



Abilene
Independent School District

2022-2023 PLAN YEAR
EMPLOYEE BENEFITS GUIDE



Abilene ISD
241 Pine Street
Abilene, TX 79601
(325) 677-1444
www.abileneisd.org

CONTACT INFORMATION

U.S. Employee Benefits Services Group

500 Turtle Cove Blvd., Suite 200
Rockwall, TX 75087
(972) 772-0900 / Fax (972) 722-0901

The Beacon

app.thebenefitsbeacon.com/abileneisd

Beazley Benefits - Hospital Indemnity

8500 Normandale Lake Blvd., Suite 955
Minneapolis, MN 55437
www.beazley.com/beazley-benefits
(972) 419 8000
Claims By Email:
beazleyclaims@loomisco.com

Colonial Life - Cancer

P.O. Box 10095
Columbia, SC 29202-3195
(800) 325-4368 / FAX: (800) 800-9325
www.colonial.com

Chubb - Accident and Critical Illness

(855) 241-9891
Claims Fax: (603) 352-1179
www.chubbworkplacebenefits.com

Combined Insurance - Chubb Life

(855) 241-9891
Claims Fax: (603) 352-1179
www.chubbworkplacebenefits.com

Humana - Dental & Vision

PO Box 14601
Lexington, KY 40512-4601
(800) 448-6262
ww.humana.com

Identity Guard

Customer Service (855) 443-7748
Email: customercare@Identityguard.com

MASA MTS

1250 W. Southlake Blvd.
Southlake, TX 76092
(800) 643-9023/ FAX (817) 416-2326
Emergency Access (800) 643-9023
www.masamts.com

**The Standard - Disability
Claims and Administration Offices**

P.O. Box 2800
Portland, OR 97208
(855) 747-4717/ FAX (888) 878-3686
www.standard.com

**SunLife - Group Life Claims and
Administration**

PO Box 81365
Wellesley Hills, MA 02481
Website: www.sunlife.com/us
Customer Service (800) 247-6875
FAX (800) 979-5128
usebglifeclaimsinbox@sunlife.com

TASC - Plan Administration

Customer Service (800) 422-4661
www.tasconline.com

TML Health**"BlueCross BlueShield of Texas"**

Customer Service (800) 282-5385
Navitus (855) 673-6504
DeerOaks EAP Helpline: (866) 327-2400
MDLIVE: www.mdlive.com
24/7 Nurse Line (877) 351-8392

GENERAL INFORMATION

Abilene ISD offers a wide range of benefits to eligible employees and their family members. All eligible employees will either go online or meet with enrollment staff on your campus to enroll.

You will be required to provide the name, date of birth and social security number for any dependents (this includes spouse) that are listed. You will not be allowed to enroll without all the required information.

If you are a new or newly eligible employee, you have **30 days from your date of employment** (start date) to enroll in benefits.

In the event that you do not enroll by the **31st** day, your next window of opportunity to enroll in benefits will be during annual open enrollment.

The plan options and coverage levels you select for the 2022-2023 plan year will remain in effect from September 1, 2022 through August 31, 2023.

After the initial enrollment period during the plan year, you can only add or change coverage during the year if you have a Qualified Family Status Change/Special Enrollment event such as: marriage, divorce, birth or adoption, death, court order (child(ren) coverage only), gain or loss of coverage due to employment change.

You must submit all required documentation and make your plan changes within **30 days from the date of the event.**

As an active, full time or part time, benefits eligible employee you will receive basic life from the district, at no cost.

There are certain benefits that are offered on a guaranteed issue basis. This means that if you sign up during the annual enrollment period you will not be denied coverage. If you do not enroll and later decide to, you may be required to answer medical questions and coverage could be declined.

You will enroll in or decline all benefit options through our online enrollment system The Beacon at

app.thebenefitsbeacon.com/abileneisd

When signing up online please remember to:

- ❖ **Verify all information for yourself and all dependents.**
- ❖ **Only the dependents listed in The Beacon will be eligible for benefits.**
- ❖ **Under each benefit section, you must enroll in or decline the coverage for yourself and each dependent listed.**
- ❖ **Always print a confirmation sheet once you have completed your enrollment to keep for your records.**

How to Enroll



Accessing The Beacon

The below steps will assist you in logging into The Beacon to sign up for your 2022 plan year benefits.

Step 1: Click on the link below to access The Beacon login page:

<https://app.thebenefitsbeacon.com/abileneisd>

You can also copy and paste the above link into your internet browser.

Step 2: Fill in your username and password

In the Employee ID or SSN field please enter your full 9 digit **Social Security Number**

In the PIN field, please enter the last 4 digits of your SSN and the last 2 numbers of your birth year. For example, if the last four of your SSN Number is “7896” and you were born on “September 1, 1977,” you would enter “789677” as your PIN. Please take note of this as you will also need your PIN to complete and sign your enrollment.

Step 3: Follow the prompts to complete your benefits enrollment.

Welcome to TML Health

Your New Health Benefits Provider



As you may have heard, your medical and pharmacy benefits are changing effective 9/1/22.

To help you with the transition, we wanted to compare your previous TRS Active Care coverage with that of TML Health, your new insurance coverage.

This flyer will give you some of the key changes that could impact you or your family during this transition.

What's Changing with Your Medical & Prescription Benefits this Plan Year

9/1/2022-8/31/2023

- 1 New healthcare plans for major medical and prescription benefits.
- 2 Your Blue Cross and Blue Shield of Texas network is **NOT** changing. You may keep your current doctors.
- 3 Your pharmacy benefits will now be managed by Navitus. Walgreens pharmacies are excluded. If you had a prescription being filled at Walgreens, don't forget to transfer your prescription to an in-network pharmacy.
- 4 Effective 9/1/22 your old TRS Active Care BCBS and prescription cards will not work. You will be receiving new ID cards, a new one from Blue Cross and Blue Shield of Texas and a new one from Navitus Pharmacy.
- 5 Your new medical plans will be managed by a Texas, non-profit health pool, TML Health, who has been serving Texans for over 40 years.
- 6 New wellness plans. TML Well offers you \$150 for completing healthy activities.
- 7 MDLive will now be your included telemedicine option for remote care. Register your MDLIVE profile at <https://members.mdlive.com/bcbstx> once you have your ID.
- 8 Counselors will be onsite to help enroll and answer any questions.
- 9 Prescriptions: Current medications may be in different cost brackets. Unique medications may have a different price.

Key Differences Between TRS Active Care & TML Health*



- 10 The plans will be moving from Point of Service to Preferred Provider Organization (PPO). You will still not need a Primary Care Provider referral to see a specialist.
- 11 In your new PPO Plan, office visit copays include exams, consults, and psychotherapy services. All other services are subject to your deductible. *(Basic Labs and X-Ray are covered at 100%, meaning they will have no cost to you under TML Health.)*
- 12 Under your TML Health plan, visits to the ER for true emergencies have a \$500 copay and 20% coinsurance, and Urgent Care has a \$75 copay.
- 13 TML Health offers a \$30,000 lifetime maximum for the treatment of morbid obesity.
- 14 Visits to a chiropractor will have a \$45 copay and a 10-visit limit, with no coverage for acupuncture treatment. *(Covers office visits only)*
- 15 Mental Health Visit Limits: 26 outpatient visits, 14 days for day treatment, 7 days for residential treatment, 14 days for inpatient. These limits do not apply for Serious Mental Illness (SMI).
- 16 Substance Abuse Visit Limits: 26 visits for outpatient, 14 days for day treatment, 7 days for residential treatment, and 14 days for inpatient.
- 17 Outpatient Infusion Therapy is subject to your deductible and coinsurance.
- 18 Other office/outpatient service limits:
 - 30 Speech Therapy visits per plan year
 - 48 Physical, Occupational, or Aquatic Therapy visits combined per plan year
 - 35 Applied Behavior Analysis Therapy visits per plan year for individuals with an Autism Spectrum Disorder diagnosis.

**Refer to the official plan booklet for all benefits related to the TML Health plans. This list of "differences" is meant to be a high-level comparison of some of the most common benefits. There may be other differences not documented on this highlight sheet.*

TML Health Benefits Pool is a non-profit trust organization created by political subdivisions to provide group benefits services to participating political subdivisions and is not an insurance company. This contains proprietary and confidential information of TML Health. Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Follow us @TMLHealth



800-282-5385
1821 Rutherford Lane, Suite 300
Austin, Texas 78754-5151

For more information, visit us at
tmlhealthbenefits.org

Medical

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	HMO 5000		HSA 3000		PPO 2500	
	In-Network Only	Out-of-Network ¹	In-Network Only	Out-of-Network ¹	In-Network Only	Out-of-Network ¹
Deductible (per calendar year)						
Individual / Family	\$5,000 / \$10,000	N/A	\$3,000 / \$6,000	\$6,000 / \$12,000	\$2,500 / \$5,000	\$5,000 / \$10,000
Out-of-Pocket Maximum (per calendar year)						
Individual / Family	\$7,000/ \$14,000	N/A	\$6,900 / \$13,800	Unlimited	\$8,000 / \$16,000	Unlimited
Coinsurance						
	20%*	N/A	20%*	50%*	20%*	50%*
Covered Services						
Office Visits (physician/ specialist)	\$30 / \$45 copay	N/A	20%*	50%*	\$30 / \$45 copay	50%*
Virtual Visits	No Charge	N/A	\$44 copay	N/A	No Charge	N/A
Routine Preventive Care	No Charge	N/A	No Charge	30%	No Charge	50%*
Outpatient Diagnostic (lab/X-ray)	No Charge	N/A	20%*	50%*	No Charge	50%*
Complex Imaging	20%*	N/A	20%*	50%*	20%*	50%*
Emergency Room	\$500 plus 20%*	N/A	\$500 plus 20%*		\$500 plus 20%*	
Urgent Care Facility	\$75 Copay	N/A	20%*	50%*	\$75 Copay	50%*
Inpatient Hospital Stay	20%* (prior authorization required)	N/A	20%*	50%*	20%*	50%*
Outpatient Surgery	20%*	N/A	20%*	50%*	20%*	50%*
Prescription Drugs (Disease Management / Tier 1 Generic / Tier 2 Brand / Tier 3 Non-Preferred / Tier 4 Specialty)						
Retail (30-day) or Mail (90-day)	\$0/ \$10 / \$40 / \$70 / \$100	N/A	\$0/ \$10 / \$40 / \$70 / \$100	N/A	\$0/ \$10 / \$40 / \$70 / \$100	N/A
Medical Rates 2022-2023						
Contributions (per month)	<u>Monthly Premium</u>	<u>Employee Cost</u>	<u>Monthly Premium</u>	<u>Employee Cost</u>	<u>Monthly Premium</u>	<u>Employee Cost</u>
Employee Only	\$417.54	\$7.54	\$426.30	\$16.30	\$458.46	\$48.46
Employee & Spouse	\$842.42	\$432.42	\$860.20	\$450.20	\$925.48	\$515.48
Employee & Child(ren)	\$731.04	\$321.04	\$746.46	\$336.46	\$803.06	\$393.06
Employee & Family	\$1,221.90	\$811.90	\$1,247.76	\$837.76	\$1,342.64	\$932.64

*** Pooling premiums is available for all medical plans for Employee/Spouse or Employee/Family if both employees work for AISD. Please call the Benefits Office if you would like to pool your premiums.**

Medical (Cont'd)

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	HMO 1500		PPO 1200	
	In-Network Only	Out-of-Network ¹	In-Network Only	Out-of-Network ¹
Deductible (per calendar year)				
Individual / Family	\$1,500 / \$3,000	N/A	\$1,200 / \$2,400	\$2,400 / \$4,800
Out-of-Pocket Maximum (per calendar year)				
Individual / Family	\$5,000/ \$10,000	N/A	\$7,000 / \$14,000	Unlimited
Coinsurance				
	20%*	N/A	20%*	50%*
Covered Services				
Office Visits (physician/ specialist)	\$30 / \$45 copay	N/A	\$30 / \$45 copay	50%*
Virtual Visits	No Charge	N/A	No Charge	N/A
Routine Preventive Care	No Charge	N/A	No Charge	50%*
Outpatient Diagnostic (lab/X-ray)	No Charge	N/A	No Charge	50%*
Complex Imaging	20%*	N/A	20%*	50%*
Emergency Room	\$500 plus 20%*	N/A	\$500 plus 20%*	
Urgent Care Facility	\$75 Copay	N/A	\$75 Copay	50%*
Inpatient Hospital Stay	20%* (prior authorization required)	N/A	20%*	50%*
Outpatient Surgery	20%*	N/A	20%*	50%*
Prescription Drugs (Disease Management / Tier 1 Generic / Tier 2 Brand / Tier 3 Non-Preferred / Tier 4 Specialty)				
Retail (30-day) or Mail (90-day)	\$0/ \$10 / \$40 / \$70 / \$100	N/A	\$0/ \$10 / \$40 / \$70 / \$100	N/A
Medical Rates 2022-2023				
Contributions (per month)	<u>Monthly Premium</u>	<u>Employee Cost</u>	<u>Monthly Premium</u>	<u>Employee Cost</u>
Employee Only	\$496.24	\$86.24	\$508.32	\$98.32
Employee & Spouse	\$1,002.18	\$592.18	\$1,026.70	\$616.70
Employee & Child(ren)	\$869.56	\$459.56	\$890.82	\$480.82
Employee & Family	\$1,454.10	\$1,044.10	\$1,489.72	\$1,079.72

*** Pooling premiums is available for all medical plans for Employee/Spouse or Employee/Family if both employees work for AISD. Please call the Benefits Office if you would like to pool your premiums.**



BlueCross BlueShield of Texas



Take Advantage of Preventive Services



Your family's track to better health begins with a single step

Preventive check-ups and screenings can help find illnesses and medical problems early and improve the health of you and everyone in your family.

Your health plan covers screenings and services with no out-of-pocket costs like copays or coinsurance as long as you visit a doctor in your plan's provider network. This is true even if you haven't met your deductible.

Some examples of preventive care services covered by your plan include general wellness exams each year,

recommended vaccines, and screenings for things like diabetes, cancer or depression. Preventive services are provided for women, men and children of all ages.

For more details on what preventive services are covered at no cost to you, refer to the back of this flier for a listing of services, or see your benefits materials.

Learn more on immunization recommendations and schedules by visiting the Centers for Disease Control and Prevention website at **[cdc.gov/vaccines](https://www.cdc.gov/vaccines)**.



