

WHITNEY ISD

CENTRAL TEXAS EMPLOYEE BENEFITS COOPERATIVE



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



2023 - 2024 EMPLOYEE BENEFIT GUIDE

PLAN YEAR: SEPTEMBER 1, 2023 - AUGUST 31, 2024

INTRODUCTION

Our School District participates in the Central Texas Employee Benefits Cooperative (CTXEBC) and we are 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.CTXEBC.com *(then select your district)*

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. **It is the responsibility of the employee to notify your employer of such changes and to complete the proper paperwork within 31 days of the qualifying event.** 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.CTXEBC.com

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 - 6
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	
Telehealth	MD Live	800.365.1663	www.consultMDlive.com	7 - 8
Hospital Indemnity	Chubb	888.499.0425	educatorclaims@chubb.com	9 - 10
Flexible Spending Accounts (FSAs)	National Benefit Services	800.274.0503	www.nbsbenefits.com	11 - 12
Health Savings Accounts (HSAs)	EECU	817.882.0800	www.EECU.org	13 - 16
Dental	First Continental Life	877.493.6282	www.FCLDental.com	17 - 18
Vision	Superior Vision	800.507.3800	www.superiorvision.com	19 - 20
Disability Income Protection	Unum	866.679.3054	www.Unum.com	21 - 23
Term Life Insurance	Unum	866.679.3054	www.Unum.com	24 - 27
Permanent Life Insurance	5 Star Life Insurance	866.863.9753	www.5starlifeinsurance.com	28 - 29
Cancer	American Public Life	800.256.8606	www.ampublic.com	30 - 34
Accident	Chubb	888.499.0425	educatorclaims@chubb.com	35 - 36
Critical Illness	Chubb	888.499.0425	educatorclaims@chubb.com	37 - 40
Emergency Medical Transportation	MASA	800.423.3226	www.masamts.com	41 - 42
Identity Theft Protection	ID Watchdog	866.513.1518	www.IDWatchdog.com	43 - 44
Legal Services	Legal Shield	800.654.7757	www.LegalSheild.com	45 - 47

403(b) Plan Administration	National Benefit Services	800.274.0503	www.nbsbenefits.com	48
Teacher Retirement System of Texas	TRS	800.223.8778	https://trs.texas.gov	

ENROLLMENT INSTRUCTIONS

LOGIN AT:

WWW.CTXEBC.COM (THEN SELECT YOUR DISTRICT)

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.

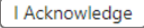
Change Password: When logging in for the first time, you will be brought to a page prompting you to update your password following your company's password policy. Once your new password has been set, click

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  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.

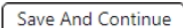
Company Acknowledgements: The Company Acknowledgements page is specific to your company. Read through each section, checking each applicable box to signify acceptance of the acknowledgment. Click

 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

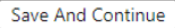
 button when you are ready to proceed to the next step.


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  button after successfully adding in-

formation for each dependent. Click  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  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  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.

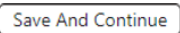
View Benefit Descriptions: To view, click on the View Plan Outline of Benefit link underneath the plan name. Doing so displays a plan summary and any available links or documentation related to this plan.

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  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 add a new beneficiary. Push the  button to confirm that the information is correct. Bolded fields are required. Click .

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!”



ALMOST DONE!

You have completed new hire enrollment for the current plan year. Please click the continue button below to complete your open enrollment.

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

Click  to begin your Open Enrollment.

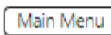
If your Consolidated Enrollment Form says “Congratulations!”



CONGRATULATIONS!

You have successfully completed your online enrollment!

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  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	<ul style="list-style-type: none">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.	<ul style="list-style-type: none">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.	<ul style="list-style-type: none">Compatible with a Health Savings Account (HSA)Nationwide network with out-of-network coverage.No requirement for PCPs or referralsMust meet your deductible before plan pays for non-preventative care.	<ul style="list-style-type: none">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 Coverage Only
Individual Deductible	\$2,500	\$1,200	\$3,000	\$5,500	\$2,400
Family Deductible	\$5,000	\$2,400	\$6,000	\$11,000	\$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 25% after deductible
Individual Maximum Out-of-Pocket	\$7,500	\$6,900	\$7,500	\$20,250	\$8,150
Family Maximum Out-of-Pocket	\$15,000	\$13,800	\$15,000	\$40,500	\$16,300
Network	Statewide Network	Statewide Network	Nationwide Network		Regional Network
Primary Care Provider (PCP) Required	Yes	Yes	No		No
Doctor Visits					
Primary Care	\$30 copay	\$15 copay	You pay 30% after deductible	You pay 50% after deductible	\$20 copay
Specialist	\$70 copay	\$70 copay	You pay 30% after deductible	You pay 50% after deductible	\$70 copay
Immediate Care					
Urgent Care	\$50 copay	\$50 copay	You pay 30% after deductible	You pay 50% after deductible	\$45 copay
Emergency Care	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible		\$500 copay after deductible
TRS Virtual Health – RediMD™	\$0 per consultation	\$0 per consultation	\$30 per consultation		n/a
TRS Virtual Health – Teladoc	\$12 per consultation	\$12 per consultation	\$42 per consultation		n/a
Prescription Drugs					
Drug Deductible	Integrated with Medical	\$200 brand deductible	Integrated with Medical		\$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		\$14/\$35 copay
Preferred Brand	You pay 30% after deductible	You pay 25% after deductible	You pay 25% after deductible		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
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 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		n/a



TRS-ActiveCare Health Insurance Plans

Whitney Independent School District

Region 12

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	\$399.00	\$300.00	\$99.00
Employee + Spouse	\$1,078.00	\$300.00	\$778.00
Employee + Child(ren)	\$679.00	\$300.00	\$379.00
Employee + Family	\$1,357.00	\$300.00	\$1,057.00

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

	Monthly		
	Medical Insurance	District Contribution	Employee Cost
Employee Only	\$410.00	\$300.00	\$110.00
Employee + Spouse	\$1,107.00	\$300.00	\$807.00
Employee + Child(ren)	\$697.00	\$300.00	\$397.00
Employee + Family	\$1,394.00	\$300.00	\$1,094.00

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

	Monthly		
	Premium	District Contribution	Employee Cost
Employee Only	\$468.00	\$300.00	\$168.00
Employee + Spouse	\$1,217.00	\$300.00	\$917.00
Employee + Child(ren)	\$796.00	\$300.00	\$496.00
Employee + Family	\$1,545.00	\$300.00	\$1,245.00

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

	Monthly		
	Premium	District Contribution	Employee Cost
Employee Only	\$1,013.00	\$300.00	\$713.00
Employee + Spouse	\$2,402.00	\$300.00	\$2,102.00
Employee + Child(ren)	\$1,507.00	\$300.00	\$1,207.00
Employee + Family	\$2,841.00	\$300.00	\$2,541.00

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

	Monthly		
	Premium	District Contribution	Employee Cost
Employee Only	\$515.37	\$300.00	\$215.37
Employee + Spouse	\$1,293.46	\$300.00	\$993.46
Employee + Child(ren)	\$828.11	\$300.00	\$528.11
Employee + Family	\$1,488.60	\$300.00	\$1,188.60

Welcome to MDLIVE!

With MDLIVE, you can visit with a doctor or counselor 24/7 from your home, office or on-the-go.

How much does it cost?

\$10.00

One Cost Covers You, your Spouse, and Children up to age 26. Unlimited Phone Consultations

You have a telehealth benefit giving you virtual care, anywhere. At a price you can afford.

- Board-certified doctors
- Available anytime, day or night
- Consults by mobile app, video or phone
- Prescriptions can be sent to your nearest pharmacy if medically necessary

We treat over 50 routine medical conditions including:

- Acne
- Allergies
- Cold / Flu
- Constipation
- Cough
- Diarrhea
- Ear Problems
- Insect Bites
- Nausea / Vomiting
- Pink Eye
- Rash
- Respiratory Problems
- Sore Throats
- And More



Your virtual doctor is here. Join for free today!



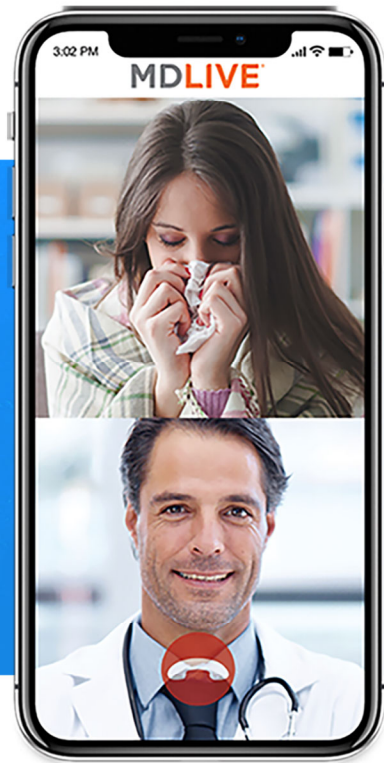
Download the app.
Join for free. Visit a doctor.

consultmdlive.com
888-365-1663

Welcome to MDLIVE

Your online doctor's office

Register now for MDLIVE it's fast and free!



Why online visits?



High-quality healthcare with
Board-certified Doctors 24/7,
including holidays



Online visits are secure
and convenient



Download the app for
on-the-go urgent care



Prescriptions can be
sent to your pharmacy
when necessary

**We're committed to offering you and your family the best online doctor visits.
Let our doctors help you with more than 50 minor illnesses, from colds
and sinus infections to allergies and more. Conditions we treat include:**

Acne	Constipation	Headache	Sinus infection
Allergies	Cough	Insect bites	Sore throat
Asthma	Diarrhea	Nausea	Vomiting
Bronchitis	Earache	Pink eye	...and more
Cold & Flu	Fever	Rash	



You can also register by texting Sophie, your MDLIVE personal health assistant.
Use your smartphone to text **"SOPHIE"** to **635-483**.



