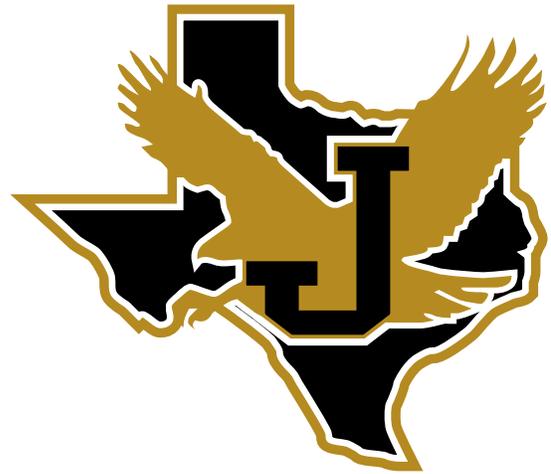
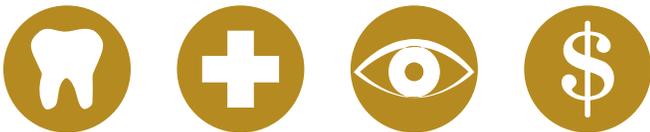


2022-2023

**EMPLOYEE
BENEFIT GUIDE**

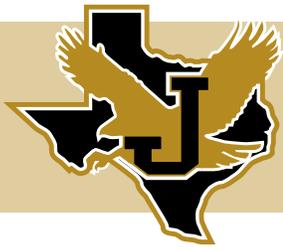


Junction ISD
Eagle Excellence Everyday



US **Employee Benefits**
Services Group.

Phone: (888) 836-5100 | Fax: (830) 606-2558 | www.usebsg.com

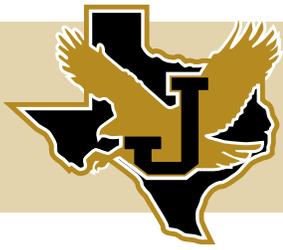


2022 Open Enrollment Information

The 2021-2022 Section 125 Cafeteria Plan year begins 9/1/22 and ends 8/31/23. All benefits elected during the annual open enrollment will be effective 09/01/2022.

Know Your Benefits! Below is a summary of benefits offered through JISD.

-  **Medical Insurance** - The district participates in TRS ActiveCare. All employees must elect or decline for themselves as well as all family members.
-  **1.800MD Teledoc** - Provides no-cost phone consultation with a physician for your entire family 24 hours a day, 365 days a year.
-  **MASA Medical Transportation** - Offers emergency medical transport solutions for the entire family.
-  **Colonial Cancer** - Pays the employee benefits related to cancer treatment. Includes a wellness benefit and pays over and above your major medical coverage.
-  **Standard LTD** - Plan includes both short and long term disability coverage for any non-occupational injury or illness as well as maternity. Plan allows you to protect up to two-thirds of your gross JISD income.
-  **Colonial Accident** - Pays the employee benefits for any off-the-job accident to help with medical expenses. Includes an Outpatient Physicians Benefit (OPT) that reimburses the employee a set dollar amount for seeing a physician for any reason.
-  **Colonial Critical Illness** - Pays the employee a lump sum benefit in the event of a listed critical illness. Includes wellness benefits and pays over and above your major medical coverage.
-  **MetLife Dental** - Coverage for preventative, basic, and major services for employees and dependents.
-  **Superior Vision** - Offers copays for eye examinations and materials (frames, lenses, etc.) or an allowance towards the purchase of contact lenses.
-  **NBS Flexible Spending Account (FSA)** - Make sure to spend/claim the money in your current reimbursement account by 8/31/2021. Visit fsa.nbsbenefits.com to check account balances or request information.
-  **Standard Group Life** - Group term life insurance that ends upon termination of employment from Junction ISD. JISD provides \$10,000 at NO COST and employees have the ability to increase coverage (subject to medical underwriting).
-  **Texas Life Insurance** - Portable, permanent life insurance for employees and their family. Employees have the ability to lock in rates at issue age and can keep coverage until age 121, regardless of employment status.



More Important Information

Covering Dependents?

If you cover dependents on any of your coverages through **JISD** you must provide the dependents name, date of birth, and social security number. You must have all of this information before dependents can be added to the system.

Making Changes During Year

Choose your benefits carefully. Several of the employee benefits plan contributions are made on a pre-tax basis and per IRS regulations, contribution amounts cannot be changed unless you experience a qualified life event. Qualifying life events include:

- Marriage, divorce, legal separation;
- Death of spouse or dependent;
- Birth or adoption of a child;
- Changes in employment for spouse or dependents;
- Significant cost or coverage changes;

You must submit your benefit change requests and include required documentation within 30 days of the event. Also note that per the IRS, only changes consistent with the life event are allowed.

New Employees

New employees must enroll within 30 days of their hire date. If employees fail to enroll within the 30 days, all benefits will be waived. Except for health insurance, plans will be effective on the first of the month following the date of hire. Health Insurance can be effective the date of hire **or** the first of the month following date of hire. **Please be aware that if you choose date of hire as effective date for health insurance, you will be charged for the entire month.**

Very Important

Please carefully review your paycheck(s) to ensure all deductions are correct. If you find a discrepancy in your paycheck, please contact Cheryl Herring immediately at 325-446-3537. Discrepancies must be identified within the first 30 days from the effective date of the policy to be considered.

Benefit Related Documents

For contact information, claim forms, benefits guides and more please visit www.junctionisd.net

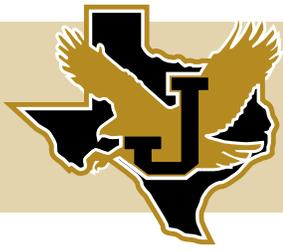


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Please contact US Employee Benefits Services Group if you have any questions regarding your supplemental benefits at 830-606-5100.

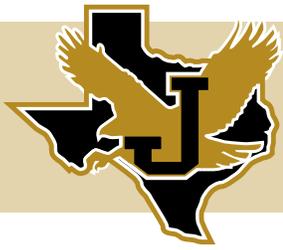


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DISTRICT CONTACT

Cheryl Herring
Employee Benefits Office
phone: (325) 446-3547
cheryl.herring@junctionisd.com

THIS BENEFIT BOOK HIGHLIGHTS CERTAIN FEATURES FROM THE DIFFERENT POLICIES AND RIDERS BUT IS NOT THE INSURANCE CONTRACT. PLEASE REFER TO THE GROUP MASTER APPLICATIONS OR YOUR POLICY FOR A FULL DISCLOSURE OF BENEFITS.

2022-23 TRS-ActiveCare Plan Highlights Sept. 1, 2022 – Aug. 31, 2023



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

How to Calculate Your Monthly Premium

Total Monthly Premium

⊖ Your District and State Contributions

⊖ **Your Premium**

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

Wellness Benefits at No Extra Cost*

Being healthy is easy with:

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

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

Things to Know

- TRS's Texas-sized purchasing power enables access to broad networks without county boundaries.
- Specialty drug insurance means you're covered, no matter what life throws at you.

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

Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$378	\$	\$474	\$	\$393	\$
Employee and Spouse	\$1,064	\$	\$1,159	\$	\$1,106	\$
Employee and Children	\$679	\$	\$763	\$	\$705	\$
Employee and Family	\$1,274	\$	\$1,457	\$	\$1,322	\$

Plan Features	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network
Individual/Family Deductible	\$2,500/\$5,000	\$1,200/\$3,600	\$3,000/\$6,000	\$5,500/\$11,000
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
Individual/Family Maximum Out of Pocket	\$8,150/\$16,300	\$6,900/\$13,800	\$7,050/\$14,100	\$20,250/\$40,500
Network	Statewide Network	Statewide Network	Nationwide Network	
PCP Required	Yes	Yes	No	

Doctor Visits				
Primary Care	\$30 copay	\$30 copay	You pay 30% after deductible	You pay 50% after deductible
Specialist	\$70 copay	\$70 copay	You pay 30% after deductible	You pay 50% after deductible

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

Prescription Drugs			
Drug Deductible	Integrated with medical	\$200 brand deductible	Integrated with medical
Generics (30-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
Preferred Brand	You pay 30% after deductible	You pay 25% after deductible	You pay 25% after deductible
Non-preferred Brand	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Specialty	\$0 if PrudentRx eligible; You pay 30% after deductible	\$0 if PrudentRx eligible; You pay 30% after deductible	You pay 20% after deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply	You pay 25% after deductible

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

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

Total Premium	Your Premium
\$1,013	\$
\$2,402	\$
\$1,507	\$
\$2,841	\$

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

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

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

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

What's New and What's Changing



This table shows you the changes between 2021-22 statewide premium price and this year's 2022-23 regional price for your Education Service Center.

		2021-22 Total Premium	New 2022-23 Total Premium	Change in Dollar Amount	Key Plan Changes
TRS-ActiveCare Primary	Employee Only	\$417	\$378	(\$39)	<ul style="list-style-type: none"> Member Rewards was expanded to include more than 100 new procedures Copay for Teladoc® rose from \$0 to \$12 Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply
	Employee and Spouse	\$1,176	\$1,064	(\$112)	
	Employee and Children	\$751	\$679	(\$72)	
	Employee and Family	\$1,405	\$1,274	(\$131)	
TRS-ActiveCare HD	Employee Only	\$429	\$393	(\$36)	<ul style="list-style-type: none"> In-network maximum rose by \$50/individual; \$100/families The Member Rewards program is now available for HD participants <ul style="list-style-type: none"> Rewards are paid through a limited-purpose Health Care Account (HCA) and can be used toward dental and vision expenses Consult fee for Teladoc rose from \$30 to \$42
	Employee and Spouse	\$1,209	\$1,106	(\$103)	
	Employee and Children	\$772	\$705	(\$67)	
	Employee and Family	\$1,445	\$1,322	(\$123)	
TRS-ActiveCare Primary+	Employee Only	\$542	\$474	(\$68)	<ul style="list-style-type: none"> Member Rewards was expanded to include more than 100 new procedures Copay for Teladoc rose from \$0 to \$12 Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply
	Employee and Spouse	\$1,334	\$1,159	(\$175)	
	Employee and Children	\$879	\$763	(\$116)	
	Employee and Family	\$1,675	\$1,457	(\$218)	
TRS-ActiveCare 2 (closed to new enrollees)	Employee Only	\$1,013	\$1,013	\$0	<ul style="list-style-type: none"> Copay for Teladoc rose from \$0 to \$12 Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply This plan is still closed to new enrollees
	Employee and Spouse	\$2,402	\$2,402	\$0	
	Employee and Children	\$1,507	\$1,507	\$0	
	Employee and Family	\$2,841	\$2,841	\$0	

At a Glance			
	Primary	HD	Primary+
Premiums	Lowest	Lower	Higher
Deductible	Mid-range	High	Low
Copays	Yes	No	Yes
Network	Statewide network	Nationwide network	Statewide network
PCP Required?	Yes	No	Yes
HSA-eligible?	No	Yes	No

Effective: Sept. 1, 2022

Compare Prices for Common Medical Services

REMEMBER:

Log into Blue Access for MembersSM at www.bcbstx.com/trsactivecare to use the cost estimator tool. This will help you find the best prices through different providers.

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

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

www.trs.texas.gov

2022-23 Health Maintenance Organization (HMO) Plans and Premiums for Select Regions of the State

REMEMBER:

Remember that when you choose an HMO, you're choosing a regional network.

TRS also contracts with HMOs in certain regions of the state to bring participants in those areas additional options. Not all HMOs are available in all regions. Please verify your eligibility.

