MTX EBC
BENEFITS COOPERATIVE

Rockdale ISD

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

2023 - 2024 Employee Benefit Guide

Plan Year: September 1, 2023 - August 31, 2024

INTRODUCTION
Rockdale 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. 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 **9/1/2023** through **8/31/2024**. For Open Enrollment, benefits will become effective September 1st or upon approval of evidence of insurability if required.

HOW DO I ENROLL?
Visit: **www.MyBenefitsHub.com/RockdaleISD**

USERNAME: The first six (6) characters of your last name, followed by the first letter of your first name, followed by the last four (4) digits of your Social Security Number.

PASSWORD: Last Name (Excluding punctuation) followed by the last four (4) digits of your Social Security Number.

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 1st 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. 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.



Employee Benefit Portal: www.mybenefitshub.com/RockdaleISD

Benefit Information Access | Online Enrollment Access | Contact Information

HEALTH INSURANCE	PROVIDER	PHONE	WEBSITE	PG.
TRS ActiveCare - Medical	BCBSTX	866.355.5999	https://www.bcbstx.com/trsactivecare	5 - 7
TRS ActiveCare - Pharmacy	Express Scripts	844.238-8084	https://www.esrx.com/trsactivecare	
Baylor Scott & White HMO Plan	Baylor Scott & White	844.633.5325	https://BSWHealthPlan.com/TRS	

EMPLOYEE BENEFIT PLANS	PROVIDER	PHONE	WEBSITE/EMAIL	
Hospital Indemnity	Chubb	888.499.0425	N/A: Chubb Educator Market	8
Telehealth	Access Medical	800.800.7616	https://mybenefitswork.com	9 - 10
Flexible Spending Accounts (FSAs)	National Benefit Services	800.274.0503	https://www.nbsbenefits.com	11 - 14
Health Savings Accounts (HSAs)	EECU	817.882.0800	https://www.eecu.org	13 - 18
Dental (Basic, Basic Plus & Premium)	Delta Dental	800.521.2651	https://www.deltadentalins.com	19 - 20
Dental (DeltaCare USA - DHMO)	Delta Dental	800.422.4234	https://www.deltadentalins.com	19 - 20
Vision (Dual Option)	Ameritas	800.487.5553	https://ameritas.com	21 - 26
Plan Option 1:	EyeMed—View Pointe	866.289.0614	https://eyemedvisioncare.com	23 - 24
Plan Option 2:	VSP—Focus	800.877.7195	https://vsp.com	25 - 26
Disability Income Protection	Unum	866.679.3054	https://www.unum.com	27 - 30
Term Life Insurance	Unum	866.679.3054	https://www.unum.com	31 - 34
Permanent Life Insurance	Texas Life	800.283.9233	https://www.texaslife.com	35 - 38
Cancer	American Public Life	800.256.8606	https://www.ampublic.com	39 - 42
Accident	Aflac	800.433.3036	https://www.aflac.com	43 - 44
Critical Illness	MetLife	800.638.5433	https://www.metlife.com	45 - 48
Emergency Medical Transportation	MASA	877.503.0585	https://www.masamts.com	49
Identity Theft Protection	LifeLock	844.698.8640	https://www.nortonlifelock.com	50
Legal Services	MetLife	800.821.6400	https://Info.legalplans.com	51

403(b) Plan Administration	The Omni Group	877.454.6664	https://omni403b.com	52
Teacher Retirement System of Texas	TRS	800.223.8778	https://trs.texas.gov	

Enrollment Instructions

Login at:

MyBenefitsHub.com/RockdaleISD

Introduction:

THEbenefitsHUB gives you access to your benefits 24 hours a day, 7 days a week from anywhere you have Internet connection.

This guide is meant to walk you through the simple enrollment process, taking you page-by-page through your enrollment screens and providing information on how to efficiently complete your enrollment walk-through.

Username & Password:

Your Username Is: The first Six (**6**) characters of your last name, followed by the first letter of your first name, followed by the last Four (**4**) digits of your Social Security Number.

Your Password Is: Last Name (Excluding punctuation) followed by the last four (4) digits of your Social Security Number.

Examples:	***James Crook | 987-65-4321***	***Kelly Essman-Crook | 123-45-6789***
Username:	***crookj4321***	***essmank6789***
Password:	***crook4321***	***essmancrook6789***

Upon Logging In:

When you log in for the first time, you will be asked to change your password and/or electronically sign two acknowledgement pages. Outlined below is how to complete these actions, and what they mean.

Change Password: When logging in for the first time, you will be brought to a page prompting you to update your password following your company's password policy. Once your new password has been set, click Save And Continue .

Enrollment Instructions

Acknowledgements:

System Acknowledgements: The System Acknowledgements page is displayed when you log in to the system as an employee. Read this section carefully as it contains disclaimer information and requires an electronic signature.

To continue in the online enrollment process, read through each section, checking each applicable box to signify acceptance of the acknowledgment.

When you have checked all applicable boxes, click [I Acknowledge] at the bottom of the page to proceed. Note that by clicking this button, you are agreeing to the terms.

This will take you to the Company Acknowledgements page.

Company Acknowledgements: The Company Acknowledgements page is specific to your company. Read through each section, checking each applicable box to signify acceptance of the acknowledgment. Click [I Acknowledge] to continue.

Please note, there may be documents presented containing additional information for both your System and Company Acknowledgements pages. If you have already given your electronic signature you will not be asked to sign again, but you can view your previous acknowledgments in the File Cabinet.

Demographic Information:

The Employee Information Entry process requires you to enter demographic information. You will need to review any pre-filled information for accuracy. Complete new or missing information and click on the [Save And Continue] button when you are ready to proceed to the next step.

Please Note: All fields in BOLD are required.

