Contribution | Employee Cost |
| Employee Only         | \$522.00   | \$445.00              | \$77.00       |
| Employee + Spouse     | \$1,358.00 | \$445.00              | \$913.00      |
| Employee + Child(ren) | \$888.00   | \$445.00              | \$443.00      |
| Employee + Family     | \$1,723.00 | \$445.00              | \$1,278.00    |

#### TRS-ActiveCare 2 (PPO) | Nationwide Network | Current Participants Only

|                       | Monthly    |                       |               |
|-----------------------|------------|-----------------------|---------------|
|                       | Premium    | District Contribution | Employee Cost |
| Employee Only         | \$1,013.00 | \$445.00              | \$568.00      |
| Employee + Spouse     | \$2,402.00 | \$445.00              | \$1,957.00    |
| Employee + Child(ren) | \$1,507.00 | \$445.00              | \$1,062.00    |
| Employee + Family     | \$2,841.00 | \$445.00              | \$2,396.00    |

# Hospital Cash

It's not easy to pay hospital bills, especially if you have a high deductible medical plan. Chubb Hospital Cash pays money directly to you if you are hospitalized so you can focus on your recovery. And since the cash goes directly to you, there are no restrictions on how you use your money.

## \$30,000

average three-day hospitalization cost.<sup>1</sup>

## 5.4 days

average hospital stay.<sup>2</sup>

<sup>1</sup> www.healthcare.gov; accessed Jan. 2023

<sup>2</sup> data.oecd.org; accessed Jan. 2023



|   | Plan 1  | Plan 2  | Plan 3  |
|---|---|---|---|
| Hospitalization Benefits  | Payable Benefit   | Payable Benefit   | Payable Benefit   |
| <b>Hospital Admission Benefit</b><br>This benefit is for admission to a hospital or hospital sub-acute intensive care unit.   | <ul style="list-style-type: none"> <li>• \$1,500</li> <li>• Maximum Benefit Per Calendar Year: 2</li> </ul>   | <ul style="list-style-type: none"> <li>• \$2,500</li> <li>• Maximum Benefit Per Calendar Year: 2</li> </ul>   | <ul style="list-style-type: none"> <li>• \$3,000</li> <li>• Maximum Benefit Per Calendar Year: 2</li> </ul>   |
| <b>Hospital Confinement Benefit</b><br>This benefit is for confinement in hospital or hospital sub-acute intensive care unit.   | <ul style="list-style-type: none"> <li>• \$100 Per Day</li> <li>• Maximum Days Per Calendar Year: 30</li> </ul>   | <ul style="list-style-type: none"> <li>• \$100 Per Day</li> <li>• Maximum Days Per Calendar Year: 30</li> </ul>   | <ul style="list-style-type: none"> <li>• \$200 Per Day</li> <li>• Maximum Days Per Calendar Year: 30</li> </ul>   |
| <b>Hospital Confinement ICU Benefit</b><br>The benefit for confinement in a hospital intensive care unit.   | <ul style="list-style-type: none"> <li>• \$200 Per Day</li> <li>• Maximum Days Per Calendar Year: 30</li> </ul>   | <ul style="list-style-type: none"> <li>• \$200 Per Day</li> <li>• Maximum Days Per Calendar Year: 30</li> </ul>   | <ul style="list-style-type: none"> <li>• \$400 Per Day</li> <li>• Maximum Days Per Calendar Year: 30</li> </ul>   |
| <b>Hospital ICU Admission Benefit</b><br>This benefit is for admission to a hospital intensive care unit.   | <ul style="list-style-type: none"> <li>• \$3,000</li> <li>• Maximum Benefit Per Calendar Year: 2</li> </ul>   | <ul style="list-style-type: none"> <li>• \$5,000</li> <li>• Maximum Benefit Per Calendar Year: 2</li> </ul>   | <ul style="list-style-type: none"> <li>• \$6,000</li> <li>• Maximum Benefit Per Calendar Year: 2</li> </ul>   |
| <b>Newborn Nursery</b><br>This benefit is payable for an insured newborn baby receiving newborn nursery care and who is not confined for treatment of a physical illness, infirmity, disease or injury. | <ul style="list-style-type: none"> <li>• \$200 Per Day</li> <li>• Maximum Days per Confinement - Normal Delivery: 2</li> <li>• Maximum Days per Confinement - Caesarean Section: 2</li> </ul> | <ul style="list-style-type: none"> <li>• \$300 Per Day</li> <li>• Maximum Days per Confinement - Normal Delivery: 2</li> <li>• Maximum Days per Confinement - Caesarean Section: 2</li> </ul> | <ul style="list-style-type: none"> <li>• \$300 Per Day</li> <li>• Maximum Days per Confinement - Normal Delivery: 2</li> <li>• Maximum Days per Confinement - Caesarean Section: 2</li> </ul> |

## Rates

|                     | Plan 1  | Plan 2  | Plan 3  |
|---------------------|---------|---------|---------|
| Monthly Premiums    |         |         |         |
| Employee            | \$14.72 | \$22.14 | \$26.32 |
| Employee + Spouse   | \$30.52 | \$47.64 | \$56.66 |
| Employee + Children | \$22.78 | \$34.96 | \$41.52 |
| Family              | \$38.60 | \$60.46 | \$71.86 |

Please refer to your Certificate of Insurance at <https://midtexbenefits.com> for a complete listing of available benefits, limitations and exclusions.

Underwritten by ACE Property & Casualty Company, a Chubb company.

This information is a brief description of the important benefits and features of the insurance plan. It is not an insurance contract. This is a supplement to health insurance and is not a substitute for Major Medical or other minimal essential coverage. Hospital indemnity coverage provides a benefit for covered loss; neither the product name nor benefits payable are intended to provide reimbursement for medical expenses incurred by a covered person or to result in any payment in excess of loss.



# Access Medical Package

Healthcare can be complicated and expensive. With this benefits package, you're connected with tools and services that help guide a smoother, more cost-effective healthcare experience.



## Teladoc (\$0 Visit Fee)

Feel better now! 24/7 access to a doctor is only a call or click away—anytime, anywhere with a \$0 visit fee for general medical issues. With Teladoc, you can talk to a doctor by phone or online video to get a diagnosis, treatment options and prescription, if medically necessary. Save time and money by avoiding crowded waiting rooms in the doctor's office, urgent care clinic or ER. Just use your phone, computer, smartphone or tablet to get a quick diagnosis by a U.S.-licensed physician.



## Health Advocate™ Solutions

Healthcare is becoming harder to understand. Personal Health Advocates help you navigate through insurance and healthcare systems.

Advocates research treatments, resolve claims and locate doctors, specialists, hospitals, dentists and pharmacies. Skilled negotiators will attempt to negotiate discounts on your behalf, no matter your benefit status. Registered nurses are on-call 24/7 to answer questions and provide medical explanations.



## NB Rx

Healthcare keeps getting more expensive, but you shouldn't have to choose between your prescription medications and other essential expenses. Make sure you're always getting the best deal on your prescriptions with deep discounts through NB Rx. Save 10% to 85% on most prescriptions at 60,000 retail pharmacies nationwide.



## Hearing

If you suffer from hearing loss, you shouldn't have to empty your wallet to access hearing aids. Retail Hearing Care by Amplifon, the #1 direct-to-consumer hearing aid brand, will help you find an affordable solution with the fit, comfort, and amplification you need.







## Worklife Services

Everyday help for everyday living. Need childcare, relocation services or caregiver support? Your worklife concierge helps with the good, the challenging and everything in between.



## Diabetic Supplies

Save 10% to 50% on diabetic testing supplies, and get a free fully-audible blood glucose meter with your first order. With the convenient online, pre-paid program, you receive discounted diabetic testing supplies shipped directly to your home.



## Durable Medical Equipment

Need an easy way to order medical equipment online or by phone? Not only will your supplies ship to you, but you'll save 20% to 50% and an additional \$5 on orders\* of \$50 or more! Save on walking aids, wheelchairs, scooters, hospital beds, bathroom safety, orthopedic products, and more.

*\*Restrictions may apply.*



Download the **My Benefits Work Mobile App**  
800.800.7616 | **MyBenefitsWork.com**

Disclosures: **This program is NOT insurance coverage** and does not meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CMR 5.00. It provides discounts only at the offices of contracted health care providers, and each member is obligated to pay the discounted medical charges in full at the point of service. The range of discounts for medical or ancillary services provided under the program will vary depending on the type of provider and medical or ancillary service received. Discount Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 803475, Dallas, TX 75380-3475, 800-800-7616. Website to obtain participating providers: MyBenefitsWork.com. Not available to UT, VT or WA residents. © 2024 Teladoc, Inc. All rights reserved. Teladoc and the Teladoc logo are registered trademarks of Teladoc, Inc. and may not be used without written permission. Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulation and may not be available in certain states. Teladoc does not prescribe DEA-controlled substances, non-therapeutic drugs, and certain other drugs that may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services. For dermatology consultations, members must complete a Dermatology Intake Form and upload a minimum of three images through the secure message center before each initial consultation. The Health Advocate program is not health insurance. Health Advocate provides administrative, information and referral type services, through its employees. Health Advocate does not provide medical services and does not recommend treatment. Independent healthcare practitioners, who are not Health Advocate's employees or agents, provide all medical services. In life-threatening emergencies, call 911 or go directly to the nearest hospital emergency room for treatment. If 911 is not available in your area, call the local police or fire department or go directly to the nearest hospital emergency room.

## What Can I Save with an FSA?

|                                       | FSA          | No FSA     |
|---------------------------------------|--------------|------------|
| Annual taxable income                 | \$24,000     | \$24,000   |
| Health FSA                            | \$1,500      | \$0        |
| Dependent care FSA                    | \$1,500      | \$0        |
| Total pre-tax contributions           | -\$3,000     | \$0        |
| Taxable income after FSA              | \$21,000     | \$24,000   |
| Income taxes                          | -\$6,300     | -\$7,200   |
| After-tax income                      | \$14,700     | \$16,800   |
| After-tax health and welfare expenses | \$0          | -\$3,000   |
| Take-home pay                         | \$14,700     | \$13,800   |
| <b>You saved</b>                      | <b>\$900</b> | <b>\$0</b> |

Help Make Medical Costs Painless.

Find out more at  
[fsa.nbsbenefits.com](http://fsa.nbsbenefits.com)

## What is a Flexible Spending Account (FSA)?



8523 South Redwood Road  
West Jordan, Utah 84088  
800-274-0503  
[fsa@nbsbenefits.com](mailto:fsa@nbsbenefits.com)



# Flexible Spending Account (FSA)

## Two types of FSAs

For a health FSA, start by choosing an annual election amount. This amount will be available on day one of your plan year for eligible medical expenses.

Then, payroll deductions will be made throughout the plan year to fund your account.

A dependent care FSA works differently than a health FSA. Money is only available as it is contributed and can only be used for dependent care expenses.

Both are pre-tax benefits your employer offers through a cafeteria plan. Choose one or both —whichever is right for you.

## What's a cafeteria plan?

A cafeteria plan enables you to save money on group insurance, healthcare expenses, and dependent care expenses. Your contributions are deducted from your paycheck by your employer before taxes are withheld. These deductions lower your taxable income which can save you up to 35% on income taxes!

## Partial List of Eligible Expenses:

- ✓ Medical/Dental/Vision Copays and deductibles
- ✓ Prescription Drugs
- ✓ Physical Therapy
- ✓ Chiropractor
- ✓ First-Aid Supplies
- ✓ Lab Fees
- ✓ Psychiatrist/Psychologist
- ✓ Vaccinations
- ✓ Dental Work/Orthodontia
- ✓ Eye Exams
- ✓ Laser Eye Surgery
- ✓ Eyeglasses, Contact Lenses, Lens Solution
- ✓ Prescribed OTC Medications

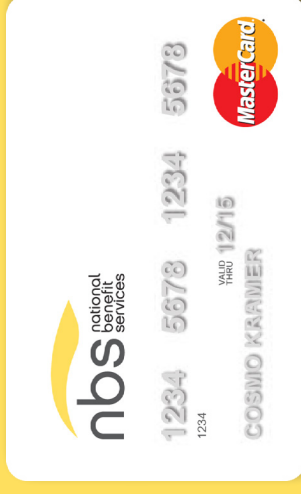


## Enrollment Considerations

After the enrollment period ends, you may increase, decrease, or stop your contribution only when you experience a qualifying "change of status" (e.g. marriage, divorce, employment change, dependent change).

Be conservative in the total amount you elect to avoid forfeiting money at the end of the plan year.

## How to Spend



## Spending is easy

Our convenient NBS Benefits Card allows you to avoid out-of-pocket expenses, cumbersome claim forms and reimbursement delays. Or you may also utilize the "pay a provider" option on our web portal.

## Account access is easy

Get account information from our easy-to-use online portal and mobile app. See your account balance, contributions and account history in real time.

## What if I don't use it all?

Because an FSA is a planning tool with great tax benefits, you must use the account balance in its entirety before the end of the plan year or it will be forfeited. This is known as the "use-it-or-lose-it" rule.

Your employer may offer a grace period or a \$500 rollover to help if you miss the mark a little bit. *Just make sure to plan carefully when you enroll.*



# FLEXIBLE BENEFITS PLAN

Jarrell Independent School District

Employer ID NBS425866

## PLAN HIGHLIGHTS

Login at: [my.nbsbenefits.com](http://my.nbsbenefits.com)



Congratulations! Jarrell Independent School District has established a "Flexible Benefits Plan" to help you pay for your out-of-pocket medical expenses. The benefits you elect are paid for with a portion of your pay before Federal income or Social Security taxes are withheld. This means that you will save money by paying less taxes and have more money to spend. However, if you receive a reimbursement for an expense under the Plan, you cannot claim a Federal income tax credit or deduction on your return.

### GENERAL PLAN INFORMATION

Plan Year:.....September 1<sup>st</sup> through August 31<sup>st</sup>

Maximum Health FSA Limit.....Current IRS limit  
.....See Code Section 125(i)(2) or current enrollment information

Maximum Dependent Care Limit:.....\$5,000

#### Grace Period

If you have unused contributions in your Flexible Spending Accounts from the immediately preceding plan year, you may have a limited period to incur additional qualifying FSA and/or Dependent Care expenses.

Health FSA .....75 days  
Dependent Care (DCAP).....75 days

#### Deadlines to Incur Expenses on Elected Funds

Health FSA.....November 14 following Plan Year End  
DCAP..... November 14 following Plan Year End

#### Deadlines to File for Reimbursement

Run-out Period:.....90 days

Health FSA and DCAP.....November 29 following plan year end

#### Mid-Year Terminations

FSA .....30 days following termination date  
DCAP..... 30 days following termination date

Orthodontic Reimbursement .....as paid per service contract  
Upfront payment.....not allowed

### AM I ELIGIBLE TO PARTICIPATE

If you work 20 hours or more each week for the company, you will be eligible to join the Plan following your date of hire.

You will enter the Plan on the first day of the month following the day in which you meet the above eligibility requirements.

### Highly Compensated & Key Employees

Under the Internal Revenue Code, "highly compensated employees" and "key employees" generally are Participants who are officers, shareholders or highly paid. If you fall within these categories, you may be limited in the benefits or election amounts that are available to you. Please refer to your Summary Plan Description or your HR Department for more information.

### WHAT TYPE OF BENEFITS ARE AVAILABLE

Under our Plan, you can choose the following benefits. Each benefit allows you to save taxes at the same time because the amount you elect is set aside on a pre-tax basis.

#### Health Flexible Spending Account:

The Health Flexible Spending Account (FSA) enables you to pay for expenses allowed under Section 105 and 213(d) of the Internal Revenue Code which are not covered by our insured medical plan. Your Plan Maximum can be found in the General Plan Information section. Please note: If you contribute to this benefit, you **cannot** elect a Health Savings Account (HSA) Benefit.

#### Health Savings Account:

A Health Savings Account is a portable benefit which allows participants insured by a Qualified High Deductible Insurance Plan to save for deductibles and other expenses not covered under the Plan. If you participate in this benefit you **cannot** participate in the Health Flexible Spending Account benefit.

#### Dependent Care Flexible Spending Account:

The Dependent Care Flexible Spending Account (DCAP) enables you to pay for out-of-pocket, work-related dependent day-care cost. Please see the Summary Plan Description for the definition of eligible dependent. The law places limits on the amount of money that can be paid to you in a calendar year. Generally, your reimbursement may not exceed the lesser of: (a) \$5,000 (if you are married filing a joint return or you are head of a household) or \$2,500 (if you are married filing separate returns); (b) your taxable compensation; (c) your spouse's actual or deemed earned income.

#### NBS Welfare Benefit Service Center

(801) 532-4000 or 800-274-0503  
Fax: 800-478-1528  
[service@nbsbenefits.com](mailto:service@nbsbenefits.com)

#### Jarrell Independent School District Flexible Benefits Plan



# Flexible Benefits Plan

## Highlights Continued

### **Premium Expense Plan:**

A Premium Expense portion of the Plan allows you to use pre-tax dollars to pay for specific premiums under various insurance programs that we offer you.

Please note: Policies other than company sponsored policies (i.e. spouse's or dependents' individual policies etc.) may not be paid through the Flexible Benefits Plan. Furthermore, qualified long-term care insurance plans may not be paid through the Flexible Benefits Plan.

### **DETERMINING CONTRIBUTIONS**

Before each Plan Year begins, you will select the benefits you want and how much of the contributions should go toward each benefit. It is very important that you make these choices carefully based on what you expect to spend on each covered benefit or expense during the Plan Year.

Generally, you cannot change the elections you have made after the beginning of the Plan Year. However, there are certain limited situations when you can change your elections if you have a "change in status". Please refer to your Summary Plan Description for a change in status listing.

### **HOW DO I RECEIVE REIMBURSEMENTS**

#### **Participant Portal or Mobile App**

During the course of the Plan Year, you may submit requests for reimbursement of expenses you have incurred. Expenses are considered "incurred" when the service is performed, not necessarily when it is paid for. Claims may be submitted through your online account or the NBS Mobile App.

In order to have the reimbursements made to you for qualifying Dependent Care expenses, you must provide a statement from the service provider including the name, address, date of service, the amount of expense and proof that the expense has been incurred. In most cases, the taxpayer identification number of the service provider will also be necessary.

Claims for reimbursement must be submitted in accordance with the timelines provided in the General Plan Information section.

#### **NBS Smart Debit Card – FSA Pre-paid MasterCard**

Your employer may sponsor the use of the NBS Smart Debit Card to access your Health FSA dollars. You may use the card to pay merchants or service providers that accept credit cards, so there is no need to pay cash up front then wait for reimbursement.

Updated: 5/21/2024

---

#### **NBS Welfare Benefit Service Center**

(801) 532-4000 or 800-274-0503

Fax: 800-478-1528

service@nbsbenefits.com



Jarrell Independent School District  
Flexible Benefits Plan

# Here's How We Make Saving For Healthcare Expenses Easy, Convenient and Valuable

## Making It Easy

### Easy to Contribute

You can make pre-tax, current year contributions through your employer payroll deduction or make post-tax, current year contributions directly online or at an EECU financial center.

### Easy to Make Payments

EECU offers three easy ways. You can pay qualified medical expenses<sup>1</sup> with your EECU HSA Debit Mastercard® through EECU's free online banking and bill pay or by writing an HSA check (optional, fees apply<sup>2</sup>). You can also pay out-of-pocket for eligible medical expenses and then reimburse yourself from your HSA.

### Easy to Manage Your Account

You can easily access your EECU HSA anytime, anywhere online or from your smartphone or tablet at eecu.org and manage your account on the go. Have a question or need help with a transaction, we're here to help on the phone, online, chat or in person at a financial center.

### Easy to Grow

Your EECU HSA is federally insured, pays out a competitive dividend rate based on balance amount and has no monthly fees, so you can maximize your savings.

### HSA Overview

- Requires a qualifying high deductible health plan (HDHP)
- Used to pay for qualified medical expenses
- Funded by you, your employer or others
- Account funds belong to you

### Qualified Medical Expenses

Use your HSA to pay for qualified medical expenses, as defined by the Internal Revenue Service, for yourself, your spouse or tax dependents<sup>1</sup>. Here are some examples:

- Acupuncture
- Ambulance Service
- Chiropractor
- Dental Care
- Doctor's Fees
- Hearing Aids
- Laboratory Fees
- Prescription Drugs
- Surgery
- Vaccines
- Vision Care
- Wheel Chairs
- X-Rays

A list of Eligible Medical Expenses can be found in IRS Publication 502 - Medical and Dental Expenses.<sup>1</sup>

### Save your receipts –

for all qualified medical expenses. EECU does not verify eligibility. You are responsible for making sure payments are for qualified medical expenses.



## Making It Convenient

### Here's How To Contribute

**Payroll Deductions** – your HSA contributions can be deducted from your paycheck on a pre-tax basis. For more information, please contact your employer.

**Online Contribution** – use our online banking Transfer tool to contribute to your account. Simply log in at [eecu.org](http://eecu.org), then hover over “Move Money” in the top menu, then select the type of transfer from an EECU or external checking or savings account to your HSA. (All contributions are classified as current year contributions unless directed otherwise.)

**Check** – use EECU’s mobile deposit feature to deposit a check from your mobile device. You can also stop by an EECU financial center or one of our 5,000 shared financial centers to make a check deposit.

**Transfer / Rollover** – to make a transfer or rollover from an external HSA or MSA, complete and submit the HSA Transfer Form to EECU, and we’ll take care of the rest.

### Here's How To Make Payments

**HSA Debit Card** – use your EECU HSA Mastercard® debit card to pay healthcare providers at point-of-sale or by following the instructions provided on a bill from a medical provider.

**Online Bill Pay** – sign up, at [eecu.org](http://eecu.org), and use EECU’s free online banking and bill pay to make payments to medical providers directly from your HSA.

**Online Transfers** – use EECU’s online banking or mobile app; reimburse yourself for out-of-pocket expenses by making a transfer from your HSA to your personal checking or savings account.

**Check** – optional HSA checks can be ordered upon request for a fee<sup>2</sup>. You can use these checks to pay healthcare providers and suppliers.

### Here's How To Manage Your Account

**Online** - check your balance, pay healthcare providers and arrange deposits; sign-up for online banking at [www.eecu.org](http://www.eecu.org).

**Mobile** - EECU’s mobile app allows you to manage your account on the go; download “EECU Mobile Banking” in Apple’s App Store and Google Play.