	Central and North Texas Baylor Scott & White Health Plan <i>Brought to you by TRS-ActiveCare</i>	Blue Essentials - South Texas HMO <i>Brought to you by TRS-ActiveCare</i>	Blue Essentials - West Texas HMO <i>Brought to you by TRS-ActiveCare</i>
	You can choose this plan if you live in one of these counties: Austin, Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Collin, Coryell, Dallas, Denton, Ellis, Erath, Falls, Freestone, Grimes, Hamilton, Hays, Hill, Hood, Houston, Johnson, Lampasas, Lee, Leon, Limestone, Madison, McLennan, Milam, Mills, Navarro, Robertson, Rockwall, Somervell, Tarrant, Travis, Walker, Waller, Washington, Williamson	You can choose this plan if you live in one of these counties: Cameron, Hildalgo, Starr, Willacy	You can choose this plan if you live in one of these counties: Andrews, Armstrong, Bailey, Borden, Brewster, Briscoe, Callahan, Carson, Castro, Childress, Cochran, Coke, Coleman, Collingsworth, Comanche, Concho, Cottle, Crane, Crockett, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Eastland, Ector, Fisher, Floyd, Gaines, Garza, Glasscock, Gray, Hale, Hall, Hansford, Hartley, Haskell, Hemphill, Hockley, Howard, Hutchinson, Irion, Jones, Kent, Kimble, King, Knox, Lamb, Lipscomb, Llano, Loving, Lubbock, Lynn, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Moore, Motley, Nolan, Ochiltree, Oldham, Parmer, Pecos, Potter, Randall, Reagan, Reeves, Roberts, Runnels, San Saba, Schleicher, Scurry, Shackelford, Sherman, Stephens, Sterling, Stonewall, Sutton, Swisher, Taylor, Terry, Throckmorton, Tom Green, Upton, Ward, Wheeler, Winkler, Yoakum

Total Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	N/A	\$	N/A	\$	\$689.60	\$
Employee and Spouse	N/A	\$	N/A	\$	\$1,672.26	\$
Employee and Children	N/A	\$	N/A	\$	\$1,083.58	\$
Employee and Family	N/A	\$	N/A	\$	\$1,775.58	\$

Plan Features			
Type of Coverage	N/A	N/A	In-Network Coverage Only
Individual/Family Deductible	N/A	N/A	\$950/\$2,850
Coinsurance	N/A	N/A	You pay 25% after deductible
Individual/Family Maximum Out of Pocket	N/A	N/A	\$7,450/\$14,900

Doctor Visits			
Primary Care	N/A	N/A	\$20 copay
Specialist	N/A	N/A	\$70 copay

Immediate Care			
Urgent Care	N/A	N/A	\$50 copay
Emergency Care	N/A	N/A	\$500 copay before deductible + 25% after deductible

Prescription Drugs			
Drug Deductible	N/A	N/A	\$150
Days Supply	N/A	N/A	30-Day Supply/90-Day Supply
Generics	N/A	N/A	\$5/\$12.50 copay; \$0 for certain generics
Preferred Brand	N/A	N/A	You pay 30% after deductible
Non-preferred Brand	N/A	N/A	You pay 50% after deductible
Specialty	N/A	N/A	You pay 15%/25% after deductible (preferred/non-preferred)

www.trs.texas.gov



1.800MD is a fast, convenient alternative to waiting days for an appointment or spending hours sitting in the doctor's office, urgent care or ER. Whether it is 2 a.m. from your toddler's room or 7 p.m. from your business trip destination, our telehealth solutions save you time and money while providing peace of mind.

Quality Care When You Need It Most

Looking for care that fits your schedule? 1.800MD offers reliable, quality health care at your fingertips with a remarkable reputation. ***\$8.00/month covers your entire household.***

WHY CHOOSE 1.800MD?

SAVES MONEY	CONVENIENCE AND QUALITY CARE	SUPPORT	CUTTING EDGE TECHNOLOGY
<p>Visits to the emergency room or urgent care are costly prices to pay when many visits can be handled by calling 1.800MD. As a low-cost alternative 1.800MD physicians treat many common conditions via phone or video consultations, reducing unnecessary doctor's visits and saving you money.</p>	<p>With more than a decade of experience, 1.800MD provides individuals, families, employers and groups with best of class medical care 24/7/365. Available any time day or night, our board certified physicians are equipped to diagnose, recommend treatment and prescribe medications while in the comfort of your home, office or business trip destination.</p>	<p>Independently owned, 1.800MD focuses on customer satisfaction. Our member service representatives are available any time to assist you or answer any questions you may have.</p>	<p>1.800MD's website and mobile app are extensions of our customer service commitment. They provide consumers with access to fast, convenient access to health care. Individual secure member portals contain information and tools to help make informed health care decisions.</p>

SAVE MONEY AND TIME!

HOW DOES IT WORK?

Call **1.800.530.8666** or visit **www.1800MD.com** to secure convenient care anywhere.

1. ACTIVATE ACCOUNT

Activate your account online at **www.1800md.com** or by calling **1.800.530.8666**. Once activated, you will need to setup your member profile and complete your electronic health record.

2. REQUEST A CONSULT

Login to your account online or call member services at **1.800.530.8666** to request a consult anytime 24/7.

3. RECEIVE CARE

Receive diagnosis and treatment, giving you quality care and peace of mind wherever you are.

 **Employee Benefits** Offered through U.S. Employee Benefits Services Group.



Quality Care When You Need It Most

Frequently Asked Questions

Q: What is 1.800MD?

A: With more than a decade of experience, 1.800MD is focused on providing individuals, families, employers and groups with convenient medical care, anywhere in the United States (subject to state regulations) at any time. You can rest assured that 1.800MD's personalized telehealth solutions are unparalleled.

How does 1.800MD improve quality of care?

A: 1.800MD provides fast, convenient care for minor medical matters from the flu to allergies to urinary tract infections. With one of the largest networks of telemedicine physicians in the nation, 1.800MD's board-certified physicians are equipped to diagnose, recommend treatment and prescribe medications from the comfort of your home, office or travel destination (within the United States, subject to state regulations) 24/7/365.

Q: How does 1.800MD reduce health care costs?

A: 1.800MD saves you money by diagnosing and treating common ailments through our telehealth solutions, thus reducing unnecessary doctor's office and emergency room visits. Data shows up to 70 percent of all urgent care and emergency room visits are unneeded, costly and can be handled with a 1.800MD telephone or video consultation.

Q: What about the doctors?

A: 1.800MD has one of the largest networks of telemedicine physicians in the nation to ensure convenient care anywhere. A thorough review of medical licensure, training, education, work and malpractice history is performed every two years by a national third-party credentialing agency in accordance with the National Committee for Quality Assurance and the Utilization Review Accreditation Committee guidelines. With an average of 15 years of internal medicine, family practice or pediatrics experience, you can rest assured each physician is properly licensed in your state, board-certified and verified by the National Physician Data Base and the American Medical Association.

Q: Is there a minimum age requirement?

A: There is no minimum age to consult with a 1.800MD physician. However, the patient must have the ability to communicate his or her condition to the doctor to ensure the physician can properly diagnose and treat.

Q: I have a pre-existing condition. Will 1.800MD still accept me?

A: Absolutely! 1.800MD is not insurance. We do not deny access to quality care because of pre-existing conditions.

Q: Can I get a consultation after hours or on weekends?

A: Yes. 1.800MD is available 24 hours a day, seven days a week and 365 days a year.

Q: How are prescriptions filled?

A: If a 1.800MD physician recommends medication as part of your treatment plan, the prescription will be digitally sent to the local pharmacy of your choice.

Q: Are there any limitations as to what can be prescribed?

A: Yes. While a 1.800MD physician can prescribe appropriate medications to treat your condition such as antibiotics, anti-histamines and maintenance medicines, our physicians do not prescribe lifestyle drugs, medications regulated by the Drug Enforcement Agency or those that pose a potential for abuse or addiction.

For all other questions, please contact us at 1 (800) 530-8666.



EMERGENCY TRANSPORTATION COSTS

MASA MTS is here to protect its members and their families from the shortcomings of health insurance coverage by providing them with comprehensive financial protection for lifesaving emergency transportation services, both at home and away from home.

Many American employers and employees believe that their health insurance policies cover most, if not all ambulance expenses. The truth is, they DONOT!

Even after insurance payments for emergency transportation, you could receive a bill up to \$5,000 for ground ambulance and as high as \$70,000 for air ambulance. The financial burdens for medical transportation costs are very real.



HOW MASA IS DIFFERENT

Across the US there are thousands of ground ambulance providers and hundreds of air ambulance carriers. ONLY MASA offers comprehensive coverage since MASA is a PAYER and not a PROVIDER!

ONLY MASA provides over 1.6 million members with coverage for **BOTH ground ambulance and air ambulance transport, REGARDLESS of which provider transports them.**

Members are covered ANYWHERE in all 50 states and Canada!

Worldwide coverage is also available with our Platinum Membership.

Additionally, MASA provides a repatriation benefit: if a member is hospitalized more than 100 miles from home, MASA can arrange and pay to have them transported to a hospital closer to their place of residence.



Any Ground. Any Air. Anywhere.™

OUR BENEFITS

Benefit *	Platinum \$39/Month	Emergent Plus \$14/Month	Emergent \$9/Month
Emergent Ground Transportation	U.S./Canada	U.S./Canada	U.S./Canada
Emergent Air Transportation	U.S./Canada	U.S./Canada	U.S./Canada
Non-Emergent Air Transportation	Worldwide	U.S./Canada	
Repatriation	Worldwide	U.S./Canada	
Escort Transportation	Worldwide		
Mortal Remains Transportation	Worldwide		
Visitor Transportation	BCA**		
Minor Children/Grandchildren Return	BCA**		
Vehicle Return	BCA**		
Pet Return	BCA**		
Organ Retrieval	U.S./Canada		
Organ Recipient Transportation	U.S./Canada		



A MASA Membership prepares you for the unexpected and gives you the peace of mind to access vital emergency medical transportation no matter where you live, for a minimal monthly fee.

- One low fee for the **entire family**
- **NO** deductibles
- **NO** health questions
- **Easy** claims process

For more information, please contact

Your MASA Representative

EVERY FAMILY DESERVES A MASA MEMBERSHIP

* Please refer to the MSA for a detailed explanation of benefits and eligibility.

** Basic Coverage Area (BCA) includes U.S., Canada, Mexico, Bahamas, Bermuda, and Caribbean (excluding Cuba).

If diagnosed with cancer, how will you pay for what your health insurance won't?

The risk of developing cancer, unfortunately, is very real.

Nearly everyone has experienced or knows somebody who has experienced a cancer diagnosis in their family. The good news is that cancer screenings and cancer-fighting technologies have gotten a lot better in recent years. However, with advanced technology come high costs. Major medical health insurance is a great start, but even with this essential safety net, cancer sufferers can still be hit with unexpected medical and non-medical expenses.

Cancer coverage from Colonial Life offers the protection you need to concentrate on what is most important — your care.

Features of Colonial Life's Cancer Insurance:

1. Pays benefits to help with the cost of cancer screening and cancer treatment.
2. Provides benefits to help pay for the indirect costs associated with cancer, such as:
 - Loss of wages or salary
 - Deductibles and coinsurance
 - Travel expenses to and from treatment centers
 - Lodging and meals
 - Child care
3. Pays regardless of any other insurance you have with other insurance companies.
4. Provides a cancer screening benefit that you can use even if you are never diagnosed with cancer.
5. Benefits paid directly to you unless you specify otherwise.
6. Flexible coverage options for employees and their families.

This is a brief description of some available benefits.

We will pay benefits if one of the following routine cancer screening tests is performed or if cancer is diagnosed while your coverage is in force.

Cancer Screening Benefit Tests

This benefit is payable once per calendar year per covered person.

