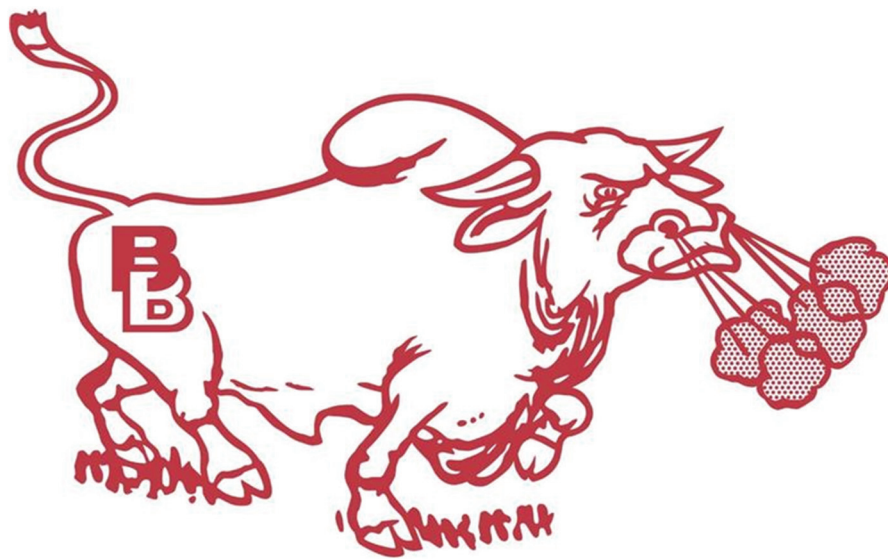


# BELLVILLE ISD

## 2015 - 2016 BENEFIT OVERVIEW



*Plan Year: September 1, 2015 through August 31, 2016*



Benefit Information Provided By:  
Elizabeth Riley Sr. Account Administrator  
Houston Branch Office  
11811 North Freeway, Suite 900  
Houston, TX 77060  
800-523-8422

# Table of Contents

Topic	Page
Benefit Overview .....	1
Online Enrollment Instructions.....	2
Section 125 Cafeteria Plan Overview .....	3
FFGA Flexible Spending, Medical Reimbursement/Dependent Care Plan.....	4
FFA Benefits Card.....	5
American Fidelity Disability Insurance .....	6
American Fidelity Gap Insurance .....	14
American Fidelity Hospital Indemnity Insurance .....	18
American Fidelity Health Savings Account.....	22
Allstate Cancer Insurance.....	24
Unum Accident Insurance.....	32
Unum Critical Illness Insurance .....	35
Unum Disability Insurance .....	39
Texas Life Permanent Life Insurance .....	43
Dearborn National Group Life Insurance.....	45
Life Secure Long Term Care Insurance .....	51
Ameritas Dental Insurance .....	53
Block/Superior Vision Insurance .....	56
Retirement Plans 457 and 403(b) .....	57
Customer Service Numbers and Websites	

# 2015 Benefit Overview

Bellville ISD and First Financial Group of America would like to take this opportunity to present to you the benefit information for the upcoming plan year. This information has been created to provide a brief overview of your benefit choices as well as offer you a reference guide when questions may arise regarding your insurance plans.

Please take the time to look over the information contained in this booklet to familiarize yourself with the benefits that are provided to you as an employee with Bellville ISD.

The **TRS/Aetna 2015-2016** plan information and rates will not be released until June 2015. Once this information is received, all employees of the district will be informed. Employees will need to enroll or decline coverage through the First Financial website. First Financial Representatives will be on campus on August 14 and August 17 to assist with the medical enrollment.



Representatives from First Financial will be at the district May 18 through May 22, 2015 to review plan options and make changes to your supplementary benefit elections under the Cafeteria Plan. **This is the only time you can make changes to your supplemental insurance, unless there is a qualified family status change during the year.**

The Plan Year for Bellville ISD is September 1, 2015 through August 31, 2016. Payroll deductions for your benefits will begin in September.

*This guide contains a summary of the benefits offered by Bellville ISD. If there is a conflict between the terms of this outline of benefits and the actual contracts, the terms of the contracts will prevail. For a more detailed explanation of benefits you may contact First Financial Administrators at 1-800-523-8422 or visit the website listed below.*

[www.ffbenefits.com/bellvilleisd](http://www.ffbenefits.com/bellvilleisd)

**Your Benefits Website:**

# Online Enrollment Instructions

## How do I view my benefits?

Conveniently view your benefits for the upcoming plan year at work or at home through our secure, online website.

## Where do I go to view my benefits?

Go to <https://ffga.benselect.com/enroll>.