Personal Information: In addition to any other information, enter an email address if you have one. If you need to use the Forgot Password link on the Login page, the system will deliver your new login credentials to this email address.

Dependent Information: To add a dependent, click on the  icon. To edit an existing dependent, click on the  icon or the name of the dependent listed. Click on the [Save] button after successfully adding information for each dependent. Click [Save And Continue] at the bottom of the page after all dependents have been added. Please make sure to indicate if your child is a full-time student and/or claimed on your tax return as this could affect eligibility on some benefit plans.

To revisit any of the sections mentioned select the [Back] button to return to the previous page.

Enrollment Instructions

Benefits Enrollment:

When you have completely entered all of your personal and dependent information, you will begin your online enrollment for any of the benefits in which you are eligible. Each benefit will appear on individual pages for your review. Choose your election and then click the Save And Continue button to proceed to the next benefit.

View Important Plan Information: Importance of specific features in a plan or add any disclaimers that may be necessary in the "Plan Information" section. This section can be found at the top of the page.

Product Summary Video: Videos are placed throughout the benefit election process. You can access product videos that explain the purpose, function, and importance by clicking on the (play button) icon when available.

View Benefit Descriptions: To view, click on the View Plan Outline of Benefit link underneath the plan name. Doing so displays a plan summary and any available links or documentation related to this plan.

View Plan Cost: Click on the checkbox next to each eligible family member or choose the coverage level you would like. The cost will automatically appear in the box to the right of the members' names. Additionally, the "Election Summary" box will be updated as coverage adjustments are made.

View Total Plan Cost: While selecting plans, the cost will automatically adjust in the "Election Summary" box in response to your selections.

Forms: One or more of your Benefit Plans may require a paper form to be submitted with the Insurance Carrier. If this is the case, THEbenefitsHUB will prompt you to print the necessary forms during your online enrollment session.

Evidence of Insurability:

This page is present if you have elected coverage pending carrier approval. For coverage to be submitted for carrier approval, please complete and submit any applicable Evidence of Insurability forms present. Clicking the Save And Continue button will take you to your next step.

Beneficiary Information:

You will be taken to the Beneficiary Information page if you have elected benefits that require beneficiary designations. Once you have selected your beneficiaries, you will be taken to the Consolidated Enrollment Form.

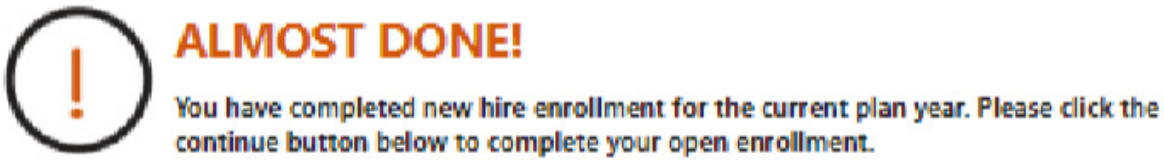
You can select a dependent or a add a new beneficiary. Push the button to confirm that the information is correct. Bolded fields are required. Click Save And Continue .

Choose what percentage of your benefits go to each beneficiary. You may not exceed a total of 100% for your primary or contingent beneficiary designation for each product.

Enrollment Instructions

Consolidated Enrollment Form:

If your Consolidated Enrollment Form says "Almost Done!"



you have completed your New Hire enrollment but still need to complete your company's Open Enrollment.

Click [Continue] to begin your Open Enrollment.

If your Consolidated Enrollment Form says "Congratulations!"

this signals the end of your enrollment and the page will display information summarizing your enrollment. You may make changes to anything that is incorrect by clicking on the Benefit Plan name to restart your enrollment.

When you have completed your benefit selections, click the [Main Menu] button and you will be redirected to the Employee Menu screen.

Employee Menu:

After you have completed your enrollment in the system, you will see the following Employee Menu icons:

Personal Information: You can access and edit your information by selecting the menu items under Personal Information. This section will also allow you to change your Password.

Dependent Information: You can access and edit information for Dependents in this section. Make sure the HR Department knows of any changes made as this may change eligibility status or give an opportunity to change enrollment in certain benefits!

Benefit Plan Information: You can access and view benefits in this section. You will not be able to change benefit elections unless it is during your annual enrollment period. See a quick overview of all your elected information on the Consolidated Enrollment Form. In addition to accessing the Evidence of Insurability, Beneficiary Information, and Consolidated Enrollment Form pages, you can also access the File Cabinet, which will contain enrollment snapshots of pages like the Acknowledgments and Consolidated Enrollment Form