- Pap Smear
- ThinPrep Pap Test¹
- CA125 (Blood test for ovarian cancer)
- Mammography
- Breast Ultrasound
- CA 15-3 (Blood test for breast cancer)
- PSA (Blood test for prostate cancer)
- Chest X-ray
- Biopsy of Skin Lesion
- Colonoscopy
- Virtual Colonoscopy
- Hemoccult Stool Analysis
- Flexible Sigmoidoscopy
- CEA (Blood test for colon cancer)
- Bone Marrow Aspiration/Biopsy
- Thermography
- Serum Protein Electrophoresis (Blood test for Myeloma)

To file a claim for a covered cancer screening/wellness test, it is not necessary to complete a claim form. Call our toll-free Customer Service number, 1.800.325.4368, with the medical information

Inpatient Benefits

- Hospital and Hospital Intensive Care Unit Confinement
- Ambulance
- Private Full-Time Nursing Services
- Attending Physician

Treatment Benefits (In-or Outpatient)

- Radiation/Chemotherapy
- Antinausea Medication
- Blood/Plasma/Platelets/Immunoglobulins
- Experimental Treatment
- Hair Prosthesis/External Breast/Voice Box Prosthesis
- Supportive/Protective Care Drugs and Colony Stimulating Factors
- Bone Marrow Stem Cell Transplant
- Peripheral Stem Cell Transplant

Surgery Benefits

- Surgery Procedures (including skin cancer)
- Anesthesia (including skin cancer)
- Second Medical Opinion
- Reconstructive Surgery
- Prosthesis/Artificial Limb
- Outpatient Surgical Center

Transportation/Lodging Benefits

- Transportation
- Transportation for Companion
- Lodging

Extended Care Benefits

- Skilled Nursing Care Facility
- Hospice
- Home Health Care Service

Waiver of Premium

THIS IS A CANCER ONLY POLICY.

This policy has exclusions and limitations. For cost and complete details of the coverage, see your Colonial Life benefits counselor. Coverage may vary by state and may not be available in all states. Applicable to policy form GCAN-MP and certificate form GCAN-C (including state abbreviations where used, for example GCAN-C-TX.)

¹ThinPrep is a registered trademark of Cytyc Corporation.

Colonial Life

1200 Colonial Life Boulevard
Columbia, South Carolina 29210
coloniallife.com

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Cancer Insurance (GVCP3)

Group Voluntary Cancer from Allstate Benefits

See attached Important Information About Coverage.

Offered to the employees of: **Junction ISD**

BENEFIT AMOUNTS

	PLAN 1	PLAN 2
HOSPITAL AND RELATED BENEFITS		
Continuous Hospital Confinement (daily)	\$100	\$200
Government or Charity Hospital (daily)	\$100	\$200
Private Duty Nursing Services (daily)	\$100	\$200
Extended Care Facility (daily)	\$100	\$200
At Home Nursing (daily)	\$100	\$200
Hospice Care Center (daily) or Hospice Care Team (per visit)	\$100 \$100	\$200 \$200
RADIATION/CHEMOTHERAPY AND RELATED BENEFITS		
Radiation/Chemotherapy for Cancer ¹ (every 12 months)	\$5,000	\$10,000
Blood, Plasma, and Platelets ¹ (every 12 months)	\$5,000	\$10,000
Medical Imaging ¹	\$250	\$500
Hematological Drugs ¹	\$100	\$200
SURGERY AND RELATED BENEFITS		
Surgery ²	\$1,500	\$3,000
Anesthesia (% of surgery)	25%	25%
Ambulatory Surgical Center (daily)	\$250	\$500
Second Opinion	\$200	\$400
Bone Marrow or Stem Cell Transplant		
1. Autologous	\$500	\$1,000
2. Non-autologous (cancer or specified disease treatment)	\$1,250	\$2,500
3. Non-autologous (Leukemia)	\$2,500	\$5,000
MISCELLANEOUS BENEFITS		
Inpatient Drugs and Medicine (daily)	\$25	\$25
Physician's Attendance (daily)	\$50	\$50
Ambulance (per confinement)	\$100	\$100
Non-Local Transportation ¹ (per trip or mile)	Coach Fare or \$0.40/Mile	Coach Fare or \$0.40/Mile
Outpatient Lodging	\$50	\$50
Family Member Lodging (daily) and Transportation ¹ (per trip or mile)	\$50 Coach Fare or \$0.40/Mile	\$50 Coach Fare or \$0.40/Mile
Physical or Speech Therapy (daily)	\$50	\$50
New or Experimental Treatment ³ (every 12 months)	\$5,000	\$5,000
Prosthesis ³	\$2,000	\$2,000
Hair Prosthesis (every 2 years)	\$25	\$25
Nonsurgical External Breast Prosthesis ¹	\$50	\$50
Anti-Nausea Benefit ¹	\$200	\$200
Waiver of Premium (Employee only)	Yes	Yes
ADDITIONAL BENEFITS		
Cancer Initial Diagnosis (one-time benefit)	\$2,000	\$2,000
Wellness Benefit	\$50	\$50
Intensive Care		
1. Intensive Care Confinement (daily)	\$200	\$200
2. Step-Down Confinement (daily)	\$100	\$100
3. Air/Surface Ambulance	Actual Charges	Actual Charges

For Internal Home Office use only

¹Hosp; ²Rad; ¹Surg; ¹Misc; ²Init; ²ICU; ²Well; ⁰Prog

²Hosp; ⁴Rad; ²Surg; ¹Misc; ²Init; ²ICU; ²Well; ⁰Prog

¹Pays actual cost up to amount listed. ²Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery. ³Pays actual charges up to amount listed.

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**Group Cancer 1000 Base plus Additional Benefits
Monthly Premiums**

			Level 2 with \$2,000 Initial Diagnosis Benefit (includes ICU) with \$50 Wellness	Level 3 with \$2,000 Initial Diagnosis Benefit (includes ICU) with \$75 Wellness
Employee			\$12.80	\$19.40
Employee + Child(ren)			\$21.35	\$32.25
Employee + Spouse or Family			\$21.35	\$32.25

Group Cancer Insurance— Initial Diagnosis of Cancer Rider



The diagnosis of internal cancer can be an upsetting time. You do not need to add financial worry to what is already a very difficult situation. When you add an Initial Diagnosis of Cancer rider to your group cancer insurance coverage, you add a little more financial protection at the point you or an insured family member is diagnosed with internal cancer—a time before many medical costs are incurred.

Rider Benefits

This rider pays a lump sum benefit for the initial diagnosis of internal (not skin) cancer. Use the benefit any way you choose, such as to help pay for deductibles and coinsurance on your major medical insurance or settle any outstanding debts.

Rider Features

- Guaranteed renewable as long as your cancer insurance policy is in force.
- Covers the same family members as your cancer insurance policy.
- Pays benefits regardless of any other insurance you have with other insurance companies.
- Pays benefits directly to you, unless you specify otherwise.

This rider has exclusions and limitations. For cost and complete details of the coverage, see your Colonial Life benefits counselor. Coverage may vary by state and may not be available in all states. Applicable to rider form R-GCAN-Indx (including state abbreviations where used - for example: R-GCAN-Indx-TX).

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Columbia, South Carolina 29210
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Voluntary Long Term Disability Insurance

Standard Insurance Company has developed this document to provide you with information about the optional insurance coverage you may select through the Junction Independent School District. Written in non-technical language, this is not intended as a complete description of the coverage. If you have additional questions, please check with your human resources representative.

Employer Plan Effective Date

A minimum number of eligible employees must apply and qualify for the proposed plan before Voluntary LTD coverage can become effective. This level of participation has been agreed upon by the Junction Independent School District and The Standard.

Eligibility

To become insured, you must be:

- A regular employee of the Junction Independent School District, excluding temporary or seasonal employees, full-time members of the armed forces, leased employees or independent contractors
- Actively at work at least 20 hours each week
- A citizen or resident of the United States or Canada

Employee Coverage Effective Date

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

- Eligibility requirements
- An eligibility waiting period (check with your human resources representative)
- An evidence of insurability requirement, if applicable
- An active work requirement. This means that 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.

Benefit Amount

You may select a monthly benefit amount in \$100 increments from \$200 to \$8,000; 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 earnings.

Benefits are payable for non-occupational disabilities only. Occupational disabilities are not covered.

Plan Maximum Monthly Benefit: 66 2/3 percent of predisability earnings

Plan Minimum Monthly Benefit: 25 percent of your LTD benefit before reduction by deductible income

Benefit Waiting Period and Maximum Benefit 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 maximum benefit period is the period for which benefits are payable. The benefit waiting period and maximum benefit period associated with your plan options are shown below:

<u>Option</u>	<u>Accidental Injury</u>	<u>Other Disability</u>	<u>Maximum Benefit Period</u>
1	0 days	7 days	5 Years for Sickness and To Age 65 for Accident
2	14 days	14 days	5 Years for Sickness and To Age 65 for Accident
3	30 days	30 days	5 Years for Sickness and To Age 65 for Accident
4	60 days	60 days	5 Years for Sickness and To Age 65 for Accident
5	90 days	90 days	5 Years for Sickness and To Age 65 for Accident
6	180 days	180 days	5 Years for Sickness and To Age 65 for Accident

Options 1-6: Maximum Benefit Period of 5 years for Sickness

If you become disabled before age 62, LTD benefits may continue during disability for 5 years. 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

Options 1-6: Maximum Benefit Period 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

First Day Hospital Benefit

With this benefit, if an insured employee is hospital confined for at least four hours, is admitted as an inpatient and is charged room and board during the benefit waiting period, the benefit waiting period will be satisfied. Benefits become payable on the date of hospitalization; the maximum benefit period also begins on that date. This feature is included only on LTD plans with benefit waiting periods of 30 days or less.

Preexisting Condition Exclusion

A detailed description of the preexisting condition exclusion is included in the Group Policy. If you have questions, please check with your human resources representative.

Preexisting Condition Period: The 90-day period just before your insurance becomes effective

Exclusion Period: 12 months

Preexisting Condition Waiver

The Standard may pay benefits for up to 90 days even if you have a preexisting condition. After 90 days, The Standard will continue benefits only if the preexisting condition exclusion does not apply.

Own Occupation Period

For the plan's definition of disability, as described in your brochure, the own occupation period is the first 24 months for which LTD benefits are paid.

Any Occupation Period

The any occupation period begins at the end of the own occupation period and continues until the end of the maximum benefit period.

Other LTD Features

- **Employee Assistance Program (EAP)** – This program offers support, guidance and resources that can help an employee resolve personal issues and meet life's challenges.
- **Family Care Expense Adjustment** – Disabled employees faced with the added expense of family care when returning to work may receive combined income from LTD benefits and work earnings in excess of 100 percent of indexed predisability earnings during the first 12 months immediately after a disabled employee's return to work.
- **Special Dismemberment Provision** – If an employee suffers a lost as a result of an accident, the employee will be considered disabled for the applicable Minimum Benefit Period and can extend beyond the end of the Maximum Benefit Period
- **Reasonable Accommodation Expense Benefit** – Subject to The Standard's prior approval, this benefit allows us to pay up to \$25,000 of an employer's expenses toward work-site modifications that result in a disabled employee's return to work.
- **Survivor Benefit** – A Survivor Benefit may also be payable. This benefit can help to address a family's financial need in the event of the employee's death.
- **Return to Work (RTW) Incentive** – The Standard's RTW Incentive is one of the most comprehensive in the employee benefits history. For the first 12 months after returning to work, the employee's LTD benefit will not be reduced by work earnings until work earnings plus the LTD benefit exceed 100 percent of predisability earnings. After that period, only 50 percent of work earnings are deducted.
- **Rehabilitation Plan Provision** – Subject to The Standard's prior approval, rehabilitation incentives may include training and education expense, family (child and elder) care expenses, and job-related and job search expenses.

