



901 S. Texas Blvd.
Weslaco, Texas 78596
Tel.: 956-968-5954
Fax: 956-351-5409
www.jeinsurance.com

Thank you for the opportunity to offer our services and propose insurance solutions to you and your loved ones. Jeff Everitt & Associates, Inc. is honored and humbled to service Donna Independent School District (DISD) and all their employees. As we specialize in employee benefits, our goal is to deliver a superior level of customer service and satisfaction through professional and individualized care.

This booklet will include information on all your employee benefits offered through your employer, DISD. Upon reviewing your benefits and options, you will have the opportunity to enroll in the various insurance products with one of our experienced enrollment representatives. Our knowledgeable and experienced representatives will provide you with clarification on any of the insurance products being offered and guide you along the enrollment process.

Be advised that our highly trained staff is available at any time to review your benefits and assist you with any of your insurance coverage or claims related questions. Our team guarantees exceptional attention and dedication regarding your insurance needs.

Sincerely,

Jeff Everitt & Associates, Inc.



Donna Independent School District Plan Benefits 9/1/2022



Benefit Plan Network Access	Medium Plan Choice HMO		High Plan Choice HMO		PPO Plan	
	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Coinsurance	70%	Not Covered	80%	Not Covered	80%	60%
Calendar Year Deductible (Individual/Family)	\$4,500/\$11,250	Not Covered	\$2,500/\$6,250	Not Covered	\$3,000/\$9,000	\$6,000/Unlimited
Maximum Out of Pocket Limits	\$7,900/\$15,800	Not Covered	\$7,900/\$15,800	Not Covered	\$8,700/\$17,400	Unlimited
Physician Office Visit Copay	\$30 copay	Not Covered	\$20 copay	Not Covered	\$30 copay	60% of allowable amount after deductible
Specialist Office Visit Copay	\$50 copay	Not Covered	\$40 copay	Not Covered	\$50 copay	60% of allowable amount after deductible
Preventive Care Services	Covered at 100%	Not Covered	Covered at 100%	Not Covered	Covered at 100%	60% of allowable amount after deductible
Urgent Care	\$75 copay	Not Covered	\$75 copay	Not Covered	\$75 copay	60% of allowable amount after deductible
Virtual Visits	Covered at 100%	Not Covered	Covered at 100%	Not Covered	Covered at 100%	60% of allowable amount after deductible
Hospital Inpatient	70% after Ded	Not Covered	80% after Ded	Not Covered	80% after Ded	60% of allowable amount after deductible
Emergency Room Visit	\$500 copay then 80%	Not Covered	\$300 copay then 80%	Not Covered	\$500 copay then 80%	60% of allowable amount after deductible
Hospital Outpatient	70% after Ded	Not Covered	80% after Ded	Not Covered	80% after Ded	60% of allowable amount after deductible
Durable Medical Equipment	70% after Ded	Not Covered	80% after Ded	Not Covered	80% after Ded	60% of allowable amount after deductible
Lab & X-Ray	\$30 copay	Not Covered	\$20 copay	Not Covered	\$30 copay	60% of allowable amount after deductible
Major Diagnostics (CT, PET, MRI, MRA & Nuclear Medicine)	70% after Ded	Not Covered	80% after Ded	Not Covered	80% after Ded	60% of allowable amount after deductible
Prescription Benefit - Up to 30-day supply	\$10/\$30/\$30/10% up to \$100 \$0/\$30/\$30	Not Covered	\$10/\$30/\$30/10% up to \$100 \$0/\$30/\$30	Not Covered	\$10/\$30/\$30/10% up to \$100 \$0/\$30/\$30	60% minus the copay
Mail-order		Not Covered		Not Covered		Not Covered

*Both HMO plans require PCP selection during enrollment and PCP referrals for specialist.



Donna Independent School District Medical Rates 2022-2023

HMO Medium Plan

Employee Only	\$29.00
Employee & Spouse	\$386.78
Employee & 1 or 2 Children	\$253.55
Employee & 3 or More Children	\$373.40
Employee & Family	\$610.44

HMO High Plan

Employee Only	\$140.30
Employee & Spouse	\$501.23
Employee & 1 or 2 Children	\$349.13
Employee & 3 or More Children	\$511.39
Employee & Family	\$755.76

PPO Plan

Employee Only	\$402.88
Employee & Spouse	\$760.66
Employee & 1 or 2 Children	\$627.43
Employee & 3 or More Children	\$747.28
Employee & Family	\$984.32

*Donna ISD Contribution is \$550.00 per employee per month.



Your health at your fingertips

Get information about the cost of procedures, find a doctor or request an ID card. You can do it all – simply and securely – on Blue Access for MembersSM (BAMSM).

With BAM, you can:

- Find in-network doctors and hospitals.
- View your digital member ID, or order new or replacement IDs.
- Review your benefits and dependent coverage.
- Covered dependents age 18 and over can have their own BAM accounts.



Scan this QR code to visit bcbstx.com.

Let's get started

1. Go to bcbstx.com.
2. Click [Register Here](#).
3. Use the information on your member ID card to complete the registration process.

Navigation has never been easier

The screenshot shows a user interface for a health insurance member. At the top, there are navigation links: Español, Language Assistance, Messages, PPO, and My Account. Below these are seven numbered callouts (1-7) pointing to specific features: 1. DASHBOARD, 2. CLAIMS, 3. COVERAGE, 4. SPENDING, 5. FIND CARE, 6. WELLNESS, and 7. My Account. The main content area is a dark blue header with the greeting 'Hello, Alexandria!' and buttons for 'Member ID card' and 'Contact us'. Below the header, there are three main sections: 'Recent Claims', 'Find Care', and 'Spending'. 'Recent Claims' lists three claims: 'Your Hospital' (Paid, \$0.00), 'Your Medical Treatment Center' (Processed, \$239.99), and 'Your Pharmacy' (Not Paid, \$10.00). 'Find Care' lists four categories: Medical, Pharmacies, Dental Care, and Vision Care. 'Spending' shows two progress bars: 'Deductible' at \$625.00 / \$1,000 limit with \$375.00 remaining, and 'Out-of-Pocket' at \$1,250.00 / \$5,000 limit with \$3,750.00 remaining.

- 1 Dashboard** – See your family's claims and health care spending at a glance, order an ID, navigate the site quickly and easily.
- 2 Claims** – View quick claims summaries or download your Explanation of Benefits (EOB).
- 3 Coverage** – See benefit highlights for your medical, dental and pharmacy plans.
- 4 Spending** – Keep track of your deductible and out-of-pocket expenses.
- 5 Find Care** – Find in-network doctors, hospitals and other health care providers quickly and easily.
- 6 Wellness** – Take control of your well-being with preventive care guidelines, information and health tips for managing health conditions and living a healthier life.
- 7 My Account** – Use this menu for everything else: View your health history, update your profile and preferences, sign up for electronic EOBs, find claim forms, manage privacy preferences and contact us.

This material is only for illustration purposes. Your group's coverage types and benefits may be different.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Experience a New Kind of Wellness — Log In to the Well onTarget Portal

Well onTarget is designed to give you the support you need to make healthy lifestyle choices — and reward you for your hard work.

MEMBER WELLNESS PORTAL

The Well onTarget Wellness Portal uses the latest technology to give you the tools you need for better health. Your wellness journey begins with a suggested list of activities based on the information you provided in the Health Assessment.* Now you have a step-by-step plan to guide you on the way to living your best life. The suite of programs and tools include:

- **Digital Self-management Programs:** Learn about nutrition, fitness, weight loss, quitting smoking, managing stress and more!
- **Health and Wellness Library:** The health library has useful articles, podcasts and videos on health topics that are important to you.
- **Blue PointsSM Program:**** Earn points for wellness activities. Redeem your points for a wide variety of merchandise in the online shopping mall.
- **Tools and Trackers:** These interactive resources help keep you on track while making wellness fun.
- **Health Assessment:** Answer some questions to learn more about your health and receive a personal wellness report.
- **Fitness Tracking:** Get Blue Points for tracking activity with popular fitness devices and mobile apps.
- **Nutrition Help:** Members can choose a nutrition app to connect and monitor their food intake via the [View Nutrition](#) page. Enter calorie targets, carbs, fats, protein and more. Apps include Fitbit, MyFitnessPal and others.
- **Personal Challenges:** Join a personal challenge to help you reach your goals. There are over 30 challenges, so you can choose the best one to fit your wellness journey. Topics include stress, sleep, physical activity and more!

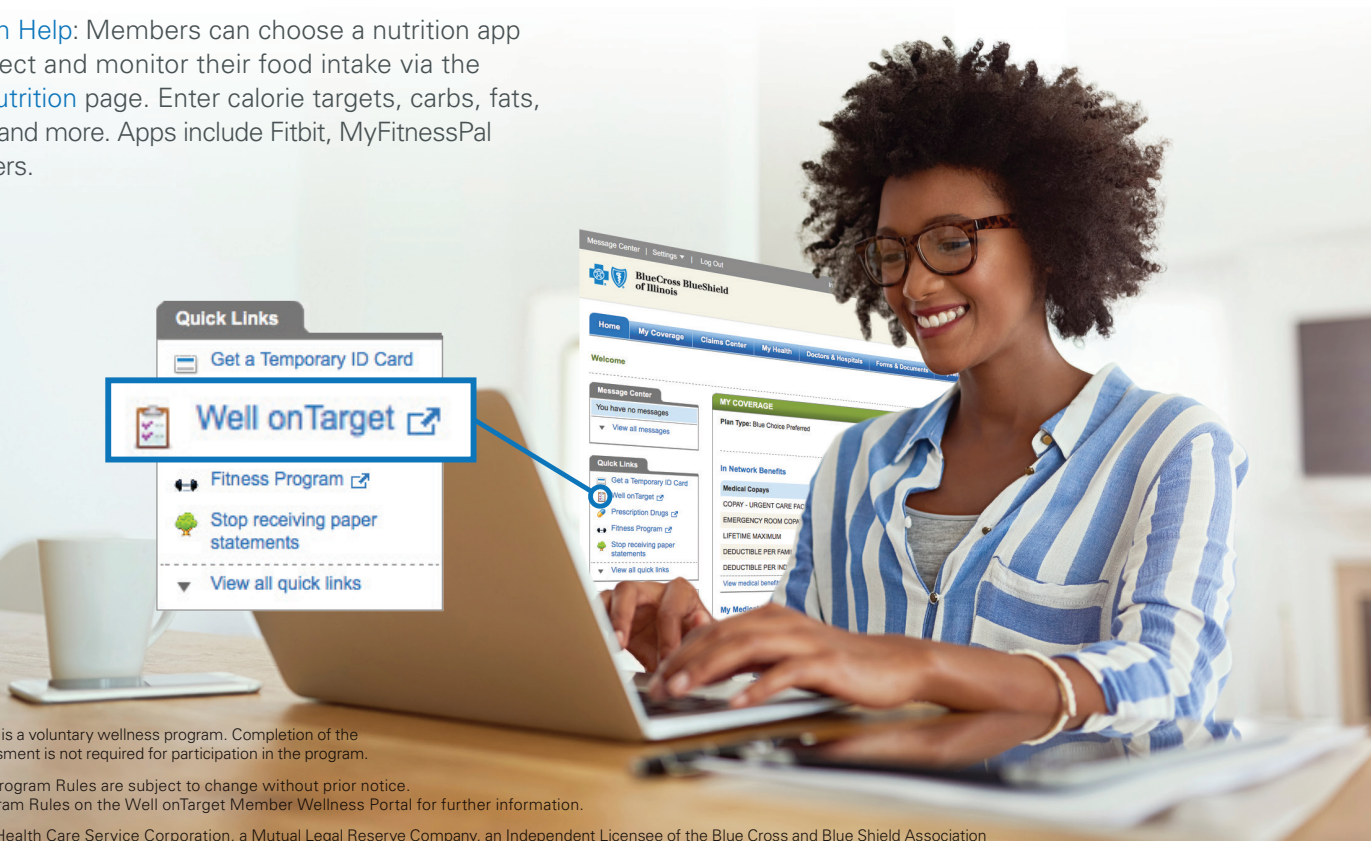
HOW TO ACCESS THE PORTAL

Use your Blue Access for MembersSM (BAMSM) account:

- Log in to BAM at bcbstx.com/members. If this is your first time logging in, you will need to register your account. Click [Register Now](#) on the login screen.
- Once you are in BAM, click on the [Well onTarget](#) link on the left side of the screen. You will be taken to the portal.

QUESTIONS?

If you have any questions about Well onTarget, call Customer Service at [877-806-9380](tel:877-806-9380).



* Well onTarget is a voluntary wellness program. Completion of the Health Assessment is not required for participation in the program.

**Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for further information.

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association



Your Employees Can Take Wellness on the Go with the Well onTarget Mobile App

You prefer to engage in health and wellness activities on your own terms, and at times and in places that are most convenient to you. The same is probably true for your employees. Well onTarget makes it easy for them to fit wellness into their schedule by offering the AlwaysOn® wellness app.

We live in an increasingly mobile society. That's why we developed the Well onTarget mobile app. Available for iPhone® and Android™ smartphones, this app can help your employees regularly connect with their wellness program, work on their wellness goals and stay inspired — anytime and anywhere.

FEATURES TO MEET YOUR EMPLOYEES' WELLNESS NEEDS

The Well onTarget app has a wide variety of easy-to-use, intuitive features that allow members to:

- Take their Health Assessment
- Set personal health and wellness goals and track their progress
- View their Blue PointsSM* balance
- Track data synced from more than 80 fitness devices and apps

SEAMLESS INTEGRATION WITH THE MEMBER PORTAL

All Well onTarget members have access to the mobile app. To get started, they just follow these steps:

1. Download the Well onTarget mobile app in the Apple or Google store.
2. Open the app and click on "New User Registration."
3. Follow the prompts to verify information from their member ID.

