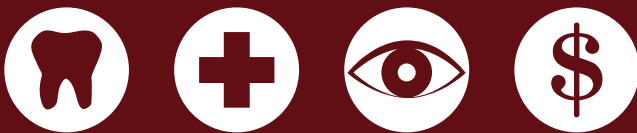


2022

EMPLOYEE  
BENEFIT GUIDE



**US** Employee Benefits  
Services Group.

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



## 2022 OPEN ENROLLMENT INFORMATION

The 2022 Section 125 Cafeteria Plan year **begins 01/01/2022 and ends 12/31/2022.**  
All benefits elected during the annual open enrollment will be effective **01/01/2022.**

### ***Know Your Benefits! Below is a summary of benefits offered through EISD.***

- **Aetna Medical** - Four Medical plans will be offered this plan year. **NEW! High Deductible Medical** plan being offered. If electing the Baptist Network plan members must go in the Baptist Network. There are no Out-of-Network benefits in the Baptist Plan or the High Deductible Medical Plan.
- **Health Savings Account (HSA)** - **NEW!** Participants in the High Deductible Health Plan are eligible to contribute to a Health Savings Account. A Health Savings Account provides tax benefits when used to pay for eligible out-of-pocket medical, dental, and vision expenses. This is a pre-tax benefit.
- **MetLife Dental** - Offering 2 dental plan options (DHMO and PDP Plus). Coverage for preventive, basic, major, and orthodontics services.
- **Davis Vision** - Plan includes coverage for eye exams, materials (such as frames and lenses), and discounts for laser vision correction. The plan has a defined network of providers.
- **Hartford Disability** - There are currently 2 plans offered (Plan A and Plan B). Plan is designed to protect up to 66 2/3% of your gross EISD income.
- **Texas Life Permanent Life** - Portable, permanent life insurance available for employees, their spouses, and dependents. Employees can keep the coverage upon termination or retirement from EISD.
- **Unum Voluntary Life and AD&D** - Life insurance policy offered to employees, spouse and dependents. Coverage allowance for employee is based on 7 x annual salary, not to exceed \$500,000. EOI may be required.
- **Allstate Cancer** - Pays benefits for internal cancer diagnosis. Includes an annual cancer screening benefit.
- **MetLife Critical Illness** - Critical Illness pays a lump sum benefit if the insured is diagnosed with a covered critical illness.
- **Flexible Spending Account (FSA)** - A Flexible Spending Account allows you to pay for eligible health expenses with a pre-loaded debit card. Make sure to spend/claim the money in your current reimbursement account by 12/31/2021 if you do not use your funds you will lose them.

*If you should have any questions regarding your supplemental benefits, please contact the Risk Management & Employee Benefits office 210-898-2018 or 210-898-2019*

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 Website: [www.aetna.com](http://www.aetna.com)

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 Website: [www.hsa.nbsbenefits.com](http://www.hsa.nbsbenefits.com)

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 Phone:1-800-880-1800  
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**[www.omni403b.com](http://www.omni403b.com)**

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**Phone: 800-357-6246**

**Agent: Scott Jackson**

**email: [scott@jacksonfinancialtx.com](mailto:scott@jacksonfinancialtx.com)**

**DISTRICT CONTACT:**

**Risk Management & Employee Benefits Office**

**(210) 898-2019**

*This benefit booklet highlights certain features from the different policies and riders but is not the insurance contract. Please refer to the group master application or your policy for a full disclosure of benefits.*



### Covering Dependents?

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

### Making Changes During the Year

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

Qualifying life events include:

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

**You must submit your benefit change requests and include required documentation within 30 days of the event.**

Also note that per IRS, only changes consistent with the life event are allowed.

### New Employees

As a new full-time employee, you have **30 days** from your date of hire to enroll in benefits. Everyone must go through the enrollment process, whether or not you are declining coverage. Enrollment into a medical or other voluntary product is not automatic. Employees must complete the enrollment process for their benefits within their **30 day** new hire period. If you do not complete your enrollment within the **30 days**, you will not be allowed to enroll in benefits until the next Open Enrollment period or if you have a qualifying event.

### Very Important

Please carefully review your paycheck(s) to ensure all deductions are correct. If you find a discrepancy in your paycheck, please contact Payroll at (210) 898-4009. *Discrepancies must be identified within the first **30 days** from the effective date of the policy to be considered.*

### Benefit Related Documents

For contact information, claim forms, benefits guides and more please visit:

**[www.mybenefitshub.com/edgewoodisdofsa](http://www.mybenefitshub.com/edgewoodisdofsa)**.

## INTRODUCTION

Providing great benefit choices to you and your family is just one of the many ways EISD looks after the health and financial welfare of the people who make our district work so well. Our goal at EISD is to provide you with an array of benefit options that will meet your personal needs as part of your total compensation and rewards.

## HOW DO I ENROLL?

Visit [www.mybenefitshub.com/edgewoodisdofsa](http://www.mybenefitshub.com/edgewoodisdofsa)

**USERNAME:** Enter the first 6 letters of your last name, followed by the first letter of your first name, and then the last 4 digits of your SSN. (EX: John Sanderson SSN: xxx-xx-1234 USERNAME: sanderj1234)

**PASSWORD:** Complete last name (excluding any special characters or spaces) followed by the last 4 digits of your SSN. (Ex: sanderson1234)

## WHO IS ELIGIBLE?

- You are eligible to enroll in the EISD Benefits Program if you are a regular employee working at least 20 hours per week in a permanent position.

## WHO IS AN ELIGIBLE DEPENDENT?

- Your legal spouse
- Children under the age of 26, yours OR your spouse's
- Dependent children of any age who are disabled
- Children under your legal guardianship

**When adding dependents for the first time, please provide, date of birth, gender and social security number.**

## NEW HIRE ENROLLMENT

Online benefit enrollment must be completed within 30 days of your start date. Elected benefits will take effect on the 1st of the following month.

## MID-YEAR CHANGES

The benefits you choose will remain in effect throughout the plan year (from January 1 - December 31). You may only add or cancel coverage during the year if you have a qualifying change in the family or employment status that causes you to gain or lose eligibility for benefits. Qualifying changes may include:

- A change in your legal marital status
- A change in your number of dependents as a result of birth, adoption, legal custody, or if your dependent child satisfies or ceases to satisfy eligibility requirements for coverage, or the death of a dependent child or spouse
- A change in employment status for you or your spouse
- Loss or gain of eligibility for other insurance (including CHIP & Medicaid)

**You must notify the Edgewood ISD Employee Benefits Office of the requested change within 30 calendar days of the change in status. There are no exceptions to this rule.**

## WHEN WILL I RECEIVE ID CARDS?

**Only new enrolled Medical Plans and plan change will receive new medical cards.** Enrolled participant will receive Dental, HSA and FSA cards prior to the effective date of the new coverage. For most plans, you can login to the carrier website and print a temporary ID card or give your provider the insurance company's phone number to call and verify your coverage if you do not have an ID card at the time of service.

## WHO DO I CONTACT WITH QUESTIONS?

For questions, you can contact your EISD Risk Management & Benefits Department or US Employee Benefits Services Group

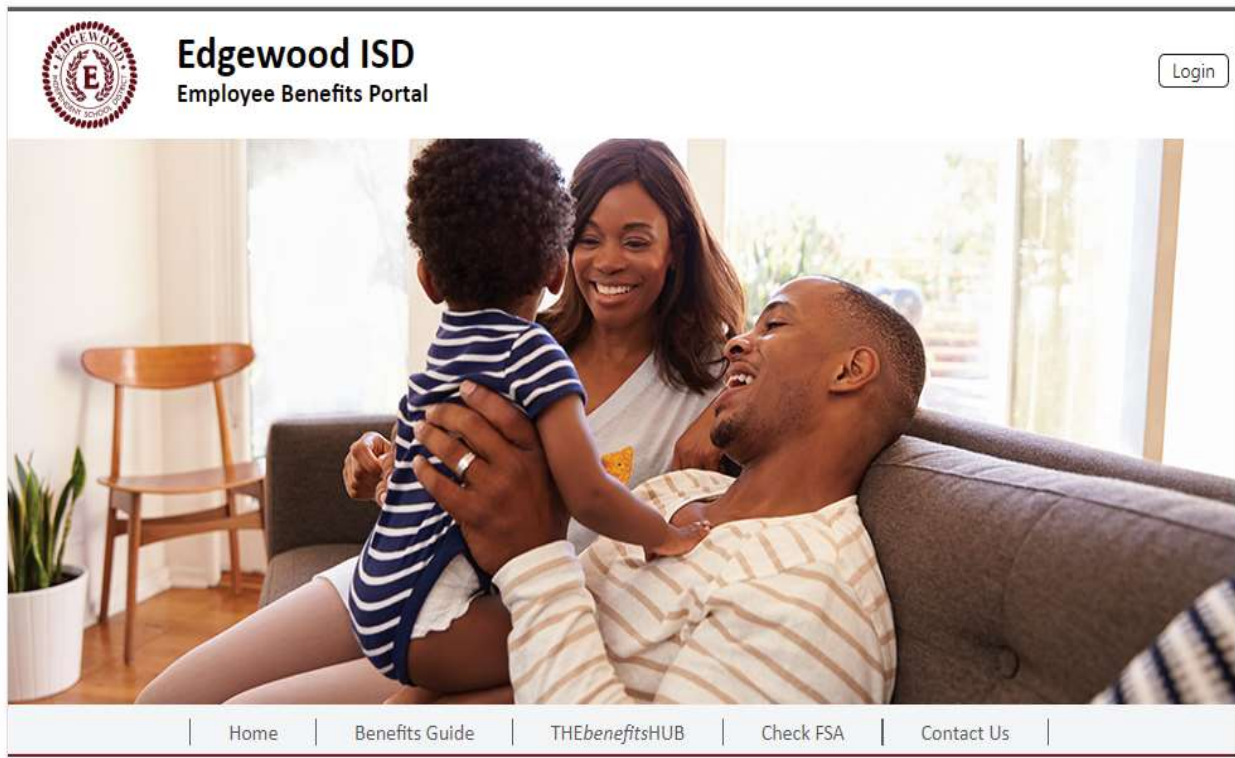
EISD Benefits - 210-898-2018

Sherry Skidmore - 830-606-5100



## Enrollment Instructions for **THEbenefitsHUB**

**Site Access:** To access your employer online enrollment site, THE*benefits*HUB, you can login to the following website [www.mybenefitshub.com/edgewoodisdofsa](http://www.mybenefitshub.com/edgewoodisdofsa)



**Username:** The **first six (6) characters** of your **last name**, followed by the **first letter** of your **first name**, followed by the **last four (4) digits** of your SSN:

Example: Employee Name - Robert Smith, SS# 123-45-6789      User Name: smithr6789

**Default Password:** **Complete Last Name** (Excluding Punctuation) follow by the **last four (4) digits** for your **SSN**

**Password Reset:** Employees will prompted to update the password once you enter the site.



245 Landa Street  
New Braunfels, Texas 78130  
Phone: (830) 606-5100

# 2022 Edgewood ISD Aetna Medical Plans

Aetna HEALTH PLANS	PPO LOW PLAN	PPO HIGH PLAN	BAPTIST NETWORK	NEW PLAN EPO HDHP				
<b>Annual Deductible</b>								
InNetwork	\$4,500 Ind / \$9,000 fam	\$2,500 Ind / \$5,000 fam	\$3,500 Ind / \$7,000 fam	\$5,000 Ind / \$10,000 fam				
Out of Network	\$7,350 Ind / \$14,700 fam	\$4,000 Ind / \$8,000 fam	<b>CANNOT GO OUT OF NETWORK</b>	<b>CANNOT GO OUT OF NETWORK</b>				
<b>Coinsurance</b>								
InNetwork	70%	80%	60%	70%				
Out of Network	50%	50%	<b>CANNOT GO OUT OF NETWORK</b>	<b>CANNOT GO OUT OF NETWORK</b>				
<b>Annual Max Out of Pocket: Individual/Fam Cap (MOOP)</b>								
InNetwork	\$7,350 Ind / \$14,700 fam	\$6,600 Ind / \$13,200 fam	\$7,350 Ind / \$14,700 fam	\$7,000 Ind / \$14,000 fam				
Out of Network	\$14,700 Ind / \$29,400 fam	\$13,200 Ind / \$26,400 fam	<b>CANNOT GO OUT OF NETWORK</b>	<b>CANNOT GO OUT OF NETWORK</b>				
<b>MEDICAL SERVICES</b>								
<b>Hospital Services</b>								
<b>In-Patient</b>								
InNetwork	70% of Allowable Amount	80% of Allowable Amount	60% coinsurance	70% of Allowable Amount				
Out of Network	50% of Allowable Amount after \$250 per admission Deductible	50% of Allowable Amount after \$250 per admission Deductible	<b>CANNOT GO OUT OF NETWORK</b>	<b>CANNOT GO OUT OF NETWORK</b>				
<b>Out-Patient</b>								
InNetwork	70% of Allowable Amount after Calendar Year Deductible	80% of Allowable Amount after Calendar Year Deductible	\$40 copay/office visit; deductible does not apply 40% coinsurance other outpatient services	70% of Allowable Amount				
Out of Network	50% of Allowable Amount after Calendar Year Deductible	50% of Allowable Amount after Calendar Year Deductible	<b>CANNOT GO OUT OF NETWORK</b>	<b>CANNOT GO OUT OF NETWORK</b>				
<b>Physician Office Visit</b>								
Office Visit Copay-PCP	\$40 Primary Care Copayment Amount	\$30 Primary Care Copayment Amount	\$40 copay/visit; deductible does not apply	70% of Allowable Amount				
Office Visit Copay-Specialist	\$80 Specialty Copayment Amount	\$70 Specialty Copayment Amount	\$80 copay/visit; deductible does not apply	70% of Allowable Amount				
Office Visit Copay-Urgent	\$100 Copayment Amount	\$90 Copayment Amount	\$100 copay/visit; deductible does not apply	70% of Allowable Amount				
<b>Diagnostic Laboratory</b>								
InNetwork	100% of Allowable Amount	100% of Allowable Amount	60% coinsurance	70% of Allowable Amount				
Out of Network	70% of Allowable Amount after Calendar Year Deductible	50% of Allowable Amount after Calendar Year Deductible	<b>CANNOT GO OUT OF NETWORK</b>	<b>CANNOT GO OUT OF NETWORK</b>				
<b>Diagnostic Outpatient Complex Imaging, After Deductible</b>								
InNetwork	70% of Allowable Amount	80% of Allowable Amount	60% coinsurance	70% of Allowable Amount				
Out of Network	70% of Allowable Amount after Calendar Year Deductible	50% of Allowable Amount after Calendar Year Deductible	<b>CANNOT GO OUT OF NETWORK</b>	<b>CANNOT GO OUT OF NETWORK</b>				
<b>Preventive Care</b>								
InNetwork	100% of Allowable Amount	100% of Allowable Amount	No Charge; deductible does not apply	100% of Allowable Amount				
Out of Network	70% of Allowable Amount after Calendar Year Deductible	70% of Allowable Amount after Calendar Year Deductible	<b>CANNOT GO OUT OF NETWORK</b>	<b>CANNOT GO OUT OF NETWORK</b>				
ER Visit* Copay Waived if Admitted Non-Emergency Care in ER - NOT covered	70% of Allowable Amount after \$400 outpatient Hospital emergency room/treatment room Copayment Amount (waived if admitted, and Inpatient Hospital Expenses will apply)	100% of Allowable Amount after \$400 outpatient Hospital emergency room/treatment room Copayment Amount (waived if admitted, and Inpatient Hospital Expenses will apply)	60% of allowable amount after \$400 Emergency room copay waived if admitted.	70% of Allowable Amount				
<b>Other Medical Services</b>								
InNetwork	70% of Allowable Amount after	80% of Allowable Amount after	60% coinsurance	70% of Allowable Amount				
Out of Network	50% of Allowable Amount after	50% of Allowable Amount after	<b>CANNOT GO OUT OF NETWORK</b>	<b>CANNOT GO OUT OF NETWORK</b>				
<b>PRESCRIPTION DRUGS</b>								
<b>Retail Pharmacy-30 days supply</b>				<b>ACA Preventive Drugs at no</b>				
Generic	\$15.00	\$10.00	\$15.00	70%				
Preferred Brand Name	\$45.00	\$35.00	\$45.00	70%				
Non-Preferred Brand Name	\$80.00	\$60.00	\$80.00	70%				
<b>Employee Premium Rates</b>								
<b>Aetna RATES EFFECTIVE 01/01/2022</b>	PPO LOW PLAN		PPO HIGH PLAN		BAPTIST NETWORK		EPO HDHP	
	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly
<b>Employee Only</b>	\$ 302.00	\$ 151.00	\$ 345.00	\$ 172.50	\$ 108.00	\$ 54.00	\$ 270.00	\$ 135.00
<b>Employee &amp; Spouse</b>	\$ 1,144.00	\$ 572.00	\$ 1,238.00	\$ 619.00	\$ 718.00	\$ 359.00	\$ 1,073.00	\$ 536.50
<b>Employee &amp; Children</b>	\$ 864.00	\$ 432.00	\$ 941.00	\$ 470.50	\$ 515.00	\$ 257.50	\$ 806.00	\$ 403.00
<b>Employee &amp; Family</b>	\$ 1,568.00	\$ 784.00	\$ 1,688.00	\$ 844.00	\$ 1,025.00	\$ 512.50	\$ 1,477.00	\$ 738.50



**NEW  
to the  
District!**

# Edgewood Health Clinic

**911 Enrique M. Barrera Pkwy  
San Antonio, TX 78237  
210-644-8050**



**FAST, CONVENIENT CARE CLOSE TO YOU!**



**In partnership with University Health, all district staff & family members who are currently enrolled in the EISD insurance plan can receive the following services at a \$0 copay.**

**Some Services Offered:**

- Minor Acute Care (Ear Infections, Throat Infections, Asthma, Bronchitis)
- Physical Exams/Well-Child Checkups
- Immunizations
- Sports Physicals
- Preventive Health Education, Disease & Injury Prevention
- Prescription Medications As Needed



**Same-day appointments available upon request.**



**Clinic open Monday – Friday, 8:00 am – 4:30 pm**

CLAIM FO

### Convenient treatment for less.

- Find us inside over 1,100 select CVS Pharmacy® and Target locations.
- We're open every day, including evenings and weekends.
- No appointment is necessary.
- View wait times or schedule an appointment on MinuteClinic.com or in the CVS Pharmacy® app.\*
- Get text notifications when you're next in line.
- Get a treatment plan anytime, anywhere with Video Visits (available in select states).\*\*



### Quality health care on your schedule.

We're MinuteClinic® and we're here when you need us. 7 days a week, including evenings. No appointment necessary. We treat more than 125 minor illnesses, injuries and conditions and we accept most insurance plans.