## What is my login and PIN?

Your login is your social security number (123456789). Your pin is the last four digits of your social security number and the last two numbers of your birth year (678977).

Once you login you will see a Welcome presentation. Once finished Click "Next," then:

- » Verify your personal information
- » Verify all dependent information (ssn/date of birth) **\*\*Very Important\*\***
- » View employment information

You will then see a brief presentation on each benefit available. Notify the Benefits Department of any discrepancies.

## Useful Information to know

- » You must enroll in Medical Reimbursement, Dependent Care Reimbursement and the Health Savings Account every year.  
*(Flex plans do NOT automatically renew)*
- » Write your PIN number down.
- » Contact First Financial @ 800 523-8422 with any technical questions.
- » No changes will be allowed until annual enrollment (unless you have an IRS S125 approved event).





# SECTION 125 Cafeteria Plan

## Medical Expense & Dependent Care Reimbursement

### What is a Section 125 Cafeteria Plan?

A Cafeteria Plan (under IRS Code Section 125) is a benefit available when you choose an eligible health plan with your employer. It allows you to withhold a portion of your pretax salary to cover your insurance premiums and certain medical and child care expenses. This allows you to pay less taxes and increase your take home pay at the same time.

### Section 125 Plan Sample Paycheck

The example below shows how a married employee claiming one exemption can reduce their taxable income when they pay for their insurance coverage on a pre-tax basis.

#### Without Section 125

Monthly Salary	\$2,000.00
Less Medical Deductions	N/A
Taxable Gross Income	\$2,000.00
Less Taxes (Fed/State @ 20%)	- \$400.00
Less Estimated FICA (7.65%)	- \$153.00
Less Medical Deductions	- \$250.00
Take Home Pay	\$1,197.00

#### With Section 125

Monthly Salary	\$2,000.00
Less Medical Deductions	\$250.00
Taxable Gross Income	\$1,750.00
Less Taxes (Fed/State @ 20%)	- \$350.00
Less Estimated FICA (7.65%)	- \$133.00
Less Medical Deductions	- N/A
Take Home Pay	\$1,267.00

You saved \$70 per month in taxes by paying for your benefits on a pre-tax basis!

*Participation in the Section 125 Plan will increase your spendable income.*

*First Financial is proud to be your Section 125/Flexible Spending Accounts Plan Provider. For more information or to enroll in this plan, see your Account Representative.*



# Flexible Spending Accounts

There are two types of Flexible Spending Accounts (FSAs): Unreimbursed Medical (URM) and Dependent Day Care (DDC). Your participation in an FSA program allows a portion of your salary to be redirected to provide reimbursement for these types of expenses on a tax-exempt basis. At the beginning of each plan year, you elect a specific dollar amount for each FSA you wish to participate.

Money remaining in your FSA account(s) will not be returned to you at the end of the plan year. Any amount remaining after the end of the runoff or grace period, if your employer offers one, will be forfeited. Because of the use-it-or-lose-it rule, it is important for you to carefully estimate your out-of-pocket URM and DDC expenses for the upcoming plan year.

## Unreimbursed Medical FSA

With the FSA, you can pay out-of-pocket health care expenses for yourself, your spouse and all of your eligible dependents for health, dental, and vision care expenses. The services must be incurred while you are actively participating in the FSA plan. The eligible expenses may be reimbursed regardless of whether you, your spouse or dependents are covered by your employer's medical, dental, or health plan.

*Please be aware of change in tax law – Beginning Jan. 1, 2011, money from flexible spending accounts will no longer be available to pay for most over-the-counter drugs and medicines without a doctor's prescription. Due to Healthcare Reform, all URM Accounts will have an annual maximum of \$2,550 starting January 1, 2015.*

### Common Eligible Expenses

- » Co-Payments
- » Co-Insurance
- » Deductibles
- » Over-the Counter Drugs  
*(with physician's prescription)*
- » Dental Treatment
- » Orthodontia
- » Lab Fees
- » X-Rays
- » Vision Expenses
- » Lasik Surgery
- » Physical Therapy
- » Chiropractor Services
- » Acupuncture
- » Eye Contact Solution
- » Eye Drops

### Common Ineligible Expenses

- » Cosmetic Surgery
- » Teeth Whitening
- » Veneers
- » Botox
- » Non Prescribed Vitamins and Supplements
- » Toiletries
- » Medical Insurance Premiums
- » Health Club Membership Fees

### Common Eligible Expenses

- » Day Camps
- » Before/After School Care
- » Babysitters/Day Care Centers
- » Au Pair
- » Nanny
- » Nursery School

### Common Ineligible Expenses

- » Registration Fees
- » Care for child while not working
- » Kindergarten
- » Food/Activity expenses if separate from cost of care
- » Care provided by anyone under age 19
- » Pre-School
- » Books and Supplies
- » Field Trips

## Dependent Care FSA

The Dependent Care FSA allows you to pay for day care expenses for your qualified dependent/child with pre-tax dollars while you (and your spouse) are working, seeking employment, or attending school as a full-time student for at least 5 months during the year.

