


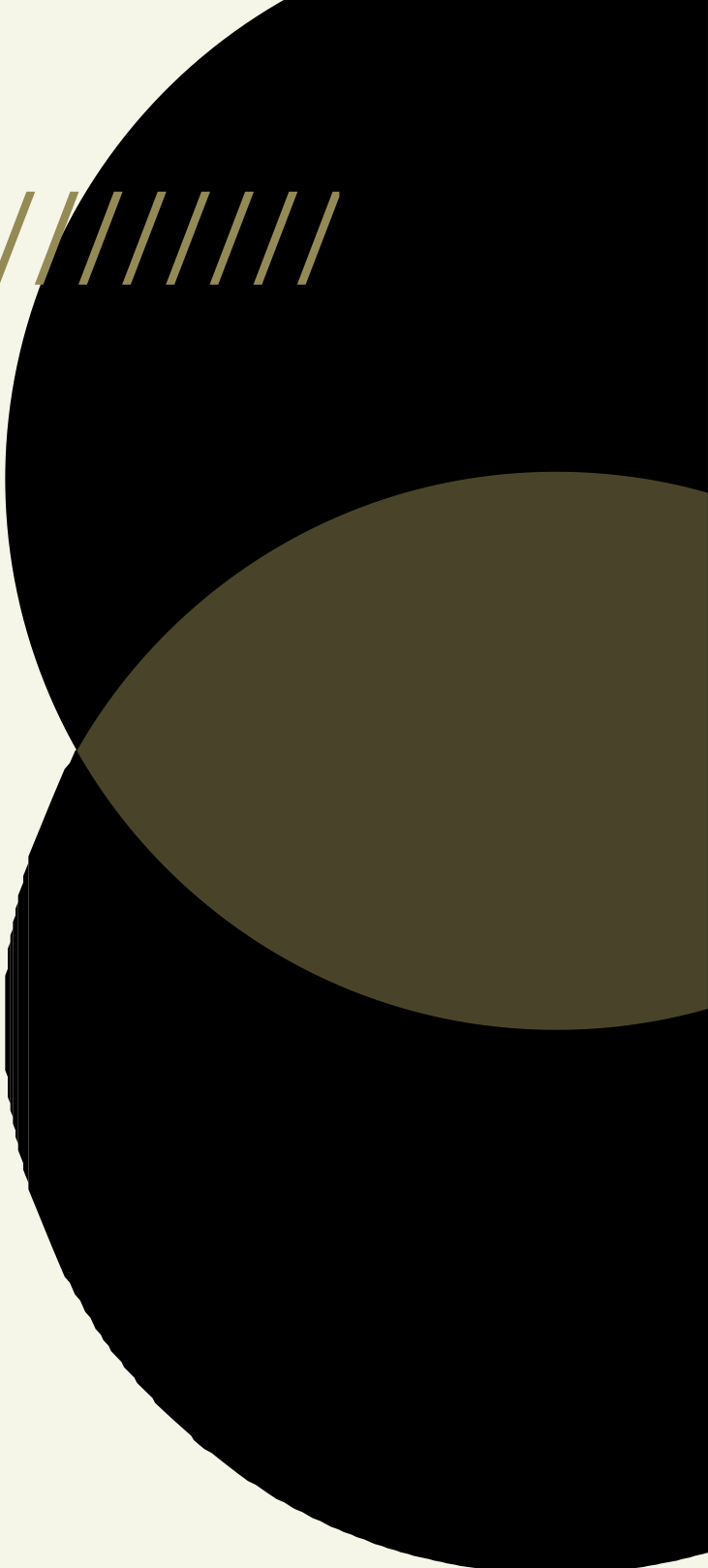


EVANT ISD  
PLAN YEAR 2023-2024

# EMPLOYEE BENEFITS GUIDE



EVANT ISD  
339 Memory Lane  
Evant, TX 76525  
254-471-5536





## WELCOME

Our District is proud to have the most dedicated, passionate, and valuable employees, which is why we offer a variety of quality benefit programs to best fit you and your family's needs. On behalf of the entire Evant ISD Administration team, we would like to welcome you to begin your benefits enrollment.

This booklet is designed to highlight your benefits options. It is not a Summary Plan Description (SPD). Official Plan and insurance documents actually govern your rights and benefits under each plan. For more details including covered expenses, exclusions, and limitations, please refer to the individual Summary Plan Descriptions. If any discrepancy exists between this booklet and the official documents, Summary Plan Descriptions will prevail.

## CONTACT

### **Evant ISD**

339 Memory Lane  
Evant, TX 76525

254-471-5536



## **Contact Information**

When you need help or information regarding your policies, please use the information below to help you.

## **Enrollment/Benefit Information**

### **USEBSG**

500 Turtle Cove Blvd,  
Ste. 200  
Rockwall, TX 75087  
972-772-0900

### **BRG**

6211 W Northwest Hwy #151  
Dallas, TX 75225  
214-750-7557  
Dave Underwood: 325-205-0235

## **Carrier Contact Information**

### **Dental/Employer Paid**

#### **Life/Voluntary Life**

Lincoln  
888-423-2765  
www.lfg.com

### **Vision**

Superior  
800-923-6766  
www.superior.com

### **Flexible Spending Account**

TASC  
800-422-4661  
www.tasconline.com

### **Disability Insurance**

The Standard  
800-368-1135  
www.standard.com

### **Medical Transport Service**

MASA  
800-643-9023  
www.masamts.com

### **Legal Club**

Legal Club of America  
800-305-6816  
www.legalclub.com

### **Permanent Life**

Chubb Life  
1-800-252-4670  
www.chubb.com

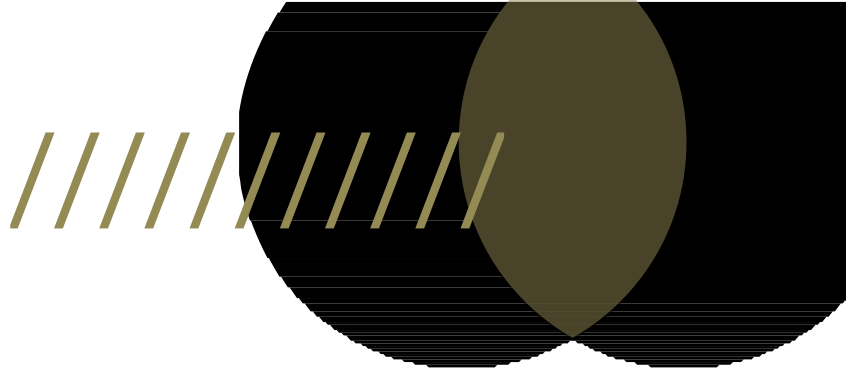
### **Cancer/Accident/ Specified Disease /Medical Bridge**

Colonial Life  
800-325-4368  
www.coloniallife.com

## **TRS CONTACT INFORMATION**

### **BCBSTX Personal Health Guide**

1-866-355-5999, available 24/7  
www.bcbstx.com/trsactivecare



## WHAT'S NEW FOR 2023-2024

01

### **ENROLLERS ARE BACK!**

Please see Open Enrollment Benefit Schedule for location and date details.

02

### **CALL CENTER IS BACK AVAILABLE!**

Please call 888-534-2917, Monday thru Friday, 8:00 AM to 7:00 PM for enrollment assistance.

## ANNUAL ENROLLMENT DATES:

TUESDAY, AUGUST 1, 2023- FRIDAY, AUGUST 11, 2023

All full-time Evant ISD employees, are eligible for all benefit offerings through the district.

The district provides those eligible employees a Basic Group Life Insurance \$20,000 policy.

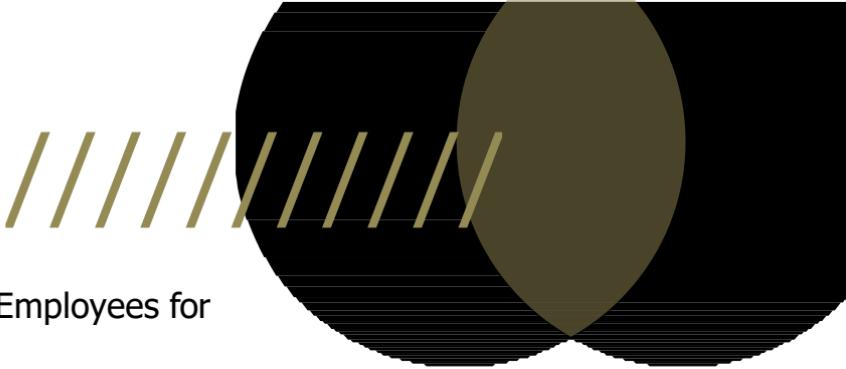
All newly eligible employees will have 30 days from date of employment (start date) to enroll in benefits.

Supplemental insurance coverage is effective the first day of the month following the employment start date.

Changes made to all insurance plans during annual open enrollment are deducted from the first payroll check in September, and all benefits are effective September 1, 2023.

-Please ensure you enter or update a beneficiary within the enrollment portal for the Basic Group Life Insurance policy.

-Don't forget to update your contact information in Beacon Select, benefits enrollment system.



**\*CHANGES THIS YEAR\***

- ♦ Enrollers will be available to meet with Employees for assistance with enrolling!
- ♦ Employees are welcome to enroll via on-site or call center.

## ENROLLMENT BENEFIT SCHEDULE

Annual Enrollment Period: 8/01/2021 - 8/31/2021

### WAYS TO ENROLL

Online via Benefits Enrollment Portal – **Beacon Select**

In-Person at the Computer Labs on site.

All district employees are welcome to meet with an enroller at any of the locations listed below.

By Phone – Call an Enrollment Representative at (888) 534-2917.

### AUGUST

**Tuesday, August 1<sup>st</sup>: On-line Open Enrollment Begins and Call Center is open.**

**Tuesday, August 1<sup>st</sup>: On-Site Enrollers**

**Friday, August 11<sup>th</sup>: Last day of Enrollment.**



## SECTION 125 CAFETERIA PLAN

### PURPOSE

Evant ISD has adopted this Plan to allow you to pay for benefit options (called Qualified Benefit Plans) for yourself, your spouse, and your dependents via pre-taxed salary reduction contributions. You may choose from these “tax free” Qualified Benefit Plans in lieu of receiving taxable compensation. The Plan is intended to qualify as a “Cafeteria Plan” within the meaning of Section 125(d) of the Internal Revenue Code. This Plan allows you to reduce your taxable income in direct proportion to (a) your contribution to the cost of your elected Qualified Benefit Plans and (b) your contribution to any Account Plan.

### HOW IT WORKS

Section 125 Plan reduces your taxes and increases your spendable income by allowing you to deduct the cost of eligible benefits from your earnings before tax. This plan is available to you at no cost, no action is needed from you except to enroll in benefits!

## QUALIFYING FAMILY STATUS CHANGES

Cafeteria plans, also known as Section 125 plans (the IRS code that covers them), allow you to deduct certain amounts for benefits from your gross earnings before federal withholding taxes are figured.