Download the app.
Join for free. Visit a doctor.

consultmdlive.com
1-888-365-1663

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



Choose from 1 of 2 plans

	Plan 1	Plan 2
Hospitalization Benefits	Payable Benefit	Payable Benefit
Hospital Admission Benefit This benefit is for admission to a hospital or hospital sub-acute intensive care unit.	<ul style="list-style-type: none"> • \$1,500 • Maximum Benefit Per Calendar Year: 3 	<ul style="list-style-type: none"> • \$3,000 • Maximum Benefit Per Calendar Year: 3
Hospital Admission ICU Benefit This benefit is for admission to a hospital intensive care unit.	<ul style="list-style-type: none"> • \$3,000 • Maximum Benefit Per Calendar Year: 3 	<ul style="list-style-type: none"> • \$6,000 • Maximum Benefit Per Calendar Year: 3
Hospital Confinement Benefit This benefit is for confinement in hospital or hospital sub-acute intensive care unit.	<ul style="list-style-type: none"> • \$200 Per Day • Maximum Days Per Calendar Year: 30 	<ul style="list-style-type: none"> • \$200 Per Day • Maximum Days Per Calendar Year: 30
Hospital Confinement ICU Benefit The benefit for confinement in a hospital intensive care unit.	<ul style="list-style-type: none"> • \$400 Per Day • Maximum Days Per Calendar Year: 30 	<ul style="list-style-type: none"> • \$400 Per Day • Maximum Days Per Calendar Year: 30
Newborn Nursery Benefit This benefit is payable for an insured newborn baby receiving newborn nursery care and who is not confined for treatment of a physical illness, infirmity, disease or injury.	<ul style="list-style-type: none"> • \$500 Per Day • Maximum Days per Confinement - Normal Delivery: 2 • Maximum Days per Confinement - Caesarean Section: 2 	<ul style="list-style-type: none"> • \$500 Per Day • Maximum Days per Confinement - Normal Delivery: 2 • Maximum Days per Confinement - Caesarean Section: 2
Observation Unit Benefit This benefit is for treatment in a hospital observation unit for a period of less than 20 hours.	<ul style="list-style-type: none"> • \$500 • Maximum Benefit Per Calendar Year: 2 	<ul style="list-style-type: none"> • \$500 • Maximum Benefit Per Calendar Year: 2
Rehabilitation Unit Admission Benefit This benefit is for admission to a rehabilitation unit as an inpatient.	<ul style="list-style-type: none"> • \$200 • Maximum Benefit Per Calendar Year: 3 	<ul style="list-style-type: none"> • \$500 • Maximum Benefit Per Calendar Year: 3

¹ www.healthcare.gov; accessed Jan. 2023

² data.oecd.org; accessed Jan. 2023

	Plan 1	Plan 2
Hospitalization Benefits (cont.)	Payable Benefit	Payable Benefit
Rehabilitation Unit Confinement Benefit This benefit is for confinement in a rehabilitation unit.	<ul style="list-style-type: none"> • \$200 Per Day • Payable Per Day for Days 2 Through 11 • Maximum Days Per Calendar Year: 10 	<ul style="list-style-type: none"> • \$400 Per Day • Payable Per Day for Days 2 Through 11 • Maximum Days Per Calendar Year: 10
Waiver of Premium Benefits	Payable Benefit	Payable Benefit
Waiver of Premium for Confinement This benefit waives premium when the employee or spouse is confined for more than 30 continuous days.	Included	Included

Rates

	Plan 1	Plan 2
Monthly Premiums		
Employee	\$14.09	\$26.77
Employee + Spouse	\$29.81	\$55.92
Employee + Children	\$19.89	\$37.98
Family	\$32.51	\$61.52



Questions?

Contact the FBS Benefits CareLine via the QR code or (833) 453-1680.

Please refer to your Certificate of Insurance at <https://www.ctxebc.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.

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

What is a Flexible Spending Account (FSA)?



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



Flexible Spending Account (FSA)

Two types of FSAs

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

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

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

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

What's a cafeteria plan?

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

Partial List of Eligible Expenses:

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

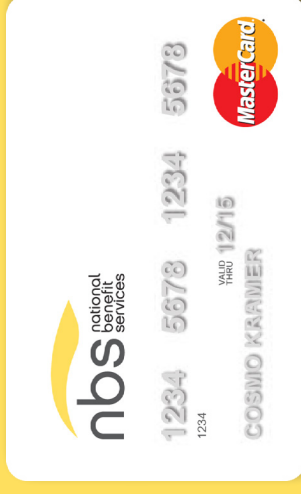


Enrollment Considerations

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

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

How to Spend



Spending is easy

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

Account access is easy

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

What if I don't use it all?

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

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

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 expenses¹ with your EECU HSA Debit Mastercard® through EECU's free online banking and bill pay or by writing an HSA check (optional, fees apply²). 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 dependents¹. 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 eeecu.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 eeecu.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 fee². 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.



Health Savings Account Fee Schedule

Effective January 1, 2021

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	FREE
(At 85,000 EECU, Allpoint®, and CO-OP SM ATM locations nationwide)	
ATM Account Inquiry	\$0.50 ¹
(At non -EECU, Allpoint®, and CO-OP SM ATM locations)	
ATM Account Withdrawal	FREE
(At 85,000 EECU, Allpoint®, and CO-OP SM ATM locations nationwide)	
ATM Account Withdrawal	\$3.00 ¹
(At non -EECU, Allpoint®, and CO-OP SM ATM locations)	
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

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.



Passive PPO Dental Plan (100/80/50)

Annual Benefit - Per Person \$1,000

Percentage of Covered Benefits Per Policy Year

	<u>TYPE I</u>	<u>TYPE II</u>	<u>TYPE III*</u>
DURING THE 1ST YEAR	100%	80%	0%
2ND YEAR AND THEREAFTER	100%	80%	50%

- 12-month waiting period (unless replacing prior coverage as described under "Takeover Benefit")
- (USE NETWORK OFFICES FOR ADDITIONAL SAVINGS)
- DENTIST LIST AT DENTEMAX.COM

Calendar Year Deductible, Per Person \$50/\$150

This deductible applies to Type II and III services – Unmarried Dependent Children Covered to Age 26

Payment is based upon allowable charges in the area in which service is rendered.

Services provided at a non-contracting provider are paid at the 90th percentile.

TYPE I (PREVENTIVE SERVICES)

Including:

- No waiting period
- Routine Exams
- Prophylaxis (cleanings-one per 6 months)
- Emergency exams for dental pain (minor procedures)
- Fluoride treatments for dependent children under age 19 (one per 12 months)
- Bitewing X-rays (once per 6 months)

TYPE II (BASIC SERVICES)

Including:

- No waiting period
- Periapical X-rays
- Full mouth or panorex X-rays (one per 36 months)
- Simple restorative services (fillings)
- Simple extractions
- Sealants for children ages 6-15 (one per tooth)
- Endodontics/root canal therapy
- Periodontics
- Complex Oral Surgery

TYPE III (MAJOR SERVICES)

Including:

- 12 month waiting period (new enrollees)
- Major restorative services (crowns and inlays)
- Prosthetics (bridges, dentures)
- Replacement of prosthodontics, dentures, crowns and inlays
- Denture relines
- Space maintainers
- General anesthesia (for services dentally necessary)

ORTHODONTIC SERVICES

- 50% coverage
- \$1,000 lifetime maximum benefit
- Children under 19 only

Rates for: Central Texas Employee Benefits Cooperative

Employee	\$24.84
Employee + Spouse	\$51.75
Employee + Child(ren)	\$57.36
Employee + Family	\$88.51

Underwritten By:

FIRST CONTINENTAL LIFE & ACCIDENT INSURANCE CO.

101 Parklane Blvd. Suite 301
Sugar Land, TX 77478
(281) 313-7150 - (877) 493-6282
Fax (281) 313-7155

Limitations and Exclusions

Covered Expenses Will Not Include and No Benefits Will be Payable:

1. For major services in the first 12 months that the Insured is covered, except as may be provided in the Takeover Benefits provision.
2. For any treatment which is for cosmetic purposes or to correct congenital malformations, except for medically necessary care and treatment of congenital cleft lip and palate.
3. To replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed bridge within five years of the date of the last placement of these items, unless required because of an accidental bodily injury sustained while the Insured is covered. Replacement is not covered if the item can be repaired.
4. For initial placement of any prosthetic appliance or fixed bridge unless such placement is needed because of the extraction of natural teeth during the same period of continuous coverage. But the extraction of a third molar (wisdom tooth) will not qualify the item for payment. Any such appliance or fixed bridge must include the replacement of the extracted tooth or teeth. Coverage does not include the part of the cost that applies specifically to replacement of teeth extracted prior to the period of coverage.
5. For addition of teeth to an existing prosthetic appliance or fixed bridge unless for replacement of natural teeth extracted during the same period of continuous coverage.
6. For any expense incurred or procedure begun before the Insured's current period of continuous coverage.
7. For any expense incurred or procedure begun after the Insured's insurance under this section terminates, except for a prosthetic appliance, fixed bridge, crown, or inlay or onlay restoration for which both (a) the procedure begins before insurance ends and (b) the item's final placement is within 90 days after insurance ends.
8. To duplicate appliances or replace lost or stolen appliances.
9. For appliances, restorations or procedures to:
 - a. alter vertical dimension;
 - b. restore or maintain occlusion;
 - c. splint or replace tooth structure lost as a result of abrasion or attrition; or
 - d. treat jaw fractures or disturbances of the temporomandibular joint.
10. For education or training in, and supplies used for, dietary or nutritional counseling, personal oral hygiene or dental plaque control.
11. For broken appointments or the completion of claim forms.
12. For orthodontia service or for any services associated with orthodontic therapy when this optional coverage is not elected and the premium is not paid.
13. For sealants which are:
 - a. not applied to a permanent molar;
 - b. applied before age 6 or after attaining age 16; or
 - c. reapplied to a molar within three years from the date of a previous sealant application.
14. For subgingival curettage or root planing (procedure numbers 4220 and 4341) unless the presence of periodontal disease is confirmed by both x-rays and pocket depth summaries of each tooth involved.
15. Because of an Insured's injury arising out of, or in the course of, work for wage or profit.
16. For an Insured's sickness, injury or condition for which he or she is eligible for benefits under any Workers Compensation Act or similar laws.

17. For charges for which the Insured is not liable or which would not have been made had no insurance been in force.
18. For services which are not recommended by a dentist, not required for necessary care and treatment, or do not have a reasonably favorable prognosis.
19. Because of war or any act of war, declared or not, or while on full-time active duty in the armed forces of any country.
20. To an Insured if payment is not legal where the Insured is living when expenses are incurred.
21. For any services related to: equilibration, bite registration or bite analysis.
22. For crowns for the purpose of periodontal splinting.
23. For charges for: any implants; overdentures; precision or semi-precision attachments and associated endodontic treatment; other customized attachments; or specialized prosthodontic techniques or characterizations.
24. For charges for myofunctional therapy, orthognathic surgery or athletic mouthguards.
25. For procedures for which benefits are payable under the employer's medical expense benefits plan for employees and their dependents.
26. Services or supplies provided by a family member or a member of the Insured's household.

Note: This is a general outline of covered benefits and does not include all the benefits, limitations and exclusions of the policy. See your certificate for details.

Predetermination of Benefits: As a service to protect the Insured, First Continental Life & Accident Insurance Co. will provide predetermination of benefits for recommended treatment plans that exceed \$300. This predetermination of benefits explains which of the recommended procedures will be covered and at what amount. This benefit helps Insured's better understand their coverage. The Insured should submit the treatment plan to First Continental Life & Accident Insurance Co. for review and predetermination of benefits before the service begins.

TAKEOVER BENEFITS

Takeover means that you are given credit for waiting periods for like coverage's accumulated under your existing plan. No credit is given for deductibles satisfied under your existing plan.

1. In order to provide Takeover Benefits your employer's current dental plan must have been in effect continuously for at least 12 months prior to the effective date of this plan.
2. All employees insured on the effective date with continuous coverage from the prior group dental contract are eligible for Takeover Benefits. Waiting periods will be reduced by the amount of time insured under the prior plan.
3. A minimum of five (5) enrolled members are needed for an employer to be eligible for Takeover Benefits.
4. Takeover Benefits must be requested and are subject to the approval of First Continental Life & Accident Insurance Co.