2023 – 2024 TRS-ActiveCare Plan Highlights Sept. 1, 2023 – Aug. 31, 2024

	TRS-ActiveCare Primary	TRS-ActiveCare Primary +	TRS-ActiveCare HD		TRS-ActiveCare 2		Central & North TX Scott & White HMO
Plan Summary	• Lowest premium of the plans. • Copays for doctor visits before you meet deductible. • Statewide network. • PCP referrals required to see specialists. • Not compatible with a Health Savings Account (HSA). • No out-of-network coverage.	• Lower deductible than the HD and Primary plans. • Copays for many services and drugs. • Statewide network. • PCP referrals required to see specialists. • Not compatible with a Health Savings Account (HSA). • No out-of-network coverage. • Higher premiums than the other plans.	• Compatible with a Health Savings Account (HSA) • Nationwide network with out-of-network coverage. • No requirement for PCPs or referrals • Must meet your deductible before plan pays for non-preventative care.		• Closed to new enrollees. • Current enrollees can choose to stay in this plan. • Lower deductible. • Copays for many drugs and services. • Nationwide network with out-of-network coverage. • No requirement for PCPs or referrals		**You can choose this plan if you live in one of these counties:** Austin, Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Collin, Coryell, Dallas, Denton, Ellis, Erath, Falls, Freestone, Grimes, Hamilton, Hays, Hill, Hood, Houston, Johnson, Lampasas, Lee, Leon, Limestone, Madison, McLennan, Milam, Mills, Navarro, Robertson, Rockwall, Somervell, Tarrant, Travis, Walker, Waller, Washington, Williamson
Plan Features							
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Coverage Only
Individual Deductible	$2,500	$1,200	$3,000	$5,500	$1,000	$2,000	$2,400
Family Deductible	$5,000	$2,400	$6,000	$11,000	$3,000	$6,000	$4,800
Coinsurance	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	You pay 40% after deductible	You pay 25% after deductible
Individual Maximum Out-of-Pocket	$7,500	$6,900	$7,500	$20,250	$7,900	$23,700	$8,150
Family Maximum Out-of-Pocket	$15,000	$13,800	$15,000	$40,500	$15,800	$47,400	$16,300
Network	Statewide Network	Statewide Network	Nationwide Network		Nationwide Network		Regional Network
Primary Care Provider (PCP) Required	**Yes**	**Yes**	No		No		No
Doctor Visits							
Primary Care	$30 copay	$15 copay	You pay 30% after deductible	You pay 50% after deductible	$30 copay	You pay 40% after deductible	$20 copay
Specialist	$70 copay	$70 copay	You pay 30% after deductible	You pay 50% after deductible	$70 copay	You pay 40% after deductible	$70 copay
Immediate Care							
Urgent Care	$50 copay	$50 copay	You pay 30% after deductible	You pay 50% after deductible	$50 copay	You pay 40% after deductible	$45 copay
Emergency Care	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible		You pay $250 copay + 20% after deductible		$500 copay after deductible
TRS Virtual Health – RediMD™	$0 per consultation	$0 per consultation	$30 per consultation		$0 per consultation		n/a
TRS Virtual Health – Teladoc	$12 per consultation	$12 per consultation	$42 per consultation		$12 per consultation		n/a
Prescription Drugs							
Drug Deductible	Integrated with Medical	$200 brand deductible	Integrated with Medical		$200 brand deductible		$200 brand deductible
Generics (30-Day / 90-Day)	$15/$45 copay; $0 for certain generics	$15/$45 copay	You pay 20% after deductible; $0 for certain generics		$20/$45 copay		$14/$35 copay
Preferred Brand	You pay 30% after deductible	You pay 25% after deductible	You pay 25% after deductible		You pay 25% after deductible ($40 min/$210 max)		You pay 35% after deductible
Non-Preferred Brand	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible		You pay 50% after deductible ($100 min/$430 max)		You pay 50% after deductible
Specialty	You pay 30% after deductible; $0 if PrudentRx eligible	You pay 30% after deductible; $0 if PrudentRx eligible	You pay 20% after deductible		You pay 30% after deductible ($200 min/$900 max)		You pay 35% after ded. (preferred/non-preferred)
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		$25 Copay for 31 day supply; $75 for 61 – 90 day supply		n/a

Compare Prices for Common Medical Services

REMEMBER: Call a Personal Health Guide (PHG) any time 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/Indpendent Lab: You pay $0 Outpatient: You pay 30% after deductible	Office/Indpendent Lab: You pay $0 Outpatient: You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	Office/Indpendent Lab: You pay $0 Outpatient: You pay 20% after deductible	You pay 40% 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 per day maximum)
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 Professional Services: You pay $5,000 copay + 30% after deductible Only covered if rendered at a BDC+ facility	Facility: You pay 20% after deductible Professional Services: You pay $5,000 copay + 20% after deductible Only covered if rendered at a BDC+ facility	Not Covered	Not Covered	Facility: You pay 20% after deductible ($150 facility copay per day) Professional Services: You pay $5,000 copay + 20% after deductible Only covered if rendered at a BDC+ facility	Not Covered
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 $70 specialist copay	$30 PCP copay $70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	$30 PCP copay $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

Revised 05/30/23

TRS-ActiveCare Health Insurance Plans

Rockdale Independent School District

Region 6

9/1/2023 - 8/31/2024

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	$421.00	$400.00	$21.00
Employee + Spouse	$1,137.00	$400.00	$737.00
Employee + Child(ren)	$716.00	$400.00	$316.00
Employee + Family	$1,432.00	$400.00	$1,032.00

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

	Monthly		
	Medical Insurance	District Contribution	***Employee Cost***
Employee Only	$433.00	$400.00	$33.00
Employee + Spouse	$1,170.00	$400.00	$770.00
Employee + Child(ren)	$737.00	$400.00	$337.00
Employee + Family	$1,473.00	$400.00	$1,073.00

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

	Monthly		
	Premium	District Contribution	***Employee Cost***
Employee Only	$494.00	$400.00	$94.00
Employee + Spouse	$1,285.00	$400.00	$885.00
Employee + Child(ren)	$840.00	$400.00	$440.00
Employee + Family	$1,631.00	$400.00	$1,231.00

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

	Monthly		
	Premium	District Contribution	***Employee Cost***
Employee Only	$1,013.00	$400.00	$613.00
Employee + Spouse	$2,402.00	$400.00	$2,002.00
Employee + Child(ren)	$1,507.00	$400.00	$1,107.00
Employee + Family	$2,841.00	$400.00	$2,441.00

Baylor Scott & White (HMO) | Regional Network | Available to Certain Individuals Based on County of Residence

	Monthly		
	Premium	District Contribution	***Employee Cost***
Employee Only	$553.45	$400.00	$153.45
Employee + Spouse	$1,390.74	$400.00	$990.74
Employee + Child(ren)	$889.98	$400.00	$489.98
Employee + Family	$1,600.72	$400.00	$1,200.72

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.[1]

5.4 days

average hospital stay.[2]