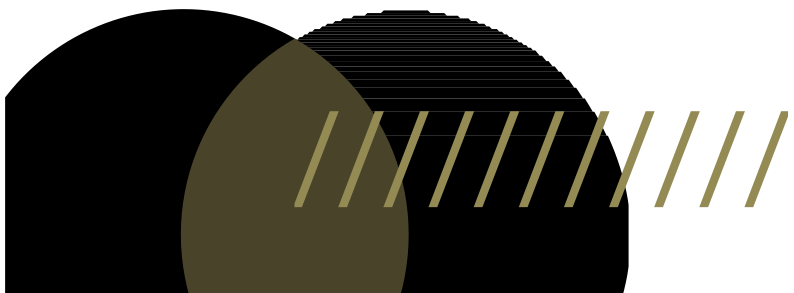
Benefit elections will remain in effect for the plan year and cannot be revoked or changed unless you experience one of the following qualifying family status changes:

- Birth & adoption
- Marriage
- Change in spouses' employment
- Divorce
- Death
- Change in dependent eligibility
- Exhausted COBRA coverage
- Loss of coverage

#### ELIGIBLE BENEFITS UNDER SECTION 125:

- Cancer
- Dental
- FSA
- Gap
- Medical
- Vision

All required documentation must be submitted to the Benefits office within 30 days from the event date.



## Life and AD&D Insurance

### Safeguard the most important people in your life.

Think about what your loved ones may face after you're gone. Term life insurance can help them in so many ways, like covering everyday expenses, paying off debt, and protecting savings. AD&D provides even more coverage if you die or suffer a covered loss in an accident.

#### AT A GLANCE:

- A cash benefit of \$20,000 to your loved ones in the event of your death, plus a matching cash benefit if you die in an accident
- A cash benefit to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight
- *Accident Plus* - If you suffer an AD&D loss in an accident, you may also receive benefits for the following on top of your core AD&D benefits: coma, plegia, education, child care, spouse training, and more.
- *LifeKeys*® services, which provide access to counseling, financial, and legal support
- *TravelConnect*™ services, which give you and your family access to emergency medical help when you're traveling

**You also have the option to increase your cash benefit by securing additional coverage at affordable group rates.  
See the enclosed life insurance information for details.**

#### ADDITIONAL DETAILS

**Conversion:** You can convert your group term life coverage to an individual life insurance policy without providing evidence of insurability if you lose coverage due to leaving your job or for another reason outlined in the plan contract. AD&D benefits cannot be converted.

**Benefit Reduction:** Coverage amounts begin to reduce at age 70 and benefits terminate at retirement. See the plan certificate for details.

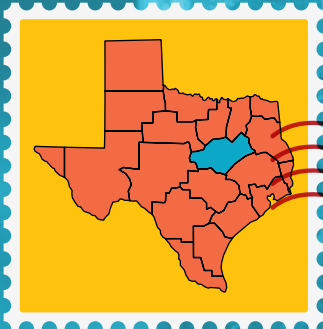
For complete benefit descriptions, limitations, and exclusions, refer to the certificate of coverage.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

*EmployeeConnect*™ and *LifeKeys*® services are provided by ComPsych® Corporation, Chicago, IL. ComPsych®, EstateGuidance® and GuidanceResources® are registered trademarks of ComPsych® Corporation. *TravelConnect*™ services are provided by UnitedHealthcare Global, Baltimore, MD. ComPsych® and UnitedHealthcare Global are not Lincoln Financial Group® companies. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations.

*While you can't see Dr. Pepper for your annual check-up, you can find a great one in TRS-ActiveCare's largest network of doctors.*

# TRS-ActiveCare REGION 12



## TRS-ActiveCare Plan Highlights 2023-24



### Learn the Terms.

- **Premium:** The monthly amount you pay for health care coverage.
- **Deductible:** The annual amount for medical expenses you're responsible to pay before your plan begins to pay its portion.
- **Copay:** The set amount you pay for a covered service at the time you receive it. The amount can vary by the type of service.
- **Coinsurance:** The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; i.e. you pay 20% while the health care plan pays 80%.
- **Out-of-Pocket Maximum:** The maximum amount you pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services.

# 2023-24 TRS-ActiveCare Plan Highlights

Sept. 1, 2023 – Aug. 31, 2024



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

## How to Calculate Your Monthly Premium

Total Monthly Premium

–

Your District and State Contributions

=

Your Premium

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

## Wellness Benefits at No Extra Cost\*

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

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

## New Rx Benefits!

- Express Scripts is your new pharmacy benefits manager! CVS pharmacies and most of your preferred pharmacies and medication are still included.
- Certain specialty drugs are still \$0 through SaveOnSP.

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

Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$399	\$	\$468	\$	\$410	\$
Employee and Spouse	\$1,078	\$	\$1,217	\$	\$1,107	\$
Employee and Children	\$679	\$	\$796	\$	\$697	\$
Employee and Family	\$1,357	\$	\$1,545	\$	\$1,394	\$

Plan Features				
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network
Individual/Family Deductible	\$2,500/\$5,000	\$1,200/\$2,400	\$3,000/\$6,000	\$5,500/\$11,000
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
Individual/Family Maximum Out of Pocket	\$7,500/\$15,000	\$6,900/\$13,800	\$7,500/\$15,000	\$20,250/\$40,500
Network	Statewide Network	Statewide Network	Nationwide Network	
PCP Required	Yes	Yes	No	

Doctor Visits				
Primary Care	\$30 copay	\$15 copay	You pay 30% after deductible	You pay 50% after deductible
Specialist	\$70 copay	\$70 copay	You pay 30% after deductible	You pay 50% after deductible

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

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

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

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

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

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

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

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

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

# What's New and What's Changing



This table shows you the changes between 2022-23 premium price and this year's 2023-24 regional price for your Education Service Center.

		2022-23 Total Premium	New 2023-24 Total Premium	Change in Dollar Amount	Key Plan Changes
<b>TRS-ActiveCare Primary</b>	Employee Only	\$365	\$399	<b>\$34</b>	<ul style="list-style-type: none"> <li>Individual maximum-out-of-pocket decreased by \$650. Previous amount was \$8,150 and is now \$7,500.</li> <li>Family maximum-out-of-pocket decreased by \$1,300. Previous amount was \$16,300 and is now \$15,000.</li> <li>Teladoc virtual mental health visit copay decreased from \$70 to \$0.</li> </ul>
	Employee and Spouse	\$1,029	\$1,078	<b>\$49</b>	
	Employee and Children	\$656	\$679	<b>\$23</b>	
	Employee and Family	\$1,232	\$1,357	<b>\$125</b>	
<b>TRS-ActiveCare HD</b>	Employee Only	\$375	\$410	<b>\$35</b>	<ul style="list-style-type: none"> <li>Individual maximum-out-of-pocket increased by \$450 to match IRS guidelines. Previous amount was \$7,050 and is now \$7,500.</li> <li>Family maximum-out-of-pocket increased by \$900 to match IRS guidelines. Previous amount was \$14,100 and is now \$15,000.</li> </ul> <p>These changes apply only to in-network amounts.</p>
	Employee and Spouse	\$1,055	\$1,107	<b>\$52</b>	
	Employee and Children	\$673	\$697	<b>\$24</b>	
	Employee and Family	\$1,261	\$1,394	<b>\$133</b>	
<b>TRS-ActiveCare Primary+</b>	Employee Only	\$458	\$468	<b>\$10</b>	<ul style="list-style-type: none"> <li>Family deductible decreased by \$1,200. Previous amount was \$3,600 and is now \$2,400.</li> <li>Primary care provider and mental health copays decreased from \$30 to \$15.</li> <li>Teladoc virtual mental health visit copay decreased from \$70 to \$0.</li> </ul>
	Employee and Spouse	\$1,120	\$1,217	<b>\$97</b>	
	Employee and Children	\$737	\$796	<b>\$59</b>	
	Employee and Family	\$1,409	\$1,545	<b>\$136</b>	
<b>TRS-ActiveCare 2 (closed to new enrollees)</b>	Employee Only	\$1,013	\$1,013	<b>\$0</b>	<ul style="list-style-type: none"> <li>No changes.</li> <li>This plan is still closed to new enrollees.</li> </ul>
	Employee and Spouse	\$2,402	\$2,402	<b>\$0</b>	
	Employee and Children	\$1,507	\$1,507	<b>\$0</b>	
	Employee and Family	\$2,841	\$2,841	<b>\$0</b>	

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

Effective: Sept. 1, 2023

## Compare Prices for Common Medical Services

### REMEMBER:

Call a Personal Health Guide (PHG) any time 24/7 to help you find the best price for a medical service. Reach them at **1-866-355-5999**.

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


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

[www.trs.texas.gov](http://www.trs.texas.gov)

## 2023-24 Health Maintenance Organization (HMO) Plans and Premiums for Select Regions of the State

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

TRS contracts with HMOs in certain regions to bring participants in those areas additional options. HMOs set their own rates and premiums. They're fully insured products who pay their own claims.

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

Total Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$515.37	\$	N/A	\$	N/A	\$
Employee and Spouse	\$1,293.46	\$	N/A	\$	N/A	\$
Employee and Children	\$828.11	\$	N/A	\$	N/A	\$
Employee and Family	\$1,488.60	\$	N/A	\$	N/A	\$

Plan Features			
Type of Coverage	In-Network Coverage Only	N/A	N/A
Individual/Family Deductible	\$2,400/\$4,800	N/A	N/A
Coinsurance	You pay 25% after deductible	N/A	N/A
Individual/Family Maximum Out of Pocket	\$8,150/\$16,300	N/A	N/A

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

Immediate Care			
Urgent Care	\$45 copay	N/A	N/A
Emergency Care	\$500 copay after deductible	N/A	N/A

Prescription Drugs			
Drug Deductible	\$200 (excl. generics)	N/A	N/A
Days Supply	30-day supply/90-day supply	N/A	N/A
Generics	\$14/\$35 copay	N/A	N/A
Preferred Brand	You pay 35% after deductible	N/A	N/A
Non-preferred Brand	You pay 50% after deductible	N/A	N/A
Specialty	You pay 35% after deductible	N/A	N/A

[www.trs.texas.gov](http://www.trs.texas.gov)

### Dental Insurance

#### The Lincoln DentalConnect® PPO Plan:

- Covers many preventive, basic, and major dental care services
- Also covers orthodontic treatment for children
- Features group rates for Evant ISD employees
- Lets you choose any dentist you wish, though you can lower your out-of-pocket costs by selecting a contracting dentist
- Does not make you and your loved ones wait six months between routine cleanings

	Contracting Dentists	Non-Contracting Dentists
<b>Calendar (Annual) Deductible</b>	Individual: \$50 Family: \$150 Waived for: Preventive	Individual: \$50 Family: \$150 Waived for: Preventive

Deductibles are combined for basic and major Contracting Dentists' services. Deductibles are combined for basic and major Non-Contracting Dentists' services.

<b>Annual Maximum</b>	\$1,250	\$1,250
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**Annual Maximums** are combined for preventive, basic, and major services.

<b>Lifetime Orthodontic Max</b>	\$1,000	\$1,000
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**Orthodontic Coverage** is available for dependent children.