The app is fully integrated with the Well onTarget portal. Plus, it automatically syncs Well onTarget activity.

Questions about the app or the Well onTarget program? Contact your Account Representative.



Whether your employees are trying to lower their cholesterol, manage stress, fit more exercise into their daily routine or find other ways to reach their wellness goals, the Well onTarget mobile app can help.

* Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal at wellontarget.com for further information.



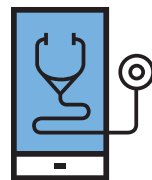
Your Doctor Is In...Provider Finder[®]

Spend less time looking for a doctor and more time enjoying your life.

Provider Finder from Blue Cross and Blue Shield of Texas (BCBSTX) is a fast, easy-to-use tool to find your next health care provider. Plus, it can help you manage health care costs.

Go to bcbstx.com and log in or create a Blue Access for MembersSM (BAMSM) account and click on the Doctors and Hospitals tab in Provider Finder to:

- Find in-network providers, hospitals, laboratories and more.
- Search by specialty, ZIP code, language spoken, gender and more.
- See clinical certifications and recognitions.
- Estimate the out-of-pocket costs of more than 1,600 health care procedures, treatments and tests.*
- Use quality awards such as Blue Distinction[®] Center (BDC), BDC+ or Total Care to inform your choices.
- See side-by-side provider or facility quality ratings and patient reviews.*



Go Mobile with BCBSTX

At bcbstx.com, log into or create your BAM account. You can stay linked to your claims activity, member ID card and coverage details. It's also where to see prescription refill reminders and health tips by text messages at 33633.

*Available for most networks and plans.

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Your life's journey—made easier

No matter where you are on your journey, there are times when a little help can go a long way. Whether you are ticking off daily tasks or working on more complex topics, your program offers you and your household members a variety of no cost, confidential resources, tools and services that are available 24/7/365.

Key features

- Provided at no cost
- Includes up to 3 counseling sessions
- Confidential service provided by a third party

Counseling

Counselors can help with anxiety, grief, depression, relationships and more. They are available in-person, by text message, live chat, phone or video.

Lifestyle coaching

You define the changes you want to make, whether personal or professional, and your coach helps you develop an action-based solution and remain accountable. Coaches are available by phone or video.

Self-care programs

Digital emotional wellness tools with in-app coaching can help you reduce stress, build resilience and improve sleep. The programs are personalized, interactive and include over thirty life themes.

Financial wellness, Legal services and Identity theft resolution

These services provide you with access to experts who can help you take control of your finances, resolve legal issues such as estate planning and family law, restore credit or use online financial management tools and print your own state-specific legal forms.

Resiliency

Being resilient generally means you're able to adapt to hard times, to challenges, and to other sorts of adversity in life. Fortunately, you can develop skills to become more resilient and your program provides many resources to help you on your journey.

Work-Life Services

Save time and money on life's most important needs. Specialists provide expert guidance and personalized referrals to service providers including childcare, adult care, education, home improvement, consumer information, emergency preparedness and more.

Workplace stress

Numerous studies show that job stress is a major source of stress for American adults. Causes of stress include workload, relationships and juggling work and personal issues. Your program offers many resources to help you better manage your stress.

Get started today

Call your Employee Assistance Program at 1-800-327-1393 to be connected with the right resource or professional or visit MagellanAscend.com to browse all of the services available.

Employee Assistance Program
1-800-327-1393 (TTY 711)



Dental Benefits Summary

Passive PDN MAX With PDNII and ExtendSM Networks	
Annual Deductible*	
Individual	\$50
Family	\$150
Preventive Services	100%
Basic Services	80%
Major Services	50%
Annual Benefit Maximum	\$2,500
Office Visit Copay	N/A
Orthodontic Services (Adult and Child)	50%
Orthodontic Deductible	None
Orthodontic Lifetime Maximum	\$2,000
*The deductible applies to: Basic & Major services only	

Partial List of Services	Passive PDN MAX With PDNII and ExtendSM Networks
Preventive	
Oral examinations (a)	100%
Cleanings (a) Adult/Child	100%
Fluoride (a)	100%
Sealants (permanent molars only) (a)	100%
Bitewing Images (a)	100%
Full mouth series Images (a)	100%
Space Maintainers	100%
Basic	
Root canal therapy	
Anterior teeth / Bicuspid teeth	80%
Root canal therapy, molar teeth	80%
Scaling and root planing (a)	80%
Gingivectomy (a)*	80%
Amalgam (silver) fillings	80%
Composite fillings	80%
Stainless steel crowns	80%
Incision and drainage of abscess*	80%
Uncomplicated extractions	80%
Surgical removal of erupted tooth*	80%
Surgical removal of impacted tooth (soft tissue)*	80%
Osseous surgery (a)*	80%
Surgical removal of impacted tooth (partial bony/ full bony)*	80%
General anesthesia/intravenous sedation*	80%
Crown Lengthening	80%
Major	
Inlays	50%
Onlays	50%
Crowns	50%
Full & partial dentures	50%
Pontics	50%
Denture repairs	50%
Crown Build-Ups	50%
Implants	50%

*Certain services may be covered under the Medical Plan. Contact Member Services for more details.
(a) Frequency and/or age limitations may apply to these services. These limits are described in the booklet/certificate.

Rates	
Tiers	Monthly Premium
Employee Only	\$29.66
Employee + Spouse	\$51.91
Employee + Child(ren)	\$67.26
Employee + Family	\$88.94



Aetna VisionSM Preferred

www.aetnavision.com

Summary of Benefits for Donna Independent School District

Effective Date: 9/1/2022
Frequency: 12/12/24

	In Network	Out of Network*
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Exam

Aetna Vision Network

Use your Exam coverage once every calendar year

Eye Exam with Dilation as Necessary	\$10 Copay	\$35 Reimbursement
Standard Contact Lens Fit/Follow Up ¹	Member pays discounted fee up to \$40	Not Covered
Premium Contact Lens Fit/Follow-Up	Member pays 90% of retail	Not Covered

Eyeglass Lenses / Lens options

Use your Lens coverage once every calendar year to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses

Standard Plastic Single Vision Lenses	\$25 Copay	\$25 Reimbursement
Standard Plastic Bifocal Vision Lenses	\$25 Copay	\$40 Reimbursement
Standard Plastic Trifocal Vision Lenses	\$25 Copay	\$45 Reimbursement
Standard Plastic Lenticular Vision Lenses	\$25 Copay	\$80 Reimbursement
Standard Progressive Vision Lenses (copay includes bifocal cost)	\$90 Copay	\$45 Reimbursement
Premium Progressive Vision Lenses ¹	20% Discount off retail minus \$120 plan allowance plus \$90 Copay = member out-of-pocket	\$45 Reimbursement
UV Treatment	Member pays discounted fee of \$15	Not Covered
Tint (Solid and Gradient)	Member pays discounted fee of \$15	Not Covered
Standard Plastic Scratch Coating	Member pays discounted fee of \$15	Not Covered
Standard Polycarbonate Lenses - Adult	Member pays discounted fee up to \$40	Not Covered
Standard Polycarbonate Lenses - Child to age 19	Member pays discounted fee up to \$40	Not Covered
Standard Anti-Reflective Coating	Member pays discounted fee of \$45	Not Covered
Photochromic/Transitions Plastic	Member pays 80% of retail	Not Covered
Polarized and Other Lens Add Ons	Member pays 80% of retail	Not Covered

Contact Lenses (contact lens allowance includes materials only)

Use your Contact Lens coverage once every calendar year to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses

Conventional Contact Lenses	\$150 Allowance** Additional 15% off balance over the allowance	\$80 Reimbursement
Disposable Contact Lenses	\$150 Allowance	\$80 Reimbursement
Medically Necessary Contact Lenses	\$0 Copay	\$200 Reimbursement

Frames

Use your Frame coverage once every 2 calendar years

Any Frame available, including frames for prescription sunglasses	\$150 Allowance** Additional 20% off balance over the allowance.	\$70 Reimbursement
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Tiers	Monthly Premium
Employee Only	\$5.47
Employee + Spouse	\$9.15
Employee + Child(ren)	\$9.90
Employee + Family	\$15.00

In Network Discounts

Discounts cannot be combined with any other discounts or promotional offers and may not be available on all brands

Additional pairs of eyeglasses or prescription sunglasses ³	Up to a 40% discount
Non-covered vision items ⁴	20% discount
Lasik Laser Vision Correction or PRK from U.S. Laser Network ⁵ only. Call 1-800-422-6600	15% discount off retail or 5% discount off the promotional price
Hearing Discounts ⁶ - two ways to save Hearing Care Solutions 1-866-344-7756 Amplifon Hearing Health Care 1-877-301-0840	Save on hearing aids, exams, batteries, repairs and more
Retinal Imaging ⁷	Member pays a discounted fee up to \$39

Partial list of exclusions and limitations

Exclusions and limitations for vision include: any charges in excess of the benefits, dollar or supply limits listed above; special vision procedures, such as orthoptics, vision therapy or vision training; vision services or supplies that do not meet professionally accepted standards; plano (non-prescription) lenses; non-prescription sunglasses; two pair of glasses in lieu of bifocals; medical and/or surgical treatment of the eyes; cosmetic services; lost or broken lenses, frames, glasses or contact lenses. Other exclusions and limitations may also apply.

*Out of network coverage is available. To receive reimbursement up to the amounts listed above, a claim form with itemized receipt is required. Reimbursement will not exceed the providers actual charge. Claims forms can be found at aetnavision.com or by calling customer service Monday through Sunday at 877-973-3238. Completed claim forms can be submitted electronically or mailed to Aetna, PO Box 8504 Mason, OH 45040-7111. Enrolled members can access our secure member website once their plan becomes effective. Enrolled subscribers will receive a welcome packet with ID card mailed to their home within 15 business days after enrollment is processed.

**Allowances are one-time use benefits. No remaining balances may be used. The plan does not provide a declining balance benefit.

¹Contact lens fit and two follow-up visits are allowed once a comprehensive eye exam has been completed.

²Premium progressives and premium anti-reflective Brand designations are subject to annual review and change based on market conditions. Ask your eye care provider for more information.

³Additional pair discount applies to purchases made after the plan allowances have been exhausted. Discounts are not insurance.

⁴Non covered discounts may not be available in all states.

⁵Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.

⁶Aetna does not endorse any vendor, product or service associated with these discount offers. Vendors are independent of Aetna, not agents or employees. Programs, products and services may not be available at all times. Certain offers may not be available in some states. Products and services are provided by Hearing Care Solutions and Amplifon Hearing Health Care (formerly HearPO).

⁷Retinal Imaging available at participating locations. Contact your eyecare provider to verify if available.

Providers participating in the Aetna Vision network are contracted through EyeMed Vision Care, LLC. EyeMed and Aetna are independent contractors and not employees or agents of each other. Participating vision providers are credentialed by and subject to the credentialing requirements of EyeMed. Aetna does not provide medical/vision care or treatment and is not responsible for outcomes. Aetna does not guarantee access to vision care services or access to specific vision care providers and provider network composition is subject to change without notice.

All trademarks and logos are the intellectual property of their respective owners.

For more information about Aetna plans, go to aetna.com.

Vision insurance plans are underwritten by Aetna Life Insurance Company (Aetna). Certain claims administration services are provided by First American Administrators, Inc. and certain network administration services are provided through EyeMed Vision Care ("EyeMed"), LLC.

This quote is based on a contract situs of Texas. Extraterritorial state requirements may apply to members residing in specific States. If your plan covers members in other states, impacts to your plan of benefits and rates adjustments (if any) will be evaluated and communicated to you at the point of sale.

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability. Aetna provides free aids/services to people with disabilities and to people who need language assistance. If you need a qualified interpreter, written information in other formats, translation or other services, call 877-973-3238. If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with Civil Rights Coordinator by contacting: Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512. 1-800-648-7817, TTY: 711, Fax: 859-425-3379, CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD). Help for those who speak another language and for the hearing impaired

For language assistance in your language call 877-973-3238. Para obtener asistencia lingüística en español, llame sin cargo al número que figura en su tarjeta de identificación.

Aetna VisionSM Preferred - Vision plans are underwritten by Aetna Life Insurance Company (Aetna). Certain claims administration services are provided by First American Administrators, Inc. and certain network administration services are provided through EyeMed Vision Care, LLC. Providers participating in the Aetna Vision Network are contracted through EyeMed Vision Care, LLC ("EyeMed"). EyeMed and Aetna are independent contractors and not employees or agents of each other. Participating vision providers are credentialed by and subject to the credentialing requirements of EyeMed. Aetna does not provide medical/vision care or treatment and is not responsible for outcomes.

We agree to add over 3,400 Walmart and Sam's Club locations nationwide to the existing network (effective 9/1/2022). Locations that have an Optometrist can perform comprehensive eye exams and fill your eyeglass needs. Locations without an Optometrist can still fill your eyeglass needs with a current prescription from another provider.

You also have access to Allied partners, such as Costco Optical, who will apply your out-of-network benefits at the point of service and handle claim submissions for you.

Aetna does not guarantee access to vision care services or access to specific vision care providers and provider network composition is subject to change without notice. Vision insurance plans contain exclusions and limitations. Not all vision services are covered



LENSCRAFTERS



OPTICAL

Group Term Life Insurance

Explore Your Benefits & Costs

Group Name: Donna Independent School District


Group Number: 729523

Class: All Full-Time Active Employees

Get basic coverage at no cost

Your employer is providing basic Group Term Life Insurance to you at no cost to you. This means that if you pass away during the “term” (your employer’s benefit year), beneficiaries will receive a benefit payment. Your coverage also includes Accidental Death & Dismemberment Insurance, which provides a benefit payment if you pass away or are severely injured in a covered accident.