[1] www.healthcare.gov; accessed Jan. 2023
[2] data.oecd.org; accessed Jan. 2023

	Plan 1	Plan 2	Plan 3
Hospitalization Benefits	**Payable Benefit**	**Payable Benefit**	**Payable Benefit**
Hospital Admission Benefit This benefit is for admission to a hospital or hospital sub-acute intensive care unit.	• $1,500 • Maximum Benefit Per Calendar Year: 2	• $2,500 • Maximum Benefit Per Calendar Year: 2	• $3,000 • Maximum Benefit Per Calendar Year: 2
Hospital Confinement Benefit This benefit is for confinement in hospital or hospital sub-acute intensive care unit.	• $100 Per Day • Maximum Days Per Calendar Year: 30	• $100 Per Day • Maximum Days Per Calendar Year: 30	• $200 Per Day • Maximum Days Per Calendar Year: 30
Hospital Confinement ICU Benefit The benefit for confinement in a hospital intensive care unit.	• $200 Per Day • Maximum Days Per Calendar Year: 30	• $200 Per Day • Maximum Days Per Calendar Year: 30	• $400 Per Day • Maximum Days Per Calendar Year: 30
Hospital ICU Admission Benefit This benefit is for admission to a hospital intensive care unit.	• $3,000 • Maximum Benefit Per Calendar Year: 2	• $5,000 • Maximum Benefit Per Calendar Year: 2	• $6,000 • Maximum Benefit Per Calendar Year: 2
Newborn Nursery 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.	• $200 Per Day • Maximum Days per Confinement - Normal Delivery: 2 • Maximum Days per Confinement - Caesarean Section: 2	• $300 Per Day • Maximum Days per Confinement - Normal Delivery: 2 • Maximum Days per Confinement - Caesarean Section: 2	• $300 Per Day • Maximum Days per Confinement - Normal Delivery: 2 • Maximum Days per Confinement - Caesarean Section: 2

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
YOUR SMART SOLUTION FOR CONVENIENT CARE

Access Medical
Package

$10.00 per month for Individual and Family

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.

MeMD ($0 Visit Fee)

Illness or injury can strike suddenly. MeMD gives you and your family access to medical help via telephone or web, any time, day or night – $0 per visit. Using MeMD's nationwide telehealth service and national network of US-licensed medical providers, you can connect with a board-certified provider from any location. You'll receive a diagnosis and personalized treatment plan, including prescriptions* for common medications when medically necessary. MeMD can help when your regular doctor is not available, when travel is difficult, or after-hours.

**Prescriptions cannot be written for controlled substances or elective medications.*

Health Advocate™ Solutions

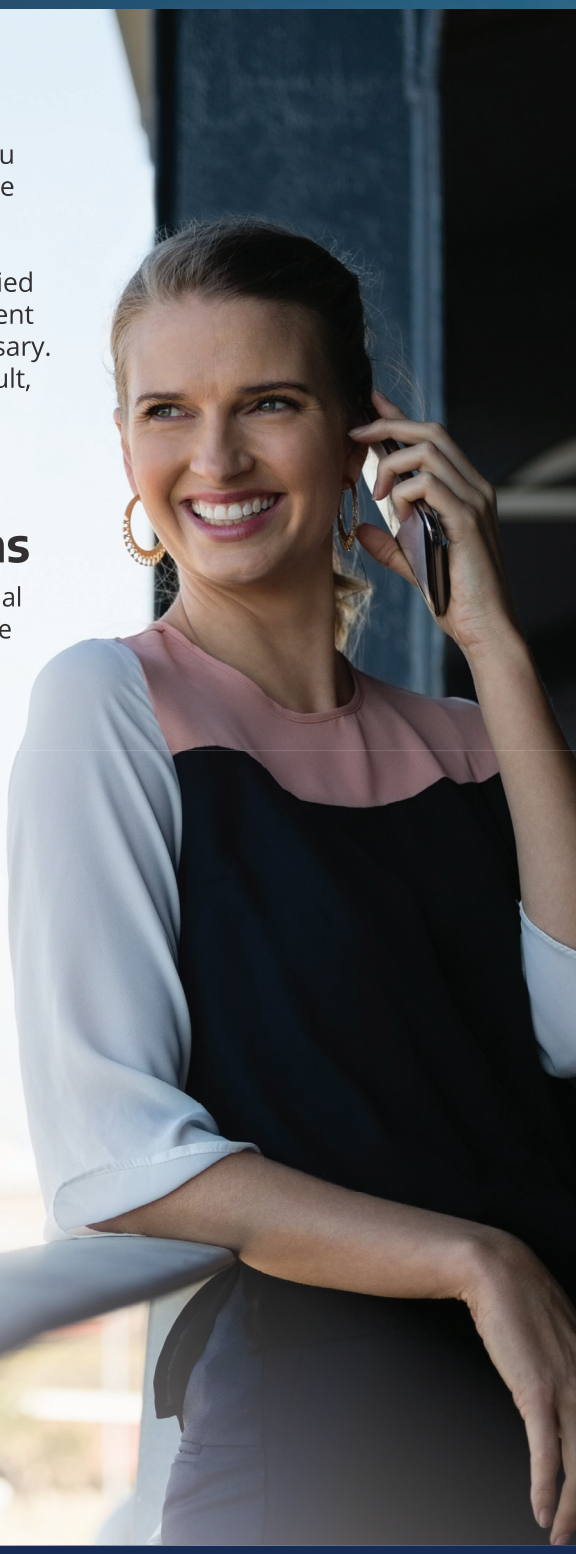
Healthcare is becoming harder to understand. Personal Health Advocates help you navigate through insurance and healthcare systems. Advocates research treatments, resolve claims and locate doctors, specialists, hospitals, dentists and pharmacies. Skilled negotiators will attempt to negotiate discounts on your behalf, no matter your benefit status. Registered nurses are on-call 24/7 to answer questions and provide medical explanations.