<b>Waiting Period</b>	<ul style="list-style-type: none"> <li>● 0 months for basic services</li> <li>● 0 months for major services</li> <li>● 0 months for orthodontic services</li> </ul> <p>If you had dental coverage through Evant ISD's previous group plan for 12 months or more and enroll in this plan when it is first offered, your benefit waiting period for this plan will be reduced accordingly.</p> <p>This plan includes a waiting period if you do not enroll when it is first offered to you.</p> <ul style="list-style-type: none"> <li>● 12 months for basic services</li> <li>● 12 months for major services</li> <li>● 12 months for orthodontic services</li> </ul>
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Preventive Services	Contracting Dentists	Non-Contracting Dentists
Routine oral exams Bitewing X-rays Full-mouth or panoramic X-rays Other dental X-rays (including periapical films) Routine cleanings Fluoride treatments Sealants	100% No Deductible	100% No Deductible
Basic Services	Contracting Dentists	Non-Contracting Dentists
Space maintainers for children Problem focused exams Consultations Palliative treatment (including emergency relief of dental pain) Fillings Prefabricated stainless steel and resin crowns Simple extractions	80% After Deductible	80% After Deductible
Major Services	Contracting Dentists	Non-Contracting Dentists
Injections of antibiotics and other therapeutic medications Surgical extractions Oral surgery Biopsy and examination of oral tissue (including brush biopsy) General anesthesia and I.V. sedation Prosthetic repair and recementation services Endodontics (including root canal treatment) Periodontal maintenance procedures Non-surgical periodontal therapy Periodontal surgery Bridges Full and partial dentures Denture reline and rebase services Crowns, inlays, onlays and related services Implants & implant related services	50% After Deductible	50% After Deductible
Orthodontics	Contracting Dentists	Non-Contracting Dentists
Orthodontic exams X-rays Extractions Study models Appliances	50%	50%
Contracting Dentists/Non-Contracting Dentists	Contracting Dentists	Non-Contracting Dentists
<p>To find a contracting dentist near you, visit <a href="http://www.LincolnFinancial.com/FindADentist">www.LincolnFinancial.com/FindADentist</a>.</p> <p>This plan lets you choose any dentist you wish. However, your out-of-pocket costs are likely to be lower when you choose a contracting dentist. For example, if you need a crown...</p>	<p>...you pay a deductible (if applicable), then 50% of the remaining discounted fee for PPO members. This is known as a PPO contracted fee.</p>	<p>... you pay a deductible (if applicable), then 50% of the usual and customary fee, which is the maximum expense covered by the plan. You are responsible for the difference between the usual and customary fee and the dentist's billed charge.</p>

## **Lincoln DentalConnect®**

### **Online Health Center**

- Determine the average cost of a dental procedure
- Have your questions answered by a licensed dentist
- Find a dentist based on your home or workplace location (or even your primary language)
- Get directions to your dentist's office
- Learn all about dental health for children, from baby's first tooth to dental emergencies
- Take an in-depth look at dental health recommendations for seniors
- Evaluate your risk for oral cancer, periodontal disease, and tooth decay
- Check your claim status
- Print an ID card
- Switch between English and Spanish versions in just one click

### **Covered Family Members**

When you choose coverage for yourself, you can also provide coverage for:

- Your spouse.
- Unmarried dependent children, up to age 26.

## **Benefit Exclusions**

Like any insurance, this dental insurance plan does have some exclusions.

- The plan does not cover services started before coverage begins or after it ends. Benefits are limited to appropriate and necessary procedures listed in the policy, along with any procedures required by state law. Benefits are not payable for duplication of services. Covered expenses will not exceed the policy's allowances.
- Plan benefits are not payable for a condition that is covered under Workers' Compensation or a similar law; that occurs during the course of employment or military service or involvement in an illegal occupation, felony, or riot; or that results from a self-inflicted injury.
- The plan does not cover an orthodontia treatment plan started before coverage begins unless the member was receiving orthodontia benefits from the employer's previous group dental policy. In this case, Lincoln Financial will continue orthodontia benefits until the combined benefit paid by both policies is equal to this policy's lifetime orthodontia maximum. Plan benefits are not payable if the orthodontic appliance was installed after the age of 19.
- In certain situations, there may be more than one method of treating a dental condition. This policy includes an alternative benefits provision that may reduce benefits to the lowest-cost, generally effective, and necessary form of treatment.
- Certain conditions, such as age and frequency limitations, may impact your coverage. See the plan policy for details.

A complete list of benefit exclusions is included in the policy. State variations apply.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

Lincoln DentalConnect® health center Web content is provided by go2dental.com, Santa Clara, CA. Go2dental.com is not a Lincoln Financial Group® company. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations.

Insurance products (policy series GL11) are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. Product availability and/or features may vary by state. Network access plans for specific states are located on LincolnFinancial.com under the Forms section. Limitations and exclusions apply.



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**Dental Insurance | At-A-Glance**

DTL-ENRO-BRC001-TX

## Dental Premium

### Here's how little you pay with group rates.

As an Evant ISD employee, you can take advantage of this dental insurance plan for less than \$0.93 a day. Plus, you can add loved ones to the plan for just a little more.

Your estimated cost is itemized below.

Coverage	Monthly Premium
Employee only	\$27.85
Employee & spouse	\$64.63
Employee & child/children	\$62.06
Employee & family	\$100.59

The Lincoln National Life Insurance Company

Please see prior page for product information.

Dental Insurance | Premium Calculation

## Vision Plan Benefits for Evant ISD

### Platinum \$150 Voluntary Vision Plan

Co-Pays		Monthly Premiums		Services/Frequency	
Exam	\$10	Emp. only	\$8.78	Exam	12 months
Materials	\$25	Emp. + spouse	\$15.14	Frame	12 months
		Emp. + child(ren)	\$16.18	Lenses	12 months
		Emp. + family	\$24.21	Contact Lenses	12 months

(Based on date of service)

### Benefits

	<u>In-Network</u>	<u>Out-of-Network</u>
Exam	Covered in full	Up to \$35 retail
Frames	\$150 retail allowance	Up to \$70 retail
Lenses (standard) per pair		
Single Vision	Covered in full	Up to \$25 retail
Bifocal	Covered in full	Up to \$40 retail
Trifocal	Covered in full	Up to \$45 retail
Progressive	See description <sup>1</sup>	Up to \$45 retail
Lenticular	Covered in full	Up to \$80 retail
Tints	Covered in full	Up to \$15 retail
Polycarbonate	Covered in full	Up to \$20 retail
Scratch resistant coating	Covered in full	Up to \$25 retail
Contact Lenses <sup>2</sup>	\$175 retail allowance	Up to \$80 retail
Medically Necessary Contact Lenses	Covered in full	Up to \$150 retail
Lasik Vision Correction	\$200 allowance <sup>3</sup>	

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

<sup>1</sup> Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay

<sup>2</sup> Contact lenses and related professional services (fitting, evaluation and follow-up) are covered in lieu of eyeglass lenses and frames benefit

<sup>3</sup> Lasik Vision Correction is in lieu of eyewear benefit, subject to routine regulatory filings and certain exclusions and limitations

### Discount Features

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

**SuperiorVision.com**  
**Customer Service**  
**800.507.3800**

The Plan discount features are not insurance.

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

Discounts are subject to change without notice.

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



### **Voluntary Long Term Disability Insurance**

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

### **Employer Plan Effective Date**

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

### **Eligibility**

To become insured, you must be:

- ) A regular employee of the Evant Independent School District, excluding temporary or seasonal employees, full-time members of the armed forces, leased employees or independent contractors
- ) An eligibility waiting period (check with your human resources representative)
- ) Actively at work at least 17.5 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 evidence of insurability requirement, if applicable
- ) An active work requirement. This means that if you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

### **Benefit Amount**

You may select a monthly benefit amount in \$100 increments from \$200 to \$8,000; based on the tables and guidelines presented in the Rates section of these Coverage Highlights. The monthly benefit amount must not exceed 66 2/3 percent of your monthly earnings.

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

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

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

### Benefit Waiting Period and Maximum Benefit Period

The benefit waiting period is the period of time that you must be continuously disabled before benefits become payable. Benefits are not payable during the benefit waiting period. The maximum benefit period is the period for which benefits are payable. The benefit waiting period and maximum benefit period associated with your plan options are shown below:

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

### Options 1-6: Maximum Benefit Period of To SSNRA 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.
- ) **Family Care Expense Adjustment** – Disabled employees faced with the added expense of family care when returning to work may receive combined income from LTD benefits and work earnings in excess of 100 percent of indexed predisability earnings during the first 12 months immediately after a disabled employee's return to work.
- ) **Special Dismemberment Provision** – If an employee suffers a lost as a result of an accident, the employee will be considered disabled for the applicable Minimum Benefit Period and can extend beyond the end of the Maximum Benefit Period
- ) **Reasonable Accommodation Expense Benefit** – Subject to The Standard's prior approval, this benefit allows us to pay up to \$25,000 of an employer's expenses toward work-site modifications that result in a disabled employee's return to work.
- ) **Survivor Benefit** – A Survivor Benefit may also be payable. This benefit can help to address a family's financial need in the event of the employee's death.
- ) **Return to Work (RTW) Incentive** – The Standard's RTW Incentive is one of the most comprehensive in the employee benefits history. For the first 12 months after returning to work, the employee's LTD benefit will not be reduced by work earnings until work earnings plus the LTD benefit exceed 100 percent of predisability earnings. After that period, only 50 percent of work earnings are deducted.
- ) **Rehabilitation Plan Provision** – Subject to The Standard's prior approval, rehabilitation incentives may include training and education expense, family (child and elder) care expenses, and job-related and job search expenses.

### When Benefits End

LTD benefits end automatically on the earliest of:

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

**Rates**

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

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

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

**Group Insurance Certificate**

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

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period					
			Cost Per Month					
			0-7	14-14	30-30	60-60	90-90	180-180
3,600	300	200	7.68	6.76	5.74	3.72	3.22	2.36
5,400	450	300	11.52	10.14	8.61	5.58	4.83	3.54
7,200	600	400	15.36	13.52	11.48	7.44	6.44	4.72
9,000	750	500	19.20	16.90	14.35	9.30	8.05	5.90
10,800	900	600	23.04	20.28	17.22	11.16	9.66	7.08
12,600	1,050	700	26.88	23.66	20.09	13.02	11.27	8.26
14,400	1,200	800	30.72	27.04	22.96	14.88	12.88	9.44
16,200	1,350	900	34.56	30.42	25.83	16.74	14.49	10.62
18,000	1,500	1,000	38.40	33.80	28.70	18.60	16.10	11.80
19,800	1,650	1,100	42.24	37.18	31.57	20.46	17.71	12.98
21,600	1,800	1,200	46.08	40.56	34.44	22.32	19.32	14.16
23,400	1,950	1,300	49.92	43.94	37.31	24.18	20.93	15.34
25,200	2,100	1,400	53.76	47.32	40.18	26.04	22.54	16.52
27,000	2,250	1,500	57.60	50.70	43.05	27.90	24.15	17.70
28,800	2,400	1,600	61.44	54.08	45.92	29.76	25.76	18.88
30,600	2,550	1,700	65.28	57.46	48.79	31.62	27.37	20.06
32,400	2,700	1,800	69.12	60.84	51.66	33.48	28.98	21.24
34,200	2,850	1,900	72.96	64.22	54.53	35.34	30.59	22.42
36,000	3,000	2,000	76.80	67.60	57.40	37.20	32.20	23.60
37,800	3,150	2,100	80.64	70.98	60.27	39.06	33.81	24.78
39,600	3,300	2,200	84.48	74.36	63.14	40.92	35.42	25.96
41,400	3,450	2,300	88.32	77.74	66.01	42.78	37.03	27.14
43,200	3,600	2,400	92.16	81.12	68.88	44.64	38.64	28.32
45,000	3,750	2,500	96.00	84.50	71.75	46.50	40.25	29.50
46,800	3,900	2,600	99.84	87.88	74.62	48.36	41.86	30.68
48,600	4,050	2,700	103.68	91.26	77.49	50.22	43.47	31.86
50,400	4,200	2,800	107.52	94.64	80.36	52.08	45.08	33.04
52,200	4,350	2,900	111.36	98.02	83.23	53.94	46.69	34.22
54,000	4,500	3,000	115.20	101.40	86.10	55.80	48.30	35.40
55,800	4,650	3,100	119.04	104.78	88.97	57.66	49.91	36.58
57,600	4,800	3,200	122.88	108.16	91.84	59.52	51.52	37.76
59,400	4,950	3,300	126.72	111.54	94.71	61.38	53.13	38.94
61,200	5,100	3,400	130.56	114.92	97.58	63.24	54.74	40.12
63,000	5,250	3,500	134.40	118.30	100.45	65.10	56.35	41.30
64,800	5,400	3,600	138.24	121.68	103.32	66.96	57.96	42.48
66,600	5,550	3,700	142.08	125.06	106.19	68.82	59.57	43.66
68,400	5,700	3,800	145.92	128.44	109.06	70.68	61.18	44.84
70,200	5,850	3,900	149.76	131.82	111.93	72.54	62.79	46.02
72,000	6,000	4,000	153.60	135.20	114.80	74.40	64.40	47.20