FOR ADULTS

Annual preventive medical history and physical exam



SCREENINGS FOR

- ☐ Abdominal aortic aneurysm
- ☐ Alcohol abuse and tobacco use
- ☐ Anxiety
- ☐ Cardiovascular disease (CVD) including cholesterol screening and statin use for the prevention of CVD
- ☐ Colorectal and lung cancer
- ☐ Depression
- ☐ Falls prevention
- ☐ High blood pressure, obesity and diabetes
- ☐ HIV screening and PrEP medication use for the prevention of HIV
- ☐ Sexually transmitted infections, HPV and hepatitis
- ☐ Tuberculosis

COUNSELING FOR

- ☐ Alcohol misuse
- ☐ Domestic violence
- ☐ Drug misuse
- ☐ Healthy diet and physical activity counseling for adults who are overweight or obese and have additional cardiovascular disease risk factors
- ☐ Obesity
- ☐ Sexually transmitted infections
- ☐ Skin cancer prevention
- ☐ Tobacco use, including certain medicine to stop
- ☐ Use of aspirin to prevent heart attacks

CERTAIN VACCINES

Learn more on immunization recommendations and schedules by visiting: [cdc.gov/vaccines](https://www.cdc.gov/vaccines)



- ☐ COVID-19*
- ☐ Diphtheria, Pertussis ("Whooping Cough"), Tetanus
- ☐ Haemophilus Influenzae Type B (Hib)
- ☐ Hepatitis A and B
- ☐ Human Papillomavirus (HPV)
- ☐ Inactivated Poliovirus (Polio)
- ☐ Influenza (Flu)
- ☐ Measles, Mumps, Rubella (MMR)
- ☐ Meningitis
- ☐ Pneumococcal
- ☐ Rotavirus
- ☐ Varicella (Chicken Pox)
- ☐ Zoster (Herpes, Shingles)

JUST FOR WOMEN



- ☐ Aspirin for preeclampsia prevention
- ☐ Breast cancer screening, breast cancer prevention medication, genetic testing and counseling
- ☐ Breastfeeding support, supplies and counseling
- ☐ Certain contraceptives and medical devices, morning after pill, and sterilization to prevent pregnancy
- ☐ Cervical cancer screening
- ☐ Chlamydia, gonorrhea, syphilis, HIV and hepatitis B screenings
- ☐ Counseling for alcohol and tobacco use during pregnancy
- ☐ Diabetes mellitus screening after pregnancy
- ☐ Folic acid supplementation during pregnancy
- ☐ Human papillomavirus (HPV) DNA test
- ☐ Osteoporosis screening
- ☐ Screenings related to pregnancy, including screenings for anemia, gestational diabetes, bacteriuria, Rh(D) compatibility, preeclampsia and perinatal depression
- ☐ Urinary incontinence screening

FOR CHILDREN

Annual preventive medical history and physical exam



SCREENINGS FOR

- ☐ Autism
- ☐ Cervical dysplasia
- ☐ Critical congenital heart defect screening for newborns
- ☐ Depression
- ☐ Developmental delays
- ☐ Dyslipidemia (for children at higher risk)
- ☐ Hearing loss, hypothyroidism, sickle cell disease and phenylketonuria (PKU) in newborns
- ☐ Hematocrit or hemoglobin
- ☐ Lead poisoning
- ☐ Obesity
- ☐ Sexually transmitted infections and HIV
- ☐ Tuberculosis
- ☐ Vision screening

ASSESSMENTS AND COUNSELING

- ☐ Alcohol and drug use assessment for adolescents
- ☐ Obesity counseling
- ☐ Oral health risk assessment, dental caries prevention fluoride varnish and oral fluoride supplements
- ☐ Skin cancer prevention counseling
- ☐ Tobacco cessation

* Only certain vaccines are recommended for children and adolescents. Vaccines should be administered in accordance with the recommendations of the Advisory Committee on Immunization Practices (ACIP).

¹ Non-grandfathered health plans are required by the Affordable Care Act to provide coverage for preventive care services without cost-sharing only when the member uses a network provider. You may have to pay all or part of the cost of preventive care if your health plan is grandfathered. To find out if your plan is grandfathered or non-grandfathered, call the Customer Service number listed on your member ID card.



Making Healthcare Better For You



BlueCross BlueShield of Texas Provider Lookup

1. Go to BCBSTX Provider Finder page: <https://bit.ly/38UFlso>.
2. From the Network drop down box select Blue Choice PPO (BCA) (very important that you get the network right as they have many different networks to choose from)
3. Enter your City, State, or Zip code in the field adjacent to the Network selection box to search by location
4. You may enter the provider's name, you can search by provider specialty, or;
5. You can search by different provider specialties or search for facilities/hospitals by using the "Browse by Category" drop down menu.

When searching for providers there could be some reasons why you are not able to locate your provider:

- The provider may only be listed at their primary location and not secondary/other locations
- The spelling of their name may be different than what you are used to seeing
- Some providers elect to be suppressed from online or printed directories which will prevent you from finding them

If you are not able to locate your provider, the first thing to do is contact their office and ask if they participate in the BCBSTX Blue Choice PPO network. If they do not, please call TML Health customer care at (800)282-5385 and provide us with the following:

- Provider Name
- Specialty
- Address of where you will visit them
- Phone number

We will work with Blue Cross and Blue Shield of Texas to reach out to your provider and attempt to get them added to the network.

If you have any additional questions, please contact
TML Health Customer Care Monday-Friday 7 AM - 6 PM.

tmlhealthbenefits.org

(800) 282-5385



CONTACT CHART

Questions about...	Access	Contact Info	Hours
<ul style="list-style-type: none"> • Medical benefits • Medical procedures • Major imaging like MRI, CT, etc. (Call before your appointment) • Cost estimates for procedures • Medical claims, EOBs • Select or change PCP • Deductibles, co-payments, co-insurance 	BlueCross BlueShield of Texas Helpline	855-762-6084	24 hours a day 7 days a week
<ul style="list-style-type: none"> • TML Health website • TML Health Online password reset • General questions 	TML Health Member Service	800-282-5385	Monday-Friday 7:00 am-6:00 pm CT
<ul style="list-style-type: none"> • Prescription drugs covered by the plan • Rx copays and lower cost options • Mail-order pharmacy • Specialty pharmacy • Pharmacy network • Prescription drug plan benefits 	Navitus Customer Care	855-673-6504	24 hours a day 7 days a week
<ul style="list-style-type: none"> • Medical procedures requiring prior approval (also known as a prior authorization) 	Medical Preauthorization Helpline	800-441-9188	Monday-Friday 6:00 am-6:00 pm CT
<ul style="list-style-type: none"> • Mental health prior authorization • Substance use prior authorization 	Mental Health/Chemical Dependency (SUD) Preauthorization Helpline	800-528-7264	24 hours a day 7 days a week
<ul style="list-style-type: none"> • TML Health Online access • Access to benefits books • Health and wellness resources 	TML Health Website	Log in as a member at www.tmlhealthbenefits.org and then click “Reference Center”	24 hours a day 7 days a week
<ul style="list-style-type: none"> • Blue Access for Members (BAM) • Find an in-network provider 	BCBSTX Website	www.BCBSTX.com Login under “Member Services”	24 hours a day 7 days a week
<ul style="list-style-type: none"> • Your mental health • Work/life balance • Skill development and organization 	Deer Oaks Employee Assistance Program (EAP)	866-327-2400 www.deeroakseap.com	24 hours a day 7 days a week
<ul style="list-style-type: none"> • Non-emergency symptoms • Prescriptions • Behavioral health 	MDLIVE	www.mdlive.com	24 hours a day 7 days a week
<ul style="list-style-type: none"> • Healthcare options and decisions • Teen health • Diabetes and blood pressure • Sexually transmitted diseases 	24/7 Nurseline	877-351-8392 or 800-386-4424 (Hearing/Speech Impaired)	24 hours a day 7 days a week

Everything you have to look forward to



Our brand new, easy to use online system to enroll.



A better Texan network with even bigger discounts.



A pharmacy benefit manager with industry-leading cost-effectiveness and 24/7 customer service.



A telemedicine program from the convenience of your home.



A diabetes and hypertension management program.



A dedicated app suite for women's and family health.



An outcome-based physical therapy program.



An employee assistance and mental health program.



A digital weight loss program.



Two Texas-leading wellness programs dedicated to your mental and physical health.

**You must be enrolled in any of the above programs to use their accompanying app. Check with your employer to know which are available to you.*



To access TML Health Online:

1. Go to www.tmlhealthbenefits.org
2. Click on **Login** then click on **Login as a Member** or **Login as a Dependent**
3. Click on **Register**
4. Read the License Agreement and click **Agree**
5. Create a username, password, and enter answers to your security questions

Customer Care 800-282-5385
Monday- Friday, 7:00 AM-6:00 PM Central



To access your Navitus Portal:

1. Navigate to www.navitus.com
2. Click **Portal Login** and then **Member Portal**
3. Register or log in

For more information, contact Navitus Customer Care at: 855-673-6504



To access your MDLIVE benefit:

1. Navigate to www.mdlive.com
2. Log in or create your account

24/7 NURSELINE

Get your health questions answered with the 24/7 Nurseline:

1. Call **877-351-8392** to reach a nurse who can speak with you in your language of choice
2. If you have hearing or speech loss, you can call **800-386-4424**







Save money on healthcare expenses for today *and* tomorrow.

A Health Savings Account (HSA) works with your High Deductible Health Plan (HDHP) and lets you set aside a portion of your paycheck—before taxes—into an account.

Use your HSA funds to help pay for medical expenses that aren't covered by your HDHP. Any leftover funds can be transferred into the HSA Investment Account year after year for future growth!

HEALTHCARE EXPENSES

-  Deductibles, copays, coinsurance
-  Medical care, prescriptions, vaccinations
-  Dental/orthodontic care services
-  Eye exams; prescription eye wear

It's simple. It's smart. It'll save you money and help you plan for future medical expenses.

TIPS

- Each \$1 you contribute to your HSA reduces your taxable income by \$1.
- Your employer may offer other types of Benefit Accounts too; ask for details
- For a complete list of eligible expenses, see IRS Publications 502 & 969 at [irs.gov](https://www.irs.gov)

A triple tax advantage.

The HSA is a tax-advantaged investment vehicle that offers three separate tax benefits:

- 1 Contributions into an HSA are pretax.
- 2 Earned interest on investment funds is tax-free.
- 3 Withdrawals for qualified medical expenses are tax-free.

You own the HSA.

You are the account-owner of an HSA, not your employer. The account and its funds stay with you, even if you change jobs. The account also stays active if you're no longer covered by an HDHP.

In addition, your HSA funds never expire and may be used for expenses incurred any year beyond enrollment into the TASC HSA plan.

With an HSA, you have more control, ownership, and stability when it comes to your healthcare.



Pay for current healthcare expenses with tax-free monies and save tax-free for future healthcare costs.

Similar to a Roth IRA, earned interest grows tax-free but you also get the benefit of a current pretax deduction.



Pay for healthcare expenses with tax-free dollars

Enroll in a TASC Health Savings Account (HSA) so you can use pretax dollars to pay for healthcare expenses and reduce your taxable income.

Below is a partial list of reimbursable expenses that may be incurred by you, your spouse, or qualified dependents.

Eligible Medical Expenses

- Acupuncture
- Bandages & dressings
- Birth control, contraceptive devices
- Birthing classes/Lamaze – only the mother's portion, not the coach/spouse (*birthing instruction only*)
- Blood pressure monitor
- Blood sugar test kits/test strips
- Chiropractic therapy/exams/adjustments
- **Coinsurance, Copayments, and Deductibles**
- COBRA healthcare premiums
- Crutches (*purchased or rented*)
- Dental services
- Diabetic supplies and Insulin
- **Feminine care products** (*tampons, pads, etc*)
- Hearing aids and batteries (*warranties excluded*)
- Incontinence supplies
- Infertility treatments
- Lactation expenses (*breast pumps, etc.*)
- Medical supplies to treat an injury or illness
- Mileage to and from doctor appointments
- Optometrist's or ophthalmologist's fees
- **Personal Protection Equipment (PPE)** (*facial masks, hand sanitizer, sanitizing wipes*)*
- Physical exams
- Physical therapy (*as medical treatment*)
- Sleep apnea services/products (*as prescribed*)
- Smoking cessation programs
- Treatment for alcoholism or drug dependency
- Vaccinations & Flu Shots
- X-ray fees

Eligible Vision Expenses

- Eye exams
- Eyeglasses, contacts, or safety glasses, **prescription only** (*warranties excluded*)
- Contact lens and contact lens solutions
- Laser eye surgery; LASIK

Eligible OTC Medicines and Drugs

As of January 1, 2020, over-the-counter (OTC) medicines and drugs are reimbursable with an FSA, HRA, and HSA.

- Allergy, cough, cold, flu & sinus medications
- Anti-diarrheals, anti-gas medications & digestive aids
- Canker/cold sore relievers & lip care
- Family planning items (contraceptives, pregnancy tests, etc.)
- Foot care (corn/wart medication, antifungal treatments, etc.)
- Hemorrhoid creams & treatments
- Itch relief (calamine lotion, Cortizone cream, etc.)
- Nasal spray
- Oral care (denture cream, pain reliever, teething gel, etc.)
- Pain relievers - internal/external (Tylenol, Advil, Bengay, etc.)
- Skin care (sunscreen w/SPF15+, acne medication, etc.)
- Sleep aids & stimulants (nasal strips, etc.)
- Stomach & nausea remedies (antacids, Dramamine, etc)
- Wound Treatments/Washes (Hydrogen Peroxide, Iodine)

For individuals over age 65

- Medicare Parts A or B
- Medicare HMO premiums (*Medigap insurance premiums do NOT qualify*)
- Health insurance premiums while receiving unemployment compensation
- Employee share of premiums for employer-sponsored health insurance, including retiree health insurance (*if not already taken before taxes*)

For more information regarding eligible HSA expenses, please review IRS Publication 969 at [irs.gov](https://www.irs.gov) or ask your employer for a copy of your Summary Plan Description (SPD).

*PPE expenses must be used for the purpose of preventing the spread of coronavirus; eligible purchases made on or after 1/1/20 are available for reimbursement.



Save money with FSA pretax benefit accounts.

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



HEALTHCARE

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

DEPENDENT CARE

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

TIPS

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

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

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

Consider this example:
(For illustration only)



Richard has:

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

Here is his net monthly take-home pay:

Without FSA

(\$600 spent using post-tax dollars)

\$1,932

With FSA

(\$600 spent using pretax dollars)

\$2,098

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

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

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

How to participate.

It's easy to start saving with an FSA.

Just follow 3 simple steps:

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

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

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

PLANNING TIPS

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

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

2. ENROLL by completing the enrollment process

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

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

SPECIAL FEATURES



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

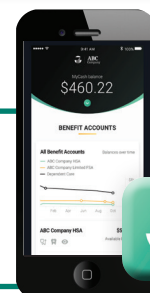


MyCash Account: Included on your TASC Card for faster reimbursement deposits and non-benefit purchases.

3. ACCESS your funds easily using the TASC Card

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

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



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



Search for "TASC" (green icon)



Save up to 30% on eligible expenses

Enroll in a TASC Flexible Spending Account (FSA) so you can use pretax dollars to pay for common, everyday expenses and reduce your taxable income.

Below is a partial list of reimbursable expenses that may be incurred by you, your spouse, or qualified dependents.

NOTE: If you (or your spouse) enroll in an HSA Plan, you may only enroll in a Limited-Purpose Healthcare FSA (LPHSA). The eligible expenses under an LPHSA are limited to Dental and Vision expenses only.

Eligible Medical Expenses

- Acupuncture
- Artificial limbs
- Bandages & dressings
- Birth control, contraceptive devices
- Birthing classes/Lamaze – only the mother's portion (not the coach/spouse) and the class must be only for birthing instruction, not child rearing
- Blood pressure monitor
- Chiropractic therapy/exams/adjustments
- Contact lens and contact lens solutions
- Co-payments
- Crutches (purchased or rented)
- Deductibles & co-insurance
- Diabetic care & supplies
- **Feminine care products** (tampons, pads, etc)
- Eye exams
- Eyeglasses, contacts, or safety glasses (prescription)
- First aid kits & supplies
- Hearing aids & hearing aid batteries
- Heating pad
- Incontinence supplies
- Infertility treatments
- Insulin
- Lactation expenses (breast pumps, etc.)
- Laser eye surgery; LASIK
- Legal sterilization
- Medical supplies to treat an injury or illness
- Mileage to and from doctor appointments
- Optometrist's or ophthalmologist's fees
- Orthopedic inserts
- **Personal Protection Equipment (PPE)** (facial masks, hand sanitizer, sanitizing wipes)*

- Physical exams
- Physical therapy (as medical treatment)
- Physician's fee and hospital services
- Pregnancy tests
- Prescription drugs and medications
- Psychotherapy, psychiatric and psychological service
- Sales tax on eligible expenses
- Sleep apnea services/products (as prescribed)
- Smoking cessation programs & deterrents (gum, patch)
- Treatment for alcoholism or drug dependency
- Vaccinations & Flu Shots
- X-ray fees

Eligible OTC Medicines and Drugs

Over-the-counter (OTC) medicines and drugs are reimbursable via FSA, HRA, and HSA without a prescription or physician's note if purchased on or after 01/01/2020.