New Benefits 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 New Benefits Rx. Save 10% to 85% on most prescriptions at 60,000 retail pharmacies nationwide and through home delivery.

Hearing

If you suffer from hearing loss, you shouldn't have to empty your wallet to access hearing aids. Retail Hearing Care by Amplifon and Home Delivery Hearing Aids by Hearing Assist, 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.

Vitamins

Everyone has different health goals, and eVitamins has the products to help you reach them. Find the best prices online for the most trusted brands of vitamins, herbs, nutritional supplements, whole foods, baby care, skincare, and more. Save on products for you, your family and even your pets.

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 over $100! Save on walking aids, wheelchairs, scooters, hospital beds, bathroom safety, orthopedic products and more.

Get it on Google play | Available on the App Store

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. © Services not available outside of the continental United States (except Hawaii). MeMD provides online medical consultations with physicians, nurse practitioners, and physician assistants who can write prescriptions when medically necessary and permitted by state law. MeMD is not a replacement for your primary care physician or an annual doctor's office visit.

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
You saved	**$900**	**$0**

Help Make Medical Costs Painless.

Find out more at
fsa.nbsbenefits.com

nbs national benefit services

8523 South Redwood Road
West Jordan, Utah 84088
800-274-0503
fsa@nbsbenefits.com

What is a Flexible Spending Account (FSA)?

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 with 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

Rockdale Independent School District

Employer ID NBS900833

PLAN HIGHLIGHTS

Login at: my.nbsbenefits.com

Congratulations! Rockdale Independent School District has established a "Flexible Benefits Plan" to help you pay for your out-of-pocket medical expenses. One of the most important features of the Plan is that the benefits being offered are paid for with a portion of your pay before Federal income or Social Security taxes are withheld. This means that you will pay less tax and have more money to spend and save. 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.

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.

GENERAL PLAN INFORMATION

Plan Year End:……..……...August 31st
Run-out Period:……..……..…118 Days

Maximum Medical Limit……..…...…Current IRS limit $3,050
…See Code Section 125(i)(2) or current enrollment information

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

Health FSA Grace Period……....……75 days
Dependent Care Grace Period:……..……..…...75 days

Deadlines to Use Funds
Health FSA…….November 14 following Plan Year End
DCAP……..November 14 following Plan Year End

WHEN 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 employment.

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

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. The most that you can contribute to your Health FSA each Plan Year is set by the IRS. This amount can be adjusted for increases in cost-of-living in accordance with Code Section 125(i)(2).

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. Also, in order to have the reimbursements made to you and be excluded from your income, you must provide a statement from the service provider including the name, address, and in most cases, the taxpayer identification number of the service provider, as well as the amount of such expense and proof that the expense has been incurred.

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-

NBS Welfare Benefit Service Center
P.O. Box 6980
West Jordan, UT 84084
801-532-4000 or 1-800- 274-0503
Fax: 1-800-478-1528

nbs national benefit services

term care insurance plans may not be paid through the Flexible Benefits Plan.

HOW DO I RECEIVE REIMBURSEMENTS

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. You can get a claim form at www.NBSbenefits.com.

Claim forms must be submitted no later than 118 days after the end of the Plan Year for the Health Flexible Spending Account and the Dependent Care Flexible Spending Account. However, if you have unused contributions in your Flexible Spending Accounts from the immediately preceding plan year, and you incur qualified medical care and/or dependent care expenses during the grace period; you may be reimbursed for those expenses as if the expenses had been incurred in the prior plan year. Any monies left from the previous plan year will be forfeited following the grace and run-out period.

NBS Flexcard – FSA Pre-paid MasterCard

Your employer may sponsor the use of the NBS Flexcard, making access to your flex dollars easier than ever. 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.

Terminated Employees have 90 Days after their date of termination to submit receipts for services prior to their termination date.

WHO ARE 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 are within these categories, the amount of contributions and benefits for you may be limited so that the Plan as a whole does not unfairly favor those who are highly paid, their spouses or their dependents. Please refer to your Summary Plan Description for more information. You will be notified of these limitations if you are affected.

Updated: 5/9/2023

NBS Welfare Benefit Service Center
P.O. Box 6980
West Jordan, UT 84084
801-532-4000 or 1-800- 274-0503
Fax: 1-800-478-1528

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[1] with your EECU HSA Debit Mastercard® through EECU's free online banking and bill pay or by writing an HSA check (optional, fees apply[2]). 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[1]. 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.[1]

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, 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, 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[2]. 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.

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, 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.

1 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.

2 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.

EECU - December 2021

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**. 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 (At 85,000 EECU, Allpoint®, and CO-OP℠ ATM locations nationwide)	FREE
ATM Account Inquiry (At **non**-EECU, Allpoint®, and CO-OP℠ ATM locations)	$0.50[1]
ATM Account Withdrawal (At 85,000 EECU, Allpoint®, and CO-OP℠ ATM locations nationwide)	FREE
ATM Account Withdrawal (At **non**-EECU, Allpoint®, and CO-OP℠ ATM locations)	$3.00[1]
HSA Checks	Varies
HSA Investment Account[2] 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[3]
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.

[1] 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.

[2]

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

[3] 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

Revised EECU Legal 1-06-21

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.

DELTA DENTAL

Keep Smiling

Group No. 17776

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 filing):					
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

DELTA DENTAL

Keep Smiling

Group No. 17776

Premier Plan

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. **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**.

Basic Plus Plan

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. **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**.

Basic Plan

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. **Reimbursement is based on DPO contracted fees for DPO dentists, Premier dentists and for non-Delta Dental dentists**.

Save with DPO

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 **deltadentalins.com.**

Set up an online account

Get information about your plan anytime, anywhere by signing up for an online account at deltadentalins.com. This useful service, available once your coverage kicks in, lets you check benefits and eligibility information, find a network dentist and more.