The coverage being offered to you is:

	Coverage Amount
 For you	A flat amount of \$20,000




Add supplemental coverage based on your needs

In addition to the basic coverage that’s being provided at no cost to you, you have the opportunity to elect additional coverage when you enroll. You may also add supplemental Accidental Death & Dismemberment Insurance, which provides the insured person or their beneficiary a payment separate from the life insurance benefit if the insured person dies or is severely injured in a covered accident.

When you enroll, you’ll have the opportunity to choose up to the following amount(s):



Not sure how much you need? Try the Life Insurance Calculator at go.voya.com/lifecalc to learn more.

	Coverage Amount	Guaranteed Issue Limit
 For you	\$10,000 to a maximum of \$500,000 in \$10,000 increments, not to exceed 5 times basic annual salary	\$160,000 or 3 times your basic yearly earnings, whichever is less
 Your spouse*	\$5,000 to a maximum of \$250,000 in \$5,000 increments, not to exceed 100% of employee’s Supplemental Life insurance amount	\$50,000
 Your child(ren)*	\$10,000	\$10,000




*Spouse” also includes domestic partners or civil union partners as defined by the group policy. Children up to age 26. If your spouse or child are eligible for coverage as an employee, they are not eligible for additional coverage as a spouse or child.

Guaranteed-Issue Limit and Evidence of Insurability

The guaranteed-issue limit is the amount that’s available to new hires without providing evidence of insurability (EOI). During this enrollment period employees will be allowed to increase by 1 increment (\$10,000) up to the Guaranteed Issue. To get coverage beyond this limit or add/increase coverage after this enrollment period, you’ll need to complete the EOI form for all applicable family members. This form includes questions about current and past health conditions. The insurer may request additional information before approving or denying coverage. When evidence of insurability is required, the insurance company will need to approve it before coverage becomes effective.

Accidental Death & Dismemberment Insurance

In addition, you may make a separate election for Accidental Death & Dismemberment Insurance. With this coverage, the insured person or their beneficiary will receive a benefit payment separate from their life insurance benefit payment if a covered accident leads to severe injuries or death. You may choose up to the following amount(s):

Coverage Amount	
 For you	Matches your in-force Supplemental Life insurance amount
 Your spouse	Matches your in-force Supplemental Life insurance amount
 Your child(ren)	Matches your in-force Supplemental Life insurance amount

Age reductions

Benefit amount reduces to 65% of original coverage when the employee reaches age 60; 55% at age 65; 45% at age 70; and 35% at age 75. Premium amounts are also reduced accordingly, and automatically adjusted for the new benefit amount(s).

How much does it cost?

The cost of Group Term Life and Accidental Death & Dismemberment Insurance varies depending on the coverage amount you select. Use table below to calculate monthly premium amounts.

Rates shown are guaranteed until September 1, 2025.

Employee Supplemental Life/Accidental Death & Dismemberment (AD&D) Insurance Rates		Spouse Supplemental Life/Accidental Death & Dismemberment (AD&D) Insurance Rates	
Age	Monthly rate per \$1,000 of coverage	Age	Monthly rate per \$1,000 of coverage
Under 20	\$0.061	Under 20	\$0.063
20-24	\$0.061	20-24	\$0.063
25-29	\$0.061	25-29	\$0.063
30-34	\$0.071	30-34	\$0.073
35-39	\$0.095	35-39	\$0.097
40-44	\$0.116	40-44	\$0.118
45-49	\$0.166	45-49	\$0.168
50-54	\$0.246	50-54	\$0.248
55-59	\$0.409	55-59	\$0.411
60-64	\$0.647	60-64	\$0.649
65-69	\$1.053	65-69	\$1.055
70+	\$1.670	70+	\$1.672

The rates are per individual.

Children Life/Accidental Death & Dismemberment (AD&D) Insurance Rates

Monthly cost for all eligible children

Monthly rate per \$1,000 of coverage

\$0.231



To calculate your total monthly cost:

	Employee	Spouse	Child(ren)
1. Enter the amount of coverage you'd like for you, your spouse, and your child(ren).			
2. Divide each amount by 1,000.			
3. Using the rate tables above, find the appropriate rate per \$1,000 of coverage for each person.			
4. Multiply each answer from Step 2 by the appropriate rate.			
5. Add your answers from Step 4 together to find your total monthly cost.			



Voluntary Long Term Disability (LTD) Insurance

Long Term Disability insurance is designed to pay a monthly benefit to you in the event you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, thus helping you to meet your financial commitments in a time of need. Standard Insurance Company (The Standard) has developed this document to provide you with information about the optional coverage you may select through the Donna Independent School District.

Eligibility Requirements

- | | |
|-----------------|---|
| Policy | <ul style="list-style-type: none"> • A minimum number of eligible employees must apply and qualify for the proposed plan before Educator Options Voluntary LTD coverage can become effective |
| Employee | <ul style="list-style-type: none"> • A regular employee of the Donna Independent School District • Actively working at least 30 hours each week • A citizen or resident of the United States or Canada • Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible |
| Premium | <ul style="list-style-type: none"> • You pay 100 percent of the premium for this coverage through easy payroll deduction |

Benefit Amount

- | | |
|-------------------------------------|---|
| Benefit Amount | You may select a monthly benefit amount in \$100 increments, based on the tables and guidelines presented in the Rates section of these Coverage Highlights. The monthly benefit amount must not exceed 66 2/3 percent of your monthly predisability earnings. The minimum monthly amount you may elect is \$200. |
| Plan Maximum Monthly Benefit | The lesser of \$8,000 or 66 2/3 percent of your predisability earnings |
| Plan Minimum Monthly Benefit | 25 percent of your LTD benefit before reduction by deductible income |

Note:

- If you do not apply for this coverage within 31 days after becoming eligible, and later decide to do so, you must wait until your employer holds an annual enrollment.
- Reinstatements are subject to medical underwriting approval. To submit a medical history statement online, visit: <http://www.standard.com/mhs>.

Disability Needs Calculator

Your family has a unique set of circumstances and financial demands. To help you figure out the amount of Disability insurance you may need if you become unable to work, The Standard has created a Disability Needs Calculator found at: <http://www.standard.com/calculators/dineeds.html>

Employee Coverage Effective Date

To become insured, you must satisfy the eligibility requirements listed above, serve an eligibility waiting period, receive medical underwriting approval (if applicable), and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance. If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative for more information regarding the requirements that must be satisfied for your insurance to become effective.

Understanding Your Plan Design

Benefit Waiting Period The benefit waiting period is the period of time that you must be continuously disabled before benefits become payable. Benefits are not payable during the benefit waiting period. The benefit waiting period options associated with your plan include:

<u>Accidental Injury</u>	<u>Other Disabilities</u>
0 days	7 days
14 days	14 days
30 days	30 days
60 days	60 days
90 days	90 days
180 days	180 days

Own Occupation Definition of Disability For the benefit waiting period and the first 24 months for which LTD benefits are paid, you are considered disabled when you are unable as a result of physical disease, injury, pregnancy or mental disorder to perform with reasonable continuity the material duties of your own occupation **AND** are suffering a loss of at least 20 percent of your indexed predisability earnings when working in your own occupation. You are not disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

Any Occupation Definition of Disability After the own occupation period of disability, you will be considered disabled if you are unable as a result of physical disease, injury, pregnancy or mental disorder to perform with reasonable continuity the material duties of any occupation.

Deductible Income Deductible income is income you receive or are eligible to receive while LTD benefits are payable. Deductible income includes, but is not limited to:

- Sick pay, annual or personal leave pay, severance pay or other forms of salary continuation (including donated amounts) paid
- Benefits under any workers' compensation law or similar law
- Amounts under unemployment compensation law
- Social Security disability or retirement benefits, including benefits for your spouse and children
- Disability benefits from any other group insurance
- Disability or retirement benefits under your employer's retirement plan
- Benefits under any state disability income benefit law or similar law
- Earnings or compensation included in predisability earnings which you receive or are eligible to receive while LTD benefits are payable
- Earnings from work activity while you are disabled, plus the earnings you could receive if you worked as much as your disability allows
- Amounts due from or on behalf of a third party because of your disability, whether by judgment, settlement or other method
- Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above

Understanding Your Plan Design (Continued)

Maximum Benefit Period

The maximum periods for which benefits are payable are shown in the tables below:

OPTION 1 - Five Years for Sickness

If you become disabled before age 61, LTD benefits may continue during disability for 5 years. If you become disabled at age 61 or older, the benefit duration is determined by your age when disability begins:

<u>Age</u>	<u>Maximum Benefit Period</u>
61	To age 65 or for 5 years, whichever is longer
62	3 years 6 months
63	3 years
64	2 years 6 months
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

OPTION 1 - To Age 65 for Accident

If you become disabled before age 62, LTD benefits may continue during disability until you reach age 65. If you become disabled at age 62 or older, the benefit duration is determined by your age when disability begins:

<u>Age</u>	<u>Maximum Benefit Period</u>
62	3 years 6 months
63	3 years
64	2 years 6 months
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

OPTION 2 - To Age 65 for both Accident and Sickness

If you become disabled before age 62, LTD benefits may continue during disability until you reach age 65. If you become disabled at age 62 or older, the benefit duration is determined by your age when disability begins:

<u>Age</u>	<u>Maximum Benefit Period</u>
62	3 years 6 months
63	3 years
64	2 years 6 months
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

Benefit Calculation

Example

You select the amount of your LTD benefit when you enroll for coverage in the plan. The dollar amount selected must be a multiple of \$100, from a minimum of \$200 to a maximum of the lesser of \$8,000 or 66 2/3 percent of your predisability earnings. This amount is then reduced by deductible income you receive, or are eligible to receive, while LTD benefits are payable. As an example, if your monthly predisability earnings are \$4,500, you may select any dollar amount (in \$100 increments) between \$200 and \$2,700 (66 2/3 percent of predisability earnings). In the example below, assume you elected the maximum benefit amount of \$2,700, and you now receive a monthly Social Security disability benefit of \$1,200 and a monthly retirement benefit of \$900. Your monthly LTD benefit would be calculated as follows:

Insured predisability earnings	\$4,500
Maximum benefit percentage	<u>X 66 2/3%</u>
Maximum benefit amount	\$3,000
Less Social Security disability benefit	-\$1,200
Less retirement benefit	<u>-\$900</u>
Amount of LTD benefit	\$900

Additional Features

Please see your human resources representative for additional information about the features and benefits below.

24 Hour Coverage

24-hour LTD plans provide coverage for disabilities occurring on or off the job.

Rehabilitation Plan

If you are participating in an approved Rehabilitation Plan, The Standard may include payment of some of the expenses you incur in connection with the plan including but not limited to: training and education expenses, family (child and elder) care expenses, job related expenses and job search expenses.

Reasonable Accommodation Expense Benefit

If your employer makes an approved work-site modification that enables you to return to work while disabled, The Standard will reimburse your employer up to a pre-approved amount for some or all of the cost of the modification.

Rehabilitation Incentive Benefit

If you agree to participate in a rehabilitation plan that prepares you to return to work (plan must be approved by The Standard), you may be eligible to receive an additional benefit equal to 10 percent of your predisability earnings. When added to any other amount you receive from The Standard, your total benefit cannot exceed the maximum benefit allowed by the policy.

Employee Assistance Program

Includes an Employee Assistance Program and WorkLife Services to offer support, guidance and resources to help you and your household members resolve personal issues.

Survivors Benefit

If you die while LTD benefits are payable, and on the date you die you have been continuously disabled for at least 180 days, a survivors benefit equal to three times your unreduced LTD benefit may be payable (any survivors benefit payable will first be applied to any overpayment of your claim due to The Standard).

First Day Hospital Benefit

If you are hospital confined for at least 4 hours during the benefit waiting period, the following will apply; the remainder of your benefit waiting period will be waived, LTD benefits will become payable on the first day you are hospital confined, and your maximum benefit period will begin on the date your LTD benefits are payable. You are eligible for this benefit only if your elected benefit waiting period is less than 45 days.

Family Care Expense Benefit

Applies when a disabled employee has returned to work and continues to receive LTD benefits. For 24 months, a portion of expenses (up to \$250 per dependent or \$500 per family, per month) is deducted from the amount of your work earnings.

Exclusions

Subject to state variations, you are not covered for a disability caused or contributed to by any of the following:

- Your committing or attempting to commit an assault or felony, or your active participation in a violent disorder or riot
- An intentionally self-inflicted injury
- War or any act of war (declared or undeclared, and any substantial armed conflict between organized forces of a military nature)
- The loss of your professional or occupational license or certification
- If applicable, with respect to insurance increases, you are not covered for the insurance increase if your disability is caused or contributed by a preexisting condition or the medical or surgical treatment of a preexisting condition unless on the date you become disabled, you have been continuously insured under the group policy for the specified exclusion and limitation period, and you have been actively at work for at least one full day after the end of the specified exclusion and limitation period

Preexisting Condition Provision

Preexisting Condition For the first 30 days of disability, we will pay benefits even if you have a condition subject to the preexisting condition limitation. After 30 days, we will continue benefits only for conditions for which the preexisting condition exclusion or limitation does not apply. Benefit amounts subject to the preexisting condition exclusion will be excluded from payment.