**Contact Member Service** – call (817) 882-0800. Our dedicated member service representatives are available to assist you with any questions. Our hours of operation are Monday through Friday from 8:00 a.m. to 7:00 p.m. CT, Saturday 9:00 a.m. – 1:00 p.m. CT and closed on Sunday. **If your debit card is lost or stolen**, call our 24-hour debit card hotline at (800) 333-9934.

**Account Statements** – monthly account statements show all your account activity for that period. You can receive free online statements or printed statements. You will also receive an IRS 1099 form and a 5498-SA form if you had any contributions or distributions (withdrawals) during the year.

## Thank you for choosing EECU for your Health Savings Account.

For more information about HSAs, visit [www.eecu.org/HSA](http://www.eecu.org/HSA), call one of our Member Service Representatives at 817-882-0800 or stop by a local EECU financial center.

Your Benefits Administrator will also be able to provide you information about your HSA.

<sup>1</sup> A list of Eligible Medical Expenses be found in IRS Publication 502, <http://www.irs.gov/pub/irs-pdf/p502.pdf>. As described in IRS publication 969, <http://www.irs.gov/pub/irs-pdf/p969.pdf>, over-the-counter medications (when prescribed by a doctor) are considered Eligible Medical Expenses for HSA purposes.

<sup>2</sup> Call 817-882-0800 or stop by a financial center to order Standard checks at no charge, excludes shipping & handling or order custom checks, prices vary.



# Health Savings Account Fee Schedule

Below are common fees associated with your Health Savings Account (HSA). For a complete list of Personal Service Fees, go to [www.eecu.org](http://www.eecu.org). For details regarding the general terms and conditions that apply to your HSA, see the Account Opening Agreements and Disclosures for Health Saving Accounts.

## STANDARD

| Service                         | Fee  |
|---------------------------------|------|
| Account Set-up .....            | FREE |
| Monthly Maintenance .....       | FREE |
| Monthly Account Statement ..... | FREE |
| Online Banking .....            | FREE |
| Mobile Banking .....            | FREE |
| Bill Pay .....                  | FREE |

## OPTIONAL

| Service   | Fee                 |
|---|---------------------|
| ATM Account Inquiry .....   | FREE                |
| (At 85,000 EECU, Allpoint®, and CO-OP <sup>SM</sup> ATM locations nationwide) |                     |
| ATM Account Inquiry .....   | \$0.50 <sup>1</sup> |
| (At <b>non</b> -EECU, Allpoint®, and CO-OP <sup>SM</sup> ATM locations)       |                     |
| ATM Account Withdrawal .....  | FREE                |
| (At 85,000 EECU, Allpoint®, and CO-OP <sup>SM</sup> ATM locations nationwide) |                     |
| ATM Account Withdrawal .....  | \$3.00 <sup>1</sup> |
| (At <b>non</b> -EECU, Allpoint®, and CO-OP <sup>SM</sup> ATM locations)       |                     |
| HSA Checks .....  | Varies              |
| HSA Investment Account <sup>2</sup> Set-up Fee .....                          | FREE                |
| Mailed Paper Statement for HSA .....  | FREE                |

## SPECIAL SITUATIONS

| Service  | Fee               |
|--|-------------------|
| Excess Contribution Withdrawal .....                 | FREE              |
| Lost Debit Card Replacement .....                    | \$5               |
| Returned Deposit Item .....                          | \$12              |
| Nonsufficient Funds (NSF) per Item .....             | \$34 <sup>3</sup> |
| Stop Payment .....                                   | \$34              |
| Legal Process Fee (garnishments, levies, etc.) ..... | \$100             |

EECU may change the amounts and types of fees or add additional fees at any time in accordance with the terms of the Health Savings Account Agreement or as otherwise allowed by law.

<sup>1</sup> This fee is in addition to any fees that the ATM owner may charge. When imposed, fees will be deducted from the balance of your account.

<sup>2</sup>

|                  |                             |                |                                    |
|------------------|-----------------------------|----------------|------------------------------------|
| NOT NCUA INSURED | NOT CREDIT UNION GUARANTEED | MAY LOSE VALUE | NOT OBLIGATION OF THE CREDIT UNION |
|------------------|-----------------------------|----------------|------------------------------------|

<sup>3</sup> EECU will return as unpaid any item that is presented for payment without sufficient funds in your account, whether it is presented in the form of a check or an ACH. If we return an item unpaid, you will be charged the fee described above. The only exception to the return of an item is if EECU deems that it is legally obligated to pay it. If an item is so paid without sufficient funds in your account, an overdraft will be created. Be advised that an overdraft of your HSA account may cause your HSA to be disqualified by the IRS. Any taxes or other expenses you incur because of an overdraft are your responsibility. We will generally decline ATM and everyday debit card transactions that may overdraw your account.

Federally Insured by NCUA

FSA funds have an annual expiration date, but HSAs' benefits grow with you over time.



## HSA Health Savings Account

VERSUS

## FSA Flexible Spending Account



HSA funds roll over from year to year with no use-it-or-lose-it limits



Do funds **roll over** from year to year with **no caps** or limitations?



FSA funds have use-it-or-lose-it restrictions and rollover limitations



HSA funds stay with you regardless of your job or retirement status



Do funds **stay with you** when you transfer jobs or retire?



FSA funds do not come with you when you change jobs or retire



HSAs can be used as an investment vehicle to build wealth



Can funds earn interest and be **invested for the future?**



FSA funds cannot be invested



Because they don't have a shelf life, HSA funds can be invested over time to create a medical nest egg to cover retirement healthcare costs.



| Monthly Premiums    | Premium Plan | Basic Plus Plan | Basic Plan | DeltaCare USA |
|---------------------|--------------|-----------------|------------|---------------|
|                     | DPO          | DPO             | DPO        | DHMO          |
| Employee Only       | \$32.04      | \$29.44         | \$18.24    | \$14.26       |
| Employee + Spouse   | \$65.52      | \$61.28         | \$37.90    | \$28.54       |
| Employee + Children | \$76.14      | \$71.20         | \$41.14    | \$32.11       |
| Employee + Family   | \$106.96     | \$103.04        | \$60.80    | \$50.47       |

| Your Plan Option Details     |                 |                 |                 |      |
|------------------------------|-----------------|-----------------|-----------------|------|
| Deductibles                  | \$50 per person | \$50 per person | \$50 per person | None |
| Annual Maximum               | \$1,250         | \$1,000         | \$750           | None |
| Waiting Periods              | None            | None            | None            | None |
| Lifetime orthodontic maximum | \$1,500         | \$1,500         | N/A             | None |

| Sample Procedures | Procedure Code | Plan Pays | Plan Pays | Plan Pays | Your copayment |
|-------------------|----------------|-----------|-----------|-----------|----------------|
|-------------------|----------------|-----------|-----------|-----------|----------------|

| Diagnostic                               |       |      |      |     |     |
|--|-------|------|------|-----|-----|
| Periodic oral exam – established patient | D0120 | 100% | 100% | 80% | \$0 |
| Complete series of x-rays                | D0210 | 100% | 100% | 80% | \$0 |

| Preventative                   |       |      |      |     |      |
|--------------------------------|-------|------|------|-----|------|
| Cleaning (prophylaxis) - adult | D1110 | 100% | 100% | 80% | \$0  |
| Cleaning (prophylaxis) – child | D1120 | 100% | 100% | 80% | \$0  |
| Sealant – per tooth            | D1351 | 100% | 100% | 80% | \$15 |

| Restorative                                 |       |     |     |     |       |
|---|-------|-----|-----|-----|-------|
| Amalgam (silver-colored) filling, 1 surface | D2140 | 80% | 80% | 70% | \$16  |
| Resin (tooth-colored filling):              |       |     |     |     |       |
| front tooth, 1 surface                      | D2330 | 80% | 80% | 70% | \$21  |
| back tooth, 1 surface                       | D2391 | 80% | 80% | 70% | \$42  |
| Crown – porcelain and precious metal        | D2750 | 50% | 50% | 50% | \$460 |
| Crown – precious metal                      | D2790 | 50% | 50% | 50% | \$460 |
| Post and core in addition to crown          | D2952 | 50% | 50% | 50% | \$155 |

| Endodontics             |       |     |     |     |       |
|-------------------------|-------|-----|-----|-----|-------|
| Root canal, front tooth | D3310 | 50% | 50% | 50% | \$315 |
| Root canal, molar tooth | D3330 | 50% | 50% | 50% | \$505 |

| Periodontics (gum treatment)         |       |     |     |     |       |
|--------------------------------------|-------|-----|-----|-----|-------|
| Periodontal surgery, per quadrant    | D4260 | 50% | 50% | 50% | \$595 |
| Periodontal scaling and root planing | D4341 | 50% | 50% | 50% | \$110 |
| Periodontal maintenance              | D4910 | 50% | 50% | 50% | \$78  |

| Prosthodontics   |       |     |     |     |       |
|--|-------|-----|-----|-----|-------|
| Full upper denture   | D5110 | 50% | 50% | 50% | \$550 |
| Partial upper denture – cast metal with resin denture bases (w/ clasps, rests and teeth) | D5213 | 50% | 50% | 50% | \$640 |

| Oral and maxillofacial surgery                                  |       |     |     |     |       |
|---|-------|-----|-----|-----|-------|
| Extraction (removal) of a fully exposed tooth                   | D7140 | 80% | 80% | 50% | \$50  |
| Extraction (removal) of a fully impacted tooth, completely bony | D7240 | 80% | 80% | 50% | \$220 |

| Orthodontics   |       |     |     |     |         |
|--|-------|-----|-----|-----|---------|
| Comprehensive orthodontic treatment (braces) – Child Comprehensive | D8070 | 50% | 50% | N/A | \$2,774 |
| Orthodontic treatment (braces) - Adult                             | D8090 | 50% | N/A | N/A | \$3,590 |





Group No. 17776

|  |
|--|
| <b>Premier Plan</b>  |
| Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees. <b>Reimbursement is based on DPO contracted fees for DPO dentists, Premier contracted fees for Premier dentists and Premier contracted fees for non-Delta Dental dentists.</b> |
| <b>Basic Plus Plan</b>   |
| Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees. <b>Reimbursement is based on DPO contracted fees for DPO dentists, Premier contracted fees for Premier dentists and Premier contracted fees for non-Delta Dental dentists.</b> |
| <b>Basic Plan</b>  |
| Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees. <b>Reimbursement is based on DPO contracted fees for DPO dentists, Premier dentists and for non-Delta Dental dentists.</b>   |

|  |
|--|
| <b>Save with DPO</b>   |
| Visit a dentist in the DPO network to maximize your savings. These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill. Find a DPO dentist at <a href="http://deltadentalins.com">deltadentalins.com</a> .   |
| <b>Set up an online account</b>  |
| Get information about your plan anytime, anywhere by signing up for an online account at <a href="http://deltadentalins.com">deltadentalins.com</a> . This useful service, available once your coverage kicks in, lets you check benefits and eligibility information, find a network dentist and more.  |
| <b>Check in without an ID card</b>   |
| You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your plan, they will need your information. Prefer to take a paper or electronic ID card with you? Simply log in to your account, where you can view or print your card with the click of a button. |
| <b>Coordinate dual coverage</b>  |
| If you're covered under two plans, ask your dental office to include information about both plans with your claim, and we'll handle the rest.  |
| <b>Understand transition of care</b>   |
| Did you start on a dental treatment plan before your DPO coverage kicked in? Generally, multi-stage procedures are only covered under your current plan if treatment began after your plan's effective date of coverage. <sup>4</sup> You can find this date by logging in to your online account.   |
| <b>Newly covered?</b>  |
| Visit <a href="http://deltadentalins.com/welcome">deltadentalins.com/welcome</a> .   |

|   |
|---|
| <b>DeltaCare USA - DHMO</b>   |
| Under this HMO-type plan, <b>you must choose a DeltaCare USA dentist</b> and visit this dentist to receive coverage. There are no maximums or deductibles and you can count on paying no more than the set copayments for each covered procedure. |

|   |
|---|
| <b>Dental benefits made easy!</b>   |
| When you enroll in a DeltaCare USA DHMO plan, you'll choose a primary care dentist from our network of carefully screened, private practice dentists. You must visit your primary care dentist to receive benefits. <b>No restrictions on pre-existing conditions. Access to specialty care and out-of-area emergency care.</b> |
| <b>A partner in oral health</b>   |
| Your DeltaCare USA plan encourages regular dental care with an extensive list of covered services to help you stay healthy. <b>Low or no copayments for services like cleanings and exams.</b>  |
| <b>Budget-friendly costs</b>  |
| With your DeltaCare USA plan, there are no surprises. You will know your copayments and your out-of-pocket costs are clearly defined before treatment begins. <b>No deductibles or maximums for covered services. Pay only your copayment (if any) at the time of treatment.</b>  |
| <b>Convenient services</b>  |
| We make it easy for you. There are not claim forms to complete and no plan ID card is required to receive treatment. <b>Access plan information online. Change your primary care dentist by phone or online.</b>  |
| Under this HMO-type plan, <b>you must choose a DeltaCare USA dentist</b> and visit this dentist to receive coverage. There are no maximums or deductibles and you can count on paying no more than the set copayments for each covered procedure.   |



Delta Dental Insurance Company  
1130 Sanctuary Parkway, Suite 600  
Alpharetta, GA 30009

Customer Service  
800-521-2651

Claims Address  
P.O. Box 1809  
Alpharetta, GA 30023-1809

[deltadentalins.com](http://deltadentalins.com)

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

# Employee Vision Benefits

## Dual Choice Vision

### How to choose a vision plan

Both plans help you save money and maintain healthy eyes and sharper vision. To decide which plan is right for you, first search for your provider or retail location at [vsp.com](http://vsp.com) and [eyemed.com](http://eyemed.com) to find your preferred providers or retail locations. Visiting a network provider will help you save even more. Then compare the plan details to determine which plan better fits your needs.

**No matter which you choose, these plans are designed to be easy to use and to save you money.**

- You have the freedom to choose any vision provider. However, your benefit dollars go further when you visit a **VSP** or **EyeMed** network provider.
- No claim forms. When you visit a **VSP** or **EyeMed** provider, your claim is submitted for you.
- Each network provides additional savings on eyewear and laser vision correction.

## What is the difference between the two vision plans I'm being offered?

While the plans, discounts and prices are similar, they feature different networks — VSP and EyeMed. Search the networks at [vsp.com](https://www.vsp.com) and [eyemed.com](https://www.eyemed.com) to find your provider or retail location. **You will need to choose either the VSP plan or the EyeMed plan at open enrollment.** You will not be enrolled in both plans and must select either the EyeMed plan or the VSP plan.

### What is Ameritas' relationship with VSP and EyeMed?

VSP and EyeMed are the two largest vision care companies in the world. They have relied on Ameritas as a trusted partner for decades. Ameritas handles vision plan administration and underwriting. VSP and EyeMed provide customer service and manage the provider networks

### EyeMed providers offer:

- Discounts on lens options and 20% off the remaining frame balance and non-prescription sunglasses. Plus save 40% off a second pair of prescriptions glasses. More savings offers are available within the EyeMed member portal.
- Nearly 100 frames priced \$130 or lower at every location.
- Cutting-edge lens simulators, virtual frame side-by-side comparisons and some even have on-site labs for same-day glasses.
- 15% average off retail for LASIK or PRK laser eye correction, or 5% off promotional price, at U.S. Laser Network locations. \*Based on applicable laws, reduced costs may vary by doctor location.
- Many locations offer evening hours during the week and extended hours on Saturdays and Sundays.
- Browse and buy eyewear online. Glasses.com and ContactsDirect.com are in the EyeMed network, and your vision benefits are applied directly to your online order.

GLASSES.com



PEARLE  
VISION

OPTICAL

contactsdirect

### VSP providers offer:

- A 20% discount on the remaining frame balance, additional prescriptions glasses and non-prescription sunglasses, plus 20-40% off lens enhancements. Find more ways to save at [vsp.com/specialoffers](https://www.vsp.com/specialoffers).
- An extra \$20-\$40 to spend on featured frame brands.
- The option to apply your lens and frame allowances to prescriptions safety glasses in lieu of regular eyeglasses or contacts
- 15% average off retail for LASIK or PRK laser eye correction, or 5% off promotional price, at U.S. Laser Network locations. \*Based on applicable laws, reduced costs may vary by doctor location.
- Extended hours and no claim forms. 86% of VSP doctors offer early morning, evening or weekend hours, and they take care of filing your claim.
- Browse and buy online at [eyeconic.com](https://www.eyeconic.com) and get the most current deals on eyewear. Eyeconic.com is in the VSP network, and your vision benefits are applied directly to your online order.

eyeconic



Visionworks

Walmart  
Save money. Live better.

COSTCO  
OPTICAL

sam's club

# Plan Option 1 - EyeMed Vision Plan

## Eye Care Highlight Sheet



### ViewPointe® Plan H Summary

Effective Date: 9/1/2023

|                                  | EyeMed Insight Network           | Out of Network           |
|----------------------------------|----------------------------------|--------------------------|
| <b>Deductibles</b>               |                                  |                          |
|                                  | \$10 Exam                        | No deductible            |
|                                  | \$25 Eye Glass Lenses            |                          |
|                                  | Covered in full                  | Up to \$35               |
| <b>Annual Eye Exam</b>           |                                  |                          |
| <b>Lenses (per pair)</b>         |                                  |                          |
| Single Vision                    | Covered in full                  | Up to \$25               |
| Bifocal                          | Covered in full                  | Up to \$40               |
| Trifocal                         | Covered in full                  | Up to \$55               |
| Lenticular                       | 20% discount                     | No benefit               |
| Progressive                      | See lens options                 | NA                       |
| <b>Contacts</b>                  |                                  |                          |
| <b>Fit &amp; Follow Up Exams</b> |                                  |                          |
| Standard                         | Standard: Member cost up to \$40 | No benefit               |
| Premium (Allowance)              | Premium: 10% off of retail       | No benefit               |
| Elective                         | Up to \$180                      | Up to \$144              |
| Medically Necessary              | Covered in full                  | Up to \$200              |
| <b>Frame Allowance</b>           | \$180                            | Up to \$90               |
| <b>Frequencies (months)</b>      |                                  |                          |
| Exam/Lens/Frame                  | 12/12/24                         | 12/12/24                 |
|                                  | Based on date of service         | Based on date of service |

### Lens Options (member cost)

|                                  | EyeMed Insight Network  | Out of Network |
|----------------------------------|---|----------------|
| <b>Progressive Lenses</b>        |   |                |
| Standard                         | \$65 + lens deductible  | No benefit     |
| Premium                          |   |                |
| Tier 1                           | \$85 + lens deductible  | No benefit     |
| Tier 2                           | \$95 + lens deductible  | No benefit     |
| Tier 3                           | \$110 + lens deductible   | No benefit     |
| Tier 4                           | \$65 plus 80% of charge less \$120 allowance  | No benefit     |
| <b>Std. Polycarbonate</b>        | \$40  | No benefit     |
| <b>Tint (solid and gradient)</b> | \$15  | No benefit     |
| <b>Scratch Resistant Coating</b> | \$15  | No benefit     |
| <b>Anti-Reflective Coating</b>   |   |                |
| Standard                         | \$45  | No benefit     |
| Premium                          |   |                |
| Tier 1                           | \$57  | No benefit     |
| Tier 2                           | \$68  | No benefit     |
| Tier 3                           | 80% of the charge   | No benefit     |
| <b>Ultraviolet Coating</b>       | \$15  | No benefit     |
| <b>Lasik or PRK</b>              | Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers. | No benefit     |

### Monthly Rates

|                           |         |
|---------------------------|---------|
| Employee Only (EE)        | \$ 6.44 |
| EE + 1 Dependent          | \$10.96 |
| EE + 2 or more Dependents | \$16.16 |



# Plan Option 1 - EyeMed Vision Plan

## Eye Care Highlight Sheet



### Additional ViewPointe® H Features

|  |   |
|--|---|
| <b>EyeMed In-Network Discounts</b>               | 15% discount off the remaining balance in excess of the conventional contact lens allowance. 20% discount off the remaining balance in excess of the frame allowance. 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers. This discount does not apply to EyeMed Provider's professional services, or contact lenses. |
| <b>EyeMed In-Network Secondary Purchase Plan</b> | Members receive a 40% discount on a complete pair of glasses once the funded benefit has been exhausted. Members receive a 15% discount off the retail price on conventional contact lenses once the funded benefit has been exhausted. Discount applies to materials only.   |
| <b>Contact Lens Replacement by Mail Program</b>  | After exhausting the contact lens benefit, replacement lenses may be obtained at significant discounts on-line. Visit <a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a> for details.   |

*Based on applicable laws, reduced costs may vary by doctor location.*

### Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

To receive this Rx discount, Ameritas plan members just need to visit us at [ameritas.com](http://ameritas.com) and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

### Hearing Savings

With your Ameritas plan, you can receive hearing aid discounts through Great Hearing Benefits at their 4,500+ hearing care locations nationwide. Call 877-683-9495 for your free hearing consultation today. This savings arrangement is not insurance. It is available to members at no additional cost to their plan premium.

Highlights include: hearing exam for only \$50 (saves you \$100 off the industry average of \$150), up to 50% off retail pricing on today's top hearing technology, plus a satisfaction guarantee and warranty service. Visit [greatearingbenefits.com/ameritas](http://greatearingbenefits.com/ameritas) to learn more.

### Eye Care Plan Member Service

ViewPointe eye care from Ameritas Group features the money-saving eye care network of EyeMed Vision Care. Customer service is available to plan members through EyeMed's well-trained and helpful service representatives. Call or go online to locate the nearest EyeMed network provider, view plan benefit information and more.

EyeMed Customer Care Center: 1-866-289-0614

- Service representative hours: 8 a.m. to 11 p.m. ET Monday through Saturday, 11 a.m. to 8 p.m. ET Sunday
- Interactive Voice Response available 24/7

Locate an EyeMed provider at: [ameritas.com](http://ameritas.com)

View plan benefit information at: [eyemedvisioncare.com](http://eyemedvisioncare.com)

### Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

### Language Services

We recognize the importance of communicating with our growing number of multilingual customers. That is why we offer a language assistance program that gives you access to: Spanish-speaking claims contact center representatives, telephone interpretation services in a wide range of languages, online dental network provider search in Spanish and a variety of Spanish documents such as enrollment forms, claim forms and certificates of insurance.