Submission of Claims:

First Continental Life & Accident Insurance Co.
ATTN: Claims Department
101 Parklane Blvd, Suite 301
Sugar Land, TX. 77478

Verification of Claims:

281-313-7170 (local)
1-877-493-6282 (toll free)



Vision plan benefits for Central Texas Employee Benefits

Copays		Monthly premiums		Services/frequency	
Exam ¹	\$10	Emp. only	\$6.65	Exam	12 months
Eyewear ²	\$25	Emp. + spouse	\$11.36	Frame	24 months
		Emp. + children	\$12.01	Lenses	12 months
		Emp. + family	\$18.01	Contact lenses	12 months
(Based on date of service)					

Benefits through Superior Select Southwest network

	In-network	Out-of-network
Exam	Covered in full	Up to \$35 retail
Frames	\$125 retail allowance	Up to \$70 retail
Lenses (standard) per pair		
Single vision	Covered in full	Up to \$25 retail
Bifocal	Covered in full	Up to \$40 retail
Trifocal	Covered in full	Up to \$45 retail
Progressive	See description ³	Up to \$45 retail
Contact lenses ⁴	\$150 retail allowance	Up to \$80 retail
Medically necessary contact lenses	Covered in full	Up to \$150 retail
LASIK vision correction ⁵	\$200 allowance	

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements

¹ Eye exam copay is a single payment due to the provider at the time of service.

² Eyewear copay applies to eyeglass lenses / frame and contact lenses. Eyewear copay is a single payment that applies to the entire purchase of eyeglasses (frame and lenses)

³ Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay

⁴ Contact lenses and related professional services (fitting, evaluation and follow-up) are covered in lieu of eyeglass lenses and frames benefit

⁵ Lasik Vision Correction is in lieu of eyewear benefit, subject to routine regulatory filings and certain exclusions and limitations

Discount features

Non-covered eyewear discount: members may also receive a discount of 20% from a participating provider's usual and customary fees for eyewear purchases which exceed the benefit coverage (except disposable contact lenses, for which no discount applies). This includes eyeglass frames which exceed the selected benefit coverage, specialty lenses (i.e. progressives) and lens "extras" such as tints and coatings. Eyewear purchased from a Walmart Vision Center does not qualify for this additional discount because of Walmart's "Always Low Prices" policy.

The national LASIK network of laser vision correction providers, featuring LasikPlus, offers members special program pricing on services. The program pricing should be verified prior to service.

superiorvision.com

(800) 507-3800

The Plan discount features are not insurance.

All allowances are retail; the member is responsible for paying the provider directly for all non-covered items and/or any amount over the allowances, minus available discounts. These are not covered by the plan.

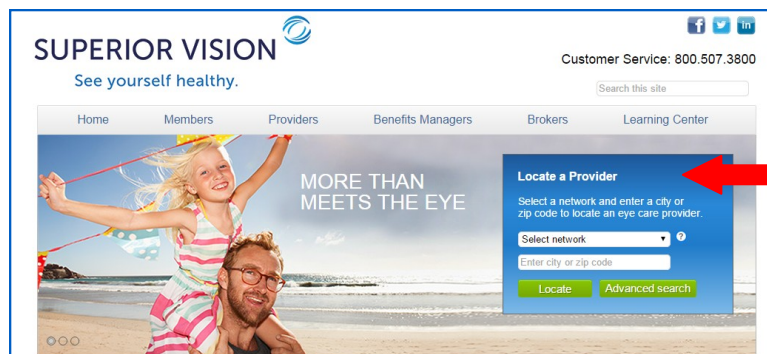
Discounts are subject to change without notice.

Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance for your vision plan. Please check with your Human Resources department if you have any questions.

FINDING IN-NETWORK PROVIDERS

3 Easy Steps to Finding an In-Network Provider

STEP 1: Go to **SuperiorVision.com**. In the “**Locate a Provider**” box, select your provider network, enter your city or ZIP code and click the “**Locate**” button. You can also click the “**Advanced Search**” button to search by mile radius, eye care provider’s name or practice name.



If you’re unsure of your provider network name, select “**I don’t know**” from the drop-down menu or click the “?” icon to view our helpful chart. You may also **login** to the member area of the website, select “**Locate a Provider**” from the navigation and your network will be auto-populated on the page.

Looking for your provider network?

We’ve made it easy! Select your network from the table or login to link automatically to your commercial vision plan’s network.

Superior Vision Services, Inc. Is Now	—————>	Superior National
Block Vision, Inc. Is Now	—————>	Superior Select
Vision Insurance Plan of America, Inc. Is Now (VIPA)	—————>	Superior Select Midwest
Block Vision of Texas, Inc. Is Now	—————>	Superior Select Southwest

STEP 2: Review the list of results from your search and choose an eye care provider.

- Call your selected eye care provider prior to your appointment to verify provider network participation and to confirm services and acceptance of your vision plan.
- It’s important to note that not all providers at each office or optical store location are in-network providers, nor do they participate in all networks.

STEP 3: You may also call Customer Service at 800.507.3800 for assistance in locating an in-network provider.

Central Texas Employee Benefits Cooperative Voluntary Disability Insurance Plan Highlights

Who is eligible?	You are eligible for disability coverage if you are an active employee in the United States working a minimum of 20 hours per week.	
What is my monthly benefit amount?	You can elect to purchase a benefit of 45%, 55% or 65% of your monthly earnings.	
How long do I have to wait to receive benefits?	<p>The elimination period is the length of time you must be continuously disabled before you can receive benefits.</p> <p>Elimination Period Options: Option 1: 0 days/7 days first day hospital Option 2: 14 days/14 days first day hospital Option 3: 30 days/30 days first day hospital Option 4: 90 days/90 days Option 5: 180 days/180 days</p> <p>During your elimination period, you will be considered disabled if you are limited from performing the material and substantial duties of your regular occupation due to your sickness or injury, you are under the regular care of a physician and you are unable to perform any of the material and substantial duties of your regular occupation due to the same sickness or injury.</p> <p>If, because of your disability, you are hospital confined as an inpatient, benefits begin on the first day of inpatient confinement. Inpatient means that you are confined to a hospital room due to your sickness or injury for 23 or more consecutive hours. (Applies to Elimination Periods of 30 days or less.)</p>	
How long will my benefits last?	<p><u>Age at Disability</u> Less than age 62</p> <p>Age 62 Age 63 Age 64 Age 65 Age 66 Age 67 Age 68 Age 69 or older</p> <p><u>Year of Birth</u> On or before 1937 1938 1939 1940 1941 1942 1943 – 1954 1955 1956 1957 1958 1959 On or after 1960</p>	<p><u>Maximum Period of Payment</u> To Social Security Normal Retirement Age* (see table below)</p> <p>60 months 48 months 42 months 36 months 30 months 24 months 18 months 12 months</p> <p><u>*Social Security Normal Retirement Age (SSNRA)</u> 65 years 65 years, 2 months 65 years, 4 months 65 years, 6 months 65 years, 8 months 65 years, 10 months 66 years 66 years, 2 months 66 years, 4 months 66 years, 6 months 66 years, 8 months 66 years, 10 months 67 years</p>

When is my coverage effective?	Your effective date of coverage is 9/1/2018. If you become eligible after this date, please see your plan administrator for your effective date.		
How much does the coverage cost?	Elimination Period	Benefit Amount	Rate per \$100 of Monthly Benefit
	0 days/7 days first day hospital	45% Benefit	\$2.84
		55% Benefit	\$3.10
		65% Benefit	\$3.81
	14 days/14 days first day hospital	45% Benefit	\$2.58
		55% Benefit	\$2.82
		65% Benefit	\$3.48
	30 days/30 days first day hospital	45% Benefit	\$2.03
		55% Benefit	\$2.22
		65% Benefit	\$2.67
	90 days/90 days	45% Benefit	\$1.15
		55% Benefit	\$1.27
		65% Benefit	\$1.64
	180 days/180 days	45% Benefit	\$0.87
		55% Benefit	\$0.99
65% Benefit		\$1.34	
Do I have to take a health exam to get coverage?	You may receive coverage without answering any medical questions or providing evidence of insurability if you apply for coverage within 31 days after your eligibility date. If you apply more than 31 days after your eligibility date, your coverage will be subject to a 3/12 pre-existing condition exclusion. Please see your plan administrator for your eligibility date.		
What if I am out of work when the coverage goes into effect?	Insurance 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.		
What is my maximum monthly benefit amount?	Your total monthly benefit (including all benefits provided under this plan) will not exceed 100% of your monthly earnings, unless the excess amount is payable as a Cost of Living Adjustment.		
What else is included with this policy?	Worldwide emergency travel assistance is included with this long term disability plan. Emergency travel assistance is available to you, your spouse* and your dependent children when you travel to any foreign country, including Canada or Mexico. It is also available anywhere in the United States when you travel just 100 or more miles from home. * A spouse traveling on business for his or her employer is not covered by the program.		

Does this plan include help with work-life balance?	Yes. Our work-life balance employee assistance program (EAP) provides professional advice for a wide range of personal and work-related issues. The service is available to you and your family members 24 hours a day, 365 days a year. It provides resources to help you find solutions to everyday issues — such as financing a car or selecting child care — as well as more serious problems, such as alcohol or drug addiction, divorce or relationship problems. There is no additional charge for using the program, and you do not have to have filed a disability claim or be receiving benefits to use the program.
What is not covered?	<p>Benefits would not be paid for disabilities caused by, contributed to by, or resulting from:</p> <ul style="list-style-type: none"> • Intentionally self-inflicted injuries; • Active participation in a riot; • War, declared or undeclared, or any act of war; • Commission of a crime for which you have been convicted; • Loss of professional license, occupational license or certification; • Pre-existing conditions (see pre-existing condition section); or • Any occupational injury or sickness for Short Term Disability coverage. <p>The loss of a professional or occupational license does not, in itself, constitute disability.</p> <p>Unum will not pay a benefit for any period of disability during which you are incarcerated.</p>
What is considered a pre-existing condition?	<p>You have a pre-existing condition if:</p> <ul style="list-style-type: none"> • You received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines 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. <p>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 the 9/1/18 enrollment only and new hires. Late entrants will be subject to a 3/12 pre-ex.</p>
When does my coverage end?	<p>Your coverage under the policy ends on the earliest of the following:</p> <ul style="list-style-type: none"> • 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. <p>Please see your plan administrator for further information on these provisions.</p> <p>Unum will provide coverage for a payable claim which occurs while you are covered under the policy or plan.</p>