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 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

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:

1. 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.
2. 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.
3. 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.

Group Insurance Certificate

If you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage. The information presented above is controlled by the group policy and does not modify it in any way. The controlling provisions are in the group policy issued by Standard Insurance Company.

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	7.20	6.26	5.40	3.50	2.98	2.28
5,400	450	300	10.80	9.39	8.10	5.25	4.47	3.42
7,200	600	400	14.40	12.52	10.80	7.00	5.96	4.56
9,000	750	500	18.00	15.65	13.50	8.75	7.45	5.70
10,800	900	600	21.60	18.78	16.20	10.50	8.94	6.84
12,600	1,050	700	25.20	21.91	18.90	12.25	10.43	7.98
14,400	1,200	800	28.80	25.04	21.60	14.00	11.92	9.12
16,200	1,350	900	32.40	28.17	24.30	15.75	13.41	10.26
18,000	1,500	1,000	36.00	31.30	27.00	17.50	14.90	11.40
19,800	1,650	1,100	39.60	34.43	29.70	19.25	16.39	12.54
21,600	1,800	1,200	43.20	37.56	32.40	21.00	17.88	13.68
23,400	1,950	1,300	46.80	40.69	35.10	22.75	19.37	14.82
25,200	2,100	1,400	50.40	43.82	37.80	24.50	20.86	15.96
27,000	2,250	1,500	54.00	46.95	40.50	26.25	22.35	17.10
28,800	2,400	1,600	57.60	50.08	43.20	28.00	23.84	18.24
30,600	2,550	1,700	61.20	53.21	45.90	29.75	25.33	19.38
32,400	2,700	1,800	64.80	56.34	48.60	31.50	26.82	20.52
34,200	2,850	1,900	68.40	59.47	51.30	33.25	28.31	21.66
36,000	3,000	2,000	72.00	62.60	54.00	35.00	29.80	22.80
37,800	3,150	2,100	75.60	65.73	56.70	36.75	31.29	23.94
39,600	3,300	2,200	79.20	68.86	59.40	38.50	32.78	25.08
41,400	3,450	2,300	82.80	71.99	62.10	40.25	34.27	26.22
43,200	3,600	2,400	86.40	75.12	64.80	42.00	35.76	27.36
45,000	3,750	2,500	90.00	78.25	67.50	43.75	37.25	28.50
46,800	3,900	2,600	93.60	81.38	70.20	45.50	38.74	29.64
48,600	4,050	2,700	97.20	84.51	72.90	47.25	40.23	30.78
50,400	4,200	2,800	100.80	87.64	75.60	49.00	41.72	31.92
52,200	4,350	2,900	104.40	90.77	78.30	50.75	43.21	33.06
54,000	4,500	3,000	108.00	93.90	81.00	52.50	44.70	34.20
55,800	4,650	3,100	111.60	97.03	83.70	54.25	46.19	35.34
57,600	4,800	3,200	115.20	100.16	86.40	56.00	47.68	36.48
59,400	4,950	3,300	118.80	103.29	89.10	57.75	49.17	37.62
61,200	5,100	3,400	122.40	106.42	91.80	59.50	50.66	38.76
63,000	5,250	3,500	126.00	109.55	94.50	61.25	52.15	39.90
64,800	5,400	3,600	129.60	112.68	97.20	63.00	53.64	41.04
66,600	5,550	3,700	133.20	115.81	99.90	64.75	55.13	42.18
68,400	5,700	3,800	136.80	118.94	102.60	66.50	56.62	43.32
70,200	5,850	3,900	140.40	122.07	105.30	68.25	58.11	44.46
72,000	6,000	4,000	144.00	125.20	108.00	70.00	59.60	45.60

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	147.60	128.33	110.70	71.75	61.09	46.74
75,600	6,300	4,200	151.20	131.46	113.40	73.50	62.58	47.88
77,400	6,450	4,300	154.80	134.59	116.10	75.25	64.07	49.02
79,200	6,600	4,400	158.40	137.72	118.80	77.00	65.56	50.16
81,000	6,750	4,500	162.00	140.85	121.50	78.75	67.05	51.30
82,800	6,900	4,600	165.60	143.98	124.20	80.50	68.54	52.44
84,600	7,050	4,700	169.20	147.11	126.90	82.25	70.03	53.58
86,400	7,200	4,800	172.80	150.24	129.60	84.00	71.52	54.72
88,200	7,350	4,900	176.40	153.37	132.30	85.75	73.01	55.86
90,000	7,500	5,000	180.00	156.50	135.00	87.50	74.50	57.00
91,800	7,650	5,100	183.60	159.63	137.70	89.25	75.99	58.14
93,600	7,800	5,200	187.20	162.76	140.40	91.00	77.48	59.28
95,400	7,950	5,300	190.80	165.89	143.10	92.75	78.97	60.42
97,200	8,100	5,400	194.40	169.02	145.80	94.50	80.46	61.56
99,000	8,250	5,500	198.00	172.15	148.50	96.25	81.95	62.70
100,800	8,400	5,600	201.60	175.28	151.20	98.00	83.44	63.84
102,600	8,550	5,700	205.20	178.41	153.90	99.75	84.93	64.98
104,400	8,700	5,800	208.80	181.54	156.60	101.50	86.42	66.12
106,200	8,850	5,900	212.40	184.67	159.30	103.25	87.91	67.26
108,000	9,000	6,000	216.00	187.80	162.00	105.00	89.40	68.40
109,800	9,150	6,100	219.60	190.93	164.70	106.75	90.89	69.54
111,600	9,300	6,200	223.20	194.06	167.40	108.50	92.38	70.68
113,400	9,450	6,300	226.80	197.19	170.10	110.25	93.87	71.82
115,200	9,600	6,400	230.40	200.32	172.80	112.00	95.36	72.96
117,000	9,750	6,500	234.00	203.45	175.50	113.75	96.85	74.10
118,800	9,900	6,600	237.60	206.58	178.20	115.50	98.34	75.24
120,600	10,050	6,700	241.20	209.71	180.90	117.25	99.83	76.38
122,400	10,200	6,800	244.80	212.84	183.60	119.00	101.32	77.52
124,200	10,350	6,900	248.40	215.97	186.30	120.75	102.81	78.66
126,000	10,500	7,000	252.00	219.10	189.00	122.50	104.30	79.80
127,800	10,650	7,100	255.60	222.23	191.70	124.25	105.79	80.94
129,600	10,800	7,200	259.20	225.36	194.40	126.00	107.28	82.08
131,400	10,950	7,300	262.80	228.49	197.10	127.75	108.77	83.22
133,200	11,100	7,400	266.40	231.62	199.80	129.50	110.26	84.36
135,000	11,250	7,500	270.00	234.75	202.50	131.25	111.75	85.50
136,800	11,400	7,600	273.60	237.88	205.20	133.00	113.24	86.64
138,600	11,550	7,700	277.20	241.01	207.90	134.75	114.73	87.78
140,400	11,700	7,800	280.80	244.14	210.60	136.50	116.22	88.92
142,200	11,850	7,900	284.40	247.27	213.30	138.25	117.71	90.06
144,000	12,000	8,000	288.00	250.40	216.00	140.00	119.20	91.20

Group Accident Insurance

Preferred Plan



For more information,
talk with your
benefits counselor.

ColonialLife.com

Group accident insurance can help with medical or other costs associated with a covered accident or injury that your health insurance may not cover. With this coverage you may not need to use your savings or secure a loan to help pay those unexpected out-of-pocket expenses. Coverage options are available for you, your spouse and eligible dependent children.

Benefits are per covered person per covered accident unless stated otherwise

Accident emergency treatment \$150

One visit per covered person per covered accident and
Up to four visits per covered person per calendar year

Accident follow-up doctor visit \$50

Up to four visits per covered person per covered accident and
Up to 16 visits per covered person per calendar year

Accidental death

Per covered person

	Accidental death	Accidental death common carrier
■ Named insured	\$50,000	\$200,000
■ Spouse	\$50,000	\$200,000
■ Dependent child(ren)	\$10,000	\$40,000

Examples of common carriers are mass transit trains, buses and planes

Accidental dismemberment

Loss or loss of use

■ One hand, arm, foot, leg or sight of an eye	\$9,000
■ Both hands, arms, feet, legs or the sight of both eyes; or any combination	\$18,000
■ One finger or one toe	\$1,050
■ Two or more fingers; two or more toes; or any combination	\$2,100

Air ambulance \$1,500

Transportation to or from a hospital or medical facility

Ambulance (ground)..... \$300

Transportation to or from a hospital or medical facility

Appliance aid in personal locomotion or mobility \$100

Walking boot, neck brace, back brace, leg brace, cane, crutches, walker and wheelchair

Blood/plasma/platelets \$400

Required during treatment of a covered accident

Burn

■ 2nd-degree burns (covering at least 36% of the body's surface)	\$1,000
■ 3rd-degree burns (based on size)	\$2,000 – \$15,000

Burn-skin graft..... 50% of applicable burn benefit

As a result of 2nd-degree or 3rd-degree burns

Alex was cleaning out the gutters when he fell.



EMERGENCY ROOM VISIT

Alex was taken by ambulance to the nearest emergency room and received immediate care.



DIAGNOSTIC PROCEDURE

The doctor ordered an X-ray and discovered Alex had fractured his leg.



HOSPITAL CONFINEMENT

Alex was admitted to the hospital for surgery on his leg. He was confined for three days.



APPLIANCE FOR MOBILITY

Alex used crutches.



PHYSICAL THERAPY

Alex had eight sessions of PT to help him regain the strength in his leg.



DOCTOR'S OFFICE VISIT

Over the next several weeks, he had three follow-up appointments with his doctor.

ALEX'S OUT-OF-POCKET EXPENSES

When Alex totaled up the bills, he had to pay his annual deductible, as well as co-payments for the ambulance, emergency room, hospital, surgery, physical therapy and follow-up visits. Luckily, Alex had accident coverage to help with these expenses.

ALEX'S BENEFITS	
Ambulance	\$300
Emergency room visit	\$150
X-ray	\$60
Hospital admission	\$1,000
Hospital confinement	\$750
Leg fracture (surgical)	\$3,600
Physical therapy	\$360
Appliance (crutches)	\$100
Doctor's follow-up office visit	\$150
	\$6,470

Catastrophic accident

Total and irrecoverable loss or loss of use

- Both hands, arms, feet, legs or the sight of both eyes; or any combination; or
- Loss of hearing in both ears or loss of ability to speak

Subject to a 365-day elimination period; payable once per lifetime per covered person

- Named insured\$50,000
- Spouse\$50,000
- Dependent child(ren).....\$25,000

Coma \$10,000

Lasting for 14 or more consecutive days

Concussion \$375

Dislocation (separated joint) Non-surgical Surgical

- Hip\$3,000 \$6,000
- Knee (except patella)\$1,500 \$3,000
- Ankle, bone or bones of the foot (other than toes)\$1,200 \$2,400
- Collarbone (sternoclavicular)\$800 \$1,600
- Collarbone (acromioclavicular and separation)\$200 \$400
- Lower jaw\$720 \$1,440
- Shoulder (glenohumeral)\$1,200 \$2,400
- Elbow\$450 \$900
- Wrist\$600 \$1,200
- Bone(s) of the hand, (other than fingers)\$810 \$1,620
- Finger, toe\$200 \$400
- Incomplete dislocation or dislocation reduction without anesthesia25% of the applicable non-surgical amount

Emergency dental work

- Dental crown or denture\$300
- Dental extraction\$100

Eye injury \$300

With surgical repair or removal of a foreign object

Fracture (broken bone) Non-surgical Surgical

- Skull, depressed fracture (except face/nose)\$3,750 \$7,500
- Skull, simple non-depressed fracture (except face/nose)\$1,800 \$3,600
- Hip, thigh (femur)\$3,150 \$6,300
- Body of vertebrae (excluding vertebral processes)\$2,700 \$5,400
- Pelvis\$2,400 \$4,800
- Leg (tibia and/or fibula)\$1,800 \$3,600
- Bones of the face or nose (except mandible or maxilla)\$910 \$1,820
- Upper jaw, maxilla, upper arm between elbow and shoulder\$1,050 \$2,100
- Lower jaw, mandible\$1,200 \$2,400
- Kneecap, ankle, foot\$1,200 \$2,400
- Shoulder blade, collarbone\$1,200 \$2,400
- Vertebral processes\$630 \$1,260
- Forearm, hand, wrist\$1,200 \$2,400
- Rib\$375 \$750
- Coccyx\$320 \$640
- Finger, toe\$200 \$400
- Chip fracture25% of the applicable non-surgical amount

For illustrative purposes only.

