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Group Term Life Insurance - Employee Paid

Benefit Summary

Thornton Township High School District #205

Effective Date: January 01, 2018

Policy Number: 001260

Class Definition: Class 1: All Active Full Time Employees working at least 30 hours per week

Life insurance options so you can offer financial stability to your loved ones

The right life insurance coverage can help protect loved ones and provide stability when it's most needed. Whether it's used to replace income, fund a child's education, or pay off a mortgage, a life insurance policy from AXA can provide security and help offset financial burdens during a difficult time.

Coverage Details	Benefit Amount
Voluntary Life	\$10,000 to \$500,000 in \$10,000 increments, not to exceed 5 times employee's Basic Annual Earnings
Spouse Life	Spouse: \$5,000 to \$250,000 in \$5,000 increments, not to exceed 50% of the employee's Voluntary Life amount.
Child	Child: \$5,000 to \$10,000 in \$5,000 increments
Accidental Death & Dismemberment (AD&D) Accidental Death Accidental Dismemberment	100% of Life Insurance Benefit Based on Accidental Death Benefit amount as shown in the Schedule of Benefits in the certificate.
Plan Maximum	\$500,000
Age Reduction	Age 75, but less than 80 60% Age 80, but less than 85 35% Age 85, but less than 90 27% Age 90 and over 20%

Guarantee Issue	Benefit Amount
Employee	\$200,000
Spouse	\$40,000

Voluntary Life Features	Benefit Amount
Accelerated Death Benefit	75% to \$250,000
Waiver of Premium on Disability	Total Disability Prior to Age 60 6 Month Elimination Period Terminates at age 70

AD&D Features (Employee Only)	Benefit Amount
ACCIDENTAL DEATH (COMMON CARRIER)	100% of AD&D benefit up to \$250,000
REHABILITATION/PHYSICAL THERAPY	\$5,000
SEAT BELT	\$10,000
AIRBAG	\$10,000

Cost Summary for Voluntary Life	Monthly Rate per \$1,000
Employee	
<25	\$0.041
25-29	\$0.035
30-34	\$0.040
35-39	\$0.053
40-44	\$0.075
45-49	\$0.109
50-54	\$0.180
55-59	\$0.293
60-64	\$0.409
65-69	\$0.641
70-74	\$1.219
75-79	\$2.606
80+	\$4.797

Cost Summary for Voluntary AD&D	Monthly Rate per \$1,000
Employee	
	\$0.017

Cost Summary for Dependent Life	Monthly Rate per \$1,000
SPOUSE	
<25	\$0.041
25-29	\$0.035
30-34	\$0.040
35-39	\$0.053
40-44	\$0.075
45-49	\$0.109
50-54	\$0.180
55-59	\$0.293
60-64	\$0.409
65-69	\$0.641
70-74	\$1.219
75-79	\$2.606
80+	\$4.797
CHILD(REN)	\$0.131

Cost Summary for Dependent AD&D	Monthly Rate per \$1,000
SPOUSE	\$0.017
CHILD(REN)	\$0.046

Manage Your Benefits

Go to www.axa.us.com/employeebenefits and log on to **EB360sm** to view your account details.

If you have any questions, please don't hesitate to contact us at 1-866-274-9887.

We look forward to helping you managing your benefits with confidence and ease.

What is not covered?

We will not pay any Life Insurance Benefit if an Insured Person dies by suicide within two years from the Issue Date, we will only pay the amount of premiums paid to Us, except as provided below. Premium will be refunded to You or the Policyholder, depending upon who contributed the premium.

If You were covered under a Prior Plan on the day before the Effective Date under the Policy, credit will be given for the time You were insured under the Prior Plan. Nothing in this exclusion applies to insurance coverage which is 100% paid for by the Policyholder.

We will not pay any Accidental Death and Dismemberment Benefit for a loss:

1. caused or contributed to by disease or infirmity of mind or body, or medical or surgical treatment for such disease or infirmity;
2. caused or contributed to by an infection not occurring as a direct result or consequence of the accidental bodily injury;
3. caused or contributed to by suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane;
4. caused or contributed to by travel in or descent from an aircraft, if the insured person acted in a capacity other than as a passenger;
5. caused or contributed to by travel in an aircraft or device used for testing or experimental purposes, used by or for any military authority, used for travel beyond the earth's atmosphere;
6. declared or undeclared war, or any act of war, or any conflict involving the armed forces of one or more countries;
7. caused or contributed to by active participation in a riot, insurrection, or terrorist activity;
8. while the insured person is incarcerated;
9. caused or contributed to by the insured person's participation in a felony or illegal activity ("felony" is defined by the law of the jurisdiction in which the activity takes place);
10. caused or contributed to by voluntary intake or use of any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions, an over-the-counter drug taken in accordance with the manufacture's instructions, or the voluntary inhalation of poison, gas, or fumes except as the direct result of an occupational accident;
11. caused or contributed to by intoxication as defined by the jurisdiction where the accident occurred;
12. caused or contributed to by riding or driving an air, land or water vehicle in a race, speed or endurance contest;
13. caused or contributed to by bungee jumping, rock climbing, mountain climbing, hang-gliding, skydiving, parachuting, ultralight, soaring, ballooning and parasailing).