Central Texas Employee Benefits Cooperative 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 to age 26.
What are the coverage amounts?	<p>Employee: up to 7 times salary in increments of \$10,000; not to exceed \$500,000.</p> <p>Spouse: up to 100% of employee amount in increments of \$5,000; not to exceed \$500,000.</p> <p>Child: Flat \$10,000</p>
What are the AD&D coverage amounts?	<p>Employee: up to 7 times salary in increments of \$10,000; not to exceed \$500,000.</p> <p>Spouse: up to 100% of employee amount in increments of \$5,000; not to exceed \$500,000.</p> <p>Child: Flat \$10,000</p> <p>Note: You may purchase AD&D coverage for yourself regardless of whether you purchase term life coverage. In order to purchase life and AD&D coverage for your dependents, you must buy coverage for yourself.</p>
Can I be denied coverage?	<p>If you and your eligible dependents enroll during before the enrollment deadline, you may apply for any amount of coverage up to \$250,000 for yourself and any amount of coverage up to \$50,000 for your spouse, without answering any medical questions.</p> <p>If you want coverage over the amount you are guaranteed, you will need to provide answers to health questions. In addition, if you and your eligible dependents do not enroll during this enrollment period, you will have to wait for a future annual enrollment period to apply — and then you will need to answer health questions for the entire amount of coverage you apply for.</p> <p>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.</p>
Why buy now?	As long as you buy \$10,000 of life coverage now, you can buy more coverage later - up to \$250,000 - without answering any medical questions.
How do I apply?	<p>To apply for coverage, complete your enrollment form by 9/1/2021.</p> <p>If you were hired after 9/1/2021, complete your enrollment form within 31 days of your eligibility date determined by your employer.</p> <p>If you apply for coverage after your effective date or if you choose coverage over the guaranteed issue amount, you will need to complete a medical questionnaire, which you can get from your plan administrator. You may also be required to take certain medical tests at Unum's expense.</p>

When is coverage effective?	<p>Your coverage is effective 9/1/2021 or the date your application is approved by underwriting, if health questions were required.</p> <p>Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.</p> <p>For your dependent spouse and children, insurance coverage will be delayed if that dependent is totally disabled on the date that insurance would otherwise be effective. Totally disabled means that as a result of an injury, sickness, or disorder, your dependent spouse and children: are confined in a hospital or similar institution; or are confined at home under the care of a physician for a sickness or injury. Exception: Infants are insured from live birth.</p>																																																
How much does the coverage cost?	<p>Term life</p> <table><thead><tr><th>Age band</th><th>Employee rate per \$1,000</th><th>Spouse rate per \$1,000</th></tr></thead><tbody><tr><td><25</td><td>\$0.06</td><td>\$0.06</td></tr><tr><td>25-29</td><td>\$0.06</td><td>\$0.06</td></tr><tr><td>30-34</td><td>\$0.07</td><td>\$0.07</td></tr><tr><td>35-39</td><td>\$0.09</td><td>\$0.09</td></tr><tr><td>40-44</td><td>\$0.10</td><td>\$0.10</td></tr><tr><td>45-49</td><td>\$0.16</td><td>\$0.16</td></tr><tr><td>50-54</td><td>\$0.27</td><td>\$0.27</td></tr><tr><td>55-59</td><td>\$0.42</td><td>\$0.42</td></tr><tr><td>60-64</td><td>\$0.68</td><td>\$0.68</td></tr><tr><td>65-69</td><td>\$1.26</td><td>\$1.26</td></tr><tr><td>70-74</td><td>\$2.04</td><td>\$2.04</td></tr><tr><td>75+</td><td>\$3.02</td><td>\$3.02</td></tr></tbody></table> <p>Child life monthly rate is \$1.80 for \$10,000. One life premium covers all children.</p> <p>AD&D rate chart – you must purchase life coverage to purchase AD&D coverage</p> <table><thead><tr><th></th><th>AD&D cost</th><th>Monthly Cost</th></tr></thead><tbody><tr><td>Employee/Spouse</td><td>Per \$1,000</td><td>\$0.04</td></tr><tr><td>Child</td><td>Per \$10,000</td><td>\$0.40</td></tr></tbody></table> <p>Your rate is based on your insurance age, which is your age immediately prior to and including the anniversary/effective date.</p> <p>Spouse rate is based on employee’s insurance age which is their age immediately prior to and including the anniversary/effective date.</p>	Age band	Employee rate per \$1,000	Spouse rate per \$1,000	<25	\$0.06	\$0.06	25-29	\$0.06	\$0.06	30-34	\$0.07	\$0.07	35-39	\$0.09	\$0.09	40-44	\$0.10	\$0.10	45-49	\$0.16	\$0.16	50-54	\$0.27	\$0.27	55-59	\$0.42	\$0.42	60-64	\$0.68	\$0.68	65-69	\$1.26	\$1.26	70-74	\$2.04	\$2.04	75+	\$3.02	\$3.02		AD&D cost	Monthly Cost	Employee/Spouse	Per \$1,000	\$0.04	Child	Per \$10,000	\$0.40
Age band	Employee rate per \$1,000	Spouse rate per \$1,000																																															
<25	\$0.06	\$0.06																																															
25-29	\$0.06	\$0.06																																															
30-34	\$0.07	\$0.07																																															
35-39	\$0.09	\$0.09																																															
40-44	\$0.10	\$0.10																																															
45-49	\$0.16	\$0.16																																															
50-54	\$0.27	\$0.27																																															
55-59	\$0.42	\$0.42																																															
60-64	\$0.68	\$0.68																																															
65-69	\$1.26	\$1.26																																															
70-74	\$2.04	\$2.04																																															
75+	\$3.02	\$3.02																																															
	AD&D cost	Monthly Cost																																															
Employee/Spouse	Per \$1,000	\$0.04																																															
Child	Per \$10,000	\$0.40																																															
Do my life insurance benefits decrease with age?	<p>Coverage amounts will reduce according to the following schedule:</p> <table><tr><td>Age:</td><td>Insurance amount reduces to:</td></tr><tr><td>70</td><td>50% of original amount</td></tr></table> <p>Coverage may not be increased after a reduction.</p>	Age:	Insurance amount reduces to:	70	50% of original amount																																												
Age:	Insurance amount reduces to:																																																
70	50% of original amount																																																
Is the coverage portable (can I keep it if I leave my employer)?	<p>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.</p>																																																

Are there any life insurance exclusions or limitations?	Life insurance benefits will not be paid for deaths caused by suicide within the first 24 months after the date your coverage becomes effective. If you increase or add coverage, these enhancements will not be paid for deaths caused by suicide within the first 24 months after you make these changes.
Will my premiums be waived if I'm disabled?	If you become disabled (as defined by your plan) and are no longer able to work, your life premium payments will be waived until your disability period ends.
What does my AD&D insurance pay for?	<p>The full benefit amount is paid for loss of:</p> <ul style="list-style-type: none"> • 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. <p>Other losses may be covered as well. Please contact your plan administrator.</p>
Are there any AD&D exclusions or limitations?	<p>Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:</p> <ul style="list-style-type: none"> • 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?	<p>You and your dependents' coverage under the Summary of Benefits ends on the earliest of:</p> <ul style="list-style-type: none"> • 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. <p>In addition, coverage for any one dependent will end on the earliest of:</p> <ul style="list-style-type: none"> • 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. <p>Unum will provide coverage for a payable claim that occurs while you and your dependents are covered under the policy or plan.</p>

UNUM CORPORATION LIFESTYLE LIFE/AD&D RATES

Central Texas Employee Benefits Cooperative

Monthly Melded Payroll Deduction

EMPLOYEE

	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$70,000	\$100,000	\$130,000	\$150,000
Age Band									
0-24	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$4.20	\$6.00	\$7.80	\$9.00
25-29	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$4.20	\$6.00	\$7.80	\$9.00
30-34	\$0.70	\$1.40	\$2.10	\$2.80	\$3.50	\$4.90	\$7.00	\$9.10	\$10.50
35-39	\$0.90	\$1.80	\$2.70	\$3.60	\$4.50	\$6.30	\$9.00	\$11.70	\$13.50
40-44	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00	\$7.00	\$10.00	\$13.00	\$15.00
45-49	\$1.60	\$3.20	\$4.80	\$6.40	\$8.00	\$11.20	\$16.00	\$20.80	\$24.00
50-54	\$2.70	\$5.40	\$8.10	\$10.80	\$13.50	\$18.90	\$27.00	\$35.10	\$40.50
55-59	\$4.20	\$8.40	\$12.60	\$16.80	\$21.00	\$29.40	\$42.00	\$54.60	\$63.00
60-64	\$6.80	\$13.60	\$20.40	\$27.20	\$34.00	\$47.60	\$68.00	\$88.40	\$102.00
65-69	\$12.60	\$25.20	\$37.80	\$50.40	\$63.00	\$88.20	\$126.00	\$163.80	\$189.00
70-74	\$20.40	\$40.80	\$61.20	\$81.60	\$102.00	\$142.80	\$204.00	\$265.20	\$306.00
75+	\$30.20	\$60.40	\$90.60	\$120.80	\$151.00	\$211.40	\$302.00	\$392.60	\$453.00

ACCIDENTAL DEATH & DISMEMBERMENT RATES:

0-79+	\$0.40	\$0.80	\$1.20	\$1.60	\$2.00	\$2.80	\$4.00	\$5.20	\$6.00
-------	--------	--------	--------	--------	--------	--------	--------	--------	--------

SPOUSE*

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$50,000	\$55,000	\$60,000
Age Band									
0-24	\$0.30	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$3.00	\$3.30	\$3.60
25-29	\$0.30	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$3.00	\$3.30	\$3.60
30-34	\$0.35	\$0.70	\$1.05	\$1.40	\$1.75	\$2.10	\$3.50	\$3.85	\$4.20
35-39	\$0.45	\$0.90	\$1.35	\$1.80	\$2.25	\$2.70	\$4.50	\$4.95	\$5.40
40-44	\$0.50	\$1.00	\$1.50	\$2.00	\$2.50	\$3.00	\$5.00	\$5.50	\$6.00
45-49	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00	\$4.80	\$8.00	\$8.80	\$9.60
50-54	\$1.35	\$2.70	\$4.05	\$5.40	\$6.75	\$8.10	\$13.50	\$14.85	\$16.20
55-59	\$2.10	\$4.20	\$6.30	\$8.40	\$10.50	\$12.60	\$21.00	\$23.10	\$25.20
60-64	\$3.40	\$6.80	\$10.20	\$13.60	\$17.00	\$20.40	\$34.00	\$37.40	\$40.80
65-69	\$6.30	\$12.60	\$18.90	\$25.20	\$31.50	\$37.80	\$63.00	\$69.30	\$75.60
70-74	\$10.20	\$20.40	\$30.60	\$40.80	\$51.00	\$61.20	\$102.00	\$112.20	\$122.40
75+	\$15.10	\$30.20	\$45.30	\$60.40	\$75.50	\$90.60	\$151.00	\$166.10	\$181.20

ACCIDENTAL DEATH & DISMEMBERMENT RATES:

0-79+	\$0.20	\$0.40	\$0.60	\$0.80	\$1.00	\$1.20	\$2.00	\$2.20	\$2.40
-------	--------	--------	--------	--------	--------	--------	--------	--------	--------

SPOUSE AMOUNT CANNOT EXCEED 100% OF EMPLOYEES AMOUNT

CHILD(REN)

	\$10,000
LIFE	\$1.80
AD&D	\$0.40

NOTE: FINAL RATES MAY VARY DUE TO ROUNDING.