A maximum of \$5,000 is allowed for reimbursement of dependent day care expenses per calendar year (the amount changes to \$2,500 if you are married and file a separate tax return).

# FFA Benefits Card

Medical reimbursement accounts only

## BENEFITS CARD

The First Financial Administrators, Inc. Benefits Card is available for Medical Reimbursement Flexible Spending Accounts. Cards can be issued to spouses and dependent children (ages 18 to 26) for no additional fee. The initial cards are free, but if a replacement card is issued, the cost is \$10.00 per card and will be deducted from your account balance. Cards are good for three years from the issue date as long as you participate each consecutive plan year. Claims can also be submitted directly for reimbursement. If funds remain in your account after the end of the plan year, you may use the debit card during the 2½ month grace period (if your employer has elected to participate in the grace period option). The system will deduct all remaining funds from your old plan year and then deduct any balance from the new plan year, if you continue to participate.

The IRS requires validation of most transactions – you must submit receipts for verification of expenses, when requested. If you fail to substantiate by providing a receipt to us within 60 days of purchase, your card will be suspended until the necessary receipt or explanation of benefits from your insurance provider is received.

Claim forms can be found on our website, [www.ffga.com](http://www.ffga.com).

Copies can either be mailed to:                      or faxed to:  
First Financial Administrators, Inc.                      (800) 298-7785  
P.O. Box 670329  
Houston, TX 77267-0329



## WHERE TO USE YOUR DEBIT CARD FOR ELIGIBLE UNREIMBURSED MEDICAL EXPENSES:

- » Pharmacies – always use your debit card at the pharmacy counter only.
- » In-Store Pharmacies – If “merchant code” is programmed “pharmacy,” the expense will be authorized. However, if the MasterCard transaction code is programmed “grocery/retail,” **the transaction may be denied. The debit card may not work and the expense may be declined in some grocery/discount stores.**
- » Physician Offices
- » Specialist Physician Offices
- » Dental Offices
- » Over-the-counter drugs (*must be accompanied by a Physician's Rx*)
- » Vision Care Providers
- » Medical Facilities
- » Medical Clinics
- » Hospitals, including Emergency Rooms

*(Your FFA Benefits Card cannot be used past your termination date. If you have available funds in your account, a manual claim will be required.)*

First Financial Administrators, Inc. can provide you with a list of eligible expenses associated with your Medical Reimbursement Flexible Spending Account. This card is a signature debit card and does not require a PIN for use. Transactions must always be submitted as “credit.” Participants may review Flexible Spending Account balances online at [www.ffga.com](http://www.ffga.com).

**CALL (866) 853-FLEX FOR MORE INFORMATION.**



# LONG-TERM DISABILITY *Income Insurance*

Underwritten by: American Fidelity Assurance Company

**Enhanced Disability Income Plan**



Coverage Options • Benefits Paid Directly to You • Excellent Customer Service • Learn More » »



*Marketed by:*

**First Financial Capital Corporation**

P.O. Box 670329 • Houston, TX 77267-0329  
Local (281) 847-8422 | Toll Free (800) 523-8422

[www.ffga.com](http://www.ffga.com)

# Disabilities Happen. Are You Prepared?

What would you do if you experienced a disability today and your paycheck suddenly stopped? Nearly 70% of American employees live paycheck to paycheck<sup>1</sup>, staying current on bill payments, but not preparing for the loss of that valuable income.

## How Long Would You Go Without A Paycheck?

*A Week... A Month... A Year...*

The example below shows the potential lost income from a typical disability. This example also shows the estimated benefit payment this customer would have received under their Disability Income Insurance Plan.

### SAMPLE CLAIM - Hypothetical Example\*

#### STROKE

Annual Salary	\$50,000
Length of Disability	2.5 years
<b>Lost Income</b>	<b>\$125,000</b>

#### **Disability Income Insurance Can Help!**

Monthly Benefit (70% of income)	\$2,900
Elimination (Waiting) Period	30 days
Month 1 (not paid due to 30 day waiting period)	\$0
Month 2	\$2,900
Month 3 (Full Potential Sick Leave Deducted)	\$290
Month 4 thru 30 (816.67 a month after Disability Retirement deducted)	\$22,050

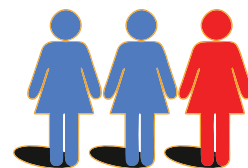
**Total Benefit Payment**  
(Paid directly to you!)