Eligible OTC products include items that are primarily for a medical purpose, and are compliant with federal tax rules under IRS Code Section 213(d).

- Allergy, cough, cold, flu & sinus medications
- Anti-diarrheals, anti-gas medications & digestive aids
- Canker/cold sore relievers & lip care
- Family planning items (contraceptives, pregnancy tests, etc.)
- Foot care (corn/wart medication, antifungal treatments, etc.)
- Hemorrhoid creams & treatments
- Itch relief (calamine lotion, Cortizone cream, etc.)
- Oral care (denture cream, pain reliever, teething gel, etc.)
- Pain relievers - internal/external (Tylenol, Advil, Bengay, etc.)
- Skin care (sunscreen w/SPF15+, acne medication, etc.)
- Sleep aids & stimulants (nasal strips, etc.)
- Stomach & nausea remedies (antacids, Dramamine, etc)
- Wound Treatments/Washes (Hydrogen Peroxide, Iodine)

*PPE expenses must be used for the purpose of preventing the spread of coronavirus; eligible purchases made on or after 1/1/20 are available for reimbursement.

Continued on next page...



Use your TASC Card® to pay for eligible expenses at the point of purchase instead of paying out-of-pocket and requesting a reimbursement.

Eligible Dental Expenses

- Braces and orthodontic services
- Cleanings
- Crowns
- Deductibles, co-insurance
- Dental implants
- Dentures, adhesives
- Fillings

Eligible Dependent Care Expenses

- Fees for licensed day care or adult care facilities
- Before and after school care programs for dependents under age 13
- Amounts paid for services (including babysitters or nursery school) provided in or outside of your home
- Nanny expenses attributed to dependent care
- Nursery school (preschool) fees
- Summer Day Camp – primary purpose must be custodial care and not educational in nature
- Late pick-up fees
- Does not cover medical costs; use Healthcare FSA for medical expenses incurred by you or your dependents

For more information regarding eligible expenses, please review IRS Publication 502/503 at [irs.gov](https://www.irs.gov) or ask your employer for a copy of your Summary Plan Description (SPD).

Eligible Disability Expenses

- Automobile equipment and installation costs for a disabled person in excess of the cost of an ordinary automobile; device for lifting a mobility impaired person into an automobile
- Braille books/magazines in excess of cost of regular editions
- Note-taker for a hearing impaired child in school
- Seeing eye dog (buying, training, and maintaining)
- Special devices, such as a tape recorder or typewriter for a visually impaired person
- Visual alert system in the home or other items such as a special phone required for a hearing impaired person
- Wheelchair or autoeette (cost of operating/maintaining)

Requiring Additional Documentation

The following expenses are eligible only when incurred to treat a diagnosed medical condition. Such expenses require a **Letter of Medical Necessity** from your physician, containing the medical necessity of the expense, diagnosed condition, onset of condition, and physician's signature.

- Ear plugs
- Massage treatments
- Nursing services for care of a special medical ailment
- Orthopedic shoes (excess cost of ordinary shoes)
- Oxygen equipment and oxygen
- Support hose (non-compression)
- Varicose vein treatment
- Veneers
- Vitamins & dietary supplements
- Wigs (for mental health condition of individual who loses hair because of a disease)



Do your dependent care expenses qualify for reimbursement?

CAA/ARPA provisions are set to expire after 2021.

The TASC Dependent Care FSA allows you to use pretax dollars to pay for eligible expenses related to care for your child, disabled spouse, elderly parent, or other dependent who is physically or mentally incapable of self-care, so you (or your spouse) can work, look for work, or attend school full-time. **Medical expenses for your dependent are not eligible for reimbursement under the TASC Dependent Care FSA.**

Eligibility for the dependent care benefit requires that certain criteria be met, which are outlined in this document.

- A) **The dependent care expenses must be work-related.** The care must be necessary for the employee and/or the employee's spouse to work, to look for work, or to attend school full-time, or if they are physically unable to care for their children.
- B) **The dependent care expenses provided during a calendar year cannot exceed \$5,000.** In the case of a separate return by a married individual, the limit is \$2,500. This amount may be less if the employee's earned income or spouse's earned income is less than \$5,000.

Dependent care expenses must be for the care of one or more qualifying persons.

A "Qualifying Person" is defined as one of the following:

- A dependent child who was under age 13 when care was provided and for whom a tax exemption can be claimed.
- A spouse who was physically or mentally unable to care for themselves and lived with you for more than half the year.
- A dependent who was physically or mentally unable to care for themselves and for whom an exemption can be claimed, and lived with you for more than half the year.

Eligible and Ineligible Expenses for Dependent Care FSA Reimbursement (partial list)

Allowed for Reimbursement:

- ☒ Fees for licensed day care or adult care facilities
- ☒ Before and after school care programs for dependents under age 13
- ☒ Amounts paid for services (including babysitters or nursery school) provided in or outside of your home
- ☒ Nanny expenses attributed to dependent care
- ☒ Nursery school (preschool) fees
- ☒ Summer Day Camp – primary purpose must be custodial care and not educational in nature
- ☒ Late pick-up fees

NOT Allowed for Reimbursement:

- ☐ Medical expenses
- ☐ Baby-sitter in or out of your home for reasons other than to enable you to work
- ☐ Activity fees/educational supplies
- ☐ Food, clothing, and entertainment
- ☐ Transportation expenses
- ☐ Child support payments
- ☐ Kindergarten fees
- ☐ Overnight camp
- ☐ Late payment charges

Continued on next page...

For more information regarding eligible Dependent Care expenses, please review IRS Publication 503 or ask your employer for a copy of your Summary Plan Description (SPD).

You can also find current contribution limits on our resource page at:

www.tasconline.com/benefits-limits

To receive the dependent care benefit, one must follow these procedures:

- A) All persons and organizations that provide dependent care for a qualified person must be identified. This information is requested on IRS Form 2441. The name, address, and Taxpayer Identification Number (TIN) of the provider must be included. Under certain circumstances, the TIN will be a Social Security number (SSN).
- B) If the care is being provided by a center that cares for more than six (6) persons, the center must comply with all state and local regulations.
- C) Payments made to relatives who are not dependents can be included; however, do not include amounts paid to a dependent for whom you can claim an exemption or for your child who is under age 19 at the end of the year, regardless of whether they are your dependent.
- D) Use IRS Form W-10 to request the required information from the care provider.

Special rules apply to children of divorced or separated parents:

Even if you cannot claim your child as a dependent, they are treated as your qualifying person if all of the following are true:

- The child was under age 13 or was not physically or mentally able to care for themselves.
- One or both parents provided more than half of the child's support for the year and are divorced, legally separated, or lived apart at all times during the last six (6) months of the calendar year.
- One or both parents had custody of the child for more than half of the year.
- You were the child's custodial parent. The custodial parent is the parent having custody for the greater portion of the calendar year. If the child was with both parents for an equal number of nights the parent with the higher adjusted gross income is the custodial parent.

A non-custodial parent that is entitled to claim the child as a dependent on their tax return may not treat the child as a qualifying individual for the dependent care benefit even when that parent is financially responsible for providing the care. Only one parent (the custodial parent) may qualify for the dependent care benefit for a taxable year. The regulations do not provide any relief for a non-custodial parent that incurs dependent care expenses for the portion of the year in which they have custody of the child to enable the non-custodial parent to work.

Accident Insurance



Add Accident Insurance Coverage to Your Health Insurance Plan



Cash Benefits Paid in Addition to Any Other Coverage You Have

You do everything you can to stay active and healthy, but accidents happen every day, including sports-related accidents. An injury that hurts an arm or a leg can hurt your finances too. That's where Chubb Accident can help.

Chubb Accident pays cash benefits directly to you regardless of any other coverage you have. Benefits are designed to cover health plan gaps for out-of-pocket expenses like deductibles, copays, and coinsurance. Let Chubb Accident help take care of your bills so you can take care of yourself and your family.

A broken
leg can cost
\$7,500.¹

60% of Americans
can't cover
an unexpected
\$1,000 expense.²

42 million ER
visits each year
are due
to injuries.³

For employees of

Abilene ISD



Good things in life happen every day, and unfortunately, accidents happen too. When they do, we can help protect you.

When You Need It Most

Chubb Accident provides coverage if you are accidentally injured and need treatment, whether you go to a physician's office, urgent care center, emergency room or use telemedicine services. There are no restrictions on how your money can be used.

Accident Insurance Benefits Include

Telemedicine Services Benefit

With this benefit, you will no longer need to leave your home for a doctor's visit. We'll pay you a \$25 benefit if you receive consultation with a physician for a covered accident via audio or video communication.

Rehabilitation Package

We pay cash benefits for admission, daily confinement and recovery. Whether you're released to a Rehabilitation Center following a hospital stay or you recover at home, we pay a daily recovery benefit to help with your transition. We'll even pay for a residence/vehicle modification and therapy, including physical, occupational and speech.

How Chubb Accident Works—And Pays

Chubb Accident helps pay for unexpected costs of accidental injury. If your child breaks a leg at soccer practice here's how benefits may stack up:

Ambulance	\$	300
ER Visit	\$	300
X-Ray	\$	250
Fracture	\$	900
Medicine	\$	10
Medical Supplies	\$	10
Crutches	\$	1,000
Physical Therapy	\$	60
Follow-up Visits	\$	100
Total Payment		\$ 2,930

This example is for illustrative purposes only and should not be compared to an actual claim. Whether an injury is covered depends on the circumstances of the loss. Refer to the certificate of insurance for terms and conditions.

Schedule of Benefits – Non-occupational coverage

Plan 1 & Plan 2

Initial Care

	PLAN 1	PLAN 2
Ambulance		
<i>Ground</i>	\$200	\$300
<i>Air</i>	\$600	\$900
Emergency Room	\$200	\$300
Initial Doctor's Office Visit	\$100	\$150
Telemedicine Services Benefit	\$100	\$100

Hospital and Rehabilitation

Hospital Admission	\$1,000	\$1,500
ICU Admission	\$1,000	\$1,500
Hospital Confinement	\$200	\$300
<i>Per day, up to 365 days</i>		
ICU Confinement	\$400	\$600
<i>Per day, up to 30 days</i>		
Rehabilitation Confinement	\$100	\$200
<i>Per day, up to 30 days</i>		

Follow-up Care & Treatment

Abdominal, Cranial, Hernia & Thoracic Surgery	\$1,000	\$2,000
Appliances	\$125	\$250
Blood, Plasma, Platelets	\$300	\$600
Follow-up Treatment	\$50	\$100
<i>Per visit, up to one visit</i>		
Lodging	\$100	\$200
<i>For treatment 100 miles or more away; per night, up to 30 nights</i>		
Major Diagnostic Exam (CT, MRI, etc.)	\$50	\$100
Medical Supplies	\$5	\$10
Medicine	\$5	\$10
Outpatient Treatment, <i>per person per year</i>	\$25	\$25
<i>Waiting period, 30 days</i>		
Physical, Occupational, or Speech Therapy	\$30	\$60
<i>Per visit, up to 6 visits</i>		
Prosthetics	\$500	\$1,000
Tendon, Ligament or Rotator Cuff Repair (<i>two or more</i>)	\$1,000	\$2,000
Tendon, Ligament or Rotator Cuff Repair (<i>one</i>)	\$500	\$1,000
Tendon, Ligament or Rotator Cuff Exploratory Arthroscopic Surgery without Repair	\$150	\$300
Transportation	\$400	\$800
<i>For treatment 100 miles or more away; per trip, up to three trips</i>		
X-ray	\$200	\$250

Injuries

	PLAN 1	PLAN 2
Burns		
<i>2nd/3rd Degree</i>	\$100-\$500	\$200-\$1,000
Skin Graft	50% of the burn benefit	
Coma	\$10,000	\$20,000
Dislocations, <i>up to</i>	\$4,000	\$6,000
Eye Injury	\$100	\$200
Fractures, <i>up to</i>	\$4,000	\$6,000
Herniated Disc	\$500	\$1,000
Knee Cartilage – Torn	\$500	\$1,000
Lacerations	\$50	\$100
Paralysis		
<i>Two limbs</i>	\$7,500	\$15,000
<i>Four limbs</i>	\$15,000	\$30,000
Traumatic Brain Injury	\$150	\$300

Additional Benefits

Joint Replacement		
<i>Elbow</i>	\$750	\$750
<i>Hip</i>	\$1,500	\$1,500
<i>Knee</i>	\$1,000	\$1,000
<i>Shoulder</i>	\$900	\$900
Post-Traumatic Stress Disorder (PTSD)	\$25	\$50
<i>Maximum Visits</i>	6	10
Residence/Vehicle Modification	\$3,000	\$3,000
Accidental Death		
<i>Employee</i>	\$40,000	\$60,000
<i>Spouse</i>	\$20,000	\$30,000
<i>Child</i>	\$10,000	\$15,000

Monthly Premium

	PLAN 1	PLAN 2
Employee	\$10.34	\$15.02
Employee + Spouse	\$15.28	\$22.30
Employee + Child(ren)	\$20.74	\$30.10
Family	\$25.92	\$37.64

Benefits may vary by state. Benefits are paid once per accident unless otherwise noted.



You do everything
you can to keep
your family safe,
but accidents
happen, and when
they do, it's good to
know Chubb has
you covered.

Features

Guaranteed Issue

No medical history is required for coverage to be issued.

Portable

You can keep your coverage even if you change jobs or retire.

Family Coverage

You can insure yourself, your spouse, and your kids. Your children and dependent grandchildren through age 26 can be included.

HSA Compatible

You can have this coverage even if you have a Health Savings Account.

Initial Eligibility

Employee

- Actively employed working at least 17.5 hours per week
- Ages 18 and older

Spouse

- Ages 18 and older
- Includes domestic and civil union partners

Dependent children/grandchildren

- Ages 0 through 26
- No student status required

Exclusions & Limitations

This is Accident-Only Insurance. No benefits will be paid for services rendered by a member of the Immediate Family of a Covered Person. No benefits will be payable for sickness or infection including physical or mental condition that is not caused solely by or as a direct result of a Covered Accident.

No benefits will be paid for an injury that is caused by, contributed to, or occurs as a result of a covered person's:

- Being intoxicated, or under the influence of alcohol or any narcotic or other prescription drug unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" means the minimum blood alcohol level required to be considered operating an automobile under the influence of alcohol in the jurisdiction in which the accident occurred);
- Participating in an illegal occupation or attempting to commit or actually committing a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place);
- Committing or attempting to commit suicide or intentionally injuring himself or herself;
- Having dental treatment, except for such care or treatment due to injury to sound natural teeth within twelve (12) months of the Covered Accident;
- Being exposed to war or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary thereto; or
- Participation in any contest using any type of motorized vehicle.

No benefits will be paid for an injury incurred while working for pay or profit.