Check in without an ID card

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.

Coordinate dual coverage

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.

Understand transition of care

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.4 You can find this date by logging in to your online account.

Newly covered?

Visit **deltadentalins.com/welcome**.

DeltaCare USA - DHMO

Under this HMO-type plan, **you must choose a DeltaCare USA dentist** 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.

Dental benefits made easy!

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. **No restrictions on pre-existing conditions. Access to specialty care and out-of-area emergency care.**

A partner in oral health

Your DeltaCare USA plan encourages regular dental care with an extensive list of covered services to help you stay healthy. **Low or no copayments for services like cleanings and exams.**

Budget-friendly costs

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. **No deductibles or maximums for covered services. Pay only your copayment** (if any) **at the time of treatment.**

Convenient services

We make it easy for you. There are not claim forms to complete and no plan ID card is required to receive treatment. **Access plan information online. Change your primary care dentist by phone or online.**

Under this HMO-type plan, **you must choose a DeltaCare USA dentist** 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

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 and 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** and **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 LENSCRAFTERS PEARLE VISION TARGET 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.
- 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 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

Ameritas

ViewPointe® Plan H Summary **Effective Date: 9/1/2023**

	EyeMed Insight Network	Out of Network
Deductibles	$10 Exam $25 Eye Glass Lenses	No deductible
Annual Eye Exam	Covered in full	Up to $35
Lenses (per pair)		
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
Contacts		
Fit & Follow Up Exams		
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
Frame Allowance	$180	Up to $90
Frequencies (months)		
Exam/Lens/Frame	12/12/24 Based on date of service	12/12/24 Based on date of service

Lens Options (member cost)

	EyeMed Insight Network	Out of Network
Progressive Lenses		
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
Std. Polycarbonate	$40	No benefit
Tint (solid and gradient)	$15	No benefit
Scratch Resistant Coating	$15	No benefit
Anti-Reflective Coating		
Standard	$45	No benefit
Premium		
Tier 1	$57	No benefit
Tier 2	$68	No benefit
Tier 3	80% of the charge	No benefit
Ultraviolet Coating	$15	No benefit
Lasik or PRK	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

Ameritas

Additional ViewPointe® H Features

EyeMed In-Network Discounts	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.
EyeMed In-Network Secondary Purchase Plan	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.
Contact Lens Replacement by Mail Program	After exhausting the contact lens benefit, replacement lenses may be obtained at significant discounts on-line. Visit **www.eyemedvisioncare.com** 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 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 greathearingbenefits.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
View plan benefit information at: 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
Deductibles		
	$10 Exam	$10 Exam
	$10 Eye Glass Lenses or Frames*	$10 Eye Glass Lenses or Frames
Annual Eye Exam	Covered in full	Up to $45
Lenses (per pair)		
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
Contacts		
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
Frame Allowance	$180**	Up to $70
Frequencies (months)		
Exam/Lens/Frame	12/12/12 Based on date of service	12/12/12 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 (Other than Costco)	Out of Network
Progressive Lenses	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.
Std. Polycarbonate	Covered in full for dependent children $33 adults	No benefit
Solid Plastic Dye	$15 (except Pink I & II)	No benefit
Plastic Gradient Dye	$17	No benefit
Photochromatic Lenses (Glass & Plastic)	$31-$82	No benefit
Scratch Resistant Coating	$17-$33	No benefit
Anti-Reflective Coating	$43-$85	No benefit
Ultraviolet Coating	$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

Ameritas

Additional Focus® Choice Network Features

Contact Lenses Elective	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.
Additional Glasses	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*
Frame Discount	VSP offers 20% off any amount above the retail allowance.*
Laser VisionCare	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.
Low Vision	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 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 greathearingbenefits.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
View plan benefit information at: 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.

Mid-Texas Co-Op

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 insurablity.

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

Billed amount may vary slightly.

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

Pre-Existing Condition Limitation FAQ

What is a pre-existing condition?

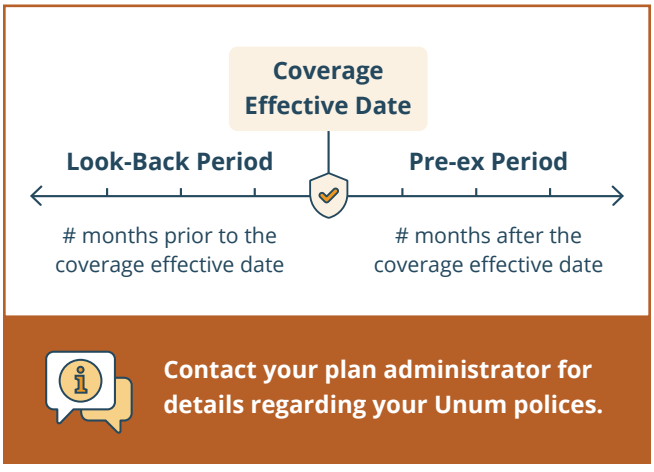
A pre-existing condition is a condition for which you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines for your condition during the given period of time as stated in the policy.

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 satsified 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.™

unum.com

MK-1263260 FOR EMPLOYEES (9-22)

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?	Employee: up to 5 times salary in increments of $10,000; not to exceed $500,000. Spouse: up to 100% of employee amount in increments of $5,000; not to exceed $250,000. Child: up to 100% of employee coverage amount not to exceed $10,000. Child options include: Option 1: $1,000; Option 2: $5,000 or Option 3: $10,000. The maximum death benefit for a child between the ages of live birth and six months is $1,000.
Can I be denied coverage?	**Current employees:** 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. 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. **New employees:** 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.
How do I apply?	Please see your plan administrator.
When is coverage effective?	Please see your plan administrator for your effective date. 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. 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.