**\$25,240**

\*The example above is an illustration only. Every disability claim event is unique. Based on pre-existing conditions, offsets related to fully-paid sick leave, retirement pay, state disability, and other Sources of Income could support this employee's lost income and would be offset against their disability benefit, meaning the insurance payment would be less. The illustration above includes reductions due to fully-paid sick leave and state disability/retirement offsets.

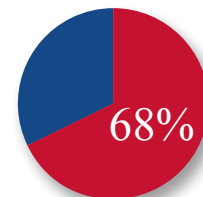
## Think It Couldn't Happen to You?

**Know The Facts:**



**"I don't have a significant risk of being disabled."**

1/3 of Americans entering the work force today will become disabled before they retire.<sup>2</sup>



**"I'll use my sick leave or savings."**

68% of American employees live from paycheck to paycheck.<sup>1</sup>

<sup>1</sup> Reuters. "More than two-thirds in U.S. live paycheck to paycheck: survey," September 19, 2012.

<sup>2</sup>"Chances of Disability: Overview." Council for Disability Awareness. 2010. Web. 24 Mar. 2011

## Ready To Learn More?

Contact your First Financial Account Representative for more details or to schedule a one-on-one appointment.

# Find the plan that's best for you!

1. Locate your current salary and review the monthly benefit offered based on your income.
2. Review Elimination Period and Premium columns to choose the one that best fits your needs.
3. See your First Financial Representative to enroll in your plan!