**This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.**

# Plan Option 2 - VSP Vision Plan

Eye Care Highlight Sheet



## Focus® Plan Summary

Effective Date: 9/1/2023

|                             | VSP Choice Network + Affiliates                                  | Out of Network   |
|-----------------------------|--|--|
| <b>Deductibles</b>          | \$10 Exam<br>\$10 Eye Glass Lenses or Frames*<br>Covered in full | \$10 Exam<br>\$10 Eye Glass Lenses or Frames<br>Up to \$45 |
| <b>Annual Eye Exam</b>      |  |  |
| <b>Lenses (per pair)</b>    |  |  |
| Single Vision               | Covered in full  | Up to \$30   |
| Bifocal                     | Covered in full  | Up to \$50   |
| Trifocal                    | Covered in full  | Up to \$65   |
| Lenticular                  | Covered in full  | Up to \$100  |
| Progressive                 | See lens options   | NA   |
| <b>Contacts</b>             |  |  |
| Fit & Follow Up Exams       | Member cost up to \$60   | No benefit   |
| Elective                    | Up to \$180  | Up to \$145  |
| Medically Necessary         | Covered in full  | Up to \$210  |
| <b>Frame Allowance</b>      | \$180**  | Up to \$70   |
| <b>Frequencies (months)</b> |  |  |
| Exam/Lens/Frame             | 12/12/12<br>Based on date of service                             | 12/12/12<br>Based on date of service                       |

\*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

\*\*The Costco and Walmart allowance will be the wholesale equivalent.

## Lens Options (member cost)\*

|  | VSP Choice Network + Affiliates<br>(Other than Costco)   | Out of Network                 |
|--|--|--------------------------------|
| <b>Progressive Lenses</b>                              | Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge. | Up to Lined Bifocal allowance. |
| <b>Std. Polycarbonate</b>                              | Covered in full for dependent children   | No benefit                     |
| <b>Solid Plastic Dye</b>                               | \$33 adults<br>\$15<br>(except Pink I & II)  | No benefit                     |
| <b>Plastic Gradient Dye</b>                            | \$17   | No benefit                     |
| <b>Photochromatic Lenses<br/>(Glass &amp; Plastic)</b> | \$31-\$82  | No benefit                     |
| <b>Scratch Resistant Coating</b>                       | \$17-\$33  | No benefit                     |
| <b>Anti-Reflective Coating</b>                         | \$43-\$85  | No benefit                     |
| <b>Ultraviolet Coating</b>                             | \$16   | No benefit                     |

\*Lens Option member costs vary by prescription, option chosen and retail locations.

## Monthly Rates

|                           |         |
|---------------------------|---------|
| Employee Only (EE)        | \$ 8.68 |
| EE + 1 Dependent          | \$14.36 |
| EE + 2 or more Dependents | \$20.44 |

# Plan Option 2 - VSP Vision Plan

## Eye Care Highlight Sheet



### Additional Focus® Choice Network Features

|                                |   |
|--------------------------------|---|
| <b>Contact Lenses Elective</b> | Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance. |
| <b>Additional Glasses</b>      | 20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*  |
| <b>Frame Discount</b>          | VSP offers 20% off any amount above the retail allowance.*  |
| <b>Laser VisionCare</b>        | VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for members is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.                                 |
| <b>Low Vision</b>              | With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).  |

*Based on applicable laws, reduced costs may vary by doctor location.*

### Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

To receive this Rx discount, Ameritas plan members just need to visit us at [ameritas.com](http://ameritas.com) and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

### Hearing Savings

With your Ameritas plan, you can receive hearing aid discounts through Great Hearing Benefits at their 4,500+ hearing care locations nationwide. Call 877-683-9495 for your free hearing consultation today. This savings arrangement is not insurance. It is available to members at no additional cost to their plan premium.

Highlights include: hearing exam for only \$50 (saves you \$100 off the industry average of \$150), up to 50% off retail pricing on today's top hearing technology, plus a satisfaction guarantee and warranty service. Visit [greatearingbenefits.com/ameritas](http://greatearingbenefits.com/ameritas) to learn more.

### Eye Care Plan Member Service

Focus eye care from Ameritas Group features the money-saving eye care network of VSP. Customer service is available to plan members through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more.

VSP Call Center: 1-800-877-7195

- Service representative hours: 5 a.m. to 7 p.m. PST Monday through Friday, 6 a.m. to 2:30 p.m. PST Saturday
- Interactive Voice Response available 24/7

Locate a VSP provider at: [ameritas.com](http://ameritas.com)

View plan benefit information at: [vsp.com](http://vsp.com)

### Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

### Language Services

We recognize the importance of communicating with our growing number of multilingual customers. That is why we offer a language assistance program that gives you access to: Spanish-speaking claims contact center representatives, telephone interpretation services in a wide range of languages, online dental network provider search in Spanish and a variety of Spanish documents such as enrollment forms, claim forms and certificates of insurance.

**This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.**





# Voluntary Disability Insurance



## How does it work?

If a covered illness or injury keeps you from working, Disability Insurance replaces part of your income while you recover. As long as you remain disabled, you can receive payments for up to several weeks or longer.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

## Why is this coverage so valuable?

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.



### Consider your expenses

|                       |    |
|-----------------------|----|
| Utilities             | \$ |
| Housing               | \$ |
| Groceries             | \$ |
| Transportation        | \$ |
| Child care/Elder care | \$ |
| Medical/Personal care | \$ |
| Education             | \$ |
| Insurance             | \$ |

Disability Insurance pays you a benefit if you have a covered disability that keeps you from working.

## What else is included?

### Cesarean section benefit

If you have a Cesarean section, you will be considered disabled for a minimum period of eight weeks unless you return to work before the end of the time.

### First Day Hospital benefit

The First Day Hospital option (also known as Inpatient Hospital Benefit) waives the elimination periods for insureds confined in a hospital due to their disability. Only applies to elimination periods of 30 days or less.

## Additional benefits:

### Survivor Benefit

If you die while you've been disabled and receiving benefits for at least 180 days, your family could get a benefit equal to 3 months of your gross disability payment.

### Waiver of premium

If you're disabled and receiving benefit payments under Long Term Disability, Unum waives your cost until you return to work.

### Work-life balance Employee Assistance Program

Get access to professional help for a range of personal and work-related issues, including counselor referrals, financial planning and legal support.

### Worldwide emergency travel assistance

One phone call gets you and your family immediate help anywhere in the world, as long as you're traveling 100 or more miles from home. However, a spouse traveling on business for his or her employer is not covered.

How much coverage can I get?

|      |  |
|------|--|
| You* | You are eligible for coverage if you are an active employee in the United States working a minimum of 20 hours per week. |
|      | Cover 45%, 55% or 65% of your monthly income. The benefit may be reduced or offset by other sources of income.           |
|      | *See the Legal Disclosures for more information.   |

This plan does not cover pre-existing conditions. See the disclosure section to learn more.

Late entrants and changes to your plan elections at annual enrollments are subject to pre-existing condition limitations.  
See the disclosure section to learn more.

**Elimination period (EP)**  
This is the number of days that must pass between your first day of a covered disability and the day you can begin to receive your disability benefits.  
You can choose the elimination period you want: 0/7, 14/14, 30/30, 90/90 or 180/180. The first number is the number of days for accidents. The second number is for illnesses.

**Benefit duration (BD)**  
This is the maximum length of time you can receive benefits while you’re disabled. You can receive benefits up to the Social Security (SS) normal retirement age.

**Additional benefits:**  
Conversion  
When your employment ends you may apply for LTD coverage under a group trust contract without evidence of insurability.

| Maximum % of Income Covered        |                       |                       |
|------------------------------------|-----------------------|-----------------------|
| Choice of 45%, 55% or 65%          |                       |                       |
| Rates per \$100 Benefit            |                       |                       |
| Elimination Period Options 0/7     |                       |                       |
| 45% of Covered Income              | 55% of Covered Income | 65% of Covered Income |
| \$2.52                             | \$2.75                | \$3.18                |
| Elimination Period Options 14/14   |                       |                       |
| 45% of Covered Income              | 55% of Covered Income | 65% of Covered Income |
| \$2.29                             | \$2.50                | \$2.89                |
| Elimination Period Options 30/30   |                       |                       |
| 45% of Covered Income              | 55% of Covered Income | 65% of Covered Income |
| \$1.87                             | \$2.03                | \$2.40                |
| Elimination Period Options 90/90   |                       |                       |
| 45% of Covered Income              | 55% of Covered Income | 65% of Covered Income |
| \$0.87                             | \$0.96                | \$1.24                |
| Elimination Period Options 180/180 |                       |                       |
| 45% of Covered Income              | 55% of Covered Income | 65% of Covered Income |
| \$0.47                             | \$0.53                | \$0.70                |

## Exclusions and Limitations

### Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by your employer for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

### Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

### Maximum benefit

The maximum benefit allowed under this plan is up to \$2,500 a week. After 90 days from the date of disability, the maximum benefit allowed is up to \$8,000 a month. This disability benefit may be reduced or offset by other sources of income. See Deductible sources of income disclosure below.

### Definition of disability

You are considered disabled when Unum determines that, due to sickness or injury:

- You are unable to perform the material and substantial duties of your regular occupation; and
- You are not working in any occupation.

We will continue to pay you a disability benefit after you have received benefits under this plan for at least 4 consecutive weeks if:

- You begin performing at least one of the material and substantial duties of your regular occupation or another occupation; and
- You have a 20% or more loss in weekly earnings due to the same sickness or injury.

You must be under the regular care of a physician in order to be considered disabled.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

'Substantial and material acts' means the important tasks, functions and operations generally required by employers from those engaged in your usual occupation that cannot be reasonably omitted or modified.

Unless the policy specifies otherwise, as part of the disability claims evaluation process, Unum will evaluate your occupation based on how it is normally performed in the national economy, not how work is performed for a specific employer, at a specific location or in a specific region.

### Definition of disability after 90 days from the date of disability:

You are considered disabled when Unum determines that:

- You are limited from performing the material and substantial duties of your regular occupation due to sickness or injury; and
- You have a 20% or more loss of indexed monthly earnings due to the same sickness or injury

After 24 months, you are considered disabled when Unum determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

You must be under the regular care of a physician in order to be considered disabled. The loss of a professional or occupational license or certification does not, in itself, constitute disability.

'Substantial and material acts' means the important tasks, functions and operations that are generally required by employers from those engaged in your usual occupation and that cannot be reasonably omitted or modified.

Unless the policy specifies otherwise, as part of the disability claims evaluation process, Unum will evaluate your occupation based on how it is normally performed in the national economy, not how work is performed for a specific employer, at a specific location or in a specific region.

### Pre-existing conditions

You have a pre-existing condition if:

- You received medical treatment, consultation, care or services including diagnostic measures for the condition, or took prescribed drugs or medicines for it in the 3 months just prior to your effective date of coverage; and
- The disability begins in the first 12 months after your effective date of coverage.

Benefits under this provision are payable for no more than 90 days of benefit from the date of disability. After 90 days, benefits are subject to a 3/12 pre-existing condition exclusion. In no event will benefits be paid beyond the applicable benefit duration. This applies to new hires. Late entrants will be subject to a 3/12 pre-existing condition limitation.

### Deductible sources of income

Your disability benefit may be reduced by deductible sources of income and any earnings you have while you are disabled, including such items as group disability benefits or other amounts you receive or are entitled to receive:

- Workers' compensation or similar occupational benefit laws
- State compulsory benefit laws
- Automobile liability insurance policy
- Motor vehicle insurance policy or plan
- No fault motor vehicle plan
- Legal judgments and settlements
- Salary continuation or sick leave plans, if applicable
- Other group or association disability programs or insurance
- Social Security or similar governmental programs

If subtracting deductible sources of income would result in a zero benefit amount, the minimum weekly benefit payment under this plan is \$25. After 90 days from the date of disability, the minimum benefit amount is \$100 a month. This amount may be applied toward an outstanding overpayment.

### Exclusions and limitations

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- War, declared or undeclared or any act of war
- Active participation in a riot
- Intentionally self-inflicted injuries;
- Loss of professional license, occupational license or certification;
- Commission of a crime for which you have been convicted;
- Any period of disability during which you are incarcerated;
- Any occupational injury or sickness for Short Term Disability coverage (this will not apply to a partner or sole proprietor who cannot be covered by law under workers' compensation or any similar law);
- Excluded pre-existing conditions (see definition).

The loss of a professional or occupational license does not, in itself, constitute disability.

Unum will not pay a benefit for any period of disability during which you are incarcerated. The lifetime cumulative maximum benefit for all disabilities due to mental illness is 24 months. Only 24 months of benefits will be paid for any combination of such disabilities even if the disabilities are not continuous and/or are not related. Payments can continue beyond 24 months only if you are confined to a hospital or institution as a result of the disability.

### Termination of coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are in active employment except as provided under the covered layoff or leave of absence provision.

Unum will provide coverage for a payable claim that occurs while you are covered under the policy or plan. Unum's LTD contracts standardly include a provision called the Social Security Claimant Advocacy Program. With this feature, claimants can receive expert advice and assistance from us regarding their Social Security Disability claim during the application and appeal process. Social Security advocacy services are provided by GENEX Services, LLC or Brown & Brown Absence Services Group. Referral to one of our advocacy partners is determined by Unum.

The work-life balance employee assistance program, provided by HealthAdvocate, is available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Worldwide emergency travel assistance services, provided by Assist America, Inc., are available with select Unum insurance offerings. Terms and availability of service are subject to change and prior notification requirements. Services are not valid after coverage terminates. Please contact your Unum representative for details.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al., or contact your Unum representative.

Underwritten by: Unum Life Insurance Company of America, Portland, Maine

© 2022 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.



# Pre-Existing Condition Limitation FAQ

## What is a pre-existing condition?

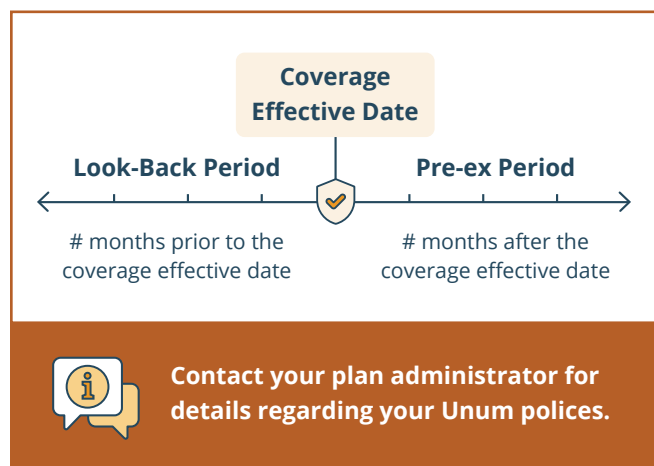
A pre-existing condition is a condition for which you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines for your condition during the given period of time as stated in the policy.

## What does Unum review during the look-back period?

The time period before coverage is effective is called the **look-back period**. We may look back to see if treatment was received during the look-back period for the disability an insured is submitting a claim for.

The time period after coverage becomes effective is called the **pre-ex period**. This period starts with the Coverage Effective Date and ends after a specific period of time defined in the policy.

Once you have satisfied the pre-ex period, claims submitted will no longer go through a pre-ex review.



## When am I considered to have a pre-existing condition?

You may have a pre-existing condition if your disability occurs within the pre-ex period AND the injury or sickness you are going out on claim for is medically related to treatment, medication or consultation you received prior to your effective date.

## What is considered within the look-back period?

- Medical treatment consultation, care or services, or diagnostic measures were received or recommended to be received during that period.
- Drugs or medications were taken, or prescribed to be taken during that period.
- Symptoms existed for which an ordinarily prudent person would have sought medical care or consulted a physician.

## What are some examples of how Unum looks at a pre-existing condition?

Jenny receives her annual mammogram, the scan comes back abnormal; however she pushes off treatment until she has coverage. If she later submits a claim for Breast Cancer during the pre-ex period, this may be considered a pre-existing condition under the contract.

Alex takes heart medication every day. He gets in a car accident and sustains a back injury that has him out of work during the pre-ex period. Since his heart medication is not medically related to his back injury, his pre-existing heart condition will not impact the review of his back injury claim.

Better benefits  
at work.™

## Mid-Tex Co-Op Voluntary Life and AD&D Insurance Plan Highlights

|  |  |
|--|--|
| Who is eligible for this coverage?       | All actively employed employees working at least 20 hours each week for your employer in the U.S. and their eligible spouses and children up to age 26.  |
| What are the Life/AD&D coverage amounts? | <p>Employee: up to 5 times salary in increments of \$10,000; not to exceed \$500,000.</p> <p>Spouse: up to 100% of employee amount in increments of \$5,000; not to exceed \$250,000.</p> <p>Child: up to 100% of employee coverage amount not to exceed \$10,000. Child options include:</p> <p>Option 1: \$1,000;</p> <p>Option 2: \$5,000 or</p> <p>Option 3: \$10,000.</p> <p>The maximum death benefit for a child between the ages of live birth and six months is \$1,000.</p>  |
| Can I be denied coverage?                | <p><b>Current employees:</b> If you and your eligible dependents are enrolled in the plan and wish to increase your life insurance coverage, you may apply on or before the enrollment deadline for any amount of additional coverage up to \$180,000 for yourself and any amount of additional coverage up to \$50,000 for your spouse. Any life insurance coverage over the guaranteed amount(s) will be subject to answers to health questions.</p> <p>If you and your eligible dependents are not currently enrolled in the plan, you may apply for coverage on or before the enrollment deadline and will be required to answer health questions for any amount of coverage.</p> <p><b>New employees:</b> To apply for coverage, complete your enrollment within 31 days of your eligibility period. If you apply for coverage after 31 days, or if you choose coverage over the amount you are guaranteed, you will need to complete a medical questionnaire which you can get from your plan administrator. You may also be required to take certain medical tests at Unum's expense.</p> |
| How do I apply?                          | Please see your plan administrator.  |
| When is coverage effective?              | <p>Please see your plan administrator for your effective date.</p> <p>Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.</p> <p>For your dependent spouse and children, insurance coverage will be delayed if that dependent is totally disabled on the date that insurance would otherwise be effective. Totally disabled means that as a result of an injury, sickness, or disorder, your dependent spouse and children: are confined in a hospital or similar institution; or are confined at home under the care of a physician for a sickness or injury. Exception: Infants are insured from live birth.</p>   |

|  |   |      |                              |    |                        |    |                        |
|--|---|------|------------------------------|----|------------------------|----|------------------------|
| Do my life insurance benefits decrease with age?                 | <p>Coverage amounts will reduce according to the following schedule:</p> <table> <tr> <td>Age:</td><td>Insurance amount reduces to:</td></tr> <tr> <td>70</td><td>65% of original amount</td></tr> <tr> <td>75</td><td>50% of original amount</td></tr> </table> <p>Coverage may not be increased after a reduction.</p>  | Age: | Insurance amount reduces to: | 70 | 65% of original amount | 75 | 50% of original amount |
| Age:   | Insurance amount reduces to:  |      |                              |    |                        |    |                        |
| 70   | 65% of original amount  |      |                              |    |                        |    |                        |
| 75   | 50% of original amount  |      |                              |    |                        |    |                        |
| Is the coverage portable (can I keep it if I leave my employer)? | If you retire, reduce your hours or leave your employer, you can continue coverage for yourself your spouse and your dependent children at the group rate. Portability is not available for people who have a medical condition that could shorten their life expectancy — but they may be able to convert their term life policy to an individual life insurance policy.   |      |                              |    |                        |    |                        |
| Are there any life insurance exclusions or limitations?          | Life insurance benefits will not be paid for deaths caused by suicide within the first 24 months after the date your coverage becomes effective. If you increase or add coverage, these enhancements will not be paid for deaths caused by suicide within the first 24 months after you make these changes.   |      |                              |    |                        |    |                        |
| Will my premiums be waived if I'm disabled?                      | If you become disabled (as defined by your plan) and are no longer able to work, your life premium payments will be waived until your disability period ends.   |      |                              |    |                        |    |                        |
| What does my AD&D insurance pay for?                             | <p>The full benefit amount is paid for loss of:</p> <ul style="list-style-type: none"> <li>• life;</li> <li>• both hands or both feet or sight of both eyes;</li> <li>• one hand and one foot;</li> <li>• one hand or one foot and the sight of one eye;</li> <li>• speech and hearing.</li> </ul> <p>Other losses may be covered as well. Please contact your plan administrator.</p>  |      |                              |    |                        |    |                        |
| Are there any AD&D exclusions or limitations?                    | <p>Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:</p> <ul style="list-style-type: none"> <li>• disease of the body; diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM);</li> <li>• suicide, self-destruction while sane, intentionally self-inflicted injury while sane or self-inflicted injury while insane;</li> <li>• war, declared or undeclared, or any act of war;</li> <li>• active participation in a riot;</li> <li>• committing or attempting to commit a crime under state or federal law;</li> <li>• the voluntary use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction of your or your dependent's doctor. This exclusion does not apply to you or your dependent if the chemical substance is ethanol;</li> <li>• intoxication – "being intoxicated" means you or your dependent's blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.</li> </ul> |      |                              |    |                        |    |                        |
| When does my coverage end?                                       | <p>You and your dependents' coverage under the Summary of Benefits ends on the earliest of:</p> <ul style="list-style-type: none"> <li>• the date the policy or plan is cancelled;</li> <li>• the date you no longer are in an eligible group;</li> <li>• the date your eligible group is no longer covered;</li> </ul>   |      |                              |    |                        |    |                        |

- the last day of the period for which you made any required contributions;
- the last day you are in active employment unless continued due to a covered layoff or leave of absence or due to an injury or sickness, as described in the certificate of coverage.

In addition, coverage for any one dependent will end on the earliest of:

- the date your coverage under a plan ends;
- the date your dependent ceases to be an eligible dependent;
- for a spouse, the date of a divorce or annulment;
- for dependent coverage, the date of your death.

Unum will provide coverage for a payable claim that occurs while you and your dependents are covered under the policy or plan.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.

© 2017 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.