1. www.healthcare.gov; accessed Sept. 2019
2. www.bankrate.com; accessed Sept. 2019
3. www.cdc.gov/nchs; accessed Sept. 2019

Chubb. Insured.SM

This is a supplement to health insurance and is not a substitute for Major Medical or other minimal essential coverage.

This document is a brief description of Form No. C70701 (or applicable state version). Refer to your certificate of insurance for specific details about benefits, exclusions and limitations.

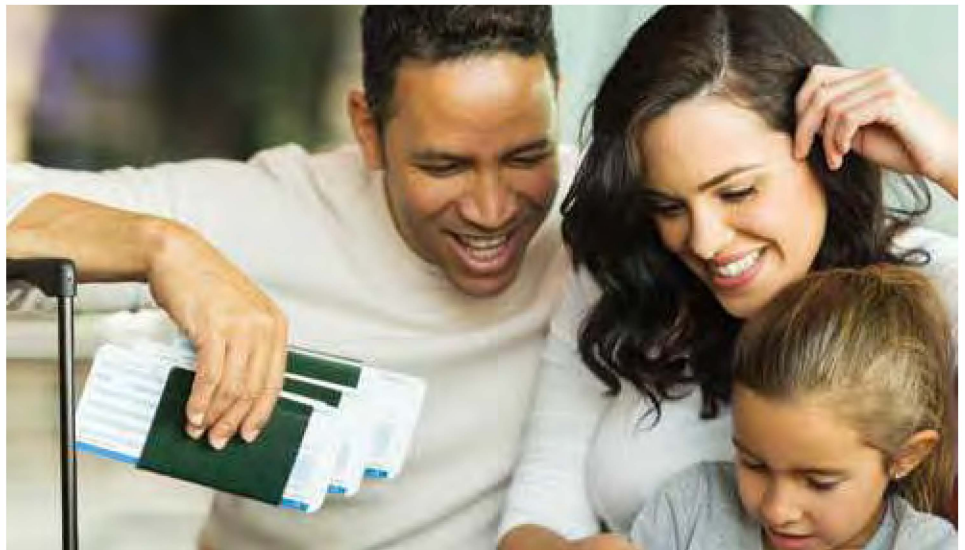
Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. This insurance product is underwritten by ACE Property & Casualty Insurance Company.

www.chubbworkplacebenefits.com

Critical Illness Insurance

CHUBB

Add Critical Illness Coverage to Your Health Insurance Plan



Financial Protection When You Need It Most

Heart attacks, cancer and strokes happen every day and often unexpectedly. They don't give you time to prepare and can take a serious toll on both your physical and financial well-being.

We Pay Cash Benefits Directly to You

If you're like most people, being diagnosed with a critical illness can be overwhelming, even scary. The last thing you want to worry about is money. Chubb Critical Illness pays you directly to help with your bills, your mortgage, your rent, your childcare—you name it—so you can focus on recovery.

Every 40 seconds
someone has a
heart attack.¹

Average
out-of-pocket cost
for cancer
is \$6,000-\$10,000
per year.²

60% of Americans
can't cover
an unexpected
\$1,000 expense.³

For employees of

Abilene ISD

Critical Illness Insurance



If you're like most people, being diagnosed with a critical illness can be overwhelming, even scary. The last thing you want to worry about is money.

Why Health Insurance May Not Be Enough

When a critical illness happens your health insurance plan may cover some of your medical and hospital costs, but not everything. You and your family need extra protection that closes the financial gap and helps you manage expenses, such as:

- Out-of-Pocket Medical Costs—deductibles, copays, coinsurance, prescriptions, and medical travel
- Everyday Costs—rent or mortgage payments, credit card debit, car payments, household necessities, and savings for college & retirement
- Recovery Costs—loss of family income, rehabilitation, and childcare or parent care

Would a Check for \$20,000 Help?

Chubb Critical Illness pays you cash immediately. Upon diagnosis of a covered condition, we send a lump sum check directly to you. You can use your cash benefit however you choose—to help with your everyday living expenses, pay your out-of-pocket medical costs or replace lost income. Your benefit is paid in full regardless of any other insurance you may have.

Here's How It Works

When you are diagnosed with a covered condition after the certificate effective date, submit your claim and we'll quickly send you a check. It's that simple. You can use your money however you choose.

No Lifetime Maximum

If you get sick again with the same or different condition, you're still covered. There is no total maximum benefit amount to worry about. Different covered conditions need to be diagnosed at least six months apart.

Recurrence Benefit

Once Chubb pays a Critical Illness benefit for Aneurysm (Cerebral or Aortic), Benign Brain Tumor, Coma, Coronary Artery Obstruction, Heart Attack, Major Organ Failure, Stroke, or Sudden Cardiac Arrest, and there is a recurrence, you can receive 50% of your Face Amount, as long as you were treatment free for at least 6 months.

For a recurrence of Cancer, including Carcinoma In Situ, you can receive 50% of your Face Amount, as long as you were treatment free for 12 months and in complete remission.*

No Lifetime Maximum in Action (example)

\$20,000 Face Amount

Stroke Diagnosis	\$ 20,000
Heart Attack Diagnosis (<i>first</i>)	\$ 20,000
Heart Attack Recurrence	\$ 10,000
Total Benefits:	\$ 50,000
Remaining Benefit Amount	No Maximum Benefit Amount

Covered conditions must be diagnosed at least six months apart. This example is hypothetical and is solely to illustrate a situation that can result in benefits payable for a claim. It is not based on an actual claim and should not be compared to an actual claim.

* Complete remission is defined as having no symptoms and no signs that can be identified to indicate the presence of Cancer.



Covered Conditions

Alzheimer's Disease*
Aneurysm (Cerebral or Aortic)*
Benign Brain Tumor
Cancer
Carcinoma In Situ
 Breast Cancer
 All other Carcinoma In Situ*
Coma
Coronary Artery Obstruction*
End Stage Renal Failure
Heart Attack
Major Organ Failure
Multiple Sclerosis*
Paralysis or Dismemberment
Parkinson's Disease*
Skin Cancer (\$250)
Stroke
Sudden Cardiac Arrest
Transient Ischemic Attack (10%)

* Benefit payment is 25% of face amount.

Valuable Benefits

With Chubb Critical Illness, you get even more than a substantial lump sum cash benefit. To help you avoid financial hardship and ease your recovery, you get these innovative benefits too:

Mortgage and Rent Helper

If you miss work due to a critical illness, you may need some extra help making mortgage or rent payments. Mortgage and Rent Helper pays you an extra \$500 each month if you miss 5 or more days of work, for up to 6 months.

Wellness Benefit

Be proactive with your health with preventive care. This benefit pays you \$100 for undergoing a health screening test, immunization, eye exam, routine physical or well-child/preventive exam.

Diabetes Diagnosis & Service Benefits

Diabetes is on the rise. Upon diagnosis of diabetes, we will pay you a one-time amount of \$250. Additionally, to help you modify your behavior, we will pay a monthly benefit of \$50 for up to 6 months to help pay for a smoking cessation, nutrition counseling program or gym membership.

Advocacy Benefits

Personal and confidential assistance from professionals.

Best Doctors®

- “Find Best Docs” Physician Referrals
- “Ask the Expert” Hotline
- Diagnosis & Treatment Advice

ComPsych®

- Help understanding your insurance
- Financial Advice
- Medical Travel Assistance



Critical illnesses change life in an instant. Let Chubb Critical Illness help protect you from financial hardship while you recover.

Chubb Makes It Easy

- Affordable, Extensive Coverage**
Powerful protection at an affordable price.
- Family Coverage**
You can insure yourself, your spouse, and your kids. Your children and dependent grandchildren through age 26 can be included.
- No Age Penalty**
Your rates will never change due to your increase in age.
- Portability**
You can keep your coverage even if you change jobs or retire.
- Guarantee Issue**
No medical history is required for coverage to be issued.

- Renewable**
Coverage is automatically renewed as long as you’re an eligible employee, your premiums are paid as due and the policy is in force.
- No Coordination of Benefits**
Payments are made in addition to any other insurance you may have.
- HSA Compatible**
You can have this coverage even if you have a Health Savings Account.
- Waiver of Premium**
Your premium is waived if you’re totally disabled due to a covered condition.

Initial Eligibility

- Employee**
 - Actively employed working at least 17.5 hours per week
 - Ages 18 and older
- Spouse**
 - Ages 18 and older
 - Includes domestic and civil union partners
- Dependent children/grandchildren**
 - Ages 0 through 26
 - No student status required

Exclusion

No benefits will be paid for losses resulting from injuring oneself intentionally or committing or attempting to commit suicide, whether sane or not, or committing or attempting to commit a felony or engaging in an illegal occupation or activity.

Monthly Rates @ \$10,000 of Benefit									
Plan 2					Plan 3				
Issue Age	EE Only	EE/SP	EE/Ch	EE/F	Issue Age	EE Only	EE/SP	EE/Ch	EE/F
18-30	8.38	14.14	9.18	14.94	18-30	9.64	16.02	10.71	17.08
31-40	10.82	17.80	11.63	18.60	31-40	13.68	22.08	14.75	23.14
41-50	16.93	26.95	17.73	27.75	41-50	23.35	36.61	24.42	37.66
51-60	27.96	43.51	28.77	44.30	51-60	40.53	62.36	41.60	63.42
61-70	48.25	73.95	49.05	74.75	61-70	72.81	110.77	73.87	111.82
70+	75.29	114.50	76.09	115.29	70+	118.52	179.34	119.59	180.39

CHUBB is offering a Plan 1 for current CI plan participants; this will include identical benefits and identical composite pricing. However, this is only available to the current CI plan participants.

No Lifetime Maximum on benefits; No Pre-Existing Condition Exclusion; Issue Age Rates; 10 year age bands

Rate stays level as participant ages; rate is based on age of participant at time of purchase

***Please note that the difference between Plan 2 and Plan 3 is that Plan 3 covers Cancer as a Critical Illness. Plan 2 does not.**

Ready for whatever's down the line.

Hospital Indemnity* Insurance Policy

Life is full of ups and downs, twists and turns. You never know what's coming down the line.

It could be an illness or injury that lands you in the hospital. Covering certain hospital expenses can help support your physical – and financial – wellness.

Thanks to your employer, you have an insurance policy that can help keep your health expenses in line. So, you stay physically well – and fiscally fit.

What is Hospital Indemnity insurance?

The Hospital Indemnity insurance policy pays certain medical expenses at a specific benefit amount for a limited number of days, as defined by your plan.

You may opt for coverage for your spouse or child(ren). You are eligible for this coverage (regardless of your health status), and you do not have to answer any medical questions to qualify for coverage.

Note: Hospital Indemnity is NOT major medical insurance, or comprehensive health coverage.

Why do I need GLI?

54%

of U.S. adults have delayed health care, because they can't afford it.¹

40%

of employees say they have trouble paying medical bills or affording premiums.²

1 PwC Health Research Institute: Medical Cost Trend, 2018
2 Kaiser Family Foundation/LA Times: Employer Health Benefits Survey, 2019

How does it help me?

Helps protect financial wellness:



Health expenses can take a bite out of your budget. Hospital Indemnity insurance can help by providing a set benefit amount for certain medical expenses.

Helps manage health expenses:



The plan pays a fixed dollar amount, based on your plan. For example, if you are hospitalized with pneumonia, the plan pays a specific benefit amount per day of your hospital confinement, up to a specific number of days.

How does it work?



beazley

Hospital Indemnity Insurance Policy

What are the specific plan benefits?

Definition	Benefit amount/maximum	
	Option 1	Option 2
Hospital indemnity benefits		
Hospital Confinement For treatment in a hospital, due to sickness or injury for 23 or more continuous hours (i.e., not less than a day) Note: Maternity benefit is payable as any other illness for both mother and child.	\$200 per insured, per day 10 days per insured, per year	\$200 per insured, per day 10 days per insured, per year
Hospital Admission Lump sum benefit for a hospital admission, due to sickness or injury Note: Admission benefit for birth of a healthy child covers mother only. Benefit is payable for newborn if admitted to ICU.	\$1,500 per insured, per admission 1 admission per insured, per year	\$2,500 per insured, per admission 1 admission per insured, per year
Hospital Intensive Care Unit For intensive and comprehensive care, when confined in an area equipped with lifesaving equipment (ICU)	\$400 per insured, per day 5 days per insured, per year	\$400 per insured, per day 5 days per insured, per year

Refer to the Master Policy and Certificate for all terms, conditions, exclusions and limitations

How much does the plan cost?

The grid below identifies the premium amount, based on the plan you choose and whether you want to cover family members.

Coverage type	Monthly premium amount	
	Option 1	Option 2
Employee	\$19.60	\$33.00
Employee + Spouse	\$36.60	\$66.00
Employee + Child(ren)	\$29.60	\$53.00
Family	\$47.60	\$85.00

Who is Beazley?

Beazley Insurance Company, Inc. is rated A by A.M. Best. It is a subsidiary of The Beazley Group, which was founded in 1986. Beazley Benefits is Beazley's U.S. group insurance division, which provides a customized suite of supplemental accident & health insurance products that helps protect against life's uncertainties.

Contact Us

Beazley Benefits
 8500 Normandale Lake Blvd | Suite 955
 Minneapolis, MN 55437 USA
www.beazley.com/beazley-benefits

How do I submit a claim?

1. At time of service, present the ID card.
2. Assign benefits to your provider.
3. Provider submits an itemized bill on your behalf to the address below. No claim form necessary.

By Mail:

Beazley Insurance Company, Inc.
 Administered by The Loomis Co.
 P.O. Box 7011
 Wyomissing, PA 19610-6011

By Email:

beazleyclaims@loomisco.com

Insurance is underwritten by Beazley Insurance Company, Inc., 30 Batterson Park Road, Farmington, Connecticut, 06032. Beazley is rated A by A.M. Best. Beazley is licensed in all 50 states and the District of Columbia. CA License # 2868-8

The Group Limited Indemnity policy is offered under Policy Form Series AHGLIMM001.

Benefits may vary by state. Premium will vary based on the plan chosen. A waiting period for late entrants may apply. This policy is renewable at the option of Beazley.

Refer to the Master Policy and Certificate for all terms, conditions, exclusions and limitations. Beazley uses the services of third party administrators.



Abilene ISD

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist*	
Calendar-year deductible (excludes orthodontia services)	Individual \$50	Family \$150	Individual \$50	Family \$150
Deductible applies to all services excluding preventive services.				
Calendar-year annual maximum (excludes orthodontia services)	\$1,000			
Preventive services <ul style="list-style-type: none"> • Routine oral examinations (3 per year) • Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) • Routine cleanings (3 per year) • Periodontal cleanings (4 per year) • Fluoride treatment (1 per year, through age 16) • Sealants (permanent molars, through age 16) • Space maintainers (primary teeth, through age 15) • Oral Cancer Screening (1 per year, ages 40 and older) 	100% no deductible, does not apply against annual maximum		100% no deductible, does not apply against annual maximum	
Basic services <ul style="list-style-type: none"> • Emergency care for pain relief • Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) • Oral surgery (routine extractions) 	80% after deductible		80% after deductible	
Extended Annual Max Additional coverage for preventive, basic, and major services after the calendar-year maximum is met (excludes orthodontia)	NA		NA	

More Value

Basic services

- Stainless steel crowns
- Harmful habit appliances for children

Major services

- Crowns
- Inlays and onlays
- Bridges
- Dentures
- Denture relines/rebases
- Denture repair and adjustments
- Implants
- Periodontics (gums)
- Endodontics (root canals)

Orthodontia services

- Adult and child orthodontia

These services are not covered under this plan. Members may receive a discount on non-covered services and may contact their participating provider to determine if any discounts are available on non-covered services.