A preexisting condition is a mental or physical condition:

- For which you or a reasonably prudent person would have consulted a physician or other licensed medical professional; received medical treatment, services or advice; undergone diagnostic procedures, including self-administered procedures; or taken prescribed drugs or medications
- Which, as a result of any medical examination, including routine examination, was discovered or suspected

Preexisting Condition Period The 90-day period just before your insurance becomes effective or any insurance increases become effective

Specified Exclusion and Limitation Period 12 months

Limitations

LTD benefits are not payable for any period when you are:

- Not under the ongoing care of a physician in the appropriate specialty as determined by The Standard
- Not participating in good faith in a plan, program or course of medical treatment or vocational training or education approved by The Standard, unless your disability prevents you from participating
- Confined for any reason in a penal or correctional institution
- Able to work and earn at least 20 percent of your indexed predisability earnings, but you elect not to work during the first 24 months after the end of the benefit waiting period the responsibility to work is limited to work in your own occupation; thereafter, the responsibility to work includes work in any occupation

In addition, payment of LTD benefits is limited in duration:

- If you reside outside the United States or Canada
- If applicable, if your disability is caused or contributed by a preexisting condition or the medical or surgical treatment of a preexisting condition unless on the date you become disabled, you have been continuously insured under the group policy for the specified exclusion and limitation period, and you have been actively at work for at least one full day after the end of the specified exclusion and limitation period
- If your disability is caused or contributed to by mental disorders, substance abuse or the environment, chronic fatigue conditions, chronic pain conditions, carpal tunnel or repetitive motion syndrome or temporomandibular joint disorder or craniomandibular joint disorder

When Benefits End

LTD benefits end automatically on the earliest of:

- The date you are no longer disabled
- The date your maximum benefit period ends
- The date you die
- The date benefits become payable under any other LTD disability insurance plan under which you become insured through employment during a period of temporary recovery
- The date you fail to provide proof of continued disability and entitlement to benefits

When Insurance Ends

Insurance ends automatically on the earliest of the following:

- The last day of the last period for which you make a premium contribution (except if premiums are waived while disabled)
- The date your employment terminates
- The date the group policy terminates
- The date you cease to meet the eligibility requirements (coverage may continue for limited periods under certain circumstances)
- If applicable, the date your employer ceases to participate under the group policy

Group Insurance Certificate

If coverage becomes effective, and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. Neither the information presented in this summary nor the certificate modifies the group policy or the insurance coverage in any way.

Rates

Employees can select a monthly LTD benefit ranging from a minimum of \$200 to a maximum amount based on how much they earn. Referencing the appropriate attached charts, follow these steps to find the monthly cost for your desired level of monthly LTD benefit and benefit waiting period:

- Find the maximum LTD benefit by locating the amount of your earnings in either the annual earnings or Monthly Earnings column. The LTD benefit amount shown associated with these earnings is the maximum amount you can receive. If your earnings fall between two amounts, you must select the lower amount.
- Select the desired monthly LTD benefit between the minimum of \$200 and the determined maximum amount, making sure not to exceed the maximum for your earnings.
- In the same row, select the desired benefit waiting period to see the monthly cost for that selection.

If you have questions regarding how to determine your monthly LTD benefit, the benefit waiting period, or the premium payment of your desired benefit, please contact your human resources representative.

OPTION 1 – Five Years for Sickness and To Age 65 for Accident

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period					
			Cost Per Month					
			0-7	14-14	30-30	60-60	90-90	180-180
3,600	300	200	5.64	4.54	3.54	2.72	2.04	1.62
5,400	450	300	8.46	6.81	5.31	4.08	3.06	2.43
7,200	600	400	11.28	9.08	7.08	5.44	4.08	3.24
9,000	750	500	14.10	11.35	8.85	6.80	5.10	4.05
10,800	900	600	16.92	13.62	10.62	8.16	6.12	4.86
12,600	1,050	700	19.74	15.89	12.39	9.52	7.14	5.67
14,400	1,200	800	22.56	18.16	14.16	10.88	8.16	6.48
16,200	1,350	900	25.38	20.43	15.93	12.24	9.18	7.29
18,000	1,500	1,000	28.20	22.70	17.70	13.60	10.20	8.10
19,800	1,650	1,100	31.02	24.97	19.47	14.96	11.22	8.91
21,600	1,800	1,200	33.84	27.24	21.24	16.32	12.24	9.72
23,400	1,950	1,300	36.66	29.51	23.01	17.68	13.26	10.53
25,200	2,100	1,400	39.48	31.78	24.78	19.04	14.28	11.34
27,000	2,250	1,500	42.30	34.05	26.55	20.40	15.30	12.15
28,800	2,400	1,600	45.12	36.32	28.32	21.76	16.32	12.96
30,600	2,550	1,700	47.94	38.59	30.09	23.12	17.34	13.77
32,400	2,700	1,800	50.76	40.86	31.86	24.48	18.36	14.58
34,200	2,850	1,900	53.58	43.13	33.63	25.84	19.38	15.39
36,000	3,000	2,000	56.40	45.40	35.40	27.20	20.40	16.20
37,800	3,150	2,100	59.22	47.67	37.17	28.56	21.42	17.01
39,600	3,300	2,200	62.04	49.94	38.94	29.92	22.44	17.82
41,400	3,450	2,300	64.86	52.21	40.71	31.28	23.46	18.63
43,200	3,600	2,400	67.68	54.48	42.48	32.64	24.48	19.44
45,000	3,750	2,500	70.50	56.75	44.25	34.00	25.50	20.25
46,800	3,900	2,600	73.32	59.02	46.02	35.36	26.52	21.06
48,600	4,050	2,700	76.14	61.29	47.79	36.72	27.54	21.87
50,400	4,200	2,800	78.96	63.56	49.56	38.08	28.56	22.68
52,200	4,350	2,900	81.78	65.83	51.33	39.44	29.58	23.49
54,000	4,500	3,000	84.60	68.10	53.10	40.80	30.60	24.30
55,800	4,650	3,100	87.42	70.37	54.87	42.16	31.62	25.11
57,600	4,800	3,200	90.24	72.64	56.64	43.52	32.64	25.92
59,400	4,950	3,300	93.06	74.91	58.41	44.88	33.66	26.73
61,200	5,100	3,400	95.88	77.18	60.18	46.24	34.68	27.54
63,000	5,250	3,500	98.70	79.45	61.95	47.60	35.70	28.35
64,800	5,400	3,600	101.52	81.72	63.72	48.96	36.72	29.16
66,600	5,550	3,700	104.34	83.99	65.49	50.32	37.74	29.97
68,400	5,700	3,800	107.16	86.26	67.26	51.68	38.76	30.78
70,200	5,850	3,900	109.98	88.53	69.03	53.04	39.78	31.59
72,000	6,000	4,000	112.80	90.80	70.80	54.40	40.80	32.40

OPTION 1 – Five Years for Sickness and To Age 65 for Accident (Continued)

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period					
			Cost Per Month					
			0-7	14-14	30-30	60-60	90-90	180-180
73,800	6,150	4,100	115.62	93.07	72.57	55.76	41.82	33.21
75,600	6,300	4,200	118.44	95.34	74.34	57.12	42.84	34.02
77,400	6,450	4,300	121.26	97.61	76.11	58.48	43.86	34.83
79,200	6,600	4,400	124.08	99.88	77.88	59.84	44.88	35.64
81,000	6,750	4,500	126.90	102.15	79.65	61.20	45.90	36.45
82,800	6,900	4,600	129.72	104.42	81.42	62.56	46.92	37.26
84,600	7,050	4,700	132.54	106.69	83.19	63.92	47.94	38.07
86,400	7,200	4,800	135.36	108.96	84.96	65.28	48.96	38.88
88,200	7,350	4,900	138.18	111.23	86.73	66.64	49.98	39.69
90,000	7,500	5,000	141.00	113.50	88.50	68.00	51.00	40.50
91,800	7,650	5,100	143.82	115.77	90.27	69.36	52.02	41.31
93,600	7,800	5,200	146.64	118.04	92.04	70.72	53.04	42.12
95,400	7,950	5,300	149.46	120.31	93.81	72.08	54.06	42.93
97,200	8,100	5,400	152.28	122.58	95.58	73.44	55.08	43.74
99,000	8,250	5,500	155.10	124.85	97.35	74.80	56.10	44.55
100,800	8,400	5,600	157.92	127.12	99.12	76.16	57.12	45.36
102,600	8,550	5,700	160.74	129.39	100.89	77.52	58.14	46.17
104,400	8,700	5,800	163.56	131.66	102.66	78.88	59.16	46.98
106,200	8,850	5,900	166.38	133.93	104.43	80.24	60.18	47.79
108,000	9,000	6,000	169.20	136.20	106.20	81.60	61.20	48.60
109,800	9,150	6,100	172.02	138.47	107.97	82.96	62.22	49.41
111,600	9,300	6,200	174.84	140.74	109.74	84.32	63.24	50.22
113,400	9,450	6,300	177.66	143.01	111.51	85.68	64.26	51.03
115,200	9,600	6,400	180.48	145.28	113.28	87.04	65.28	51.84
117,000	9,750	6,500	183.30	147.55	115.05	88.40	66.30	52.65
118,800	9,900	6,600	186.12	149.82	116.82	89.76	67.32	53.46
120,600	10,050	6,700	188.94	152.09	118.59	91.12	68.34	54.27
122,400	10,200	6,800	191.76	154.36	120.36	92.48	69.36	55.08
124,200	10,350	6,900	194.58	156.63	122.13	93.84	70.38	55.89
126,000	10,500	7,000	197.40	158.90	123.90	95.20	71.40	56.70
127,800	10,650	7,100	200.22	161.17	125.67	96.56	72.42	57.51
129,600	10,800	7,200	203.04	163.44	127.44	97.92	73.44	58.32
131,400	10,950	7,300	205.86	165.71	129.21	99.28	74.46	59.13
133,200	11,100	7,400	208.68	167.98	130.98	100.64	75.48	59.94
135,000	11,250	7,500	211.50	170.25	132.75	102.00	76.50	60.75
136,800	11,400	7,600	214.32	172.52	134.52	103.36	77.52	61.56
138,600	11,550	7,700	217.14	174.79	136.29	104.72	78.54	62.37
140,400	11,700	7,800	219.96	177.06	138.06	106.08	79.56	63.18
142,200	11,850	7,900	222.78	179.33	139.83	107.44	80.58	63.99
144,000	12,000	8,000	225.60	181.60	141.60	108.80	81.60	64.80

OPTION 2 –To Age 65 for both Accident and Sickness

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period					
			Cost Per Month					
			0-7	14-14	30-30	60-60	90-90	180-180
3,600	300	200	6.24	5.18	4.24	4.02	3.02	2.26
5,400	450	300	9.36	7.77	6.36	6.03	4.53	3.39
7,200	600	400	12.48	10.36	8.48	8.04	6.04	4.52
9,000	750	500	15.60	12.95	10.60	10.05	7.55	5.65
10,800	900	600	18.72	15.54	12.72	12.06	9.06	6.78
12,600	1,050	700	21.84	18.13	14.84	14.07	10.57	7.91
14,400	1,200	800	24.96	20.72	16.96	16.08	12.08	9.04
16,200	1,350	900	28.08	23.31	19.08	18.09	13.59	10.17
18,000	1,500	1,000	31.20	25.90	21.20	20.10	15.10	11.30
19,800	1,650	1,100	34.32	28.49	23.32	22.11	16.61	12.43
21,600	1,800	1,200	37.44	31.08	25.44	24.12	18.12	13.56
23,400	1,950	1,300	40.56	33.67	27.56	26.13	19.63	14.69
25,200	2,100	1,400	43.68	36.26	29.68	28.14	21.14	15.82
27,000	2,250	1,500	46.80	38.85	31.80	30.15	22.65	16.95
28,800	2,400	1,600	49.92	41.44	33.92	32.16	24.16	18.08
30,600	2,550	1,700	53.04	44.03	36.04	34.17	25.67	19.21
32,400	2,700	1,800	56.16	46.62	38.16	36.18	27.18	20.34
34,200	2,850	1,900	59.28	49.21	40.28	38.19	28.69	21.47
36,000	3,000	2,000	62.40	51.80	42.40	40.20	30.20	22.60
37,800	3,150	2,100	65.52	54.39	44.52	42.21	31.71	23.73
39,600	3,300	2,200	68.64	56.98	46.64	44.22	33.22	24.86
41,400	3,450	2,300	71.76	59.57	48.76	46.23	34.73	25.99
43,200	3,600	2,400	74.88	62.16	50.88	48.24	36.24	27.12
45,000	3,750	2,500	78.00	64.75	53.00	50.25	37.75	28.25
46,800	3,900	2,600	81.12	67.34	55.12	52.26	39.26	29.38
48,600	4,050	2,700	84.24	69.93	57.24	54.27	40.77	30.51
50,400	4,200	2,800	87.36	72.52	59.36	56.28	42.28	31.64
52,200	4,350	2,900	90.48	75.11	61.48	58.29	43.79	32.77
54,000	4,500	3,000	93.60	77.70	63.60	60.30	45.30	33.90
55,800	4,650	3,100	96.72	80.29	65.72	62.31	46.81	35.03
57,600	4,800	3,200	99.84	82.88	67.84	64.32	48.32	36.16
59,400	4,950	3,300	102.96	85.47	69.96	66.33	49.83	37.29
61,200	5,100	3,400	106.08	88.06	72.08	68.34	51.34	38.42
63,000	5,250	3,500	109.20	90.65	74.20	70.35	52.85	39.55
64,800	5,400	3,600	112.32	93.24	76.32	72.36	54.36	40.68
66,600	5,550	3,700	115.44	95.83	78.44	74.37	55.87	41.81
68,400	5,700	3,800	118.56	98.42	80.56	76.38	57.38	42.94
70,200	5,850	3,900	121.68	101.01	82.68	78.39	58.89	44.07
72,000	6,000	4,000	124.80	103.60	84.80	80.40	60.40	45.20

OPTION 2 –To Age 65 for both Accident and Sickness (Continued)