SALARY		BENEFIT		ELIMINATION PERIOD/MONTHLY PREMIUM				
Annual Salary	Monthly Salary*	Monthly Disability Benefit**	Accidental Death Benefit	14 day Elimination Period	30 day Elimination Period	60 day Elimination Period	90 day Elimination Period	150 day Elimination Period
\$3,432.00 - \$5,147.99	\$286.00 - \$428.99	\$200.00	\$20,000.00	\$7.28	\$5.80	\$4.92	\$4.16	\$3.12
\$5,148.00 - \$6,863.99	\$429.00 - \$571.99	\$300.00	\$20,000.00	\$10.92	\$8.70	\$7.38	\$6.24	\$4.68
\$6,864.00 - \$8,579.99	\$572.00 - \$714.99	\$400.00	\$20,000.00	\$14.56	\$11.60	\$9.84	\$8.32	\$6.24
\$8,580.00 - \$10,295.99	\$715.00 - \$857.99	\$500.00	\$20,000.00	\$18.20	\$14.50	\$12.30	\$10.40	\$7.80
\$10,296.00 - \$11,999.99	\$858.00 - \$999.99	\$600.00	\$20,000.00	\$21.84	\$17.40	\$14.76	\$12.48	\$9.36
\$12,000.00 - \$13,715.99	\$1,000.00 - \$1,142.99	\$700.00	\$20,000.00	\$25.48	\$20.30	\$17.22	\$14.56	\$10.92
\$13,716.00 - \$15,431.99	\$1,143.00 - \$1,285.99	\$800.00	\$20,000.00	\$29.12	\$23.20	\$19.68	\$16.64	\$12.48
\$15,432.00 - \$17,147.99	\$1,286.00 - \$1,428.99	\$900.00	\$20,000.00	\$32.76	\$26.10	\$22.14	\$18.72	\$14.04
\$17,148.00 - \$18,863.99	\$1,429.00 - \$1,571.99	\$1,000.00	\$20,000.00	\$36.40	\$29.00	\$24.60	\$20.80	\$15.60
\$18,864.00 - \$20,579.99	\$1,572.00 - \$1,714.99	\$1,100.00	\$20,000.00	\$40.04	\$31.90	\$27.06	\$22.88	\$17.16
\$20,580.00 - \$22,295.99	\$1,715.00 - \$1,857.99	\$1,200.00	\$20,000.00	\$43.68	\$34.80	\$29.52	\$24.96	\$18.72
\$22,296.00 - \$23,999.99	\$1,858.00 - \$1,999.99	\$1,300.00	\$20,000.00	\$47.32	\$37.70	\$31.98	\$27.04	\$20.28
\$24,000.00 - \$25,715.99	\$2,000.00 - \$2,142.99	\$1,400.00	\$20,000.00	\$50.96	\$40.60	\$34.44	\$29.12	\$21.84
\$25,716.00 - \$27,431.99	\$2,143.00 - \$2,285.99	\$1,500.00	\$20,000.00	\$54.60	\$43.50	\$36.90	\$31.20	\$23.40
\$27,432.00 - \$29,147.99	\$2,286.00 - \$2,428.99	\$1,600.00	\$20,000.00	\$58.24	\$46.40	\$39.36	\$33.28	\$24.96
\$29,148.00 - \$30,863.99	\$2,429.00 - \$2,571.99	\$1,700.00	\$20,000.00	\$61.88	\$49.30	\$41.82	\$35.36	\$26.52
\$30,864.00 - \$32,579.99	\$2,572.00 - \$2,714.99	\$1,800.00	\$20,000.00	\$65.52	\$52.20	\$44.28	\$37.44	\$28.08
\$32,580.00 - \$34,295.99	\$2,715.00 - \$2,857.99	\$1,900.00	\$20,000.00	\$69.16	\$55.10	\$46.74	\$39.52	\$29.64
\$34,296.00 - \$35,999.99	\$2,858.00 - \$2,999.99	\$2,000.00	\$20,000.00	\$72.80	\$58.00	\$49.20	\$41.60	\$31.20
\$36,000.00 - \$37,715.99	\$3,000.00 - \$3,142.99	\$2,100.00	\$20,000.00	\$76.44	\$60.90	\$51.66	\$43.68	\$32.76
\$37,716.00 - \$39,431.99	\$3,143.00 - \$3,285.99	\$2,200.00	\$20,000.00	\$80.08	\$63.80	\$54.12	\$45.76	\$34.32
\$39,432.00 - \$41,147.99	\$3,286.00 - \$3,428.99	\$2,300.00	\$20,000.00	\$83.72	\$66.70	\$56.58	\$47.84	\$35.88
\$41,148.00 - \$42,863.99	\$3,429.00 - \$3,571.99	\$2,400.00	\$20,000.00	\$87.36	\$69.60	\$59.04	\$49.92	\$37.44
\$42,864.00 - \$44,579.99	\$3,572.00 - \$3,714.99	\$2,500.00	\$20,000.00	\$91.00	\$72.50	\$61.50	\$52.00	\$39.00
\$44,580.00 - \$46,295.99	\$3,715.00 - \$3,857.99	\$2,600.00	\$20,000.00	\$94.64	\$75.40	\$63.96	\$54.08	\$40.56
\$46,296.00 - \$47,999.99	\$3,858.00 - \$3,999.99	\$2,700.00	\$20,000.00	\$98.28	\$78.30	\$66.42	\$56.16	\$42.12
\$48,000.00 - \$49,715.99	\$4,000.00 - \$4,142.99	\$2,800.00	\$20,000.00	\$101.92	\$81.20	\$68.88	\$58.24	\$43.68
\$49,716.00 - \$51,431.99	\$4,143.00 - \$4,285.99	\$2,900.00	\$20,000.00	\$105.56	\$84.10	\$71.34	\$60.32	\$45.24
\$51,432.00 - \$53,147.99	\$4,286.00 - \$4,428.99	\$3,000.00	\$20,000.00	\$109.20	\$87.00	\$73.80	\$62.40	\$46.80
\$53,148.00 - \$54,863.99	\$4,429.00 - \$4,571.99	\$3,100.00	\$20,000.00	\$112.84	\$89.90	\$76.26	\$64.48	\$48.36
\$54,864.00 - \$56,579.99	\$4,572.00 - \$4,714.99	\$3,200.00	\$20,000.00	\$116.48	\$92.80	\$78.72	\$66.56	\$49.92
\$56,580.00 - \$58,295.99	\$4,715.00 - \$4,857.99	\$3,300.00	\$20,000.00	\$120.12	\$95.70	\$81.18	\$68.64	\$51.48
\$58,296.00 - \$59,999.99	\$4,858.00 - \$4,999.99	\$3,400.00	\$20,000.00	\$123.76	\$98.60	\$83.64	\$70.72	\$53.04
\$60,000.00 - \$61,715.99	\$5,000.00 - \$5,142.99	\$3,500.00	\$20,000.00	\$127.40	\$101.50	\$86.10	\$72.80	\$54.60
\$61,716.00 - \$63,431.99	\$5,143.00 - \$5,285.99	\$3,600.00	\$20,000.00	\$131.04	\$104.40	\$88.56	\$74.88	\$56.16
\$63,432.00 - \$65,147.99	\$5,286.00 - \$5,428.99	\$3,700.00	\$20,000.00	\$134.68	\$107.30	\$91.02	\$76.96	\$57.72
\$65,148.00 - \$66,863.99	\$5,429.00 - \$5,571.99	\$3,800.00	\$20,000.00	\$138.32	\$110.20	\$93.48	\$79.04	\$59.28
\$66,864.00 - \$68,579.99	\$5,572.00 - \$5,714.99	\$3,900.00	\$20,000.00	\$141.96	\$113.10	\$95.94	\$81.12	\$60.84
\$68,580.00 - \$70,295.99	\$5,715.00 - \$5,857.99	\$4,000.00	\$20,000.00	\$145.60	\$116.00	\$98.40	\$83.20	\$62.40

\* Higher benefit amounts available up to a maximum Monthly Disability Benefit of \$7,500. Ask your First Financial Representative for details.