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

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

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

* SPOUSE AGE IS DETERMINED USING EMPLOYEE DATE OF BIRTH

Family Protection Plan

5Star Life Insurance Company
Individual and Group Term Life Insurance
with Terminal Illness coverage to age 121

including Quality of Life benefit



Enhanced coverage options for employees. Easy and flexible enrollment for employers.

The 5Star Life Insurance Company's Family Protection Plan offers both Individual and Group products with Terminal Illness coverage to age 121, making it easy to provide the right benefit for you and your employees.

CUSTOMIZABLE

With several options to choose from, employees select the coverage that best meets the needs of their families.

TERMINAL ILLNESS ACCELERATION OF BENEFITS

Coverage that pays 30% (25% in CT and MI) of the coverage amount in a lump sum upon the occurrence of a terminal condition that will result in a limited life span of less than 12 months (24 months in IL).

PORTABLE

Coverage continues with no loss of benefits or increase in cost if employment terminates after the first premium is paid. We simply bill the employee directly.

CONVENIENCE

Easy payments through payroll deduction.

FAMILY PROTECTION

Coverage is available for spouses and financially dependent children, even if the employee doesn't elect coverage on themselves.

* Financially dependent children 14 days to 23 years old.

PROTECTION TO COUNT ON

Within one business day of notification, payment of 50% of coverage or \$10,000 whichever is less is mailed to the beneficiary, unless the death is within the two-year contestability period and/or under investigation. This coverage has no war or terrorism exclusions.

QUALITY OF LIFE

Optional benefit that accelerates a portion of the death benefit on a monthly basis, up to 75% of your benefit, and is payable directly to you on a tax favored basis for the following:

- Permanent inability to perform at least two of the six Activities of Daily Living (ADLs) without substantial assistance; or
- Permanent severe cognitive impairment, such as dementia, Alzheimer's disease and other forms of senility, requiring substantial supervision.

FPPi Rate Sheet

Monthly Rates with Quality of Life Rider Defined Benefit

Employee Coverage									
Issue Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000
18-25	\$9.90	\$13.28	\$16.68	\$20.07	\$23.46	\$31.94	\$40.42	\$48.89	\$57.38
26	\$9.91	\$13.34	\$16.75	\$20.16	\$23.59	\$32.13	\$40.66	\$49.21	\$57.75
27	\$9.98	\$13.46	\$16.96	\$20.44	\$23.92	\$32.62	\$41.34	\$50.04	\$58.76
28	\$10.08	\$13.66	\$17.26	\$20.84	\$24.42	\$33.37	\$42.34	\$51.29	\$60.26
29	\$10.23	\$13.95	\$17.68	\$21.40	\$25.13	\$34.44	\$43.75	\$53.07	\$62.38
30	\$10.43	\$14.35	\$18.28	\$22.20	\$26.12	\$35.94	\$45.75	\$55.56	\$65.38
31	\$10.64	\$14.76	\$18.90	\$23.04	\$27.16	\$37.50	\$47.84	\$58.16	\$68.50
32	\$10.87	\$15.23	\$19.61	\$23.97	\$28.34	\$39.25	\$50.17	\$61.09	\$72.01
33	\$11.11	\$15.72	\$20.33	\$24.93	\$29.55	\$41.06	\$52.58	\$64.11	\$75.63
34	\$11.40	\$16.30	\$21.20	\$26.10	\$31.00	\$43.26	\$55.50	\$67.75	\$80.00
35	\$11.72	\$16.93	\$22.16	\$27.37	\$32.59	\$45.63	\$58.67	\$71.71	\$84.76
36	\$12.08	\$17.65	\$23.23	\$28.80	\$34.37	\$48.31	\$62.25	\$76.18	\$90.13
37	\$12.46	\$18.44	\$24.40	\$30.36	\$36.34	\$51.25	\$66.16	\$81.09	\$96.00
38	\$12.88	\$19.25	\$25.63	\$32.00	\$38.38	\$54.32	\$70.25	\$86.19	\$102.13
39	\$13.33	\$20.17	\$27.00	\$33.83	\$40.67	\$57.76	\$74.83	\$91.92	\$109.00
40	\$13.83	\$21.15	\$28.48	\$35.80	\$43.13	\$61.44	\$79.75	\$98.06	\$116.38
41	\$14.38	\$22.25	\$30.13	\$38.00	\$45.87	\$65.57	\$85.25	\$104.94	\$124.63
42	\$14.98	\$23.46	\$31.96	\$40.44	\$48.92	\$70.12	\$91.34	\$112.54	\$133.76
43	\$15.60	\$24.70	\$33.81	\$42.90	\$52.00	\$74.75	\$97.50	\$120.25	\$143.01
44	\$16.26	\$26.02	\$35.78	\$45.53	\$55.30	\$79.69	\$104.08	\$128.48	\$152.88
45	\$16.93	\$27.37	\$37.80	\$48.23	\$58.67	\$84.75	\$110.83	\$136.92	\$163.00
46	\$17.67	\$28.83	\$40.00	\$51.17	\$62.33	\$90.26	\$118.17	\$146.09	\$174.00
47	\$18.43	\$30.35	\$42.28	\$54.20	\$66.13	\$95.94	\$125.75	\$155.56	\$185.38
48	\$19.19	\$31.88	\$44.58	\$57.27	\$69.96	\$101.69	\$133.42	\$165.15	\$196.88
49	\$20.02	\$33.55	\$47.08	\$60.60	\$74.13	\$107.94	\$141.75	\$175.57	\$209.38
50	\$20.93	\$35.36	\$49.81	\$64.24	\$78.67	\$114.75	\$150.84	\$186.92	\$223.01
51	\$21.94	\$37.39	\$52.83	\$68.26	\$83.71	\$122.32	\$160.91	\$199.52	\$238.13
52	\$23.11	\$39.74	\$56.35	\$72.96	\$89.59	\$131.13	\$172.66	\$214.21	\$255.75
53	\$24.42	\$42.33	\$60.26	\$78.17	\$96.09	\$140.87	\$185.67	\$230.46	\$275.26
54	\$25.88	\$45.27	\$64.65	\$84.03	\$103.42	\$151.88	\$200.33	\$248.80	\$297.25
55	\$27.44	\$48.37	\$69.31	\$90.23	\$111.17	\$163.50	\$215.83	\$268.17	\$320.51
56	\$29.19	\$51.87	\$74.56	\$97.23	\$119.92	\$176.63	\$233.33	\$290.04	\$346.76
57	\$30.99	\$55.49	\$79.98	\$104.46	\$128.96	\$190.19	\$251.41	\$312.64	\$373.88
58	\$32.84	\$59.19	\$85.53	\$111.86	\$138.21	\$204.06	\$269.91	\$335.77	\$401.63
59	\$34.74	\$62.97	\$91.21	\$119.43	\$147.67	\$218.25	\$288.83	\$359.42	\$430.01
60	\$36.71	\$66.94	\$97.15	\$127.36	\$157.59	\$233.13	\$308.66	\$384.21	\$459.75
61	\$38.77	\$71.05	\$103.33	\$135.60	\$167.88	\$248.57	\$329.25	\$409.94	\$490.63
62	\$40.93	\$75.37	\$109.80	\$144.23	\$178.67	\$264.75	\$350.83	\$436.92	\$523.00
63	\$43.22	\$79.95	\$116.68	\$153.40	\$190.13	\$281.94	\$373.75	\$465.56	\$557.38
64	\$45.72	\$84.93	\$124.16	\$163.37	\$202.59	\$300.62	\$398.67	\$496.71	\$594.76
65	\$48.50	\$90.50	\$132.51	\$174.50	\$216.50	\$321.50	\$426.50	\$531.50	\$636.51
66*	\$49.13	\$91.75	\$134.38	\$177.00	\$219.63	\$326.19	\$432.75	\$539.31	\$645.88
67*	\$52.62	\$98.73	\$144.85	\$190.97	\$237.08	\$352.38	\$467.67	\$582.96	\$698.25
68*	\$56.58	\$106.67	\$156.75	\$206.83	\$256.92	\$382.13	\$507.33	\$632.54	\$757.75
69*	\$61.09	\$115.68	\$170.28	\$224.87	\$279.46	\$415.94	\$552.42	\$688.90	\$825.38
70*	\$66.18	\$125.85	\$185.53	\$245.20	\$304.88	\$454.06	\$603.25	\$752.44	\$901.63

*Quality of Life not available ages 66-70. Quality of Life benefits not available for children.

Child life coverage available only on children and grandchildren of employee (age on application date: 14 days through 23 years).\$7.15 monthly for \$10,000 coverage per child.

AMERICAN PUBLIC LIFE

Cancer

YOUR
BENEFITS



About this Benefit

Cancer insurance offers you and your family supplemental insurance protection in the event you or a covered family member is diagnosed with cancer. It pays a benefit directly to you to help with expenses associated with cancer treatment.



CLICK TO PLAY

DID YOU KNOW?



Breast Cancer is the most commonly diagnosed cancer in women.



If caught early, prostate cancer is one of the most treatable malignancies.

This is a general overview of your plan benefits. If the terms of this outline differ from your policy, the policy will govern. Additional plan details on covered expenses, limitations and exclusions are included in the summary plan description located on the

Central Texas EBC Benefits Website: www.mybenefitshub.com/CTXEBC

Limited Benefit Group Specified Disease Cancer Indemnity Insurance

For Employees of Central Texas EBC

THE INSURANCE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM.

Summary of Benefits	Low	High
Cancer Treatment Policy Benefits	Level 1	Level 4
Radiation Therapy, Chemotherapy, Immunotherapy - Maximum per 12-month period	\$10,000	\$20,000
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 per calendar year	\$500 per test/ 1 per calendar year
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)	\$100	\$200
Per day for Eligible Dependent Children (1-30 days)	\$200	\$400
Per day of Hospital Confinement (31+ days)	\$100	\$400
Per day for Eligible Dependent Children (31+ days)	\$200	\$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 4
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	actual coach fare or \$0.40 per mile	actual coach fare or \$0.75 per mile
Travel by car	\$0.40 per mile	\$0.75 per mile
Lodging - up to a maximum of 100 days per calendar year	\$50 per day	\$100 per day
Family Transportation - Maximum 12 trips per calendar year for all modes of transportation combined Travel by bus, plane or train	actual coach fare or \$0.40 per mile	actual coach fare or \$0.75 per mile
Travel by car	\$0.40 per mile	\$0.75 per mile
Family Lodging - up to a maximum of 100 days per calendar year	\$50 per day	\$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

GC 14 Limited Benefit Group Specified Disease 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 1
Lump Sum Benefit - Maximum 1 per Covered Person per lifetime	\$2,500	\$2,500
Lump Sum for Eligible Dependent Children - Maximum 1 per Covered Person per lifetime	\$3,750	\$3,750
Heart Attack/Stroke First Occurrence Rider Benefits	Level 1	Level 1
Lump Sum Benefit - Maximum 1 per Covered Person per lifetime	\$2,500	\$2,500
Lump Sum for Eligible Dependent Children - Maximum 1 per Covered Person per lifetime	\$3,750	\$3,750
Hospital Intensive Care Unit Rider Benefits		
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	
	Low	High	Low	High	Low	High	Low	High
18 +	\$19.60	\$29.81	\$35.90	\$53.45	\$27.30	\$41.12	\$35.90	\$53.45

**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. A covered person is a person who is eligible for coverage under the certificate and for whom the coverage is in force. An eligible dependent means your lawful spouse; your natural, adopted or stepchild who is under the age of 26; and/or any child under the age of 26 who is under your charge, care and control, and who has been placed in your home for adoption, or for whom you are a party in a suit in which adoption of the child is sought; or any child under the age of 26 for whom you must provide medical support under an order issued under Chapter 154 of the Texas Family Code, or enforceable by a court in Texas; or grandchildren under the age of 26 if those grandchildren are your dependents for federal income tax purposes at the time application for coverage of the grandchild is made.