MinuteClinic has earned the Gold Seal of Approval® from The Joint Commission, the national evaluation and certifying agency for health care organizations and programs across the United States. We are equally proud of the high satisfaction scores we consistently receive from our patients.



### It's easy to find a clinic near you.

- Visit MinuteClinic.com
- Get the CVS Pharmacy® app
- Call us at 1.866.389.ASAP (2727)

MinuteClinic® complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-389-2727 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-389-2727 (TTY: 711)。

## The care you need, on your schedule.



\*Restrictions apply. Visit MinuteClinic.com for details.

\*\*Available in select states for select conditions. Other restrictions apply. Adults and children over 2 years old. Scheduled visits take place from 7 AM to 9 PM ET/PT and must be reserved 24 to 48 hours ahead of time. Insurance is currently not accepted for this service. Payment is due at the time of visit.





# Why busy families come to MinuteClinic®

## Our licensed health care providers:

- Treat more than 125 minor illnesses and injuries.
- Provide vaccinations, physicals, screenings and more.
- Help monitor and treat common chronic conditions.
- Write prescriptions, when medically appropriate.
- Treat adults and children 18 months and older.\*
- Share records with your primary care provider, with your permission.

\*Patients must be ages 18 months and older in most states. Visit [MinuteClinic.com](https://www.MinuteClinic.com) for details.

### Common illnesses

- Allergy symptoms
- Bronchitis & coughs
- Earaches & infections
- Flu-like symptoms
- Gout
- Indigestion & heartburn\*\*
- Mononucleosis (mono)
- Mouth & oral conditions
- Mouth & oral pain
- Nausea, vomiting & diarrhea
- Pink eye & styes
- Sinus infections & congestion
- Sore & strep throat\*\*
- Sexually transmitted infections\*\*
- Upper respiratory infections
- Urinary tract & bladder infections\*\*
- Yeast infections

### Minor injuries

- Bug bites & stings
- Minor burns
- Minor cuts, blisters & wounds
- Splinter removal
- Sprains, strains & joint pain

- Suture & staple removal
- Tick bites

### Skin conditions

- Acne
- Athlete's foot
- Chicken pox
- Cold, canker & mouth sores
- Dermatitis, rash & skin irritation
- Impetigo
- Lice
- Minor psoriasis
- Poison ivy & poison oak
- Ringworm
- Rosacea
- Scabies
- Shingles
- Sunburn
- Swimmer's ear
- Wart evaluation

### Physicals

- Camp physicals
- College physicals
- DOT physicals
- General medical exams (excludes annual physicals)
- Sports physicals

### Wellness

- Birth control care
- Comprehensive health screenings
- Ear wax removal
- Epinephrine injection pen refills
- Eyelash lengthening consultation
- Motion sickness prevention
- One-time medication renewal
- Pregnancy tests
- Shingles vaccine prescription
- Start to Stop® smoking cessation program
- TB testing\*\*
- Titters/immunity\*\*
- Travel consultation including malaria prevention
- Traveler's diarrhea prevention & care
- Weight-loss program

### Chronic condition care

- Asthma monitoring and treatment
- Cholesterol screening, monitoring & treatment\*\*

- Diabetes screening, monitoring & treatment, A1c checks\*\*
- Hepatitis C screening\*\*
- High blood pressure screening, monitoring & treatment\*\*
- Thyroid evaluation and treatment\*\*

### Injections



- Birth control
- Vitamin B12

### Vaccinations

- DTaP (diphtheria, tetanus, pertussis)
- Flu (high dose & seasonal)
- Hepatitis A
- Hepatitis B
- HPV (human papillomavirus)
- IPV (polio)
- Meningitis
- MMR (measles, mumps, rubella)
- Pneumonia (Prevnar13®, Pneumovax® 23)
- Td (tetanus, diphtheria)
- Tdap (tetanus, diphtheria, pertussis)
- Shingles vaccine (herpes zoster vaccine)

\*\*Additional lab fees may apply.

Visit [MinuteClinic.com](https://www.MinuteClinic.com) for age and service restrictions.

have a  
battle with  
a  without  
getting  
stung by  
a 





# \$0. That's what you pay for care at MinuteClinic®.

Your new Aetna® benefit gives you access to convenient, local care at MinuteClinic at no cost to you.\* It's available when you need it, including nights and weekends. Get the care you deserve — without the out-of-pocket costs.

## Convenient care close to home

MinuteClinic is a walk-in clinic located inside select CVS Pharmacy® and Target® stores, treating a variety of illnesses, injuries and conditions, including:

- Allergies
- Ear infections
- Flu-like symptoms
- Bug bites, stings and more

MinuteClinic providers can also administer vaccines and write prescriptions, when medically appropriate.



## Book an appointment online or walk right in

With flexible hours, including nights and weekends, you can get care that meets your busy schedule.



**Find a MinuteClinic near you:**  
**[CVS.com/MinuteClinic/Clinic-Locator](https://www.cvs.com/MinuteClinic/Clinic-Locator)**

For your best health, we encourage you to have a relationship with a primary care physician or other doctor. Tell them about your visit to MinuteClinic, or the MinuteClinic provider can send a summary of your visit directly to them.

\*Applies only to covered services at MinuteClinic. Video visits are not a covered service under this benefit. This information does not apply to members enrolled in qualified high-deductible health plans; such members must meet their deductible. However, such services would be subject to negotiated contract rates. Once the deductible has been met, such members will be able to access MinuteClinic services at no cost share. Members in health maintenance organization (HMO) and indemnity plans are not eligible for this benefit. Such members should refer to their benefits plan documents in order to determine coverage and applicable cost share for walk-in clinic benefits and services, as applicable. Visit **MinuteClinic.com** for age and service restrictions.

**Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).**

This information is only for use with self-funded plans. Aetna and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are both within the CVS Health® family. Aetna is not responsible for services received at MinuteClinic.

## You now get **low-cost care** at MinuteClinic®

Your new Aetna® benefit gives you access to convenient, local care at MinuteClinic at a lower price.\* It's available when you need it, including nights and weekends. Get the care you deserve — without the high out-of-pocket costs.

### **Convenient care close to home**

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# We're listening

## Informed Health® Line

A 24-hour information line for your health questions

### Talk to a registered nurse anytime

With the Informed Health Line, you can speak to a registered nurse — whenever you need to.\*

Plus —

- It's toll-free.
- You can call as many times as you need, at no extra cost.
- Your covered family members can use it, too.

### You could save time, money and a trip to the ER

The Informed Health Line can possibly prevent an unneeded trip to the emergency room (ER). That can be a money-saver.

Plus, you'll be able to make smarter health decisions. You'll have reliable information you can trust — and it's only a phone call or click away.

\*While only your doctor can diagnose, prescribe or give medical advice, the Informed Health Line nurses can provide information on more than 5,000 health topics. Contact your doctor first with any questions or concerns regarding your health care needs.

**In Idaho, health benefits and health insurance plans are offered and/or underwritten by Aetna Health of Utah Inc. and Aetna Life Insurance Company (Aetna). For all other states, health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health of California Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company, Aetna HealthAssurance Pennsylvania Inc. and/or Aetna Life Insurance Company. In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming, by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.**



## More reasons to use the Informed Health Line

You can:

- Get information on a wide range of health and wellness topics
- Make better health care decisions
- Find out more about a medical test or procedure
- Get help preparing for a visit to your doctor
- Receive emails with links to videos that relate to your question or topic

## Your online source for health information

Prefer to go online for health information? Check out the Informed Health Line page on your member website.

Here's what you can do:

- Send us an email
- Use our symptom checker
- Learn about treatment options and health risks
- Research a medicine, and more

It explains things in terms that are easy to understand. And it's easy to get to — once you're a member, just log in at [aetna.com](https://www.aetna.com).

## Members like you get the information they need

We asked our members what they liked about Informed Health Line.<sup>1</sup> Here's what they said:

- 93 percent felt it helped them better manage their health.
- 92 percent said it was an important part of their health plan benefits.

## Two ways to get health information fast

1. Call a registered nurse anytime toll-free.
2. Visit your member website at [aetna.com](https://www.aetna.com).

**Get health information — when and where you need it.**  
Put the Informed Health Line to work for you.

## **THIS IS NOT INSURANCE. THIS IS A PROGRAM AVAILABLE WITH THE MEDICAL PLAN.**

<sup>1</sup>Informed Health Line Member Satisfaction Survey. October 2017.

This material is for information only. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Health benefits and health insurance plans contain exclusions and limitations. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna® plans, refer to [aetna.com](https://www.aetna.com).

**Policy forms issued in Oklahoma include:** HMO OK COG-5 09/07, HMO/OK GA-3 11/01, HMO OK POS RIDER 08/07, GR-23 and/or GR-29N.

**Policy forms issued in Idaho by Aetna Health of Utah Inc. include:** HI HGrpAg 04, HI SG HGrpAg 03.

**Policy forms issued in Idaho by Aetna Life Insurance Company (Aetna) include:** GR-23, GR-29/GR-29N, GR-9/GR-9N, AL HGrpPol 04, AL SG HGrpPol 03.

**Policy forms issued in Missouri include:** AL HGrpPol 01R5, HI HGrpAg 05, HO HGrpPol 04, AL SG GrpPolAmend 2019 01, HI SG GrpAgAmend 2019 01.





# Your benefits. Your way.

AT HOME  |  ON THE GO



Stay on top of your health care, when and where it works for you.



## Understand and manage your benefits

- Review benefits and coverage details specific to your plan.
- See what your health care costs, how much is covered by your plan and where you are with your deductible and out-of-pocket maximum.
- View and pay claims for your whole family.
- Access your ID card whenever you need it.



## Connect to care and stay healthy

- Find in-network providers, including those offering telemedicine services, as well as walk-in clinics and urgent cares near you.
- Get cost estimates before you get care.
- View ratings and reviews of providers.
- Talk with a doctor anytime by phone or video chat.
- Receive personalized reminders to help you improve your health.

## Register now to get started



Visit [myaetnawebsite.com](https://myaetnawebsite.com) to register for your member website.



Get the **Aetna Health<sup>SM</sup> app** by texting **"AETNA"** to **90156** to receive a download link. Message and data rates may apply.\*

\*Terms and Conditions: [aet.na/Terms](https://aetna.com/legal-notices/privacy.html) Privacy Policy: [aetna.com/legal-notices/privacy.html](https://aetna.com/legal-notices/privacy.html) By texting 90156, you consent to receive a one-time marketing automated text message from Aetna<sup>®</sup> with a link to download the Aetna Health<sup>SM</sup> app. Consent is not required to download the app. You can also download by going to the Apple<sup>®</sup> App Store<sup>®</sup> or Google Play.

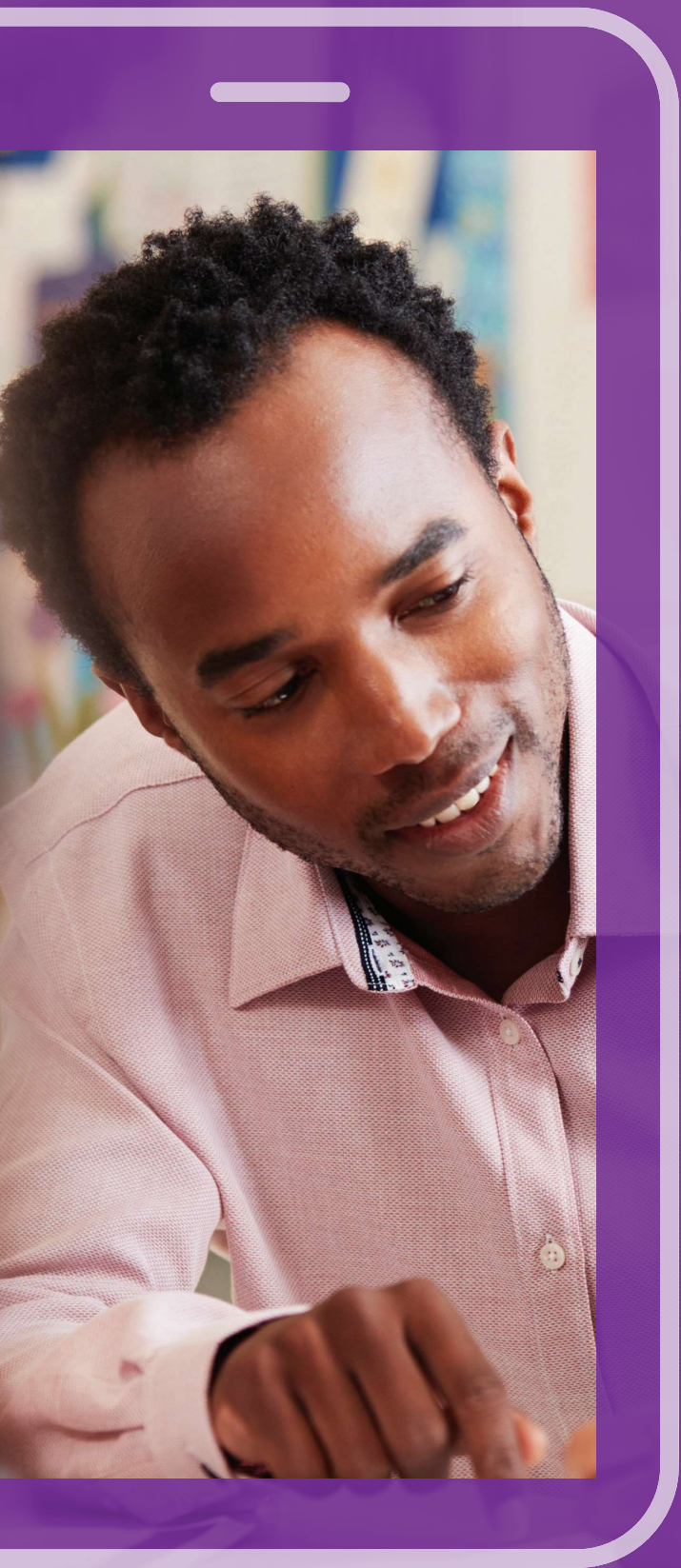
**Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).**

Estimated costs are not available in all markets or for all services. We provide an estimate for the amount you would owe for a particular service based on your plan at that very point in time. It is not a guarantee. Actual costs may differ from an estimate for various reasons including claims processing times for other services, providers joining or leaving our network or changes to your plan. Health maintenance organization (HMO) members can only get estimated costs for doctor and outpatient facility services.

Aetna.com

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95.03.392.1 B (6/21)





# Take charge of your benefits.

Discover a seamless way to  
connect to care and get support  
on your path to better health  
with these digital tools.

# Helping you take charge.

Stay healthy. Keep track of your benefits. Stay on top of it all with two easy-to-use tools — the Aetna Health<sup>SM</sup> app and your Aetna<sup>®</sup> member website.

## Set up your account today to manage your benefits and more.



### AT HOME

Visit your member website at **Aetna.com** to create an account and log in.



### ON THE GO

Get the **Aetna Health app** by texting **"AETNA"** to **90156** for a link to download the app. Message and data rates may apply.\*



### Manage benefits

- View your health plan summary and get information about what's covered.
- Track spending and progress toward meeting your deductibles for you and your family.
- Access your ID card whenever you need it.
- View claims details and pay your claims.



### Connect to care

- Search for facilities, procedures and medications.
- Find in-network providers accepting new patients.
- Estimate and compare costs.

\*Terms and Conditions: [bit.ly/2nJJFYG](https://bit.ly/2nJJFYG) Privacy Policy: [aetna.com/legal-notices/privacy.html](https://aetna.com/legal-notices/privacy.html) By texting 90156, you consent to receive a one-time marketing automated text message from Aetna with a link to download the Aetna Health<sup>SM</sup> app. Consent is not required to download the app. You can also download by going to the App Store or Google Play.