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period					
			Cost Per Month					
			0-7	14-14	30-30	60-60	90-90	180-180
73,800	6,150	4,100	127.92	106.19	86.92	82.41	61.91	46.33
75,600	6,300	4,200	131.04	108.78	89.04	84.42	63.42	47.46
77,400	6,450	4,300	134.16	111.37	91.16	86.43	64.93	48.59
79,200	6,600	4,400	137.28	113.96	93.28	88.44	66.44	49.72
81,000	6,750	4,500	140.40	116.55	95.40	90.45	67.95	50.85
82,800	6,900	4,600	143.52	119.14	97.52	92.46	69.46	51.98
84,600	7,050	4,700	146.64	121.73	99.64	94.47	70.97	53.11
86,400	7,200	4,800	149.76	124.32	101.76	96.48	72.48	54.24
88,200	7,350	4,900	152.88	126.91	103.88	98.49	73.99	55.37
90,000	7,500	5,000	156.00	129.50	106.00	100.50	75.50	56.50
91,800	7,650	5,100	159.12	132.09	108.12	102.51	77.01	57.63
93,600	7,800	5,200	162.24	134.68	110.24	104.52	78.52	58.76
95,400	7,950	5,300	165.36	137.27	112.36	106.53	80.03	59.89
97,200	8,100	5,400	168.48	139.86	114.48	108.54	81.54	61.02
99,000	8,250	5,500	171.60	142.45	116.60	110.55	83.05	62.15
100,800	8,400	5,600	174.72	145.04	118.72	112.56	84.56	63.28
102,600	8,550	5,700	177.84	147.63	120.84	114.57	86.07	64.41
104,400	8,700	5,800	180.96	150.22	122.96	116.58	87.58	65.54
106,200	8,850	5,900	184.08	152.81	125.08	118.59	89.09	66.67
108,000	9,000	6,000	187.20	155.40	127.20	120.60	90.60	67.80
109,800	9,150	6,100	190.32	157.99	129.32	122.61	92.11	68.93
111,600	9,300	6,200	193.44	160.58	131.44	124.62	93.62	70.06
113,400	9,450	6,300	196.56	163.17	133.56	126.63	95.13	71.19
115,200	9,600	6,400	199.68	165.76	135.68	128.64	96.64	72.32
117,000	9,750	6,500	202.80	168.35	137.80	130.65	98.15	73.45
118,800	9,900	6,600	205.92	170.94	139.92	132.66	99.66	74.58
120,600	10,050	6,700	209.04	173.53	142.04	134.67	101.17	75.71
122,400	10,200	6,800	212.16	176.12	144.16	136.68	102.68	76.84
124,200	10,350	6,900	215.28	178.71	146.28	138.69	104.19	77.97
126,000	10,500	7,000	218.40	181.30	148.40	140.70	105.70	79.10
127,800	10,650	7,100	221.52	183.89	150.52	142.71	107.21	80.23
129,600	10,800	7,200	224.64	186.48	152.64	144.72	108.72	81.36
131,400	10,950	7,300	227.76	189.07	154.76	146.73	110.23	82.49
133,200	11,100	7,400	230.88	191.66	156.88	148.74	111.74	83.62
135,000	11,250	7,500	234.00	194.25	159.00	150.75	113.25	84.75
136,800	11,400	7,600	237.12	196.84	161.12	152.76	114.76	85.88
138,600	11,550	7,700	240.24	199.43	163.24	154.77	116.27	87.01
140,400	11,700	7,800	243.36	202.02	165.36	156.78	117.78	88.14
142,200	11,850	7,900	246.48	204.61	167.48	158.79	119.29	89.27
144,000	12,000	8,000	249.60	207.20	169.60	160.80	120.80	90.40

A helping hand when you need it.

Rely on the support, guidance and resources of your Employee Assistance Program.



There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Employee Assistance Program,¹ which includes WorkLife Services and is available to you and your family in connection with your group insurance from Standard Insurance Company (The Standard). It's confidential — information will be released only with your permission or as required by law.


Connection to Resources, Support and Guidance

You, your dependents (including children to age 26)² and all household members can contact the program's master's-level counselors 24/7. Reach out through the mobile EAP app or by phone, online, live chat, and email. You can get referrals to support groups, a network counselor, community resources or your health plan. If necessary, you'll be connected to emergency services.

Your program includes up to three counseling sessions per issue. Sessions can be done in person, on the phone, by video or text.

EAP services can help with:

-  Depression, grief, loss and emotional well-being
-  Family, marital and other relationship issues
-  Life improvement and goal-setting
-  Addictions such as alcohol and drug abuse
-  Stress or anxiety with work or family
-  Financial and legal concerns
-  Identity theft and fraud resolution
-  Online will preparation and other legal documents



Contact EAP

888.293.6948
(TTY Services: 711)
24 hours a day,
seven days a week

healthadvocate.com/standard3

NOTE: It's a violation of your company's contract to share this information with individuals who are not eligible for this service.

With EAP, personal assistance is immediate, confidential and available when you need it.

WorkLife Services

WorkLife Services are included with the Employee Assistance Program. Get help with referrals for important needs like education, adoption, daily living and care for your pet, child or elderly loved one.

Online Resources

Visit healthadvocate.com/standard3 to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.

¹ The EAP service is provided through an arrangement with Health AdvocateSM, which is not affiliated with The Standard. Health AdvocateSM is solely responsible for providing and administering the included service. EAP is not an insurance product and is provided to groups of 10–2,499 lives. This service is only available while insured under The Standard's group policy.

² Individual EAP counseling sessions are available to eligible participants 16 years and older; family sessions are available for eligible members 12 years and older, and their parent or guardian. Children under the age of 12 will not receive individual counseling sessions.

Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | standard.com

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

Group Accident Insurance

Nobody plans to have an accident - and most people don't budget for one, either. Accident insurance helps your employees pay for out-of-pocket expenses medical insurance won't cover. If an employee's covered child gets injured while participating in an organized sport, we'll pay an additional 25 percent of the total benefit owed. It's an affordable way for employees to make sure they can keep their financial lives moving in the right direction.

Covered Members

A regular employee of the employer working 30 hrs per week in the United States.

All eligible

Options side-by-side

	Enhanced	Premier
Policy Situs State	TX	TX
Type of Coverage	24 hr	24 hr
Age eligible for coverage	18–99 for Employee, Spouse; Birth to age 26 for children	18–99 for Employee, Spouse; Birth to age 26 for children
Termination Age	None for Employee, Spouse; 26 for children	None for Employee, Spouse; 26 for children

Plan Design

	Enhanced	Premier
Emergency Care		
Air Ambulance	\$800	\$1,500
Blood, Plasma, Platelets	\$300	\$600
Emergency Dental (Crown)	\$200	\$350
Emergency Dental (Extraction)	\$100	\$150
Emergency Room Benefit	\$150	\$200
Ground Ambulance	\$300	\$600
Initial Physician's Office	\$50	\$60
Major Diagnostic Exam	\$200	\$300
Urgent Care	\$50	\$60
X-Ray	\$50	\$60
Specific Injury		
Burns, 2nd degree, <15%	\$200	\$500

Plan Design

Specific Injury	Enhanced	Premier
Burns, 2nd degree, >15%	\$1,000	\$1,500
Burns, 3rd degree, <15%	\$5,000	\$7,500
Burns, 3rd degree, >15%	\$10,000	\$12,500
Coma	\$7,500	\$15,000
Concussion	\$150	\$200
Eye Injury	\$200	\$300
Lacerations, < 2"	\$75	\$100
Lacerations, 2" - 6"	\$200	\$400
Lacerations, > 6"	\$500	\$800
Skin Graft	25% of Burn Benefit	50% of Burn Benefit
Fractures Non-Surgical/Surgical	Enhanced	Premier
Ankle, Arm, Collarbone, Elbow, Foot, Hand, Kneecap, Lower Jaw, Shoulder blade, Sternum, Wrist	\$550/\$1,100	\$650/\$1,300
Bones of Face, Coccyx, Nose, Vertebrae	\$500/\$1,000	\$750/\$1,500
Finger, Toe	\$100/\$200	\$200/\$400
Hip	\$2,500/\$5,000	\$3,000/\$6,000
Leg (hip to knee)	\$2,000/\$4,000	\$3,000/\$6,000
Leg (knee to ankle), Pelvis, Vertebral Column	\$1,200/\$2,400	\$1,700/\$3,400
Rib	\$400/\$800	\$500/\$1,000
Skull (depressed)	\$4,000/\$8,000	\$5,250/\$10,500
Skull (non-depressed)	\$1,500/\$3,000	\$2,000/\$4,000
Chip Fracture	25% of Non-Surgical Fracture Amount	25% of Non-Surgical Fracture Amount
Dislocations	Enhanced	Premier
Ankle, Collarbone (Sternoclavicular), Elbow, Foot, Hand, Lower Jaw, Shoulder, Wrist	\$800/\$1,600	\$1,000/\$2,000
Collar Bone (Acromioclavicular)	\$400/\$800	\$500/\$1,000
Finger, Rib, Toe	\$150/\$300	\$200/\$400
Hip	\$2,500/\$5,000	\$3,500/\$7,000
Knee	\$900/\$1,800	\$1,000/\$2,000
Spine	\$400/\$800	\$500/\$1,000
Partial Dislocation	25% of Non-Surgical Dislocation Amount	25% of Non-Surgical Dislocation Amount

continued



Plan Design		
Surgical Benefits	Enhanced	Premier
Knee Cartilage Repair	\$750	\$1,000
Knee Cartilage Exploratory Surgery	\$200	\$250
Tendon, Ligament, Rotator Cuff Repair of One	\$750	\$1,000
Tendon, Ligament, Rotator Cuff Repair of Two or More	\$1,000	\$1,500
Tendon, Ligament, Rotator Cuff Exploratory Surgery	\$200	\$250
Ruptured Disk, Repair	\$750	\$1,000
Exploratory Abdominal/Thoracic Surgery	\$200	\$400
Laparoscopic Repair Abdominal/Thoracic Surgery	\$750	\$1,000
Open Repair Abdominal/Thoracic Surgery	\$1,500	\$2,000
Surgical Facility (Outpatient)	\$150	\$500
Hospital	Enhanced	Premier
Critical Care Unit Admission	\$750	\$1,000
Daily Rehabilitation Facility (up to 90 days per accident)	\$100/day	\$150/day
Daily Critical Care Unit Confinement (up to 15 day)	\$200/day	\$200/day
Daily Hospital Confinement (up to 365 days)	\$200/day	\$400/day
Hospital Admission	\$1,000	\$1,500
Follow-Up Care	Enhanced	Premier
Medical Appliance	\$100	\$200
Chiropractic	\$50 up to 2 days	\$60 up to 2 days
Accident Follow-Up Treatment	\$50 up to 2 days	\$70 up to 3 days
Hearing Device	\$500	\$600
Prosthesis, One	\$500	\$1,000
Prostheses, Two or more	\$1,000	\$2,000
Therapy Services	\$50 up to 3 days	\$50 up to 4 days
Additional Benefits	Enhanced	Premier
Lodging (up to 30 days per accident)	\$175/per day	\$200/per day

continued

Plan Design		
Additional Benefits	Enhanced	Premier
Transportation (up to 30 days per accident)	\$150/per day	\$200/per day
Accidental Death & Dismemberment	Enhanced	Premier
Accidental Death - Employee	\$50,000	\$100,000
Accidental Death - Spouse	\$25,000	\$50,000
Accidental Death - Child	\$12,500	\$25,000
Common Carrier	100% of Accidental Death	100% of Accidental Death
Loss of 2 or more fingers or toes	5% of Accidental Death	5% of Accidental Death
Loss of one finger or one toe	2% of Accidental Death	2% of Accidental Death
Loss of Both Hands, or Both Feet	30% of Accidental Death	30% of Accidental Death
Loss of Sight for Both Eyes	30% of Accidental Death	30% of Accidental Death
Loss of Hearing of Both Ears	30% of Accidental Death	30% of Accidental Death
Loss of One Hand or One Foot	15% of Accidental Death	15% of Accidental Death
Loss of One Hand and One Foot	30% of Accidental Death	30% of Accidental Death
Loss of Sight in One Eye	15% of Accidental Death	15% of Accidental Death
Loss of Hearing in One Ear	15% of Accidental Death	15% of Accidental Death
Accidental Impairment	Enhanced	Premier
Uniplegia	15% of Accidental Death	15% of Accidental Death
Paraplegia, Triplegia, or Hemiplegia	30% of Accidental Death	30% of Accidental Death
Quadriplegia	50% of Accidental Death	50% of Accidental Death
Seatbelt Benefit	10% of Accidental Death	10% of Accidental Death
Airbag Benefit	10% of Accidental Death	10% of Accidental Death
Helmet Benefit	10% of Accidental Death	10% of Accidental Death
Repatriation Benefit	10% of Accidental Death	10% of Accidental Death

continued

Additional Plan Design Details:

- A Youth Organized Sports benefit is included with EE+CH and Family coverage. If a covered child 18 age or younger is injured while playing an organized sport, the Standard pays an additional 25% of the total benefits for treatment received.
- If multiple fractures and/or dislocations are sustained in a covered accident, the Standard pays for each fracture and/or each dislocation.
- Critical Care Admission and Critical Care Confinement pay in addition to the Hospital Admission and Hospital Confinement daily benefit.
- Portability is automatically included. Employees are able to take their Accident coverage with no change in coverage or rates.
- Benefits paid under the Accident Insurance policy when purchased with employee post-tax income are excluded from claimant gross income under current federal tax law.
- 24 hour - Coverage includes accidents that occur anytime, including work related accidents.