Underwritten by Unum Life Insurance Company of America, Portland, Maine

**EN-1773 (8-17) FOR EMPLOYEES**



# UNUM CORPORATION LIFESTYLE LIFE/AD&D RATES

## Mid-Tex Co-Op

### Monthly Payroll Deduction

#### EMPLOYEE\*

##### Life/AD&D

|          | \$10,000 | \$20,000 | \$30,000 | \$50,000 | \$70,000 | \$100,000 | \$120,000 | \$150,000 | \$180,000 |
|----------|----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|
| Age Band |          |          |          |          |          |           |           |           |           |
| 0-24     | \$0.60   | \$1.20   | \$1.80   | \$3.00   | \$4.20   | \$6.00    | \$7.20    | \$9.00    | \$10.80   |
| 25-29    | \$0.64   | \$1.28   | \$1.92   | \$3.20   | \$4.48   | \$6.40    | \$7.68    | \$9.60    | \$11.52   |
| 30-34    | \$0.80   | \$1.60   | \$2.40   | \$4.00   | \$5.60   | \$8.00    | \$9.60    | \$12.00   | \$14.40   |
| 35-39    | \$1.07   | \$2.14   | \$3.21   | \$5.35   | \$7.49   | \$10.70   | \$12.84   | \$16.05   | \$19.26   |
| 40-44    | \$1.44   | \$2.88   | \$4.32   | \$7.20   | \$10.08  | \$14.40   | \$17.28   | \$21.60   | \$25.92   |
| 45-49    | \$2.13   | \$4.26   | \$6.39   | \$10.65  | \$14.91  | \$21.30   | \$25.56   | \$31.95   | \$38.34   |
| 50-54    | \$3.17   | \$6.34   | \$9.51   | \$15.85  | \$22.19  | \$31.70   | \$38.04   | \$47.55   | \$57.06   |
| 55-59    | \$4.60   | \$9.20   | \$13.80  | \$23.00  | \$32.20  | \$46.00   | \$55.20   | \$69.00   | \$82.80   |
| 60-64    | \$6.80   | \$13.60  | \$20.40  | \$34.00  | \$47.60  | \$68.00   | \$81.60   | \$102.00  | \$122.40  |
| 65-69    | \$11.20  | \$22.40  | \$33.60  | \$56.00  | \$78.40  | \$112.00  | \$134.40  | \$168.00  | \$201.60  |
| 70-74    | \$17.20  | \$34.40  | \$51.60  | \$86.00  | \$120.40 | \$172.00  | \$206.40  | \$258.00  | \$309.60  |
| 75+      | \$38.20  | \$76.40  | \$114.60 | \$191.00 | \$267.40 | \$382.00  | \$458.40  | \$573.00  | \$687.60  |

**\$180,000 IS THE MAXIMUM THAT MAY BE ISSUED WITHOUT ANSWERING HEALTH QUESTIONS**

#### SPOUSE\*\*

##### Life/AD&D

|          | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 | \$50,000 | \$55,000 | \$60,000 |
|----------|---------|----------|----------|----------|----------|----------|----------|----------|----------|
| Age Band |         |          |          |          |          |          |          |          |          |
| 0-24     | \$0.30  | \$0.60   | \$0.90   | \$1.20   | \$1.50   | \$1.80   | \$3.00   | \$3.30   | \$3.60   |
| 25-29    | \$0.32  | \$0.64   | \$0.96   | \$1.28   | \$1.60   | \$1.92   | \$3.20   | \$3.52   | \$3.84   |
| 30-34    | \$0.40  | \$0.80   | \$1.20   | \$1.60   | \$2.00   | \$2.40   | \$4.00   | \$4.40   | \$4.80   |
| 35-39    | \$0.54  | \$1.07   | \$1.61   | \$2.14   | \$2.68   | \$3.21   | \$5.35   | \$5.89   | \$6.42   |
| 40-44    | \$0.72  | \$1.44   | \$2.16   | \$2.88   | \$3.60   | \$4.32   | \$7.20   | \$7.92   | \$8.64   |
| 45-49    | \$1.07  | \$2.13   | \$3.20   | \$4.26   | \$5.33   | \$6.39   | \$10.65  | \$11.72  | \$12.78  |
| 50-54    | \$1.59  | \$3.17   | \$4.76   | \$6.34   | \$7.93   | \$9.51   | \$15.85  | \$17.44  | \$19.02  |
| 55-59    | \$2.30  | \$4.60   | \$6.90   | \$9.20   | \$11.50  | \$13.80  | \$23.00  | \$25.30  | \$27.60  |
| 60-64    | \$3.40  | \$6.80   | \$10.20  | \$13.60  | \$17.00  | \$20.40  | \$34.00  | \$37.40  | \$40.80  |
| 65-69    | \$5.60  | \$11.20  | \$16.80  | \$22.40  | \$28.00  | \$33.60  | \$56.00  | \$61.60  | \$67.20  |
| 70-74    | \$8.60  | \$17.20  | \$25.80  | \$34.40  | \$43.00  | \$51.60  | \$86.00  | \$94.60  | \$103.20 |
| 75+      | \$19.10 | \$38.20  | \$57.30  | \$76.40  | \$95.50  | \$114.60 | \$191.00 | \$210.10 | \$229.20 |

**SPOUSE AMOUNT CANNOT EXCEED 100% OF EMPLOYEES AMOUNT  
and \$50,000 is the most that can be issued without answering health questions**

#### CHILD(REN)

|           | \$1,000 | \$5,000 | \$10,000 |
|-----------|---------|---------|----------|
| LIFE/AD&D | \$0.22  | \$1.10  | \$2.20   |

NOTE: FINAL RATES MAY VARY SLIGHTLY DUE TO ROUNDING.

THESE GRIDS ARE PRICES OF FREQUENTLY SELECTED AMOUNTS. YOU MAY CHOOSE ANY INCREMENT OF \$10,000 UP TO \$500,000 FOR EMPLOYEES (EE) AND \$5,000 UP TO \$250,000 FOR YOUR SPOUSE (SP). TO PURCHASE AN AMOUNT OTHER THAN LEVELS INDICATED ABOVE, SIMPLY COMPLETE THE FOLLOWING:

EMPLOYEE \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_  
CALCULATION # OF 10,000(EE) UNITS YOUR AGE COST PER 10,000 UNIT EMPLOYEE MONTHLY COST

SPOUSE \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_  
CALCULATION # OF 5,000(SP) UNITS YOUR AGE COST PER 5,000 UNIT SPOUSE MONTHLY COST

\* Age = Actual age immediately prior to and including the anniversary/effective date.

\*\*Spouse age is determined using Employee's date of birth.

# LIFE INSURANCE YOU CAN KEEP!

PURELIFE-PLUS

Life insurance can be an ideal way to provide money for your family when they need it most. PURELIFE-PLUS offers permanent insurance with a high death benefit and long guarantees<sup>1</sup> that can provide financial peace of mind for you and your loved ones. PURELIFE-PLUS is an ideal complement to any group term and optional term life insurance your employer might provide and has the following features:



YOU OWN IT



YOU CAN TAKE IT  
WITH YOU WHEN YOU  
CHANGE JOBS OR RETIRE



YOU PAY FOR IT  
THROUGH CONVENIENT  
PAYROLL DEDUCTIONS



YOU CAN COVER YOUR  
SPOUSE, CHILDREN AND  
GRANDCHILDREN, TOO<sup>2</sup>



YOU CAN GET A LIVING  
BENEFIT IF YOU BECOME  
TERMINALLY ILL<sup>3</sup>



IT'S AFFORDABLE

## 3 QUICK QUESTIONS

You can qualify by answering just  
3 questions – no exams or needles.

### DURING THE LAST SIX MONTHS, HAS THE PROPOSED INSURED:

- 1 Been actively at work on a full time basis, performing usual duties?
- 2 Been absent from work due to illness or medical treatment for a period of more than 5 consecutive working days?
- 3 Been disabled or received tests, treatment or care of any kind in a hospital or nursing home or received chemotherapy, hormonal therapy for cancer, radiation, dialysis treatment, or treatment for alcohol or drug abuse?

1. After the guarantee period, premiums may go down, stay the same or go up.  
2. Coverage not available on children in WA or on grandchildren in WA or MD.  
In MD, children must reside with the applicant to be eligible for coverage.  
3. Conditions apply.

Flexible Premium Adjustable Life Insurance to age 121. Policy Form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18. Some limitations apply. See the PureLife-plus brochure for details. Texas Life is licensed to do business in the District of Columbia and every state but New York.

## *Portable, Permanent, Individual Life Insurance for Employees and Their Families*

As an employee, you can apply for valuable life insurance protection on you and your family under eligibility guidelines established for your employer. Your employer has conveniently agreed to permit you to pay premiums through payroll deduction. This is a summary only. Policy provisions prevail. This brochure is not a contract or an offer to contract.

**Minimal Cash Values** Buy this policy for its life insurance protection, not its cash value. The primary benefit is life insurance. Payment of the Table Premium produces a small cash value (Benchmark Cash Value).

**Permanent Life Insurance Coverage** Unlike group term life insurance, PureLife-plus is a personally owned, permanent individual life insurance policy to age 121 that can never be canceled or reduced as long as you pay the necessary premiums, even if your health changes.

**Guaranteed Period** Continuous, timely, and uninterrupted payment of the Table Premium guarantees coverage for the Guaranteed Period shown. Texas Life (We) cannot legally predict the premium required to continue coverage after the Guaranteed Period. It may be lower, the same, or higher than the Table Premium. However, if the premium to continue coverage is ever higher, We guarantee a limited right to a partial refund of premium (described below).

**Guaranteed Limited Right to Partial Refund of Premium** If a premium higher than the Table Premium is ever required to continue coverage after the Guaranteed Period, you have the choice to:

- a. Pay the higher premium(s) required to continue coverage; or,
- b. Surrender the policy and receive a partial refund of premium equal to 120 times the minimum monthly premium due at issue (ten years worth of Table Premium). You are eligible for this refund if the actual cash value equals or exceeds the Benchmark Cash Value and you have taken no prior partial surrenders.

**Portable** Once issued, continued employment is not a condition to continue coverage. Coverage is guaranteed as long as required premiums are paid, even after you retire or terminate employment. When employment ends, you can pay equivalent monthly premiums directly or by bank draft (for monthly direct payments we add a monthly fee not to exceed \$2.00). Other modes are available.

**Accelerated Death Benefit Due to Terminal Illness Rider** This policy includes, at no additional premium, an Accelerated Death Benefit Due to Terminal Illness Rider (Form ICCo7-ULABR-07). See details on next page.

**Individual and Family Coverage is Easy to Apply For** Subject to age and amount restrictions, you may apply for an individual policy on your life or your spouse's life (see chart next page for spouse's minimum/maximum amounts). An individual policy for \$25,000 is also available on each of your children ages 15 days — 26, and even on each of your grandchildren ages 15 days — 18. Proof of insurability is required. Most policies are issued based upon the answers to three work and health related application questions.

**TEXAS LIFE** is the oldest legal reserve life insurance company domiciled in Texas, established in 1901.

**Interim Insurance:** Interim insurance will be in force on the application date if these conditions are met: (1) the insurance is purchased through payroll deduction; (2) the Salary Deduction Authorization is signed; and, (3) the proposed insured is insurable at standard rates under Our rules and usual practice. Interim insurance remains in effect until the earlier of: (a) the Policy Date; (b) the date We decline the application; (c) the date We notify the applicant that s/he is ineligible for interim insurance; or, (d) the 180th day after the application date.

**Policy Mechanics and Other Important Details** Premiums are flexible. However, we highly recommend payment of the Table Premium during the Guaranteed Period, and no partial surrenders or policy loans. Table Premium produces a small cash value (Benchmark Cash Value). Paying a lesser premium results in an actual cash value which is less than Benchmark Cash Value, causing the policy to lapse. Premiums less a premium load create cash value to pay monthly administrative loads and cost of insurance. Cash value is currently credited at the guaranteed interest rate of 3.00% per year. We may, at any time, credit higher than the guaranteed interest rate. Likewise, We may charge cost of insurance rates which are less than the policy's maximum rates, but only when actual cash value equals or exceeds Benchmark Cash Value. No surrender charges apply. Loads include 10.00% of premium, \$2.03 per month and monthly administrative loads. Two year suicide and contestable clauses apply. The policy loan rate is 7.40% in advance. Surrenders and loans may be deferred for up to six months.

**PureLife-plus — Standard Risk Table Premiums — Non-Tobacco — Express Issue**

| Issue Age (ALB) | Monthly Premiums for Life Insurance Face Amounts Shown |          |          |          |          |          |           |           |           | <b>GUARANTEED PERIOD</b><br>Age to Which Coverage is Guaranteed at Table Premium |
|-----------------|--|----------|----------|----------|----------|----------|-----------|-----------|-----------|--|
|                 | \$10,000   | \$15,000 | \$25,000 | \$40,000 | \$50,000 | \$75,000 | \$100,000 | \$125,000 | \$150,000 |  |
| 15D-1           |  |          | 9.25     |          |          |          |           |           |           | 81   |
| 2-4             |  |          | 9.50     |          |          |          |           |           |           | 80   |
| 5-8             |  |          | 9.75     |          |          |          |           |           |           | 79   |
| 9-10            |  |          | 10.00    |          |          |          |           |           |           | 79   |
| 11-16           |  |          | 10.25    |          |          |          |           |           |           | 77   |
| 17-20           |  |          | 10.25    | 15.05    | 18.25    | 26.25    | 34.25     | 42.25     | 50.25     | 75   |
| 21-22           |  |          | 10.50    | 15.45    | 18.75    | 27.00    | 35.25     | 43.50     | 51.75     | 74   |
| 23              |  |          | 10.75    | 15.85    | 19.25    | 27.75    | 36.25     | 44.75     | 53.25     | 75   |
| 24-25           |  |          | 11.00    | 16.25    | 19.75    | 28.50    | 37.25     | 46.00     | 54.75     | 74   |
| 26              |  |          | 11.50    | 17.05    | 20.75    | 30.00    | 39.25     | 48.50     | 57.75     | 75   |
| 27-28           |  |          | 11.75    | 17.45    | 21.25    | 30.75    | 40.25     | 49.75     | 59.25     | 74   |
| 29              |  |          | 12.00    | 17.85    | 21.75    | 31.50    | 41.25     | 51.00     | 60.75     | 74   |
| 30-31           |  |          | 12.25    | 18.25    | 22.25    | 32.25    | 42.25     | 52.25     | 62.25     | 73   |
| 32              |  |          | 13.00    | 19.45    | 23.75    | 34.50    | 45.25     | 56.00     | 66.75     | 74   |
| 33              |  |          | 13.50    | 20.25    | 24.75    | 36.00    | 47.25     | 58.50     | 69.75     | 74   |
| 34              |  |          | 14.25    | 21.45    | 26.25    | 38.25    | 50.25     | 62.25     | 74.25     | 75   |
| 35              |  | 10.05    | 15.25    | 23.05    | 28.25    | 41.25    | 54.25     | 67.25     | 80.25     | 76   |
| 36              |  | 10.35    | 15.75    | 23.85    | 29.25    | 42.75    | 56.25     | 69.75     | 83.25     | 76   |
| 37              |  | 10.80    | 16.50    | 25.05    | 30.75    | 45.00    | 59.25     | 73.50     | 87.75     | 77   |
| 38              |  | 11.25    | 17.25    | 26.25    | 32.25    | 47.25    | 62.25     | 77.25     | 92.25     | 77   |
| 39              |  | 12.00    | 18.50    | 28.25    | 34.75    | 51.00    | 67.25     | 83.50     | 99.75     | 78   |
| 40              | 9.25   | 12.75    | 19.75    | 30.25    | 37.25    | 54.75    | 72.25     | 89.75     | 107.25    | 79   |
| 41              | 9.95   | 13.80    | 21.50    | 33.05    | 40.75    | 60.00    | 79.25     | 98.50     | 117.75    | 80   |
| 42              | 10.75  | 15.00    | 23.50    | 36.25    | 44.75    | 66.00    | 87.25     | 108.50    | 129.75    | 81   |
| 43              | 11.45  | 16.05    | 25.25    | 39.05    | 48.25    | 71.25    | 94.25     | 117.25    | 140.25    | 82   |
| 44              | 12.15  | 17.10    | 27.00    | 41.85    | 51.75    | 76.50    | 101.25    | 126.00    | 150.75    | 83   |
| 45              | 12.85  | 18.15    | 28.75    | 44.65    | 55.25    | 81.75    | 108.25    | 134.75    | 161.25    | 83   |
| 46              | 13.65  | 19.35    | 30.75    | 47.85    | 59.25    | 87.75    | 116.25    | 144.75    | 173.25    | 84   |
| 47              | 14.35  | 20.40    | 32.50    | 50.65    | 62.75    | 93.00    | 123.25    | 153.50    | 183.75    | 84   |
| 48              | 15.05  | 21.45    | 34.25    | 53.45    | 66.25    | 98.25    | 130.25    | 162.25    | 194.25    | 85   |
| 49              | 15.95  | 22.80    | 36.50    | 57.05    | 70.75    | 105.00   | 139.25    | 173.50    | 207.75    | 85   |
| 50              | 16.95  | 24.30    | 39.00    | 61.05    | 75.75    | 112.50   |           |           |           | 86   |
| 51              | 18.15  | 26.10    | 42.00    | 65.85    | 81.75    | 121.50   |           |           |           | 87   |
| 52              | 19.45  | 28.05    | 45.25    | 71.05    | 88.25    | 131.25   |           |           |           | 88   |
| 53              | 20.45  | 29.55    | 47.75    | 75.05    | 93.25    | 138.75   |           |           |           | 88   |
| 54              | 21.45  | 31.05    | 50.25    | 79.05    | 98.25    | 146.25   |           |           |           | 88   |
| 55              | 22.55  | 32.70    | 53.00    | 83.45    | 103.75   | 154.50   |           |           |           | 89   |
| 56              | 23.55  | 34.20    | 55.50    | 87.45    | 108.75   | 162.00   |           |           |           | 89   |
| 57              | 24.75  | 36.00    | 58.50    | 92.25    | 114.75   | 171.00   |           |           |           | 89   |
| 58              | 25.85  | 37.65    | 61.25    | 96.65    | 120.25   | 179.25   |           |           |           | 89   |
| 59              | 27.05  | 39.45    | 64.25    | 101.45   | 126.25   | 188.25   |           |           |           | 89   |
| 60              | 28.55  | 41.70    | 68.00    | 107.45   | 133.75   | 199.50   |           |           |           | 90   |
| 61              | 29.85  | 43.65    | 71.25    | 112.65   | 140.25   | 209.25   |           |           |           | 90   |
| 62              | 31.45  | 46.05    | 75.25    | 119.05   | 148.25   | 221.25   |           |           |           | 90   |
| 63              | 33.05  | 48.45    | 79.25    | 125.45   | 156.25   | 233.25   |           |           |           | 90   |
| 64              | 34.75  | 51.00    | 83.50    | 132.25   | 164.75   | 246.00   |           |           |           | 90   |
| 65              | 36.65  | 53.85    | 88.25    | 139.85   | 174.25   | 260.25   |           |           |           | 90   |
| 66              | 38.75  |          |          |          |          |          |           |           |           | 90   |
| 67              | 41.05  |          |          |          |          |          |           |           |           | 91   |
| 68              | 43.55  |          |          |          |          |          |           |           |           | 91   |
| 69              | 46.05  |          |          |          |          |          |           |           |           | 91   |
| 70              | 48.65  |          |          |          |          |          |           |           |           | 91   |

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".