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95.03.392.1-NMEP A (3/20)

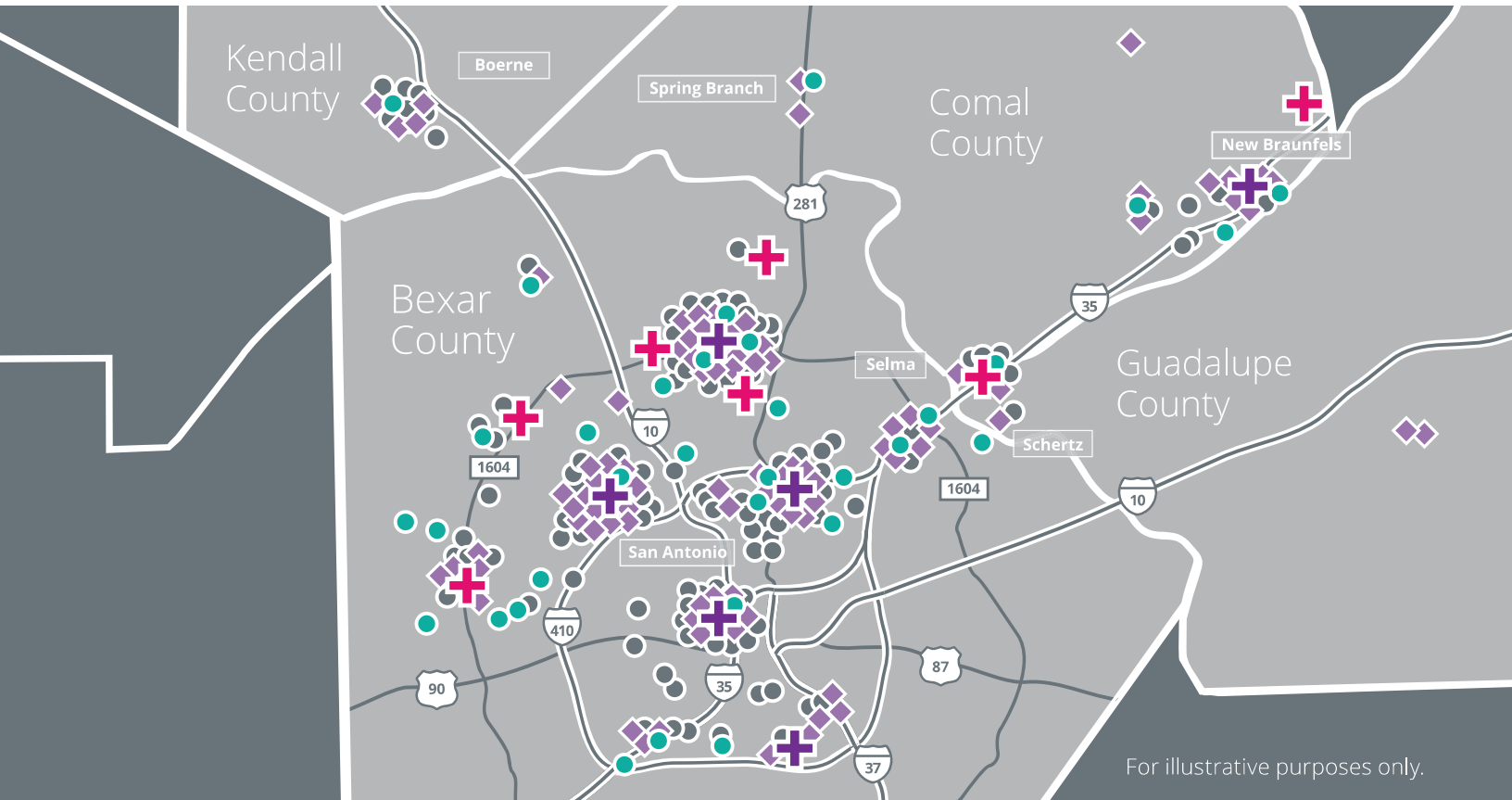


# Baptist Health System & HealthTexas Medical Group physician network coverage area

Our network includes:

					
250+ primary care doctors*	2,100+ specialists	6 acute care hospitals	7 emergency hospitals	33 urgent care centers	Acute care hospitals
					
					Emergency hospitals
					
					Specialists
					
					Urgent care centers
					
					Primary care offices

Visit [aetna.com](http://aetna.com) for the most up-to-date information on doctors and facilities.



For illustrative purposes only.

\*In Texas, PCP is known as physician (primary care).



# Baptist Health System & HealthTexas Medical Group network hospitals

## Acute care hospitals

	ZIP	City	Address
✚ Resolute Health Hospital	78130	New Braunfels	555 Creekside Xing.
✚ Baptist Medical Center	78205	San Antonio	111 Dallas St.
✚ Mission Trail Baptist Hospital	78235	San Antonio	3333 Research Plz.
✚ North Central Baptist Hospital	78258	San Antonio	520 Madison Oak Dr.
✚ Northeast Baptist Hospital	78217	San Antonio	8811 Village Dr.
✚ St. Luke's Baptist Hospital	78229	San Antonio	7930 Floyd Curl Dr.

## Emergency hospitals

	ZIP	City	Address
✚ Baptist Emergency Hospital	78232	San Antonio	16088 San Pedro Ave.
✚ Baptist Emergency Hospital	78258	San Antonio	25615 N US Hwy. 281
✚ Baptist Emergency Hospital	78249	San Antonio	8230 N 1604 W
✚ Baptist Emergency Hospital	78249	San Antonio	4103 N Loop 1604 W
✚ Baptist Emergency Hospital	78224	San Antonio	7719 Interstate Hwy. 35 S
✚ Baptist Emergency Hospital	78251	San Antonio	10811 Town Center Dr.
✚ Baptist Emergency Hospital	78154	Schertz	16977 Interstate 35 N



**Health benefits and health insurance plans are offered, underwritten and/or administered by Aetna Health Inc., Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). Each insurer has sole financial responsibility for its own products.**

This material is for information only. Health benefits and health insurance plans contain exclusions and limitations. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health care services. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna® plans, refer to [aetna.com](http://aetna.com).



## How can an HSA help secure my retirement?

Contributing in a health savings account allows you to invest pre-tax dollars for your biggest retirement expense - HEALTHCARE.

You can continue to contribute year after year and withdrawals can be made at any time. Whether you withdraw the money tomorrow, five years from now, or in retirement, funds used for qualified healthcare expenses are always tax free.

A contribution of \$50 a month over 25 years:	
<b>TAX SAVINGS</b>	<b>BALANCE</b>
\$6,181	\$22,356
Increase the contribution to \$200 a month over 25 years:	
<b>TAX SAVINGS</b>	<b>BALANCE</b>
\$24,725	\$89,095
Family contribution of \$6,900 a year over 25 years:	
<b>TAX SAVINGS</b>	<b>BALANCE</b>
\$71,086	\$257,095

For illustrative purposes only. Savings calculations are based on a federal tax rate of 15%, state tax rate of 5%, and 7.65% FICA. Balance calculations assume an average interest rate of 3%. Actual results may vary.

Help Make Medical Costs Painless.

Visit [hsa.nbsbenefits.com](http://hsa.nbsbenefits.com) for more info or call one of our Benefit Specialists at **800-274-0503**

## Why Enroll in a Health Savings Account (HSA)?



Salt Lake City, UT - Headquarters  
 Dallas, TX | San Diego, CA | Honolulu, HI  
 800-274-0503  
[hsa@nbsbenefits.com](mailto:hsa@nbsbenefits.com) | [www.nbsbenefits.com](http://www.nbsbenefits.com)



# Tax-free savings for medical expenses.

## What is a Health Savings Account (HSA)?

An HSA is a personal savings account that can be used to pay for medical, dental, vision and other qualified expenses now or later in life. To contribute to an HSA, you must be enrolled in a qualified high-deductible health plan. Your contributions are tax-deductible, but are limited annually. If your employer offers payroll deduction, you'll see immediate tax savings on your contributions. You can use the money tax-free to pay for eligible expenses such as:

- ✓ Copays & Deductibles
- ✓ Hearing Aids
- ✓ Prescriptions
- ✓ Laser Eye Surgery
- ✓ Dental Care
- ✓ Orthodontia
- ✓ Contacts & Eyeglasses
- ✓ Chiropractic Care
- ✓ Medicare Premiums
- ✓ COBRA Premiums

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

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

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

Shop HSA Store at [hsastore.com/nbs](https://hsastore.com/nbs)



# REDUCE your taxable Gross Income. SPEND tax-free dollars for medical care. INVEST and grow your HSA tax free!

## HSAs offer a triple tax advantage

- 1. CONTRIBUTE TAX-FREE.** If your employer offers payroll deduction through a Cafeteria Plan, you may make contributions to your HSA on a pre-tax basis or you can contribute to your HSA post-tax and recognize the same tax savings by claiming the deduction when filing your annual taxes.
- 2. SPEND TAX-FREE.** Eligible medical purchases can be made tax-free when you use your HSA. Make this easy by using your NBS Smart Card or online bill pay. You can also pay out-of-pocket for eligible medical expenses and then reimburse yourself from your HSA.
- 3. EARN TAX-FREE.** Unlike most savings accounts, interest earned on an HSA is not considered taxable income when the funds are used for eligible medical expenses. You can also invest HSA dollars and interest earned is tax-free.

## When do you pay taxes on your HSA?

The only time you may pay taxes or penalties on your HSA funds is if you make a non-eligible purchase, or if you contribute more than the yearly maximum contribution limit. However, both circumstances can be corrected free of tax penalties by April 15th of the following calendar year.

## Account access is easy

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

## Spending is easy

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

## Saving is easy

Since it is a savings account, you are encouraged to save more than you spend. Unlike FSA funds which are "use-it-or-lose-it," your HSA balance rolls over from year-to-year and earns interest along the way. The account is portable, which means that if you ever leave your employer, you can take the HSA with you. It's **your money** and **your account**.

## Advantages of an HSA

- 1** No more "use it or lose it"
- 2** Triple tax savings
- 3** Job to job and through retirement you KEEP your money
- 4** An excellent way to save for healthcare expenses.

**MetLife**



# DENTAL DHMO SERVICES

- Participants will need to choose a primary dentist by contacting MetLife at 1-800-880-1800
- Your specific dentist will be listed on your dental card.
- You will need to let MetLife know if you want to change your dentist at any time. (The change will not be effective until the 1<sup>st</sup> of the following month from the date that the change is made)
- Payment of Services are based on the Schedule of Benefits
- No waiting periods
- No calendar year maximums
- No deductibles
- No claims forms

## **2022 DENTAL DHMO RATES**

Employee Only	\$10.40/month
Employee/Spouse	\$19.74/month
Employee/Children	\$20.78/month
Employee/Family	\$32.20/month

## MetLife Dental Insurance Plan Summary

### Network: PDP Plus

Coverage Type	In-Network % of Negotiated Fee*	Out-of-Network % of Negotiated Fee*
<b>Type A: Preventive</b> (cleanings, exams, X-rays)	100%	100%
<b>Type B: Basic Restorative</b> (fillings, extractions)	80%	80%
<b>Type C: Major Restorative</b> (bridges, dentures)	50%	50%
<b>Type D: Orthodontia</b>	50%	50%

Deductible <sup>†</sup>		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit		
Per Person	\$1,250	\$1,250
Orthodontia Lifetime Maximum		
Per Person	\$1,000	\$1,000

**Child(ren)'s eligibility** for dental coverage is from birth up to age 26.

Negotiated Fee refers to the fees that participating dentists have agreed to accept as payment in full, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

<sup>†</sup> Applies only to Type B & C Services.

**Monthly Cost** The following monthly costs are effective through December 31, 2022. Your premium will be paid through convenient payroll deduction. Monthly cost covers all eligible children.

<b>Employee Only</b>	\$21.98	<b>Employee + Spouse</b>	\$44.46
<b>Employee + Child(ren)</b>	\$57.20	<b>Employee + Family</b>	\$78.00

## List of Primary Covered Services & Limitations

Type A - Preventive	How Many/How Often
Prophylaxis (cleanings)	<ul style="list-style-type: none"> <li>Two per calendar year</li> </ul>
Oral Examinations	<ul style="list-style-type: none"> <li>Two exams per calendar year</li> </ul>
Topical Fluoride Applications	<ul style="list-style-type: none"> <li>One fluoride treatment per calendar year for dependent children up to 14<sup>th</sup> birthday</li> </ul>
X-rays	<ul style="list-style-type: none"> <li>Full mouth X-rays: once every 5 calendar years</li> <li>Bitewing X-rays: one set per calendar year</li> </ul>
Sealants	<ul style="list-style-type: none"> <li>One application of sealant material, once per tooth, for each non-restored, non-decayed 1st and 2<sup>nd</sup> molar of a dependent child up to 14th birthday</li> </ul>
Type B - Basic Restorative	How Many/How Often
Fillings	<ul style="list-style-type: none"> <li>Replacement once every 24 months</li> </ul>
Simple Extractions	
Space Maintainers	<ul style="list-style-type: none"> <li>Space Maintainers for dependent children up to 14th birthday once per lifetime per tooth area</li> </ul>
Type C - Major Restorative	How Many/How Often
Oral Surgery	
Crown, Denture, and Bridge Repair/Re-cementations	<ul style="list-style-type: none"> <li>Repair once every 12 months</li> <li>Re-cementation once every 12 months</li> </ul>
Implants	<ul style="list-style-type: none"> <li>Replacement once every 5 calendar years</li> <li>Repair once every 12 months</li> </ul>
Bridges and Dentures	<ul style="list-style-type: none"> <li>Initial placement to replace one or more natural teeth, which are lost while covered by the Plan</li> <li>Dentures and bridgework replacement: one every 5 calendar years</li> <li>Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed</li> </ul>
Crowns/Inlays/Onlays	<ul style="list-style-type: none"> <li>Replacement once every 5 calendar years.</li> </ul>
Endodontics	<ul style="list-style-type: none"> <li>Root canal treatment limited to once per tooth per 24 months</li> </ul>
General Anesthesia	<ul style="list-style-type: none"> <li>When dentally necessary in connection with oral surgery, extractions or other covered dental services</li> </ul>
Periodontics	<ul style="list-style-type: none"> <li>Periodontal scaling and root planing once per quadrant, every 36 months</li> <li>Periodontal surgery once per quadrant, every 36 months</li> <li>Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a calendar year</li> </ul>
Type D - Orthodontia	How Many/How Often
	<ul style="list-style-type: none"> <li>Your Children, up to age 19, are covered while Dental Insurance is in effect. All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia</li> <li>Payments are on a repetitive basis</li> <li>20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the Plan Summary.</li> <li>Orthodontic benefits end at cancellation of coverage</li> </ul>

The service categories and plan limitations shown above represent an overview of your plan benefits. This document presents the majority of services within each category, but is not a complete description of the plan.



## Frequently Asked Questions

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### ***Who is a participating dentist?***

A participating dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for covered services provided to plan members. Negotiated fees typically range from 15%-45% below the average fees charged in a dentist's community for the same or substantially similar services.\*

\*Based on internal analysis by MetLife. Negotiated Fees refer to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

### ***How do I find a participating dentist?***

There are thousands of general dentists and specialists to choose from nationwide --so you are sure to find one that meets your needs. You can receive a list of these participating dentists online at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or call 1-800-942-0854 to have a list faxed or mailed to you.

### ***What services are covered under this plan?***

All services defined under the group dental benefits plan are covered. Please review the enclosed plan benefits to learn more.

### ***May I choose a non-participating dentist?***

Yes. You are always free to select the dentist of your choice. However, if you choose a non-participating dentist, your out-of-pocket costs may be higher. He/she hasn't agreed to accept negotiated fees. So you may be responsible for any difference in cost between the dentist's fee and your plan's benefit payment.

### ***Can my dentist apply for participation in the network?***

Yes. If your current dentist does not participate in the network and you would like to encourage him/her to apply, ask your dentist to visit [www.metdental.com](http://www.metdental.com), or call 1-866-PDP-NTWK for an application.\* The website and phone number are for use by dental professionals only.

\*Due to contractual requirements, MetLife is prevented from soliciting certain providers.

### ***How are claims processed?***

Dentists may submit your claims for you which means you have little or no paperwork. You can track your claims online and even receive email alerts when a claim has been processed. If you need a claim form, visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or request one by calling 1-800-942-0854.

### ***Can I find out what my out-of-pocket expenses will be before receiving a service?***

Yes. You can ask for a pretreatment estimate. Your general dentist or specialist usually sends MetLife a plan for your care and requests an estimate of benefits. The estimate helps you prepare for the cost of dental services. We recommend that you request a pre-treatment estimate for services in excess of \$300. Simply have your dentist submit a request online at [www.metdental.com](http://www.metdental.com) or call 1-877-MET-DDS9. You and your dentist will receive a benefit estimate for most procedures while you are still in the office. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

### ***Can MetLife help me find a dentist outside of the U.S. if I am traveling?***

Yes. Through international dental travel assistance services\* you can obtain a referral to a local dentist by calling +1-312-356-5970 (collect) when outside the U.S. to receive immediate care until you can see your dentist. Coverage will be considered under your out-of-network benefits.\*\* Please remember to hold on to all receipts to submit a dental claim.

\*Travel Assistance services are administered by AXA Assistance USA, Inc. Certain benefits provided under the Travel Assistance program are underwritten by Virginia Surety Company, Inc. AXA Assistance and Virginia Surety are not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife.

\*\*Refer to your dental benefits plan summary for your out-of-network dental coverage.

### ***How does MetLife coordinate benefits with other insurance plans?***

Coordination of benefits provisions in dental benefits plans are a set of rules that are followed when a patient is covered by more than one dental benefits plan. These rules determine the order in which the plans will pay benefits. If the MetLife dental benefit plan is primary, MetLife will pay the full amount of benefits that would normally be available under the plan, subject to applicable law. If the MetLife dental benefit plan is secondary, most coordination of benefits provisions require MetLife to determine benefits after benefits have been determined under the primary plan. The amount of benefits payable by MetLife may be reduced due to the benefits paid under the primary plan, subject to applicable law.

### ***Do I need an ID card?***

No. You do not need to present an ID card to confirm that you are eligible. You should notify your dentist that you are enrolled in the MetLife Preferred Dentist Program. Your dentist can easily verify information about your coverage through a toll-free automated Computer Voice Response system.