Humana Dental Preventive Plus

***Out of Network Dentists** can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in our network. If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee for covered services. If a member sees an out-of-network dentist, coinsurance will apply to the usual and customary charge. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

Waiting periods

Employer-sponsored funding: 10+ enrolled employees

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	Not available	Not available
Late applicant ¹	No	12 months	Not available	Not available

¹ Late applicants not allowed with open enrollment option.

Humana Preventative Plus Monthly Premium

Employee Only	\$	14.44
Employee & Spouse	\$	30.02
Employee & Children	\$	28.06
Employee & Family	\$	34.88

Abilene ISD

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist*	
Calendar-year deductible (excludes orthodontia services)	Individual \$50	Family \$150	Individual \$50	Family \$150
	Deductible applies to all services excluding preventive services.			
Calendar-year annual maximum (excludes orthodontia services)	\$1,500 + extended annual maximum (see section below)			
Preventive services <ul style="list-style-type: none"> • Routine oral examinations (3 per year) • Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) • Routine cleanings (3 per year) • Periodontal cleanings (4 per year) • Fluoride treatment (1 per year, through age 16) • Sealants (permanent molars, through age 16) • Space maintainers (primary teeth, through age 15) • Oral Cancer Screening (1 per year, ages 40 and older) 	100% no deductible, does not apply against annual maximum		100% no deductible, does not apply against annual maximum	
Basic services <ul style="list-style-type: none"> • Emergency care for pain relief • Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) • Oral surgery (tooth extractions including impacted teeth) • Stainless steel crowns • Harmful habit appliances for children (1 per lifetime, through age 14) • Periodontics (scaling/root planing and surgery 1 per quadrant every 3 years) 	50% after deductible		50% after deductible	
Major services <ul style="list-style-type: none"> • Crowns (1 per tooth every 5 years) • Inlays/onlays (1 per tooth every 5 years) • Bridges (1 per tooth every 5 years) • Dentures (1 per tooth every 5 years) • Denture relines/rebases (1 every 3 years, following 6 months of denture use) • Denture repair and adjustments (following 6 months of denture use) • Implants (crowns, bridges, and dentures each limited to 1 per tooth every five years) • Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment) 	50% after deductible		50% after deductible	

Humana Dental Traditional Plus Low

	If you use an IN-NETWORK dentist	If you use an OUT-OF-NETWORK dentist*
Extended Annual Max Additional coverage for preventive, basic, and major services after the calendar-year maximum is met (excludes orthodontia)	30%	30%
Orthodontia services	Adult/child orthodontia. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: \$1,000 lifetime orthodontia maximum.	

***Out of Network dentists** can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in our network. If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee for covered services. If a member sees an out-of-network dentist, coinsurance will apply to the usual and customary charge. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

Waiting periods

Employer-sponsored funding: 10+ enrolled employees

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	No	No
Late applicant ^{1,2}	No	12 months	12 months	12 months

¹ Late applicants not allowed with open enrollment option.
² Waiting periods do not apply to endodontic or periodontic services unless a late applicant.

Humana Low Plan Monthly Premium	
Employee Only	\$ 26.32
Employee & Spouse	\$ 54.74
Employee & Children	\$ 51.12
Employee & Family	\$ 63.60

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist*	
Calendar-year deductible (excludes orthodontia services)	Individual \$50	Family \$150	Individual \$50	Family \$150
	Deductible applies to all services excluding preventive services.			
Calendar-year annual maximum (excludes orthodontia services)	\$1,500 + extended annual maximum (see section below)			
Preventive services <ul style="list-style-type: none"> • Routine oral examinations (3 per year) • Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) • Routine cleanings (3 per year) • Periodontal cleanings (4 per year) • Fluoride treatment (1 per year, through age 16) • Sealants (permanent molars, through age 16) • Space maintainers (primary teeth, through age 15) • Oral Cancer Screening (1 per year, ages 40 and older) 	100% no deductible, does not apply against annual maximum		100% no deductible, does not apply against annual maximum	
Basic services <ul style="list-style-type: none"> • Emergency care for pain relief • Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) • Oral surgery (tooth extractions including impacted teeth) • Stainless steel crowns • Harmful habit appliances for children (1 per lifetime, through age 14) • Periodontics (scaling/root planing and surgery 1 per quadrant every 3 years) 	80% after deductible		80% after deductible	
Major services <ul style="list-style-type: none"> • Crowns (1 per tooth every 5 years) • Inlays/onlays (1 per tooth every 5 years) • Bridges (1 per tooth every 5 years) • Dentures (1 per tooth every 5 years) • Denture relines/rebases (1 every 3 years, following 6 months of denture use) • Denture repair and adjustments (following 6 months of denture use) • Implants (crowns, bridges, and dentures each limited to 1 per tooth every five years) • Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment) 	50% after deductible		50% after deductible	

Humana Dental Traditional Plus High

	If you use an IN-NETWORK dentist	If you use an OUT-OF-NETWORK dentist*
Extended Annual Max Additional coverage for preventive, basic, and major services after the calendar-year maximum is met (excludes orthodontia)	30%	30%
Orthodontia services	Adult/child orthodontia. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: \$1,000 lifetime orthodontia maximum.	

***Out of Network Dentists** can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in our network. If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee for covered services. If a member sees an out-of-network dentist, coinsurance will apply to the usual and customary charge. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

Waiting periods

Employer-sponsored funding: 10+ enrolled employees

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	No	No
Late applicant ^{1,2}	No	12 months	12 months	12 months

¹ Late applicants not allowed with open enrollment option.
² Waiting periods do not apply to endodontic or periodontic services unless a late applicant.

Humana High Plan Monthly Premium

Employee Only	\$ 45.28
Employee & Spouse	\$ 94.12
Employee & Children	\$ 87.94
Employee & Family	\$ 109.36

Humana Dental Traditional Plus

Feel good about choosing a HumanaDental plan

Make regular dental visits a priority

Regular cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.* Your HumanaDental Traditional Preferred plan focuses on prevention and early diagnosis, providing four exams and cleanings every calendar year: two regular and two periodontal.

* www.perio.org

Go to MyDentalIQ.com

Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

Tips to ensure a healthy mouth

- Use a soft-bristled toothbrush
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Floss daily
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings

Did you know that 74 percent of adult Americans believe an unattractive smile could hurt a person's chances for career success?* HumanaDental helps you feel good about your dental health so you can smile confidently.

* American Academy of Cosmetic Dentistry

Questions?

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit Humana.com.

Use your HumanaDental benefits

Find a dentist

With HumanaDental's Traditional Preferred plan, you can see any dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in the HumanaDental Traditional Preferred Network. To find a dentist in HumanaDental's Traditional Preferred Network, log on to **Humana.com** or call 1-800-233-4013.

Know what your plan covers

The other side of this page gives you a summary of HumanaDental benefits. Your plan certificate describes your HumanaDental benefits, including limitations and exclusions. You can find it on MyHumana, your personal page at **HumanaDental.com** or call 1-800-233-4013.

See your dentist

Your HumanaDental identification card contains all the information your dentist needs to submit your claims. Be sure to share it with the office staff when you arrive for your appointment. If you don't have your card, you can print proof of coverage at **Humana.com**.

Learn what your plan paid

After HumanaDental processes your dental claim, you will receive an explanation of benefits or claims receipt. It provides detailed information on covered dental services, amounts paid, plus any amount you may owe your dentist. You can also check the status of your claim on MyHumana at **Humana.com** or by calling 1-800-233-4013.

Humana group dental plans are offered by Humana Insurance Company, HumanaDental Insurance Company, Humana Insurance Company of New York, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc., Humana Medical Plan of Utah, CompBenefits Company, CompBenefits Dental, Inc., Humana Employers Health Plan of Georgia, Inc. or DentiCare, Inc. (d/b/a CompBenefits)

This is not a complete disclosure of plan qualifications and limitations. Your agents will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.



Humana.com



Extended annual maximum

Unique solution for extended coverage

With Humana's **Extended annual maximum**, employees won't have to put off important dental care procedures for themselves or their covered dependents.

Extended annual maximum is available immediately after the annual maximum for a plan is reached, and there's no cap on the dollars paid in a year. That's an attractive advantage over traditional rollover options.

Extended annual maximum helps employees save money by ensuring they have access to network discounts and 30 percent coinsurance, even after they have reached their annual maximum. Employees can achieve and maintain their best health by getting dental care when it's needed, before oral health issues may affect their overall health and well-being.

Plus, the **Extended annual maximum** is a great way for groups and employees to buy down their annual maximum or coinsurance, or adjust plan deductibles and their out-of-network reimbursements.

30% coinsurance coverage after network discount and maximum benefit is reached

CALL YOUR HUMANA REPRESENTATIVE TO FIND OUT MORE ABOUT THIS BENEFIT OPTION



Uniquely different from traditional rollover plans:

- No need to delay care
- No paid claims thresholds
- No dollars to roll over
- No provider restrictions
- No mandatory claims submissions
- No need to track annual usage

Extended annual maximum advantages:

- **Simple** - all employees and their dependents have the same benefits
- **Easy** - the plan is easy to describe and administer
- **Immediate** - employees can use the benefit beginning day one
- **Available** - included in all Traditional Preferred (Plus) and PPO plan groups of two or more

Humana®

Humana.com



Vision care services

**If you use an
IN-NETWORK provider
(Member cost)**

**If you use an
OUT-OF-NETWORK provider
(Reimbursement)**

Exam with dilation as necessary

- Retinal imaging ¹

\$10
Up to \$39

Up to \$30
Not covered

Contact lens exam options ²

- Standard contact lens fit and follow-up
- Premium contact lens fit and follow-up

Up to \$40
10% off retail

Not covered
Not covered

Frames ³

\$150 allowance
20% off balance over \$150

\$80 allowance

Standard plastic lenses ⁴

- Single vision
- Bifocal
- Trifocal
- Lenticular

\$10
\$10
\$10
\$10

Up to \$25
Up to \$40
Up to \$60
Up to \$100

Covered lens options ⁴

- UV coating
- Tint (solid and gradient)
- Standard scratch-resistance
- Standard polycarbonate - adults
- Standard polycarbonate - children <19
- Standard anti-reflective coating
- Premium anti-reflective coating
 - Tier 1
 - Tier 2
 - Tier 3
- Standard progressive (add-on to bifocal)
- Premium progressive
 - Tier 1
 - Tier 2
 - Tier 3
 - Tier 4
- Photochromatic / plastic transitions
- Polarized

\$15
\$15
\$15
\$40
\$0
\$25
Premium anti-reflective coatings as follows:
\$37
\$48
80% of charge less \$20 allowance
\$10
Premium progressives as follows:
\$75
\$85
\$100
\$55 copay, 80% of charge less \$120 allowance
\$75
80% of charge

Not covered
Not covered
Not covered
Not covered
Not covered
Up to \$25
Premium anti-reflective coatings as follows:
Up to \$25
Up to \$25
Up to \$25
Up to \$40
Premium progressives as follows:
Up to \$40
Up to \$40
Up to \$40
Up to \$40
Not covered
Not covered

Contact lenses ⁵

(applies to materials only)

- Conventional
- Disposable
- Medically necessary

\$150 allowance,
15% off balance over \$150
\$150 allowance
\$0

\$128 allowance
\$128 allowance
\$210 allowance

Vision care services

If you use an
IN-NETWORK provider
(Member cost)

If you use an
OUT-OF-NETWORK provider
(Reimbursement)

Frequency

- Examination
- Lenses or contact lenses
- Frame

Once every 12 months
Once every 12 months
Once every 12 months

Once every 12 months
Once every 12 months
Once every 12 months

Diabetic Eye Care: care and testing for diabetic members

- Examination
 - Up to (2) services per year
- Retinal Imaging
 - Up to (2) services per year
- Extended Ophthalmoscopy
 - Up to (2) services per year
- Gonioscopy
 - Up to (2) services per year
- Scanning Laser
 - Up to (2) services per year

\$0

Up to \$77

\$0

Up to \$50

\$0

Up to \$15

\$0

Up to \$15

\$0

Up to \$33

Optional benefits

- 12-month Frame Benefit
• LASIK/PRK
Benefit replaces the 24-month frequency of the base plan. Benefits for eye surgery. Benefit of \$250 per eye in and out of network. 12-month waiting period applies.
- Polycarbonate Lenses for Children <19
Provides for standard polycarbonate lens with \$0 copay. Not available in AK, CT, ID, & OH.

¹ Member costs may exceed \$39 with certain providers. Members may contact their participating provider to determine what costs or discounts are available.

² Standard contact lens exam fit and follow up costs and premium contact lens exam discounts up to 10% may vary by participating provider. Members may contact their participating provider to determine what costs or discounts are available.

³ Discounts may be available on all frames except when prohibited by the manufacturer.

⁴ Lens option costs may vary by provider. Members may contact their participating provider to determine if listed costs are available.

⁵ Plan covers contact lenses or frames, but not both.

Monthly rates* (12 deductions per year)

Employee \$7.46

Employee + Spouse \$12.68

Employee + Child(ren) \$12.04

Family \$18.72

* This is not a substitute for a quote. Rates must be approved by Humana Vision underwriting.

Additional plan discounts

- Member may receive a 20% discount on items not covered by the plan at network Providers. Members may contact their participating provider to determine what costs or discounts are available. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered. Certain brand name Vision Materials may not be eligible for a discount if the manufacturer imposes a no-discount practice. Frame, Lens, & Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price.
- Members may also receive 15% off retail price or 5% off promotional price for LASIK or PRK from the US Laser Network, owned and operated by LCA Vision. Since LASIK or PRK vision correction is an elective procedure, performed by specialty trained providers, this discount may not always be available from a provider in your immediate location.



Questions?

Check out **Humana.com**

Call 1-866-995-9316 seven days a week:

8 a.m. to 6 p.m. Eastern Time

Monday through Saturday and

11 a.m. to 8 p.m. Sunday.

Limitations and Exclusions:

In addition to the limitations and exclusions listed in your "Vision Benefits" section, this policy does not provide benefits for the following:

1. Any expenses incurred while you qualify for any worker's compensation or occupational disease act or law, whether or not you applied for coverage.
2. Services:
 - That are free or that you would not be required to pay for if you did not have this insurance, unless charges are received from and reimbursable to the U.S. government or any of its agencies as required by law;
 - Furnished by, or payable under, any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
 - Furnished by any U.S. government-owned or operated hospital/institution/agency for any service connected with sickness or bodily injury.
3. Any loss caused or contributed by:
 - War or any act of war, whether declared or not;
 - Any act of international armed conflict; or
 - Any conflict involving armed forces of any international authority.
4. Any expense arising from the completion of forms.
5. Your failure to keep an appointment.
6. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthetist.
7. Prescription drugs or pre-medications, whether dispensed or prescribed.
8. Any service not specifically listed in the Schedule of Benefits.
9. Any service that we determine:
 - Is not a visual necessity;
 - Does not offer a favorable prognosis;
 - Does not have uniform professional endorsement; or
 - Is deemed to be experimental or investigational in nature.
10. Orthoptic or vision training.
11. Subnormal vision aids and associated testing.
12. Aniseikonic lenses.
13. Any service we consider cosmetic.
14. Any expense incurred before your effective date or after the date your coverage under this policy terminates.
15. Services provided by someone who ordinarily lives in your home or who is a family member.
16. Charges exceeding the reimbursement limit for the service.
17. Treatment resulting from any intentionally self-inflicted injury or bodily illness.
18. Plano lenses.
19. Medical or surgical treatment of eye, eyes, or supporting structures.
20. Replacement of lenses or frames furnished under this plan which are lost or broken, unless otherwise available under the plan.
21. Any examination or material required by an Employer as a condition of employment.
22. Non-prescription sunglasses.
23. Two pair of glasses in lieu of bifocals.
24. Services or materials provided by any other group benefit plans providing vision care.
25. Certain name brands when manufacturer imposes no discount.
26. Corrective vision treatment of an experimental nature.
27. Solutions and/or cleaning products for glasses or contact lenses.
28. Pathological treatment.
29. Non-prescription items.
30. Costs associated with securing materials.
31. Pre- and Post-operative services.
32. Orthokeratology.
33. Routine maintenance of materials.
34. Refitting or change in lens design after initial fitting, unless specifically allowed elsewhere in the certificate.
35. Artistically painted lenses.