**PureLife-plus — Standard Risk Table Premiums — Tobacco — Express Issue**

| Issue<br>Age<br>(ALB) | Monthly Premiums for Life Insurance Face Amounts Shown |          |          |          |          |          |           |           |           | <b>GUARANTEED<br/>PERIOD</b><br>Age to Which<br>Coverage is<br>Guaranteed at<br>Table Premium |
|-----------------------|--|----------|----------|----------|----------|----------|-----------|-----------|-----------|---|
|                       | \$10,000   | \$15,000 | \$25,000 | \$40,000 | \$50,000 | \$75,000 | \$100,000 | \$125,000 | \$150,000 |   |
| 15D-1                 |  |          |          |          |          |          |           |           |           | 81  |
| 2-4                   |  |          |          |          |          |          |           |           |           | 80  |
| 5-8                   |  |          |          |          |          |          |           |           |           | 79  |
| 9-10                  |  |          |          |          |          |          |           |           |           | 79  |
| 11-16                 |  |          |          |          |          |          |           |           |           | 77  |
| 17-20                 |  |          | 15.25    | 23.05    | 28.25    | 41.25    | 54.25     | 67.25     | 80.25     | 71  |
| 21-22                 |  |          | 16.00    | 24.25    | 29.75    | 43.50    | 57.25     | 71.00     | 84.75     | 71  |
| 23                    |  |          | 16.75    | 25.45    | 31.25    | 45.75    | 60.25     | 74.75     | 89.25     | 72  |
| 24-25                 |  |          | 17.25    | 26.25    | 32.25    | 47.25    | 62.25     | 77.25     | 92.25     | 71  |
| 26                    |  |          | 17.75    | 27.05    | 33.25    | 48.75    | 64.25     | 79.75     | 95.25     | 72  |
| 27-28                 |  |          | 18.25    | 27.85    | 34.25    | 50.25    | 66.25     | 82.25     | 98.25     | 71  |
| 29                    |  |          | 18.50    | 28.25    | 34.75    | 51.00    | 67.25     | 83.50     | 99.75     | 71  |
| 30-31                 |  |          | 21.00    | 32.25    | 39.75    | 58.50    | 77.25     | 96.00     | 114.75    | 72  |
| 32                    |  |          | 21.75    | 33.45    | 41.25    | 60.75    | 80.25     | 99.75     | 119.25    | 72  |
| 33                    |  |          | 22.00    | 33.85    | 41.75    | 61.50    | 81.25     | 101.00    | 120.75    | 72  |
| 34                    |  |          | 22.25    | 34.25    | 42.25    | 62.25    | 82.25     | 102.25    | 122.25    | 71  |
| 35                    |  | 15.30    | 24.00    | 37.05    | 45.75    | 67.50    | 89.25     | 111.00    | 132.75    | 72  |
| 36                    |  | 15.75    | 24.75    | 38.25    | 47.25    | 69.75    | 92.25     | 114.75    | 137.25    | 72  |
| 37                    |  | 16.80    | 26.50    | 41.05    | 50.75    | 75.00    | 99.25     | 123.50    | 147.75    | 73  |
| 38                    |  | 17.25    | 27.25    | 42.25    | 52.25    | 77.25    | 102.25    | 127.25    | 152.25    | 73  |
| 39                    |  | 18.45    | 29.25    | 45.45    | 56.25    | 83.25    | 110.25    | 137.25    | 164.25    | 74  |
| 40                    | 14.15  | 20.10    | 32.00    | 49.85    | 61.75    | 91.50    | 121.25    | 151.00    | 180.75    | 76  |
| 41                    | 15.05  | 21.45    | 34.25    | 53.45    | 66.25    | 98.25    | 130.25    | 162.25    | 194.25    | 77  |
| 42                    | 16.15  | 23.10    | 37.00    | 57.85    | 71.75    | 106.50   | 141.25    | 176.00    | 210.75    | 78  |
| 43                    | 17.55  | 25.20    | 40.50    | 63.45    | 78.75    | 117.00   | 155.25    | 193.50    | 231.75    | 80  |
| 44                    | 18.25  | 26.25    | 42.25    | 66.25    | 82.25    | 122.25   | 162.25    | 202.25    | 242.25    | 80  |
| 45                    | 19.25  | 27.75    | 44.75    | 70.25    | 87.25    | 129.75   | 172.25    | 214.75    | 257.25    | 81  |
| 46                    | 20.05  | 28.95    | 46.75    | 73.45    | 91.25    | 135.75   | 180.25    | 224.75    | 269.25    | 81  |
| 47                    | 21.05  | 30.45    | 49.25    | 77.45    | 96.25    | 143.25   | 190.25    | 237.25    | 284.25    | 82  |
| 48                    | 21.95  | 31.80    | 51.50    | 81.05    | 100.75   | 150.00   | 199.25    | 248.50    | 297.75    | 82  |
| 49                    | 23.25  | 33.75    | 54.75    | 86.25    | 107.25   | 159.75   | 212.25    | 264.75    | 317.25    | 83  |
| 50                    | 24.35  | 35.40    | 57.50    | 90.65    | 112.75   | 168.00   |           |           |           | 83  |
| 51                    | 25.45  | 37.05    | 60.25    | 95.05    | 118.25   | 176.25   |           |           |           | 83  |
| 52                    | 27.05  | 39.45    | 64.25    | 101.45   | 126.25   | 188.25   |           |           |           | 84  |
| 53                    | 28.45  | 41.55    | 67.75    | 107.05   | 133.25   | 198.75   |           |           |           | 85  |
| 54                    | 29.75  | 43.50    | 71.00    | 112.25   | 139.75   | 208.50   |           |           |           | 85  |
| 55                    | 31.15  | 45.60    | 74.50    | 117.85   | 146.75   | 219.00   |           |           |           | 85  |
| 56                    | 32.75  | 48.00    | 78.50    | 124.25   | 154.75   | 231.00   |           |           |           | 85  |
| 57                    | 34.35  | 50.40    | 82.50    | 130.65   | 162.75   | 243.00   |           |           |           | 86  |
| 58                    | 36.05  | 52.95    | 86.75    | 137.45   | 171.25   | 255.75   |           |           |           | 86  |
| 59                    | 37.75  | 55.50    | 91.00    | 144.25   | 179.75   | 268.50   |           |           |           | 86  |
| 60                    | 39.55  | 58.20    | 95.50    | 151.45   | 188.75   | 282.00   |           |           |           | 86  |
| 61                    | 41.85  | 61.65    | 101.25   | 160.65   | 200.25   | 299.25   |           |           |           | 86  |
| 62                    | 44.05  | 64.95    | 106.75   | 169.45   | 211.25   | 315.75   |           |           |           | 87  |
| 63                    | 46.25  | 68.25    | 112.25   | 178.25   | 222.25   | 332.25   |           |           |           | 87  |
| 64                    | 48.45  | 71.55    | 117.75   | 187.05   | 233.25   | 348.75   |           |           |           | 87  |
| 65                    | 50.85  | 75.15    | 123.75   | 196.65   | 245.25   | 366.75   |           |           |           | 87  |
| 66                    | 53.45  |          |          |          |          |          |           |           |           | 88  |
| 67                    | 56.25  |          |          |          |          |          |           |           |           | 88  |
| 68                    | 59.15  |          |          |          |          |          |           |           |           | 88  |
| 69                    | 62.25  |          |          |          |          |          |           |           |           | 88  |
| 70                    | 65.55  |          |          |          |          |          |           |           |           | 89  |

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

# Accidental Death and Dismemberment (AD&D) insurance

## Protect your savings and your family

A serious accident can change the course of your life and leave you and the people you love with unexpected expenses. AD&D insurance provides financial protection if you or anyone on your plan suffers from a covered accidental injury or accidental death.

## How it works

Your employer is offering you and your coworkers this coverage as a group, at a group rate.

You are responsible for paying all or a portion of the cost.

### Benefits

|                     |  |
|---------------------|--|
| For you             | You can choose from <b>\$10,000 to \$500,000</b> —in increments of \$10,000, <b>not to exceed 5 times</b> your basic annual earnings.<br><br>Coverage ends at termination of employment or retirement.   |
| For your spouse     | If you elect coverage for yourself, you can choose <b>\$5,000 to \$250,000—in increments of \$5,000.</b><br><br>(Not to exceed 50% of your Elected amount.)  |
| For your child(ren) | If you elect coverage for yourself, you can choose <b>\$5,000 to \$25,000—in increments of \$5,000.</b><br><br>(Not to exceed 50% of your Elected amount.)<br><br>A full benefit is payable for a dependent child who is from birth to 26 years old. |



## Reasons why you may need AD&D insurance



Provide financial support for you or others



Pay household expenses



Hire help for child or elder care



Funeral or medical expenses

*You or your beneficiaries can use the benefit to pay for injury-related expenses or to help replace lost income—however way the money is needed.*

## Covered accidental injuries

You may receive up to 100% of your AD&D coverage amount for losses resulting from one accident, such as paralysis, speech or hearing loss, or thumb and index finger loss. If a covered accident results in your death, your beneficiary will receive 100% of your AD&D coverage amount.

This chart shows a partial list of AD&D insurance benefit amounts as a percentage of coverage. You may refer to the certificate for the full list of covered accidental injuries.

### Benefits

| Accidental injury                               | The plan pays |
|---|---------------|
| Accidental death                                | 100%          |
| Quadriplegia                                    | 100%          |
| Loss of sight of one eye                        | 50%           |
| Loss of speech only or hearing only             | 50%           |
| Loss of limb (arm or leg)                       | 50%           |
| Loss of thumb and index finger on the same hand | 25%           |

## Accidental Death and Dismemberment FAQ

### Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

### How is my benefit claim filed and paid?

In the event of your accidental death or injury, you or your beneficiary(ies) and your employer will complete

the appropriate claims forms and submit these to Sun Life. Our claims examiners review the claim and gather additional information if necessary. We will notify you or your beneficiaries when the decision is made. If your death claim is approved, beneficiaries may elect to receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply, and options may vary by state.) If your AD&D claim for an accidental injury is approved, the benefit amount will be paid directly to you.

**Read the important plan provisions section for more information including limitations and exclusions.**

## Important information

**The following coverage(s) do not constitute comprehensive health insurance (often referred to as “major medical coverage”). They do NOT provide basic hospital, basic medical, or major medical insurance.**

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to the Certificate for details.

### Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

### Accidental Death and Dismemberment

We will not pay a benefit that is due to or results from: suicide while sane or insane; injuring oneself intentionally; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; bodily or mental infirmity or disease or infection unless due to an accidental injury; riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.

**This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.**

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, “Sun Life”).

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 12-GP-01, 15-GP-01, 15-LF-C-01, 15-ADD-C-01, 16-DEN-C-01, 16-VIS-C-01, 12-DI-C-01, 16-DI-C-01, 12-AC-C-01, 16-AC-C-01, 13-SD-C-01, 16-SD-C-01, 16-CAN-C-01, 20-HI-C-01, 12-GPPort-P-01, 20-HIPORT-C-01, TDBPOLICY-2006, and TDI-POLICY.

© 2021 Sun Life Assurance Company of Canada, Wellesley Hills, MA 02481. All rights reserved. Sun Life and the globe symbol are trademarks of Sun Life Assurance Company of Canada. Visit us at [www.sunlife.com/us](http://www.sunlife.com/us).

GVBH-EE-8384

SLPC 29579

2370963 05/09/2024 08:47:01



# Rate Sheet

Coverage and **Monthly** cost for employee Voluntary AD&D.

Rates are effective as of 09/01/2024.

The chart below shows possible coverage amounts and the corresponding costs per monthly pay period.

## Employee Coverage

| Coverage Amounts | Cost per Monthly pay period |
|------------------|-----------------------------|
| \$10,000         | 0.22                        |
| \$20,000         | 0.44                        |
| \$30,000         | 0.66                        |
| \$40,000         | 0.88                        |
| \$50,000         | 1.10                        |
| \$60,000         | 1.32                        |
| \$70,000         | 1.54                        |
| \$80,000         | 1.76                        |
| \$90,000         | 1.98                        |
| \$100,000        | 2.20                        |
| \$110,000        | 2.42                        |
| \$120,000        | 2.64                        |
| \$130,000        | 2.86                        |
| \$140,000        | 3.08                        |
| \$150,000        | 3.30                        |
| \$160,000        | 3.52                        |
| \$170,000        | 3.74                        |
| \$180,000        | 3.96                        |
| \$190,000        | 4.18                        |
| \$200,000        | 4.40                        |
| \$210,000        | 4.62                        |
| \$220,000        | 4.84                        |
| \$230,000        | 5.06                        |
| \$240,000        | 5.28                        |
| \$250,000        | 5.50                        |
| \$260,000        | 5.72                        |
| \$270,000        | 5.94                        |
| \$280,000        | 6.16                        |
| \$290,000        | 6.38                        |
| \$300,000        | 6.60                        |
| \$310,000        | 6.82                        |
| \$320,000        | 7.04                        |
| \$330,000        | 7.26                        |
| \$340,000        | 7.48                        |
| \$350,000        | 7.70                        |
| \$360,000        | 7.92                        |
| \$370,000        | 8.14                        |
| \$380,000        | 8.36                        |
| \$390,000        | 8.58                        |
| \$400,000        | 8.80                        |
| \$410,000        | 9.02                        |
| \$420,000        | 9.24                        |
| \$430,000        | 9.46                        |
| \$440,000        | 9.68                        |
| \$450,000        | 9.90                        |
| \$460,000        | 10.12                       |
| \$470,000        | 10.34                       |
| \$480,000        | 10.56                       |
| \$490,000        | 10.78                       |
| \$500,000        | 11.00                       |

## Spouse Coverage

| Coverage Amounts | Cost per Monthly pay period |
|------------------|-----------------------------|
| \$5,000          | 0.11                        |
| \$10,000         | 0.22                        |
| \$15,000         | 0.33                        |
| \$20,000         | 0.44                        |
| \$25,000         | 0.55                        |
| \$30,000         | 0.66                        |
| \$35,000         | 0.77                        |
| \$40,000         | 0.88                        |
| \$45,000         | 0.99                        |
| \$50,000         | 1.10                        |
| \$55,000         | 1.21                        |
| \$60,000         | 1.32                        |
| \$65,000         | 1.43                        |
| \$70,000         | 1.54                        |
| \$75,000         | 1.65                        |
| \$80,000         | 1.76                        |
| \$85,000         | 1.87                        |
| \$90,000         | 1.98                        |
| \$95,000         | 2.09                        |
| \$100,000        | 2.20                        |
| \$105,000        | 2.31                        |
| \$110,000        | 2.42                        |
| \$115,000        | 2.53                        |
| \$120,000        | 2.64                        |
| \$125,000        | 2.75                        |
| \$130,000        | 2.86                        |
| \$135,000        | 2.97                        |
| \$140,000        | 3.08                        |
| \$145,000        | 3.19                        |
| \$150,000        | 3.30                        |
| \$155,000        | 3.41                        |
| \$160,000        | 3.52                        |
| \$165,000        | 3.63                        |
| \$170,000        | 3.74                        |
| \$175,000        | 3.85                        |
| \$180,000        | 3.96                        |
| \$185,000        | 4.07                        |
| \$190,000        | 4.18                        |
| \$195,000        | 4.29                        |
| \$200,000        | 4.40                        |
| \$205,000        | 4.51                        |
| \$210,000        | 4.62                        |
| \$215,000        | 4.73                        |
| \$220,000        | 4.84                        |
| \$225,000        | 4.95                        |
| \$230,000        | 5.06                        |
| \$235,000        | 5.17                        |
| \$240,000        | 5.28                        |
| \$245,000        | 5.39                        |
| \$250,000        | 5.50                        |

## Child Coverage

| Coverage Amounts | Cost per Monthly pay period |
|------------------|-----------------------------|
| \$5,000          | 0.11                        |
| \$10,000         | 0.22                        |
| \$15,000         | 0.33                        |
| \$20,000         | 0.44                        |
| \$25,000         | 0.55                        |

# GC14 Limited Benefit Group Cancer Indemnity Insurance



THE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THE POLICY AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYEE LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

| Summary of Benefits   | Plan 1   | Plan 2  |
|---|--|---|
| Cancer Treatment Policy Benefits  | Level 1  | Level 3   |
| Radiation Therapy, Chemotherapy, Immunotherapy - Maximum per 12-month period  | \$10,000   | \$15,000  |
| Hormone Therapy - Maximum of 12 treatments per calendar year  | \$50 per treatment   | \$50 per treatment  |
| Experimental Treatment  | paid in same manner and under the same maximums as any other benefit       |   |
| Cancer Screening Rider Benefits   | Level 1  | Level 1   |
| Diagnostic Testing - 1 test per calendar year   | \$50 per test  | \$50 per test   |
| Follow-Up Diagnostic Testing - 1 test per calendar year   | \$100 per test   | \$100 per test  |
| Medical Imaging - per calendar year   | \$500 per test / 1 test  | \$500 per test / 1 test   |
| Surgical Rider Benefits   | Level 1  | Level 1   |
| Surgical  | \$30 unit dollar amount<br>Max \$3,000 per operation                       | \$30 unit dollar amount<br>Max \$3,000 per operation                        |
| Anesthesia  | 25% of amount paid for covered surgery                                     |   |
| Bone Marrow Transplant - Maximum per lifetime   | \$6,000  | \$6,000   |
| Stem Cell Transplant - Maximum per lifetime   | \$600  | \$600   |
| Prosthesis - Surgical Implantation/Non-Surgical (not Hair Piece) 1 device per site, per lifetime  | \$1,000/\$100  | \$1,000/\$100   |
| Patient Care Rider Benefits   | Level 1  | Level 3   |
| Hospital Confinement  | \$100  | \$200   |
| Per day of Hospital Confinement (1-30 days)   | \$200  | \$400   |
| Per day for Eligible Dependent Children (1-30 days)   | \$100  | \$400   |
| Per day of Hospital Confinement (31+ days)  | \$200  | \$800   |
| Per day for Eligible Dependent Children (31+ days)  |  |   |
| Outpatient Facility - Per day surgery is performed  | \$200  | \$400   |
| Attending Physician - Per day of Hospital Confinement   | \$30   | \$40  |
| Dread Disease - Per day of Hospital Confinement (1-30 days / 31+ days)  | \$100/\$100  | \$200/\$400   |
| Extended Care Facility - Up to the same number of Hospital Confinement Days   | \$100 per day  | \$200 per day   |
| Donor   | \$100 per day  | \$200 per day   |
| Home Health Care - Up to the same number of Hospital Confinement Days   | \$100 per day  | \$200 per day   |
| Hospice Care - Up to maximum of 365 days per lifetime   | \$100 per day  | \$200 per day   |
| US Government, Charity Hospital or HMO - Per day of Hospital Confinement (1-30 days / 31+ days)   | \$100/\$100  | \$200/\$400   |
| Miscellaneous Care Rider Benefits   | Level 1  | Level 2   |
| Cancer Treatment Center Evaluation or Consultation - 1 per lifetime   | Not Included   | \$750   |
| Evaluation or Consultation Travel and Lodging - 1 per lifetime  | Not Included   | \$350   |
| Second / Third Surgical Opinion - per diagnosis of cancer   | \$300 / \$300  | \$300 / \$300   |
| Drugs and Medicine - Inpatient / Outpatient (maximum \$150 per month)   | \$150 per confinement<br>\$50 per prescription                             | \$150 per confinement<br>\$50 per prescription                              |
| Hair Piece (Wig) - 1 per lifetime   | \$150  | \$150   |
| Transportation - Maximum 12 trips per calendar year for all modes of transportation combined<br>Travel by bus, plane or train<br>Travel by car<br>Lodging - up to a maximum of 100 days per calendar year               | actual coach fare or<br>\$0.40 per mile<br>\$0.40 per mile<br>\$50 per day | actual coach fare or<br>\$0.75 per mile<br>\$0.75 per mile<br>\$100 per day |
| Family Transportation - Maximum 12 trips per calendar year for all modes of transportation combined<br>Travel by bus, plane or train<br>Travel by car<br>Family Lodging - up to a maximum of 100 days per calendar year | actual coach fare or<br>\$0.40 per mile<br>\$0.40 per mile<br>\$50 per day | actual coach fare or<br>\$0.75 per mile<br>\$0.75 per mile<br>\$100 per day |
| Blood, Plasma and Platelets   | \$300 per day  | \$300 per day   |
| Ambulance - Ground/Air - Maximum of 2 trips per Hospital Confinement for all modes of transportation combined   | \$200 / \$2,000 per trip   | \$200 / \$2,000 per trip  |
| Inpatient Special Nursing Services - per day of Hospital Confinement  | \$150 per day  | \$150 per day   |

# GC14 Limited Benefit Group Cancer Indemnity Insurance

| Miscellaneous Care Rider Benefits <i>Con't.</i>  | Level 1                  | Level 2                  |
|--|--------------------------|--------------------------|
| Outpatient Special Nursing Services - Up to same number of Hospital Confinement days                             | \$150 per day            | \$150 per day            |
| Medical Equipment - Maximum of 1 benefit per calendar year   | Not Included             | \$150                    |
| Physical, Occupational, Speech, Audio Therapy & Psychotherapy / Maximum per calendar year                        | \$25 per visit / \$1,000 | \$25 per visit / \$1,000 |
| Waiver of Premium  | Waive Premium            | Waive Premium            |
| Internal Cancer First Occurrence Rider Benefits  | Level 1                  | Level 2                  |
| Lump Sum Benefit - Maximum 1 per Covered Person per lifetime   | \$2,500                  | \$5,000                  |
| Lump Sum for Eligible Dependent Children - Maximum 1 per Covered Person per lifetime                             | \$3,750                  | \$7,500                  |
| Hospital Intensive Care Unit Rider Benefits  | Level 1                  | Level 1                  |
| Intensive Care Unit  | \$600 per day            | \$600 per day            |
| Step Down Unit - Maximum of 45 days per Confinement for any combination of Intensive Care Unit or Step Down Unit | \$300 per day            | \$300 per day            |

| Total Monthly Premiums by Plan** |            |         |                     |         |                 |         |                 |         |
|----------------------------------|------------|---------|---------------------|---------|-----------------|---------|-----------------|---------|
| Issue Ages                       | Individual |         | Individual & Spouse |         | 1 Parent Family |         | 2 Parent Family |         |
|                                  | Plan 1     | Plan 2  | Plan 1              | Plan 2  | Plan 1          | Plan 2  | Plan 1          | Plan 2  |
| 18+                              | \$19.80    | \$27.54 | \$41.70             | \$58.04 | \$25.78         | \$35.36 | \$47.62         | \$65.86 |

\*\*Total premium includes the Plan selected and any applicable rider premium. Premiums are subject to increase with notice.  
The premium and amount of benefits vary dependent upon the Plan selected at time of application.

Benefits are only payable following a diagnosis of cancer for a loss incurred for the treatment of cancer while covered under the policy. A charge must be incurred for benefits to be payable. When coverage terminates for loss incurred after the coverage termination date, our obligation to pay benefits also terminates for a specified disease that manifested itself while the person was covered under the policy. All benefits are subject to the benefit maximums.

## Cancer Treatment Benefits

### Eligibility

You and your eligible dependents are eligible to be insured under this certificate if you and your eligible dependents meet our underwriting rules and you are actively at work with the policyholder and qualify for coverage as defined in the master application.

### Limitations and Exclusions

No benefits will be paid for any of the following: treatment by any program engaged in research that does not meet the definition of experimental treatment; or losses or medical expenses incurred prior to the covered person's effective date regardless of when specified disease was diagnosed.

### Only Loss for Cancer

The policy pays only for loss resulting from definitive cancer treatment including direct extension, metastatic spread or recurrence. Proof must be submitted to support each claim. The policy also covers other conditions or diseases directly caused by cancer or the treatment of cancer. The policy does not cover any other disease, sickness or incapacity which existed prior to the diagnosis of cancer, even though after contracting cancer it may have been complicated, aggravated or affected by cancer or the treatment of cancer.

### Pre-Existing Condition Exclusion

No benefits are payable for any loss incurred during the pre-existing condition exclusion period, following the covered person's effective date as the result of a pre-existing condition. Pre-existing conditions specifically named or described as excluded in any part of the policy are never covered. If any change to coverage after the certificate effective date results in an increase or addition to coverage, the time limit on certain defenses and pre-existing condition exclusion for such increase will be based on the effective date of such increase.

### Waiting Period

The policy and any attached riders contain a waiting period during which no benefits will be paid. If any covered person has a specified disease diagnosed before the end of the waiting period immediately following the covered person's effective date, coverage for that person will apply only to loss that is incurred after one year from the covered person's effective date. If any covered person is diagnosed as having a specified disease during the waiting period immediately following the covered person's effective date, you may elect to void the certificate from the beginning and receive a full refund of premium.

If the policy replaced group specified disease cancer coverage from any company that terminated within 30 days of the certificate effective date, the waiting period will be waived for those covered persons that were covered under the prior coverage. However, the pre-existing condition exclusion provision will still apply.

## Termination of Certificate

Insurance coverage under the certificate and any attached riders will end on the earliest of these dates: the date the policy terminates; the end of the grace period if the premium remains unpaid; the date insurance has ceased on all persons covered under this certificate; the end of the certificate month in which the policyholder requests to terminate this coverage; the date you no longer qualify as an insured; or the date of your death.

## Termination of Coverage

Insurance coverage for a covered person under the certificate and any attached riders for a covered person will end as follows: the date the policy terminates; the date the certificate terminates; the end of the grace period if the premium remains unpaid; the end of the certificate month in which the policyholder requests to terminate the coverage for an eligible dependent; the date a covered person no longer qualifies as an insured or eligible dependent; or the date of the covered person's death.

We may end the coverage of any Covered Person who submits a fraudulent claim.