Cost

	Monthly Premium - Employee Choice	
	Enhanced	Premier
Employee	\$11.57	\$16.46
Employee and Spouse	\$19.33	\$26.79
Employee and Child(ren)	\$21.26	\$30.53
Employee and Family	\$33.64	\$48.06
Includes the following benefits:		
Health Maintenance Screening Benefit	\$200 Benefit	\$200 Benefit

- Auto-pay is available for the Health Maintenance Screening benefit when covered screenings are completed by employees at their employer's Health Fair.
- The Health Maintenance Screening Benefit pays an annual benefit when the insured receives one of the twenty-two covered health screening tests, including novel infectious disease testing (including COVID-19), lipid panel, mammography, and colonoscopy.
- To convert monthly rates to deductions, multiply by twelve, then divide by the number of deductions per year and round to two decimals.

Health Maintenance Screening

Get a Cash Benefit Each Year for Covered Wellness Exams



Regular checkups are important for the things you depend on — especially your health. You and your covered dependents will receive a cash benefit each calendar year when completing any one of the 20 tests list below. It's all part of the Health Maintenance Screening Benefit that comes with your group insurance from Standard Insurance Company.

Schedule your health screening test today, submit your claim and receive your cash benefit.

Approved Tests:

- ✓ Abdominal aortic aneurysm ultrasound
- ✓ Ankle Brachial Index (ABI) screening for peripheral vascular disease
- ✓ Biopsies for cancer
- ✓ Bone density screening
- ✓ Breast ultrasound
- ✓ Cancer antigen 125 (CA 125) blood test for ovarian cancer
- ✓ Cancer antigen 15-3 (CA 15-3) for breast cancer
- ✓ Carcinoembryonic antigen (CEA) blood test for colon cancer
- ✓ Colonoscopy
- ✓ Complete Blood Count (CBC)
- ✓ Comprehensive Metabolic Panel (CMP)
- ✓ COVID-19 testing and antibody testing for COVID-19¹
- ✓ Electrocardiogram (EKG)
- ✓ Hemocult stool analysis
- ✓ Hemoglobin A1C
- ✓ Human Papillomavirus (HPV) vaccination
- ✓ Lipid panel
- ✓ Mammography
- ✓ Mental Health Assessment¹
- ✓ Pap smears or thin prep pap test
- ✓ Prostate specific (PSA) test
- ✓ Stress test on a bicycle or treadmill



Novel infectious disease and mental health assessment tests are not approved in all states or on all products. Please reference your certificate of coverage to confirm these tests are available.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

¹ Test not available in the state of New York.

Standard Insurance Company

1100 SW Sixth Avenue
Portland OR 97204

standard.com

GP0614-ACC

SI 17629

Health Maintenance Screening EE
(2/21)



Your cancer coverage

CANCER

COVERAGE - DETAILS	Option 1	Option 2
Your Monthly premium	\$17.58	\$25.92
You and Spouse	\$27.14	\$40.73
You and Child(ren)	\$20.00	\$29.24
You, Spouse and Child(ren)	\$29.56	\$44.05
INITIAL DIAGNOSIS BENEFIT - Paid when you are diagnosed with internal invasive cancer for the first time while insured under this Plan.		
Benefit Amount(s)	Employee \$5,000 Spouse \$5,000 Child \$5,000	Employee \$5,000 Spouse \$5,000 Child \$5,000
Benefit Waiting Period - A specified period of time after your effective date during which the Initial Diagnosis benefits will not be payable.	30 Days	30 Days
CANCER SCREENING		
Benefit Amount	\$50; \$50 for Follow-Up screening	\$100; \$100 for Follow-Up screening
RADIATION THERAPY OR CHEMOTHERAPY		
Benefit	Schedule amounts up to a \$10,000 benefit year maximum.	Schedule amounts up to a \$10,000 benefit year maximum.
Pre-Existing Conditions Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months prior/ 6 months treatment free/ 12 months after.	3 months prior/ 6 months treatment free/ 12 months after.
Portability: Allows you to take your Cancer coverage with you if you terminate employment. Ported Cancer plan terminates at age 70.	Included	Included
Child(ren) Age Limits	Children age birth to 26 years	Children age birth to 26 years
FEATURES		
Air Ambulance	\$1,500/trip, limit 2 trips per hospital confinement	\$1,500/trip, limit 2 trips per hospital confinement
Ambulance	\$200/trip, limit 2 trips per hospital confinement	\$200/trip, limit 2 trips per hospital confinement
Anesthesia	25% of surgery benefit	25% of surgery benefit
Anti-Nausea	\$50/day up to \$150 per month	\$50/day up to \$150 per month
Attending Physician	\$25/day while hospital confined. Limit 75 visits.	\$25/day while hospital confined. Limit 75 visits.
Blood/Plasma/Platelets	\$100/day up to \$5,000 per year	\$100/day up to \$5,000 per year
Bone Marrow/Stem Cell	Bone Marrow: \$7,500 Stem Cell: \$1,500 50% benefit for 2nd transplant. \$1,000 benefit if a donor	Bone Marrow: \$7,500 Stem Cell: \$1,500 50% benefit for 2nd transplant. \$1,000 benefit if a donor
Experimental Treatment	\$100/day up to \$1,000/month	\$100/day up to \$1,000/month

Guardian®

Your cancer coverage



FEATURES (Cont.)	Option 1	Option 2
Extended Care Facility/Skilled Nursing care	\$100/day up to 90 days per year	\$100/day up to 90 days per year
Government or Charity Hospital	\$300 per day in lieu of all other benefits	\$300 per day in lieu of all other benefits
Home Health Care	\$50/visit up to 30 visits per year	\$50/visit up to 30 visits per year
Hormone Therapy	\$25/treatment up to 12 treatments per year	\$25/treatment up to 12 treatments per year
Hospice	\$50/day up to 100 days/lifetime	\$50/day up to 100 days/lifetime
Hospital Confinement	\$300/day for first 30 days; \$600/day for 31st day thereafter per confinement	\$300/day for first 30 days; \$600/day for 31st day thereafter per confinement
ICU Confinement	\$400/day for first 30 days; \$600/day for 31st day thereafter per confinement	\$400/day for first 30 days; \$600/day for 31st day thereafter per confinement
Immunotherapy	\$500 per month, \$2500 lifetime max	\$500 per month, \$2500 lifetime max
Inpatient Special Nursing	\$100/day up to 30 days per year	\$100/day up to 30 days per year
Medical Imaging	\$100/image up to 2 per year	\$100/image up to 2 per year
Outpatient and family member lodging - Lodging must be more than 50 miles from your home.	\$75/day, up to 90 days per year	\$75/day, up to 90 days per year
Outpatient or Ambulatory Surgical Center	\$250/day, 3 days per procedure	\$250/day, 3 days per procedure
Physical or Speech Therapy	\$25/visit up to 4 visits per month, \$400 lifetime max	\$25/visit up to 4 visits per month, \$400 lifetime max
Prosthetic	Surgically Implanted: \$2,000/device, \$4,000 lifetime max Non-Surgically: \$200/device, \$400 lifetime max	Surgically Implanted: \$2,000/device, \$4,000 lifetime max Non-Surgically: \$200/device, \$400 lifetime max
Reconstructive Surgery	Breast TRAM Flap \$2,000 Breast reconstruction \$500 Breast Symmetry \$250 Facial reconstruction \$500	Breast TRAM Flap \$2,000 Breast reconstruction \$500 Breast Symmetry \$250 Facial reconstruction \$500
Second Surgical Opinion	\$200/surgery procedure	\$200/surgery procedure
Skin Cancer	Biopsy Only: \$100 Reconstructive Surgery: \$250 Excision of a skin cancer: \$375 Excision of a skin cancer with flap or graft: \$600	Biopsy Only: \$100 Reconstructive Surgery: \$250 Excision of a skin cancer: \$375 Excision of a skin cancer with flap or graft: \$600
Specified Disease	The benefits of this plan will also pay if a covered person is diagnosed with one of the following Specified Diseases while coverage is in force: Addison's Disease, ALS, Brucellosis, Cerebrospinal Meningitis, Cystic Fibrosis, Diphtheria, Encephalitis, Hansen's Disease, Hepatitis (Chronic B or Chronic C with liver failure), Legionnaire's Disease, Lyme Disease, Multiple Sclerosis, Muscular Dystrophy, Myasthenia Gravis, Osteomyelitis, Poliomyelitis, Primary Biliary Cirrhosis, Primary Sclerosing Cholangitis, Rabies, Reye's Syndrome, Rocky Mountain Spotted Fever, Scarlet Fever, Sickle Cell Anemia, Systemic Lupus Erythematosus, Tetanus, Thalassemia, Tuberculosis, Tularemia, Typhoid Fever. Only one specified disease from this list may be claimed under this plan.	
Surgical Benefit	Schedule amount up to \$4,125	Schedule amount up to \$4,125
Transportation/Companion Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive treatment for internal cancer.	\$0.50/mile up to \$1,000 per round trip/equal benefit for companion	\$0.50/mile up to \$1,000 per round trip/equal benefit for companion
Waiver of Premium - If you become disabled due to cancer that is diagnosed after the employee's effective date, and you remain disabled for 90 days, we will waive the premium due after such 90 days for as long as you remain disabled.	Included	Included

GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America

Group number: 00036586

DONNA INDEPENDENT SCHOOL DISTRICT

ALL ELIGIBLE EMPLOYEES



Your cancer coverage

UNDERSTANDING YOUR BENEFITS :

- **Cancer** – Cancer means you have been diagnosed with a disease manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells in any part of the body. This includes leukemia, Hodgkin's disease, lymphoma, sarcoma, malignant tumors and melanoma. Cancer includes carcinomas in-situ (in the natural or normal place, confined to the site of origin, without having invaded neighboring tissue). Pre-malignant conditions or conditions with malignant potential, such as myelodysplastic and myeloproliferative disorders, carcinoid, leukoplakia, hyperplasia, actinic keratosis, polycythemia, and nonmalignant melanoma, moles or similar diseases or lesions will not be considered cancer. Cancer must be diagnosed while insured under the Guardian cancer plan.
- **Experimental Treatment** – Benefits will be paid for experimental treatment prescribed by a doctor for the purpose of destroying or changing abnormal tissue. All treatment must be NCI listed as viable experimental treatment for Internal Cancer.

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF CANCER LIMITATIONS AND EXCLUSIONS:

Conditional Issue underwriting is required on those enrolling outside of the initial enrollment period or annual open enrollment period.

This plan will not pay benefits for: Services or treatment not included in the Features. Services or treatment provided by a family member. Services or treatment rendered for hospital confinement outside the United States. Any cancer diagnosed solely outside of the United States. Services or treatment provided primarily for cosmetic purposes. Services or treatment for premalignant conditions. Services or treatment for conditions with malignant potential. Services or treatment for non-cancer sicknesses.

Cancer caused by, contributed to by, or resulting from: participating in a felony, riot or insurrection; intentionally causing a self-inflicted injury; committing or attempting to commit suicide while sane or insane; a covered person's mental or emotional disorder, alcoholism or drug addiction; engaging in any illegal activity; or serving in the armed forces or any auxiliary unit of the armed forces of any country.

If Cancer insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits.

Contract # GP-I-CAN-IC-12

Guardian's Cancer Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Policy Form # GP-1-CAN-IC-12, et al, GP-1-LAH-12R



Screening benefit with Guardian Cancer Insurance

Get money back for taking care of yourself

Every year, more and more people are being diagnosed with cancer and the number of new cancer cases is expected to rise to 23.6 million worldwide within the next two decades.¹ Guardian® Cancer Insurance provides a lump-sum payment for diagnosis, certain procedures, screenings and treatment. Payments are made directly to you, regardless of medical insurance, and can be used for both medical and non-medical expenses, such as transportation to treatment facilities, medical plan deductibles, out-of-pocket costs, and everyday expenses like rent or mortgage payments.

And with Guardian Cancer Insurance, you have a unique Screening Benefit that gives you money back.

If you or a covered individual complete any of the following cancer screening procedures, you'll receive a benefit payment once a year as part of your insurance plan²:

- Bone marrow testing
- BRCA testing
- Breast ultrasound
- Breast MRI
- CA 15-3 (blood test for breast cancer)
- CA125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest x-ray
- Colonoscopy/Virtual Colonoscopy
- CT scans /MRI scans
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Mammography
- Pap smear /ThinPrep pap test
- PSA (blood test for prostate cancer)
- Serum protein electrophoresis (blood test for myeloma)
- Testicular ultrasound
- Thermography



Did you know?

Early detection of cancer through screening has been determined to reduce mortality from cancers of the colon and rectum, breast, uterine cervix, prostate, and lung.³

Submitting your wellness benefit claim is easy

- Log on to guardianlife.com and select "My Account/Login" to register or access your account
- Under My Claims, click "Claims submission" and select Wellness icon and review brief coverage description
- Complete or verify member information
- Enter date of service, doctor's information and select screenings
- Review summary of the information entered and confirm accuracy
- Submit Claim



Your critical illness coverage

CRITICAL ILLNESS

Benefit Amount(s)

Employee may choose a lump sum benefit up to \$30,000. Please see your cost illustration for a full list of available benefit amounts.

CONDITIONS

Vascular

	1st OCCURRENCE	2nd OCCURRENCE
Heart Attack	100%	100%
Stroke	100%	100%
Heart Failure	100%	100%
Coronary Arteriosclerosis	30%	0%

Other

Organ Failure	100%	100%
Kidney Failure	100%	100%

ADDITIONAL CONDITIONS

1st OCCURRENCE ONLY

Addison's Disease	30%
ALS (Lou Gehrig's Disease)	100%
Alzheimer's Disease	50%
Coma	100%
Huntington's Disease	30%
Loss of Hearing	100%
Loss of Sight	100%
Loss of Speech	100%
Multiple Sclerosis	30%
Parkinson's Disease	100%
Permanent Paralysis	50% for 1 limb, 100% for 2 limbs
Severe Burns	100%

Childhood Conditions

1st OCCURRENCE ONLY

Cerebral Palsy	100%
Cleft Lip/Palate	100%
Club Foot	100%
Cystic Fibrosis	100%
Down's Syndrome	100%
Muscular Dystrophy	100%
Spina Bifida	100%
Type I Diabetes	100%

Spouse Benefit

May choose a lump sum benefit up to \$15,000. Please see your cost illustration for a full list of available benefit amounts.