Humana Vision products insured by Humana Insurance Company, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc. or Humana Insurance Company of New York.

This is not a complete disclosure of the plan qualifications and limitations. Specific limitations and exclusions as contained in the Regulatory and Technical Information Guide will be provided by the agent. Please review this information before applying for coverage.

NOTICE: Your actual expenses for covered services may exceed the stated cost or reimbursement amount because actual provider charges may not be used to determine insurer and member payment obligations.



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 Abilene 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 Abilene Independent School District and The Standard.

Eligibility

To become insured, you must be:

- A regular employee of Abilene 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 15 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: 10 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	14 days	14 days	To Age 65 for both Accident and Sickness
2	30 days	30 days	To Age 65 for both Accident and Sickness
3	60 days	60 days	To Age 65 for both Accident and Sickness
4	90 days	90 days	To Age 65 for both Accident and Sickness
5	180 days	180 days	To Age 65 for both Accident and Sickness

Options 1-5: Maximum Benefit Period To Age 65 for Accident and Sickness

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

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

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.
- **Special Dismemberment Provision** – If an employee suffers a loss 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	Cost per Month				
			14-14	30-30	60-60	90-90	180-180
3,600	300	200	\$5.44	\$4.34	\$3.24	\$2.72	\$2.04
5,400	450	300	\$8.16	\$6.51	\$4.86	\$4.08	\$3.06
7,200	600	400	\$10.88	\$8.68	\$6.48	\$5.44	\$4.08
9,000	750	500	\$13.60	\$10.85	\$8.10	\$6.80	\$5.10
10,800	900	600	\$16.32	\$13.02	\$9.72	\$8.16	\$6.12
12,600	1,050	700	\$19.04	\$15.19	\$11.34	\$9.52	\$7.14
14,400	1,200	800	\$21.76	\$17.36	\$12.96	\$10.88	\$8.16
16,200	1,350	900	\$24.48	\$19.53	\$14.58	\$12.24	\$9.18
18,000	1,500	1,000	\$27.20	\$21.70	\$16.20	\$13.60	\$10.20
19,800	1,650	1,100	\$29.92	\$23.87	\$17.82	\$14.96	\$11.22
21,600	1,800	1,200	\$32.64	\$26.04	\$19.44	\$16.32	\$12.24
23,400	1,950	1,300	\$35.36	\$28.21	\$21.06	\$17.68	\$13.26
25,200	2,100	1,400	\$38.08	\$30.38	\$22.68	\$19.04	\$14.28
27,000	2,250	1,500	\$40.80	\$32.55	\$24.30	\$20.40	\$15.30
28,800	2,400	1,600	\$43.52	\$34.72	\$25.92	\$21.76	\$16.32
30,600	2,550	1,700	\$46.24	\$36.89	\$27.54	\$23.12	\$17.34
32,400	2,700	1,800	\$48.96	\$39.06	\$29.16	\$24.48	\$18.36
34,200	2,850	1,900	\$51.68	\$41.23	\$30.78	\$25.84	\$19.38
36,000	3,000	2,000	\$54.40	\$43.40	\$32.40	\$27.20	\$20.40
37,800	3,150	2,100	\$57.12	\$45.57	\$34.02	\$28.56	\$21.42
39,600	3,300	2,200	\$59.84	\$47.74	\$35.64	\$29.92	\$22.44
41,400	3,450	2,300	\$62.56	\$49.91	\$37.26	\$31.28	\$23.46
43,200	3,600	2,400	\$65.28	\$52.08	\$38.88	\$32.64	\$24.48
45,000	3,750	2,500	\$68.00	\$54.25	\$40.50	\$34.00	\$25.50
46,800	3,900	2,600	\$70.72	\$56.42	\$42.12	\$35.36	\$26.52
48,600	4,050	2,700	\$73.44	\$58.59	\$43.74	\$36.72	\$27.54
50,400	4,200	2,800	\$76.16	\$60.76	\$45.36	\$38.08	\$28.56
52,200	4,350	2,900	\$78.88	\$62.93	\$46.98	\$39.44	\$29.58
54,000	4,500	3,000	\$81.60	\$65.10	\$48.60	\$40.80	\$30.60
55,800	4,650	3,100	\$84.32	\$67.27	\$50.22	\$42.16	\$31.62
57,600	4,800	3,200	\$87.04	\$69.44	\$51.84	\$43.52	\$32.64
59,400	4,950	3,300	\$89.76	\$71.61	\$53.46	\$44.88	\$33.66
61,200	5,100	3,400	\$92.48	\$73.78	\$55.08	\$46.24	\$34.68
63,000	5,250	3,500	\$95.20	\$75.95	\$56.70	\$47.60	\$35.70
64,800	5,400	3,600	\$97.92	\$78.12	\$58.32	\$48.96	\$36.72
66,600	5,550	3,700	\$100.64	\$80.29	\$59.94	\$50.32	\$37.74
68,400	5,700	3,800	\$103.36	\$82.46	\$61.56	\$51.68	\$38.76
70,200	5,850	3,900	\$106.08	\$84.63	\$63.18	\$53.04	\$39.78
72,000	6,000	4,000	\$108.80	\$86.80	\$64.80	\$54.40	\$40.80

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Cost per Month				
			14-14	30-30	60-60	90-90	180-180
73,800	6,150	4,100	\$111.52	\$88.97	\$66.42	\$55.76	\$41.82
75,600	6,300	4,200	\$114.24	\$91.14	\$68.04	\$57.12	\$42.84
77,400	6,450	4,300	\$116.96	\$93.31	\$69.66	\$58.48	\$43.86
79,200	6,600	4,400	\$119.68	\$95.48	\$71.28	\$59.84	\$44.88
81,000	6,750	4,500	\$122.40	\$97.65	\$72.90	\$61.20	\$45.90
82,800	6,900	4,600	\$125.12	\$99.82	\$74.52	\$62.56	\$46.92
84,600	7,050	4,700	\$127.84	\$101.99	\$76.14	\$63.92	\$47.94
86,400	7,200	4,800	\$130.56	\$104.16	\$77.76	\$65.28	\$48.96
88,200	7,350	4,900	\$133.28	\$106.33	\$79.38	\$66.64	\$49.98
90,000	7,500	5,000	\$136.00	\$108.50	\$81.00	\$68.00	\$51.00
91,800	7,650	5,100	\$138.72	\$110.67	\$82.62	\$69.36	\$52.02
93,600	7,800	5,200	\$141.44	\$112.84	\$84.24	\$70.72	\$53.04
95,400	7,950	5,300	\$144.16	\$115.01	\$85.86	\$72.08	\$54.06
97,200	8,100	5,400	\$146.88	\$117.18	\$87.48	\$73.44	\$55.08
99,000	8,250	5,500	\$149.60	\$119.35	\$89.10	\$74.80	\$56.10
100,800	8,400	5,600	\$152.32	\$121.52	\$90.72	\$76.16	\$57.12
102,600	8,550	5,700	\$155.04	\$123.69	\$92.34	\$77.52	\$58.14
104,400	8,700	5,800	\$157.76	\$125.86	\$93.96	\$78.88	\$59.16
106,200	8,850	5,900	\$160.48	\$128.03	\$95.58	\$80.24	\$60.18
108,000	9,000	6,000	\$163.20	\$130.20	\$97.20	\$81.60	\$61.20
109,800	9,150	6,100	\$165.92	\$132.37	\$98.82	\$82.96	\$62.22
111,600	9,300	6,200	\$168.64	\$134.54	\$100.44	\$84.32	\$63.24
113,400	9,450	6,300	\$171.36	\$136.71	\$102.06	\$85.68	\$64.26
115,200	9,600	6,400	\$174.08	\$138.88	\$103.68	\$87.04	\$65.28
117,000	9,750	6,500	\$176.80	\$141.05	\$105.30	\$88.40	\$66.30
118,800	9,900	6,600	\$179.52	\$143.22	\$106.92	\$89.76	\$67.32
120,600	10,050	6,700	\$182.24	\$145.39	\$108.54	\$91.12	\$68.34
122,400	10,200	6,800	\$184.96	\$147.56	\$110.16	\$92.48	\$69.36
124,200	10,350	6,900	\$187.68	\$149.73	\$111.78	\$93.84	\$70.38
126,000	10,500	7,000	\$190.40	\$151.90	\$113.40	\$95.20	\$71.40
127,800	10,650	7,100	\$193.12	\$154.07	\$115.02	\$96.56	\$72.42
129,600	10,800	7,200	\$195.84	\$156.24	\$116.64	\$97.92	\$73.44
131,400	10,950	7,300	\$198.56	\$158.41	\$118.26	\$99.28	\$74.46
133,200	11,100	7,400	\$201.28	\$160.58	\$119.88	\$100.64	\$75.48
135,000	11,250	7,500	\$204.00	\$162.75	\$121.50	\$102.00	\$76.50
136,800	11,400	7,600	\$206.72	\$164.92	\$123.12	\$103.36	\$77.52
138,600	11,550	7,700	\$209.44	\$167.09	\$124.74	\$104.72	\$78.54
140,400	11,700	7,800	\$212.16	\$169.26	\$126.36	\$106.08	\$79.56
142,200	11,850	7,900	\$214.88	\$171.43	\$127.98	\$107.44	\$80.58
144,000	12,000	8,000	\$217.60	\$173.60	\$129.60	\$108.80	\$81.60

LifeTime Benefit Term

Life Insurance— Valuable protection for your loved ones



You work hard to provide a good life for your family. However, what if something happened to you? Would your family be able to continue covering expenses you may have today like mortgage payments, childcare, credit card payments, college tuition and other household expenses? What about burial expenses or expenses for long term care like nursing home or assisted living care?

Many families would struggle, especially if the primary wage earner died. And few families are able to afford nursing home care without some type of financial assistance.

LifeTime Benefit Term can help.

52% of people
turning age 65 will
need some type of
Long Term Care.¹

\$85,775
median annual
nursing home cost,
semi-private room
in 2017.¹

35% of households
would feel the
financial impact...
if the primary wage
earner died.²

Combined Insurance
Company of America,
a Chubb company

For employees of
Abilene ISD

LifeTime Benefit Term Provides You with the Protection Your Family Needs

LifeTime Benefit Term helps protect you and your family if you were no longer able to provide for them. Your family can receive cash benefits paid directly to them upon your death that they can use to help cover expenses like mortgage payments, credit card debt, childcare, college tuition and other household expenses.

Cash benefits can also be paid directly to you while you are living for long term care expenses.

You Decide How You Want to Use LifeTime Benefit Term Benefits

When you make the promise to protect your family with LifeTime Benefit Term, there are several ways it can work.

As Life Insurance

LifeTime Benefit Term protects your family with money that can be used any way they choose. It is most often used to pay for mortgage or rent, education for children and grandchildren, retirement, family debt, and final expenses.

For Long Term Care* (LTC)

If you become chronically ill[†], LifeTime Benefit Term will pay you 4% of your death benefit each month you receive Long Term Care. You can use this money any way you choose, and your life insurance premiums will be waived.

- Your death benefit will reduce proportionately each month as you receive benefit payments for Long Term Care. After 25 months of receiving Long Term Care Benefits, your death benefit will reduce to zero.



How LifeTime Benefit Term Can Be Used				
Three Options	Life Situation	Death Benefit	Long Term Care	Total Benefits
1. Life Insurance	You lead a full life and do not need Long Term Care (LTC)	\$100,000	---	\$100,000
2. Long Term Care (LTC) insurance	You lead a full life and need assisted living or nursing home care	---	\$100,000	
3. Split your Death Benefit for LTC & life insurance	You lead a full life but also need some LTC funds (Example: 4% of \$100,000 for 12 months)	\$52,000	\$48,000	
Option 1, 2 or 3 = TOTAL COVERAGE				\$100,000

This product is underwritten by Combined Insurance Company of America, a Chubb company.

Term Life Insurance Built for Today

Guaranteed Premiums

Life insurance premiums will never increase and are guaranteed to age 100. Thereafter no additional premium is due while the coverage can continue to age 121.

Guaranteed Benefits During Working Years

Death Benefit is guaranteed 100% when it is needed most—during your working years when your family is relying on your income. While the policy is in force, the death benefit is 100% guaranteed for the longer of 25 years or age 70.

Guaranteed Benefits After Age 70

After age 70, when income is less relied upon, the benefit is guaranteed to never be less than 50% of the original death benefit. And Based on current credited interest rates and non-guaranteed mortality, the death benefit will remain at original face value until the coverage becomes paidup at or near age 100, if premium are paid consistently.

Paid-up Benefits

After 10 years, paid up benefits begin to accrue. At any point thereafter, if premiums stop, a reduced paid up benefit is guaranteed. Flexibility is perfect for retirement.

Long Term Care (LTC)*

If you need LTC, you can access your death benefit while you are living for home health care, assisted living, adult day care and nursing home care. You get 4% of your death benefit per month while you are living for up to 25 months to help pay for LTC. Insurance premiums are waived while this benefit is being paid.

Contingent Benefit

If your LTC rider premiums were to be increased and would cause you to lapse your coverage within 120 days of an increase, you may reduce your benefit amount without any increase in premium or convert LTC coverage to paid up status equal to 100% of all LTC rider premiums paid, or 30 times the daily nursing home benefit allowed under the LTC rider.

Terminal Illness

After your coverage has been in force for two years, you can receive 50% of your death benefit, up to \$100,000, if you are diagnosed as terminally ill.



Good things happen every day, and unfortunately hardship happens too. Let us help you protect everything you value.

Additional Benefit Option *(additional premium required)*

Child Term

Death Benefits available up to \$25,000. Guaranteed conversion to individual coverage at age 26—up to 5 times the benefit amount.

* LTC premiums may be adjusted based upon the experience of the group or other group characteristics that may affect results. Premiums will not be increased solely because of an independent claim. New premiums will be based on the insured's age and premium class on the rider's coverage date.

† Chronically Ill Individual means an Insured who has been certified by a Licensed Health Care Practitioner as: 1) being unable to perform, without substantial human assistance, at least two activities of daily living (bathing, continence, dressing, eating, toileting, and transferring) for a period of 90 days; or 2) the Insured has a severe cognitive impairment that requires substantial supervision to protect the insured from threats to his or her health and safety. Certification by the Licensed Health Care Practitioner of the Chronically Ill Insured must occur at least once every 12 months.

LifeTime Benefit Term Features

Affordable Financial Security

Lifelong protection with premiums beginning as low as \$3 per week.

Dependable Guarantees

Guaranteed life insurance premium and death benefits last a lifetime.