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period					
			Cost Per Month					
			0-7	14-14	30-30	60-60	90-90	180-180
73,800	6,150	4,100	157.44	138.58	117.67	76.26	66.01	48.38
75,600	6,300	4,200	161.28	141.96	120.54	78.12	67.62	49.56
77,400	6,450	4,300	165.12	145.34	123.41	79.98	69.23	50.74
79,200	6,600	4,400	168.96	148.72	126.28	81.84	70.84	51.92
81,000	6,750	4,500	172.80	152.10	129.15	83.70	72.45	53.10
82,800	6,900	4,600	176.64	155.48	132.02	85.56	74.06	54.28
84,600	7,050	4,700	180.48	158.86	134.89	87.42	75.67	55.46
86,400	7,200	4,800	184.32	162.24	137.76	89.28	77.28	56.64
88,200	7,350	4,900	188.16	165.62	140.63	91.14	78.89	57.82
90,000	7,500	5,000	192.00	169.00	143.50	93.00	80.50	59.00
91,800	7,650	5,100	195.84	172.38	146.37	94.86	82.11	60.18
93,600	7,800	5,200	199.68	175.76	149.24	96.72	83.72	61.36
95,400	7,950	5,300	203.52	179.14	152.11	98.58	85.33	62.54
97,200	8,100	5,400	207.36	182.52	154.98	100.44	86.94	63.72
99,000	8,250	5,500	211.20	185.90	157.85	102.30	88.55	64.90
100,800	8,400	5,600	215.04	189.28	160.72	104.16	90.16	66.08
102,600	8,550	5,700	218.88	192.66	163.59	106.02	91.77	67.26
104,400	8,700	5,800	222.72	196.04	166.46	107.88	93.38	68.44
106,200	8,850	5,900	226.56	199.42	169.33	109.74	94.99	69.62
108,000	9,000	6,000	230.40	202.80	172.20	111.60	96.60	70.80
109,800	9,150	6,100	234.24	206.18	175.07	113.46	98.21	71.98
111,600	9,300	6,200	238.08	209.56	177.94	115.32	99.82	73.16
113,400	9,450	6,300	241.92	212.94	180.81	117.18	101.43	74.34
115,200	9,600	6,400	245.76	216.32	183.68	119.04	103.04	75.52
117,000	9,750	6,500	249.60	219.70	186.55	120.90	104.65	76.70
118,800	9,900	6,600	253.44	223.08	189.42	122.76	106.26	77.88
120,600	10,050	6,700	257.28	226.46	192.29	124.62	107.87	79.06
122,400	10,200	6,800	261.12	229.84	195.16	126.48	109.48	80.24
124,200	10,350	6,900	264.96	233.22	198.03	128.34	111.09	81.42
126,000	10,500	7,000	268.80	236.60	200.90	130.20	112.70	82.60
127,800	10,650	7,100	272.64	239.98	203.77	132.06	114.31	83.78
129,600	10,800	7,200	276.48	243.36	206.64	133.92	115.92	84.96
131,400	10,950	7,300	280.32	246.74	209.51	135.78	117.53	86.14
133,200	11,100	7,400	284.16	250.12	212.38	137.64	119.14	87.32
135,000	11,250	7,500	288.00	253.50	215.25	139.50	120.75	88.50
136,800	11,400	7,600	291.84	256.88	218.12	141.36	122.36	89.68
138,600	11,550	7,700	295.68	260.26	220.99	143.22	123.97	90.86
140,400	11,700	7,800	299.52	263.64	223.86	145.08	125.58	92.04
142,200	11,850	7,900	303.36	267.02	226.73	146.94	127.19	93.22
144,000	12,000	8,000	307.20	270.40	229.60	148.80	128.80	94.40

# Group Hospital Confinement Indemnity Insurance Plan 2



Group Medical Bridge<sup>SM</sup> insurance can help with medical costs that your health insurance may not cover. These benefits are available for you, your spouse and eligible dependent children.

**Hospital confinement benefit**.....**\$1,500 per day**

Maximum of one day per covered person per calendar year

## Outpatient surgical procedure benefit

■ **Tier 1**.....**\$500 per day**

■ **Tier 2**.....**\$1,000 per day**

Maximum of \$1,500 per covered person per calendar year for Tier 1 and 2 combined Maximum of one day per outpatient surgical procedure

The surgeries listed below are only a sampling of the surgeries that may be covered. Surgeries must be performed by a doctor in a hospital or ambulatory surgical center. For complete details and definitions, please refer to your certificate.

## Tier 1 outpatient surgical procedures

### ■ Breast

- Axillary node dissection
- Breast capsulotomy
- Breast reconstruction
- Lumpectomy

### ■ Cardiac

- Pacemaker insertion

### ■ Digestive

- Colonoscopy
- Fistulotomy
- Hemorrhoidectomy (external)
- Lysis of adhesions

### ■ Skin

- Laparoscopic hernia repair
- Skin grafting

### ■ Ear, nose, throat, mouth

- Adenoidectomy
- Removal of oral lesions
- Myringotomy
- Tonsillectomy
- Tracheostomy

### ■ Gynecological

- Dilation and curettage (D&C)
- Endometrial ablation
- Lysis of adhesions

### ■ Liver

- Paracentesis

### ■ Musculoskeletal system

- Carpal/cubital repair or release
- Dislocation (closed reduction treatment) other than a finger or toe
- Foot surgery (bunionectomy, exostectomy, arthroplasty, hammertoe repair)
- Fracture (closed reduction treatment) other than a rib, finger or toe
- Removal of orthopedic hardware
- Removal of tendon lesion

For more information,  
talk with your  
benefits counselor.

## Tier 2 outpatient surgical procedures

- **Breast**
  - Breast reduction
- **Cardiac**
  - Angioplasty
  - Cardiac catheterization
- **Digestive**
  - Exploratory laparoscopy
  - Laparoscopic appendectomy
  - Laparoscopic cholecystectomy
- **Ear, nose, throat, mouth**
  - Ethmoidectomy
  - Mastoidectomy
  - Septoplasty
  - Stapedectomy
  - Tympanoplasty
  - Tympanotomy
- **Eye**
  - Cataract surgery
  - Corneal surgery (penetrating keratoplasty)
  - Glaucoma surgery (trabeculectomy)
  - Vitrectomy
- **Gynecological**
  - Myomectomy
- **Musculoskeletal system**
  - Arthroscopic knee surgery with meniscectomy (knee cartilage repair)
  - Arthroscopic shoulder surgery
  - Clavicle resection
  - Dislocations (open reduction with internal fixation)
  - Fracture (open reduction with internal fixation)
  - Removal or implantation of cartilage
  - Tendon/ligament repair
- **Thyroid**
  - Excision of a mass



ColonialLife.com

THIS POLICY PROVIDES LIMITED BENEFITS.

### EXCLUSIONS

We will not pay benefits for losses which are caused by: dental procedures, elective procedures, cosmetic surgery, felonies or illegal occupations, intoxicants or narcotics, pregnancy of a dependent child, psychiatric or psychological conditions, suicide, intentional injuries, war, armed forces service or giving birth within the first nine months after the certificate effective date. We will not pay benefits for hospital confinement of a newborn who is neither injured nor sick. We will not pay benefits for loss during the first 12 months after the effective date due to a pre-existing condition, which means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within the 12 months before the certificate effective date.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy forms GMB1.0-P-AU-TX-R and GMB1.0-P-EE-TX-R and certificate forms GMB1.0-C-AU-TX-R and GMB1.0-C-EE-TX-R. This is not an insurance contract and only the actual certificate provisions will control.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC  
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## If diagnosed with cancer, how will you pay for what your health insurance won't?

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

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

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

### **Features of Colonial Life's Cancer Insurance:**

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

*This is a brief description of some available benefits.*

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

### Cancer Screening Benefit Tests

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

- Pap Smear
- ThinPrep Pap Test<sup>1</sup>
- CA125 (Blood test for ovarian cancer)
- Mammography
- Breast Ultrasound
- CA 15-3 (Blood test for breast cancer)
- PSA (Blood test for prostate cancer)
- Chest X-ray
- Biopsy of Skin Lesion
- Colonoscopy
- Virtual Colonoscopy
- Hemoccult Stool Analysis
- Flexible Sigmoidoscopy
- CEA (Blood test for colon cancer)
- Bone Marrow Aspiration/Biopsy
- Thermography
- Serum Protein Electrophoresis  
(Blood test for Myeloma)

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

### Inpatient Benefits

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

### Treatment Benefits (In-or Outpatient)

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

### Surgery Benefits

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

### Transportation/Lodging Benefits

- Transportation
- Transportation for Companion
- Lodging

### Extended Care Benefits

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

### Waiver of Premium

*THIS IS A CANCER ONLY POLICY.*

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

<sup>1</sup>ThinPrep is a registered trademark of Cytoc Corporation.

#### Colonial Life

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

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# Group Cancer Insurance— Initial Diagnosis of Cancer Rider



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

## Rider Benefits

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

## Rider Features

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

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

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Colonial Life and *Making benefits count* are registered service marks of Colonial Life & Accident Insurance Company.

# COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

1200 Colonial Life Boulevard, P. O. Box 1365  
Columbia, South Carolina 29202  
(800) 325-4368

## GROUP SPECIFIED DISEASE INSURANCE

### Outline of Coverage

(Applicable to certificate form GCAN-C-TX)

**THIS IS LIMITED BENEFIT GROUP SPECIFIED DISEASE COVERAGE. THE POLICY PROVIDES LIMITED BENEFITS FOR CANCER AND CANCER SCREENING PROCEDURES. THE POLICY DESCRIBED IN THIS OUTLINE PROVIDES SUPPLEMENTAL COVERAGE ISSUED ONLY TO SUPPLEMENT INSURANCE ALREADY IN FORCE.**

### THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.

**If you are eligible for Medicare, review the Guide To Health Insurance for People with Medicare available from the company.**

**Read your certificate carefully.** This outline provides a very brief description of the important features of the Group Specified Disease Insurance certificate. This is not an insurance contract and only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of the policyholder, you and us. The certificate is a summary of the policy and is a written statement, including the certificate schedule, prepared by us to set forth a summary of benefits to which the covered person is entitled, to whom the benefits are payable, and limitations or requirements that may apply and amendments, riders and supplements, if any. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY.**

The certificate provides benefits if the first date of diagnosis of cancer or the performance of a cancer screening test occurs: while the certificate is in force; and if the cancer or treatment is not excluded by name or specific description in the policy or certificate. Cancer must be pathologically or clinically diagnosed. If cancer is not diagnosed until after the covered person dies, we will only pay benefits for the treatment of cancer performed during the 45 day period before the covered person's death.