Child Benefit- children age Birth to 26 years

50% of employee's lump sum benefit



Your critical illness coverage

CRITICAL ILLNESS

<p>Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period or the annual open enrollment period.</p>	<p>We Guarantee Issue up to: \$30,000</p> <p>For a spouse: \$15,000</p> <p>For a child: All Amounts</p>
<p>Health questions are required if the elected amount exceeds the Guarantee Issue.</p>	
<p>Portability: Allows you to take your Critical Illness coverage with you if you terminate employment.</p>	<p>Included</p>
<p>Pre-Existing Condition Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.</p>	<p>Not Applicable</p>

WELLNESS BENEFIT

Employee Per Year Limit	\$100
Spouse Per Year Limit	\$100
Child Per Year Limit	\$100

Condition Definitions

- Stroke: Stroke must be severe enough to cause neurological deficits at least 30 days after the event.
- Heart Failure: An insured must be placed on an organ transplant list in order to be eligible for the Heart failure benefits.
- Coronary Arteriosclerosis: Coronary Arteriosclerosis must be severe enough to require a coronary artery bypass graft.
- Organ Failure: Organ failure includes both lungs, liver, pancreas or bone marrow and requires the insured to be placed on an organ transplant list.
- Kidney Failure: An insured must be placed on an organ transplant list in order to be eligible for the Kidney failure benefits.

Critical Illness Cost Illustration

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses and expected financial needs during a Critical Illness.

Your premium will not increase as you age.

Spouse coverage premium is based on Employee age

Child cost is included with employee election.

Benefit Amount	Issue Age	Monthly Premiums Displayed Election Cost Per Age Bracket					
		< 30	30-39	40-49	50-59	60-69	70+
Employee							
\$10,000	Non-tobacco	\$3.20	\$5.30	\$8.60	\$14.90	\$24.90	\$34.70
	Tobacco	\$4.00	\$7.30	\$13.80	\$23.50	\$40.40	\$57.20
\$20,000	Non-tobacco	\$6.40	\$10.60	\$17.20	\$29.80	\$49.80	\$69.40
	Tobacco	\$8.00	\$14.60	\$27.60	\$47.00	\$80.80	\$114.40
\$30,000	Non-tobacco	\$9.60	\$15.90	\$25.80	\$44.70	\$74.70	\$104.10
	Tobacco	\$12.00	\$21.90	\$41.40	\$70.50	\$121.20	\$171.60
Benefit Amount Up To 50% of Employee Amount to a Maximum of \$15,000							
Spouse							
\$5,000	Non-tobacco	\$1.60	\$2.65	\$4.30	\$7.45	\$12.45	\$17.35
	Tobacco	\$2.00	\$3.65	\$6.90	\$11.75	\$20.20	\$28.60
\$10,000	Non-tobacco	\$3.20	\$5.30	\$8.60	\$14.90	\$24.90	\$34.70
	Tobacco	\$4.00	\$7.30	\$13.80	\$23.50	\$40.40	\$57.20
\$15,000	Non-tobacco	\$4.80	\$7.95	\$12.90	\$22.35	\$37.35	\$52.05
	Tobacco	\$6.00	\$10.95	\$20.70	\$35.25	\$60.60	\$85.80

EXCLUSIONS AND LIMITATIONS

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR CRITICAL ILLNESS:

We will not pay benefits for the First Occurrence of a Critical Illness if it occurs less than 3 months after the First Occurrence of a related Critical Illness for which this Plan paid benefits. By related we mean either: (a) both Critical Illnesses are contained within the Cancer Related Conditions category; or (b) both Critical Illnesses are contained within the Vascular Conditions category. We will not pay benefits for a Second occurrence (recurrence) of a Critical Illness unless the Covered Person has not exhibited symptoms or received care or treatment for that Critical Illness for at least 12 months in a row prior to the recurrence. For purposes of this exclusion, care or treatment does not include: (1) preventive medications in the absence of disease; and (2) routine scheduled follow-up visits to a Doctor.

We do not pay benefits for claims relating to a covered person: taking part in any war or act of war (including service in the armed forces) committing a felony or taking part in any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane.

Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the

US Department of State, subject to state specific variations.

Guardian's Critical Illness plan does not provide comprehensive medical coverage. It is a basic or limited benefit and is not intended to cover all medical expenses. It does not provide "basic hospital," "basic medical," or "medical" insurance as defined by the New York State Insurance Department.

Health questions are required on late enrollees. This coverage will not be effective until approved by a Guardian underwriter.

This policy will not pay for a diagnosis of a listed critical illness that is made before the insured's Critical Illness effective date with Guardian.

The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. See your certificate booklet for a full listing of exclusions & limitations..

If Critical Illness insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits..

Contract # GP-I-CI-14

GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America

Donna Independent School District

ALL ELIGIBLE EMPLOYEES

Group number: 00036586



Wellness benefit with Guardian Critical Illness Insurance

Get money back for taking care of yourself

When you or a family member suffers a serious illness such as a stroke or heart attack, Critical Illness Insurance can help with expenses that other insurance may not cover. Covered benefits go directly to you in a lump sum payment, and can be used for any purpose.

And with Guardian® Critical Illness, you have a unique Wellness Benefit that gives you money back.

If you or a covered individual complete any of the following routine wellness screenings and procedures designed to promote health, you'll receive a benefit payment once a year as part of your insurance plan¹:

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest x-ray
- Colonoscopy
- Completion of a smoking cessation program
- Completion of a weight reduction program
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test to determine level of HDL and LDL
- Serum protein electrophoresis (blood test for myeloma)
- Stress test on a bicycle or treadmill
- Thermography



Did You Know?

The Centers for Disease Control and Prevention states that regular health exams and tests can help find problems before they start, and can help find problems early, when your chances for treatment and cure are better.²

Submitting your wellness benefit claim is easy

- Log on to guardianlife.com and select "My Account/Login" to register or access your account
- Under My Claims, click "Claims submission" and select Wellness icon and review brief coverage description
- Complete or verify member information
- Enter date of service, doctor's information and select screenings
- Review summary of the information entered and confirm accuracy
- Submit Claim



Your hospital indemnity coverage

Hospital Indemnity		
	Option 1	Option 2
Coverage Details		
Your Monthly premium	\$15.82	\$30.68
You and Spouse	\$29.61	\$57.30
You and Child(ren)	\$25.31	\$49.00
You, Spouse and Child(ren)	\$39.09	\$75.62
Benefits		
Hospital/ICU Admission	\$500 per admission, limited to 2 admission(s) per insured.	\$1,000 per admission, limited to 2 admission(s) per insured.
Hospital/ICU Confinement	\$100/\$100 per day, limited to 15 day(s) per insured per benefit year.	\$200/\$200 per day, limited to 15 day(s) per insured per benefit year.
Ambulance Ground/Air	\$150/\$150 per day, limited to 2 day(s) per insured per benefit year.	\$150/\$150 per day, limited to 2 day(s) per insured per benefit year.
Health Screening	\$100 per day, limited to 1 day(s) per insured per benefit year.	\$100 per day, limited to 1 day(s) per insured per benefit year.
Home Health Care	\$75 per day, limited to 5 day(s) per insured per benefit year.	\$50 per day, limited to 5 day(s) per insured per benefit year.
Inpatient Surgical	\$250 per day, limited to 1 day(s) per insured per benefit year.	\$500 per day, limited to 1 day(s) per insured per benefit year.
Outpatient Surgery		
Category 1	Category 1 \$250	Category 1 \$500
Category 2	Category 2 \$500 limited to 1 days of surgery per insured per benefit year	Category 2 \$1,000 limited to 1 days of surgery per insured per benefit year
Transportation	\$100 per day of transportation, limited to 1 day(s) per insured per benefit year.	\$100 per day of transportation, limited to 1 day(s) per insured per benefit year.
Pre-Existing Conditions Limitation - A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	Not Applicable	Not Applicable
Portability - Allows you to take your Hospital Indemnity coverage with you if you terminate employment.	Included	Included
Child(ren) Age Limits	Children age birth to 26 years	Children age birth to 26 years

UNDERSTANDING YOUR BENEFITS – HOSPITAL INDEMNITY

Hospital Admission & Hospital ICU Admission benefits are not payable on the same day.

Premium will be waived if you are hospitalized for more than 30 days.

Hospital admission or confinement benefits are not payable for a newborn unless the child is admitted to the Neonatal ICU.



Your hospital indemnity coverage

UNDERSTANDING YOUR BENEFITS – HOSPITAL INDEMNITY (Cont.)

Hospital/ICU confinement benefits are not payable on the same day as Hospital/ICU admission benefit.

After initial enrollment, Hospital Indemnity coverage will continue as long as an insured is actively at work.

We limit what we pay for the for vaginal and scheduled caesarian newborn delivery to 25% of the Inpatient Surgery benefit.

Category 2 outpatient surgeries are paid at a higher benefit than category 1 outpatient surgeries based on the severity of the surgical procedure. For procedures not specifically listed in your certificate booklet, we will use the Current Procedural Terminology (CPT) Code provided by the Covered Person's Doctor and a current relative value scale to determine the category in which the procedure belongs.

Home Health Care must start within 7 days of release from Hospital or Rehabilitation Unit.

The Transportation benefit is paid if you must travel more than 50 miles one way for outpatient surgery or for hospital confinement in order to receive treatment for a covered event.

The Health screening benefit is paid for the completion of specified routine wellness screenings such as annual well visits, immunizations, mammography, chest x-ray, and many more.

LIMITATIONS AND EXCLUSIONS:

In order to be eligible for coverage: Employees must be legally working: (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian.

An applicant must enroll within 31 days of the coverage effective date. An open enrollment will occur each year during a 30 day time period specified by the policyholder. If an applicant does not enroll during their initial enrollment period, he/she may not enroll until the next open enrollment period.

This Plan will not pay benefits for:

- Treatment relating to a covered person: taking part in any war or act of war (including service in the armed forces), commission of or attempt to commit a felony, an act of terrorism, or participating in an illegal occupation, riot or insurrection.

- Suicide or any intentionally self-inflicted injury

Elective surgery;

Surgery to correct vision or hearing, unless medically necessary surgery for glaucoma, cataracts or other sickness or injury;

Dental care, dental xrays, or dental treatment;

Gastric or intestinal bypass services including lap banding, gastric stapling, and other similar procedures to facilitate weight loss; the reversal, or revision of such procedures; or services required for the treatment of complications from such procedures. This exclusion does not apply to completion of a weight reduction program that may be payable under the Health Screening benefit ;

Rest cures or custodial care, or treatment of sleep disorders;

Cosmetic surgery. This Exclusion does not apply to reconstructive surgery:

(a) on an injured part of the body following infection or disease of the involved part;

(b) of a congenital disease or anomaly of a covered dependent newborn or adopted infant; or

(c) on a nondiseased breast to restore and achieve symmetry between two breasts following a covered Mastectomy;

Treatment or removal of warts, moles, boils, skin blemishes or birthmarks, bunions, acne, corns, calluses, the cutting and trimming of toenails, care for flat feet, fallen arches or chronic foot strain;

Service, treatment or loss related to alcoholism or drug addiction, except for drugs prescribed by the Covered Person's Doctor and taken as prescribed;

Care or treatment for mental or nervous disorders;

Services, treatment or loss rendered in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;

Services or treatment Provided by a Doctor, Nurse or any other person who is employed or retained by a Covered Person or who is a Covered Person's Spouse, parent, brother, sister, child, Domestic Partner or partner in a civil union.

Surgery and treatment, procedures, products or services that are experimental or investigative.

Treatment of a Covered Dependent Child's Children;

Sickness or Injury sustained while on active duty in the armed forces of any country. This does not include Reserve or National Guard duty for training.

GP-I-HI-15

TrueFlex Universal Life

Donna ISD

Issue ages: Employees 17-65 years of age on effective date.