Benefit amounts may vary and may not cover all expenses. The certificate has exclusions and limitations.

Hospital admission	\$1,000
Per covered person per covered accident	
Hospital confinement	\$250 per day
Up to 365 days per covered person per covered accident	
Hospital intensive care unit admission	\$1,750
Per covered person per covered accident	
Hospital intensive care unit confinement	\$400 per day
Up to 15 days per covered person per covered accident	
Knee cartilage (torn)	\$750
Laceration (no repair, without stitches)	\$50
Laceration (repaired by stitches)	
■ Total of all lacerations is less than two inches long	\$150
■ Total of all lacerations is at least two but less than six inches long	\$300
■ Total of all lacerations is six inches or longer	\$600
Lodging (companion)	\$200 per day
Up to 30 days per covered person per covered accident	
Medical imaging study (CT, CAT scan, EEG, MR or MRI)	\$200
One benefit per covered person per covered accident per calendar year	
Occupational or physical therapy	\$45 per day
Up to 10 days per covered person per covered accident	
Pain management for epidural anesthesia	\$150
Prosthetic device/artificial limb	
One benefit per covered person per covered accident	
■ One	\$1,250
■ More than one	\$2,500
Rehabilitation unit confinement	\$150 per day
Immediately after a period of hospital confinement due to a covered accident; up to 15 days per covered person per covered accident, not to exceed 30 days per covered person per calendar year	
Ruptured disc with surgical repair	\$900
Surgery	
■ Cranial, open abdominal and thoracic	\$1,500
■ Hernia with surgical repair	\$300
Surgery (exploratory and arthroscopic)	\$225
Tendon/ligament/rotator cuff	
■ One with surgical repair	\$900
■ Two or more with surgical repair	\$1,800
Transportation for hospital confinement	\$600 per round trip
Up to three round trips for more than 50 miles from home per covered person per covered accident	
X-ray	\$60



For more information,
talk with your
benefits counselor.



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HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE

This plan is compatible with HSA guidelines and any other HSA plan in which a covered family member may participate. It may also be offered to employees who do not have HSAs.

THIS CERTIFICATE PROVIDES LIMITED BENEFITS.

EXCLUSIONS

We will not pay benefits for losses that are caused by, contributed to by or occur as the result of a covered person's felonies or illegal occupations, hazardous avocations, racing, semi-professional or professional sports, sickness, suicide or injuries which any covered person intentionally does to himself, war or armed conflict. In addition, we will not pay Catastrophic Accident benefits for injuries a child received during birth, or for injuries that are the result of being intoxicated or under the influence of any narcotics.

This information is not intended to be a complete description of the insurance coverage available. This coverage has exclusions and limitations that may affect benefits payable. For cost and complete details, see your Colonial Life benefits counselor. This brochure is applicable to policy form GACC1.0-P and certificate form GACC1.0-C (plus state abbreviations where applicable, such as GACC1.0-P-EE-TX and certificate form GACC1.0-C-EE-TX). Coverage may vary by state and may not be available in all states. Premium at the effective date will vary according to the family coverage type.

Group Accident for TX

Applicable to policy forms GACC1.0-P & GACC1.0-C

- Off-Job Accident Coverage, Health Screening Benefit (\$50 Benefit)

Preferred

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-99	\$14.19	\$22.97	\$25.70	\$34.48

Important Notice

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an outline of coverage, sample policy/certificate, proposal description or see your Colonial Life benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices.

Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.

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Joe Conley | joeconley@colonialntx.com | (972) 668-2408



Group Critical Illness Insurance

Plan 1

When life takes an unexpected turn due to a critical illness diagnosis, your focus should be on recovery — not finances. Colonial Life’s group critical illness insurance helps provide financial support by providing a lump-sum benefit payable directly to you for your greatest needs.

Coverage amount: _____

Critical illness benefit

COVERED CONDITION ¹	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Benign brain tumor	100%
Coma	100%
End stage renal (kidney) failure	100%
Heart attack (myocardial infarction)	100%
Loss of hearing	100%
Loss of sight	100%
Loss of speech	100%
Major organ failure requiring transplant	100%
Occupational infectious HIV or occupational infectious hepatitis B, C or D	100%
Stroke	100%
Sudden cardiac arrest	100%
Coronary artery disease	25%

An unexpected moment changes life forever

Chris was mowing the lawn when he suffered a stroke. His recovery will be challenging, and he's worried, since his family relies on his income.

HOW CHRIS'S COVERAGE HELPED

The lump-sum payment from his critical illness insurance helped pay for:



Co-payments and hospital bills not covered by his medical insurance



Physical therapy to get back to doing what he loves



Household expenses while he was unable to work

For illustrative purposes only.

KEY BENEFITS

- Available coverage for spouse and eligible dependent children at 50% of your coverage amount
- Cover your eligible dependent children at no additional cost
- Receive coverage regardless of medical history, within specified limits
- Works alongside your health savings account (HSA)
- Benefits payable regardless of other insurance

Subsequent diagnosis of a different critical illness²

If you receive a benefit for a critical illness and are later diagnosed with a different critical illness, 100% of the coverage amount may be payable for that particular critical illness.

Subsequent diagnosis of the same critical illness²

If you receive a benefit for a critical illness and are later diagnosed with the same critical illness,³ 25% of the coverage amount may be payable for that critical illness.

Additional covered conditions for dependent children

COVERED CONDITION ¹	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Cerebral palsy	100%
Cleft lip or palate	100%
Cystic fibrosis	100%
Down syndrome	100%
Spina bifida	100%

For more information,
talk with your
benefits counselor.

Preparing for the unexpected is simpler than you think.
With Colonial Life, you'll have the support you need to face
life's toughest challenges.

1. Refer to the certificate for complete definitions of covered conditions.
2. Dates of diagnoses of a covered critical illness must be separated by more than 180 days.
3. Critical illnesses that do not qualify include: coronary artery disease, loss of hearing, loss of sight, loss of speech, and occupational infectious HIV or occupational infectious hepatitis B,C or D.

THIS INSURANCE PROVIDES LIMITED BENEFITS.

EXCLUSIONS AND LIMITATIONS FOR CRITICAL ILLNESS

We will not pay the Critical Illness Benefit, Benefits Payable Upon Subsequent Diagnosis of a Critical Illness or Additional Critical Illness Benefit for Dependent Children that occurs as a result of a covered person's: doctor or physician relationship; felonies or illegal occupations; intoxicants and narcotics; suicide or injuring oneself intentionally, whether sane or not; war or armed conflict; or pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is diagnosed with a critical illness.

PRE-EXISTING CONDITION LIMITATION

We will not pay a benefit for a pre-existing condition that occurs during the 12-month period after the coverage effective date. Pre-existing condition means a sickness or physical condition for which a covered person received medical advice or treatment within 12 months before the coverage effective date.

This information is not intended to be a complete description of the insurance coverage available. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy forms GCI6000-P-EE-TX and GCI6000-P-AU-TX and certificate forms GCI6000-C-EE-TX and GCI6000-C-AU-TX. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

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Critical Illness (GVCIP2)

Group Voluntary Critical Illness Insurance from Allstate Benefits

See attached Important Information About Coverage.

Offered to the employees of: **Junction ISD**

BENEFIT AMOUNTS

† Covered Dependents Receive 50% Of Your Benefit Amount

INITIAL CRITICAL ILLNESS BENEFITS†	PLAN 1	PLAN 2
Heart Attack (100%)	\$10,000	\$20,000
Stroke (100%)	\$10,000	\$20,000
Major Organ Transplant (100%)	\$10,000	\$20,000
End Stage Renal Failure (100%)	\$10,000	\$20,000
Coronary Artery Bypass Surgery (25%)	\$2,500	\$5,000
Waiver of Premium (employee only)	Yes	Yes
SECOND EVENT BENEFIT†	PLAN 1	PLAN 2
Second Event Initial Critical Illness Benefit (same amount as Initial Critical Illness)	Yes	Yes
SUPPLEMENTAL CRITICAL ILLNESS BENEFITS II†	PLAN 1	PLAN 2
Benign Brain Tumor (100%)	\$10,000	\$20,000
Coma (100%)	\$10,000	\$20,000
Complete Blindness (100%)	\$10,000	\$20,000
Complete Loss of Hearing (100%)	\$10,000	\$20,000
Paralysis (100%)	\$10,000	\$20,000
Advanced Alzheimer's Disease (25%)	\$2,500	\$5,000
Advanced Parkinson's Disease (25%)	\$2,500	\$5,000
ADDITIONAL BENEFIT	PLAN 1	PLAN 2
Wellness Benefit (per year)	\$50	\$50

PLAN 1

\$10,000 Basic Benefit Amount

WEEKLY PREMIUMS

non-tobacco

AGES	EE, EE+CH	EE+SP, F
18-29	\$0.63	\$1.09
30-39	\$1.11	\$1.81
40-49	\$1.86	\$2.93
50-59	\$3.28	\$5.06
60-63	\$5.51	\$8.42
64+	\$7.65	\$11.62

MONTHLY PREMIUMS

non-tobacco

AGES	EE, EE+CH	EE+SP, F
18-29	\$2.73	\$4.71
30-39	\$4.81	\$7.84
40-49	\$8.03	\$12.67
50-59	\$14.20	\$21.93
60-63	\$23.88	\$36.45
64+	\$33.15	\$50.35

tobacco

AGES	EE, EE+CH	EE+SP, F
18-29	\$0.82	\$1.37
30-39	\$1.58	\$2.50
40-49	\$3.02	\$4.68
50-59	\$5.21	\$7.95
60-63	\$9.00	\$13.65
64+	\$12.68	\$19.17

tobacco

AGES	EE, EE+CH	EE+SP, F
18-29	\$3.52	\$5.90
30-39	\$6.81	\$10.83
40-49	\$13.09	\$20.27
50-59	\$22.55	\$34.44
60-63	\$38.99	\$59.12
64+	\$54.94	\$83.05

PLAN 2

\$20,000 Basic Benefit Amount

WEEKLY PREMIUMS

non-tobacco

AGES	EE, EE+CH	EE+SP, F
18-29	\$0.97	\$1.60
30-39	\$1.94	\$3.05
40-49	\$3.42	\$5.28
50-59	\$6.27	\$9.55
60-63	\$10.74	\$16.25
64+	\$15.02	\$22.67

MONTHLY PREMIUMS

non-tobacco

AGES	EE, EE+CH	EE+SP, F
18-29	\$4.19	\$6.92
30-39	\$8.37	\$13.18
40-49	\$14.82	\$22.85
50-59	\$27.17	\$41.37
60-63	\$46.53	\$70.41
64+	\$65.05	\$98.20

tobacco

AGES	EE, EE+CH	EE+SP, F
18-29	\$1.34	\$2.15
30-39	\$2.85	\$4.42
40-49	\$5.76	\$8.78
50-59	\$10.12	\$15.33
60-63	\$17.72	\$26.71
64+	\$25.08	\$37.76

tobacco

AGES	EE, EE+CH	EE+SP, F
18-29	\$5.80	\$9.32
30-39	\$12.34	\$19.15
40-49	\$24.96	\$38.05
50-59	\$43.85	\$66.40
60-63	\$76.75	\$115.74
64+	\$108.65	\$163.59

EE = Employee; EE+SP = Employee + Spouse;
EE+CH = Employee + Child(ren); F = Family



For use in enrollments situated in: TX. This rate insert is part of the approved flyer for Junction ISD, form ABJ30427-1; it is not to be used on its own.