### Benefits

#### **\$75 Cancer Screening/Wellness Benefit**

We will pay this benefit if any covered person has one of the following cancer screening tests performed while his coverage is in force. This benefit is payable once per calendar year for each covered person.

*Cancer screening test is defined as:*

<ul style="list-style-type: none"><li>• Biopsy of skin lesion;</li><li>• Bone marrow aspiration/biopsy;</li><li>• Breast ultrasound;</li><li>• CA 15-3 (blood test for breast cancer);</li><li>• CA125 (blood test for ovarian cancer);</li><li>• CEA (blood test for colon cancer);</li><li>• Chest X-ray;</li><li>• Colonoscopy;</li></ul>	<ul style="list-style-type: none"><li>• Flexible sigmoidoscopy;</li><li>• Hemoccult stool analysis;</li><li>• Mammography;</li><li>• Pap smear;</li><li>• PSA (blood test for prostate cancer);</li><li>• Serum Protein Electrophoresis (blood test for myeloma);</li><li>• Thermography;</li><li>• ThinPrep Pap test;</li><li>• Virtual Colonoscopy.</li></ul>
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**Antinausea Medication                      \$50 a day up to a maximum of \$200 per calendar year**

We will pay this benefit for each day any covered person incurs charges for and receives antinausea medication administered in a doctor's office, clinic or hospital or has a prescription filled for antinausea medication as a result of radiation or chemotherapy treatments, up to the calendar year maximum. We will pay only one Antinausea Medication benefit per day regardless of the number of antinausea medications the covered person receives on the same day.

**Blood, Plasma, Platelets                      \$225 per day, up to a maximum of \$7,500 per calendar year and Immunoglobulins**

We will pay this benefit for each day any covered person incurs charges for and receives a transfusion of blood/plasma/platelets/immunoglobulins during the treatment of cancer, up to the calendar year maximum.

**Experimental Treatment                      \$300 per day up to \$10,000 lifetime maximum**

We will pay this benefit for each day that any covered person incurs charges for and receives hospital, medical or surgical care in connection with experimental treatment of internal (not skin) cancer. These treatments must be prescribed by a physician and must be received in an experimental cancer treatment program. Treatment must be received in the United States. Payment of this benefit is in place of payment of any other benefit for the same covered treatments.

**Hair/External Breast/Voice                      \$200 per calendar year**

**Box Prosthesis**

We will pay this benefit if any covered person incurs charges for and receives a hair prosthesis, external breast prosthesis or voice box prosthesis needed as a direct result of cancer.

**Supportive or Protective                      \$150 per day up to \$1,200 calendar year maximum**

**Care Drugs and Colony**

**Stimulating Factors**

We will pay this benefit for each day that any covered person incurs charges for and receives supportive or protective care drugs and/or colony stimulating factors for the treatment of cancer, up to the calendar year maximum.

**Bone Marrow Stem Cell                      \$10,000 per lifetime**

**Transplant**

We will pay this benefit if any covered person incurs charges for and receives a bone marrow stem cell transplant for the treatment of cancer. We will pay this benefit only once per lifetime for each covered person.

**Peripheral Stem Cell                      \$5,000 per lifetime**

**Transplant**

We will pay this benefit if any covered person incurs charges for and receives a peripheral stem cell transplant for the treatment of cancer. We will pay this benefit only once per lifetime for each covered person.

**Transportation                      \$0.40 per mile up to 700 miles per round trip**

We will pay this benefit if: any covered person travels on his doctor's advice to another city for diagnosis or treatment of his cancer; the destination is more than 50 miles one way from the city where he lives; and he is receiving treatment for internal (not skin) cancer. We will pay this benefit when charges are incurred for travel to and from his destination for either: commercial travel (plane, train or bus); or non-commercial travel (use of a personal car).

**Transportation for                      \$0.40 per mile up to 700 miles per round trip**

**Companion**

We will pay this benefit for one companion to accompany any covered person to another city where he is receiving treatment for cancer if: his doctor advises treatment or diagnosis of his cancer in another city; the destination is more than 50 miles one way from the city where he lives; and he is receiving treatment for internal (not skin) cancer.

**Hospice \$300 per day**

We will pay this benefit for each day any covered person incurs charges for and: receives a visit from a representative of a hospice at home; uses the services of a hospital or a U.S. Government Hospital on an outpatient basis under the direction of a hospice; visits a hospice on an outpatient basis for treatment or services as the result of cancer; or is confined to a hospice facility.

**Home Health Care Services \$300 per day**

We will pay this benefit for up to the greater of: 30 days per calendar year; or twice the number of days any covered person incurs charges for and was confined to a hospital during a calendar year for the treatment of cancer.

**Waiver of Premium**

You, the named insured, will not be required to continue to pay premiums to keep your coverage in force if: the first date of diagnosis is while your coverage is in force; and you become disabled, as defined in the certificate, because of cancer after the effective date of your coverage and remain disabled for longer than three continuous months (90 days).

**Termination**

The policy can be cancelled by the policyholder or us. Your coverage will terminate if the policy terminates, if your premium is not paid, if you are no longer eligible for the coverage or if you ask us to end your coverage. If this is family coverage, coverage on your spouse and dependent children will terminate if the policy terminates, if premium for family coverage is not paid, if your coverage terminates, if you ask us to end their coverage or if you die. In addition, coverage on your spouse will terminate if you divorce your spouse or your marriage is annulled, and coverage on any dependent child will terminate when he no longer qualifies as a dependent child.

**Conversion Privilege**

If one of the following events occurs:

- your coverage terminates because you are no longer in an eligible class or your class is no longer eligible for coverage, or
- coverage of your spouse under the certificate terminates due to divorce, annulment or your death, or
- coverage of a covered dependent child terminates due to the child becoming married or reaching age 26, or
- coverage of a covered person who has received benefits for the treatment of cancer under the certificate terminates for any reason,

then such covered person may be eligible to obtain an individual policy of insurance (called the converted policy), without evidence of insurability. Obtaining that policy is subject to certain conditions, including but not limited to:

- Such covered person's coverage under the certificate must have been in effect for 12 months unless such covered person has received benefits for the treatment of cancer under the certificate.
- Application for the converted policy must be made to us within 31 days after the coverage terminates.
- The converted policy may have different benefits, limitations and exclusions and premium rates.
- If you are eligible for a converted policy, any spouse or dependent children covered under the certificate may also be covered under the converted policy. If a spouse is eligible for a converted policy due to divorce or annulment, any dependent children covered under the certificate may also be covered under the converted policy or they may remain covered under the certificate as you and your former spouse may elect. They may not be covered under both the certificate and the converted policy. If a spouse is eligible for a converted policy due to your death, any dependent children covered under the certificate may also be covered under the converted policy.

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

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

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

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

### **Features of Colonial Life's Cancer Insurance:**

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

*This is a brief description of some available benefits.*

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

### Cancer Screening Benefit Tests

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

- Pap Smear
- ThinPrep Pap Test<sup>1</sup>
- CA125 (Blood test for ovarian cancer)
- Mammography
- Breast Ultrasound
- CA 15-3 (Blood test for breast cancer)
- PSA (Blood test for prostate cancer)
- Chest X-ray
- Biopsy of Skin Lesion
- Colonoscopy
- Virtual Colonoscopy
- Hemoccult Stool Analysis
- Flexible Sigmoidoscopy
- CEA (Blood test for colon cancer)
- Bone Marrow Aspiration/Biopsy
- Thermography
- Serum Protein Electrophoresis  
(Blood test for Myeloma)

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

### Inpatient Benefits

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

### Treatment Benefits (In-or Outpatient)

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

### Surgery Benefits

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

### Transportation/Lodging Benefits

- Transportation
- Transportation for Companion
- Lodging

### Extended Care Benefits

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

### Waiver of Premium

*THIS IS A CANCER ONLY POLICY.*

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

<sup>1</sup>ThinPrep is a registered trademark of Cytoc Corporation.

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# Group Cancer Insurance— Initial Diagnosis of Cancer Rider



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

## Rider Benefits

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

## Rider Features

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

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

# COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

1200 Colonial Life Boulevard, P. O. Box 1365  
Columbia, South Carolina 29202  
(800) 325-4368

## GROUP SPECIFIED DISEASE INSURANCE

### Outline of Coverage

(Applicable to certificate form GCAN-C-TX)

**THIS IS LIMITED BENEFIT GROUP SPECIFIED DISEASE COVERAGE. THE POLICY PROVIDES LIMITED BENEFITS FOR CANCER AND CANCER SCREENING PROCEDURES. THE POLICY DESCRIBED IN THIS OUTLINE PROVIDES SUPPLEMENTAL COVERAGE ISSUED ONLY TO SUPPLEMENT INSURANCE ALREADY IN FORCE.**

### THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.

**If you are eligible for Medicare, review the Guide To Health Insurance for People with Medicare available from the company.**

**Read your certificate carefully.** This outline provides a very brief description of the important features of the Group Specified Disease Insurance certificate. This is not an insurance contract and only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of the policyholder, you and us. The certificate is a summary of the policy and is a written statement, including the certificate schedule, prepared by us to set forth a summary of benefits to which the covered person is entitled, to whom the benefits are payable, and limitations or requirements that may apply and amendments, riders and supplements, if any. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY.**

The certificate provides benefits if the first date of diagnosis of cancer or the performance of a cancer screening test occurs: while the certificate is in force; and if the cancer or treatment is not excluded by name or specific description in the policy or certificate. Cancer must be pathologically or clinically diagnosed. If cancer is not diagnosed until after the covered person dies, we will only pay benefits for the treatment of cancer performed during the 45 day period before the covered person's death.

### Benefits

#### **\$100 Cancer Screening/Wellness Benefit**

We will pay this benefit if any covered person has one of the following cancer screening tests performed while his coverage is in force. This benefit is payable once per calendar year for each covered person.

*Cancer screening test is defined as:*

<ul style="list-style-type: none"><li>• Biopsy of skin lesion;</li><li>• Bone marrow aspiration/biopsy;</li><li>• Breast ultrasound;</li><li>• CA 15-3 (blood test for breast cancer);</li><li>• CA125 (blood test for ovarian cancer);</li><li>• CEA (blood test for colon cancer);</li><li>• Chest X-ray;</li><li>• Colonoscopy;</li></ul>	<ul style="list-style-type: none"><li>• Flexible sigmoidoscopy;</li><li>• Hemoccult stool analysis;</li><li>• Mammography;</li><li>• Pap smear;</li><li>• PSA (blood test for prostate cancer);</li><li>• Serum Protein Electrophoresis (blood test for myeloma);</li><li>• Thermography;</li><li>• ThinPrep Pap test;</li><li>• Virtual Colonoscopy.</li></ul>
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**Antinausea Medication                      \$50 a day up to a maximum of \$200 per calendar year**

We will pay this benefit for each day any covered person incurs charges for and receives antinausea medication administered in a doctor's office, clinic or hospital or has a prescription filled for antinausea medication as a result of radiation or chemotherapy treatments, up to the calendar year maximum. We will pay only one Antinausea Medication benefit per day regardless of the number of antinausea medications the covered person receives on the same day.