Pay Frequency: Monthly

Employee Face amount GI and Express Issue:

Age 17 to 34	GI Minimum \$25,000.00	GI Maximum \$100,000.00	Max Express \$150,000.00
Age 35 to 39	GI Minimum \$25,000.00	GI Maximum \$100,000.00	Max Express \$150,000.00
Age 40 to 49	GI Minimum \$25,000.00	GI Maximum \$100,000.00	Max Express \$150,000.00
Age 50 to 65	GI Minimum \$25,000.00	GI Maximum \$100,000.00	Max Express \$150,000.00

Riders Available

Employer Elected

Accidental Death Benefit 1X Face Amount (ages 17 to 59 employee and spouse only)

Dependent Policies

Spouse Express Issue

Age 17 to 34	Minimum \$25,000.00	Maximum \$50,000.00
Age 35 to 39	Minimum \$25,000.00	Maximum \$50,000.00
Age 40 to 49	Minimum \$25,000.00	Maximum \$50,000.00
Age 50 to 60	Minimum \$25,000.00	Maximum \$50,000.00

Children

Age 15 days to 25 \$25,000.00 only

Grandchildren

Age 15 days to 25 \$25,000.00 only



TEXAS REPUBLIC LIFE
INSURANCE COMPANY

Issue Age (ALB)	Monthly Premium with ADB (12 Pay Periods per Year)								Age to Which Coverage is Guaranteed at Table Premium
	25,000	30,000	40,000	50,000	75,000	100,000	125,000	150,000	
17-20	10.29	11.90	15.12	18.33	26.38	34.42	42.46	50.50	66
21	10.52	12.17	15.48	18.79	27.06	35.33	43.60	51.87	66
22	10.52	12.17	15.48	18.79	27.06	35.33	43.60	51.87	65
23	10.75	12.45	15.85	19.25	27.75	36.25	44.75	53.25	63
24	10.75	12.45	15.85	19.25	27.75	36.25	44.75	53.25	63
25	10.75	12.45	15.85	19.25	27.75	36.25	44.75	53.25	63
26	11.00	12.75	16.25	19.75	28.50	37.25	46.00	54.75	63
27	11.23	13.03	16.62	20.21	29.19	38.17	47.15	56.13	63
28	11.23	13.03	16.62	20.21	29.19	38.17	47.15	56.13	62
29	11.46	13.30	16.98	20.67	29.87	39.08	48.29	57.50	62
30	11.69	13.58	17.35	21.13	30.56	40.00	49.44	58.88	60
31	11.69	13.58	17.35	21.13	30.56	40.00	49.44	58.88	60
32	12.15	14.12	18.08	22.04	31.94	41.83	51.73	61.62	61
33	12.63	14.70	18.85	23.00	33.38	43.75	54.13	64.50	62
34	13.08	15.25	19.58	23.92	34.75	45.58	56.42	67.25	62
35	13.79	16.10	20.72	25.33	36.88	48.42	59.96	71.50	64
36	14.25	16.65	21.45	26.25	38.25	50.25	62.25	74.25	64
37	14.71	17.20	22.18	27.17	39.62	52.08	64.54	77.00	64
38	15.42	18.05	23.32	28.58	41.75	54.92	68.08	81.25	65
39	16.33	19.15	24.78	30.42	44.50	58.58	72.67	86.75	66
40	17.27	20.27	26.28	32.29	47.31	62.33	77.35	92.37	67
41	18.44	21.68	28.15	34.63	50.81	67.00	83.19	99.38	68
42	20.06	23.63	30.75	37.88	55.69	73.50	91.31	109.13	70
43	21.69	25.58	33.35	41.13	60.56	80.00	99.44	118.88	72
44	23.31	27.53	35.95	44.38	65.44	86.50	107.56	128.63	73
45	25.17	29.75	38.92	48.08	71.00	93.92	116.83	139.75	74
46	27.04	32.00	41.92	51.83	76.63	101.42	126.21	151.00	75
47	28.67	33.95	44.52	55.08	81.50	107.92	134.33	160.75	76
48	30.52	36.17	47.48	58.79	87.06	115.33	143.60	171.87	77
49	32.63	38.70	50.85	63.00	93.38	123.75	154.13	184.50	78
50	35.17	41.75	54.92	68.08	101.00	133.92	166.83	199.75	79
51	38.19	45.38	59.75	74.13	110.06	146.00	181.94	217.88	80
52	41.92	49.85	65.72	81.58	121.25	160.92	200.58	240.25	82
53	45.63	54.30	71.65	89.00	132.38	175.75	219.13	262.50	83
54	49.35	58.78	77.62	96.46	143.56	190.67	237.77	284.88	85
55	52.60	62.68	82.82	102.96	153.31	203.67	254.02	304.38	86
56	54.94	65.48	86.55	107.63	160.31	213.00	265.69	318.38	85
57	56.56	67.43	89.15	110.88	165.19	219.50	273.81	328.13	84
58	58.42	69.65	92.12	114.58	170.75	226.92	283.08	339.25	84
59	60.75	72.45	95.85	119.25	177.75	236.25	294.75	353.25	84
60	62.23	74.23	98.22	122.21	182.19	242.17	302.15	362.13	84
61	67.58	80.65	106.78	132.92	198.25	263.58	328.92	394.25	85
62	74.08	88.45	117.18	145.92	217.75	289.58	361.42	433.25	87
63	78.50	93.75	124.25	154.75	231.00	307.25	383.50	459.75	89
64	83.00	99.15	131.45	163.75	244.50	325.25	406.00	486.75	93
65	87.75	104.85	139.05	173.25	258.75	344.25	429.75	515.25	94

Children's Policy: \$9.00 per Pay Period [15 days through 25 years]

Grandchildren's Policy: \$9.00 Pay Period [15 days through 25 years]

TrueFlex

Class: Tobacco



**TEXAS REPUBLIC LIFE
INSURANCE COMPANY**

Issue Age (ALB)	Monthly Premium with ADB (12 Pay Periods per Year)								Age to Which Coverage is Guaranteed at Table Premium
	25,000	30,000	40,000	50,000	75,000	100,000	125,000	150,000	
17-20	14.25	16.65	21.45	26.25	38.25	50.25	62.25	74.25	66
21	14.71	17.20	22.18	27.17	39.62	52.08	64.54	77.00	66
22	14.71	17.20	22.18	27.17	39.62	52.08	64.54	77.00	65
23	15.42	18.05	23.32	28.58	41.75	54.92	68.08	81.25	63
24	15.42	18.05	23.32	28.58	41.75	54.92	68.08	81.25	63
25	15.42	18.05	23.32	28.58	41.75	54.92	68.08	81.25	63
26	15.65	18.32	23.68	29.04	42.44	55.83	69.23	82.62	63
27	15.88	18.60	24.05	29.50	43.13	56.75	70.38	84.00	63
28	16.10	18.88	24.42	29.96	43.81	57.67	71.52	85.38	62
29	16.33	19.15	24.78	30.42	44.50	58.58	72.67	86.75	62
30	18.21	21.40	27.78	34.17	50.12	66.08	82.04	98.00	60
31	18.21	21.40	27.78	34.17	50.12	66.08	82.04	98.00	60
32	18.67	21.95	28.52	35.08	51.50	67.92	84.33	100.75	61
33	18.90	22.22	28.88	35.54	52.19	68.83	85.48	102.12	62
34	19.13	22.50	29.25	36.00	52.88	69.75	86.63	103.50	62
35	20.29	23.90	31.12	38.33	56.38	74.42	92.46	110.50	64
36	21.00	24.75	32.25	39.75	58.50	77.25	96.00	114.75	64
37	22.15	26.12	34.08	42.04	61.94	81.83	101.73	121.62	64
38	22.85	26.98	35.22	43.46	64.06	84.67	105.27	125.88	65
39	24.25	28.65	37.45	46.25	68.25	90.25	112.25	134.25	66
40	26.33	31.15	40.78	50.42	74.50	98.58	122.67	146.75	67
41	27.96	33.10	43.38	53.67	79.37	105.08	130.79	156.50	68
42	30.06	35.63	46.75	57.88	85.69	113.50	141.31	169.13	70
43	33.31	39.53	51.95	64.38	95.44	126.50	157.56	188.63	72
44	35.17	41.75	54.92	68.08	101.00	133.92	166.83	199.75	73
45	37.73	44.83	59.02	73.21	108.69	144.17	179.65	215.13	74
46	40.06	47.63	62.75	77.88	115.69	153.50	191.31	229.13	75
47	42.38	50.40	66.45	82.50	122.63	162.75	202.88	243.00	76
48	44.71	53.20	70.18	87.17	129.62	172.08	214.54	257.00	77
49	48.42	57.65	76.12	94.58	140.75	186.92	233.08	279.25	78
50	50.98	60.73	80.22	99.71	148.44	197.17	245.90	294.63	79
51	54.94	65.48	86.55	107.63	160.31	213.00	265.69	318.38	80
52	59.81	71.33	94.35	117.38	174.94	232.50	290.06	347.63	82
53	63.77	76.07	100.68	125.29	186.81	248.33	309.85	371.37	83
54	68.65	81.92	108.48	135.04	201.44	267.83	334.23	400.62	85
55	72.15	86.12	114.08	142.04	211.94	281.83	351.73	421.62	86
56	75.17	89.75	118.92	148.08	221.00	293.92	366.83	439.75	85
57	77.48	92.53	122.62	152.71	227.94	303.17	378.40	453.63	84
58	81.67	97.55	129.32	161.08	240.50	319.92	399.33	478.75	84
59	85.17	101.75	134.92	168.08	251.00	333.92	416.83	499.75	84
60	87.35	104.38	138.42	172.46	257.56	342.67	427.77	512.88	84
61	93.40	111.62	148.08	184.54	275.69	366.83	457.98	549.12	85
62	101.06	120.83	160.35	199.88	298.69	397.50	496.31	595.13	87
63	108.96	130.30	172.98	215.67	322.37	429.08	535.79	642.50	89
64	117.56	140.63	186.75	232.88	348.19	463.50	578.81	694.13	93
65	123.38	147.60	196.05	244.50	365.63	486.75	607.88	729.00	94

Children's Policy: \$9.00 per Pay Period [15 days through 25 years]

Grandchildren's Policy: \$9.00 Pay Period [15 days through 25 years]



Save money with FSA pretax benefit accounts.

A Flexible Spending Account (FSA) puts more money in your pocket by reducing your taxable income when you contribute pretax dollars to pay for common expenses like these:



HEALTHCARE

- Medical/dental office visit co-pays
- Dental/orthodontic care services
- Prescriptions, vaccinations, and OTC
- Eye exams; prescription glasses/lenses

DEPENDENT CARE

- Daycare expenses
- Before & after school care
- Nanny/nursery school
- Elder care

TIPS

- Determine your elections based on your estimated out-of-pocket expenses for the year
- Your employer may offer other types of Benefit Accounts too; ask for details
- For a complete list of eligible expenses, see IRS Publications 502 & 503 at [irs.gov](https://www.irs.gov)

Increase your take-home pay by reducing your taxable income.

Each \$1 you contribute to your FSA reduces your taxable income by \$1. With less tax taken, your take-home pay increases!

Consider this example:
(For illustration only)



Richard has:

- Gross monthly pay of \$3,500
- \$600 per month in eligible expenses

Here is his net monthly take-home pay:

Without FSA

(\$600 spent using post-tax dollars)

\$1,932

With FSA

(\$600 spent using pretax dollars)

\$2,098

That's a net increase in take-home pay of **\$166 every month!**

To estimate potential savings based on your income and expenses, use the Tax Savings Calculator at www.tasconline.com/tasc-calculators/tasc-fsa-calculator/

See how easy it is to start saving with a TASC Benefit Account. See details on reverse.

How to participate.

It's easy to start saving with an FSA.

Just follow 3 simple steps:

1. DECIDE how much you want to contribute for the upcoming plan year

The more you contribute, the lower your taxable income will be. In spite of this, it's important to be conservative when choosing your annual contribution based on your anticipated qualified expenses since:

- The money you contribute to your benefit account can only be used for eligible FSA expenses.
- Any unused FSA funds at the close of the plan year are not refundable to you. A grace period or carryover may be in place for your plan. Check with your employer for plan specifics.

PLANNING TIPS

START by making a conservative estimate of how much you expect to spend on eligible out-of-pocket expenses for the year.

COMPARE your estimate to the IRS limits at www.tasconline.com/benefits-limits. If your estimate is higher than these annual contribution limits, consider making the maximum contribution allowed.

2. ENROLL by completing the enrollment process

Your contribution will be deducted in equal amounts from each paycheck, pretax, throughout the plan year.

Your total annual contribution to a **Healthcare FSA** will be available to you immediately at the start of the plan year. Alternatively, your **Dependent Care FSA** funds are only available as payroll contributions are made.

SPECIAL FEATURES



Identify Theft Protection: All active participants receive TASC Identity Theft Protection.

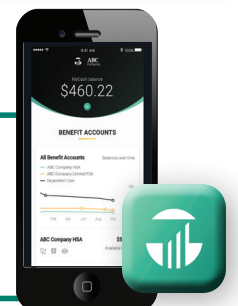


MyCash Account: Included on your TASC Card for faster reimbursement deposits and non-benefit purchases.

3. ACCESS your funds easily using the TASC Card

This convenient card automatically approves and deducts most eligible purchases from your benefit account with no paperwork required. Plus, for purchases made without the card, you can request reimbursement online, by mobile app, or using a paper form.

Reimbursements happen fast – within 12 hours – when you request to have them added to the MyCash balance on your TASC Card. You can use the MyCash balance on your card to get cash at ATMs or to buy anything you want anywhere Mastercard is accepted!



Track and manage all TASC benefits and access numerous helpful tools, anywhere and anytime—with just one app!



Search for "TASC" (green icon)

Directory of Carriers and Contact Information

BCBS of Texas-Medical & Rx

Website: www.bcbstx.com

Medical Customer Service: 800-521-2227

Pharmacy Mail-In-Order: www.myprime.com / 833-715-0942

Aetna-Dental & Vision

Website: www.aetna.com

Dental Customer Service: 877-238-6200

Vision Customer Service: 877-973-3238

Voya-Basic Life & Voluntary Term Group Life

Website: www.voya.com

Customer Service: 800-955-7736 (www.voya.com/claims)

The Standard-Disability & Accident

Website: www.standard.com

Disability Customer Service: 800-368-1135 (www.standard.com/eforms/3379.pdf)

Accident Customer Service: 866-851-5505 (www.standard.com/eforms/17502.pdf)

Guardian Life-Cancer, Critical Illness, & Hospital Indemnity

Website: www.guardianlife.com

Customer Service: 888-600-1600

Texas Republic Life, Universal Life

Website: www.texasrepubliclife.com

Customer Service: 800-263-7590 / Product Questions: 956-358-2820

TASC- FSA and Dependent Care Administration

Website: www.tasconline.com

Customer Service: 800-422-4661

Jeff Everitt & Associates, Inc. (Agency)

Website: www.jeinsurance.com

Office No.: 956-968-5954

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