## Exclusions

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### **This plan does not cover the following services, treatments and supplies:**

- Services which are not Dentally Necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature;
- Services for which you would not be required to pay in the absence of Dental Insurance;
- Services or supplies received by you or your Dependent before the Dental Insurance starts for that person;
- Services which are primarily cosmetic, unless required for the treatment or correction of a congenital defect of a newborn child;
- Services which are neither performed nor prescribed by a Dentist except for those services of a licensed dental hygienist which are supervised and billed by a Dentist and which are for:
  - Scaling and polishing of teeth; or
  - Fluoride treatments;
- Services or appliances which restore or alter occlusion or vertical dimension;
- Restoration of tooth structure damaged by attrition, abrasion or erosion;
- Restorations or appliances used for the purpose of periodontal splinting;
- Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco;
- Personal supplies or devices including, but not limited to: water picks, toothbrushes, or dental floss;
- Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work;
- Missed appointments;
- Services:
  - Covered under any workers' compensation or occupational disease law;
  - Covered under any employer liability law;
  - For which the employer of the person receiving such services is not required to pay; or
  - Received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital;
- Services covered under other coverage provided by the Employer;
- Temporary or provisional restorations;
- Temporary or provisional appliances;
- Prescription drugs;
- Services for which the submitted documentation indicates a poor prognosis;
- The following when charged by the Dentist on a separate basis:
  - Claim form completion;
  - Infection control such as gloves, masks, and sterilization of supplies; or
  - Local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food;
- Caries susceptibility tests;
- Initial installation of a fixed and permanent Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance;
- Other fixed Denture prosthetic services not described elsewhere in the certificate;
- Precision attachments, except when the precision attachment is related to implant prosthetics;
- Initial installation of a full or removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance;
- Addition of teeth to a partial removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance;
- Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it;
- Implants supported prosthetics to replace one or more natural teeth which were missing before such person was insured for Dental Insurance;
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards;
- Diagnosis and treatment of temporomandibular joint (TMJ) disorders;
- Repair or replacement of an orthodontic device;
- Duplicate prosthetic devices or appliances;
- Replacement of a lost or stolen appliance, Cast Restoration, or Denture; and
- Intra and extraoral photographic images



**Alternate Benefits:** Where two or more professionally acceptable dental treatments for a dental condition exist, reimbursement is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pre-treatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan's reimbursement for those services, and your out-of-pocket expense. Procedure charge schedules are subject to change each plan year. You can obtain an updated procedure charge schedule for your area via fax by calling 1-800-942-0854 and using the MetLife Dental Automated Information Service. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

**Cancellation/Termination of Benefits:** Coverage is provided under a group insurance policy (Policy form GPNP99) issued by MetLife. Coverage terminates when your membership ceases, when your dental contributions cease or upon termination of the group policy by the Policyholder or MetLife. The group policy terminates for non-payment of premium and may terminate if participation requirements are not met or if the Policyholder fails to perform any obligations under the policy. The following services that are in progress while coverage is in effect will be paid after the coverage ends, if the applicable installment or the treatment is finished within 31 days after individual termination of coverage: Completion of a prosthetic device, crown or root canal therapy.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.

L0316458544[exp12/20][All States][DC,GU,MP,PR,VI]  
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# Edgewood Independent School District your vision plan

Client code: 7730



### Frequency

Exam: January 1  
 Lenses & lens upgrades: January 1  
 Frame: January 1  
 Contacts, evaluation & fitting: January 1

Sign up during open enrollment

 For more details about the plan, visit [davisvision.com/member](http://davisvision.com/member) and enter your Client Code or call 1 (877) 923-2847 and enter your Client Code when prompted.



### Exams & Services

Eye Exam copay:  
**\$10**

Contacts evaluation, fitting & follow-up:

Collection	Specialty lens
<b>Covered in full</b>	<b>\$60 allowance plus 15% savings<sup>2</sup></b>



### Frame

Allowance:

Other locations	Visionworks <sup>1</sup>
<b>\$130</b>	<b>\$180</b>

+Additional 20% off any overage.<sup>2</sup>

or

The Exclusive Collection copay:

Fashion	Designer	Premier
<b>Covered in full</b>	<b>Covered in full</b>	<b>\$25</b>



### Lenses

Lens copay:  
**\$0**



### Contacts<sup>3</sup> in lieu of glasses

Allowance:

**\$130**

+Additional 15% off any overage.<sup>2</sup>

or

The Exclusive Collection of Contact Lenses:<sup>4</sup>

**Covered in full**

### Using your client code

Log in using your client code (listed above) at [davisvision.com/member](http://davisvision.com/member) to find a list of in-network providers near you and access your benefit information.

### The Exclusive Collection

The Exclusive Collection of frames is available at nearly 9,000 locations across the U.S. Log in to browse frames, and find a Collection near you.

### Free breakage warranty

Your glasses are covered with our FREE one-year breakage warranty. Some limitations apply.

### Find a network provider...

Enter your client code in the "Member Sign In" section of our website at [davisvision.com/member](http://davisvision.com/member) to locate a provider near you including Visionworks.

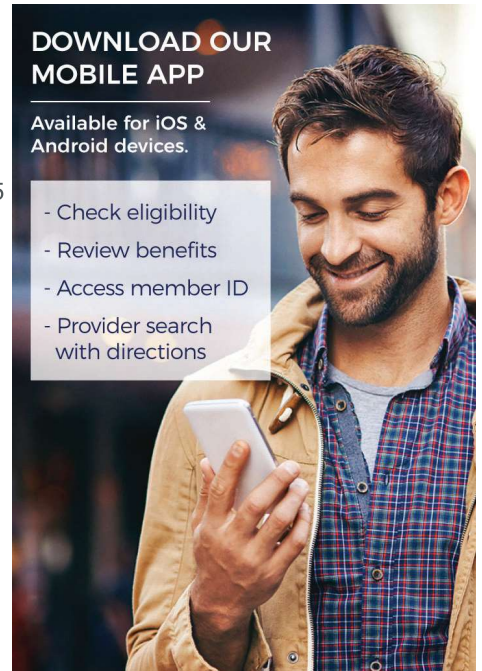
**Lens options**

Clear plastic single-vision, bifocal, trifocal or

lenticular lenses (any RX).....	\$0
Polycarbonate Lenses (Children / Adults).....	\$0 or \$30
High-Index Lenses 1.67.....	\$55
High-Index Lenses 1.74.....	\$120
Polarized Lenses.....	\$75
Progressive Lenses (Standard / Premium / Ultra / Ultimate).....	\$50 / \$90 / \$140 / \$175
Anti-Reflective (AR) Coating (Standard / Premium / Ultra / Ultimate).....	\$35 / \$48 / \$60 / \$85
Ultraviolet Coating.....	\$12
Tinting of Plastic Lenses (Solid / Gradient).....	\$0
Plastic Photochromic Lenses (Transitions® Signature™).....	\$65
Scratch-Resistant Coating.....	\$0
Premium Scratch-Resistant Coating.....	\$30
Scratch-Protection Plan (Single-Vision   Multifocal).....	\$20   \$40
Trivex Lenses.....	\$50
Blue Light Filtering.....	\$15

**Additional savings**

Retinal imaging (Member charge).....	\$39
Additional pairs of eyeglasses.....	30% discount <sup>2</sup>



Employee rates	Monthly
Employee	\$7.07
Employee + Spouse	\$14.10
Employee + Child(ren)	\$13.41
Employee + Family	\$21.07

**Out-of-network benefits**

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network.

Out-of-network reimbursement schedule (up to)	
Eye Examination: \$40	Trifocal Lenses: \$80
Frame: \$50	Lenticular Lenses: \$100
Single-Vision Lenses: \$40	Elective Contact Lenses: \$105
Bifocal / Progressive Lenses: \$60	Visually Required Contacts: \$225

1. Excludes Maui Jim® eyewear. 2. Some limitations apply to additional discounts; discounts not applicable at all in-network providers. 3. Contact lens coverage varies by product selection. Visually Required contacts are covered in full with prior approval. 4. The Davis Vision Exclusive Collection of Contact Lenses is available at participating providers. Evaluation, fitting and follow-up care for Collection contacts are covered in full. Davis Vision has done its best to accurately reflect plan coverage herein. If differences exist between this document and the plan contract, the contract will prevail.



# Edgewood Independent School District

## Life/AD&D

### Employer Paid Plan Highlights

<b>LIFE/AD&amp;D INSURANCE</b>	<b><i>Unum Policy # 692367</i></b>
Eligibility	Active full-time employees in the United States working a minimum of 20 hours per week.
Benefit Amount	\$15,000
Waiver of Premium	If you become disabled (as defined by your plan) and are no longer able to work, your premium payments will be waived during this period of disability.
Accelerated Death Benefit	75% to \$500,000
Survivor Support	Included
Portability	If you retire, reduce your hours or leave your Employer, you can take this coverage with you according to the terms of the contract.
Life Planning Financial And Legal Resources	Included
Life Benefit Reduction Premium	50% at age 70 Employer Paid

This plan highlight is a summary provided to help you understand your insurance coverage from Unum. Details may differ from state to state. Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.

# Edgewood Independent School District Voluntary Life and AD&D Insurance Plan Highlights Policy Number 692368

Who is eligible for this coverage?	All actively employed employees working at least 20 hours each week for your employer in the U.S. and their eligible spouses and children to age 26.
What are the coverage amounts?	<p>Employee: up to 7 times salary in increments of \$10,000; not to exceed \$500,000.</p> <p>Spouse: up to 100% of employee amount in increments of \$5,000; not to exceed \$500,000.</p> <p>Child: up to 100% of employee coverage amount in increments of \$1,000; not to exceed \$10,000. The maximum death benefit for a child between the ages of live birth and six months is \$1,000.</p>
What are the AD&D coverage amounts?	<p>Employee: up to 7 times salary in increments of \$10,000; not to exceed \$500,000.</p> <p>Spouse: up to 100% of employee amount in increments of \$5,000; not to exceed \$500,000.</p> <p>Child: up to 100% of employee coverage amount in increments of \$1,000; not to exceed \$10,000. The maximum death benefit for a child between the ages of live birth and six months is \$1,000.</p> <p>Note: You may purchase AD&amp;D coverage for yourself regardless of whether you purchase term life coverage. In order to purchase life and AD&amp;D coverage for your dependents, you must buy coverage for yourself.</p>
Can I be denied coverage?	<p><b>Current employees:</b> If you and your eligible dependents are enrolled in the plan and wish to increase your life insurance coverage, you may apply on or before the enrollment deadline for any amount of additional coverage up to \$250,000 for yourself and any amount of additional coverage up to \$50,000 for your spouse. Any life insurance coverage over the guaranteed amount(s) will be subject to answers to health questions.</p> <p>If you and your eligible dependents are not currently enrolled in the plan, you may apply for coverage on or before the enrollment deadline and will be required to answer health questions for any amount of coverage.</p> <p><b>New employees:</b> To apply for coverage, complete your enrollment within 31 days of your eligibility period. If you apply for coverage after 31 days, or if you choose coverage over the amount you are guaranteed, you will need to complete a medical questionnaire which you can get from your plan administrator. You may also be required to take certain medical tests at Unum's expense.</p>
How do I apply?	Please see your plan administrator.
When is coverage effective?	<p>Please see your plan administrator for your effective date.</p> <p>Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.</p> <p>For your dependent spouse and children, insurance coverage will be delayed if that dependent is totally disabled on the date that insurance would otherwise be effective. Totally disabled means that as a result of an injury, sickness or disorder, your dependent spouse and children: are confined in a hospital or similar institution; are</p>

	confined at home under the care of a physician for a sickness or injury; or your spouse has a life-threatening condition. Exception: Infants are insured from live birth.
Do my life insurance benefits decrease with age?	<p>Coverage amounts will reduce according to the following schedule:</p> <p>Age:                      Insurance amount reduces to: 70                              50% of original amount</p> <p>Coverage may not be increased after a reduction.</p>
Is the coverage portable (can I keep it if I leave my employer)?	If you retire, reduce your hours or leave your employer, you can continue coverage for yourself your spouse and your dependent children at the group rate. Portability is not available for people who have a medical condition that could shorten their life expectancy — but they may be able to convert their term life policy to an individual life insurance policy.
Are there any life insurance exclusions or limitations?	Life insurance benefits will not be paid for deaths caused by suicide within the first 24 months after the date your coverage becomes effective. If you increase or add coverage, these enhancements will not be paid for deaths caused by suicide within the first 24 months after you make these changes.
Will my premiums be waived if I'm disabled?	If you become disabled (as defined by your plan) and are no longer able to work, your life premium payments will be waived until your disability period ends.
What does my AD&D insurance pay for?	<p>The full benefit amount is paid for loss of:</p> <ul style="list-style-type: none"> <li>• life;</li> <li>• both hands or both feet or sight of both eyes;</li> <li>• one hand and one foot;</li> <li>• one hand or one foot and the sight of one eye;</li> <li>• speech and hearing.</li> </ul> <p>Other losses may be covered as well. Please contact your plan administrator.</p>
Are there any AD&D exclusions or limitations?	<p>Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:</p> <ul style="list-style-type: none"> <li>• disease of the body; diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM);</li> <li>• suicide, self-destruction while sane, intentionally self-inflicted injury while sane or self-inflicted injury while insane;</li> <li>• war, declared or undeclared, or any act of war;</li> <li>• active participation in a riot;</li> <li>• committing or attempting to commit a crime under state or federal law;</li> <li>• the voluntary use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction of your or your dependent's doctor. This exclusion does not apply to you or your dependent if the chemical substance is ethanol;</li> <li>• intoxication – "being intoxicated" means you or your dependent's blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.</li> </ul>
When does my coverage end?	<p>You and your dependents' coverage under the Summary of Benefits ends on the earliest of:</p> <ul style="list-style-type: none"> <li>• the date the policy or plan is cancelled;</li> <li>• the date you no longer are in an eligible group;</li> </ul>



- the date your eligible group is no longer covered;
- the last day of the period for which you made any required contributions;
- the last day you are in active employment unless continued due to a covered layoff or leave of absence or due to an injury or sickness, as described in the certificate of coverage.

In addition, coverage for any one dependent will end on the earliest of:

- the date your coverage under a plan ends;
- the date your dependent ceases to be an eligible dependent;
- for a spouse, the date of a divorce or annulment ;
- for dependent coverage, the date of your death.

Unum will provide coverage for a payable claim that occurs while you and your dependents are covered under the policy or plan.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.

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Underwritten by Unum Life Insurance Company of America, Portland, Maine

**EN-1773 (7-16) FOR EMPLOYEES**

# UNUM CORPORATION LIFESTYLE LIFE/AD&D RATES

## Edgewood Independent School District

### Monthly Melded Payroll Deductions

**EMPLOYEE\***

	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$70,000	\$100,000	\$130,000	\$150,000
<b>Age Band</b>									
0-24	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$4.20	\$6.00	\$7.80	\$9.00
25-29	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$4.20	\$6.00	\$7.80	\$9.00
30-34	\$0.70	\$1.40	\$2.10	\$2.80	\$3.50	\$4.90	\$7.00	\$9.10	\$10.50
35-39	\$0.90	\$1.80	\$2.70	\$3.60	\$4.50	\$6.30	\$9.00	\$11.70	\$13.50
40-44	\$1.30	\$2.60	\$3.90	\$5.20	\$6.50	\$9.10	\$13.00	\$16.90	\$19.50
45-49	\$2.04	\$4.08	\$6.12	\$8.16	\$10.20	\$14.28	\$20.40	\$26.52	\$30.60
50-54	\$3.14	\$6.28	\$9.42	\$12.56	\$15.70	\$21.98	\$31.40	\$40.82	\$47.10
55-59	\$5.60	\$11.20	\$16.80	\$22.40	\$28.00	\$39.20	\$56.00	\$72.80	\$84.00
60-64	\$8.70	\$17.40	\$26.10	\$34.80	\$43.50	\$60.90	\$87.00	\$113.10	\$130.50
65-69	\$15.70	\$31.40	\$47.10	\$62.80	\$78.50	\$109.90	\$157.00	\$204.10	\$235.50
70-74	\$28.30	\$56.60	\$84.90	\$113.20	\$141.50	\$198.10	\$283.00	\$367.90	\$424.50
75+	\$46.50	\$93.00	\$139.50	\$186.00	\$232.50	\$325.50	\$465.00	\$604.50	\$697.50

**ACCIDENTAL DEATH & DISMEMBERMENT RATES:**

0-79+	\$0.30	\$0.60	\$0.90	\$1.20	\$1.50	\$2.10	\$3.00	\$3.90	\$4.50
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\$250,000 IS THE MAXIMUM THAT MAY BE ISSUED WITHOUT ANSWERING HEALTH QUESTIONS

**SPOUSE\*\***

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$50,000	\$55,000	\$60,000
<b>Age Band</b>									
0-24	\$0.30	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$3.00	\$3.30	\$3.60
25-29	\$0.30	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$3.00	\$3.30	\$3.60
30-34	\$0.35	\$0.70	\$1.05	\$1.40	\$1.75	\$2.10	\$3.50	\$3.85	\$4.20
35-39	\$0.45	\$0.90	\$1.35	\$1.80	\$2.25	\$2.70	\$4.50	\$4.95	\$5.40
40-44	\$0.65	\$1.30	\$1.95	\$2.60	\$3.25	\$3.90	\$6.50	\$7.15	\$7.80
45-49	\$1.02	\$2.04	\$3.06	\$4.08	\$5.10	\$6.12	\$10.20	\$11.22	\$12.24
50-54	\$1.57	\$3.14	\$4.71	\$6.28	\$7.85	\$9.42	\$15.70	\$17.27	\$18.84
55-59	\$2.80	\$5.60	\$8.40	\$11.20	\$14.00	\$16.80	\$28.00	\$30.80	\$33.60
60-64	\$4.35	\$8.70	\$13.05	\$17.40	\$21.75	\$26.10	\$43.50	\$47.85	\$52.20
65-69	\$7.85	\$15.70	\$23.55	\$31.40	\$39.25	\$47.10	\$78.50	\$86.35	\$94.20
70-74	\$14.15	\$28.30	\$42.45	\$56.60	\$70.75	\$84.90	\$141.50	\$155.65	\$169.80
75+	\$23.25	\$46.50	\$69.75	\$93.00	\$116.25	\$139.50	\$232.50	\$255.75	\$279.00

**ACCIDENTAL DEATH & DISMEMBERMENT RATES:**

0-79+	\$0.17	\$0.33	\$0.50	\$0.66	\$0.83	\$0.99	\$1.65	\$1.82	\$1.98
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SPOUSE AMOUNT CANNOT EXCEED 100% OF EMPLOYEES AMOUNT TO A MAX OF \$500,000  
and \$50,000 is the most that can be issued without answering health questions

**CHILD(REN)**

	\$2,000	\$4,000	\$6,000	\$8,000	\$10,000
<b>LIFE</b>	\$0.40	\$0.80	\$1.20	\$1.60	\$2.00
<b>AD&amp;D</b>	\$0.07	\$0.13	\$0.20	\$0.26	\$0.33

NOTE: FINAL RATES MAY VARY DUE TO ROUNDING.