\*\* Not to exceed 70% of your covered monthly compensation.



# Plan Features

## ACCIDENTAL DEATH BENEFIT

A lump sum of \$20,000.00 will be paid if you die as the direct result of an Injury and death occurs within 90 days after the Injury.

The benefit will be increased 1% for each full month that your Certificate was continuously in force just prior to death. The total increase shall not be more than 60% of the benefit amount.

## DIRECT DEPOSIT DISABILITY BENEFITS

In the event you choose the direct deposit option on an approved claim, we will deposit your benefits directly into your bank account at no additional cost. This can accelerate access to your benefits by several days. We also have a toll-free fax that allows you instant transmission of your claim forms to our Benefits Department.

## DONOR BENEFIT

If you are Disabled as a result of being an organ or tissue donor, we will pay your benefit as any other Sickness under the terms of the plan.

## FAMILY CARE BENEFIT

If you are Disabled and Working, qualify to receive a Disability Payment from us, and have one or more eligible family members, you may be eligible to receive a Family Care Benefit. This may include payment for the care of an eligible family member by a licensed childcare provider or licensed caregiver who is not related to you by blood or marriage. We will provide a Family Care Benefit for expenses incurred of up to 25% of your monthly Disability Benefit provided the total of your Disability Earnings, the gross Disability Benefit, and the Family Care Benefit do not exceed 100% of your Monthly Compensation. Payment of the Family Care Benefit will end on the earlier of the following: the date you no longer incur Family Member expenses; or the date you no longer qualify as Disabled and Working; or the date Disabled and Working benefits have been paid for a total of 24 months.

## HOSPITAL CONFINEMENT BENEFIT

The Hospital Confinement Benefit will not begin until the elimination period has been satisfied and will pay up to 60 days. The Hospital Confinement Benefit will be paid each day the insured is confined as a patient in a Hospital due to an Injury or Sickness. The amount payable is one times the Disability Benefit which will be pro-rated on a daily basis. This benefit is not reduced by Deductible Sources of Income. The Hospital Confinement must be at least 18 hours of continuous duration.

## PHYSICIAN EXPENSE BENEFIT

- » Injury - \$150.00 per Injury
- » Sickness - \$50.00

If you need personal treatment by a Physician due to an Injury or Sickness, we will pay the amount shown above provided no other claim has been paid under the Policy. This benefit will be paid for Sickness only if the treatment is received during one full day of Disability during which you missed one full day of work. To be eligible for more than one payment for

the same or related condition due to Sickness, you must have returned to Active Employment for at least 14 consecutive scheduled workdays. You are not required to miss one full day of work in order to receive the Injury benefit.

## PORTABILITY CONVERSION

The Conversion Plan will be a separate group plan with a 30 day elimination period and 2 year benefit period. Certain other qualifications may apply. A brochure is available for this plan upon request after termination.

## RETURN TO WORK INCENTIVE BENEFIT: DISABLED WHILE WORKING

We will provide a Disability Payment if you are Disabled and your monthly Disability Earnings, if any, are less than 20% of your Monthly Compensation due to the same Disability.

If you are Disabled and your Disability Earnings are greater than 20% of your Monthly Compensation due to the same Disability, we will figure your payment as follows:

During the first 24 months of payments while Disabled and Working:

- » Your Disability Payment will not be reduced as long as the Disability Earnings plus the gross Disability Benefit does not exceed 80% of your Monthly Compensation.
- » If the Disability Earnings plus the gross Disability Benefit exceeds 80% of your Monthly Compensation, the Disability Payment will be reduced by the amount exceeding 80% of your Monthly Compensation.

After 24 months of payments, while Disabled and Working, you will receive payments based on the percentage of Monthly Compensation you are losing due to Lost Earnings based on your Disability.

We will stop payments and your claim will end, if at any time you are no longer Disabled or if your Disability Earnings exceed 80% of your Monthly Compensation. The Elimination Period cannot be satisfied with days you are Disabled and Working.