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, incontestability and pre-existing condition exclusion for such increase will be based on the effective date of such increase.

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.

GC 14 Limited Benefit Group Specified Disease Cancer Indemnity Insurance

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.

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.

Patient Care 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.

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.

A hospital is not an institution, or part thereof, used as: a place of rehabilitation, a place for rest or for the aged, a nursing or convalescent home, a long-term nursing unit or geriatrics ward, or an extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

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.

Termination of Cancer Screening, Surgical, Patient Care & Miscellaneous Benefit Riders

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. 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.

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.

Heart Attack/Stroke First Occurrence Benefits

Pays a lump sum benefit amount when a covered person receives a first diagnosis of heart attack or stroke. 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 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; or 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).

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.

GC 14 Limited Benefit Group Specified Disease Cancer Indemnity Insurance

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 a covered person's death or the date the lump sum benefit amount for heart attack or stroke 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, as defined in the policy.

Hospital Intensive Care Unit Benefits

Pays a daily benefit amount, up to the maximum number of days for any combination of confinement, for each day charges are incurred for room and board in an intensive care unit (ICU) or step-down unit due to an accident or sickness. Benefits will be paid beginning on the first day a covered person is confined in an ICU or step-down unit due to an accident or sickness that begins after the effective date of this rider. This benefit will reduce by 50% at age 70.

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 Rider

When the portability rider is in effect and coverage is not continued under COBRA, you have the option to port your coverage when the policy terminated for a reason other than non-payment of premium or cancellation or termination of the policy by APL. Evidence of insurability will not be required. You must make an election to port coverage and submit the first premium due within 31 days from the date APL notified the policyholder of your termination of coverage. All future premiums will be billed directly to you. Portability coverage will be effective on the day after coverage ends under the policy and any applicable exclusion periods or incontestability periods not yet met under the current policy, will only apply for the period of time that remains.

The benefits, terms and conditions of the ported coverage will be the same as those under the policy immediately prior to the date the portability option was elected, except as stated in this paragraph. Once ported coverage is in effect, the termination of ported coverage section, as shown in the portability rider, prevails all other termination provisions of the policy, certificate and any attached riders. Your coverage levels cannot be increased or decreased. Ported coverage may include any eligible dependent(s) who were covered under the policy at the time of termination. No eligible dependent may be added to the ported coverage except as provided in the newborn and adopted child provision set out in your certificate. An eligible dependent may be removed at any time. Premiums will be adjusted accordingly.

Termination of the policy will not terminate ported coverage. The benefits, terms and conditions of the ported coverage will be the same as if the group policy had remained in full force and effect, with no further obligation of the policyholder. Any premium collected beyond the termination date will be refunded promptly. This will not prejudice any claim that originated prior to the date termination took effect.



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

Underwritten by American Public Life Insurance Company. This is a brief description of the coverage. For complete benefits, limitations, exclusions and other provisions, please refer to the policy and riders. This coverage does not replace Workers' Compensation Insurance. **This product is inappropriate for people who are eligible for Medicaid coverage.** | This policy is considered an employee welfare benefit plan established and/or maintained by an association or employer intended to be covered by ERISA, and will be administered and enforced under ERISA. Group policies issued to governmental entities and municipalities may be exempt from ERISA guidelines. | Policy Form GC14 Series | TX | Limited Benefit Group Specified Disease Cancer Indemnity Insurance | (03/20) | FBS

Accident

You do everything you can to stay active and healthy, but accidents happen every day. An injury that hurts an arm or a leg can hurt your finances too. Chubb Accident pays cash benefits directly to you regardless of any other coverage you have. Benefits can be used to help cover health plan gaps for out-of-pocket expenses like deductibles, copays, and coinsurance.

Accident Insurance

Coverage Type	24-Hour
Sports Package	Up to \$1,000 per person/ per year
First Accident	\$100
Initial Care Benefits	Payable Benefit
Emergency Room	\$225
Urgent Care	\$225
Initial Dr. Visit	\$150
Hospital/Facility Benefits	Payable Benefit
Standard Hospital Admission	\$1,500
ICU Hospital Admission	\$2,000
Hospital Confinement (per day, up to 365 days)	\$400
ICU Confinement (per day, up to 30 days)	\$600
Outpatient Surgery Facility	\$225
Rehab Confinement (per day, up to 30 days)	\$300
Recovery Benefit (per day)	\$25
No. of Days	7
Additional Benefits	Payable Benefit
Accidental Death	
Employee	\$50,000
Spouse	\$25,000
Child	\$12,500
Ambulance (air)	\$2,000
Ambulance (ground)	\$500
Appliance	\$200
Blood, Plasma, Platelets	\$600
Burns	Up to \$15,000
Skin Graft	25%
Chiropractic Care (per visit)	\$50
Coma	\$17,000
Dislocations (up to)	\$7,700
Emergency Dental	Up to \$450

¹ www.healthcare.gov; accessed Jan. 2023

² Centers for Disease Control and Prevention; Jan. 2023

Additional Benefits (cont.)	Payable Benefit
Eye Injury	\$500
Family Care (up to 30 days)	\$25 per day, per child in child care center
Follow-up Treatment (per visit)	\$100
Fractures (up to)	\$8,000
Herniated Disc Surgery	\$1,200
Knee Cartilage - Torn	\$800
Lacerations	\$30-\$500
Lodging (per night, 100 or more miles)	\$180
Loss of Hands, Feet, Sight	\$50,000
Loss of Fingers or Toes	\$1,800
Major Diagnostic Exam (CT, MRI, etc.)	\$300
Paralysis	
Two Limbs (paraplegia or hemiplegia)	\$16,000
Four Limbs (quadriplegia)	\$24,000
Prosthetics	\$1,500
Surgery - Abdominal, Cranial, or Thoracic	\$3,000
Hernia	\$400
Tendon, Ligament, Rotator Cuff	\$825
Therapy – Physical, Occupational, or Speech	\$50
Transportation (per trip, 100 or more miles)	\$750
Traumatic Brain Injury	\$225
X-Ray	\$100

Rates

Coverage Type	24-Hour
Monthly Premiums	
Employee	\$10.98
Employee + Spouse	\$17.09
Employee + Children	\$17.90
Family	\$24.02



Questions?

Contact the FBS Benefits CareLine via the QR code or (833) 453-1680.

Please refer to your Certificate of Insurance at <https://www.ctxebc.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 an accident only policy and does not pay benefits for loss from sickness.

Critical Illness

Heart attacks, cancer and strokes happen every day and often unexpectedly. They don't give you time to prepare and can take a serious toll on both your physical and financial well-being. Chubb Critical Illness pays cash benefits directly to you that you can use to help with your bills, your mortgage, your rent, your childcare—you name it—so you can focus on recovery.

Every 40 seconds

someone has a heart attack.¹

1 in 3

Americans don't have enough money readily available to cover an unexpected \$400 expense.²



Available Coverage Choices

Employee	\$10,000; \$20,000; \$30,000; or \$40,000 face amounts
Spouse	\$5,000; \$10,000; \$15,000; or \$20,000 face amounts
Child	Included in the employee rate

There is no pre-existing conditions limitation.
All amounts are guaranteed issue — no medical questions are required for coverage to be issued.

Critical Illness Insurance

Covered Conditions	Payable Benefit as a Percentage of Face Amount
ALS	100%
Alzheimer's Disease	100%
Benign Brain Tumor	100%
Breast Cancer Carcinoma In Situ	100%
Cancer (See below for skin cancer)	100%
Carcinoma In Situ	25%
Coma	100%
Coronary Artery Obstruction	25%
End Stage Renal Failure	100%

¹ Centers for Disease Control and Prevention, Jan. 2023

² The Federal Reserve, June 2022.

Covered Conditions	Payable Benefit as a Percentage of Face Amount
Heart Attack	100%
Loss of Sight, Speech, or Hearing	100%
Major Organ Failure	100%
Multiple Sclerosis	100%
Paralysis or Dismemberment	100%
Parkinson's Disease	100%
Stroke	100%
Sudden Cardiac Arrest	100%
Transient Ischemic Attacks	10%
Skin Cancer Benefit - Payable once per insured per year	\$1,000
Occupational Package Pays 100% of the face amount; Benefits payable for HIV or Hepatitis B, C, or D, MRSA, Rabies, Tetanus, or Tuberculosis contracted on the job.	Included
Childhood Conditions Pays 100% of the dependent child face amount; Provides benefits for childhood conditions (Autism Spectrum Disorder; Cerebral Palsy; Congenital Birth Defects; Heart, Lung, Cleft Lip, Palate, etc; Cystic Fibrosis; Down Syndrome; Gaucher Disease; Muscular Dystrophy; Type 1 Diabetes).	Included
Miscellaneous. Disease Rider + COVID-19 The Miscellaneous Disease Rider is payable once per covered condition. Covered Conditions include: Addison's Disease, Cerebrospinal Meningitis, Diphtheria, Huntington's Chorea, Legionnaire's Disease, Malaria, Myasthenia Gravis, Meningitis, Necrotizing Fasciitis, Osteomyelitis, Polio, Rabies, Scleroderma, Systemic Lupus, Tetanus, Tuberculosis. COVID-19 means a disease resulting in a positive COVID-19 diagnostic screening and 5 consecutive days of hospital confinement.	100% Misc. Diseases excluding Covid-19 50% Covid- 19
Recurrence Benefit	
Benefits are payable for a subsequent diagnosis of Benign Brain Tumor, Cancer, Coma, Coronary Artery Obstruction, Heart Attack, Major Organ Failure, Stroke, or Sudden Cardiac Arrest.	100%
Advocacy Package	
Diabetes Benefit Diabetes Diagnosis Benefit Pays a benefit once for Covered Person's Diabetes diagnosis.	\$500
Additional Benefits	
Waiver of Premium Waives premium while the insured is totally disabled.	Included
Wellness Benefit - Payable once per insured per year	\$50

Rates

Riders are included in all the rates listed below: **Waiver of Premium, Wellness Benefit, Diabetes Benefit**