THESE GRIDS ARE PRICES OF FREQUENTLY SELECTED AMOUNTS. YOU MAY CHOOSE ANY INCREMENT OF \$10,000 UP TO \$500,000 FOR EMPLOYEES (EE) AND \$5,000 UP TO \$500,000 FOR YOUR SPOUSE (SP). TO PURCHASE AN AMOUNT OTHER THAN LEVELS INDICATED ABOVE, SIMPLY COMPLETE THE FOLLOWING:

EMPLOYEE CALCULATION      \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_  
# OF 10,000(EE) UNITS      YOUR AGE COST PER 10,000 UNIT      EMPLOYEE MONTHLY COST

SPOUSE CALCULATION      \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_  
# OF 5,000(SP) UNITS      YOUR AGE COST PER 5,000 UNIT      SPOUSE MONTHLY COST

\* Age = Plan Year minus Birth Year.

\*\*Spouse age is determined using Employee's date of birth.



# Cancer Insurance

from Allstate Benefits



Benefits are paid to you

Protection for the treatment of cancer and 29 specified diseases

## 1 CHOOSE

You choose benefits to help protect yourself and family members, if diagnosed with cancer or specified disease

## 2 USE

You or a covered family member are diagnosed with cancer or a specified disease and seek medical treatment

## 3 CLAIM

You go online and file a claim. The cash benefits are paid to you, to use however you wish

Receiving a cancer diagnosis can be one of life's most frightening events. Unfortunately, statistics show you probably know someone who has been in this situation.

With Cancer insurance from Allstate Benefits, you can rest a little easier. Our coverage pays you a cash benefit to help with the costs associated with treatments, to pay for daily living expenses – and more importantly – to empower you to seek the care you need.

### Factors that influence cancer survival<sup>1</sup>



Early Detection



Improved Treatments



Access To Care

The **number of cancer survivors** in the United States **is increasing**, and is expected to jump to nearly 19 million by 2024<sup>2</sup>

### Here's How It Works

You choose the coverage that's right for you and your family. Our Cancer insurance pays cash benefits for cancer and 29 specified diseases to help with the cost of treatments and expenses as they happen. Benefits are paid directly to you unless otherwise assigned. With the cash benefits you can receive from this coverage, you may not need to use the funds from your Health Savings Account (HSA) for cancer or specified disease treatments and expenses.

With Allstate Benefits, you can protect your finances if faced with an unexpected cancer or specified disease diagnosis.

**Are you in Good Hands? You can be.**

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

### Key Features

- Benefits are paid directly to you unless otherwise assigned
- Coverage available for you or your entire family
- Waiver of premium after 90 days of disability due to cancer for as long as your disability lasts (Primary insured only)
- Coverage may be continued
- Additional benefits may be added to your coverage, if your employer has chosen to make them available to you

[See reverse for plan details](#)



**Allstate**  
BENEFITS

<sup>1</sup>[www.cancer.org/research/infographicgallery/survivorship-life-after-cancer?\\_ga=1.252987849.1528396581.1424877086](http://www.cancer.org/research/infographicgallery/survivorship-life-after-cancer?_ga=1.252987849.1528396581.1424877086)

<sup>2</sup>Cancer Treatment & Survivorship Facts & Figures, 2014-2015



## YOU DECIDE how to use the cash benefits

Our cash benefits provide you with greater coverage options by allowing you to determine how to use them.



### Finances

Can help protect your HSAs, savings, retirement plans and 401ks from being depleted



### Travel

You can use your cash benefits to help pay for expenses while receiving treatment in another city



### Home

You can use your cash benefits to help pay the mortgage, continue rental payments, or perform needed home repairs for your after care



### Expenses

The lump-sum cash benefit can be used to help pay your family's living expenses such as bills, electricity and gas

## Benefits

### Hospital Confinement and Related Benefits

Continuous Hospital Confinement	Extended Care Facility
Government or Charity Hospital	At Home Nursing
Private Duty Nursing Services	Hospice Care

### Radiation/Chemotherapy and Related Benefits

Radiation/Chemotherapy for Cancer	Blood, Plasma, and Platelets
Medical Imaging	Hematological Drugs

### Surgery and Related Benefits

Surgery	Second Opinion	Anesthesia
Ambulatory Surgical Center	Bone Marrow or Stem Cell Transplant	

### Miscellaneous Benefits

Inpatient Drugs and Medicine	Family Member Lodging and Transportation	
Ambulance	Prosthesis	Non-Local Transportation
Outpatient Lodging	Hair Prosthesis	Physician's Attendance
Physical or Speech Therapy	New or Experimental Treatment	
Nonsurgical External Breast Prosthesis	Anti-Nausea Benefit	
Waiver of Premium (primary insured only)		

### Additional Wellness Benefit

Biopsy for skin cancer	Chest X-ray	Bone Marrow Testing
Echocardiogram	EKG	Colonoscopy
Flexible sigmoidoscopy	Hemoccult stool analysis	
HPV (Human Papillomavirus) Vaccination	Lipid panel (total cholesterol count)	
Mammography, including Breast Ultrasound	Pap Smear, including ThinPrep Pap Test	
Stress test on bike or treadmill	Thermography	
Serum Protein Electrophoresis (test for myeloma)		
Doppler screening for carotids or peripheral vascular disease		
Ultrasound screening for abdominal aortic aneurysms		
Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer) and PSA (prostate cancer)		

### Additional Benefits

Cancer Initial Diagnosis Benefit	Intensive Care Benefit
----------------------------------	------------------------

## Access Your Benefits and Claim Filings

Accessing your benefit information using **MyBenefits** has never been easier.

**MyBenefits** is an easy-to-use website that offers you 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

For use in enrollments situated in: TX

This material is valid as long as information remains current, but in no event later than September 15, 2018. Group Cancer and Specified Disease benefits are provided by policy form GVCP3, or variations thereof.

Coverage is provided by Limited Benefit Supplemental Cancer and Specified Disease Insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits. This information highlights some features of the policy but is not the insurance contract. For complete details, contact your Allstate Benefits Agent. This is a brief overview of the benefits available under the Group Voluntary Policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the insurance, including exclusions, restrictions and other provisions are included in the certificates issued.

The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ©2015 Allstate Insurance Company. [www.allstate.com](http://www.allstate.com) or [allstatebenefits.com](http://allstatebenefits.com)

# Cancer Insurance (GVCP3)

## Group Voluntary Cancer from Allstate Benefits

See attached Important Information About Coverage.

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

### BENEFIT AMOUNTS

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

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

#### PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Monthly	\$15.60	\$24.90	\$21.46	\$30.72

#### PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Monthly	\$24.36	\$38.06	\$34.10	\$47.78

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



For use in enrollments situated in: TX. This rate insert is part of forms ABJ31043-Flyer and ABI30590 and is not to be used on its own.

This material is valid as long as information remains current, but in no event later than October, 15, 2019. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. © 2016 Allstate Insurance Company. www.allstate.com or allstatebenefits.com.

## Group Critical Illness Benefits

MetLife is pleased to offer you an opportunity to provide your employees with financial protection through our Group Critical Illness Insurance as part of our robust portfolio of voluntary products. Critical Illness Insurance provides features that could be valuable to your employees, including:

- ✓ Portability through Continued Insurance with Premium Payment which gives employees the ability to keep their existing coverage when their employment status with the employer changes;<sup>1</sup>
- ✓ No coordination with other insurance benefits;
- ✓ Employees are paid a lump-sum benefit that they can use as they feel necessary.

MetLife Critical Illness Insurance can complement existing medical coverage and help fill financial gaps caused by out-of-pocket expenses such as mortgage payments, college tuition, hiring household help, or treatment not covered by your medical plan. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to covered employees to spend as they choose.

### General Enrollment Strategy Requirements

MetLife requires the employer to enable MetLife to raise awareness of the program among employees by communicating relevant information in an appropriate manner. Employer obligations include:

1. Premiums collected via payroll deduction;
2. Agreed upon enrollment method specified in this proposal including on-site enrollment support;
  - Distribution of all required enrollment materials identified by MetLife.
  - Communication through a minimum of 3 employee touch points (e.g. education through materials, emails, intranet/newsletters, onsite meetings).
3. No competing Critical Illness plan programs.

*Failure to meet the requirements outlined above and/or changes to the agreed upon enrollment strategy will likely result in changes to this offering, including an increase in product rates, a change to the rate guarantee period or the program not being offered.*

*MetLife's proposal assumes an employer's agreement to provide the required enrollment strategy.*

*It is possible that combining ERISA benefit plans and voluntary insurance benefits on the same enrollment ballot may cause some voluntary insurance benefits to be deemed ERISA plans. There are steps that you can take in placing voluntary benefits on your ERISA ballot that can mitigate the risks. Specifically, segregating the ERISA and non-ERISA offerings on the ballot. We urge you to consult with your own advisor(s) on this matter.*

<sup>1</sup> Eligibility for portability through the Continued Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

<b>Plan Design<sup>4</sup></b>		
<b><u>Benefit for Covered Conditions</u></b>	<b><u>Initial Benefit</u></b>	<b><u>Recurrence Benefit</u></b>
Alzheimer's Disease	100% of Benefit Amount	NONE
Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount
Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions:	<p><b><u>Receive 25% of the initial benefit amount for 22 conditions:</u></b></p> <p>Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.</p>	
Benefit Suspension Period	<p>After a covered condition occurs there is a 365 days day Benefit Suspension Period during which most plans do not pay Recurrence benefits. The Benefit Suspension Period does not apply to first occurrences of distinct covered conditions.</p>	
Cancer Recurrence	<p>We will not pay Recurrence benefits for Full Benefit Cancer or Partial Benefit Cancer benefits unless the insured has not been treated nor had symptoms for at least 180 days.</p>	

<b>Other Benefits</b>	
<b>Health Screening Benefit</b>	<p>If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the certificate MetLife will pay a health screening benefit upon submission of proof that such measure was taken. When MetLife receives such proof, MetLife will review it, and if MetLife approves the claim, MetLife will pay a health screening benefit of \$50.</p> <p>The Covered Tests are: physical exam, biopsies for cancer, blood test to determine total cholesterol, blood test to determine triglycerides, bone marrow testing, breast MRI, breast ultrasound, breast sonogram, cancer antigen 15-3 blood test for breast cancer (CA 15-3), cancer antigen 125 blood test for ovarian cancer (CA 125), carcinoembryonic antigen blood test for colon cancer (CEA), carotid Doppler, chest x-rays, clinical testicular exam, colonoscopy, digital rectal exam (DRE), Doppler screening for</p>

<sup>4</sup> Ask your MetLife representative for information on other plan designs and benefits that may be available based on MetLife's guidelines, group size, underwriting and state requirements



	<p>cancer, Doppler screening for peripheral vascular disease, Echocardiogram, electrocardiogram (EKG), endoscopy, fasting blood glucose test, fasting plasma glucose test, flexible sigmoidoscopy, hemoccult stool specimen, hemoglobin A1C, human papillomavirus (HPV) vaccination, lipid panel, mammogram, oral cancer screening, pap smears or thin prep pap test, prostate-specific antigen (PSA) test, serum cholesterol test to determine LDL and HDL levels, serum protein electrophoresis, skin cancer biopsy, skin cancer screening, skin exam, stress test on bicycle or treadmill, successful completion of smoking cessation program, tests for sexually transmitted infections (STIs), thermography, two hour post-load plasma glucose test, ultrasounds for cancer detection, ultrasound screening of the abdominal aorta for abdominal aortic aneurysms, and virtual colonoscopy.</p> <ul style="list-style-type: none"> <li>• MT residents will have a separate mammogram benefit.</li> <li>• We will only pay one health screening benefit per covered person per calendar year.</li> <li>• Health Screening Benefits are not available in all states.</li> </ul>
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<b>Rate Information</b>	
<b>Rate Structure</b>	Attained Age
<b>Rate Guarantee Period</b>	3 Years, subsequent years' rates subject to change
<b>Monthly Premium Calculation</b>	<p>Employee, spouse and child(ren) premiums will be based on the employee's age, benefit amount, and tobacco-use status (if applicable).</p> <p>Monthly premium rates will be calculated as premium rates per \$1,000 from the rate table(s) below, multiplied by benefit amount divided by 1,000.</p>
<b>Policy and Rate Changes</b>	<p>Policy premiums are due on the first day of each month.</p> <p>MetLife reserves the right to change its rates for any of the following reasons:</p> <ul style="list-style-type: none"> <li>• The composition of the group, employees, dependents or the Critical Illness insurance volume has changed 10% or more from the date when quoted.</li> <li>• Any of the plan designs are changed.</li> <li>• A change in applicable law requires a change in the insurance provided by the policy or the classes of persons eligible for insurance under the plan.</li> </ul>
<b>Supplemental Fees</b>	None

## Premium Structure

### Monthly Premium for \$1,000 of Coverage (Non-Tobacco)

Attained Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse / Children
<25	\$0.30	\$0.52	\$0.56	\$0.78
25–29	\$0.30	\$0.56	\$0.58	\$0.82
30–34	\$0.40	\$0.70	\$0.66	\$0.96
35–39	\$0.54	\$0.92	\$0.80	\$1.18
40–44	\$0.76	\$1.30	\$1.02	\$1.56
45–49	\$1.10	\$1.84	\$1.36	\$2.10
50–54	\$1.52	\$2.58	\$1.80	\$2.84
55–59	\$2.08	\$3.54	\$2.34	\$3.80
60–64	\$2.94	\$5.04	\$3.20	\$5.30
65–69	\$4.36	\$7.48	\$4.62	\$7.74
70+	\$6.72	\$11.26	\$6.98	\$11.52

### Monthly Premium for \$1,000 of Coverage (Tobacco)

Attained Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse / Children
<25	\$0.36	\$0.62	\$0.62	\$0.90
25–29	\$0.40	\$0.68	\$0.66	\$0.94
30–34	\$0.54	\$0.92	\$0.82	\$1.20
35–39	\$0.78	\$1.30	\$1.04	\$1.58
40–44	\$1.18	\$1.96	\$1.44	\$2.22
45–49	\$1.78	\$2.94	\$2.04	\$3.20
50–54	\$2.54	\$4.22	\$2.80	\$4.50
55–59	\$3.50	\$5.94	\$3.78	\$6.22
60–64	\$5.04	\$8.64	\$5.30	\$8.90
65–69	\$7.60	\$13.00	\$7.88	\$13.28
70+	\$11.80	\$19.76	\$12.08	\$20.02

*\*Multiply the per \$1,000 rates shown above by the benefit amount divided by \$1,000 (e.g., 15 for \$15,000 of coverage) and round to two decimals to calculate rates for the quoted benefit amounts. Note that the per \$1,000 rates are only applicable to the benefit amounts shown in this C&B. Final implemented rates may vary slightly due to rounding.*

MetLife offers two sets of rates to customers who are offering our voluntary products. “On Ballot” rates reflect a preferred enrollment strategy and is the least expensive option. On Ballot rates are available for enrollment circumstances where this product is offered at the same time and on the same platform as Major Medical. “Off Ballot” rates reflect a non-preferred enrollment strategy and are more expensive. If the customer selects an On Ballot preferred enrollment strategy, lower rates are available, as shown in the table above.

# GROUP VOLUNTARY LONG-TERM DISABILITY INSURANCE BENEFIT HIGHLIGHTS



Just over 1 in 4 of today's 20 year-olds will become disabled before they retire (age 67).<sup>1</sup>

## EDGEWOOD INDEPENDENT SCHOOL DISTRICT

A disability can happen to anyone. Long-term disability insurance helps protect your paycheck if you're unable to work for a long period of time after a serious condition, injury or sickness.