## SOCIAL SECURITY FILING ASSISTANCE

If we determine you are a likely candidate for Social Security Disability benefits, we can assist you with the application and appeal process.

## SPECIAL CONDITIONS LIMITED BENEFIT

The Special Conditions Limited Benefit provides a benefit up to 2 years, due to Special Conditions if you are disabled and under the regular and appropriate care of your physician. Benefits will be paid for only one disability when more than one disability exists at the same time or a disability results from two or more causes. Special Conditions means: Chronic Fatigue Syndrome; Fibromyalgia; Any disease, disorder, accident or injury of the neck or back not resulting in hemiplegia, paraplegia or quadriplegia; Environmental allergic illness including, but not limited to sick building syndrome and multiple chemical sensitivity; and Self-reported symptoms. Self-reported symptoms are symptoms

that the insured tells their physician that are not verifiable using tests, procedures or clinical examinations. Examples include: headaches, pain, fatigue, stiffness, soreness, ringing in ears, dizziness, numbness, or loss of energy.

### **SUCCESSIVE DISABILITIES**

Disabilities which result from the same or related causes will be considered one period of Disability unless the Disabilities are separated by your return to Active Employment or any other gainful occupation for at least 3 consecutive months.

### **WAIVER OF PREMIUM**

No premium payments are required while you are receiving payments under the plan after Disability Payments have been received under the plan for 180 consecutive days. We will require proof on an annual basis that you remain Disabled during this time.

### **WORKSITE ACCOMMODATION**

If worksite modifications may assist your return to work, we will evaluate your claim for appropriate action.

## ***Important Policy Provisions***

### **ELIGIBILITY**

All permanent employees in subscribing group working 20 hours or more per week. Proof of good health may be required by us in order to be eligible for disability coverage. We will rely on answers given on your application to determine if coverage can be issued. Regardless of your health at the time of application, if coverage is approved and issued, claims incurred while coverage is in force will be subject to all terms of the Policy including any Pre-Existing Condition limitation.

### **WHEN COVERAGE BEGINS**

Certificates will become effective on the requested effective date following the date we approve the application, providing you are on Active Employment and premium has been paid.

### **IF YOU ARE DISABLED DUE TO A COVERED DISABILITY AND NOT WORKING**

Your Disability Payment will be the Disability Benefit described in the Benefit Schedule less any Deductible Sources of Income you receive or are entitled to receive.

### **OFFSETS WITH OTHER SOURCES OF INCOME**

Deductible Sources of Income include:

- » Other group disability income.
- » Governmental or other retirement system, whether due to Disability, normal retirement or voluntary election of retirement benefits.
- » United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your Disability.
- » State Disability.
- » Unemployment compensation.

- » Sick leave or other salary or wage continuance plans provided by the Employer which extend beyond 60 (14, 30, 60 day Elimination Periods), 90 (on 90 day Elimination Period) and 150 (on 150 day Elimination Period) calendar days from the Date of Disability.

We reserve the right to estimate these Deductible Sources of Income that you may receive as defined in your Certificate.

### **MINIMUM DISABILITY BENEFIT**

The minimum Monthly Disability Benefit is 10% of the Monthly Disability Benefit or \$100.00, whichever is greater.

### **INCREASE OF INCOME DUE TO COST OF LIVING ADJUSTMENTS**

The Disability Payment will not be reduced due to a cost of living increase if the increase from a Deductible Source of Income takes effect after the onset of Disability and while benefits are payable under the Policy.

### **MENTAL ILLNESS LIMITED BENEFIT**

If you are Disabled due to a mental illness, regardless of the cause, Disability Payments will be provided for up to 2 years, not to exceed the Maximum Disability Period.

### **ALCOHOLISM AND DRUG ADDICTION LIMITED BENEFIT**

If you are disabled due to alcoholism or drug addiction, a limited benefit of up to 15 days for each Disability will be paid. Benefits will not be paid beyond the Maximum Benefit Period. If drug addiction is sustained at the hands of, or while under the regular and appropriate care of a physician in the course of treatment for Injury or Sickness, it will be covered the same as any other Sickness.

### **PRE-EXISTING CONDITION LIMITATION**

A limited benefit up to 1 month's Disability Benefit will be payable for Disability caused by or resulting from a Pre-Existing Condition. This provision will not apply if you have:

- » gone treatment-free;
- » incurred no expense;
- » taken no medication; and
- » received no diagnosis or advice from a Physician,

for 12 consecutive months for such condition(s).

This limitation will not apply to a Disability resulting from a Pre-Existing Condition that begins after you have been continuously covered under the Policy for 24 months.