Highly Competitive Rates

For the same premium, LifeTime Benefit Term provides higher benefits than permanent life insurance and lasts to age 121.

Fully Portable and Guaranteed Renewable for Life

Your coverage cannot be cancelled as long as premiums are paid as due.

Family Coverage

Coverage is available for your spouse, children and dependent grandchildren.

LifeTime Benefit Term Exclusions

If the insured commits suicide, while sane or insane, within two years (one year in some states) from the Date of Issue, and while this Coverage is in force, We will pay in one sum to the Beneficiary, the amount of premiums paid for this Coverage.

Long Term Care Exclusions

We will not pay Rider benefits for care that is received or loss incurred as a result of: 1) an intentionally self-inflicted injury, or attempted suicide; or 2) war or any act of war, if the cause of death occurs while the Insured is serving in the military, naval or air forces of any country, combination of countries or international organization, provided such death occurs while in such forces; or 3) treatment of the Insured's alcohol, drug or other chemical dependence, except if the drug dependency was sustained or acquired at the hands of a Physician, or except while under treatment for an injury or sickness; or 4) the Insured's commission of, or attempt to commit, a felony; or an injury that occurs because of the Insured's involvement in an illegal activity.

We will not pay Rider benefits if the Confinement, Home Health Care service, or Adult Day Care service: 1) is received outside the United States and its territories; or 2) is provided by ineligible providers; or 3) is rendered by members of the Certificateholder's or the Insured's Immediate Family; or 4) is fully or partially reimbursed by Medicare or that would be reimbursable under Medicare but for the application of a deductible or coinsurance amount, except expenses which are reimbursable under Medicare only as a secondary payor.

If you have questions about this product contact (855) 241-9891.

This document is a brief description of Form Nos. C34544TX and P34544TX and riders: Dependent Child=34546, Accelerated Death Benefit for Terminal Illness=34550 and Long Term Care=34553). Refer to your policy for specific details about benefits, exclusions and limitations. You may also request a copy of the outline of coverage from the agent or company.

A senior insurance counseling program is provided by The Health Information Counseling & Advocacy Program (HICAP). This program is available to assist older Texans with disabilities by providing Information about health insurance and public benefits. You may contact this office by writing at 701W. 51st W-352, Austin, Texas, 78751 or call toll free 1-800-252- 9240.

1. Long-Term Support and Services Fact Sheet. AARP Public Policy Institute, March 2017, www.aarp.org
2. The 2018 Insurance Barometer Study. Life Happens, LIMRA

This insurance product is underwritten by Combined Insurance Company of America, Chicago, IL, a Chubb company.

Life and Accidental Death and Dismemberment (AD&D)

Abilene Independent School District | All Eligible Employees

Protect your family

Life insurance provides the people you love with financial support when you can't be there—and when they need it most.

How it works

Your employer is providing employee coverage at no cost to you! You are responsible for paying all or a portion of the cost for coverage for your spouse and child(ren).

Benefits

For you	\$10,000 , with no medical questions asked. Benefits are reduced to 50% at age 70. Your coverage ends at termination of employment or retirement.
For your spouse	\$2,000 , with no medical questions asked. Benefit may be reduced when the employee benefit amount is reduced. Coverage ends when you turn 70 years old.
For your child(ren)	\$1,000 benefit amount. A full benefit is payable for a dependent child who is 14 days to 26 years old. Benefit may be reduced when the employee benefit amount is reduced.



Reasons why you may need life insurance



Provide financial support for others



Pay household expenses



Pay tuition



Leave an inheritance or philanthropic gift



Pay funeral or medical expenses



Accidental Death and Dismemberment (AD&D)

This coverage includes an equal amount of AD&D insurance that provides a benefit if you suffer a covered accidental injury or die from a covered accident.	Benefits – This is a partial list. Refer to the certificate for the full list of covered accidental injuries.			
	Accidental injury	The plan pays	Accidental injury	The plan pays
	Accidental death	100%	Loss of speech only or hearing only	50%
	Quadriplegia	100%	Loss of limb (arm or leg)	50%
	Loss of sight of one eye	50%	Loss of thumb and index finger on same hand	25%

Additional considerations

If I become Totally Disabled	If we determine that you are Totally Disabled and cannot work, your life insurance coverage may continue at no cost. You must meet certain requirements, as detailed in the Certificate.
If I leave my employer	Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

Life and AD&D FAQ

How is my benefit claim filed and paid?

You or your beneficiary(ies) and your employer will complete the appropriate claims forms and submit these to Sun Life. Our claims examiners review the claim and gather additional information if necessary. We will notify you or your beneficiaries when the decision is made. If your death claim is approved, beneficiaries may

elect to receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply and options may vary by state.) If your AD&D claim for an accidental injury is approved, the benefit amount will be paid directly to you.

Read the important plan provisions section for more information including limitations and exclusions.



Important plan provisions

The following coverage(s) do not constitute comprehensive health insurance (often referred to as “major medical coverage”) and do not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act. They do NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services.

To become insured, all persons must be actively at work and performing their regular duties at their usual place of business on the proposed effective date or their date of coverage will be deferred until they return to active work. Refer to the Certificate for details and similar requirements for dependent coverage.

Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

Accidental Death and Dismemberment

We will not pay a benefit that is due to or results from: suicide while sane or insane; injuring oneself intentionally; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; bodily or mental infirmity or disease or infection unless due to an accidental injury; riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.

Information about services offered

Value-added services are not insurance, are offered only on specific lines of coverage and carry a separate charge, which is added to the cost of the insurance. The cost is included in the total amount billed. The entities that provide the value-added services are not subcontractors of Sun Life and Sun Life is not responsible or liable for the care, services, or advice provided by them. Sun Life reserves the right to discontinue any of the Services at any time.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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GVBH-EE-6701

SLPC 29219



Rate Sheet

Coverage and **monthly** rates for Life Insurance.

Dependent Basic Life insurance is contributory, meaning that you are responsible for paying for all or a portion of the cost through payroll deduction.

Dependent monthly rate per unit of Life coverage Spouse benefit: \$2,000 Child(ren) benefit: \$1,000
\$0.720

Cost to You

Your monthly cost	# of Months	Annual cost	# of pay periods per year (12, 24, 26, 52, etc.)	Your estimated cost per pay period*
\$_____	x 12	= \$_____	/ _____	= \$_____

*The rate is in effect for **09/01/2022**. Contact your employer to confirm the portion of the cost for which you will be responsible.



Voluntary Life insurance

Abilene Independent School District | All Eligible Employees |

Protect your family

The people you love and support could face financial challenges if you were no longer around. Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

How it works

You have the opportunity to purchase additional life insurance, beyond what your employer has provided for you. Your employer is offering you and your coworkers this coverage as a group, at a group rate. You are responsible for paying all or a portion of the cost. Choose the benefit that best meets your needs and your budget.

Benefits

For you	<p>You can choose from \$10,000 to \$500,000—in increments of \$10,000, not to exceed 5 times your basic annual earnings—with no medical questions asked up to the Guaranteed Issue amount of \$250,000.</p> <p>The benefit amount is reduced to 50% at age 70.</p> <p>Your coverage ends at termination of employment or retirement.</p>
For your spouse	<p>If you elect coverage for yourself, you can choose from \$5,000 to \$100,000—in increments of \$5,000—with no medical questions asked up to the Guaranteed Issue amount of \$50,000.</p> <p>(The amount you select for your spouse cannot exceed 50% of your coverage amount.)</p> <p>Spouse rates are based on employee age.</p> <p>The benefit amount is reduced to 50% when you turn age 70.</p>
For your child(ren)	<p>If you elect coverage for yourself, you can choose \$2,500 to \$10,000—in \$2,500 increments—with no medical questions asked.</p> <p>(The amount you select for your child(ren) cannot exceed 100% of your coverage amount.)</p> <p>A full benefit is payable for a dependent child who is 6 months to 26 years old. A reduced benefit is payable for a child from 14 days to 6 months.</p>



What does life insurance mean for the Jones family?

Jason and Charlotte just bought their first house and are expecting their first child. They didn't think they could afford life insurance—and they didn't think they needed it because they're young and healthy.

However, Jason's best friend from high school was recently killed in a car accident. Sadly, his wife is selling their home because she can't afford the mortgage on her own.

Jason and Charlotte started to rethink life insurance, and were surprised to find options at work that meet their budget.

Since most people would have trouble paying living expenses after several months if their primary wage earner died, it may be worth asking, who depends on you?*

Additional considerations

If I become terminally ill	You may apply to receive a portion of your life insurance to help cover medical and living expenses. This is not long-term-care insurance. It will reduce the total amount of the life insurance payment we pay to your beneficiary(ies). Receipt of the Accelerated Benefit may be taxable and may impact your eligibility for public assistance programs.
If I become Totally Disabled	If we determine that you are Totally Disabled and cannot work, your life insurance coverage may continue at no cost. You must meet certain requirements, as detailed in the Certificate.
If I leave my employer	Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.
If I've had a life change	You may be able to adjust your coverage as your needs change (e.g., you get married or have a baby). Certain changes require you to answer health questions. Ask your employer for details.

Life FAQ

Do I have to answer health questions to enroll?

You will be required to answer health questions if (1) you do not elect coverage when it's first available to you and you want to elect at a later date; (2) you request an amount higher than the Guaranteed Issue amount noted in the table, if offered; or (3) you want to increase coverage at a later date. You will need to fill out and submit our Evidence of Insurability application which must be approved by Sun Life before the coverage takes effect.

How is my benefit claim filed and paid?

You or your beneficiary(ies) and your employer will complete the appropriate claims forms and submit these to Sun Life. Our claims examiners review the claim and gather additional information if necessary. We will notify you or your beneficiaries when the decision is made. If your death claim is approved, beneficiaries may elect to receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply and options may vary by state.)

Read the important plan provisions section for more information including limitations and exclusions.

* Facts About Life 2016, LIMRA.com, September 2016, accessed June 2018.



Important plan provisions

The following coverage(s) do not constitute comprehensive health insurance (often referred to as “major medical coverage”) and do not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act. They do NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services.

To become insured, all persons must be actively at work and performing their regular duties at their usual place of business on the proposed effective date or their date of coverage will be deferred until they return to active work. Refer to the Certificate for details and similar requirements for dependent coverage.

Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

Life

If cause of death is suicide, no amount of contributory Life insurance will be paid if suicide occurs within a specific time period after the insurance or increase in insurance becomes effective. Please see the Certificate for details.

Information about services offered

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GVBH-EE-6701

SLPC 29219



Rate Sheet

Rates are effective as of September 01, 2022.

The chart below shows possible coverage amounts and the corresponding costs per Semi-Monthly pay period.

Find your age bracket (as of the effective date of coverage) to determine the associated cost of the coverage amount you choose.

Employee - Coverage and Semi-Monthly cost for Employee Voluntary Life

Coverage Amounts	Age and Cost									
	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000	0.19	0.23	0.32	0.50	0.75	1.15	2.15	3.00	5.00	5.57
\$20,000	0.38	0.45	0.64	1.00	1.50	2.30	4.30	6.00	10.00	11.14
\$30,000	0.57	0.68	0.96	1.50	2.25	3.45	6.45	9.00	15.00	16.71
\$40,000	0.76	0.90	1.28	2.00	3.00	4.60	8.60	12.00	20.00	22.28
\$50,000	0.95	1.13	1.60	2.50	3.75	5.75	10.75	15.00	25.00	27.85
\$60,000	1.14	1.35	1.92	3.00	4.50	6.90	12.90	18.00	30.00	33.42
\$70,000	1.33	1.58	2.24	3.50	5.25	8.05	15.05	21.00	35.00	38.99
\$80,000	1.52	1.80	2.56	4.00	6.00	9.20	17.20	24.00	40.00	44.56
\$90,000	1.71	2.03	2.88	4.50	6.75	10.35	19.35	27.00	45.00	50.13
\$100,000	1.90	2.25	3.20	5.00	7.50	11.50	21.50	30.00	50.00	55.70
\$110,000	2.09	2.48	3.52	5.50	8.25	12.65	23.65	33.00	55.00	61.27
\$120,000	2.28	2.70	3.84	6.00	9.00	13.80	25.80	36.00	60.00	66.84
\$130,000	2.47	2.93	4.16	6.50	9.75	14.95	27.95	39.00	65.00	72.41
\$140,000	2.66	3.15	4.48	7.00	10.50	16.10	30.10	42.00	70.00	77.98
\$150,000	2.85	3.38	4.80	7.50	11.25	17.25	32.25	45.00	75.00	83.55
\$160,000	3.04	3.60	5.12	8.00	12.00	18.40	34.40	48.00	80.00	89.12
\$170,000	3.23	3.83	5.44	8.50	12.75	19.55	36.55	51.00	85.00	94.69
\$180,000	3.42	4.05	5.76	9.00	13.50	20.70	38.70	54.00	90.00	100.26
\$190,000	3.61	4.28	6.08	9.50	14.25	21.85	40.85	57.00	95.00	105.83
\$200,000	3.80	4.50	6.40	10.00	15.00	23.00	43.00	60.00	100.00	111.40
\$210,000	3.99	4.73	6.72	10.50	15.75	24.15	45.15	63.00	105.00	116.97
\$220,000	4.18	4.95	7.04	11.00	16.50	25.30	47.30	66.00	110.00	122.54
\$230,000	4.37	5.18	7.36	11.50	17.25	26.45	49.45	69.00	115.00	128.11
\$240,000	4.56	5.40	7.68	12.00	18.00	27.60	51.60	72.00	120.00	133.68
\$250,000	4.75	5.63	8.00	12.50	18.75	28.75	53.75	75.00	125.00	139.25
\$260,000	4.94	5.85	8.32	13.00	19.50	29.90	55.90	78.00	130.00	144.82
\$270,000	5.13	6.08	8.64	13.50	20.25	31.05	58.05	81.00	135.00	150.39
\$280,000	5.32	6.30	8.96	14.00	21.00	32.20	60.20	84.00	140.00	155.96
\$290,000	5.51	6.53	9.28	14.50	21.75	33.35	62.35	87.00	145.00	161.53
\$300,000	5.70	6.75	9.60	15.00	22.50	34.50	64.50	90.00	150.00	167.10
\$310,000	5.89	6.98	9.92	15.50	23.25	35.65	66.65	93.00	155.00	172.67
\$320,000	6.08	7.20	10.24	16.00	24.00	36.80	68.80	96.00	160.00	178.24
\$330,000	6.27	7.43	10.56	16.50	24.75	37.95	70.95	99.00	165.00	183.81
\$340,000	6.46	7.65	10.88	17.00	25.50	39.10	73.10	102.00	170.00	189.38
\$350,000	6.65	7.88	11.20	17.50	26.25	40.25	75.25	105.00	175.00	194.95
\$360,000	6.84	8.10	11.52	18.00	27.00	41.40	77.40	108.00	180.00	200.52
\$370,000	7.03	8.33	11.84	18.50	27.75	42.55	79.55	111.00	185.00	206.09
\$380,000	7.22	8.55	12.16	19.00	28.50	43.70	81.70	114.00	190.00	211.66
\$390,000	7.41	8.78	12.48	19.50	29.25	44.85	83.85	117.00	195.00	217.23
\$400,000	7.60	9.00	12.80	20.00	30.00	46.00	86.00	120.00	200.00	222.80
\$410,000	7.79	9.23	13.12	20.50	30.75	47.15	88.15	123.00	205.00	228.37
\$420,000	7.98	9.45	13.44	21.00	31.50	48.30	90.30	126.00	210.00	233.94
\$430,000	8.17	9.68	13.76	21.50	32.25	49.45	92.45	129.00	215.00	239.51
\$440,000	8.36	9.90	14.08	22.00	33.00	50.60	94.60	132.00	220.00	245.08
\$450,000	8.55	10.13	14.40	22.50	33.75	51.75	96.75	135.00	225.00	250.65
\$460,000	8.74	10.35	14.72	23.00	34.50	52.90	98.90	138.00	230.00	256.22
\$470,000	8.93	10.58	15.04	23.50	35.25	54.05	101.05	141.00	235.00	261.79
\$480,000	9.12	10.80	15.36	24.00	36.00	55.20	103.20	144.00	240.00	267.36

Rate Sheet

Rates are effective as of September 01, 2022.