Face Amount:					
Employee	\$10,000	Employee	Employee + Spouse	Employee + Children	Family
Spouse	\$5,000				
Children	\$5,000				
Attained Age		Monthly Premiums			
18-25		\$4.50	\$6.75	\$4.50	\$6.75
26-30		\$4.50	\$6.75	\$4.50	\$6.75
31-35		\$5.20	\$7.80	\$5.20	\$7.80
36-40		\$5.20	\$7.80	\$5.20	\$7.80
41-45		\$9.50	\$14.25	\$9.50	\$14.25
46-50		\$9.50	\$14.25	\$9.50	\$14.25
51-55		\$19.70	\$29.55	\$19.70	\$29.55
56-60		\$19.70	\$29.55	\$19.70	\$29.55
61-65		\$30.90	\$46.35	\$30.90	\$46.35
66-70		\$40.00	\$60.00	\$40.00	\$60.00
71-75		\$55.90	\$83.85	\$55.90	\$83.85
76-80		\$55.90	\$83.85	\$55.90	\$83.85
81+		\$55.90	\$83.85	\$55.90	\$83.85

Face Amount:					
Employee	\$20,000	Employee	Employee + Spouse	Employee + Children	Family
Spouse	\$10,000				
Children	\$10,000				
Attained Age		Monthly Premiums			
18-25	\$9.00		\$13.50	\$9.00	\$13.50
26-30	\$9.00		\$13.50	\$9.00	\$13.50
31-35	\$10.40		\$15.60	\$10.40	\$15.60
36-40	\$10.40		\$15.60	\$10.40	\$15.60
41-45	\$19.00		\$28.50	\$19.00	\$28.50
46-50	\$19.00		\$28.50	\$19.00	\$28.50
51-55	\$39.40		\$59.10	\$39.40	\$59.10
56-60	\$39.40		\$59.10	\$39.40	\$59.10
61-65	\$61.80		\$92.70	\$61.80	\$92.70
66-70	\$80.00		\$120.00	\$80.00	\$120.00
71-75	\$111.80		\$167.70	\$111.80	\$167.70
76-80	\$111.80		\$167.70	\$111.80	\$167.70
81+	\$111.80		\$167.70	\$111.80	\$167.70

Rates (continued)

Riders are included in all the rates listed below: **Waiver of Premium, Wellness Benefit, Diabetes Benefit**

Face Amount:					
Employee	\$30,000	Employee	Employee + Spouse	Employee + Children	Family
Spouse	\$15,000				
Children	\$15,000				
Attained Age		Monthly Premiums			
18-25	\$13.50		\$20.25	\$13.50	\$20.25
26-30	\$13.50		\$20.25	\$13.50	\$20.25
31-35	\$15.60		\$23.40	\$15.60	\$23.40
36-40	\$15.60		\$23.40	\$15.60	\$23.40
41-45	\$28.50		\$42.75	\$28.50	\$42.75
46-50	\$28.50		\$42.75	\$28.50	\$42.75
51-55	\$59.10		\$88.65	\$59.10	\$88.65
56-60	\$59.10		\$88.65	\$59.10	\$88.65
61-65	\$92.70		\$139.05	\$92.70	\$139.05
66-70	\$120.00		\$180.00	\$120.00	\$180.00
71-75	\$167.70		\$251.55	\$167.70	\$251.55
76-80	\$167.70		\$251.55	\$167.70	\$251.55
81+	\$167.70		\$251.55	\$167.70	\$251.55

Face Amount:					
Employee	\$40,000	Employee	Employee + Spouse	Employee + Children	Family
Spouse	\$20,000				
Children	\$20,000				
Attained Age		Monthly Premiums			
18-25		\$18.00	\$27.00	\$18.00	\$27.00
26-30		\$18.00	\$27.00	\$18.00	\$27.00
31-35		\$20.80	\$31.20	\$20.80	\$31.20
36-40		\$20.80	\$31.20	\$20.80	\$31.20
41-45		\$38.00	\$57.00	\$38.00	\$57.00
46-50		\$38.00	\$57.00	\$38.00	\$57.00
51-55		\$78.80	\$118.20	\$78.80	\$118.20
56-60		\$78.80	\$118.20	\$78.80	\$118.20
61-65		\$123.60	\$185.40	\$123.60	\$185.40
66-70		\$160.00	\$240.00	\$160.00	\$240.00
71-75		\$223.60	\$335.40	\$223.60	\$335.40
76-80		\$223.60	\$335.40	\$223.60	\$335.40
81+		\$223.60	\$335.40	\$223.60	\$335.40



Questions?

Contact the FBS Benefits CareLine via the QR code or (833) 453-1680.

Please refer to your Certificate of Insurance at <https://www.ctxebc.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 policy does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA). For more information about the ACA, please refer to <http://www.HealthCare.gov>.

CWB-CI-CETX-23

The Ultimate Peace of Mind for Employees and Their Families




The Harrison's Story

- Jim and his family were at a local festival when his daughter, Sara, suddenly began experiencing horrible abdominal and back pain, after a fall from earlier in the day.
- His wife, Heather, called 911 and Sara was transported to a local hospital, where it was decided that she needed to be flown to another hospital.
- Upon arrival, Sara underwent multiple procedures and her condition was stabilized.
- After further testing, it was discovered that Sara needed additional specialized treatment at another hospital requiring transport on a non-emergent basis.

Based on a true story. Names were changed to protect identities in compliance with HIPAA.



And then, the Bills came!

		As a MASA Member	If a Non-MASA Member	
		Sara would pay*	If In-Network**	If Out-of-Network**
911 Ground Ambulance Cost: \$1,800		\$0	\$300	\$1,600
Emergent Air Ambulance Cost: \$45,000		\$0	\$4,000	\$30,000
Non-Emergent Air Transport† Cost: \$20,000		\$0	\$20,000	\$20,000
Total Out-of-Pocket Cost		\$0	\$24,300	\$51,600

*Benefit is dependent on Membership Enrolled.

**Out-of-pocket dollars vary dependent on provider, distance, health plan design, current status of deductible and out-of-pocket max. These figures are an example of the costs one may incur.

†More and more health plans are not covering interfacility transports on a non-emergent basis.

Any Ground. Any Air. Anywhere.™

No matter how comprehensive your local in-network coverage may be, you still have significant exposure to out-of-network emergency transportation. Moreover, when you and your family travel outside your area, there is an 80% chance of being picked up by an out-of-network provider.

A MASA Membership prepares you for the unexpected. ONLY MASA provides you with:

- **Coverage ANYWHERE** in all 50 states and Canada whether at home or away
- Coverage for BOTH emergent ground ambulance and air ambulance transport **REGARDLESS of the provider**
- **Non-emergent transport services**, which are frequently covered inadequately by your insurance, if at all

Enroll in the Emergent Plus plan today and protect you and your family against the financial burden of massive out-of-pocket ambulance costs, all at an **affordable group rate.**



EMERGENT PLUS MEMBERSHIP BENEFITS

A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation service within the United States and Canada, regardless of whether the provider is in or out of a given group healthcare benefits network.

After the group health plan pays its portion, MASA MTS works with providers to deliver our members \$0 in out-of-pocket costs for emergency transport.

Emergent Air Transportation

In the event of a serious medical emergency, Members have access to emergency air transportation into a medical facility or between medical facilities.

Emergent Ground Transportation

In the event of a serious medical emergency, Members have access to emergency ground transportation into a medical facility or between medical facilities.

Non-Emergency Inter-Facility Transportation

In the event that a member is in stable condition in a medical facility but requires a heightened level of care that is not available at their current medical facility, Members have access to non-emergency air or ground transportation between medical facilities.

Repatriation/Recuperation

Suppose you or a family member is hospitalized more than 100-miles from your home. In that case, you have benefit coverage for air or ground medical transportation into a medical facility closer to your home for recuperation.

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 excessive bills.

 **\$5,000**

 **\$60,000**

\$14 /MONTH

Contact Your MASA MTS Representative, to learn more about membership plan options.





IDENTITY THEFT PROTECTION

Because There's Only One You.



Your identity is important — it's what makes you, you. You've spent a lifetime building your name and financial reputation. Let us help you better protect it. And, we'll even go one step further and help you better protect the identities of your family.

Easy & Affordable Identity Protection

With ID Watchdog®, you have an easy and affordable way to help better protect and monitor the identities of you and your family. You'll be alerted to potentially suspicious activity and enjoy the peace of mind that comes with the support of dedicated resolution specialists. And, a customer care team that's available any time, every day.

1 in 18
consumers were
victims of identity
theft in 2018.¹

WHY CHOOSE ID WATCHDOG

Credit Lock

With our online and in-app feature, lock your Equifax® credit report² — and your child's Equifax credit report — to help provide additional protection against unauthorized access to your credit.

More for Families

Our family plan helps you better protect your loved ones, with each adult getting their own account with all plan features. And, we offer more features that help protect minors than any other provider.

Dedicated Resolution Specialists

If you become a victim, you don't have to face it alone. One of our certified resolution specialists will fully manage the case for you until your identity is restored.

ID Watchdog Is Here for You

ID Watchdog is everywhere you can't be — monitoring credit reports, social media, transaction records, public records and more — to help you better protect your identity. And don't worry, we're always here for you. In fact, our U.S.-based customer care team is available 24/7/365 at 866.513.1518.

See our unique features and pricing and take a step to help better protect your identity today.

(Features and pricing tables on reverse.)



A Leader in Detection & Prevention for 3 years running

¹2019 Identity Fraud Study, Javelin Research, March 2019

²Locking your Equifax credit report will prevent access to it by certain third parties. Locking your Equifax credit report will not prevent access to your credit report at any other credit reporting agency. Entities that may still have access to your Equifax credit report include: companies like ID Watchdog, which provide you with access to your credit report or credit score, or monitor your credit report as part of a subscription or similar service; companies that provide you with a copy of your credit report or credit score, upon your request; federal, state and local government agencies and courts in certain circumstances; companies using the information in connection with the underwriting of insurance, or for employment, tenant or background screening purposes; companies that have a current account or relationship with you, and collection agencies acting on behalf of those whom you owe; companies that authenticate a consumer's identity for purposes other than granting credit, or for investigating or preventing actual or potential fraud; and companies that wish to make pre-approved offers of credit or insurance to you. To opt out of such pre-approved offers, visit www.optoutprescreen.com

IDENTITY THEFT PROTECTION

The Powerful Features You Want — All at an Affordable Price

UNIQUE FEATURES INCLUDED IN ALL ID WATCHDOG PLANS

Monitor & Detect	Manage & Alert	Support & Restore
<ul style="list-style-type: none">Dark Web Monitoring¹ ♦High-Risk Transactions Monitoring² ♦Subprime Loan Monitoring² ♦Public Records Monitoring ♦USPS Change of Address MonitoringIdentity Profile Report	<ul style="list-style-type: none">Child Credit Lock³ 1 Bureau ♦Financial Accounts MonitoringSocial Network Alerts ♦Registered Sex Offender Reporting ♦Customizable Alert OptionsBreach Alert EmailsMobile App	<ul style="list-style-type: none">Identity Theft Resolution Specialists (Resolution for Pre-existing Conditions) ♦24/7/365 U.S.-based Customer Care CenterLost Wallet Vault & AssistanceDeceased Family Member Fraud RemediationFraud Alert & Credit Freeze Assistance
♦ Helps better protect children	1 Bureau = Equifax®	Multi-Bureau = Equifax, TransUnion®
		3 Bureau = Equifax, Experian®, TransUnion

What You Need to Know

The credit scores provided are based on the VantageScore® 3.0 model. For three-bureau VantageScore credit scores, data from Equifax, Experian, and TransUnion are used respectively. Any one-bureau VantageScore uses 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.