This material is valid as long as information remains current, but in no event later than June 26, 2020. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2017 Allstate Insurance Company. www.allstate.com or allstatebenefits.com.



These rates were prepared on 4/9/2021 and are valid for 90 days.

▪ **Group Critical Illness Monthly Rates for Junction ISD**

Situs State - TX

▪ **Plan 1 - Attained Age Critical Illness Benefits**

Rates illustrated per unit. Named Insured unit value=\$1,000.

Non-Tobacco Rates

ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
17-29	\$0.09	\$0.14	\$0.09	\$0.14
30-39	\$0.17	\$0.25	\$0.17	\$0.25
40-49	\$0.46	\$0.68	\$0.46	\$0.68
50-59	\$0.95	\$1.43	\$0.95	\$1.43
60-74	\$2.27	\$3.41	\$2.27	\$3.41

Tobacco Rates

ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
17-29	\$0.13	\$0.19	\$0.13	\$0.19
30-39	\$0.27	\$0.40	\$0.27	\$0.40
40-49	\$0.78	\$1.17	\$0.78	\$1.17
50-59	\$1.68	\$2.51	\$1.68	\$2.51
60-74	\$4.05	\$6.08	\$4.05	\$6.08

▪ **\$50 Health Screening Benefit**

Uni-Tobacco Rates

ISSUE AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
17-74	\$2.90	\$4.50	\$2.90	\$4.50



Group Basic Life and Accidental Death and Dismemberment Insurance

Group Basic Life insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

The cost of this insurance is paid by Junction Independent School District.

Eligibility

Definition of a Member

You are a member if you are an active employee of Junction Independent School District and regularly working at least 20 hours each week. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.

Eligibility Waiting Period

You are eligible on the first of the month that follows the date you become a member.

Benefits

Basic Life Coverage Amount

Your Basic Life coverage amount is \$10,000.

Basic AD&D Coverage Amount

For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable.

Life Age Reductions

Basic Life and AD&D insurance coverage amount reduces to 65 percent at age 65, to 50 percent at age 70 and to 35 percent at age 75.

Other Basic Life Features and Services

- Accelerated Benefit
- Life Services Toolkit
- Portability of Insurance Provision
- Repatriation Benefit
- Right to Convert Provision
- Standard Secure Access account payment option
- Travel Assistance
- Waiver of Premium

Other Basic AD&D Features

- Air Bag Benefit
- Family Benefits Package
- Seat Belt Benefit

This information is only a brief description of the group Basic Life/AD&D insurance policy sponsored by Junction Independent School District. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reductions in benefits, exclusions and when The Standard and Junction Independent School District may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 13279-D-TX-755683 (6/19)

6071350-372421



Group Additional Life and AD&D Insurance

Help protect your loved ones from financial hardship.

Life insurance coverage is designed to help provide financial support and stability to your family should you pass away. Accidental Death & Dismemberment (AD&D) insurance provides an extra layer of protection if you die or become dismembered in an accident. You can also cover your eligible spouse and child(ren).



This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits if you are dismembered, become terminally ill or die
- An annual enrollment opportunity. See Annual Enrollment section for additional details.

🔗 About This Coverage

If you take no action you'll be covered under Basic Life insurance provided you meet the eligibility requirements. Consider whether that would be enough to help your family meet daily expenses, maintain their standard of living, pay off debt and fund your children's education. If not, you may want to apply for additional coverage now.

Life Insurance							
<p>How Much Can I Apply For?</p> <p>Your Additional Life amount cannot exceed a maximum of 6 times your annual earnings. The coverage amount for your spouse cannot exceed 100 percent of your Additional Life coverage. The coverage amount for your child(ren) cannot exceed 100 percent of your Additional Life coverage.</p>	<table> <tr> <td>For You:</td> <td>\$10,000 – \$300,000 in increments of \$10,000</td> </tr> <tr> <td>For Your Spouse:</td> <td>\$5,000 – \$150,000 in increments of \$5,000</td> </tr> <tr> <td>For Your Child(ren):</td> <td>\$10,000</td> </tr> </table>	For You:	\$10,000 – \$300,000 in increments of \$10,000	For Your Spouse:	\$5,000 – \$150,000 in increments of \$5,000	For Your Child(ren):	\$10,000
For You:	\$10,000 – \$300,000 in increments of \$10,000						
For Your Spouse:	\$5,000 – \$150,000 in increments of \$5,000						
For Your Child(ren):	\$10,000						
<p>What is the Guarantee Issue Maximum?</p> <p>Depending on your eligibility, this is the maximum amount of coverage you may apply for during initial enrollment without answering health questions.</p>	<table> <tr> <td>For You:</td> <td>Up to \$100,000</td> </tr> <tr> <td>For Your Spouse:</td> <td>Up to \$10,000</td> </tr> </table>	For You:	Up to \$100,000	For Your Spouse:	Up to \$10,000		
For You:	Up to \$100,000						
For Your Spouse:	Up to \$10,000						

AD&D Insurance

The benefit is paid if you or your dependents are seriously injured or pass away as a result of a covered accident.

What Does My AD&D Benefit Provide?

Note: You cannot buy more coverage for your spouse or child(ren) than you buy for yourself.

For You:

The AD&D insurance coverage amount matches what you elect for Additional Life insurance.

For Your Spouse:

The AD&D insurance coverage amount matches what you elect for Dependents Life insurance.

For Your Child(ren):

The AD&D insurance coverage amount matches what you elect for Dependents Life insurance.

Keep in mind that the amount payable for certain losses is less than 100 percent of the AD&D insurance benefit.

See the Important Details section for more information, including requirements, exclusions, age reductions and definitions.

≡ Annual Enrollment

During Junction Independent School District's Annual Enrollment Period

For You. If you are currently enrolled in Additional Life insurance for an amount less than \$100,000, you may elect to increase your coverage by \$10,000 or \$20,000 annually, up to, but not to exceed, the guarantee issue amount of \$100,000 without having to answer health questions. If you are not currently enrolled in Additional Life insurance, you may elect \$10,000 or \$20,000 of coverage without having to answer health questions.

If you were previously declined coverage by The Standard, you will need to submit a medical history statement in order to apply for any amount of coverage during the Annual Enrollment period. Visit www.standard.com/mhs to complete and submit a medical history statement online.

☰ Additional Feature

Life Insurance

Accelerated Benefit

If you become terminally ill, you may be eligible to receive up to 75 percent of your combined Basic and Additional Life benefit to a maximum of \$500,000.

How Much Life Insurance Do You Need?

After a serious accident or death in the family, there are many unexpected expenses. Your benefits could help your family pay for:

- Outstanding debt
- Burial expenses
- Medical bills
- Your children's education
- Daily expenses

To estimate your insurance needs, you'll need to consider your unique circumstances. Use our online calculator at www.standard.com/life/needs.

💰 How Much Your Coverage Costs

Your Basic Life insurance is paid for by Junction Independent School District. If you choose to purchase Additional Life coverage, you'll have access to competitive group rates, which may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on a number of factors, such as your age and the benefit amount.

Employee Life with AD&D Monthly Premiums

Coverage Amount	Employee's Age as of September 1										
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	70-74*	75+*
\$10,000	1.00	1.10	1.40	2.10	2.90	4.60	7.80	12.10	12.29	15.00	18.48
\$20,000	2.00	2.20	2.80	4.20	5.80	9.20	15.60	24.20	24.57	30.00	36.96
\$30,000	3.00	3.30	4.20	6.30	8.70	13.80	23.40	36.30	36.86	45.00	55.44
\$40,000	4.00	4.40	5.60	8.40	11.60	18.40	31.20	48.40	49.14	60.00	73.92
\$50,000	5.00	5.50	7.00	10.50	14.50	23.00	39.00	60.50	61.43	75.00	92.40
\$60,000	6.00	6.60	8.40	12.60	17.40	27.60	46.80	72.60	73.71	90.00	110.88
\$70,000	7.00	7.70	9.80	14.70	20.30	32.20	54.60	84.70	86.00	105.00	129.36
\$80,000	8.00	8.80	11.20	16.80	23.20	36.80	62.40	96.80	98.28	120.00	147.84
\$90,000	9.00	9.90	12.60	18.90	26.10	41.40	70.20	108.90	110.57	135.00	166.32
\$100,000	10.00	11.00	14.00	21.00	29.00	46.00	78.00	121.00	122.85	150.00	184.80
\$110,000	11.00	12.10	15.40	23.10	31.90	50.60	85.80	133.10	135.14	165.00	203.28
\$120,000	12.00	13.20	16.80	25.20	34.80	55.20	93.60	145.20	147.42	180.00	221.76
\$130,000	13.00	14.30	18.20	27.30	37.70	59.80	101.40	157.30	159.71	195.00	240.24
\$140,000	14.00	15.40	19.60	29.40	40.60	64.40	109.20	169.40	171.99	210.00	258.72
\$150,000	15.00	16.50	21.00	31.50	43.50	69.00	117.00	181.50	184.28	225.00	277.20
\$160,000	16.00	17.60	22.40	33.60	46.40	73.60	124.80	193.60	196.56	240.00	295.68
\$170,000	17.00	18.70	23.80	35.70	49.30	78.20	132.60	205.70	208.85	255.00	314.16
\$180,000	18.00	19.80	25.20	37.80	52.20	82.80	140.40	217.80	221.13	270.00	332.64
\$190,000	19.00	20.90	26.60	39.90	55.10	87.40	148.20	229.90	233.42	285.00	351.12
\$200,000	20.00	22.00	28.00	42.00	58.00	92.00	156.00	242.00	245.70	300.00	369.60
\$210,000	21.00	23.10	29.40	44.10	60.90	96.60	163.80	254.10	257.99	315.00	388.08
\$220,000	22.00	24.20	30.80	46.20	63.80	101.20	171.60	266.20	270.27	330.00	406.56
\$230,000	23.00	25.30	32.20	48.30	66.70	105.80	179.40	278.30	282.56	345.00	425.04
\$240,000	24.00	26.40	33.60	50.40	69.60	110.40	187.20	290.40	294.84	360.00	443.52
\$250,000	25.00	27.50	35.00	52.50	72.50	115.00	195.00	302.50	307.13	375.00	462.00
\$260,000	26.00	28.60	36.40	54.60	75.40	119.60	202.80	314.60	319.41	390.00	480.48
\$270,000	27.00	29.70	37.80	56.70	78.30	124.20	210.60	326.70	331.70	405.00	498.96
\$280,000	28.00	30.80	39.20	58.80	81.20	128.80	218.40	338.80	343.98	420.00	517.44
\$290,000	29.00	31.90	40.60	60.90	84.10	133.40	226.20	350.90	356.27	435.00	535.92
\$300,000	30.00	33.00	42.00	63.00	87.00	138.00	234.00	363.00	368.55	450.00	554.40

* Coverage amounts for ages 65 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Spouse Life with AD&D Monthly Premiums