The policy has limitations and exclusions. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Policy Form/Contract ICC15 AXEBP15LI; ICC15 MOEBP15LI; MOEBP15LI; AXEBP15LI and State Variations.

See the certificate for details regarding benefit descriptions, limitations and exclusions.

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Vision

Benefit Summary - Employer Use Only

Thornton Township High School District #205

Effective Date: January 01, 2018

Policy Number: 001260

Class Definition: Class 1: All Active Full Time Employees working at least 30 hours per week

An extensive vision coverage network that offers convenience and cost savings

Maintaining healthy eyes gives us the opportunity to see the important things in life - graduations, weddings, births, and everything in between. One of the best ways to protect your eye health is to visit an eye doctor regularly. Vision insurance can make those visits more convenient and less costly. We've partnered with a leading vision network, VSP® Vision Care, to give you the freedom to choose from 71,000 access points, including the largest national network of independent doctors and nearly 4,500 participating retail chain locations, like Costco Optical® and Cohens Fashion Optical®, or any out-of-network provider.

What your benefits cover:

Coverage Type	In-Network Benefit	In-Network Copay	Out-of-Network Benefit	Frequency
Benefit Plan and Features				
Eye Examination	Covered in full	\$10	Up to \$45	Every 12 months
Prescription Eyeglasses		\$25		
Frames	\$130	Included in Prescription Eyeglasses Copay	Up to \$70	Every 24 months
Lenses Single Vision Lined Bifocal Lined Trifocal Lenticular	Covered in full	Included	Up to \$30 Up to \$50 Up to \$65 Up to \$100	Every 12 months
Lens Enhancements	Standard Progressive Premium Progressive Custom Progressive	\$55 \$95-\$105 \$150-\$175	N/A	Every 12 months
Elective Contact Lenses	\$130	\$0	Up to \$105	Every 12 months
	Contact Lens Exam (fitting and evaluation)	Up to \$60		
Necessary Contact Lenses	Covered in Full	\$25	Up to \$210	Every 12 months

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Cost Summary For Vision	Monthly Rates
Employee Only	\$6.29
Employee & Spouse	\$12.58
Employee & Child	\$13.46
Family	\$21.51

Manage Your Benefits

Go to www.axa.us.com/employeebenefits and log on to **EB360sm** to view your account details.

Find A Vision Provider

Visit www.axa.us.com/findvision

Choose from 71,000 access points, including the largest national network of independent doctors and nearly 4,500 participating retail chain locations like Costco Optical and Cohens Fashion Optical, or any out-of-network provider.

If you have any questions, please don't hesitate to contact us at 1-866-274-9887.

We look forward to helping you managing your benefits with confidence and ease.

What is not covered?

Limitations: Some brands of spectacle frames may be unavailable for purchase as plan benefits, or may be subject to additional limitations. You can find details regarding frame brand availability by calling the information number shown on your certificate information page.

Exclusions: We will not pay benefits under this certificate for any of the following:

1. Services provided without a benefit authorization or after expiration of a benefit authorization;
2. Services and/or materials not specifically included in the schedule of benefits;
3. Services received outside of the United States;
4. Orthoptics or vision training and any associated supplemental testing;
5. Plano lenses (less than a ± 3.8 diopter power);
6. Two pair of glasses in lieu of bifocals;
7. Replacement of lenses and frames furnished under this plan which are lost or broken, except at the normal intervals when services are otherwise available;
8. Plano contact lenses to change eye color cosmetically;
9. Artistically-painted contact lenses;
10. Contact lens insurance policies or service contracts;
11. Additional office visits associated with contact lens pathology;
12. Contact lens modification, polishing or cleaning;
13. Costs for covered services and/or materials above the in-network or out-of-network benefit allowance;
14. Services or materials of a cosmetic nature;
15. Services and/or materials not indicated in this certificate as covered services;
16. Pathological treatment;
17. Laser or any other form of refractive surgery;
18. Pre- and post-operative services;
19. Local, state and/or federal taxes, except where we are required by law to pay;
20. Corrective vision treatment of an experimental nature.

This policy provides vision care limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. The policy has limitations and exclusions. Optional riders

NOT FOR DISTRIBUTION BEYOND THE INTENDED AUDIENCE - INFORMATIONAL ONLY AND NOT TO BE USED FOR ENROLLMENT PURPOSE

and/or features may incur additional costs. Plan documents are the final arbiter of coverage. AXA Equitable Life Insurance Company and MONY Life Insurance Company of America are not affiliated with VSP® Global, Costco Optical® and Cohens Fashion Optical®. Policy Form MOEBP15VN; AXEBP15VN and State Variations.

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