To learn more about Long-Term Disability insurance, visit [thehartford.com/employeebenefits](http://thehartford.com/employeebenefits)

## COVERAGE INFORMATION

COVERAGE LEVEL PLAN A	BENEFIT AMOUNT	MAXIMUM	MINIMUM (BASED ON MONTHLY INCOME LOSS BEFORE THE DEDUCTION OF OTHER INCOME BENEFITS)	BENEFIT STARTS (ELIMINATION PERIOD)	BENEFIT DURATION
Option 1	Increments of \$100 between \$200 and \$8,000	The lesser of 66.67% of your monthly earnings or \$8,000	The greater of \$100 or 10% of the benefit	After 0 days disabled (Accident)	Disabled at age 61 or younger, benefits continue to end of the month age 65 Age at disability:      Maximum duration: Age 62                      42 months Age 63                      36 months Age 64                      30 months Age 65                      24 months Age 66                      21 months Age 67                      18 months Age 68                      15 months Age 69+                    12 months
Option 2				After 3 days disabled (Sickness)	
Option 3				After 14 days disabled	
Option 4				After 30 days disabled	
Option 5				After 60 days disabled	
Option 6				After 90 days disabled	
				After 180 days disabled	

COVERAGE LEVEL PLAN B	BENEFIT AMOUNT	MAXIMUM	MINIMUM (BASED ON MONTHLY INCOME LOSS BEFORE THE DEDUCTION OF OTHER INCOME BENEFITS)	BENEFIT STARTS (ELIMINATION PERIOD)	BENEFIT DURATION (ACCIDENT)	BENEFIT DURATION (SICKNESS)
Option 7	Increments of \$100 between \$200 and \$8,000	The lesser of 66.67% of your monthly earnings or \$8,000	The greater of \$100 or 10% of the benefit	After 0 days disabled (Accident) After 3 days disabled (Sickness)	Disabled at age 61 or younger, benefits continue to end of the month age 65	Age at Disability:  Less than age 65 Maximum duration: 5years
Option 8				After 14 days disabled		
Option 9				After 30 days disabled		
Option 10				After 60 days disabled		
Option 11				After 90 days disabled		
Option 12				After 180 days disabled		
					Age at Disability/Maximum Duration	
					Age 62	42 months
					Age 63	36 months
					Age 64	30 months
					Age 65	24 months
					Age 66	21 months
					Age 67	18 months
					Age 68	15 months
					Age 69+	12 months
						Age 65 through 68 Maximum duration: To age 70
						Age 69 and over Maximum duration: 1year

## PREMIUMS

See the Premium Worksheet.<sup>2</sup>

## ASKED & ANSWERED

### WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 20 hours per week on a regularly scheduled basis

### AM I GUARANTEED COVERAGE?

If you elect coverage during your scheduled enrollment period or if this is the first time you are eligible to elect coverage, evidence of insurability is not required. Outside your scheduled enrollment period and during a family status change period, evidence of insurability is required to elect coverage for the first time or make a change to enhance your current coverage.

This coverage is subject to a pre-existing condition exclusion, which is detailed on the Limitations & Exclusions sheet.<sup>3</sup>

### WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period, within 31 days of the date you have a change in family status, or within 31 days of the completion of any eligibility waiting period established by your employer.

### WHEN DOES THIS INSURANCE BEGIN?

Subject to any eligibility waiting period established by your employer, if you enroll for coverage prior to this date, insurance will become effective on this date. If you enroll for coverage after this date, insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect.

### WHEN DOES THIS INSURANCE END?

This insurance will end when you no longer satisfy the applicable eligibility conditions, premium is unpaid, you leave your employer, or the coverage is no longer offered.

## WHAT DOES IT MEAN TO BE DISABLED?

Typically, disability means that you cannot perform one or more of the essential duties of your occupation due to injury, sickness, pregnancy or other medical condition covered by the insurance, and as a result, your current monthly earnings are less than 80% of your pre-disability earnings. Once you have been disabled for 2 years following the elimination period, you must be prevented from performing one or more of the essential duties of any occupation and as a result, your current monthly earnings are less than or equal to 66.67% of your pre-disability earnings.

Pre-disability earnings is your regular monthly rate of pay, not counting commissions, bonuses, overtime pay or any other fringe benefit or extra compensation.

<sup>1</sup>U.S. Social Security Administration Fact Sheet. Web. 30 June 2017 <https://www.ssa.gov/news/press/factsheets/basicfact-alt.pdf>

<sup>2</sup>Rates and/or benefits may be changed. Rates are based on the age of the insured person and increase on the policy anniversary date on or following your birthday as you enter each new age category.

<sup>3</sup>The Long Term Disability policy contains a Pre-Existing Condition Exclusion. Please refer to the certificate for more information on exclusions and limitations, such as Pre-Existing Conditions.

## Prepare. Protect. Prevail. With The Hartford.®

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This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. **Benefits are subject to state availability. Policy terms and conditions vary by state.** Complete details including the provisions, terms, conditions, limitations and exclusions are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding Hartford's compensation practices, please review our website <http://thehartford.com/group-benefits-producer-compensation>. Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.



**LTD Coverage for Educators and Administrators**  
**Edgewood Independent School District**  
**Option A: Maximum benefit to age 65 for both accident and sickness**

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period Cost Per Month					
			0-3	14-14	30-30	60-60	90-90	180-180
\$ 3,600.00	\$ 300.00	\$ 200.00	\$ 8.44	\$ 6.38	\$ 4.98	\$ 3.46	\$ 2.56	\$ 2.12
\$ 5,400.00	\$ 450.00	\$ 300.00	\$ 12.66	\$ 9.57	\$ 7.47	\$ 5.19	\$ 3.84	\$ 3.18
\$ 7,200.00	\$ 600.00	\$ 400.00	\$ 16.88	\$ 12.76	\$ 9.96	\$ 6.92	\$ 5.12	\$ 4.24
\$ 9,000.00	\$ 750.00	\$ 500.00	\$ 21.10	\$ 15.95	\$ 12.45	\$ 8.65	\$ 6.40	\$ 5.30
\$ 10,800.00	\$ 900.00	\$ 600.00	\$ 25.32	\$ 19.14	\$ 14.94	\$ 10.38	\$ 7.68	\$ 6.36
\$ 12,600.00	\$ 1,050.00	\$ 700.00	\$ 29.54	\$ 22.33	\$ 17.43	\$ 12.11	\$ 8.96	\$ 7.42
\$ 14,400.00	\$ 1,200.00	\$ 800.00	\$ 33.76	\$ 25.52	\$ 19.92	\$ 13.84	\$ 10.24	\$ 8.48
\$ 16,200.00	\$ 1,350.00	\$ 900.00	\$ 37.98	\$ 28.71	\$ 22.41	\$ 15.57	\$ 11.52	\$ 9.54
\$ 18,000.00	\$ 1,500.00	\$ 1,000.00	\$ 42.20	\$ 31.90	\$ 24.90	\$ 17.30	\$ 12.80	\$ 10.60
\$ 19,800.00	\$ 1,650.00	\$ 1,100.00	\$ 46.42	\$ 35.09	\$ 27.39	\$ 19.03	\$ 14.08	\$ 11.66
\$ 21,600.00	\$ 1,800.00	\$ 1,200.00	\$ 50.64	\$ 38.28	\$ 29.88	\$ 20.76	\$ 15.36	\$ 12.72
\$ 23,400.00	\$ 1,950.00	\$ 1,300.00	\$ 54.86	\$ 41.47	\$ 32.37	\$ 22.49	\$ 16.64	\$ 13.78
\$ 25,200.00	\$ 2,100.00	\$ 1,400.00	\$ 59.08	\$ 44.66	\$ 34.86	\$ 24.22	\$ 17.92	\$ 14.84
\$ 27,000.00	\$ 2,250.00	\$ 1,500.00	\$ 63.30	\$ 47.85	\$ 37.35	\$ 25.95	\$ 19.20	\$ 15.90
\$ 28,800.00	\$ 2,400.00	\$ 1,600.00	\$ 67.52	\$ 51.04	\$ 39.84	\$ 27.68	\$ 20.48	\$ 16.96
\$ 30,600.00	\$ 2,550.00	\$ 1,700.00	\$ 71.74	\$ 54.23	\$ 42.33	\$ 29.41	\$ 21.76	\$ 18.02
\$ 32,400.00	\$ 2,700.00	\$ 1,800.00	\$ 75.96	\$ 57.42	\$ 44.82	\$ 31.14	\$ 23.04	\$ 19.08
\$ 34,200.00	\$ 2,850.00	\$ 1,900.00	\$ 80.18	\$ 60.61	\$ 47.31	\$ 32.87	\$ 24.32	\$ 20.14
\$ 36,000.00	\$ 3,000.00	\$ 2,000.00	\$ 84.40	\$ 63.80	\$ 49.80	\$ 34.60	\$ 25.60	\$ 21.20
\$ 37,800.00	\$ 3,150.00	\$ 2,100.00	\$ 88.62	\$ 66.99	\$ 52.29	\$ 36.33	\$ 26.88	\$ 22.26
\$ 39,600.00	\$ 3,300.00	\$ 2,200.00	\$ 92.84	\$ 70.18	\$ 54.78	\$ 38.06	\$ 28.16	\$ 23.32
\$ 41,400.00	\$ 3,450.00	\$ 2,300.00	\$ 97.06	\$ 73.37	\$ 57.27	\$ 39.79	\$ 29.44	\$ 24.38
\$ 43,200.00	\$ 3,600.00	\$ 2,400.00	\$ 101.28	\$ 76.56	\$ 59.76	\$ 41.52	\$ 30.72	\$ 25.44
\$ 45,000.00	\$ 3,750.00	\$ 2,500.00	\$ 105.50	\$ 79.75	\$ 62.25	\$ 43.25	\$ 32.00	\$ 26.50
\$ 46,800.00	\$ 3,900.00	\$ 2,600.00	\$ 109.72	\$ 82.94	\$ 64.74	\$ 44.98	\$ 33.28	\$ 27.56
\$ 48,600.00	\$ 4,050.00	\$ 2,700.00	\$ 113.94	\$ 86.13	\$ 67.23	\$ 46.71	\$ 34.56	\$ 28.62
\$ 50,400.00	\$ 4,200.00	\$ 2,800.00	\$ 118.16	\$ 89.32	\$ 69.72	\$ 48.44	\$ 35.84	\$ 29.68
\$ 52,200.00	\$ 4,350.00	\$ 2,900.00	\$ 122.38	\$ 92.51	\$ 72.21	\$ 50.17	\$ 37.12	\$ 30.74
\$ 54,000.00	\$ 4,500.00	\$ 3,000.00	\$ 126.60	\$ 95.70	\$ 74.70	\$ 51.90	\$ 38.40	\$ 31.80
\$ 55,800.00	\$ 4,650.00	\$ 3,100.00	\$ 130.82	\$ 98.89	\$ 77.19	\$ 53.63	\$ 39.68	\$ 32.86
\$ 57,600.00	\$ 4,800.00	\$ 3,200.00	\$ 135.04	\$ 102.08	\$ 79.68	\$ 55.36	\$ 40.96	\$ 33.92
\$ 59,400.00	\$ 4,950.00	\$ 3,300.00	\$ 139.26	\$ 105.27	\$ 82.17	\$ 57.09	\$ 42.24	\$ 34.98
\$ 61,200.00	\$ 5,100.00	\$ 3,400.00	\$ 143.48	\$ 108.46	\$ 84.66	\$ 58.82	\$ 43.52	\$ 36.04
\$ 63,000.00	\$ 5,250.00	\$ 3,500.00	\$ 147.70	\$ 111.65	\$ 87.15	\$ 60.55	\$ 44.80	\$ 37.10
\$ 64,800.00	\$ 5,400.00	\$ 3,600.00	\$ 151.92	\$ 114.84	\$ 89.64	\$ 62.28	\$ 46.08	\$ 38.16
\$ 66,600.00	\$ 5,550.00	\$ 3,700.00	\$ 156.14	\$ 118.03	\$ 92.13	\$ 64.01	\$ 47.36	\$ 39.22
\$ 68,400.00	\$ 5,700.00	\$ 3,800.00	\$ 160.36	\$ 121.22	\$ 94.62	\$ 65.74	\$ 48.64	\$ 40.28
\$ 70,200.00	\$ 5,850.00	\$ 3,900.00	\$ 164.58	\$ 124.41	\$ 97.11	\$ 67.47	\$ 49.92	\$ 41.34
\$ 72,000.00	\$ 6,000.00	\$ 4,000.00	\$ 168.80	\$ 127.60	\$ 99.60	\$ 69.20	\$ 51.20	\$ 42.40
\$ 73,800.00	\$ 6,150.00	\$ 4,100.00	\$ 173.02	\$ 130.79	\$ 102.09	\$ 70.93	\$ 52.48	\$ 43.46

**LTD Coverage for Educators and Administrators**  
**Edgewood Independent School District**  
**Option A: Maximum benefit to age 65 for both accident and sickness**

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period Cost Per Month					
			0-3	14-14	30-30	60-60	90-90	180-180
\$ 75,600.00	\$ 6,300.00	\$ 4,200.00	\$ 177.24	\$ 133.98	\$ 104.58	\$ 72.66	\$ 53.76	\$ 44.52
\$ 77,400.00	\$ 6,450.00	\$ 4,300.00	\$ 181.46	\$ 137.17	\$ 107.07	\$ 74.39	\$ 55.04	\$ 45.58
\$ 79,200.00	\$ 6,600.00	\$ 4,400.00	\$ 185.68	\$ 140.36	\$ 109.56	\$ 76.12	\$ 56.32	\$ 46.64
\$ 81,000.00	\$ 6,750.00	\$ 4,500.00	\$ 189.90	\$ 143.55	\$ 112.05	\$ 77.85	\$ 57.60	\$ 47.70
\$ 82,800.00	\$ 6,900.00	\$ 4,600.00	\$ 194.12	\$ 146.74	\$ 114.54	\$ 79.58	\$ 58.88	\$ 48.76
\$ 84,600.00	\$ 7,050.00	\$ 4,700.00	\$ 198.34	\$ 149.93	\$ 117.03	\$ 81.31	\$ 60.16	\$ 49.82
\$ 86,400.00	\$ 7,200.00	\$ 4,800.00	\$ 202.56	\$ 153.12	\$ 119.52	\$ 83.04	\$ 61.44	\$ 50.88
\$ 88,200.00	\$ 7,350.00	\$ 4,900.00	\$ 206.78	\$ 156.31	\$ 122.01	\$ 84.77	\$ 62.72	\$ 51.94
\$ 90,000.00	\$ 7,500.00	\$ 5,000.00	\$ 211.00	\$ 159.50	\$ 124.50	\$ 86.50	\$ 64.00	\$ 53.00
\$ 91,800.00	\$ 7,650.00	\$ 5,100.00	\$ 215.22	\$ 162.69	\$ 126.99	\$ 88.23	\$ 65.28	\$ 54.06
\$ 93,600.00	\$ 7,800.00	\$ 5,200.00	\$ 219.44	\$ 165.88	\$ 129.48	\$ 89.96	\$ 66.56	\$ 55.12
\$ 95,400.00	\$ 7,950.00	\$ 5,300.00	\$ 223.66	\$ 169.07	\$ 131.97	\$ 91.69	\$ 67.84	\$ 56.18
\$ 97,200.00	\$ 8,100.00	\$ 5,400.00	\$ 227.88	\$ 172.26	\$ 134.46	\$ 93.42	\$ 69.12	\$ 57.24
\$ 99,000.00	\$ 8,250.00	\$ 5,500.00	\$ 232.10	\$ 175.45	\$ 136.95	\$ 95.15	\$ 70.40	\$ 58.30
\$ 100,800.00	\$ 8,400.00	\$ 5,600.00	\$ 236.32	\$ 178.64	\$ 139.44	\$ 96.88	\$ 71.68	\$ 59.36
\$ 102,600.00	\$ 8,550.00	\$ 5,700.00	\$ 240.54	\$ 181.83	\$ 141.93	\$ 98.61	\$ 72.96	\$ 60.42
\$ 104,400.00	\$ 8,700.00	\$ 5,800.00	\$ 244.76	\$ 185.02	\$ 144.42	\$ 100.34	\$ 74.24	\$ 61.48
\$ 106,200.00	\$ 8,850.00	\$ 5,900.00	\$ 248.98	\$ 188.21	\$ 146.91	\$ 102.07	\$ 75.52	\$ 62.54
\$ 108,000.00	\$ 9,000.00	\$ 6,000.00	\$ 253.20	\$ 191.40	\$ 149.40	\$ 103.80	\$ 76.80	\$ 63.60
\$ 109,800.00	\$ 9,150.00	\$ 6,100.00	\$ 257.42	\$ 194.59	\$ 151.89	\$ 105.53	\$ 78.08	\$ 64.66
\$ 111,600.00	\$ 9,300.00	\$ 6,200.00	\$ 261.64	\$ 197.78	\$ 154.38	\$ 107.26	\$ 79.36	\$ 65.72
\$ 113,400.00	\$ 9,450.00	\$ 6,300.00	\$ 265.86	\$ 200.97	\$ 156.87	\$ 108.99	\$ 80.64	\$ 66.78
\$ 115,200.00	\$ 9,600.00	\$ 6,400.00	\$ 270.08	\$ 204.16	\$ 159.36	\$ 110.72	\$ 81.92	\$ 67.84
\$ 117,000.00	\$ 9,750.00	\$ 6,500.00	\$ 274.30	\$ 207.35	\$ 161.85	\$ 112.45	\$ 83.20	\$ 68.90
\$ 118,800.00	\$ 9,900.00	\$ 6,600.00	\$ 278.52	\$ 210.54	\$ 164.34	\$ 114.18	\$ 84.48	\$ 69.96
\$ 120,600.00	\$ 10,050.00	\$ 6,700.00	\$ 282.74	\$ 213.73	\$ 166.83	\$ 115.91	\$ 85.76	\$ 71.02
\$ 122,400.00	\$ 10,200.00	\$ 6,800.00	\$ 286.96	\$ 216.92	\$ 169.32	\$ 117.64	\$ 87.04	\$ 72.08
\$ 124,200.00	\$ 10,350.00	\$ 6,900.00	\$ 291.18	\$ 220.11	\$ 171.81	\$ 119.37	\$ 88.32	\$ 73.14
\$ 126,000.00	\$ 10,500.00	\$ 7,000.00	\$ 295.40	\$ 223.30	\$ 174.30	\$ 121.10	\$ 89.60	\$ 74.20
\$ 127,800.00	\$ 10,650.00	\$ 7,100.00	\$ 299.62	\$ 226.49	\$ 176.79	\$ 122.83	\$ 90.88	\$ 75.26
\$ 129,600.00	\$ 10,800.00	\$ 7,200.00	\$ 303.84	\$ 229.68	\$ 179.28	\$ 124.56	\$ 92.16	\$ 76.32
\$ 131,400.00	\$ 10,950.00	\$ 7,300.00	\$ 308.06	\$ 232.87	\$ 181.77	\$ 126.29	\$ 93.44	\$ 77.38
\$ 133,200.00	\$ 11,100.00	\$ 7,400.00	\$ 312.28	\$ 236.06	\$ 184.26	\$ 128.02	\$ 94.72	\$ 78.44
\$ 135,000.00	\$ 11,250.00	\$ 7,500.00	\$ 316.50	\$ 239.25	\$ 186.75	\$ 129.75	\$ 96.00	\$ 79.50
\$ 136,800.00	\$ 11,400.00	\$ 7,600.00	\$ 320.72	\$ 242.44	\$ 189.24	\$ 131.48	\$ 97.28	\$ 80.56
\$ 138,600.00	\$ 11,550.00	\$ 7,700.00	\$ 324.94	\$ 245.63	\$ 191.73	\$ 133.21	\$ 98.56	\$ 81.62
\$ 140,400.00	\$ 11,700.00	\$ 7,800.00	\$ 329.16	\$ 248.82	\$ 194.22	\$ 134.94	\$ 99.84	\$ 82.68
\$ 142,200.00	\$ 11,850.00	\$ 7,900.00	\$ 333.38	\$ 252.01	\$ 196.71	\$ 136.67	\$ 101.12	\$ 83.74
\$ 144,000.00	\$ 12,000.00	\$ 8,000.00	\$ 337.60	\$ 255.20	\$ 199.20	\$ 138.40	\$ 102.40	\$ 84.80