Coverage Amount	Employee's Age as of September 1									
	< 35	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	70-74*	75+*
\$5,000	0.62	0.67	0.98	1.20	1.76	3.00	6.20	7.49	10.92	21.68
\$10,000	1.24	1.33	1.95	2.39	3.52	6.00	12.39	14.99	21.84	43.36
\$15,000	1.86	2.00	2.93	3.59	5.28	9.00	18.59	22.48	32.75	65.04
\$20,000	2.48	2.66	3.90	4.78	7.04	12.00	24.78	29.98	43.67	86.72
\$25,000	3.10	3.33	4.88	5.98	8.80	15.00	30.98	37.47	54.59	108.40
\$30,000	3.72	3.99	5.85	7.17	10.56	18.00	37.17	44.97	65.51	130.08
\$35,000	4.34	4.66	6.83	8.37	12.32	21.00	43.37	52.46	76.42	151.77
\$40,000	4.96	5.32	7.80	9.56	14.08	24.00	49.56	59.96	87.34	173.45
\$45,000	5.58	5.99	8.78	10.76	15.84	27.00	55.76	67.45	98.26	195.13
\$50,000	6.20	6.65	9.75	11.95	17.60	30.00	61.95	74.95	109.18	216.81
\$55,000	6.82	7.32	10.73	13.15	19.36	33.00	68.15	82.44	120.09	238.49
\$60,000	7.44	7.98	11.70	14.34	21.12	36.00	74.34	89.93	131.01	260.17
\$65,000	8.06	8.65	12.68	15.54	22.88	39.00	80.54	97.43	141.93	281.85
\$70,000	8.68	9.31	13.65	16.73	24.64	42.00	86.73	104.92	152.85	303.53
\$75,000	9.30	9.98	14.63	17.93	26.40	45.00	92.93	112.42	163.76	325.21
\$80,000	9.92	10.64	15.60	19.12	28.16	48.00	99.12	119.91	174.68	346.89
\$85,000	10.54	11.31	16.58	20.32	29.92	51.00	105.32	127.41	185.60	368.57
\$90,000	11.16	11.97	17.55	21.51	31.68	54.00	111.51	134.90	196.52	390.25
\$95,000	11.78	12.64	18.53	22.71	33.44	57.00	117.71	142.40	207.43	411.93
\$100,000	12.40	13.30	19.50	23.90	35.20	60.00	123.90	149.89	218.35	433.62
\$105,000	13.02	13.97	20.48	25.10	36.96	63.00	130.10	157.38	229.27	455.30
\$110,000	13.64	14.63	21.45	26.29	38.72	66.00	136.29	164.88	240.19	476.98
\$115,000	14.26	15.30	22.43	27.49	40.48	69.00	142.49	172.37	251.10	498.66
\$120,000	14.88	15.96	23.40	28.68	42.24	72.00	148.68	179.87	262.02	520.34
\$125,000	15.50	16.63	24.38	29.88	44.00	75.00	154.88	187.36	272.94	542.02
\$130,000	16.12	17.29	25.35	31.07	45.76	78.00	161.07	194.86	283.86	563.70
\$135,000	16.74	17.96	26.33	32.27	47.52	81.00	167.27	202.35	294.77	585.38
\$140,000	17.36	18.62	27.30	33.46	49.28	84.00	173.46	209.85	305.69	607.06
\$145,000	17.98	19.29	28.28	34.66	51.04	87.00	179.66	217.34	316.61	628.74
\$150,000	18.60	19.95	29.25	35.85	52.80	90.00	185.85	224.84	327.53	650.42

* Coverage amounts for ages 65 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Child Life with AD&D Monthly Premium

Coverage Amount	Premium
\$10,000	2.30

Important Details

Here's where you'll find the nitty-gritty details about the plan.

Life and AD&D Insurance Eligibility Requirements

To be eligible for coverage, you must be:

- An active employee of Junction Independent School District
- Regularly working at least 20 hours per week
- Insured for Basic Life insurance through The Standard

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

If you buy Additional Life and AD&D insurance for yourself, you may also buy Life and AD&D coverage for your eligible children and/or spouse. This is called Dependents Life and AD&D insurance. You can choose to cover your spouse, meaning a person to whom you are legally married, or your domestic partner as recognized by law. You may also choose to cover your child. Child means your child from live birth through age 25. Your child cannot be insured by more than one employee. Your spouse or child(ren) must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

Medical Underwriting Approval for Life Coverage

Required for:

- Coverage amounts higher than the guarantee issue maximum amount
- All late applications (applying 31 days after becoming eligible)
- Requests for coverage increases
- Reinstatements
- Eligible but not insured under the prior life insurance plan

Visit www.standard.com/mhs to submit a medical history statement online.

Coverage Effective Date for Life Coverage

To become insured, you must

- Meet the eligibility requirements listed in the previous sections,
- Serve an eligibility waiting period*,
- Receive medical underwriting approval (if applicable),
- Apply for coverage and agree to pay premium, and
- Be actively at work (able to perform all normal duties of your job) on the day before the insurance is scheduled to be effective.

If you are not actively at work on the day before the scheduled effective date of your insurance, including any optional coverages, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee. Contact your human resources representative or plan administrator for further information about the applicable coverage effective date for your coverage, including any optional coverages.

*Defined as first of the month that follows or coincides with the date you become a member

Life and AD&D Age Reductions

Under this plan, your coverage amount reduces to 65 percent at age 65, to 50 percent at age 70 and to 35 percent at age 75. Your spouse's coverage amount reduces by your age as follows: to 65 percent at age 65, to 50 percent at age 70 and to 35 percent at age 75. If you are age 65 or over, ask your human resources representative or plan administrator for the amount of coverage available.

Life Insurance Waiver of Premium

Your Life premiums may be waived if you:

- Become totally disabled while insured under this plan,
- Are under age 60, and
- Complete a waiting period of 180 days.

If these conditions are met, your Life insurance coverage may continue without cost until age 65, provided you give us satisfactory proof that you remain totally disabled.

Life and AD&D Insurance Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage from The Standard.

Life Insurance Conversion

If your insurance reduces or ends, you may be eligible to convert your existing Life insurance to an individual life insurance policy without submitting proof of good health.

Life Insurance Exclusions

Subject to state variations, you and your dependents are not covered for death resulting from suicide or other intentionally self-inflicted injury, while sane or insane. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death.

AD&D Benefits

The amount of the AD&D benefit is equal to the amount payable for your or your spouse's or child(ren)'s Life benefit on the date of the accident. For all other covered losses, the amount is shown as a percentage of the amount payable for the benefit on the date of the accident. No more than 100 percent of the AD&D benefit will be paid for all losses resulting from one accident.

Any loss must be caused solely and directly by an accident within 365 days of the accident. A certified copy of the death certificate is needed to prove loss of life.

All other losses must be certified by a physician in the appropriate specialty determined by The Standard.

Covered loss:	Percentage of AD&D benefit payable:
Life	100%
One hand or one foot	50%
Sight in one eye	50%
Two or more of the losses listed above	100%

AD&D Insurance Exclusions

You are not covered for death or dismemberment caused or contributed to by any of the following:

- Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot
- Suicide or other intentionally self-inflicted injury, while sane or insane
- War or any act of war (declared or undeclared), and any substantial armed conflict between organized forces of a military nature
- Voluntary consumption of any poison, chemical compound, alcohol or drug, unless used or consumed according to the directions of a physician
- Sickness or pregnancy existing at the time of the accident
- Heart attack or stroke
- Medical or surgical treatment for any of the above

When Your Insurance Ends

Your insurance ends automatically when any of the following occur:

- The date the last period ends for which a premium was paid
- The date your employment terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under

certain circumstances)

- The date the group policy, or your employer's coverage under the group policy, terminates
- For each elective insurance coverage, the date that coverage terminates under the group policy
- The date your Life coverage ends, your AD&D coverage will end as well

In addition to the above requirements, your Dependents Life and AD&D coverage ends automatically on the date your dependent ceases to meet the eligibility requirements for a dependent.

For more details on when your insurance ends, contact your human resources representative or plan administrator.

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. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at www.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.

GP190-LIFE/S399, GP399-LIFE/TRUST, GP899-LIFE, GP190-LIFE/A997/S399, GP411-LIFE

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

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COMPANY

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PURELIFE-PLUS

*Flexible Premium Life Insurance
to Age 121*

Portable, Permanent Individual Life Insurance for the Employee and Family

Policy Form: PRFNG-NI-10

Product Highlights

Permanent Life Insurance
to Age 121

Minimal Cash Value
Premiums Dedicated Primarily
to Purchase Life Insurance

Level Premium Guarantees
Coverage for a Significant
Period of Time

Unique Limited Right to Partial
Refund of Premium if Future
Premium Required to
Continue Coverage Increases

No Surrender Charges Apply

Accelerated Death Benefit Due
to Terminal Illness Included

Convenient Premium Payments
Through Payroll Deduction

Portable When You Leave
Employment

Accidental Death Benefit
Included for Selected Ages

*For the eligible employees of
Junction ISD*

*Marketed by
Brent McConico, USEBSG*

***Application for Life Insurance
Express Issue | Monthly Pay***

**FOR USE ONLY IN
Alaska, Colorado, Hawaii, Iowa, Kentucky,
Nebraska, Texas and Utah**

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

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

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

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

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

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

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

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

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

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

Accidental Death Benefit This benefit to age 65 (Issue Ages 17-59) doubles the coverage when death occurs by accidental bodily injury within 90 days of an accident. Maximum in-force limits and exclusions apply. (Form ICCo7-ULCL-ADB-07).

Interim Insurance: Interim insurance will be in force on the application date if these conditions are met: (1) the insurance is purchased through payroll deduction; (2) the Salary Deduction Authorization is signed; and, (3) the proposed insured is insurable at standard rates under Our rules and usual practice. Interim insurance remains in effect until the earlier of: (a) the Policy Date; (b) the date We decline the application; (c) the date We notify the applicant that s/he is ineligible for interim insurance; or, (d) the 180th day after the application date. In Kansas, clauses (3) and (d) do not apply, and clauses (b) and (c) apply only when We refund all premiums.

Policy Mechanics and Other Important Details Premiums are flexible. However, we highly recommend payment of the Table Premium during the Guaranteed Period, and no partial surrenders or policy loans. Table Premium produces a small cash value (Benchmark Cash Value). Paying a lesser premium results in an actual cash value which is less than Benchmark Cash Value, causing the policy to lapse. Premiums less a premium load create cash value to pay monthly administrative loads and cost of insurance. Cash value is currently credited the guaranteed interest rate of 4.00% per annum. We may, at any time, credit higher than the guaranteed interest rate. Likewise, We may charge cost of insurance rates which are less than the policy's maximum rates, but only when actual cash value equals or exceeds Benchmark Cash Value. No surrender charges apply. Loads include 4.00% of premium, \$ 1.50 per month and monthly administrative loads. Two year suicide and contestable clauses apply (one year suicide clause in Colorado). The policy loan rate is 7.40% in advance. Surrenders and loans may be deferred for up to six months.

IMPORTANT NOTICES | PLEASE READ THE FOLLOWING NOTICES REGARDING ACCELERATED DEATH BENEFITS

Important Notices Tax laws related to the acceleration of life insurance benefits are complex. The information presented below is a general description. You should consult a qualified tax or legal advisor to determine the effect of receiving this benefit. Texas Life Insurance Company and its agents do not provide tax or legal advice.

Receipt of any accelerated death benefit under your policy may affect your, your spouse's and your family's eligibility for medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), Supplemental Social Security Income (SSI), and drug assistance programs. You should consult a qualified tax or legal advisor and the relevant social service agencies to determine how receiving the benefit may affect your, your spouse's and your family's eligibility for public assistance.