PLAN OPTIONS	ID WATCHDOG® 1B	ID WATCHDOG® PLATINUM
Credit Report(s) ⁴ & VantageScore Credit Score(s)	1 Bureau Monthly	1 Bureau Daily & 3 Bureau Annually
Credit Score Tracker	1 Bureau Monthly	1 Bureau Daily
Credit Report Monitoring ⁵	1 Bureau	3 Bureau
Credit Report Lock ⁶	1 Bureau	Multi-Bureau
Identity Theft Insurance ⁷	Up to \$1M	Up to \$1M
401K/HSA Stolen Funds Reimbursement ⁷	-	Up to \$500k
SPECIAL EMPLOYEE PRICING PER MONTH	ID WATCHDOG® 1B	ID WATCHDOG® PLATINUM
Employee (Includes 1 child <18)	\$7.95	\$11.95
Employee + Family	\$14.95	\$22.95

Take steps to help better protect your identity.

Enroll in this valuable benefit today.

¹Dark Web Monitoring scans thousands of internet sites where consumers' personal information is suspected of being bought and sold, and is constantly adding new sites to those it searches. However, the internet addresses of these suspected internet trading sites are not published and frequently change, so there is no guarantee that ID Watchdog is able to locate and search every possible internet site where consumers' personal information is at risk of being traded.

²The monitored network does not cover all businesses or transactions.

³Locking your child's Equifax credit report helps prevent access to it by lenders and creditors. It will not prevent access to your child's credit report at any other credit reporting agency.

⁴Under certain circumstances, access to your Equifax Credit Report may not be available as certain consumer credit files maintained by Equifax contain credit histories, multiple trade accounts, and/or an extraordinary number of inquiries of a nature that prevents or delays the delivery of your Equifax Credit Report. If a remedy for the failure is not available, the product subscription will be cancelled and a full refund will be made.

⁵Monitoring from TransUnion® and Experian® will take several days to begin.

⁶Locking your Equifax or TransUnion credit report will prevent access to it by certain third parties. Locking your Equifax or TransUnion credit report will not prevent access to your credit report at any other credit reporting agency. Entities that may still have access to your Equifax or TransUnion credit report include: companies like ID Watchdog and TransUnion Interactive, Inc. which provide you with access to your credit report or credit score, or monitor your credit report as part of a subscription or similar service; companies that provide you with a copy of your credit report or credit score, upon your request; federal, state, and local government agencies and courts in certain circumstances; companies using the information in connection with the underwriting of insurance, or for employment, tenant or background screening purposes; companies that have a current account or relationship with you, and collection agencies acting on behalf of those whom you owe; companies that authenticate a consumer's identity for purposes other than granting credit, or for investigating or preventing actual or potential fraud; and companies that wish to make pre-approved offers of credit or insurance to you. To opt out of pre-approved offers, visit www.optoutprescreen.com.

⁷The Identity Theft Insurance is underwritten and administered by American Bankers Insurance Company of Florida, an Assurant company. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions. Review the Summary of Benefits (www.idwatchdog.com/terms/insurance).

Protecting the legal rights of millions of North Americans, LegalShield is the largest legal plan provider. With 45 years of experience in customer centric legal plans, we hold our lawyers and employees to high service standards. We've replaced the traditional provider network approach, with a modernized service network that places the participant's needs first and provides a high-tech, high-touch service experience.

Advice & Consultation

Advice

Toll-free phone consultations with your Provider Law Firm for any personal legal matter, even on pre-existing conditions

Letters and Phone Calls on Your Behalf

Available at the discretion of your Provider Lawyer

Contract and Document Review

Contract/document review up to 15 pages each

24/7 Emergency Assistance

After-hours legal consultation for covered legal emergencies. Specific coverage depends on plan, such as: if you're arrested or detained, if you're seriously injured, if you're served with a warrant, or if the state tries to take your child(ren).

Family Matters

Uncontested Name Change Assistance*

Uncontested name change prepared by Provider Law Firm

Uncontested Adoption Representation*

Representation by your Provider Law Firm for uncontested adoption proceedings

Uncontested Separation/Divorce Representation*

Representation by your Provider Law Firm for uncontested legal separation, uncontested civil annulment and uncontested divorce proceedings

Assistance if you or your spouse are named defendant or respondent in a covered civil action filed in court

Representation

Trial Defense Services

Assistance if you or your spouse are named defendant in a covered civil action filed in court

YEAR	PRE-TRIAL TIME	TRIAL TIME	TOTAL
1	2.5	57.5	60
2	3	117	120
3	3.5	176.5	180
4	4	236	240
5	4.5	295.5	300

Family Plan Rate
\$15.95/mo

Document Preparation

Standard Will Preparation

- Will preparation and annual reviews and updates for covered members
- Other documents available: Living Will, Health Care Power of Attorney and Financial Power of Attorney

Residential Loan Document Assistance

Mortgage documents (as required of the borrower by the lending institution) prepared by your Provider Law Firm for the purchase of your primary residence

Auto

Motor Vehicle Services

- Non-criminal moving traffic violation assistance
- Motor vehicle-related criminal charge assistance for manslaughter, involuntary manslaughter, negligent homicide or vehicular homicide
- Up to 2.5 hours of help with driver's license reinstatement and property damage collection assistance of \$5,000 or less per claim
- Available only if member has a valid driver's license and is driving a noncommercial motor vehicle

IRS

IRS Audit Legal Services

- One hour of consultation, advice or assistance when you are notified of an audit by the IRS
- An additional 2.5 hours if a settlement is not achieved within 30 days
- If your case goes to trial, you'll receive 46.5 hours of your Provider Law Firm's services
- Coverage for this service begins with the tax return due April 15 of the year you enroll

Additional Benefits

25% Preferred Member Discount

You may continue to use your Provider Law Firm for legal situations that extend beyond plan coverage. The additional services are 25% off the law firm's standard hourly rates. Your Provider Law Firm will let you know when the 25% discount applies, and go over these fees

Your Plan Cover:

Family Plan:

- The member
- The member's spouse/domestic partner
- Never-married dependent children under age 26 living at home
- Dependent children under age 18 for whom the member is legal guardian
- Never married, dependent, children who are full-time college students up to age 26
- Physically or mentally disabled children living at home

*These services are available 90 consecutive days from the effective date of your membership. For detailed information about the legal services provided by the LegalShield contract, go to <http://www.legalshield.com/info/legalplan>. Business issues are not included; however, plans providing those services are available.

Specific exclusions apply. See plan contract for complete terms, coverage, amounts, conditions and exclusions.

Access LegalShield on the go!

Access LegalShield on the go!

The LegalShield app puts your law firm in the palm of your hand. Tap to call your law firm directly, access free legal forms, and send info directly to your law firm with features like Prepare Your Will and Snap (for speeding tickets). The LegalShield app makes it easy to access legal guidance you can trust.

Download the free app from the App Store or Google Play.

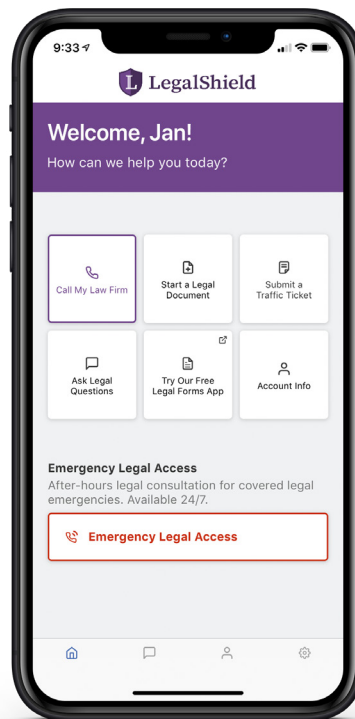
Apple and the Apple logo are trademarks of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc., registered in the U.S. and other countries. Android is a trademark of Google Inc.



Create Your Account

Legal protection is just a tap away.
Follow these steps to create your LegalShield account.

1. **CREATE** your account at <https://accounts.legalshield.com/>.
2. **ENTER** in your member number and create a username and password.
3. **DOWNLOAD** the LegalShield mobile app and use your account username and password to login. Access your provider law firm, Will preparation steps and more!



Apple and the Apple logo are trademarks of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc., registered in the U.S. and other countries. Google Play and the Google Play logo are trademarks of Google Inc.

If you have membership questions or to get your member number:
1-800-654-7757
Contact your law firm - Ross and Matthews: **1-800-458-6982**

The LegalShield apps are available for download at no cost. Some services require an active LegalShield Membership to be accessed.

Save with these incredible MEMBERPERKS

Your LegalShield and IDShield memberships are simply amazing. And in addition to the privileges that are already yours, we have added these MEMBERPERKS with hundreds of merchants and thousands of discounts. Members can access savings at both national and local companies on everyday purchases such as tickets, electronics, apparel, travel and more. Members have the opportunity to save, on average, over \$2,000 per year. MEMBERPERKS can save you enough to pay for your membership for years to come!

RECEIVE EXCLUSIVE DISCOUNTS

Access your members-only discounts in categories such as:



APPAREL



AUTOMOTIVE



BOOKS, MOVIES & MUSIC



CELL PHONES



ELECTRONICS



FINANCE



FLOWERS & GIFTS



FOOD



HEALTH & WELLNESS



HOME SERVICES



INSURANCE & PROTECTION SERVICES



OFFICE & BUSINESS



REAL ESTATE & MOVING SERVICES



SPORTS & OUTDOORS



TICKETS & ENTERTAINMENT



TRAVEL

WHAT MEMBERS ARE SAYING:

"MEMBERPerks pays for my membership!"

— Martha S.

"I saved 20% at Advance Auto and I also saved 30% on movie tickets on date night with my wife. This membership is it!"

— Andre E.

"I am receiving 8% off my Verizon cell phone monthly charge!"

— Paulette M.

Enjoy preferred member pricing on some of your favorite brands and services.

Office DEPOT
OfficeMax

Harry & David
Happiness Delivered™

SKECHERS
DIRECT
MORE THAN JUST WORK SHOES

VIVIDSEATS

verizon

GHIRARDELLI
CHOCOLATE

amc
THEATRES

H Holiday Inn
Club
Vacations

Blue Apron

MAJOR LEAGUE BASEBALL

AND MANY MORE!

Getting Started

To sign up, simply login at legalshield.com, click on the Resources tab, then click on **MEMBERPERKS**. If you don't already have an account, follow the simple on-screen instructions to make an account with your personal or work email and LegalShield membership number.

These benefits are for LegalShield and IDShield members. All offers or promotions are subject to change without notice.

RETIREMENT PROGRAMS

Texas Teacher Retirement...

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

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

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

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

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

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

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

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

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

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

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

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

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

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

IRS 403(b) Regulations...

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

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

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

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

***NBS can be contacted at
(800) 274 - 0503
or online at
www.nbsbenefits.com***

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



PO Box 164195 | AUSTIN, TX 78716

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