**Blood, Plasma, Platelets                      \$300 per day, up to a maximum of \$10,000 per calendar year and Immunoglobulins**

We will pay this benefit for each day any covered person incurs charges for and receives a transfusion of blood/plasma/platelets/immunoglobulins during the treatment of cancer, up to the calendar year maximum.

**Experimental Treatment                      \$300 per day up to \$10,000 lifetime maximum**

We will pay this benefit for each day that any covered person incurs charges for and receives hospital, medical or surgical care in connection with experimental treatment of internal (not skin) cancer. These treatments must be prescribed by a physician and must be received in an experimental cancer treatment program. Treatment must be received in the United States. Payment of this benefit is in place of payment of any other benefit for the same covered treatments.

**Hair/External Breast/Voice                      \$200 per calendar year**

**Box Prosthesis**

We will pay this benefit if any covered person incurs charges for and receives a hair prosthesis, external breast prosthesis or voice box prosthesis needed as a direct result of cancer.

**Supportive or Protective                      \$200 per day up to \$1,600 calendar year maximum**

**Care Drugs and Colony**

**Stimulating Factors**

We will pay this benefit for each day that any covered person incurs charges for and receives supportive or protective care drugs and/or colony stimulating factors for the treatment of cancer, up to the calendar year maximum.

**Bone Marrow Stem Cell                      \$10,000 per lifetime**

**Transplant**

We will pay this benefit if any covered person incurs charges for and receives a bone marrow stem cell transplant for the treatment of cancer. We will pay this benefit only once per lifetime for each covered person.

**Peripheral Stem Cell                      \$5,000 per lifetime**

**Transplant**

We will pay this benefit if any covered person incurs charges for and receives a peripheral stem cell transplant for the treatment of cancer. We will pay this benefit only once per lifetime for each covered person.

**Transportation                      \$0.40 per mile up to 700 miles per round trip**

We will pay this benefit if: any covered person travels on his doctor's advice to another city for diagnosis or treatment of his cancer; the destination is more than 50 miles one way from the city where he lives; and he is receiving treatment for internal (not skin) cancer. We will pay this benefit when charges are incurred for travel to and from his destination for either: commercial travel (plane, train or bus); or non-commercial travel (use of a personal car).

**Transportation for                      \$0.40 per mile up to 700 miles per round trip**

**Companion**

We will pay this benefit for one companion to accompany any covered person to another city where he is receiving treatment for cancer if: his doctor advises treatment or diagnosis of his cancer in another city; the destination is more than 50 miles one way from the city where he lives; and he is receiving treatment for internal (not skin) cancer.

**Hospice \$300 per day**

We will pay this benefit for each day any covered person incurs charges for and: receives a visit from a representative of a hospice at home; uses the services of a hospital or a U.S. Government Hospital on an outpatient basis under the direction of a hospice; visits a hospice on an outpatient basis for treatment or services as the result of cancer; or is confined to a hospice facility.

**Home Health Care Services \$300 per day**

We will pay this benefit for up to the greater of: 30 days per calendar year; or twice the number of days any covered person incurs charges for and was confined to a hospital during a calendar year for the treatment of cancer.

**Waiver of Premium**

You, the named insured, will not be required to continue to pay premiums to keep your coverage in force if: the first date of diagnosis is while your coverage is in force; and you become disabled, as defined in the certificate, because of cancer after the effective date of your coverage and remain disabled for longer than three continuous months (90 days).

**Termination**

The policy can be cancelled by the policyholder or us. Your coverage will terminate if the policy terminates, if your premium is not paid, if you are no longer eligible for the coverage or if you ask us to end your coverage. If this is family coverage, coverage on your spouse and dependent children will terminate if the policy terminates, if premium for family coverage is not paid, if your coverage terminates, if you ask us to end their coverage or if you die. In addition, coverage on your spouse will terminate if you divorce your spouse or your marriage is annulled, and coverage on any dependent child will terminate when he no longer qualifies as a dependent child.

**Conversion Privilege**

If one of the following events occurs:

- your coverage terminates because you are no longer in an eligible class or your class is no longer eligible for coverage, or
- coverage of your spouse under the certificate terminates due to divorce, annulment or your death, or
- coverage of a covered dependent child terminates due to the child becoming married or reaching age 26, or
- coverage of a covered person who has received benefits for the treatment of cancer under the certificate terminates for any reason,

then such covered person may be eligible to obtain an individual policy of insurance (called the converted policy), without evidence of insurability. Obtaining that policy is subject to certain conditions, including but not limited to:

- Such covered person's coverage under the certificate must have been in effect for 12 months unless such covered person has received benefits for the treatment of cancer under the certificate.
- Application for the converted policy must be made to us within 31 days after the coverage terminates.
- The converted policy may have different benefits, limitations and exclusions and premium rates.
- If you are eligible for a converted policy, any spouse or dependent children covered under the certificate may also be covered under the converted policy. If a spouse is eligible for a converted policy due to divorce or annulment, any dependent children covered under the certificate may also be covered under the converted policy or they may remain covered under the certificate as you and your former spouse may elect. They may not be covered under both the certificate and the converted policy. If a spouse is eligible for a converted policy due to your death, any dependent children covered under the certificate may also be covered under the converted policy.

# Group Accident Insurance

## Preferred Plan



For more information,  
talk with your  
benefits counselor.

ColonialLife.com

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

*Benefits are per covered person per covered accident unless stated otherwise*

**Accident emergency treatment** ..... \$150

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

**Accident follow-up doctor visit** ..... \$50

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

**Accidental death**

Per covered person

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

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

**Accidental dismemberment**

**Loss or loss of use**

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

**Air ambulance** ..... \$1,500

Transportation to or from a hospital or medical facility

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

Transportation to or from a hospital or medical facility

**Appliance aid in personal locomotion or mobility** ..... \$100

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

**Blood/plasma/platelets** ..... \$400

Required during treatment of a covered accident

**Burn**

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

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

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

# Alex was cleaning out the gutters when he fell.



## EMERGENCY ROOM VISIT

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



## DIAGNOSTIC PROCEDURE

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



## HOSPITAL CONFINEMENT

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



## APPLIANCE FOR MOBILITY

Alex used crutches.



## PHYSICAL THERAPY

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



## DOCTOR'S OFFICE VISIT

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

## ALEX'S OUT-OF-POCKET EXPENSES

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

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

## Catastrophic accident

Total and irrecoverable loss or loss of use

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

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

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

**Coma** .....\$10,000

Lasting for 14 or more consecutive days

**Concussion** .....\$375

## Dislocation (separated joint)

Non-surgical

Surgical

- Hip .....\$3,000 \$6,000
- Knee (except patella) .....\$1,500 \$3,000
- Ankle, bone or bones of the foot (other than toes) .....\$1,200 \$2,400
- Collarbone (sternoclavicular) .....\$800 \$1,600
- Collarbone (acromioclavicular and separation) .....\$200 \$400
- Lower jaw .....\$720 \$1,440
- Shoulder (glenohumeral) .....\$1,200 \$2,400
- Elbow .....\$450 \$900
- Wrist .....\$600 \$1,200
- Bone(s) of the hand, (other than fingers) .....\$810 \$1,620
- Finger, toe .....\$200 \$400
- Incomplete dislocation or dislocation reduction without anesthesia .....25% of the applicable non-surgical amount

## Emergency dental work

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

**Eye injury** .....\$300

With surgical repair or removal of a foreign object

## Fracture (broken bone)

Non-surgical

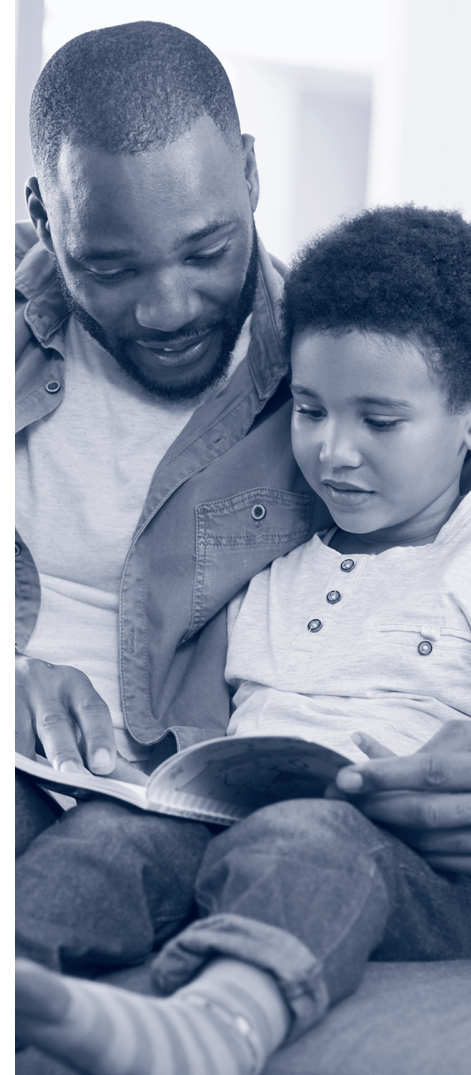
Surgical

- Skull, depressed fracture (except face/nose) .....\$3,750 \$7,500
- Skull, simple non-depressed fracture (except face/nose) .....\$1,800 \$3,600
- Hip, thigh (femur) .....\$3,150 \$6,300
- Body of vertebrae (excluding vertebral processes) .....\$2,700 \$5,400
- Pelvis .....\$2,400 \$4,800
- Leg (tibia and/or fibula) .....\$1,800 \$3,600
- Bones of the face or nose (except mandible or maxilla) .....\$910 \$1,820
- Upper jaw, maxilla, upper arm between elbow and shoulder .....\$1,050 \$2,100
- Lower jaw, mandible .....\$1,200 \$2,400
- Kneecap, ankle, foot .....\$1,200 \$2,400
- Shoulder blade, collarbone .....\$1,200 \$2,400
- Vertebral processes .....\$630 \$1,260
- Forearm, hand, wrist .....\$1,200 \$2,400
- Rib .....\$375 \$750
- Coccyx .....\$320 \$640
- Finger, toe .....\$200 \$400
- Chip fracture .....25% of the applicable non-surgical amount

For illustrative purposes only.

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

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



For more information,  
talk with your  
benefits counselor.



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#### HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE

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

THIS CERTIFICATE PROVIDES LIMITED BENEFITS.

#### EXCLUSIONS

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

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

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# Group Critical Illness Insurance

## Plan 3 Full



For more information,  
talk with your  
benefits counselor.

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If you're diagnosed with a covered critical illness, group critical illness insurance\* from Colonial Life can help with your expenses, so you can concentrate on what's most important – your treatment, care and recovery.

\*The policy name is Critical Illness Group Specified Disease Insurance.