## Cancer Screening Benefits

### Limitations and Exclusions

No benefits will be paid for any of the following: treatment by any program engaged in research that does not meet the definition of experimental treatment; losses or medical expenses incurred prior to the covered person's effective date of this rider; or loss incurred during the pre-existing condition exclusion period following the covered person's effective date of this rider as a result of a pre-existing condition. For the purpose of benefits under this rider, the waiting period will begin on the covered person's effective date of this rider.

## Surgical Benefits

### Limitations and Exclusions

No benefits will be paid for any of the following: treatment by any program engaged in research that does not meet the definition of experimental treatment; losses or medical expenses incurred prior to the covered person's effective date of this rider regardless of when a specified disease was diagnosed; or loss incurred during the pre-existing condition exclusion period following the covered person's effective date of this rider as a result of a pre-existing condition. For the purpose of benefits under this rider, the waiting period will begin on the covered person's effective date of this rider.

## Patient Care Benefits

A hospital is not an institution, or part thereof, used as: a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a rehabilitative facility; an extended-care facility; or a facility primarily affording custodial, educational care, or care of treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction.

### Limitations and Exclusions

No benefits will be paid for any of the following: treatment by any program engaged in research that does not meet the definition of experimental treatment; losses or medical expenses incurred prior to the covered person's effective date of this rider regardless of when a specified disease was diagnosed; or loss incurred during the pre-existing condition exclusion period following the covered person's effective date of this rider as a result of a pre-existing condition. For the purpose of benefits under this rider, the waiting period will begin on the covered person's effective date of this rider.

## Only Loss for Cancer or Dread Disease

Pays only for loss resulting from definitive cancer treatment including direct extension, metastatic spread or recurrence. Proof must be submitted to support each claim. This rider also covers other conditions or diseases directly caused by cancer or the treatment of cancer. This rider does not cover any other disease, sickness or incapacity which existed prior to the diagnosis of cancer, even though after contracting cancer it may have been complicated, aggravated or affected by cancer or the treatment of cancer except for conditions specifically provided in the dread disease benefit.

## Miscellaneous Benefits

### Waiver of Premium

When the certificate is in force and you become disabled, we will waive all premiums due including premiums for any riders attached to the certificate. Disability must be due to cancer and occur while receiving treatment for such cancer.

You must remain disabled for 60 continuous days before this benefit will begin. The waiver of premium will begin on the next premium due date following the 60 consecutive days of disability. This benefit will continue for as long as you remain disabled until the earliest of either of the following: the date you are no longer disabled; the date coverage ends according to the termination provisions in the certificate; or the date coverage ends according to the termination provisions in this rider. Proof of disability must be provided for each new period of disability before a new waiver of premium benefit is payable.

### Limitations and Exclusions

No benefits will be paid for any of the following: treatment by any program engaged in research that does not meet the definition of experimental treatment; losses or medical expenses incurred prior to the covered person's effective date of this rider regardless of when a specified disease was diagnosed; or loss incurred during the pre-existing condition exclusion period following the covered person's effective date of this rider as a result of a pre-existing condition. For the purpose of benefits under this rider, the waiting period will begin on the covered person's effective date of this rider.

## Termination of Cancer Screening, Surgical, Patient Care & Miscellaneous Benefit Rider(s)

The above listed rider(s) will terminate and coverage will end for all covered persons on the earliest of: the end of the grace period if the premium for the rider remains unpaid; the date the policy or certificate to which the rider is attached terminates; the end of the certificate month in which APL receives a request from the policyholder to terminate the rider; or the date of your death. Coverage on an eligible dependent terminates under the rider when such person ceases to meet the definition of eligible dependent.

## Internal Cancer First Occurrence Benefits

Pays a lump sum benefit amount when a covered person receives a first diagnosis of internal cancer and the date of diagnosis occurs after the waiting period. Only one benefit per covered person, per lifetime is payable under this benefit and the lump sum benefit amount will reduce by 50% at age 70.

### Limitations and Exclusions

We will not pay benefits for a diagnosis of internal cancer received outside the territorial limits of the United States or a metastasis to a new site of any cancer diagnosed prior to the covered person's effective date, as this is not considered a first diagnosis of an internal cancer.



### Pre-Existing Condition Exclusion

No benefits are payable for any loss incurred during the pre-existing condition exclusion period following the covered person's effective date of this rider as the result of a pre-existing condition.

### Waiting Period

This rider contains a 30-day waiting period during which no benefits will be paid. If any internal cancer is diagnosed before the end of the waiting period immediately following the covered person's effective date of this rider, coverage will apply only to loss that is incurred after one year from the covered person's effective date of this rider.

### Termination

This rider will terminate and coverage will end for all covered persons on the earliest of any of the following: the end of the grace period if the premium for this rider remains unpaid; the date the policy or certificate to which this rider is attached terminates; the end of the certificate month in which we receive a request from the policyholder to terminate this rider; the date of covered person's death or the date the lump sum benefit amount for internal cancer has been paid for all covered persons under this rider. Coverage on an eligible dependent terminates under this rider when such person ceases to meet the definition of eligible dependent.

## Hospital Intensive Care Unit Benefits

### Limitations and Exclusions

For a newborn child born within the 10-month period following the effective date, no benefits under this rider will be provided for confinements that begin within the first 30 days following the birth of such child. No benefits under this rider will be provided during the first two years following the effective date for confinements caused by any heart condition when any heart condition was diagnosed or treated prior to the end of the 30-day period following the covered person's effective date. The heart condition causing the confinement need not be the same condition diagnosed or treated prior to the effective date.

We will not pay benefits for any loss caused by or resulting from any of the following: intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane; alcoholism or drug addiction; any act of war, declared or undeclared, or any act related to war, or active service in the armed forces, or military service for any country at war (if coverage is suspended for any covered person during a period of military service, we will refund the pro-rata portion of any premium paid for any such covered person upon receipt of the policyholder's written request); participation in any activity or event while intoxicated or under the influence of any narcotic unless administered by a physician or taken according to the physician's instructions; participation in, or attempting to participate in, a felony, riot or insurrection (a felony is defined by the law of the jurisdiction in which the activity takes place).

### Termination

This rider will terminate and coverage will end for all covered persons on the earliest of any of the following: the end of the grace period if the premium for this rider remains unpaid; the date the policy or certificate to which this rider is attached terminates; the end of the certificate month in which we receive a request from the policyholder to terminate this rider or the date of the covered person's death. Coverage on an eligible dependent terminates under this rider when such person ceases to meet the definition of eligible dependent.

## Optionally Renewable

This policy/riders are optionally renewable. The policyholder or we have the right to terminate the policy/riders on any premium due date after the first anniversary following the policy/riders effective date. We must give at least 60 days written notice to the policyholder prior to cancellation.

## Portability (Voluntary Plans Only)

When you no longer meet the definition of Insured, you will have the option to continue this coverage, including any attached riders. No Evidence of Insurability will be required. Portability must meet all of the following conditions: the certificate has been continuously in force for the last 12 months; we receive a request and payment of the first premium for the portability coverage no later than 30 days after the date you no longer qualify as an eligible insured; and the policy, under which this certificate was issued, continues to be in force on the date you cease to qualify for coverage. All future premiums due will be billed directly to you. You are responsible for payment of all premiums for the portability coverage.

The benefits, terms and condition of the portability coverage will be the same as those elected under the certificate immediately prior to the date you exercised portability. Portability coverage may include any eligible dependents who were covered under the certificate at the time you ceased to qualify as an eligible insured. No new eligible dependents may be added to the portability coverage except as provided in the New Born and Adopted Children provision. No increases in coverage will be allowed while you are exercising your rights under this rider. The premium for the portability coverage will be based on the premium tables used for such coverage at the time of the portability request.

Coverage under this rider will terminate in accordance with the provisions of the Termination of Coverage in the certificate. If the policy is no longer in force, then portability coverage is not available.

Underwritten by:



2305 Lakeland Drive | Flowood, MS 39232  
ampublic.com | 800.256.8606

This is a brief description of the coverage. For detailed benefits, limitations, exclusions and other provisions, please refer to the policy and riders. This coverage does not replace Workers' Compensation Insurance. **This product is inappropriate for people who are eligible for Medicaid coverage.** | This policy is considered an employee welfare benefit plan established and/or maintained by an association or employer intended to be covered by ERISA, and will be administered and enforced under ERISA. Group policies issued to governmental entities and municipalities may be exempt from ERISA guidelines. | Policy Form GC14 Series | TX | Limited Benefit Group Cancer Indemnity Insurance | (10/14)

APSB-22347

# Aflac

## GROUP ACCIDENT ENHANCEMENT

*Just because an accident can change your health, doesn't mean it should change your lifestyle too.*

Accidents can happen in an instant affecting you or a loved one. Aflac is designed to help families plan for the health care bumps ahead and take some of the uncertainty and financial insecurity out of getting better.

Protection for the unexpected, that's the benefit of the Aflac Group Accident Plan.

After an accident you may have expenses you've never thought about. Can your finances handle them? It's reassuring to know that an accident insurance plan can be there for you in your time of need to help cover expenses such as:

- Hospitalization
- Emergency room visits
- Surgery and anesthesia
- Burns
- Major Diagnostic Testing
- Ambulance Rides

### Plan Features

- Benefits are paid directly to youd unless otherwise assigned.
- Coverage is guaranteed-issue regardless of health.
- Benefits are paid regardless of any other medical insurance.
- Wellness benefit paid each year.
- 24 hour coverage.



### Monthly Accident Rates

|                               | High    | Low     |
|-------------------------------|---------|---------|
| Employee Only                 | \$19.65 | \$14.77 |
| Employee & Spouse             | \$29.45 | \$21.98 |
| Employee & Dependent Children | \$34.44 | \$25.81 |
| Family                        | \$44.24 | \$33.02 |



# Aflac

## GROUP ACCIDENT ENHANCEMENT

|   | High   | Low  |
|---|--|--|
| HOSPITAL ADMISSION  | \$1,000 per year                             | \$750 per year                               |
| HOSPITAL CONFINEMENT  | \$200 per day                                | \$150 per day                                |
| HOSPITAL INTENSIVE CARE UNIT  | \$400 per day                                | \$300 per day                                |
| FAMILY MEMBER LODGING   | \$100 per day                                | \$75 per day                                 |
| EMERGENCY ROOM  | \$200  | \$125  |
| AMBULANCE   | \$200 Ground<br>\$1,000 Air                  | \$150 Ground<br>\$750 Air                    |
| EMERGENCY ROOM OBSERVATION  | \$100 Each 24 hour period                    | \$75 Each 24 hour period                     |
| MAJOR DIAGNOSTIC TESTING  | \$200  | \$150  |
| LACERATIONS   |  |  |
| Under 2 inches long   | \$50   | \$38   |
| 2 to 6 inches long  | \$200  | \$150  |
| Over 6 inches long  | \$400  | \$300  |
| Lacerations not requiring stitches  | \$25   | \$18.75                                      |
| FRACTURES   | Up to \$4,000<br>based on a schedule         | Up to \$3,000<br>based on a schedule         |
| DISLOCATIONS  | Up to \$3,000<br>based on a schedule         | Up to \$2,500<br>based on a schedule         |
| TRANSPORTATION  | \$300 Plane/Train                            | \$200 Plane/Train                            |
|   | \$150 Bus                                    | \$100 Bus                                    |
| APPLIANCES<br>Cane, Ankle Brace<br>Walking Boot, Walker, Crutches, Leg Brace,<br>Cervical Collar Wheelchair, Knee Scooter,<br>Body Jacket, Back Brace | \$100  | \$75   |
| ACCIDENT FOLLOW-UP TREATMENT  | \$30 per day up to six visits                | \$20 per day up to six visits                |
| PHYSICAL THERAPY  | \$30 per day up to six visits                | \$20 per day up to six visits                |
| PARALYSIS   |  |  |
| Paraplegia  | \$5,000                                      | \$3,750                                      |
| Quadriplegia  | \$10,000                                     | \$7,500                                      |
| WELLNESS RIDER  | \$50   | \$25   |
| ACCIDENTAL DEATH  | \$50,000 EE / \$25,000 SP / \$5,000<br>Child | \$40,000 EE / \$20,000 SP / \$5,000<br>Child |

The information in this Benefits Summary is presented for illustrative purposes and does not include the limitations and exclusions. The text contained in this summary was taken from the full plan description and benefit information. For the full schedule of benefits and outline of coverages, please see the brochures provided by your employer. In case of discrepancy between the summary and the actual plan documents, the actual plan documents will prevail.

# Critical Illness Insurance Plan Summary

## COVERAGE OPTIONS

| Critical Illness Insurance           |  |   |
|--------------------------------------|--|---|
| Eligible Individual                  | Initial Benefit                        | Requirements  |
| Employee                             | \$5,000-\$50,000 in \$5,000 increments | Coverage is guaranteed provided you are actively at work. <sup>3</sup>  |
| Spouse/Domestic Partner <sup>1</sup> | 50% of the employee's Initial Benefit  | Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. <sup>3</sup> |
| Dependent Child(ren) <sup>2</sup>    | 50% of the employee's Initial Benefit  | Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. <sup>3</sup>               |

## BENEFIT PAYMENT

Your **Initial Benefit** provides a lump-sum payment upon the first diagnosis of a Covered Condition. Your plan pays a **Recurrence Benefit**<sup>4</sup> equal to the Initial Benefit for the following Covered Conditions: Heart Attack, Stroke, Coronary Artery Bypass Graft, Full Benefit Cancer and Partial Benefit Cancer. A Recurrence Benefit is only available if an Initial Benefit has been paid for the Covered Condition. There is a Benefit Suspension Period between Recurrences.

The maximum amount that you can receive through your Critical Illness Insurance plan is called the **Total Benefit** and is 3 times the amount of your Initial Benefit. This means that you can receive multiple Initial Benefit and Recurrence Benefit payments until you reach the maximum of 300% of elected benefit or \$90,000.

Please refer to the table below for the percentage benefit amount for each Covered Condition.

| Covered Conditions                  | Initial Benefit         | Recurrence Benefit      |
|-------------------------------------|-------------------------|-------------------------|
| Full Benefit Cancer <sup>5</sup>    | 100% of Initial Benefit | None                    |
| Partial Benefit Cancer <sup>5</sup> | 25% of Initial Benefit  | 25% of Initial Benefit  |
| Heart Attack                        | 100% of Initial Benefit | 100% of Initial Benefit |
| Stroke <sup>6</sup>                 | 100% of Initial Benefit | 100% of Initial Benefit |
| Coronary Artery Bypass Graft        | 100% of Initial Benefit | 100% of Initial Benefit |
| Kidney Failure                      | 100% of Initial Benefit | Not applicable          |
| Alzheimer's Disease <sup>7</sup>    | 100% of Initial Benefit | Not applicable          |
| Major Organ Transplant Benefit      | 100% of Initial Benefit | Not applicable          |
| Occupational HIV <sup>8</sup>       | 100% of Initial Benefit | Not applicable          |
| 22 Listed Conditions                | 25% of Initial Benefit  | Not applicable          |

### 22 Listed Conditions

MetLife Critical Illness Insurance will pay 25% of the Initial Benefit Amount for each of the 22 Listed Conditions until the Total Benefit Amount is reached. A Covered Person may only receive one payment for each Listed Condition in his/her lifetime. The Listed Conditions are Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy;

myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

### Example of Initial & Recurrence Benefit Payments

The example below illustrates an employee who elected an Initial Benefit of \$30,000 and has a Total Benefit of 3 times the elected benefit which is \$90,000.

| Illness – Covered Condition                         | Payment  | Total Benefit Remaining |
|---|--|-------------------------|
| Heart Attack – first diagnosis                      | Initial Benefit payment of \$30,000 or 100%    | \$60,000                |
| Heart Attack – second diagnosis, two years later    | Recurrence Benefit payment of \$30,000 or 100% | \$30,000                |
| Kidney Failure – first diagnosis, three years later | Initial Benefit payment of \$30,000 or 100%    | \$0                     |

This example is for illustrative purposes only. The MetLife Critical Illness Insurance Policy and Certificate are the governing documents with respect to all matters of insurance, including coverage for specific illnesses. The specific facts of each claim must be evaluated in conjunction with the provisions of the applicable Policy and Certificate to determine coverage in each individual case.

In most states there is a preexisting condition limitation. If advice, treatment or care was sought, recommended, prescribed or received during the twelve months prior to the effective date of coverage, we will not pay benefits if the covered condition occurs during the first twelve months of coverage. The preexisting condition limitation does not apply to occupational HIV, heart attack or stroke.

## SUPPLEMENTAL BENEFITS

MetLife provides coverage for the Supplemental Benefits listed below. This coverage would be in addition to the Total Benefit Amount payable for the previously mentioned Covered Conditions.

### Health Screening Benefit<sup>9</sup>

MetLife will provide an annual benefit of \$50 per calendar year for taking one of the eligible screening/prevention measures. MetLife will pay only one health screening benefit per covered person per calendar year.

Eligible screening/prevention measures include:

|  |  |
|--|--|
| • routine health check-up exam                               | • fasting blood glucose test                             |
| • biopsies for cancer  | • fasting plasma glucose test                            |
| • blood chemistry panel                                      | • flexible sigmoidoscopy                                 |
| • blood test to determine total cholesterol                  | • hearing test   |
| • blood test to determine triglycerides                      | • hemoccult stool specimen                               |
| • bone marrow testing  | • hemoglobin A1C   |
| • breast MRI   | • human papillomavirus (HPV) vaccination                 |
| • breast ultrasound  | • immunization   |
| • breast sonogram  | • lipid panel  |
| • cancer antigen 15-3 blood test for breast cancer (CA 15-3) | • mammogram  |
| • cancer antigen 125 blood test for ovarian cancer (CA 125)  | • oral cancer screening                                  |
| • carcinoembryonic antigen blood test for colon cancer (CEA) | • pap smears or thin prep pap test                       |
| • carotid doppler  | • prostate-specific antigen (PSA) test                   |
| • chest x-rays   | • serum cholesterol test to determine LDL and HDL levels |
| • clinical testicular exam                                   | • serum protein electrophoresis                          |
| • colonoscopy  | • skin cancer biopsy                                     |
| • complete blood count (CBC)                                 | • skin cancer screening                                  |
| • dental exam  | • skin exam  |
| • digital rectal exam (DRE)                                  | • stress test on bicycle or treadmill                    |
| • Doppler screening for cancer                               | • successful completion of smoking cessation program     |
| • Doppler screening for peripheral vascular disease          | • tests for sexually transmitted infections (STIs)       |



|                              |  |
|------------------------------|--|
| • echocardiogram             | • thermography   |
| • electrocardiogram (EKG)    | • two hour post-load plasma glucose test                                     |
| • electroencephalogram (EEG) | • ultrasounds for cancer detection   |
| • endoscopy                  | • ultrasound screening of the abdominal aorta for abdominal aortic aneurysms |
| • eye exam                   | • virtual colonoscopy  |

## INSURANCE RATES

MetLife offers competitive group rates and convenient payroll deduction so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

### Employee Monthly Premium Structure (Non-Tobacco)

| Attained Age | Rate Per \$1,000 | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 | \$40,000 | \$50,000 |
|--------------|------------------|---------|----------|----------|----------|----------|----------|----------|----------|
| <30          | \$0.66           | \$3.30  | \$6.60   | \$9.90   | \$13.20  | \$16.50  | \$19.80  | \$26.40  | \$33.00  |
| 30 - 39      | \$0.96           | \$4.80  | \$9.60   | \$14.40  | \$19.20  | \$24.00  | \$28.80  | \$38.40  | \$48.00  |
| 40 - 49      | \$1.58           | \$7.90  | \$15.80  | \$23.70  | \$31.60  | \$39.50  | \$47.40  | \$63.20  | \$79.00  |
| 50 - 59      | \$2.62           | \$13.10 | \$26.20  | \$39.30  | \$52.40  | \$65.50  | \$78.60  | \$104.80 | \$131.00 |
| 60 - 69      | \$3.98           | \$19.90 | \$39.80  | \$59.70  | \$79.60  | \$99.50  | \$119.40 | \$159.20 | \$199.00 |
| 70+          | \$8.32           | \$41.60 | \$83.20  | \$124.80 | \$166.40 | \$208.00 | \$249.60 | \$332.80 | \$416.00 |

### Employee Monthly Premium Structure (Tobacco)

| Attained Age | Rate Per \$1,000 | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 | \$40,000 | \$50,000 |
|--------------|------------------|---------|----------|----------|----------|----------|----------|----------|----------|
| <30          | \$0.82           | \$4.10  | \$8.20   | \$12.30  | \$16.40  | \$20.50  | \$24.60  | \$32.80  | \$41.00  |
| 30 - 39      | \$1.32           | \$6.60  | \$13.20  | \$19.80  | \$26.40  | \$33.00  | \$39.60  | \$52.80  | \$66.00  |
| 40 - 49      | \$2.66           | \$13.30 | \$26.60  | \$39.90  | \$53.20  | \$66.50  | \$79.80  | \$106.40 | \$133.00 |
| 50 - 59      | \$4.98           | \$24.90 | \$49.80  | \$74.70  | \$99.60  | \$124.50 | \$149.40 | \$199.20 | \$249.00 |
| 60 - 69      | \$9.00           | \$45.00 | \$90.00  | \$135.00 | \$180.00 | \$225.00 | \$270.00 | \$360.00 | \$450.00 |
| 70+          | \$15.40          | \$77.00 | \$154.00 | \$231.00 | \$308.00 | \$385.00 | \$462.00 | \$616.00 | \$770.00 |

### Spouse Monthly Premium Structure (Non-Tobacco)

| Attained Age | Rate Per \$1,000 | \$2,500 | \$5,000 | \$7,500 | \$10,000 | \$12,500 | \$15,000 | \$20,000 | \$25,000 |
|--------------|------------------|---------|---------|---------|----------|----------|----------|----------|----------|
| <30          | \$0.66           | \$1.65  | \$3.30  | \$4.95  | \$6.60   | \$8.25   | \$9.90   | \$13.20  | \$16.50  |
| 30 - 39      | \$0.96           | \$2.40  | \$4.80  | \$7.20  | \$9.60   | \$12.00  | \$14.40  | \$19.20  | \$24.00  |
| 40 - 49      | \$1.58           | \$3.95  | \$7.90  | \$11.85 | \$15.80  | \$19.75  | \$23.70  | \$31.60  | \$39.50  |
| 50 - 59      | \$2.62           | \$6.55  | \$13.10 | \$19.65 | \$26.20  | \$32.75  | \$39.30  | \$52.40  | \$65.50  |
| 60 - 69      | \$3.98           | \$9.95  | \$19.90 | \$29.85 | \$39.80  | \$49.75  | \$59.70  | \$79.60  | \$99.50  |
| 70+          | \$8.32           | \$20.80 | \$41.60 | \$62.40 | \$83.20  | \$104.00 | \$124.80 | \$166.40 | \$208.00 |

### Spouse Monthly Premium Structure (Tobacco)

| Attained Age | Employee Rate Per \$1,000 | \$2,500 | \$5,000 | \$7,500  | \$10,000 | \$12,500 | \$15,000 | \$20,000 | \$25,000 |
|--------------|---------------------------|---------|---------|----------|----------|----------|----------|----------|----------|
| <30          | \$0.82                    | \$2.05  | \$4.10  | \$6.15   | \$8.20   | \$10.25  | \$12.30  | \$16.40  | \$20.50  |
| 30 - 39      | \$1.32                    | \$3.30  | \$6.60  | \$9.90   | \$13.20  | \$16.50  | \$19.80  | \$26.40  | \$33.00  |
| 40 - 49      | \$2.66                    | \$6.65  | \$13.30 | \$19.95  | \$26.60  | \$33.25  | \$39.90  | \$53.20  | \$66.50  |
| 50 - 59      | \$4.98                    | \$12.45 | \$24.90 | \$37.35  | \$49.80  | \$62.25  | \$74.70  | \$99.60  | \$124.50 |
| 60 - 69      | \$9.00                    | \$22.50 | \$45.00 | \$67.50  | \$90.00  | \$112.50 | \$135.00 | \$180.00 | \$225.00 |
| 70+          | \$15.40                   | \$38.50 | \$77.00 | \$115.50 | \$154.00 | \$192.50 | \$231.00 | \$308.00 | \$385.00 |

### Child(ren) Monthly Premium Structure

| Age       | Rate Per \$1,000 | \$2,500 | \$5,000 | \$7,500 | \$10,000 | \$12,500 | \$15,000 | \$20,000 | \$25,000 |
|-----------|------------------|---------|---------|---------|----------|----------|----------|----------|----------|
| to Age 26 | \$0.14           | \$0.35  | \$0.70  | \$1.05  | \$1.40   | \$1.75   | \$2.10   | \$2.80   | \$3.50   |

## QUESTIONS & ANSWERS

### Who is eligible to enroll?

Regular active full-time employees who are actively at work along with their spouse/domestic partner and dependent children can enroll for MetLife Critical Illness Insurance coverage.<sup>3</sup>

### How do I pay for coverage?

Coverage is paid through convenient payroll deduction.