Do my life insurance benefits decrease with age?	Coverage amounts will reduce according to the following schedule: Age: Insurance amount reduces to: 70 65% of original amount 75 50% of original amount Coverage may not be increased after a reduction.
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?	The full benefit amount is paid for loss of: • life; • both hands or both feet or sight of both eyes; • one hand and one foot; • one hand or one foot and the sight of one eye; • speech and hearing. Other losses may be covered as well. Please contact your plan administrator.
Are there any AD&D exclusions or limitations?	Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from: • 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); • suicide, self-destruction while sane, intentionally self-inflicted injury while sane or self-inflicted injury while insane; • war, declared or undeclared, or any act of war; • active participation in a riot; • committing or attempting to commit a crime under state or federal law; • 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; • 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.
When does my coverage end?	You and your dependents' coverage under the Summary of Benefits ends on the earliest of: • 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 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.

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

Age Band	$10,000	$20,000	$30,000	$50,000	$70,000	$100,000	$120,000	$150,000	$180,000
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

Age Band	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000	$50,000	$55,000	$60,000
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

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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 T0 $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 CALCULATION	_____ # OF 10,000(EE) UNITS	X	_____ YOUR AGE COST PER 10,000 UNIT	=	_____ EMPLOYEE MONTHLY COST
SPOUSE CALCULATION	_____ # OF 5,000(SP) UNITS	X	_____ 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[1] 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[2]
- YOU CAN GET A LIVING BENEFIT IF YOU BECOME TERMINALLY ILL[3]
- 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.

19M016-C 1092 (exp0321)

TEXASLIFE INSURANCE COMPANY
Since 1901 | 900 WASHINGTON | POST OFFICE BOX 830 | WACO, TEXAS 76703-0830

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 ICC07-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.

TEXASLIFE INSURANCE COMPANY

MONTHLY PREMIUMS

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD 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".

TEXASLIFE INSURANCE COMPANY

MONTHLY PREMIUMS

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD 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										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".

GC14 Limited Benefit Group Cancer Indemnity Insurance

AMERICAN PUBLIC LIFE

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 Max $3,000 per operation	$30 unit dollar amount 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 Per day of Hospital Confinement (1-30 days) Per day for Eligible Dependent Children (1-30 days) Per day of Hospital Confinement (31+ days) Per day for Eligible Dependent Children (31+ days)	$100 $200 $100 $200	$200 $400 $400 $800
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 $50 per prescription	$150 per confinement $50 per prescription
Hair Piece (Wig) - 1 per lifetime	$150	$150
Transportation - Maximum 12 trips per calendar year for all modes of transportation combined Travel by bus, plane or train Travel by car Lodging - up to a maximum of 100 days per calendar year	 actual coach fare or $0.40 per mile $0.40 per mile $50 per day	 actual coach fare or $0.75 per mile $0.75 per mile $100 per day
Family Transportation - Maximum 12 trips per calendar year for all modes of transportation combined Travel by bus, plane or train Travel by car Family Lodging - up to a maximum of 100 days per calendar year	 actual coach fare or $0.40 per mile $0.40 per mile $50 per day	 actual coach fare or $0.75 per mile $0.75 per mile $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 *Con't.*	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:

APL™
AMERICAN PUBLIC LIFE
Expanding the Benefits Horizon™

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

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 $1,000 Air	$150 Ground $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 based on a schedule	Up to $3,000 based on a schedule
DISLOCATIONS	Up to $3,000 based on a schedule	Up to $2,500 based on a schedule
TRANSPORTATION	$300 Plane/Train	$200 Plane/Train
	$150 Bus	$100 Bus
APPLIANCES Cane, Ankle Brace Walking Boot, Walker, Crutches, Leg Brace, Cervical Collar Wheelchair, Knee Scooter, 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 Child	$40,000 EE / $20,000 SP / $5,000 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.[3]
Spouse/Domestic Partner[1]	**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.[3]
Dependent Child(ren)[2]	**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.[3]

BENEFIT PAYMENT

Your **Initial Benefit** provides a lump-sum payment upon the first diagnosis of a Covered Condition. Your plan pays a Recurrence Benefit[4] 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[5]	100% of Initial Benefit	None
Partial Benefit Cancer[5]	25% of Initial Benefit	25% of Initial Benefit
Heart Attack	100% of Initial Benefit	100% of Initial Benefit
Stroke[6]	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[7]	100% of Initial Benefit	Not applicable
Major Organ Transplant Benefit	100% of Initial Benefit	Not applicable
Occupational HIV[8]	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[9]
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.[3]

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? [10]
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:

[1] Coverage for Domestic Partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.
[2] Dependent Child coverage varies by state. Please contact MetLife for more information.
[3] 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.
[4] 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.
[5] 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-situsedcases and NH residents, there is an initial benefit of $100 for All Other Cancers.
[6] In certain states, the covered condition is Severe Stroke.
[7] Please review the Outline of Coverage for specific information about Alzheimer's disease.
[8]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.
[9] 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 situsedin CA and MT.
[10] 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.

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[2]

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

norton™
LifeLock Benefit Solutions

Benefit Plans

PRICING:

	BENEFIT ESSENTIAL	BENEFIT PREMIER
Team Member Only (18+ Years Old)		
Team Member + Family[Δ]		

[Δ] 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.