### Face amount: **\$10,000 or \$20,000 or \$30,000 Benefit Options**

#### Critical illness benefit

For the diagnosis of this covered critical illness condition: <sup>1</sup>	This percentage of the face amount is payable:
Heart attack (myocardial infarction)	100%
Stroke	100%
End-stage renal (kidney) failure	100%
Major organ failure	100%
Coma	100%
Permanent paralysis due to a covered accident	100%
Blindness	100%
Occupational infectious HIV or occupational infectious hepatitis B, C or D	100%
Coronary artery bypass graft surgery/disease <sup>2</sup>	25%

#### Subsequent diagnosis of a different critical illness<sup>3</sup>

If you receive a benefit for a critical illness, and later you are diagnosed with a different critical illness, the original percentage of the face amount is payable for that particular critical illness.

#### Subsequent diagnosis of the same critical illness<sup>3</sup>

If you receive a benefit for a critical illness, and later you are diagnosed with the same critical illness, 25% of the original face amount is payable. Critical illness conditions that do not qualify are: coronary artery bypass graft surgery/coronary artery disease<sup>2</sup> and occupational infectious HIV or occupational infectious hepatitis B, C or D.



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1 Please refer to the certificate for complete definitions of covered conditions.

2 Benefit for coronary artery disease applicable in lieu of benefit for coronary artery bypass graft surgery when health savings account (HSA) compliant plan is selected.

3 Dates of diagnoses of a covered critical illness must be separated by at least 180 days.

THIS POLICY PROVIDES LIMITED BENEFITS.

Insureds in MA must be covered by comprehensive health insurance before applying for this coverage.

#### EXCLUSIONS AND LIMITATIONS FOR CRITICAL ILLNESS

We will not pay the Critical Illness Benefit or Benefit Payable Upon Subsequent Diagnosis of a Critical Illness that occurs as a result of a covered person's: alcoholism or drug addiction; felonies or illegal occupations; intoxicants and narcotics; psychiatric or psychological conditions; suicide or injuries which any covered person intentionally does to himself; war or armed conflict; or pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is diagnosed with a critical illness.

This is not an insurance contract and only the actual certificate provisions will control. Applicable to certificate form GCC1.0-C (including state abbreviations where used, for example: GCC1.0-C-TX). The certificate or its provisions may vary or be unavailable in some states. Please see your Colonial Life benefits counselor for details.



## EMERGENCY TRANSPORTATION COSTS

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

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

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



## HOW MASA IS DIFFERENT

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

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

Members are covered ANYWHERE in all 50 states and Canada!

Worldwide coverage is also available with our Platinum Membership.

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



**Any Ground. Any Air.  
Anywhere.™**

## OUR BENEFITS

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

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

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



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

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

**EVERY FAMILY DESERVES A MASA  
MEMBERSHIP**

**Benefits At-A-Glance**
**Supplemental Life Insurance**
**The Lincoln Term Life Insurance Plan:**

- Provides a cash benefit to your loved ones in the event of your death
- Features group rates for Evant ISD employees
- Includes *LifeKeys*® services, which provide access to counseling, financial, and legal support services
- Also includes *TravelConnect*<sup>SM</sup> services, which give you and your family access to emergency medical help when you're traveling

<b>Employee</b>	
Guaranteed coverage amount during initial offering or approved special enrollment period	\$100,000
Newly hired employee guaranteed coverage amount	\$100,000
Continuing employee guaranteed coverage annual increase amount	Choice of \$10,000 or \$20,000
Maximum coverage amount	5 times your annual salary (\$500,000 maximum)
Minimum coverage amount	\$10,000
<b>Spouse / Domestic Partner</b>	
Guaranteed coverage amount during initial offering or approved special enrollment period	\$50,000
Newly hired employee guaranteed coverage amount	\$50,000
Continuing employee guaranteed coverage annual increase amount	Choice of \$5,000 or \$10,000
Maximum coverage amount	50% of the employee coverage amount (\$250,000 maximum)
Minimum coverage amount	\$5,000
<b>Dependent Children</b>	
6 months to age 26 guaranteed coverage amount	\$10,000
Age 14 days to 6 months guaranteed coverage amount	\$500

<b>Voluntary Life/AD&amp;D Rates**</b>	<b>(Rates shown per \$1,000)</b>
<25	\$0.05/\$0.03
25-29	\$0.06/\$0.03
30-34	\$0.08/\$0.03
35-39	\$0.10/\$0.03
40-44	\$0.15/\$0.03
45-49	\$0.25/\$0.03
50-54	\$0.41/\$0.03
55-59	\$0.67/\$0.03
60-64	\$0.84/\$0.03
65-69	\$1.46/\$0.03
70-74	\$2.37/\$0.03
75-79	\$3.64/\$0.03
80-84	\$3.64/\$0.03
85-89	\$3.64/\$0.03
90-94	\$3.64/\$0.03
95-99	\$3.64/\$0.03
<b>Dependent Child(ren) Life Rates</b>	<b>\$0.10</b>

## What your benefits cover

### Employee Coverage

#### Guaranteed Life Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to \$150,000 without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase your coverage amount by \$10,000 or \$20,000 without providing evidence of insurability. If you submitted evidence of insurability in the past and were declined for medical reasons, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.
- You can increase this amount by up to \$20,000 during the next limited open enrollment period.

#### Maximum Life Insurance Coverage Amount

- You can choose a coverage amount up to 5 times your annual salary (\$500,000 maximum) with evidence of insurability. See the Evidence of Insurability page for details.
- Your coverage amount will reduce by 50% when you reach age 70

**Spouse / Domestic Partner Coverage** - You can secure term life insurance for your spouse / domestic partner if you select coverage for yourself.

#### Guaranteed Life Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to 50% of your coverage amount (\$50,000 maximum) for your spouse / domestic partner without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase the coverage amount for your spouse / domestic partner by \$5,000 or \$10,000 without providing evidence of insurability. If you submitted evidence of insurability in the past and were declined for medical reasons, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.
- You can increase this amount by up to \$10,000 during the next limited open enrollment period.

#### Maximum Life Insurance Coverage Amount

- You can choose a coverage amount up to 50% of your coverage amount (\$250,000 maximum) for your spouse / domestic partner with evidence of insurability.
- Coverage amounts are reduced by 50% when an employee reaches age 70

**Dependent Children Coverage** - You can secure term life insurance for your dependent children when you choose coverage for yourself.

**Guaranteed Life Insurance Coverage Options:** \$10,000.

## Additional Plan Benefits

Accelerated Death Benefit	Included
Premium Waiver	Included
Conversion	Included
Portability	Included

## Benefit Exclusions

Like any insurance, this term life insurance policy does have exclusions. A suicide exclusion may apply. A complete list of benefit exclusions is included in the policy. State variations apply.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

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Insurance products (policy series GL1101) are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. Product availability and/or features may vary by state. Limitations and exclusions apply.



## Family Protection Plan



### Free & Discounted Legal Care

Legal care is either free, deeply discounted, or provided at the reduced hourly rate.

#### Free Legal Services

Examples of services available at no charge from your plan attorney:

- Initial consultation for each new legal matter
- Simple Will for you and your family with annual updates
- State specific, web based, Living Will form (*can be notarized by a Notary Public*)
- Phone calls and letters written on your behalf (*one each per legal matter*) when considered appropriate by plan attorney

*\*In certain situations, attorney liability may require plan attorneys to ask for a retainer from the member prior to providing some of the free legal services.*

#### Discounted Legal Services

Examples of discounted services for which attorneys will charge a one-time, deeply discounted fee:

• Traffic Ticket Defense	\$ 89.00
• Simple Will (w/Minor's Trust)	\$ 250.00
• Simple Divorce	\$ 275.00
• Personal Real Estate Closing	\$ 250.00

*Fees are for legal services rendered. Refer to legalclub.com for a complete listing and definitions of legal services.*

#### Reduced Hourly Rate

Plan attorneys have contracted to charge 40% off their normal hourly rate, with a minimum of \$125 per hour, for legal care beyond the free and discounted services.

#### Retainers

In certain situations, attorney liability may require plan attorneys to ask for a retainer prior to providing some of the free services or in the case of extended legal care. Retainers are computed based on the appropriate reduced hourly rate.

#### Contingency Fee Discount

Receive a 10% discount on contingency based cases.

#### Online Legal Forms

Download a wide-ranging selection of free and discounted self-service forms to create legally valid documents using our online forms catalog. Forms are state specific and include Last Will and Testament, Bill of Sale, Landlord/Tenant Agreements, Leases, Power of Attorney and many more.



### Free Tax Preparation & Advice

Access to personal tax benefits including free tax return preparation and unlimited, toll-free, tax related advice.

#### Tax Related Benefits

A panel of Certified Public Accounts provide the following services:

- Free mail-in tax return preparation (includes 1040EZ, 1040A, and 1040)\*
- Free preparation of most common schedules that accompany form 1040\*

- Review of prior year's tax return\*
- Advice regarding IRS letters and audits
- Advice on tax implications of everyday financial matters such as IRAs, 401K plans, investment and real estate timing and strategies, retirement planning, etc.

*\* Limited to one per household*



### Identity Theft Solutions

Reduce risk of identity theft and receive comprehensive, privacy advocate assisted restoration services in the event a theft does occur.

#### Privacy Plus Software

Protects your personal information and internet activity from cybercriminals, hackers and others spying on you.

- **Secure Data Vault:** Store, share and access important documents that require protection.
- **Secure Email Account:** Send email securely without worrying about others accessing the content or files included in your emails.
- **Virtual Private Network (VPN):** Protects data like credit card numbers, account numbers, passwords, and more while you are online or away from your device.
- **Password Manager:** Makes it easy to use a strong and unique password for every website.

#### Identity Monitoring\*

Scours the internet to identify the illegal trade and sale of your personal information.

- Monitors thousands of websites, checks millions of data points, and if we find your information, we'll alert you.
- Proactive detection works in real time, giving you the opportunity to stop the leak early.
- Our monitoring system covers bank accounts, credit/debit cards, social security numbers, driver's license, etc.

**(continued on back)**



## Identity Theft Solutions (continued)

Reduce risk of identity theft and receive comprehensive, privacy advocate assisted restoration services in the event a theft does occur.

### Bank Takeover Monitoring

Watches for new bank and credit account activity. Alerts you if someone tries to open a bank account or credit card using your Social Security number or other personal information.

- Provides early detection of suspicious bank or credit card account activity.
- Reviews information from hundreds of financial institutions daily and flags unusual or high-risk activity.

### Social Media Monitoring (Cyberbullying)

Monitors your and your children's social media activity (Facebook, Twitter, LinkedIn and Instagram) and notifies you of potential privacy or reputation risks.

- Searches for instances in which your personal information is exposed via social sites.
- Notifies you of objectionable content—foul language, sexual content, drug or alcohol references—that could damage your reputation.
- Monitors your child's social network for instances of cyberbullying, references to weapons, or sexual predator activity.

### Sex Offender Monitoring

Provides a report of all registered sex offenders living within your immediate area and notifies you when a new sex offender is added.

- Sends an alert if a sex offender attempts to use your personal information to evade detection.
- Using your state's sex offender registry, sends notifications when an offender moves into your immediate area.

*Note that alerts for this component can't be delivered unless an email address has been provided for notifications.*

*\* Identity Theft Insurance is underwritten by a nationally recognized insurance carrier with an "A" or better AM Best Rating. Contact Legal Club for more details. Identity Monitoring and Insurance is limited only to the member.*

### Identity Theft Restoration

Assists you with full service identity restoration by certified identity theft risk management specialists who will:

- Contact banks, file a police report, review credit reports, or place a fraud notification or security freeze with the three credit bureaus.
- Make phone calls, send electronic notifications, prepare documentation, and issue fraud alerts with the three consumer reporting agencies, the FTC, SSA and USPS.
- Follow up and escalate issues with affected agencies, creditors, financial institutions, to reinforce your rights.
- Assist with restoration of identity to its pre-theft state.