The chart below shows possible coverage amounts and the corresponding costs per Semi-Monthly pay period.

Find your age bracket (as of the effective date of coverage) to determine the associated cost of the coverage amount you choose.

Age and Cost										
Coverage Amounts	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$490,000	9.31	11.03	15.68	24.50	36.75	56.35	105.35	147.00	245.00	272.93
\$500,000	9.50	11.25	16.00	25.00	37.50	57.50	107.50	150.00	250.00	278.50

Spouse - Coverage and Semi-Monthly cost for Spouse Voluntary Life

Age and Cost										
Coverage Amounts	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$5,000	0.10	0.11	0.16	0.25	0.38	0.58	1.08	1.50	2.50	2.79
\$10,000	0.19	0.23	0.32	0.50	0.75	1.15	2.15	3.00	5.00	5.57
\$15,000	0.29	0.34	0.48	0.75	1.13	1.73	3.23	4.50	7.50	8.36
\$20,000	0.38	0.45	0.64	1.00	1.50	2.30	4.30	6.00	10.00	11.14
\$25,000	0.48	0.56	0.80	1.25	1.88	2.88	5.38	7.50	12.50	13.93
\$30,000	0.57	0.68	0.96	1.50	2.25	3.45	6.45	9.00	15.00	16.71
\$35,000	0.67	0.79	1.12	1.75	2.63	4.03	7.53	10.50	17.50	19.50
\$40,000	0.76	0.90	1.28	2.00	3.00	4.60	8.60	12.00	20.00	22.28
\$45,000	0.86	1.01	1.44	2.25	3.38	5.18	9.68	13.50	22.50	25.07
\$50,000	0.95	1.13	1.60	2.50	3.75	5.75	10.75	15.00	25.00	27.85
\$55,000	1.05	1.24	1.76	2.75	4.13	6.33	11.83	16.50	27.50	30.64
\$60,000	1.14	1.35	1.92	3.00	4.50	6.90	12.90	18.00	30.00	33.42
\$65,000	1.24	1.46	2.08	3.25	4.88	7.48	13.98	19.50	32.50	36.21
\$70,000	1.33	1.58	2.24	3.50	5.25	8.05	15.05	21.00	35.00	38.99
\$75,000	1.43	1.69	2.40	3.75	5.63	8.63	16.13	22.50	37.50	41.78
\$80,000	1.52	1.80	2.56	4.00	6.00	9.20	17.20	24.00	40.00	44.56
\$85,000	1.62	1.91	2.72	4.25	6.38	9.78	18.28	25.50	42.50	47.35
\$90,000	1.71	2.03	2.88	4.50	6.75	10.35	19.35	27.00	45.00	50.13
\$95,000	1.81	2.14	3.04	4.75	7.13	10.93	20.43	28.50	47.50	52.92
\$100,000	1.90	2.25	3.20	5.00	7.50	11.50	21.50	30.00	50.00	55.70

Spouse rate based on Employee Age

Child - Coverage and Semi-Monthly cost

Coverage Amounts	Voluntary Life Cost
\$2,500	0.24
\$5,000	0.48
\$7,500	0.72
\$10,000	0.96



Benefits you can use today

Online Will Preparation

At Sun Life, we are pleased to offer you Online Will Preparation through ComPsych® Corporation. These services are included if you are enrolled in the Basic Life insurance plan.

Online Will Preparation

A will is the cornerstone of any estate plan and can protect your assets and loved ones.



Through an easy-to-use secure website, you and your spouse can now create and download a will in about 20 minutes. This service includes the following:

- step-by-step guidance and customization for your unique situation, glossary of legal definitions,
- ability to name an executor to carry out your wishes and a guardian(s) to care for your children,
- ability to create a living will (for an additional fee), and
- ability to create a final arrangements document (for an additional fee).



Online Will Preparation

To protect your assets and loved ones, you can go online to create and download a will at:

www.EstateGuidance.com

Promo code: SLF4VAS

Online Will Preparation provided by ComPsych to active employees enrolled in Sun Life's Life insurance. This service is not insurance.

To learn more, visit www.sunlife.com/us

continued

About ComPsych

Founded in 1984, ComPsych® Corporation is the world's largest provider of employee assistance programs (EAPs) and is a pioneer and worldwide leader of fully integrated EAP, behavioral health, wellness, work-life, HR, FMLA and absence management services under its GuidanceResources® brand. The company serves more than 33,000 organizations, covering more than 89 million individuals throughout the U.S. and over 130 countries.

Visit www.compsych.com to learn more.

Not for use in New York.

Value-added services are offered only on specific lines of coverage, and carry a separate charge, which is added to the cost of the insurance. The cost is included in the total amount billed. Online Will Preparation and Claimant Support Services are not insurance and are provided by ComPsych®. ComPsych® is a registered trademark of ComPsych Corporation. The entities that provide the value-added services are not subcontractors of Sun Life and Sun Life is not responsible or liable for the care, services, or advice provided by them. Sun Life reserves the right to discontinue any of the Services at any time. Employers who provide group insurance coverage and make available value added services within an I.R.C. Section 125 cafeteria plan should consult a tax professional to determine whether those services are Qualified Benefits for Section 125 plans.

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GVASBCH-EE-040dd

SLPC 24285 01/20 (exp. 01/22)



Colonial Life.

Group Cancer Benefits Levels 3 and 4

Base Benefits	Level 3	Level 4
Cancer Screening/Wellness Benefit, per calendar year	\$75	\$100
Hospital Confinement/Hospital Intensive Care Unit Confinement		
per day for first 30 days of hospital confinement in a calendar year	\$200	\$300
per day after first 30 days of hospital confinement in a calendar year	\$400	\$600
per day for hospital intensive care unit confinement	\$400	\$600
maximum of 180 days per calendar year for hospital and hospital intensive care unit confinement combined		
Hospital Confinement/Hospital Intensive Care Unit Confinement in a US Government Hospital		
per day for first 30 days of hospital confinement in a calendar year	\$200	\$300
per day after first 30 days of hospital confinement in a calendar year	\$400	\$600
per day for hospital intensive care unit confinement	\$400	\$600
maximum of 180 days per calendar year for hospital and hospital intensive care unit confinement combined		
Private Full-Time Nursing, per day	\$200	300
Radiation/Chemotherapy, per day	\$225	\$300
calendar year maximum	\$7,500	\$10,000
Antinausea Medication, per day	\$50	\$50
calendar year maximum	\$200	\$200
Blood/Plasma/Platelets/Immunoglobulins, per day	\$225	\$300
calendar year maximum	\$7,500	\$10,000
Supportive or Protective Care Drugs and Colony Stimulating Factors, per day	\$150	\$200
calendar year maximum	\$1,200	\$1,600
Bone Marrow Stem Cell Transplant, per lifetime	\$10,000	\$10,000
Peripheral Stem Cell Transplant, per lifetime	\$5,000	\$5,000
Transportation (per mile) up to 700 miles per round trip	\$0.40	\$0.40
Transportation for Companion (per mile) up to 700 miles per round trip	\$0.40	\$0.40
Lodging, per day, up to 70 days per calendar year	\$50	\$50
Surgical Procedures-Unit Value	\$60	\$90
maximum per procedure	\$3,000	\$4,500
Anesthesia		
General Anesthesia % of surgical procedure	25%	25%
local anesthesia per procedure	\$50	\$75
Second Medical Opinion, per malignant condition	\$300	\$300
Reconstructive Surgery-Unit Value	\$60	\$90
maximum per procedure including anesthesia, limit 2 per site	\$3,000	\$4,500
Outpatient Surgical Center, per day	\$500	\$750
calendar year maximum	\$1,500	\$2,250
Waiver of Premium	Yes	Yes
Additional Benefits		
Ambulance, per trip, limit 2 trips per confinement	\$100	\$100
Attending Physician, per day, max 180 days per calendar year	\$50	\$50
Experimental Treatment, per treatment	\$300	\$300
lifetime maximum	\$10,000	\$10,000
Hair, External Breast, Voice Box Prosthesis, per calendar year	\$200	\$200
Prosthesis, Artificial Limb per device, limit 1 per site, \$4,000 lifetime maximum	\$2,000	\$2,000
Skilled Nursing Care Facility, per day up to days confined	\$300	\$300
Hospice, per day, no lifetime limit	\$300	\$300
Home Health Care Services, per day, up to greater of 30 days/calendar year or 2x days confined	\$300	\$300

Monthly Premium: Level 3 Level 4
Employee \$22.55 \$29.15
Family \$37.50 \$48.45

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, \$5,000, 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).

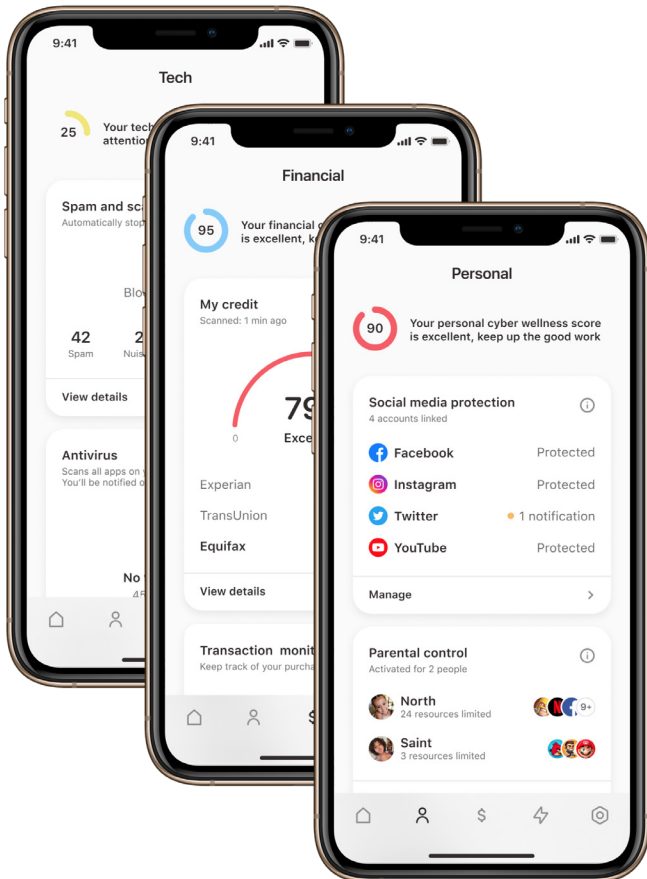
Identity and privacy protection to keep you and your family safe from online harm



Safeguarding you, your family, and your finances with identity protection, financial tracking, and online security.

Have you wondered:

- ▶ How do I know if my information has been compromised?
- ▶ What do I do if my personal information has been stolen?
- ▶ Can I protect myself and my family on social media?
- ▶ Can I protect my children from identity theft?



Aura Identity Guard protects you and your family against cybercrime.

COMPREHENSIVE IDENTITY PROTECTION

- \$1M in insurance protection¹ from financial losses and legal fees
- 24/7 expert guidance, if a threat is detected
- Protect your loved ones for one low price with our family plan

FASTEST SPEED AND LARGEST BREADTH OF ALERTS¹

- Around-the-clock scan of billions of online resources
- Reduce exposure to cybertheft
- Be alerted within seconds of possible cyberthreats

POWERFUL FINANCIAL TOOLS

- Keep an eye on your spending and get alerted to suspicious transactions
- Access to your credit report and real-time alerts to changes that impact your credit
- Complete protection and monitoring of online accounts and passwords

Features that are included in Total, Premier and Ultimate Aura Identity Guard Plans:

Features	Total	Premier	Ultimate
PROACTIVE DEVICE & PRIVACY PROTECTION			
Device/cookie tracking protection			•
E-mail solicitation/junk mail prevention			•
Data broker list monitoring/removal			•
Social insight report		•	•
Safe browsing: Anti-ransomware & anti-malware	•	•	•
COMPREHENSIVE IDENTITY PROTECTION			
Credit card monitoring		•	•
Debit card monitoring		•	•
\$1 Million insurance with stolen funds reimbursement ¹	•	•	•
401(k) & HSA reimbursement	•	•	•
Compromised credentials	•	•	•
Auto-on monitoring	•	•	•
High risk transaction monitoring	•	•	•
Bank account transaction monitoring	•	•	•
Address monitoring	•	•	•
Criminal record monitoring	•	•	•
Fictitious identity monitoring	•	•	•
Home title monitoring	•	•	•
Sex offender monitoring	•	•	•
Dark web monitoring	•	•	•
Human-sourced intelligence	•	•	•
Lost Wallet protection	•	•	•
Risk management score	•	•	•
POWERFUL FINANCIAL TOOLS			
Student loan activity alerts		•	•
Annual credit report		Up to 3-Bureau	Up to 3-Bureau
Credit bureau monitoring	1-Bureau	Up to 3-Bureau	Up to 3-Bureau
Monthly credit score	•	•	•
Credit score tracker	•	•	•
Security freeze assistance	•	•	•
Near Real-Time Alerts	•	•	•
CUSTOMER CARE			
U.S.-based customer care	•	•	•
End-to-end remediation	•	•	•
Online identity dashboard	•	•	•
Mobile App	•	•	•



Customer Service Concierge
 customercare@identityguard.com
 855-443-7748

Monthly Rate

	Individual	Family
Total	\$7.90	\$13.90
Premier	\$9.86	\$17.86
Ultimate	\$10.86	\$19.86

¹Identity Theft Insurance underwritten by insurance company subsidiaries or affiliates of American International Group, Inc. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

Coverage against unplanned medical emergencies is surprisingly affordable.



Facts You Should Know

- Emergent Ground Ambulance transports can easily surpass \$2,000 and can reach as high as \$5,000.
- Emergent Air Ambulance transports frequently cost more than \$40,000, reaching as high as \$70,000.
- If you are in need of specialized care and can be transported on a non-emergent basis, it is common for a medically equipped plane to cost more than \$20,000.
- Most people assume that their health insurance will cover most, if not all, of the costs for these transports. Usually, the opposite is true, leaving you with financially crippling bills.

BENEFIT	EMERGENT PLUS \$14/mo
Emergent Ground Transportation	U.S./Canada
Emergency Air Transportation	U.S./Canada
Repatriation	U.S./Canada

Coverage available for spouses/domestic partners and dependents up to age 26.

MASA MTS protects you when your insurance falls short.

- One low fee for peace of mind for emergent transport costs
- No deductibles
- Easy claim process
- No health questions
- Anyone can join

MASA MTS provides peace of mind.

Be prepared for the unexpected with a MASA membership. No matter where you live, you could have access to vital emergency medical transportation for a minimal monthly fee. That membership could one day save your life, and, every day, it will give you peace of mind like nothing else.

When is your next medical emergency planned?
Are you prepared?



A division of MASA Global.

Any Ground. Any Air. Anywhere.

Monthly Rate
Employee + Family \$14.00