		BENEFIT ESSENTIAL	BENEFIT PREMIER
LIFELOCK IDENTITY THEFT PROTECTION	Identity Lock[1, 5]	●	●
	Home Title Monitoring[¶]		●
	Social Media Monitoring[*]	●	●
	Credit, Bank & Utility Account Freezes[**]	●	●
	LifeLock Identity Alert™ System[†]	●	●
	• Identity Verification Monitoring[†,**]	●	●
	• Telecom & Cable Applications for New Service	●	●
	• Payday - Online Lending Alerts[†]	●	●
	• Credit Alerts & Social Security Alerts[†]	●	●
	Mobile app (Android™ & iOS)[**] Downloading the app does not provide protection until enrollment has been completed.	●	●
	Dark Web Monitoring[**]	●	●
	• Dark Web Monitoring – Gamer Tags[**]	●	●
	• 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[†,**]	●	●
	• Unusual Charge Alerts[†]	●	●
	• Recurring Charge Alert[†]	●	●
	Checking & Savings Account Application Alerts[†,**]		●
	Bank Account Takeover Alerts[†,**]		●
	401k & Investment Account Activity Alerts[†,**]	●	●
	File Sharing Network Searches	●	●
	Sex Offender Registry Reports	●	●
	Prior Identity Theft Remediation[9] 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	●	●
	Million Dollar Protection™ Package[†††] • Stolen Funds Reimbursement • Personal Expense Compensation • Coverage for Lawyers and Experts	*Up to $1 Million each*	*Up to $1 Million each*
	Credit Application Alerts[2,**]	*One-Bureau[1]*	*One-Bureau[1]*
	Credit Monitoring[1,**]	*One-Bureau[1]*	*Three-Bureau[1]*
	Credit Reports & Credit Scores[1,**] 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[1] Monthly*	***On Demand –*** *One Bureau Daily/ Three-Bureau[1] Annual*
	Monthly Credit Score Tracking[1,**] 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[1]*
NORTON DEVICE SECURITY	Secures PCs, Mac & mobile devices[**]	*Up to 3 devices (Family gets 6 devices)*	*Up to 5 devices (Family gets 10 devices)*
	Online Threat Protection[**]	●	●
	Password Manager[**]	●	●
	Parental Control[4,**]	●	●
	Smart Firewall[**]	●	●
	Cloud Backup[3,**]	*10 GB*	*50 GB*
ONLINE PRIVACY	Secure VPN[**]	●	●
	Privacy Monitor	●	●
	SafeCam[3,**]	●	●

No one can prevent all identity theft or all cybercrime.

[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, 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 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 LifeLock plan enrollment.

[3] 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).

[4] 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.

[5] 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.

[¶] Home Title Monitoring feature includes your home, second home, rental home, or other properties where you have an ownership interest.

[†] 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.

[†††] 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.

[*] Does not include monitoring of chats or direct messages.

[**] These features are not enabled upon enrollment. Member must take action to activate this protection.

[9] 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.

Legal Plans

Provides access to legal expertise
for both expected and unexpected events.

Legal experts on your side, whenever you need them

Quality legal assistance can be pricey. And it can be hard to know where to turn to find an attorney you trust. For a monthly fee, you can have a team of top attorneys ready to help you take care of life's planned and unplanned legal events.

MetLife Legal Plans, formerly known as Hyatt Legal Plans, gives you access to the expert guidance and tools you need to handle the broad range of personal legal needs you might face throughout your life. This could be when you're buying or selling a home, starting a family, dealing with identity theft, or caring for aging parents.

Reduce the out of pocket cost of legal services with MetLife Legal Plans.

Money Matters	• Debt Collection Defense • Identity Theft Defense • Negotiations with Creditors	• Personal Bankruptcy • Promissory Notes	• Tax Audit Representation • Tax Collection Defense
Home & Real Estate	• Boundary & Title Disputes • Deeds • Eviction Defense • Foreclosure	• Home Equity Loans • Mortgages • Property Tax Assessments • Refinancing of Home	• Sale or Purchase of Home • Security Deposit Assistance • Tenant Negotiations • Zoning Applications
Estate Planning	• Codicils • Complex Wills • Healthcare Proxies • Living Wills	• Powers of Attorney (Healthcare, Financial, Childcare, Immigration)	• Revocable & Irrevocable Trusts • Simple Wills
Family & Personal	• Adoption • Affidavits • Conservatorship • Demand Letters • Garnishment Defense • Guardianship • Immigration Assistance	• Juvenile Court Defense, Including Criminal Matters • Name Change • Parental Responsibility Matters • Personal Property Protection • Prenuptial Agreement	• Protection from Domestic Violence • Review of ANY Personal Legal Document • School Hearings
Civil Lawsuits	• Administrative Hearings • Civil Litigation Defense	• Disputes Over Consumer Goods & Services • Incompetency Defense	• Pet Liabilities • Small Claims Assistance
Elder-Care Issues	Consultation & Document Review for your parents: • Deeds • Leases	• Medicaid • Medicare • Notes • Nursing Home Agreements	• Powers of Attorney • Prescription Plans • Wills
Vehicle & Driving	• Defense of Traffic Tickets[2] • Driving Privileges Restoration	• License Suspension Due to DUI	• Repossession

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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.

How it works

Our service is tailored to your needs. With network attorneys available in person, by phone, or by email and online tools to do-it-yourself or plan your next move — we make it easy to get legal help. And, you will always have a choice in what attorney to use. You can choose one from our network of prequalified attorneys, or use an attorney outside of our network and be reimbursed some of the cost.[1]

Best of all, you have unlimited access to our attorneys for all legal matters covered under the plan. For a monthly premium conveniently paid through payroll deduction, an expert is on your side as long as you need them.

When you need help with a personal legal matter, MetLife Legal Plans is there for you to help make it a little easier.

For added protection, your spouse and dependent children are also covered.

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 Texas. 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 taxable 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

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 The OMNI Group (OMNI) to pro-vide 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. OMNI 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. With out a signed agreement, the provider is not eligible to receive contributions. If your provider is not on the list, simply contact OMNI.

The OMNI Group can be contacted at

(877) 544 - 6664

or online at www.OMNI403b.com

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

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Group # **rockdaleisd**

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