### Lost or Stolen Credit Card Assistance / Document Recovery Services

Our Privacy Advocates will:

- Obtain credit reports from each of the three major credit bureaus
- Cancel affected credit cards and request new cards
- Provide daily identity monitoring for six months to help prevent further fraud.

### Insurance Benefit\*

- \$1,000,000 of identity theft insurance is available to you with a zero deductible. Available in all 50 States.

### Eligibility

Program includes the member's spouse or domestic partner, dependent children, and dependent individuals living in the plan member's home such as a parent or grandparent.

**ALL OF THIS FOR ONLY \$16 per month**

**To access plan benefits, or for questions about your membership call: 800-305-6816**

This is only an outline of benefits. For a complete description of benefits, terms and conditions, please visit [legalclub.com](http://legalclub.com).



Legal Club is a proud partner of BCRF, donating 2% of revenue from new group cases this year.





## 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/](https://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](http://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.

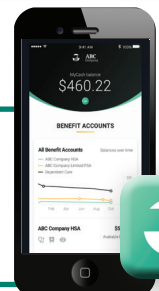


**MyCash Account:** Included on your TASC Card for faster reimbursement deposits and non-benefit purchases.

## 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 autoette (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)

# Determine if your Dependent Care expenses qualify for FSA reimbursement



The FlexSystem 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 Dependent Care FSA.**

Eligibility for the dependent care benefit requires that certain criteria be met, which is 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.

**The 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) A dependent who was under age 13 when the care was provided and for whom an exemption can be claimed.
- B) A spouse who was physically or mentally not able to care for himself or herself, and lived with you for more than half the year.
- C) A dependent who was physically or mentally not able to care for himself or herself 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 Dependent Care FSA expenses, please review IRS Publication 503 or ask your employer for a copy of your Summary Plan Description (SPD).**

**You can also find helpful information and rates on our resource page at:**

[www.tasconline.com/benefits-limits](http://www.tasconline.com/benefits-limits)

## How Much Should You Contribute?

Determine your total annual amount of qualified dependent care expenses for the Plan Year. Your annual contribution to the FlexSystem Dependent Care FSA must be within the minimum and maximum amounts set by your employer based on the maximum allowed by the IRS (view IRS limits at [www.tasconline.com/benefits-limits](http://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 of the provider must be included. Under certain circumstances, the taxpayer identification number will be a social security number.
- B) If the care is being provided by a center that cares for more than six 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 he or she is your dependent.
- D) Use 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, he or she is 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 himself or herself.
- 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 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.



## If they need you, you need a Champion

Good things in life happen every day, and unfortunately, hardship happens too. You need a champion to help defend and protect everything you value—your family, your goals, your dreams, your independence—in essence, your life.



# LIFETIME BENEFIT TERM | CHAMPION

Life Insurance with Money for Long Term Care



Let LifeTime Benefit Term be **your Champion!**



LifeTime Benefit Term is a great way to help protect your most important asset and help provide the peace of mind your family deserves.

## Life Insurance—Valuable protection for your loved ones

You work hard to provide a good life for your family. However, what if something happens to you? If they need you, you need a champion to help defend and protect your family with money to help pay for:

- Rent and mortgage
- College Education
- Retirement
- Household Expenses
- Long Term Care
- Childcare
- Family Debt
- Burial

Make a promise to help protect the future. Let LifeTime Benefit Term (LBT) be your Champion. It lasts a lifetime—guaranteed. LifeTime Benefit Term provides money to your family at death, and while you are living too, if you need home health care, assisted living or nursing care. Lifetime Benefit Term provides highly competitive rates and benefits, and lasts to age 121.

## Creative Solutions for Term Life Insurance

### 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.

### Guaranteed Benefits During Working Years

While the policy is in force, the death benefit is guaranteed 100% when it is needed most—during your working years when your family is relying on your income. Through age 70 (or 25 years if greater) your death benefit is 100% guaranteed.

### Guaranteed Benefits After Age 70

Even after age 70, when income is less relied upon, the benefit is guaranteed to never be less than 50%. And based on current interest rates and mortality assumptions, the full death benefit is designed to last a lifetime.

### Paid-up Benefits

After 10 years, paid up benefit 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. After the required elimination period, 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.

### Extension of Benefits (EOB)\*

Extends the monthly Long Term Care benefit for up to an additional 50 months, after 100% of the base death benefit has been used for LTC.



## Here's how LifeTime Benefit Term can help be Your Family's Champion As Life Insurance

LifeTime Benefit Term helps protect 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

If you become chronically ill, your LifeTime Benefit Term policy 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. Your life insurance will continue to help you protect your assets for 25 months. After 25 months of receiving Long Term Care Benefits, your death benefit will reduce to zero. With Extension of Benefits, if you continue to need LTC after you have exhausted your Death Benefits, you can receive up to 50 more months of benefits, for a total of 75 months of LTC benefits.

### Restoration of Your Death Benefit

Ordinarily, accelerating your life coverage for Long Term Care benefits can reduce your death benefit to \$0. While in force, this rider restores your life coverage to not less than 25% of the death benefit on which your LTC benefits were based. This rider assures there will be a death benefit available for your beneficiary up to your insured's age 121.

### For 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.

## Features

**Dependable Guarantees** Guaranteed life insurance premium and death benefits last a lifetime.

**Fully Portable and Guaranteed Renewable\* for Life**

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

**Family Coverage** Coverage available for your spouse, children and dependent grandchildren.

\* LTC and EOB premiums may be adjusted based upon the experience of the group or other group characteristics that may affect results. Premiums cannot 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.

Life insurance provides your family with money after your death. It helps replace your income and ensure that your dependents are not burdened with debt.

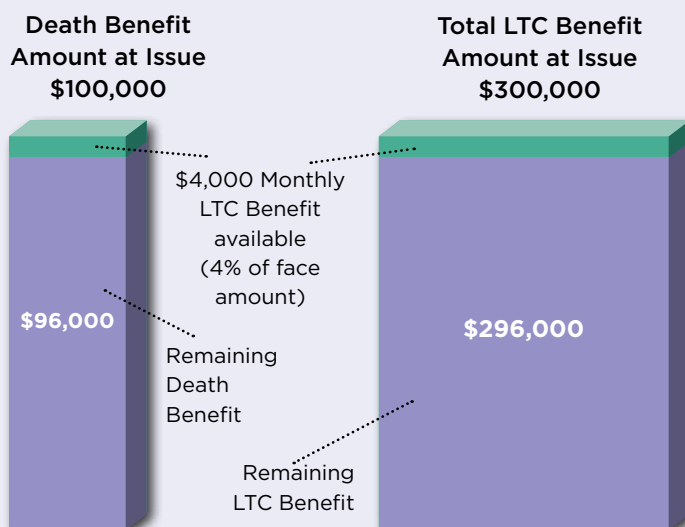
## Flexible Benefit Choices

Once you make the promise to help protect your family with Lifetime Benefit term, there are several ways it can work for you. You don't have to make any decisions on how you use your benefits until you actually need them.

Here is an example of how LifeTime Benefit Term can be your Champion.

### \$100,000\ LifeTime Benefit Term Coverage\*\*

- A 35-year-old non-smoker can purchase \$100,000 of coverage including the Accelerated Death Benefit for Long Term Care with Extension of Benefits, and Terminal Illness.
- Long Term Care benefit of \$4,000 (4% of \$100,000) per month would be available for up to 75 months.
- Long Term Care benefit reduces the death benefit by an equal amount.



**While in Long Term Care Status, premiums are waived.**

Depending on your needs

- 100% of the Death Benefit amount can be paid to your beneficiary if no Long Term Care benefits are used, or
- 100% of the Long Term Care benefit amount can be paid to you, if care is needed, or
- Any remaining Death Benefit less any Long Term Care benefits received will be paid to your beneficiary.

The monthly LTC payment equals 4% of the initial death benefit. The maximum LTC payments equals 3 times the current death benefit. The current death benefit at time of LTC payment may differ from original death benefit. The certificate contains a guarantee ensuring that the initial death benefit will last for the longer of 25 years or to age 70 and thereafter can never be less than 50% of your initial death benefit. Premiums are payable to age 100.

\*\* This example is only an illustration. Do not send money to the insurer in response to this advertisement; one needs to complete an application to obtain coverage. Benefit exclusions and limitation may apply to the coverage.

# LIFETIME BENEFIT TERM | CHAMPION

## Life Insurance with Money for Long Term Care

You need a champion to help defend and protect everything you value—your family, your goals, your dreams, your independence—in essence, your life.

Choose a Champion. Choose LifeTime Benefit Term.



## Flexible and Customizable

Every plan starts with guaranteed death benefits and accelerated benefits for Long Term Care.

### Benefit Summary

	Death Benefit	LTC Benefits	EOB Rider	Restoration of Death Benefit	Child Term Benefit
Applicant:	\$	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Spouse:	\$	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Children/Grandchildren:	\$				
	\$				

This is not an application for coverage. Refer to your enrollment form in order to apply for coverage. Enrollments are subject to underwriting approval.

### Additional Benefit Option

(additional premium required)

#### Child Term Benefit

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

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.

**LifeTime Benefit Term Exclusions** If the insured commits suicide, while sane or insane, within two years 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 Long Term Care benefits for care that is received or loss incurred as a result of: 1) Mental or nervous conditions except Alzheimer's Disease; 2) Alcoholism and drug addiction; 3) Illness, treatment or medical conditions arising out of: War or act of war (whether declared or undeclared); Participation in a felony, riot or insurrection; Service in the armed forces or units auxiliary thereto; Suicide (sane or insane), attempted suicide, or intentionally self-inflicted injury; or 4) Treatment provided in a government facility (unless otherwise required by law), services for which benefits are available under Medicare or other Governmental program (except Medicaid), any state or federal workers' compensation, employers' liability or occupational disease law, or any motor vehicle no-fault law, services provided by a member of the covered person's immediate family, and services for which no charge is normally made in the absence of insurance. 5) Expenses for services or items available or paid under another long term care insurance or health insurance policy. 6) In the case of a qualified long term care contract, expenses for services or items to the extent that the expenses are reimbursable under Title XVIII of the Social Security Act; or would be so reimbursable but for the application of a deductible or coinsurance amount; or 7) Care or services received outside the United States or its territories.

#### Marketed by

U.S. Employee Benefits  
Services Group  
877-730-7780



Combined Insurance Company of America  
Chicago, IL

This document is a brief description of Certificate Form No. C34544TX. Benefits, rates, exclusions and limitations may apply. Refer to your certificate of insurance for specific details.

LBT-EE4-LTC75-Reg14-TX-0118



## U.S. EMPLOYEE BENEFITS SERVICES GROUP - USEBSG



U.S. Employee Benefits Service Group (USEBSG) is the nation's leading independent provider and administrator of employer-sponsored benefits and retirement plans in the school district marketplace. We serve over 400 ISDs in Texas and are endorsed by TACS. Our focus is on developing comprehensive programs providing affordable solutions for benefits, online enrollment and retirement plan needs. We have 25 years of experience and over 1,000,000 clients across the nation.