**LTD Coverage for Educators and Administrators  
Edgewood Independent School District  
Option B: Maximum benefit to age 65 for injury and 5 years for illness**

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period					
			Cost Per Month					
			1-4	14-14	30-30	60-60	90-90	180-180
\$ 3,600.00	\$ 300.00	\$ 200.00	\$ 7.10	\$ 5.36	\$ 4.32	\$ 2.92	\$ 2.16	\$ 1.80
\$ 5,400.00	\$ 450.00	\$ 300.00	\$ 10.65	\$ 8.04	\$ 6.48	\$ 4.38	\$ 3.24	\$ 2.70
\$ 7,200.00	\$ 600.00	\$ 400.00	\$ 14.20	\$ 10.72	\$ 8.64	\$ 5.84	\$ 4.32	\$ 3.60
\$ 9,000.00	\$ 750.00	\$ 500.00	\$ 17.75	\$ 13.40	\$ 10.80	\$ 7.30	\$ 5.40	\$ 4.50
\$ 10,800.00	\$ 900.00	\$ 600.00	\$ 21.30	\$ 16.08	\$ 12.96	\$ 8.76	\$ 6.48	\$ 5.40
\$ 12,600.00	\$ 1,050.00	\$ 700.00	\$ 24.85	\$ 18.76	\$ 15.12	\$ 10.22	\$ 7.56	\$ 6.30
\$ 14,400.00	\$ 1,200.00	\$ 800.00	\$ 28.40	\$ 21.44	\$ 17.28	\$ 11.68	\$ 8.64	\$ 7.20
\$ 16,200.00	\$ 1,350.00	\$ 900.00	\$ 31.95	\$ 24.12	\$ 19.44	\$ 13.14	\$ 9.72	\$ 8.10
\$ 18,000.00	\$ 1,500.00	\$ 1,000.00	\$ 35.50	\$ 26.80	\$ 21.60	\$ 14.60	\$ 10.80	\$ 9.00
\$ 19,800.00	\$ 1,650.00	\$ 1,100.00	\$ 39.05	\$ 29.48	\$ 23.76	\$ 16.06	\$ 11.88	\$ 9.90
\$ 21,600.00	\$ 1,800.00	\$ 1,200.00	\$ 42.60	\$ 32.16	\$ 25.92	\$ 17.52	\$ 12.96	\$ 10.80
\$ 23,400.00	\$ 1,950.00	\$ 1,300.00	\$ 46.15	\$ 34.84	\$ 28.08	\$ 18.98	\$ 14.04	\$ 11.70
\$ 25,200.00	\$ 2,100.00	\$ 1,400.00	\$ 49.70	\$ 37.52	\$ 30.24	\$ 20.44	\$ 15.12	\$ 12.60
\$ 27,000.00	\$ 2,250.00	\$ 1,500.00	\$ 53.25	\$ 40.20	\$ 32.40	\$ 21.90	\$ 16.20	\$ 13.50
\$ 28,800.00	\$ 2,400.00	\$ 1,600.00	\$ 56.80	\$ 42.88	\$ 34.56	\$ 23.36	\$ 17.28	\$ 14.40
\$ 30,600.00	\$ 2,550.00	\$ 1,700.00	\$ 60.35	\$ 45.56	\$ 36.72	\$ 24.82	\$ 18.36	\$ 15.30
\$ 32,400.00	\$ 2,700.00	\$ 1,800.00	\$ 63.90	\$ 48.24	\$ 38.88	\$ 26.28	\$ 19.44	\$ 16.20
\$ 34,200.00	\$ 2,850.00	\$ 1,900.00	\$ 67.45	\$ 50.92	\$ 41.04	\$ 27.74	\$ 20.52	\$ 17.10
\$ 36,000.00	\$ 3,000.00	\$ 2,000.00	\$ 71.00	\$ 53.60	\$ 43.20	\$ 29.20	\$ 21.60	\$ 18.00
\$ 37,800.00	\$ 3,150.00	\$ 2,100.00	\$ 74.55	\$ 56.28	\$ 45.36	\$ 30.66	\$ 22.68	\$ 18.90
\$ 39,600.00	\$ 3,300.00	\$ 2,200.00	\$ 78.10	\$ 58.96	\$ 47.52	\$ 32.12	\$ 23.76	\$ 19.80
\$ 41,400.00	\$ 3,450.00	\$ 2,300.00	\$ 81.65	\$ 61.64	\$ 49.68	\$ 33.58	\$ 24.84	\$ 20.70
\$ 43,200.00	\$ 3,600.00	\$ 2,400.00	\$ 85.20	\$ 64.32	\$ 51.84	\$ 35.04	\$ 25.92	\$ 21.60
\$ 45,000.00	\$ 3,750.00	\$ 2,500.00	\$ 88.75	\$ 67.00	\$ 54.00	\$ 36.50	\$ 27.00	\$ 22.50
\$ 46,800.00	\$ 3,900.00	\$ 2,600.00	\$ 92.30	\$ 69.68	\$ 56.16	\$ 37.96	\$ 28.08	\$ 23.40
\$ 48,600.00	\$ 4,050.00	\$ 2,700.00	\$ 95.85	\$ 72.36	\$ 58.32	\$ 39.42	\$ 29.16	\$ 24.30
\$ 50,400.00	\$ 4,200.00	\$ 2,800.00	\$ 99.40	\$ 75.04	\$ 60.48	\$ 40.88	\$ 30.24	\$ 25.20
\$ 52,200.00	\$ 4,350.00	\$ 2,900.00	\$ 102.95	\$ 77.72	\$ 62.64	\$ 42.34	\$ 31.32	\$ 26.10
\$ 54,000.00	\$ 4,500.00	\$ 3,000.00	\$ 106.50	\$ 80.40	\$ 64.80	\$ 43.80	\$ 32.40	\$ 27.00
\$ 55,800.00	\$ 4,650.00	\$ 3,100.00	\$ 110.05	\$ 83.08	\$ 66.96	\$ 45.26	\$ 33.48	\$ 27.90
\$ 57,600.00	\$ 4,800.00	\$ 3,200.00	\$ 113.60	\$ 85.76	\$ 69.12	\$ 46.72	\$ 34.56	\$ 28.80
\$ 59,400.00	\$ 4,950.00	\$ 3,300.00	\$ 117.15	\$ 88.44	\$ 71.28	\$ 48.18	\$ 35.64	\$ 29.70
\$ 61,200.00	\$ 5,100.00	\$ 3,400.00	\$ 120.70	\$ 91.12	\$ 73.44	\$ 49.64	\$ 36.72	\$ 30.60
\$ 63,000.00	\$ 5,250.00	\$ 3,500.00	\$ 124.25	\$ 93.80	\$ 75.60	\$ 51.10	\$ 37.80	\$ 31.50
\$ 64,800.00	\$ 5,400.00	\$ 3,600.00	\$ 127.80	\$ 96.48	\$ 77.76	\$ 52.56	\$ 38.88	\$ 32.40
\$ 66,600.00	\$ 5,550.00	\$ 3,700.00	\$ 131.35	\$ 99.16	\$ 79.92	\$ 54.02	\$ 39.96	\$ 33.30
\$ 68,400.00	\$ 5,700.00	\$ 3,800.00	\$ 134.90	\$ 101.84	\$ 82.08	\$ 55.48	\$ 41.04	\$ 34.20
\$ 70,200.00	\$ 5,850.00	\$ 3,900.00	\$ 138.45	\$ 104.52	\$ 84.24	\$ 56.94	\$ 42.12	\$ 35.10
\$ 72,000.00	\$ 6,000.00	\$ 4,000.00	\$ 142.00	\$ 107.20	\$ 86.40	\$ 58.40	\$ 43.20	\$ 36.00
\$ 73,800.00	\$ 6,150.00	\$ 4,100.00	\$ 145.55	\$ 109.88	\$ 88.56	\$ 59.86	\$ 44.28	\$ 36.90

**LTD Coverage for Educators and Administrators  
Edgewood Independent School District  
Option B: Maximum benefit to age 65 for injury and 5 years for illness**

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period					
			Cost Per Month					
			1-4	14-14	30-30	60-60	90-90	180-180
\$ 75,600.00	\$ 6,300.00	\$ 4,200.00	\$ 149.10	\$ 112.56	\$ 90.72	\$ 61.32	\$ 45.36	\$ 37.80
\$ 77,400.00	\$ 6,450.00	\$ 4,300.00	\$ 152.65	\$ 115.24	\$ 92.88	\$ 62.78	\$ 46.44	\$ 38.70
\$ 79,200.00	\$ 6,600.00	\$ 4,400.00	\$ 156.20	\$ 117.92	\$ 95.04	\$ 64.24	\$ 47.52	\$ 39.60
\$ 81,000.00	\$ 6,750.00	\$ 4,500.00	\$ 159.75	\$ 120.60	\$ 97.20	\$ 65.70	\$ 48.60	\$ 40.50
\$ 82,800.00	\$ 6,900.00	\$ 4,600.00	\$ 163.30	\$ 123.28	\$ 99.36	\$ 67.16	\$ 49.68	\$ 41.40
\$ 84,600.00	\$ 7,050.00	\$ 4,700.00	\$ 166.85	\$ 125.96	\$ 101.52	\$ 68.62	\$ 50.76	\$ 42.30
\$ 86,400.00	\$ 7,200.00	\$ 4,800.00	\$ 170.40	\$ 128.64	\$ 103.68	\$ 70.08	\$ 51.84	\$ 43.20
\$ 88,200.00	\$ 7,350.00	\$ 4,900.00	\$ 173.95	\$ 131.32	\$ 105.84	\$ 71.54	\$ 52.92	\$ 44.10
\$ 90,000.00	\$ 7,500.00	\$ 5,000.00	\$ 177.50	\$ 134.00	\$ 108.00	\$ 73.00	\$ 54.00	\$ 45.00
\$ 91,800.00	\$ 7,650.00	\$ 5,100.00	\$ 181.05	\$ 136.68	\$ 110.16	\$ 74.46	\$ 55.08	\$ 45.90
\$ 93,600.00	\$ 7,800.00	\$ 5,200.00	\$ 184.60	\$ 139.36	\$ 112.32	\$ 75.92	\$ 56.16	\$ 46.80
\$ 95,400.00	\$ 7,950.00	\$ 5,300.00	\$ 188.15	\$ 142.04	\$ 114.48	\$ 77.38	\$ 57.24	\$ 47.70
\$ 97,200.00	\$ 8,100.00	\$ 5,400.00	\$ 191.70	\$ 144.72	\$ 116.64	\$ 78.84	\$ 58.32	\$ 48.60
\$ 99,000.00	\$ 8,250.00	\$ 5,500.00	\$ 195.25	\$ 147.40	\$ 118.80	\$ 80.30	\$ 59.40	\$ 49.50
\$ 100,800.00	\$ 8,400.00	\$ 5,600.00	\$ 198.80	\$ 150.08	\$ 120.96	\$ 81.76	\$ 60.48	\$ 50.40
\$ 102,600.00	\$ 8,550.00	\$ 5,700.00	\$ 202.35	\$ 152.76	\$ 123.12	\$ 83.22	\$ 61.56	\$ 51.30
\$ 104,400.00	\$ 8,700.00	\$ 5,800.00	\$ 205.90	\$ 155.44	\$ 125.28	\$ 84.68	\$ 62.64	\$ 52.20
\$ 106,200.00	\$ 8,850.00	\$ 5,900.00	\$ 209.45	\$ 158.12	\$ 127.44	\$ 86.14	\$ 63.72	\$ 53.10
\$ 108,000.00	\$ 9,000.00	\$ 6,000.00	\$ 213.00	\$ 160.80	\$ 129.60	\$ 87.60	\$ 64.80	\$ 54.00
\$ 109,800.00	\$ 9,150.00	\$ 6,100.00	\$ 216.55	\$ 163.48	\$ 131.76	\$ 89.06	\$ 65.88	\$ 54.90
\$ 111,600.00	\$ 9,300.00	\$ 6,200.00	\$ 220.10	\$ 166.16	\$ 133.92	\$ 90.52	\$ 66.96	\$ 55.80
\$ 113,400.00	\$ 9,450.00	\$ 6,300.00	\$ 223.65	\$ 168.84	\$ 136.08	\$ 91.98	\$ 68.04	\$ 56.70
\$ 115,200.00	\$ 9,600.00	\$ 6,400.00	\$ 227.20	\$ 171.52	\$ 138.24	\$ 93.44	\$ 69.12	\$ 57.60
\$ 117,000.00	\$ 9,750.00	\$ 6,500.00	\$ 230.75	\$ 174.20	\$ 140.40	\$ 94.90	\$ 70.20	\$ 58.50
\$ 118,800.00	\$ 9,900.00	\$ 6,600.00	\$ 234.30	\$ 176.88	\$ 142.56	\$ 96.36	\$ 71.28	\$ 59.40
\$ 120,600.00	\$ 10,050.00	\$ 6,700.00	\$ 237.85	\$ 179.56	\$ 144.72	\$ 97.82	\$ 72.36	\$ 60.30
\$ 122,400.00	\$ 10,200.00	\$ 6,800.00	\$ 241.40	\$ 182.24	\$ 146.88	\$ 99.28	\$ 73.44	\$ 61.20
\$ 124,200.00	\$ 10,350.00	\$ 6,900.00	\$ 244.95	\$ 184.92	\$ 149.04	\$ 100.74	\$ 74.52	\$ 62.10
\$ 126,000.00	\$ 10,500.00	\$ 7,000.00	\$ 248.50	\$ 187.60	\$ 151.20	\$ 102.20	\$ 75.60	\$ 63.00
\$ 127,800.00	\$ 10,650.00	\$ 7,100.00	\$ 252.05	\$ 190.28	\$ 153.36	\$ 103.66	\$ 76.68	\$ 63.90
\$ 129,600.00	\$ 10,800.00	\$ 7,200.00	\$ 255.60	\$ 192.96	\$ 155.52	\$ 105.12	\$ 77.76	\$ 64.80
\$ 131,400.00	\$ 10,950.00	\$ 7,300.00	\$ 259.15	\$ 195.64	\$ 157.68	\$ 106.58	\$ 78.84	\$ 65.70
\$ 133,200.00	\$ 11,100.00	\$ 7,400.00	\$ 262.70	\$ 198.32	\$ 159.84	\$ 108.04	\$ 79.92	\$ 66.60
\$ 135,000.00	\$ 11,250.00	\$ 7,500.00	\$ 266.25	\$ 201.00	\$ 162.00	\$ 109.50	\$ 81.00	\$ 67.50
\$ 136,800.00	\$ 11,400.00	\$ 7,600.00	\$ 269.80	\$ 203.68	\$ 164.16	\$ 110.96	\$ 82.08	\$ 68.40
\$ 138,600.00	\$ 11,550.00	\$ 7,700.00	\$ 273.35	\$ 206.36	\$ 166.32	\$ 112.42	\$ 83.16	\$ 69.30
\$ 140,400.00	\$ 11,700.00	\$ 7,800.00	\$ 276.90	\$ 209.04	\$ 168.48	\$ 113.88	\$ 84.24	\$ 70.20
\$ 142,200.00	\$ 11,850.00	\$ 7,900.00	\$ 280.45	\$ 211.72	\$ 170.64	\$ 115.34	\$ 85.32	\$ 71.10
\$ 144,000.00	\$ 12,000.00	\$ 8,000.00	\$ 284.00	\$ 214.40	\$ 172.80	\$ 116.80	\$ 86.40	\$ 72.00

Underwritten By

**TEXASLIFE** INSURANCE  
COMPANY

Since 1901 | 900 WASHINGTON | POST OFFICE BOX 830 | WACO, TEXAS 76703-0830

**PURELIFE-PLUS**

*Flexible Premium Life Insurance  
to Age 121*

*Portable, Permanent Individual Life Insurance for the Employee and Family*

*Policy Form: PRFNG-NI-10*

**Product Highlights**

Permanent Life Insurance  
to Age 121

Minimal Cash Value  
Premiums Dedicated Primarily  
to Purchase Life Insurance

Level Premium Guarantees  
Coverage for a Significant  
Period of Time

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

No Surrender Charges Apply

Accelerated Death Benefit Due  
to Terminal Illness Included

Convenient Premium Payments  
Through Payroll Deduction

Portable When You Leave  
Employment

*For the eligible employees of  
EDGEWOOD ISD*

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

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



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

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

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

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

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

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

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

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

**Accelerated Death Benefit Due to Terminal Illness** For no added premium, the policy includes an Accelerated Death Benefit Due to Terminal Illness Rider (Form ICCo7-ULABR-07). If the insured becomes terminally ill you may elect to claim an accelerated benefit while the insured is still alive in lieu of the insurance proceeds otherwise payable at death. The single sum benefit is 92% of the insurance proceeds less an administrative fee of \$150. This is not a long-term care benefit. Terminal Illness is an injury or sickness diagnosed and certified by a qualifying physician that, despite appropriate medical care, is reasonably expected to result in death within 12 months. Other conditions and limitations apply. The right to accelerate benefits under this rider does not extend to any Child Term Life Insurance Rider. However, if the Accelerated benefit is paid, the Child Rider is paid-up term insurance as if the insured

had died. Payment of the Accelerated Death Benefit terminates the policy and all other optional benefits/riders without further value.