### What is the coverage effective date?

The coverage effective date is 9/1/2018.

### If I Leave the Company, Can I Keep My Coverage?<sup>10</sup>

Under certain circumstances, you can take your coverage with you if you leave. You must make a request in writing within a specified period after you leave your employer. You must also continue to pay premiums to keep the coverage in force.

### Who do I call for assistance?

Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST. Individuals with a TTY may call 1-800-855-2880.

Please call MetLife directly at 1-855-JOIN-MET (1-855-564-6638), Monday through Friday from 8:00 a.m. to 8 p.m., EST and talk with a benefits consultant.

---

#### Footnotes:

<sup>1</sup> Coverage for Domestic Partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.

<sup>2</sup> Dependent Child coverage varies by state. Please contact MetLife for more information.

<sup>3</sup> Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas.

Coverage is guaranteed provided (1) the employee is performing all of the usual and customary duties of your job at the employer's place of business or at an alternate place approved by your employer (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas.

<sup>4</sup> We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period. We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the Covered Person has not had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit during the Benefit Suspension Period.

<sup>5</sup> Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for specific information about cancer benefits. Not all types of cancer are covered. Some cancers are covered at less than the Initial Benefit Amount. For NH-situated cases and NH residents, there is an initial benefit of \$100 for All Other Cancers.

<sup>6</sup> In certain states, the covered condition is Severe Stroke.

<sup>7</sup> Please review the Outline of Coverage for specific information about Alzheimer's disease.

<sup>8</sup> The Occupational HIV benefit is not available with all plans or in all states. Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for specific information about the Occupational HIV benefit if it is available to you.

<sup>9</sup> The Health Screening Benefit is not available in all states. See your certificate for any applicable waiting periods. There is a separate mammogram benefit for MT residents and for cases situated in CA and MT.

<sup>10</sup> Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

METLIFE'S CRITICAL ILLNESS INSURANCE (CII) IS A LIMITED BENEFIT GROUP INSURANCE POLICY. Like most group accident and health insurance policies, MetLife's CII policies contain certain exclusions, limitations and terms for keeping them in force. Product features and availability vary by state. There is a preexisting condition exclusion. There is a Benefit Suspension Period between Recurrences. Attained Age rates are based on 5-year age bands and will increase when a Covered Person reaches a new age band. Rates are subject to change. A more detailed description of the benefits, limitations, and exclusions can be found in the applicable Disclosure Statement or Outline of Coverage/Disclosure Document available at time of enrollment. For complete details of coverage and availability, please refer to the group policy form GPNP07-CI or GPNP10-CI, or contact MetLife for more information. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York.

# WOULD YOUR GROUP BENEFITS COVER THIS?

You can protect you and your family from unexpected ambulance transportation out-of-pocket costs.\*\*



## Modern Health Insurance is Leaving You Exposed

Most people assume that their health insurance policy will cover them for ambulance rides and other emergency transportation. Unfortunately, this is not always the case. During the last ten years, gaps have opened in most insurance plans, which can leave you and your family exposed to unexpected out of pocket expenses for ground and air ambulance, **particularly when emergency ground ambulance transportation is involved.**



think employee benefits are more important than ever due to pandemic  
*MetLife, 2021*



Americans worry about impact of unexpected high-cost medical bills  
*Kaiser Family Foundation, 2018*



of employees say safety and protection are more important than ever before  
*MetLife, 2021*

## An Industry Pioneer in Protection

As the medical transport solutions industry pioneer for almost 50 years, MASA MTS works hand-in-hand with the benefits health plan administrators and transport companies to ensure you and your family have **no out-of-pocket costs\*\* no matter which provider completes the ambulance transport** within the continental United States and while traveling in Canada.

## MASA MTS - Now More Than Ever

You may have heard of "The No Surprises Act" and believe you'll no longer need to bridge the potential gap in your Group Benefits plan.

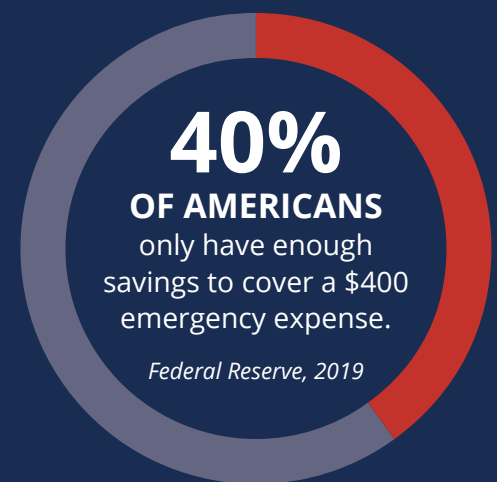
Before mistakenly giving into a false sense of security, it's important to note that "The No Surprises Act" **does NOT include ground ambulance services.**

Unfortunately, ground ambulance services are among the most common sources of out-of-network bills and can cost consumers thousands of dollars. According to Consumer Reports, **79% of ground ambulance providers are out-of-network\***, which means two things; 1) their charges do **NOT** count toward the MAX out-of-pocket, and 2) this most likely could result in out-of-pocket costs.

## WHY MASA MTS

Unexpected medical bills rank as the **#1 concern** for Americans

*KFF - Kaiser Family Foundation, 2020*



## WHY NOW

1. Nearly 4 in 10 Americans would borrow money to cover a \$1,000 Emergency.

*Bankrate, 2020*

2. Over 200 Million medical claims are denied every year.

*AARP, 2009*

3. Medical bills are the #1 cause of bankruptcy in America.

*Metlife, 2021*

# Plans that flex to fit the needs of today's workforce

We built our membership plans from the ground up, giving employees the coverage and services they want and need.

## Emergent Plus plan.....\$14/mo

- Emergency Ground Ambulance
- Emergency Air Ambulance
- Hospital to Hospital Transport
- Repatriation Near Home

## Emergent Premier plan.\$19/mo

- All Emergent Plus benefits, plus:
- Extended Repatriation
  - Minor Return Transport
  - Pet Return Transport
- Emergent Premier only:
- Pandemic Quarantine Expense
  - Hospital to Rehab Transport

## Platinum plan .....\$39/mo

- All Emergent Plus & select Emergent Premier benefits, plus:
- Hospital Visitor Transport
  - Companion Transportation
  - Vehicle & RV Return
  - Patient Return Transport
  - Organ Transplant Transport
  - Mortal Remains Transport



#1 employee worry: No cash for medical bills<sup>2</sup>

## Monthly Pricing

|                             |              |
|-----------------------------|--------------|
| Emergent Plus membership    | \$14 / month |
| Emergent Premier membership | \$19 / month |
| Platinum membership         | \$39 / month |



I was able to focus on the healing of my child... I never had to worry about calling MASA to see if this was paid. Never had to answer a million questions as to what happened and if this was a covered expense.

— Ashley, MASA member

## DID YOU KNOW?

**25 MILLION PEOPLE**

are sent to the emergency room through ground or air ambulance every year\*.

Insurance companies **may not** cover all air and ground ambulance expenses which can result in in-network out-of-pocket costs.\*\*

Ground ambulance **out-of-network transportation costs may be even higher than in-network.**



This material is for informational purposes only and does not provide any coverage.  
Not all MASA MTS products and services are available to residents of all states.  
The benefits listed, and the descriptions thereof, do not represent the full terms and conditions applicable for usage and may only be offered in some memberships or policies.  
Premiums and benefits vary depending on the plan selected. For a complete list of benefits, premiums, terms, conditions, and restrictions, please refer to the applicable member services agreement or policy for your state. For additional information and disclosures about MASA MTS plans, visit: <https://info.masamts.com/masa-mts-disclaimers>

# GET THE MOST FROM YOUR MEMBERSHIP

Learn how to take full advantage of the features included with your plan.



## ELECTRONIC FULFILLMENT AND COMMUNICATION EXPERIENCE

Enrolling in your selected LifeLock with Norton Benefit Plan is an important step in helping to protect your identity, personal information and connected devices. From the moment you become a member, you will receive important communications about your membership, keeping you up to date on important information you need to know.

Here are some important things to keep in mind as you explore your new benefit:

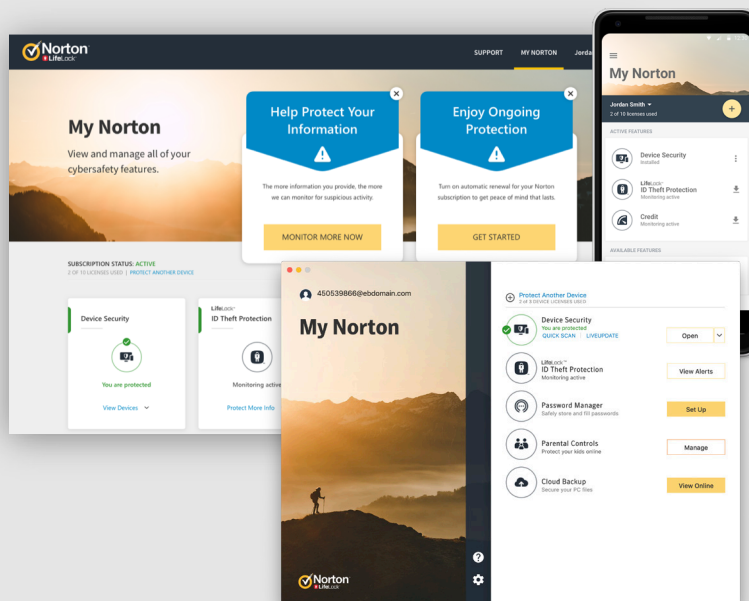
- Upon successful enrollment in the benefit, you will receive a welcome email with a link to confirm your identity, create your account log in and access your personalized dashboard.
- Dependents enrolled in the benefit will also receive a welcome email if they are over the age of 18. The welcome email is sent to the primary member, and the dependent will be able to update their contact information upon their initial account log in and access their own personalized dashboard.
- Dependents under the age of 18 will simply be reflected on the primary member's account.
- Any adult member can update their contact information so that future communications are sent based on their preference.

## YOUR PERSONALIZED DASHBOARD

This dashboard provides a simple step-by-step process for activating different features included with your membership. The features available will be unique to each user, and will be based on the plan elected. Important notifications are highlighted at the top of the screen in the envelopes. Please be sure to follow these steps right away to ensure you're receiving credit services<sup>1</sup> and device security.

Credit reports and credit scores, credit score tracking<sup>1</sup> and credit application<sup>2</sup> alerts<sup>1</sup> will require additional steps upon login in order to activate these features.

The credit scores provided are VantageScore 3.0 credit scores based on data from Equifax, Experian and TransUnion respectively. Any one bureau VantageScore mentioned is based on Equifax data only. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.



Screens modified for demonstration purposes. Features may differ depending on plan. Subject to change.



No one can prevent all identity theft or all cybercrime. † LifeLock does not monitor all transactions at all businesses.

1 If your plan includes credit reports, scores, and/or credit monitoring features ("Credit Features"), two requirements must be met to receive said features: (i) your identity must be successfully verified with Equifax; and (ii) Equifax must be able to locate your credit file and it must contain sufficient credit history information. IF EITHER OF THE FOREGOING REQUIREMENTS ARE NOT MET YOU WILL NOT RECEIVE CREDIT FEATURES FROM ANY BUREAU. If your plan also includes Credit Features from Experian and/or TransUnion, the above verification process must also be successfully completed with Experian and/or TransUnion, as applicable. If verification is successfully completed with Equifax, but not with Experian and/or TransUnion will take several days to begin after your successful plan enrollment. Please note that in order to enjoy all features in your chosen plan, such as bank account alerts, credit monitoring, and credit reports, it may require additional action from you and may not be available until completion.

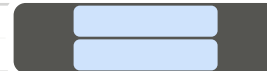
2 If your plan includes One Bureau Credit Application Alerts, two requirements must be met to receive said features: (i) your identity must be successfully verified with TransUnion; and (ii) TransUnion must be able to locate your credit file and it must contain sufficient credit history information. IF EITHER OF THE FOREGOING REQUIREMENTS ARE NOT MET YOU WILL NOT RECEIVE ONE BUREAU CREDIT APPLICATION ALERTS. One Bureau Credit Application Alerts will take several days to begin after your successful plan enrollment.



## PRICING:

|   |                                   |
|---|-----------------------------------|
|  | Team Member Only (18+ Years Old)  |
|  | Team Member + Family <sup>4</sup> |

## BENEFIT ESSENTIAL



## BENEFIT PREMIER



<sup>4</sup> The Norton Benefit Junior plan is for minors under the age of 18. LifeLock enrollment is limited to employees and their eligible dependents. Eligible dependents must live within the employee's household, or be financially dependent on employee. LifeLock services will only be provided after receipt and applicable verification of certain information about you and each family member. Please refer to employer group for the required information under your plan. In the event you do not complete the enrollment process for any family member, those individuals will not receive LifeLock services, but you will continue to be charged the full amount of the monthly membership selected until you cancel or modify your plan at your employer's next open enrollment period, which may be annually. Please note that we will NOT refund or credit you for any period of time during which we are unable to provide LifeLock services to any family member on your plan after your benefit effective date due to your failure to submit the information necessary to complete enrollment. If you do not complete the enrollment process for each family member, you may continue to pay more for LifeLock services than you otherwise would if you had selected a lower tier plan.

| LIFELOCK IDENTITY THEFT PROTECTION |   | BENEFIT ESSENTIAL                          | BENEFIT PREMIER   |
|------------------------------------|---|--|---|
|                                    |   |  |   |
| LIFELOCK IDENTITY THEFT PROTECTION | Identity Lock <sup>1,5</sup>  | ●  | ●   |
|                                    | Home Title Monitoring <sup>6</sup>  |  | ●   |
|                                    | Social Media Monitoring <sup>*</sup>  | ●  | ●   |
|                                    | Credit, Bank & Utility Account Freezes <sup>**</sup>  | ●  | ●   |
|                                    | LifeLock Identity Alert™ System <sup>†</sup>  | ●  | ●   |
|                                    | • Identity Verification Monitoring <sup>† **</sup>  | ●  | ●   |
|                                    | • Telecom & Cable Applications for New Service  | ●  | ●   |
|                                    | • Payday - Online Lending Alerts <sup>†</sup>   | ●  | ●   |
|                                    | • Credit Alerts & Social Security Alerts <sup>†</sup>   | ●  | ●   |
|                                    | Mobile app (Android™ & iOS) <sup>**</sup><br>Downloading the app does not provide protection until enrollment has been completed.   | ●  | ●   |
|                                    | Dark Web Monitoring <sup>**</sup>   | ●  | ●   |
|                                    | • Dark Web Monitoring – Gamer Tags <sup>**</sup>  | ●  | ●   |
|                                    | • Dark Web Monitoring – Password Combo List   | ●  | ●   |
|                                    | Court Records Scanning  |  | ●   |
|                                    | USPS Address Change Verification  | ●  | ●   |
|                                    | Stolen Wallet Protection  | ●  | ●   |
|                                    | Reduced Pre-Approved Credit Card Offers   | ●  | ●   |
|                                    | Fictitious Identity Monitoring  | ●  | ●   |
|                                    | Phone Takeover Monitoring   | ●  | ●   |
|                                    | Data Breach Notifications   | ●  | ●   |
|                                    | Bank & Credit Card Activity Alerts <sup>†**</sup>   | ●  | ●   |
|                                    | • Unusual Charge Alerts <sup>†</sup>  | ●  | ●   |
|                                    | • Recurring Charge Alert <sup>†</sup>   | ●  | ●   |
|                                    | Checking & Savings Account Application Alerts <sup>† **</sup>   |  | ●   |
|                                    | Bank Account Takeover Alerts <sup>† **</sup>  |  | ●   |
|                                    | 401k & Investment Account Activity Alerts <sup>† **</sup>   | ●  | ●   |
|                                    | File Sharing Network Searches   | ●  | ●   |
|                                    | Sex Offender Registry Reports   | ●  | ●   |
|                                    | Prior Identity Theft Remediation <sup>8</sup><br>This feature is separate from our Million Dollar Protection™ Package and does not provide coverage for lawyers and experts, reimbursement of stolen funds or compensation for personal expenses for events occurring during the 12 months prior to enrollment. See disclaimer for details. | ●  | ●   |
|                                    | U.S.-based Identity Restoration Specialists   | ●  | ●   |
|                                    | 24/7 Live Member Support  | ●  | ●   |
| NORTON DEVICE SECURITY             | Million Dollar Protection™ Package <sup>†**</sup>   |  |   |
|                                    | • Stolen Funds Reimbursement  | Up to \$1 Million each                     | Up to \$1 Million each  |
|                                    | • Personal Expense Compensation   |  |   |
|                                    | • Coverage for Lawyers and Experts  |  |   |
|                                    | Credit Application Alerts <sup>2 **</sup>   | One-Bureau <sup>1</sup>                    | One-Bureau <sup>1</sup>   |
|                                    | Credit Monitoring <sup>1 **</sup>   | One-Bureau <sup>1</sup>                    | Three-Bureau <sup>1</sup>   |
|                                    | Credit Reports & Credit Scores <sup>1 **</sup><br>The credit scores provided are VantageScore 3.0 credit scores based on data from Equifax, Experian and TransUnion respectively. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.           | One-Bureau <sup>1</sup> Monthly            | On Demand – One Bureau Daily/<br>Three-Bureau <sup>1</sup> Annual |
|                                    | Monthly Credit Score Tracking <sup>1 **</sup><br>The credit score provided is a VantageScore 3.0 credit score based on Equifax data. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.  |  | One-Bureau <sup>1</sup>   |
|                                    | Secures PCs, Mac & mobile devices <sup>**</sup>   | Up to 3 devices<br>(Family gets 6 devices) | Up to 5 devices<br>(Family gets 10 devices)                       |
|                                    | Online Threat Protection <sup>**</sup>  | ●  | ●   |
| ONLINE PRIVACY                     | Password Manager <sup>**</sup>  | ●  | ●   |
|                                    | Parental Control <sup>4 **</sup>  | ●  | ●   |
|                                    | Smart Firewall <sup>**</sup>  | ●  | ●   |
|                                    | Cloud Backup <sup>3 **</sup>  | 10 GB                                      | 50 GB   |
|                                    | Secure VPN <sup>**</sup>  | ●  | ●   |
|                                    | Privacy Monitor   | ●  | ●   |
|                                    | SafeCam <sup>3 **</sup>   | ●  | ●   |

No one can prevent all identity theft or all cybercrime.

<sup>1</sup> If your plan includes credit reports, scores, and/or credit monitoring features ("Credit Features"), two requirements must be met to receive said features: (i) your identity must be successfully verified with Equifax; and (ii) Equifax must be able to locate your credit file and it must contain sufficient credit history information. IF EITHER OF THE FOREGOING REQUIREMENTS ARE NOT MET YOU WILL NOT RECEIVE CREDIT FEATURES FROM ANY BUREAU. If your plan also includes Credit Features from Experian and/or TransUnion, the above verification process must also be successfully completed with Experian and/or TransUnion, as applicable. If verification is successfully completed with Equifax, but not with Experian and/or TransUnion, as applicable, you will not receive Credit Features from such bureau(s) until the verification process is successfully completed and until then you will only receive Credit Features from Equifax. Any credit monitoring from Experian and TransUnion will take several days to begin after your successful plan enrollment. Please note that in order to enjoy all features in your chosen plan, such as bank account alerts, credit reports, credit scores, etc., you may require additional action from you and may not be available until completion.

<sup>2</sup> If your plan includes One Bureau Credit Application Alerts, two requirements must be met to receive said features: (i) your identity must be successfully verified with TransUnion; and (ii) TransUnion must be able to locate your credit file and it must contain sufficient credit history information. IF EITHER OF THE FOREGOING REQUIREMENTS ARE NOT MET YOU WILL NOT RECEIVE ONE BUREAU CREDIT APPLICATION ALERTS. One Bureau Credit Application Alerts will take several days to begin after your successful LifeLock plan enrollment.