An accelerated death benefit is not a long term care insurance. The following is a general description of any accelerated death benefit under your policy. Your policy and riders contain certain exclusions, limitations, and exceptions. Please refer to your policy and riders for details. The right to accelerate benefits under any accelerated death benefit does not extend to any Child Term Life Insurance Rider. However, if the accelerated death benefit under any rider is paid, any Child Term Life Insurance Rider on the policy becomes paid-up term insurance as if the insured had died. Payment under any accelerated death benefit rider terminates the policy and all other optional benefits/riders and reduces all insurance proceeds, cash values and loan values to zero.

Accelerated Death Benefit Due to Terminal Illness The policy includes an Accelerated Death Benefit Due to Terminal Illness Rider (Form ICC07-ULABR-07). If the insured has a terminal illness, you may elect to claim an accelerated benefit while the insured is still alive in lieu of the insurance proceeds otherwise payable at death. The single sum benefit is 92% of the insurance proceeds less an administrative fee of \$150. Terminal Illness is an injury or sickness diagnosed and certified by a qualifying physician that, despite appropriate medical care, is reasonably expected to result in death within 12 months.

The Accelerated Death Benefit Due to Terminal Illness Rider is intended to qualify for favorable income tax treatment. The benefit will not be subject to federal income tax.



EXPRESS ISSUE AMOUNTS OF COVERAGE AVAILABLE ON SPOUSE

Spouse's Issue Age	Minimum Face Amount	Maximum Face Amount
17-34	\$25,000	\$50,000
35-39	15,000	50,000
40-49	10,000	50,000
50-60	10,000	25,000
61 & Older	N/A	N/A

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

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

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

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

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

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

Dental

Metropolitan Life Insurance Company

Plan Design for: JUNCTION INDEPENDENT SCHOOL DISTRICT

Original Plan Effective Date: September 1, 2021

Network: PDP Plus

The Preferred Dentist Program was designed to help you get the dental care you need and help lower your costs. You get benefits for a wide range of covered services — both in and out of the network. The goal is to deliver affordable protection for a healthier smile and a healthier you.

Coverage Type:	In-Network ¹ % of Negotiated Fee ²	Out-of-Network ¹ % of R&C Fee ⁴
Type A - Preventive	100%	100%
Type B - Basic Restorative	80%	80%
Type C - Major Restorative	50%	50%
Type D - Orthodontia	50%	50%
Deductible³		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit:		
Per Individual	\$1500	\$1500
Orthodontia Lifetime Maximum - Ortho applies to Child Only	Child to age 19	
	\$1000 per Person	\$1000 per Person
Dependent Age:	Eligible for benefits until the day that he or she turns 26.	
<p>1. "In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.</p> <p>2. Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.</p> <p>3. Applies to Type B and C services only.</p> <p>4. Out-of-network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of:</p> <ul style="list-style-type: none"> • the dentist's actual charge (the 'Actual Charge'), • the dentist's usual charge for the same or similar services (the 'Usual Charge') or • the usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). For your plan, the Customary Charge is based on the 90th percentile. Services must be necessary in terms of generally accepted dental standards. 		

Understanding Your Dental Benefits Plan

The Preferred Dentist Program is designed to provide the dental coverage you need with the features you want. Like the freedom to visit the dentist of your choice – in or out of the network. .

If you receive in-network services, you will be responsible for any applicable deductibles, cost sharing, negotiated charges after benefit maximums are met, and costs for non-covered services. If you receive out-of-network services, you will be responsible for any applicable deductibles, cost sharing, charges in excess of the benefit maximum, charges in excess of the negotiated fee schedule amount or R&C Fee, and charges for non-covered services.

- Plan benefits for in-network covered services are based on a percentage of the Negotiated fee – the Fee that participating dentists have agreed to accept as payment in full for covered services, subject to any deductibles, copayments, cost sharing and benefit maximums. Negotiated fees are subject to change.
- Plan benefits for out-of-network services are based on a percentage of the Reasonable and Customary (R&C) charge. If you choose a dentist who does not participate in the network, your out-of-pocket expenses may be greater.

Once you're enrolled you may take advantage of online self-service capabilities with MyBenefits.

- Check the status of your claims
- Locate a participating dentist
- Access MetLife's Oral Health Library
- Elect to view your Explanation of Benefits online

To register, just go to
www.metlife.com/mybenefits
and follow the easy registration instructions.

Rates:

Employee Only	\$27.31
Employee + Spouse	\$62.92
Employee + Child(ren)	\$60.63
Employee + Family	\$98.60

Rates are guaranteed from September 1, 2021 - August 31, 2022



Vision plan benefits for Junction ISD

Copays		Monthly premiums		Services/frequency	
Exam ¹	\$10	Emp. only	\$9.46	Exam	12 months
Eyewear ²	\$20	Emp. + 1 dependent	\$16.13	Frame	12 months
		Emp. + family	\$23.72	Lenses	12 months
				Contact lenses	12 months

(Based on date of service)

Benefits through Superior Select Southwest network

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

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

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

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

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

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

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

Discount features

Discounts on covered materials⁶

These discounts apply to the glasses and contacts that are covered under the vision benefits.

Frames:	20% off amount over allowance
Conventional contacts	20% off amount over allowance
Disposable contact	10% off amount over allowance

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(800) 507-3800

Lens type*	Member out-of-pocket ⁶
Scratch coat	\$15
Ultraviolet coat	\$12
Tints, solid	\$15
Tints, gradient	\$18
Polycarbonate	\$40
Blue light filtering	\$15
Digital single vision	\$30
Progressive lenses	
Standard/Premium/Ultra/Ultimate	\$55 / \$110 / \$150 / \$225
Anti-reflective coating	
Standard/Premium/Ultra/Ultimate	\$50 / \$70 / \$85 / \$120
Polarized lenses	\$75
Plastic photochromic lenses	\$80
High Index (1.67 / 1.74)	\$80 / \$120

* The above table highlights some of the most popular lens type and is not a complete listing. This table outlines member out-of-pocket costs⁵ and are not available for premium/upgraded options unless otherwise noted.

Discounts on non-covered exam, services and materials⁶

Exams, frames, and prescription lenses:	30% off retail
Contacts, miscellaneous options:	20% off retail
Disposable contact lenses:	10% off retail
Retinal imaging:	\$39 maximum out-of-pocket

Laser vision correction (LASIK)⁶

Laser vision correction (LASIK) is a procedure that can reduce or eliminate your dependency on glasses or contact lenses. This corrective service is available to you and your eligible dependents at a special discount (20-50%) with your Superior Vision plan. Contact QualSight LASIK at (877) 201-3602 for more information.

Hearing discounts⁶

A National Hearing Network of hearing care professionals, featuring Your Hearing Network, offers Superior Vision members discounts on services, hearing aids and accessories. These discounts should be verified prior to service.

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

⁶Not all providers participate in Superior Vision Discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if he/she offers the discount and member out-of-pocket features. The discount and member out-of-pocket features are not insurance. Discounts and member out-of-pocket are subject to change without notice and do not apply if prohibited by the manufacturer. Lens options may not be available from all Superior Vision providers/all locations.

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

How Much Can I Save with an FSA?

	FSA	No FSA
Annual Taxable Income	\$24,000	\$24,000
Health FSA	\$1,500	\$0
Dependent Care FSA	\$1,500	\$0
Total Pre-tax Contributions	-\$3,000	\$0
Taxable Income after FSA	\$21,000	\$24,000
Income Taxes	-\$6,300	-\$7,200
After-tax Income	\$14,700	\$16,800
After-tax Health and Welfare Expenses	\$0	-\$3,000
Take-home Pay	\$14,700	\$13,800
You Saved	\$900	\$0

Help Make Medical Costs Painless.

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 800-274-0503
fsa@nbsbenefits.com

What is a Flexible Spending Account (FSA)?



Flexible Spending Account (FSA)

Two Types of FSAs

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

45 Payroll deductions will then be made throughout the plan year to fund your account.

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

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

What is a Cafeteria Plan?

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

Partial List of Eligible Expenses:

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



Enrollment Consideration

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

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

How to Spend

Spending is easy

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



Account access is easy

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

Life’s not always flexible, but your money can be.

From baby care to pain relief, shop the largest selection of guaranteed FSA-eligible products with zero guesswork at FSA Store. Is your health need FSA-eligible? Find out using our comprehensive **Eligibility List**.

Get \$10 off using code **NBS1819**.

Shop FSA Store at fsastore.com/nbs



What is a Dependent Care Assistance Program (DCAP)?

The Dependent Care Assistance Program (DCAP) allows you to use tax-free dollars to pay for child day care or elder day care expenses that you incur because you and your spouse are both gainfully employed.

To participate, determine the annual amount that you want to deduct from your paycheck before taxes. The maximum amount you can elect depends on your federal tax filing status (\$10,500 if you are married and filing a joint return or if you are a single parent, \$5,250 if you are married but filing separately)

Your annual amount will be divided by the number of pay periods in the plan year and that amount will be deducted from each paycheck.

Who is an eligible dependent?

You can use the DCAP for expenses incurred for:

- Your qualifying child who is age twelve or younger for whom you claim a dependency exemption on your income tax return.
- Your qualifying relative (e.g. a child over twelve, your parent, a spouse's parent) who is physically or mentally incapable of caring for himself or herself and has the same principal place of abode as you for more than half of the year.
- Your spouse who is physically or mentally incapable of caring for himself or herself and has the same principal place of abode as you for more than half of the year.

Special Rule for Parents Who Are Divorced, Separated, or Living Apart

Only the custodial parent can claim expenses from the DCAP. The custodial parent is generally the parent with whom the child resides for the greater number of nights during the calendar year. Additionally, the custodial parent cannot be reimbursed from the DCAP for child-care expenses while the child lives with the non-custodial parent because such expenses are not incurred to enable the custodial parent to be gainfully employed.

What are eligible expenses for the DCAP?

The expenses which are eligible for reimbursement must have been incurred during the plan year and in connection with you and your spouse to remain gainfully employed.

Examples of eligible expenses:

- Before and After School and/or Extended Day Programs
- Daycare in your home or elsewhere so long as the dependent regularly spends at least 8 hours a day in your home.
- Base cost of day camps or similar programs.

Examples of ineligible expenses:

- Schooling for a child in kindergarten or above
- Babysitter while you go to the movies or out to eat
- Cost of overnight camps

What does it mean to be "gainfully employed"?

This means that you are working and earning an income (i.e. not doing volunteer work). You are not considered gainfully employed during paid vacation time or sick days. Gainful employment is determined on a daily basis.

If you are married, then your spouse would also need to be gainfully employed for your day care expenses to be eligible for reimbursement.

You are also considered gainfully employed if you are unemployed but actively looking for work, you are self-employed, you are physically or mentally not capable of self-care, or you are a full-time student (must attend for the number of hours that the school considers full-time, must have been a student for some part of each of 5 calendar months during the year, cannot be attending school only at night, does not include on-the-job training courses or correspondence schools).

What are some other important IRS regulations?

- You cannot be reimbursed for dependent care expenses that were paid to (1) one of your dependents, (2) your spouse, or (3) one of your children who is under the age of nineteen.
- In the event that you use a day care center that cares for more than six children, the center must be licensed.
- You must provide the day care provider's Social Security Number/Tax Identification Number (EIN) on form 2441 when you file your taxes.

What are some other important IRS regulations?

The IRS allows you to take a tax credit for your dependent care expenses. The tax credit may provide you with a greater benefit than the DCAP if you are in a lower tax bracket. To determine whether the tax credit or the DCAP is best for you, you will need to review your individual tax circumstances. You cannot use the same expenses for both the tax credit and the DCAP, however, you may be able to coordinate the federal dependent care tax credit with participation in the DCAP for expenses not reimbursed through DCAP.

For more information, please call
1(800) 274-0503



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