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

**TEXAS LIFE** is the oldest legal reserve life insurance company domiciled in Texas, established in 1901.

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

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

**Important Notice** The insurance proceeds, cash values, and loan values will all be reduced to zero and will no longer be payable if Texas Life pays the Accelerated Death Benefit.

**Important Tax Notice** The Accelerated Death Benefit under this rider is intended to qualify for favorable income tax treatment under the Internal Revenue Code of 1986. If the Accelerated Death Benefit qualifies for such favorable tax treatment, the benefit will be excludable from your income and not subject to federal income taxation. Tax laws relating to acceleration of life insurance benefits are complex. You should consult a qualified tax or legal advisor to

determine the effect on you. Neither Texas Life nor its agents are authorized to give tax or legal advice.

**Public Assistance Program Notice** Receipt of the Accelerated Death Benefit may affect your, your spouse's or your family's eligibility for medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. You should consult a qualified tax or legal advisor and social services agencies concerning how receipt of such payment will affect your, your spouse's and your family's eligibility for public assistance.

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

**EXPRESS ISSUE AMOUNTS OF COVERAGE AVAILABLE ON SPOUSE**

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

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

Issue Age	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	Includes Added Cost for Accidental Death Benefit (Ages 17-59)									
Issue	\$10,000	\$15,000	\$25,000	\$40,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	
15D-1			9.25							81
2-4			9.50							80
5-8			9.75							79
9-10			10.00							79
11-16			10.25							77
17-20			12.25	18.25	22.25	32.25	42.25	52.25	62.25	75
21-22			12.50	18.65	22.75	33.00	43.25	53.50	63.75	74
23			12.75	19.05	23.25	33.75	44.25	54.75	65.25	75
24-25			13.00	19.45	23.75	34.50	45.25	56.00	66.75	74
26			13.50	20.25	24.75	36.00	47.25	58.50	69.75	75
27-28			13.75	20.65	25.25	36.75	48.25	59.75	71.25	74
29			14.00	21.05	25.75	37.50	49.25	61.00	72.75	74
30-31			14.25	21.45	26.25	38.25	50.25	62.25	74.25	73
32			15.00	22.65	27.75	40.50	53.25	66.00	78.75	74
33			15.50	23.45	28.75	42.00	55.25	68.50	81.75	74
34			16.25	24.65	30.25	44.25	58.25	72.25	86.25	75
35		11.25	17.25	26.25	32.25	47.25	62.25	77.25	92.25	76
36		11.55	17.75	27.05	33.25	48.75	64.25	79.75	95.25	76
37		12.00	18.50	28.25	34.75	51.00	67.25	83.50	99.75	77
38		12.45	19.25	29.45	36.25	53.25	70.25	87.25	104.25	77
39		13.20	20.50	31.45	38.75	57.00	75.25	93.50	111.75	78
40	10.05	13.95	21.75	33.45	41.25	60.75	80.25	99.75	119.25	79
41	10.75	15.00	23.50	36.25	44.75	66.00	87.25	108.50	129.75	80
42	11.55	16.20	25.50	39.45	48.75	72.00	95.25	118.50	141.75	81
43	12.25	17.25	27.25	42.25	52.25	77.25	102.25	127.25	152.25	82
44	12.95	18.30	29.00	45.05	55.75	82.50	109.25	136.00	162.75	83
45	13.65	19.35	30.75	47.85	59.25	87.75	116.25	144.75	173.25	83
46	14.45	20.55	32.75	51.05	63.25	93.75	124.25	154.75	185.25	84
47	15.15	21.60	34.50	53.85	66.75	99.00	131.25	163.50	195.75	84
48	15.85	22.65	36.25	56.65	70.25	104.25	138.25	172.25	206.25	85
49	16.75	24.00	38.50	60.25	74.75	111.00	147.25	183.50	219.75	85
50	17.75	25.50	41.00	64.25	79.75	118.50				86
51	18.95	27.30	44.00	69.05	85.75	127.50				87
52	20.25	29.25	47.25	74.25	92.25	137.25				88
53	21.25	30.75	49.75	78.25	97.25	144.75				88
54	22.25	32.25	52.25	82.25	102.25	152.25				88
55	23.35	33.90	55.00	86.65	107.75	160.50				89
56	24.35	35.40	57.50	90.65	112.75	168.00				89
57	25.55	37.20	60.50	95.45	118.75	177.00				89
58	26.65	38.85	63.25	99.85	124.25	185.25				89
59	27.85	40.65	66.25	104.65	130.25	194.25				89
60	28.55	41.70	68.00	107.45	133.75	199.50				90
61	29.85	43.65	71.25	112.65	140.25	209.25				90
62	31.45	46.05	75.25	119.05	148.25	221.25				90
63	33.05	48.45	79.25	125.45	156.25	233.25				90
64	34.75	51.00	83.50	132.25	164.75	246.00				90
65	36.65	53.85	88.25	139.85	174.25	260.25				90
66	38.75									90
67	41.05									91
68	43.55									91
69	46.05									91
70	48.65									91

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

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

Issue Age	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59)									GUARANTEED PERIOD
	\$10,000	\$15,000	\$25,000	\$40,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	Age to Which Coverage is Guaranteed at Table Premium
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20			17.25	26.25	32.25	47.25	62.25	77.25	92.25	71
21-22			18.00	27.45	33.75	49.50	65.25	81.00	96.75	71
23			18.75	28.65	35.25	51.75	68.25	84.75	101.25	72
24-25			19.25	29.45	36.25	53.25	70.25	87.25	104.25	71
26			19.75	30.25	37.25	54.75	72.25	89.75	107.25	72
27-28			20.25	31.05	38.25	56.25	74.25	92.25	110.25	71
29			20.50	31.45	38.75	57.00	75.25	93.50	111.75	71
30-31			23.00	35.45	43.75	64.50	85.25	106.00	126.75	72
32			23.75	36.65	45.25	66.75	88.25	109.75	131.25	72
33			24.00	37.05	45.75	67.50	89.25	111.00	132.75	72
34			24.25	37.45	46.25	68.25	90.25	112.25	134.25	71
35		16.50	26.00	40.25	49.75	73.50	97.25	121.00	144.75	72
36		16.95	26.75	41.45	51.25	75.75	100.25	124.75	149.25	72
37		18.00	28.50	44.25	54.75	81.00	107.25	133.50	159.75	73
38		18.45	29.25	45.45	56.25	83.25	110.25	137.25	164.25	73
39		19.65	31.25	48.65	60.25	89.25	118.25	147.25	176.25	74
40	14.95	21.30	34.00	53.05	65.75	97.50	129.25	161.00	192.75	76
41	15.85	22.65	36.25	56.65	70.25	104.25	138.25	172.25	206.25	77
42	16.95	24.30	39.00	61.05	75.75	112.50	149.25	186.00	222.75	78
43	18.35	26.40	42.50	66.65	82.75	123.00	163.25	203.50	243.75	80
44	19.05	27.45	44.25	69.45	86.25	128.25	170.25	212.25	254.25	80
45	20.05	28.95	46.75	73.45	91.25	135.75	180.25	224.75	269.25	81
46	20.85	30.15	48.75	76.65	95.25	141.75	188.25	234.75	281.25	81
47	21.85	31.65	51.25	80.65	100.25	149.25	198.25	247.25	296.25	82
48	22.75	33.00	53.50	84.25	104.75	156.00	207.25	258.50	309.75	82
49	24.05	34.95	56.75	89.45	111.25	165.75	220.25	274.75	329.25	83
50	25.15	36.60	59.50	93.85	116.75	174.00				83
51	26.25	38.25	62.25	98.25	122.25	182.25				83
52	27.85	40.65	66.25	104.65	130.25	194.25				84
53	29.25	42.75	69.75	110.25	137.25	204.75				85
54	30.55	44.70	73.00	115.45	143.75	214.50				85
55	31.95	46.80	76.50	121.05	150.75	225.00				85
56	33.55	49.20	80.50	127.45	158.75	237.00				85
57	35.15	51.60	84.50	133.85	166.75	249.00				86
58	36.85	54.15	88.75	140.65	175.25	261.75				86
59	38.55	56.70	93.00	147.45	183.75	274.50				86
60	39.55	58.20	95.50	151.45	188.75	282.00				86
61	41.85	61.65	101.25	160.65	200.25	299.25				86
62	44.05	64.95	106.75	169.45	211.25	315.75				87
63	46.25	68.25	112.25	178.25	222.25	332.25				87
64	48.45	71.55	117.75	187.05	233.25	348.75				87
65	50.85	75.15	123.75	196.65	245.25	366.75				87
66	53.45									88
67	56.25									88
68	59.15									88
69	62.25									88
70	65.55									89

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



## How Much Can I Save with an FSA?

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

## What is a Flexible Spending Account (FSA)?

Help Make Medical Costs Painless.

Visit [fsa.nbsbenefits.com](http://fsa.nbsbenefits.com) for more info or call one of our Benefit Specialists at **800-274-0503**



Salt Lake City, UT - Headquarters  
 Dallas, TX | San Diego, CA | Honolulu, HI  
 800-274-0503  
[fsa@nbsbenefits.com](mailto:fsa@nbsbenefits.com)







## Flexible Spending Account (FSA)

### Two Types of FSAs

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

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

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

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

### What is a Cafeteria Plan?

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

## Partial List of Eligible Expenses:

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



## How to Spend

### Spending is easy

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



### Account access is easy

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

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

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

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# Edgewood ISD - San Antonio

## Are you aware of your 403(b) benefit?

### THE OPPORTUNITY

You have the opportunity to save for retirement by participating in your Employer's 403(b) retirement plan. A 403(b) plan is a retirement plan for certain employees of public schools, tax-exempt organizations and ministers.

### WHY SAVE WITH 403(b)?

- > You do not pay income tax on allowable contributions until you begin making withdrawals from the plan, usually after your retirement.
- > Investment gains in the plan are not taxed until distributed.
- > Retirement assets can be carried from one employer to another in most cases.

### Sample: Future retirement savings value assuming 6% yield on invest.\*\*

Monthly Contributions	5 Years	15 Years	20 Years
\$50	\$3,489	\$14,541	\$23,102
\$200	\$13,954	\$58,164	\$92,408
\$500	\$34,885	\$145,409	\$231,020

### HOW CAN I PARTICIPATE?

Prior to contributing you must open an account with an investment provider participating in the Plan, a list of which is available on the right. Click the link below to print and complete a Salary Reduction Agreement:

<https://www.omni403b.com/spinforeq.aspx?org=1172>

Submit this form to your business office.

### HOW MUCH CAN I CONTRIBUTE ANNUALLY?

You may contribute up to \$19,500 in 2020. For appropriate limits for your particular circumstances, please contact OMNI's Customer Care Center at 877-544-6664.

Contribution Limits		15 Yr. Service Catch-up (if eligible)	Maximum Employer Contributions	Combined Limit	
Age 49 & below	Age 50 & above			Age 49 & below	Age 50 & above
\$19,500.00	\$26,000.00	\$29,000.00	\$57,000.00	\$57,000.00	\$63,500.00

## Looking for Help?

Click the link below for an investment professional to reach out to you.

<https://www.omni403b.com/PlanDetail.aspx?tml=1172>



### New accounts may be opened with following approved service providers

AIG RETIREMENT SERVICES (FORMERLY VALIC)  
 AMERICAN FUNDS SERVICE COMPANY  
 AMERICAN UNITED LIFE  
 AMERICO FINANCIAL LIFE/ANNUITY  
 ASPIRE FINANCIAL SERVICES  
 ATHENE ANNUITY AND LIFE (AVIVA)  
 EQUITABLE FINANCIAL LIFE INSURANCE COMPANY (FORMERLY AXA)  
 FORESTERS FINANCIAL (FIRST INVESTORS)  
 FPS GROUP - INVESTMENT PROVIDER XCHANGE  
 GENERAL AMERICAN  
 GWN/EMPLOYEE DEPOSIT ACCT  
 HORACE MANN LIFE INS. CO.  
 INDUSTRIAL ALLIANCE INS & FIN. SERV. INC  
 INVESCO OPPENHEIMERFUNDS  
 JACKSON NATIONAL LIFE III  
 JEFFERSON NATIONAL LIFE  
 MODERN WOODMEN OF AMERICA  
 NATIONAL LIFE GROUP (LSW)  
 NY LIFE INS. & ANNUITY CORP.  
 PLANMEMBER SERVICES CORP.  
 PRIMERICA FINANCIAL SERVICES  
 RBFCU RETIREMENT PROGRAM  
 ROTH - EQUITABLE FINANCIAL (FORMERLY AXA)  
 ROTH - NATIONAL LIFE GROUP (LSW)  
 ROTH - RBFCU RETIREMENT PROGRAM  
 ROTH - VANGUARD FIDUCIARY TRUST CO.  
 SECURITY BENEFIT  
 VANGUARD FIDUCIARY TRUST CO.  
 VICTORY CAPITAL (USAA MUTUAL FUNDS)  
 VOYA FINANCIAL (RELIASTAR)  
 WADDELL & REED INC.  
 WESTERN NATIONAL (AIG) - 1  
 INDUSTRIAL ALLIANCE PACIFIC - 457  
 NATIONAL LIFE GROUP (LSW) - 457  
 PROTECTIVE LIFE - 457  
 ROTH - NATIONAL LIFE GROUP (LSW) - 457  
 SECURITY BENEFIT - 457

## 457(b) PLANS

### ***Benefits of a 457(b) Plan***

By participating in your employer's 457(b) Plans, you can maximize the amount of money that you are saving for retirement,

### ***457(b) Plan Highlights and Advantages***

- Pre-tax contributions reduce current income taxes while saving.
- Distributions are taxed when received (typically when you are in a lower tax bracket). Contribution limits are in addition to any existing 403(b) contributions that you may be making.
- Plan payout upon retirement or separations from service without early distribution tax penalty.
- Make additional "catch-up" contributions if you are 50 (or older) or within three years of normal retirement age and have not already been contributing the maximum the plan.
- Flexibility to move your savings into a new Employer's retirement plan if you change jobs.

### ***Flexibility and portability for life's changes***

A unique feature of a 457(b) plan is that plan participants may be able take it with them. When you leave a job, you may be able to roll the eligible pre-tax 457(b) plan assets into an IRA, or to another employer's retirement plan if allowed by the new employer. Additionally, you can access your 457(b) savings through loans or emergency distributions if an unexpected need arises if your employer's plan allows.

### ***Taxes are deferred until you take a withdrawal***

Assets distributed from a 457(b) plan will be taxed as ordinary income in the year withdrawn. If the distribution is eligible to be rolled over, but is not directly rolled over to an eligible plan or IRA, generally, 20 percent mandatory withholding of federal income tax applies. Federal income tax will not be withheld if an eligible plan-to-plan transfer is made to another employer's 457(b) plan that accepts the transfer.

### ***Annual Contributions***

A 457(b) plan's annual contributions and other additions (excluding earnings) to a participant's account cannot exceed the lesser of:

1. 100% of the participant's includible compensation, OR
2. The elective deferral limit (as determined by the IRS)

### ***Catch-Up Provisions***

\*Save even more as you get closer and closer to retirement age.

The "Age 50" catch-up provision allows you to contribute an additional annual amount each year when you reach age 50 or older. Three years prior retirement age (as designated in the plan) you can contribute an additional pre-retirement catch-up. You can contribute up to twice the annual limit based on un-contributed amounts from prior years.

If you should have any questions, please contact our 457 agent, Jackson Financial:

**JACKSON FINANCIAL**  
**(210) 413-1859 (phone)**  
**[scott@jacksonfinancialtx.com](mailto:scott@jacksonfinancialtx.com) (email)**