<sup>3</sup> Norton Cloud Backup, Norton SafeCam, Norton Family, and Norton Parental Control features are not supported on Mac, Windows 10 in S mode, and Windows running on ARM processor(s).

<sup>4</sup> Norton Family and Norton Parental Control can only be installed and used on a child's Windows PC, iOS and Android devices but not all features are available on all platforms. Parents can monitor and manage their child's activities from any device – Windows PC, Mac, iOS and Android -- via our mobile apps, or by signing into their account at my.Norton.com and selecting Parental Control via any browser.

<sup>5</sup> Locking or unlocking your credit file does not affect your credit score and does not stop all companies and agencies from pulling your credit file. The credit lock on your Transunion Credit File will be unlocked if your subscription is downgraded or canceled.

<sup>6</sup> Home Title Monitoring feature includes your home, second home, rental home, or other properties where you have an ownership interest.

<sup>†</sup> The LifeLock alert network includes a variety of product features and data sources. Although it is very extensive, our network does not cover all transactions at all businesses, so you might not receive a LifeLock alert in every single case.

<sup>\*\*</sup> Reimbursement and Expense Compensation, each with limits of up to \$1 million for Norton LifeLock Benefit Essential, Norton LifeLock Benefit Premier, Benefit Elite, and Ultimate Plus, up to \$100,000 for Advantage and Ultimate, and up to \$25,000 for Standard, Command Center, Basic, and Benefit Junior and up to \$1 million for coverage for lawyers and experts if needed, for all plans. Benefits under the Master Policy are issued and covered by United Specialty Insurance Company (State National Insurance Company, Inc. for NY State members). Policy terms, conditions and exclusions at: NortonLifeLock.com/legal.

<sup>\*</sup> Does not include monitoring of chats or direct messages.

<sup>\*\*</sup> These features are not enabled upon enrollment. Member must take action to activate this protection.

<sup>††</sup> Subject to eligibility requirements defined in [Terms & Conditions](#). Norton reserves the right to change and/or cease services at any time.

Not all products, services and features are available on all devices or operating systems. System requirement information on [Norton.com](#).

Copyright © 2022 NortonLifeLock Inc. All rights reserved. NortonLifeLock, the NortonLifeLock Logo, the Checkmark Norton, LifeLock, and the LockMan Logo are trademarks or registered trademarks of NortonLifeLock Inc. or its affiliates in the United States and other countries. Other names may be trademarks of their respective owners.

## Legal Plans

### Helping you navigate life's planned and unplanned events.

For **\$21.00 a month**, you get legal assistance for some of the most frequently needed personal legal matters — with no waiting periods, no deductibles and no claim forms, when using a network attorney for a covered matter.

|                               |  |  |   |
|-------------------------------|--|--|---|
| <b>Money Matters</b>          | <ul style="list-style-type: none"> <li>Debt Collection Defense</li> <li>Identity Theft Defense</li> <li>Negotiations with Creditors</li> </ul>   | <ul style="list-style-type: none"> <li>Personal Bankruptcy</li> <li>Promissory Notes</li> </ul>  | <ul style="list-style-type: none"> <li>Tax Audit Representation</li> <li>Tax Collection Defense</li> </ul>  |
| <b>Home &amp; Real Estate</b> | <ul style="list-style-type: none"> <li>Boundary &amp; Title Disputes</li> <li>Deeds</li> <li>Eviction Defense</li> <li>Foreclosure</li> </ul>  | <ul style="list-style-type: none"> <li>Home Equity Loans</li> <li>Mortgages</li> <li>Property Tax Assessments</li> <li>Refinancing of Home</li> </ul>  | <ul style="list-style-type: none"> <li>Sale or Purchase of Home</li> <li>Security Deposit Assistance</li> <li>Tenant Negotiations</li> <li>Zoning Applications</li> </ul> |
| <b>Estate Planning</b>        | <ul style="list-style-type: none"> <li>Codicils</li> <li>Complex Wills</li> <li>Healthcare Proxies</li> <li>Living Wills</li> </ul>  | <ul style="list-style-type: none"> <li>Powers of Attorney (Healthcare, Financial, Childcare, Immigration)</li> </ul>   | <ul style="list-style-type: none"> <li>Revocable &amp; Irrevocable Trusts</li> <li>Simple Wills</li> </ul>  |
| <b>Family &amp; Personal</b>  | <ul style="list-style-type: none"> <li>Adoption</li> <li>Affidavits</li> <li>Conservatorship</li> <li>Demand Letters</li> <li>Garnishment Defense</li> <li>Guardianship</li> <li>Immigration Assistance</li> </ul> | <ul style="list-style-type: none"> <li>Juvenile Court Defense, Including Criminal Matters</li> <li>Name Change</li> <li>Parental Responsibility Matters</li> <li>Personal Property Protection</li> <li>Prenuptial Agreement</li> </ul> | <ul style="list-style-type: none"> <li>Protection from Domestic Violence</li> <li>Review of ANY Personal Legal Document</li> <li>School Hearings</li> </ul>               |
| <b>Civil Lawsuits</b>         | <ul style="list-style-type: none"> <li>Administrative Hearings</li> <li>Civil Litigation Defense</li> </ul>  | <ul style="list-style-type: none"> <li>Disputes Over Consumer Goods &amp; Services</li> <li>Incompetency Defense</li> </ul>  | <ul style="list-style-type: none"> <li>Pet Liabilities</li> <li>Small Claims Assistance</li> </ul>  |
| <b>Elder-Care Issues</b>      | <ul style="list-style-type: none"> <li>Consultation &amp; Document Review for your parents:</li> <li>Deeds</li> <li>Leases</li> </ul>  | <ul style="list-style-type: none"> <li>Medicaid</li> <li>Medicare</li> <li>Notes</li> <li>Nursing Home Agreements</li> </ul>   | <ul style="list-style-type: none"> <li>Powers of Attorney</li> <li>Prescription Plans</li> <li>Wills</li> </ul>   |
| <b>Vehicle &amp; Driving</b>  | <ul style="list-style-type: none"> <li>Defense of Traffic Tickets<sup>2</sup></li> <li>Driving Privileges Restoration</li> </ul>   | <ul style="list-style-type: none"> <li>License Suspension Due to DUI</li> </ul>  | <ul style="list-style-type: none"> <li>Repossession</li> </ul>  |

To learn more, visit [info.legalplans.com](http://info.legalplans.com) and enter access code **GetLaw** or call **800.821.6400** Monday – Friday 8:00 am – 8:00 pm (ET).

1. You will be responsible to pay the difference, if any, between the plan's payment and the out-of-network attorney's charge for services.
2. Does not cover DUI.

Group legal plans provided by MetLife Legal Plans, Inc., Cleveland, Ohio. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and affiliates, Warwick, RI. No service, including consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employer, MetLife, its affiliates, or plan attorneys; 3) matters in which there is a conflict of interest between the employee and spouse/civil union partner or dependents, in which case services are excluded for the spouse/civil union partner and dependents; 4) appeals and class actions; 5) farm and business matters, including rental issues when the participant is the landlord; 6) patent, trademark, and copyright matters; 7) costs and fines; 8) frivolous or unethical matters; 9) matters for which an attorney-client relationship exists prior to the participant becoming eligible for plan benefits. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters. Please see your plan description for details. MetLife® is a registered trademark of Metropolitan Life Insurance Company, New York, NY. [ML2]

## SECURITY BENEFIT

# SFR<sup>®</sup> Program For Non-ERISA Retirement Plans

Texas Public Schools 457 Plan

## FACT SHEET

**Security Benefit can help answer your retirement needs with the SFR<sup>®</sup> Program. This retirement plan offers many valuable benefits including:**

**A proven multi-manager mutual fund platform of investments**

- More than 75 diversified investment options
- Over 20 nationally recognized fund managers

**The SFR<sup>®</sup> Program Offers:**

- Continuous improvement process — an independent party regularly monitors investment options to ensure they are meeting established criteria and works to improve the choices available by removing and replacing funds if they fail to meet those guidelines
- Personalized, local service from a financial professional
- No sales loads — participants can take withdrawals without a sales charge for qualified distributable events (e.g. retirement, separation of service)
- Contributions made on a pretax basis
- Roth contributions may also be available to 403(b)(7) and 457 plans\*
- Contributions plus earnings grow tax-deferred until withdrawal\*\*
- Your contributions are immediately vested

**Money Management Services from Morningstar Investment Management:**

- Education
- Guidance
- Comprehensive Portfolio Management

**Registered Representatives:**

Randy Oehrlein & Don S. Crook  
(512) 261-6458

roehrein@lincolninvestment.com /  
dcrook@lincolninvestment.com

\* Ask your employer to see if Roth contributions are available.

\*\* Withdrawals are subject to ordinary income tax, and if withdrawn prior to age 59½, may be subject to a 10% IRS penalty tax.

The Morningstar name and trademarks are used under license from Morningstar Investment Management LLC, a registered investment advisor and a wholly-owned subsidiary of Morningstar, Inc. Morningstar, Inc. and Morningstar Investment Management LLC are not affiliated with Security Benefit, its subsidiaries and affiliates. Security Benefit has no responsibility for the management operations of Morningstar or any of its affiliates.

The SFR<sup>®</sup> Program is the marketing name for certain retirement plans made available by Security Distributors.

This flyer describes some of the features and benefits of a retirement plan offered under the SFR<sup>®</sup> Program.



FIXED ACCOUNT

| Cap   | Value  | Blend   | Growth   |
|-------|--|---|--|
| Large | - American Century Disciplined Core Value  | <ul style="list-style-type: none"> <li>∅ American Century Sustainable Equity</li> <li>- BNY Mellon S&amp;P 500 Index</li> <li>∅ Pioneer<sup>††</sup></li> <li>- Vanguard<sup>®</sup> 500 Index<sup>†</sup></li> </ul> | <ul style="list-style-type: none"> <li>- American Century Focused Dynamic Growth</li> <li>- JPMorgan Large Cap Growth</li> <li>- T. Rowe Price Growth Stock</li> </ul>           |
| Mid   | <ul style="list-style-type: none"> <li>- Allspring Special Mid Cap Value</li> <li>- Nuance Mid Cap Value</li> </ul>  | <ul style="list-style-type: none"> <li>- BNY Mellon Midcap Index</li> <li>- ClearBridge Mid Cap</li> <li>- Vanguard<sup>®</sup> Mid Cap Index<sup>†</sup></li> </ul>  | <ul style="list-style-type: none"> <li>- Janus Henderson Enterprise<sup>4</sup></li> <li>- JPMorgan Mid Cap Growth</li> </ul>  |
| Small | <ul style="list-style-type: none"> <li>- Allspring Special Small Cap Value</li> <li>- American Beacon Small Cap Value</li> <li>- PIMCO RAE US Small</li> </ul> | <ul style="list-style-type: none"> <li>- Invesco Main Street Small Cap</li> <li>- PIMCO StocksPLUS<sup>®</sup> Small Fund</li> <li>- Vanguard<sup>®</sup> Small Cap Index<sup>†</sup></li> </ul>                      | <ul style="list-style-type: none"> <li>- Allspring Fundamental Small Cap Growth</li> <li>- Invesco Discovery</li> <li>- T. Rowe Price QM U.S. Small Cap Growth Equity</li> </ul> |

| Other Categories  | Global/International  | Fixed Income   |
|---|---|--|
| <b>Asset Allocation/Target Date</b> <ul style="list-style-type: none"> <li>- T. Rowe Price Retirement 2010</li> <li>- T. Rowe Price Retirement 2015</li> <li>- T. Rowe Price Retirement 2020</li> <li>- T. Rowe Price Retirement 2025</li> <li>- T. Rowe Price Retirement 2030</li> <li>- T. Rowe Price Retirement 2035</li> <li>- T. Rowe Price Retirement 2040</li> <li>- T. Rowe Price Retirement 2045</li> <li>- T. Rowe Price Retirement 2050</li> <li>- T. Rowe Price Retirement 2055</li> <li>- T. Rowe Price Retirement 2060</li> <li>- Vanguard<sup>®</sup> Target Retirement 2015<sup>†</sup></li> <li>- Vanguard<sup>®</sup> Target Retirement 2020<sup>†</sup></li> <li>- Vanguard<sup>®</sup> Target Retirement 2025<sup>†</sup></li> <li>- Vanguard<sup>®</sup> Target Retirement 2030<sup>†</sup></li> <li>- Vanguard<sup>®</sup> Target Retirement 2035<sup>†</sup></li> <li>- Vanguard<sup>®</sup> Target Retirement 2040<sup>†</sup></li> <li>- Vanguard<sup>®</sup> Target Retirement 2045<sup>†</sup></li> <li>- Vanguard<sup>®</sup> Target Retirement 2050<sup>†</sup></li> <li>- Vanguard<sup>®</sup> Target Retirement 2055<sup>†</sup></li> <li>- Vanguard<sup>®</sup> Target Retirement 2060<sup>†</sup></li> <li>- Vanguard<sup>®</sup> Target Retirement 2065<sup>†</sup></li> </ul> <b>Balanced/Asset Allocation</b> <ul style="list-style-type: none"> <li>- Janus Henderson Balanced</li> <li>- Vanguard<sup>®</sup> Target Retirement Income<sup>†</sup></li> </ul> <b>Specialty-Sector</b> <ul style="list-style-type: none"> <li>- Baron Real Estate</li> <li>- BNY Mellon Natural Resources</li> <li>- Vanguard<sup>®</sup> Real Estate Index<sup>†</sup></li> </ul> | <b>Emerging Markets Equity</b> <ul style="list-style-type: none"> <li>- American Funds<sup>®</sup> New World Fund<sup>®††</sup></li> <li>- BlackRock<sup>®</sup> Emerging Markets</li> <li>- Vanguard<sup>®</sup> Emerging Markets Stock Index<sup>†</sup></li> </ul> <b>Global Allocation</b> <ul style="list-style-type: none"> <li>- Loomis Sayles Global Allocation</li> <li>∅ Virtus AllianzGI Global Allocation</li> </ul> <b>International Equity</b> <ul style="list-style-type: none"> <li>- American Funds<sup>®</sup> EuroPacific Growth<sup>††</sup></li> <li>- PIMCO RAE Global ex-US</li> <li>- Vanguard<sup>®</sup> Developed Markets Index<sup>†</sup></li> </ul> <b>World Bond</b> <ul style="list-style-type: none"> <li>- Vanguard<sup>®</sup> Total International Bond Index<sup>†</sup></li> </ul> | <b>Fixed Account</b> <ul style="list-style-type: none"> <li>- Security Benefit Group Fixed Account<sup>2,3</sup></li> </ul> <b>Corporate Bond</b> <ul style="list-style-type: none"> <li>- Invesco Corporate Bond</li> </ul> <b>Global Bond</b> <ul style="list-style-type: none"> <li>- Allspring Income Plus</li> <li>- Guggenheim Macro Opportunities</li> </ul> <b>Global Equity</b> <ul style="list-style-type: none"> <li>- Invesco Global Opportunities</li> <li>- T. Rowe Price Global Stock</li> <li>- Victory RS Global</li> </ul> <b>High Yield Bond</b> <ul style="list-style-type: none"> <li>- Black Rock<sup>®</sup> High Yield Bond</li> <li>∅ Pax High Yield Bond</li> <li>- PIMCO High Yield Spectrum</li> </ul> <b>Inflation-Protected Bond</b> <ul style="list-style-type: none"> <li>- American Funds<sup>®</sup> Inflation Linked Bond<sup>††</sup></li> </ul> <b>Intermediate Core-Plus Bond</b> <ul style="list-style-type: none"> <li>- Guggenheim Total Return Bond</li> <li>- Pioneer Bond</li> <li>- Vanguard<sup>®</sup> Total Bond Market Index<sup>†</sup></li> </ul> <b>Money Market</b> <ul style="list-style-type: none"> <li>- JPMorgan U.S. Government Money Market<sup>1,2</sup></li> </ul> <b>Multi-Sector Bond</b> <ul style="list-style-type: none"> <li>- PIMCO Income</li> </ul> |

<sup>†</sup> An additional asset based fee of 0.45% applies to assets held in the Vanguard funds.

<sup>††</sup> To cover the cost of additional required recordkeeping, an additional asset based fee of 0.10% applies to assets held in American Funds and Pioneer.

<sup>1</sup> **You could lose money by investing in the Fund. Although the Fund seeks to preserve the value of your investment at \$1.00 per share, it cannot guarantee it will do so. An investment in the Fund is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. The Fund's sponsor has no legal obligation to provide financial support to the Fund, and you should not expect that the sponsor will provide financial support to the Fund at any time.**

<sup>2</sup> Not available in all plans.

<sup>3</sup> The Fixed Account Option is a group unallocated fixed annuity contract issued by Security Benefit Life Insurance Company (SBL), policy form GV4586 (12-03)U.

<sup>4</sup> This fund is not available to plans established after January 27, 2017.

∅ ESG funds noted with this symbol are funds identified by Morningstar as ESG funds pursuant to the Morningstar criteria. Morningstar defines "Sustainable Investment" as a fund that explicitly indicates any kind of sustainability, impact, or ESG strategy in their prospectus or offering documents. "ESG Funds" incorporate environmental, social, and governance (ESG) principles into the investment process or engagement activities. "Impact Funds" seek to make a measurable impact with investments on specific issue areas like Gender Diversity or Community development alongside financial return. "Environmental Sector Funds" are non-diversified funds that invest in environmentally oriented industries like renewable energy or water.

## Purchase Options

For additional expense information, see the Quarterly Performance sheet.

| Participant Fees                             |   |
|--|---|
| Administration                               | Up to \$35 per year may apply. Contact your plan administrator or financial professional for more details.            |
| Loan Origination                             | \$50 (If allowed by plan. Contact your plan administrator for details.)   |
| Annual Loan Maintenance                      | \$50 (If allowed by plan. Contact your plan administrator for details.)   |
| Fund Expenses                                | 0.50% to 1.77% (net), depending on fund.  |
| Asset based administration fee <sup>tt</sup> | [Administration Fee Percentage]   |
| Withdrawal Fee                               | A \$25 fee may apply for any withdrawals not requested online through the participant account at SecurityBenefit.com. |



# 403(b) or 457(b)? You Can Use Both Plans

TAX-SHELTERED  
ACCOUNT

If you are planning to retire before age 59½, you may want to consider the benefits of investing in a 457(b) account. Investors may wish to defer a portion of their retirement savings to a 457(b) account (up to the maximum dollar amount) to take advantage of the added flexibility while deferring the remainder to their 403(b) account (up to the maximum dollar amount) which may provide greater portability and accessibility in the form of loans and hardship distributions.

## How they are similar:

- » Both plans exist to let you make pre-tax deferrals to save for retirement.
- » Dollar limits – in 2024, you can defer up to \$23,000 to a 403(b) and a 457(b).
  - If you are age 50 or older you can contribute up to \$30,500 to each.
- » Both let you defer federal income taxes on the amount contributed as it is taxed at the time of withdrawal.
- » Both are subject to Social Security and Medicare taxes.

## How they are different:

- » 457(b) plan distributions are not subject to the 10 percent premature distribution penalty.
  - 403(b) distributions are not subject to the 10 percent penalty *IF* you leave the school district in the year you turn age 55 or older.
  - With a 457(b), you cannot take other distributions until separated from service.
- » 403(b) accounts are generally easier to access while still employed.
  - A 403(b) may provide a hardship distribution for reasons such as college tuition or purchasing a primary residence.
  - A 457(b) plan will only provide for “unforeseeable emergencies,” which do not include college tuition or buying a home.
  - Distributions from a 403(b) may be permitted at age 59½, even if still working.



# RETIREMENT PROGRAMS

## Texas Teacher Retirement...

Employees of public schools are required to participate in the Texas Teacher Retirement Plan (TRS). TRS provides members with many benefits, one of which is retirement income.

TRS is a defined benefit retirement plan that is designed to provide you with an income you cannot outlive. The amount of income provided is based on your salary and it is based on your length of service with TRS. This includes your service at your current district and other schools within Tex-

as. It may also be possible to purchase additional service through TRS. Contact TRS to see whether or not you may be eligible.

The general formula for determining your retirement benefit is 2.3% times your average salary times your years of service. The exact calculation will be affected by your age and on various rules based on when service began. Contact TRS for how to calculate your specific benefit.

The current employee contribution rate is 8.0% of salary. This rate is set

by the legislature. The contribution is deducted each month before taxes and will earn a competitive rate of interest.

TRS provides members with other benefits as well. This is meant as a simple overview of what a member can expect in terms of a retirement benefit.

For additional information on TRS retirement benefits or if you are planning to retire soon, contact TRS at 800-223-8778.

## 403(b) and 403(b)(7) Retirement Plans...

While TRS provides employees with an underlying base for their retirement planning, it may not be sufficient for a comfortable retirement.

As a result, your district makes available and encourages employees to participate in other retirement programs such as a 403(b) program. These programs allow employees to reduce tax-

able income while building a comfortable retirement income. Performance and expenses are based on the individual account selected by the participant.

*"These programs allow employees to reduce taxable income while building a comfortable retirement income"*

Your district provides all employees with the opportunity to participate in such programs and does not exclude any employees from participation. In addition, the district does not endorse or recommend any 403(b) providers. For a list of TRS certified providers visit the TRS website at [www.trs.state.tx.us](http://www.trs.state.tx.us)

## IRS 403(b) Regulations...

The IRS released Finalized 403(b) regulations creating changes to the 403(b) Programs which now require more employer involvement. As a result, your employer has contracted with National Benefit Services (NBS) to provide compliance for your district. **Any** changes, requests for loans, withdrawals or setting up a new account, must be submitted to the plan administrator for prior approval. You or your representative will need to contact the administrator for any forms or questions regarding transactions on your account. NBS does not offer 403(b) Plans and is not the representative on

your account. They simply oversee the transactions and contributions on behalf of your employer.

Keep in mind, that with a the additional oversight required, transactions can take longer than they have in the past.

One of the most significant changes involves the requirement of an information sharing agreement between the 403(b) provider and the employer. Without a signed agreement, the provider is not eligible to receive contributions. If your provider is not on the list, simply contact NBS.

***NBS can be contacted at  
(800) 274 - 0503  
or online at  
[www.nbsbenefits.com](http://www.nbsbenefits.com)***

**There you will find forms and a list of your employer's approved vendors.**

**Download**  
**MyBenefitsAide App**

Group # jarrellisd



*PO Box 164195 | AUSTIN, TX 78716*

*OFFICE: 512.261.6458 | TOLL FREE: 1.800.749.6458 | FAX: 512.261.6458*