Any increase in benefits will be subject to this Pre-Existing Condition limitation. A new Pre-Existing Condition period must be satisfied with respect to any increase applied for and approved by us.

### **EXCLUSIONS**

The Policy does not cover any loss, fatal or non-fatal, resulting from:

- » Intentionally self-inflicted injury while sane or insane.
- » An act of war, declared or undeclared.
- » Injury sustained or Sickness contracted while in the service of the armed forces of any country.

- » Committing a felony.
- » Penal incarceration. We will not pay benefits for Disability or any other loss during any period for which you are incarcerated in a penal or correctional institution for a period of 30 consecutive days or longer.
- » Injury or Sickness arising out of and in the course of any occupation for wage or profit or for which you are entitled to Workers' Compensation\*.

*\*The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements that occur via compromise and release. Further, no benefits will be paid under this Policy for any period during which you are entitled to Workers' Compensation benefits.*

## LEAVE OF ABSENCE

Your coverage may be continued for up to 1 year during a Leave of Absence approved in writing by your Employer.

## TERMINATION OF INSURANCE

Your insurance coverage will end on the earliest of these dates:

- » the date you do not meet the Eligibility requirements as defined in the Eligibility paragraph in this brochure;
- » the date you retire;
- » the date you cease to be on Active Employment, except as provided for under the Leave of Absence provision;
- » the end of the last period for which premium has been paid;
- » the date the Policy is discontinued; or
- » the date your employment terminates.

If:

- » your coverage ends as a result of your termination of Active Employment;
- » such termination is caused by an Injury or Sickness for which Disability Benefits would be payable; and
- » Disability is established prior to the termination of Active Employment,

then:

Disability Benefits will be paid as if such termination had not occurred.

Termination of the Policy will have no effect on Disability Payments which began before termination. We may end your coverage if you submit a fraudulent claim.

## DEFINITIONS

**ACTIVE EMPLOYMENT:** Means you are doing in the usual manner all of the regular duties of your employment on a full-time basis on a scheduled work day and these duties are being done at one of the places of business where you normally do such duties or at some location to which your employment sends you. You will be said to be on Active Employment on a day which is not a scheduled work day only if you are not Disabled and would be able to perform in the usual manner all the regular duties of your employment if it were a scheduled work day.

**DISABILITY:** Disability or Disabled for the first 12 months of Disability means that you are unable to perform the material and substantial duties of your Regular Occupation. After that, Disability means you are unable to perform the material and substantial duties of any Gainful Occupation for wage or profit for which you are reasonably qualified by training, education, or experience.

**DISABILITY EARNINGS:** Means the gross monthly earnings you receive while Disabled and Working.

**DISABILITY PAYMENT:** Means your Disability Benefit minus Deductible Sources of Income.

**ELIGIBLE FAMILY MEMBERS:** With regards to the Family Care Benefit, this means your child (natural, step, or adopted) living in your household and under age 13; or your family member who is:

- » living in your household;
- » dependent upon you for support; and
- » in need of supervision or assistance due to physical or mental incapacity.

**HOSPITAL:** The term "Hospital" shall not include an institution used by you as:

- » a place for rehabilitation;
- » a place for rest or for the aged;
- » a nursing or convalescent home;
- » a long-term nursing unit or geriatrics ward; or
- » as an extended care facility for the care of convalescent, rehabilitative, or ambulatory patients.

**LOST EARNINGS:** Means the percentage of Monthly Compensation you are losing due to your Disability while Disabled and Working. This is computed as follows:

- » subtract your Disability Earnings from your Monthly Compensation;
- » divide this answer by your Monthly Compensation. This will be your percentage of lost earnings. Multiply your Disability payment by your percentage of lost earnings.

**MONTHLY COMPENSATION:** Means for contracted employees, one-twelfth (1/12) of your contract salary through your Employer; or for non-contracted employees, one-twelfth (1/12) of your annual salary through your Employer, in effect on the date Disability began. It excludes any additional compensation including but not limited to, overtime pay, weekend or summer work compensation, bus or other allowances, bonuses or district-funded fringe benefits. If you become Disabled while on an approved leave of absence, we will use your gross Monthly Compensation from your Employer in effect just prior to the date your absence began.

**PRE-EXISTING CONDITION:** The term “Pre-Existing Condition” means a disease, Injury, Sickness, physical condition or mental illness for which you:

- » had treatment;
- » incurred expense;
- » took medication;
- » received care or services including diagnostic testing or related measures; or
- » received a diagnosis or advice from a Physician,

during the 12-month period immediately before your Effective Date of coverage. The term Pre-Existing Condition will also include conditions which are related to such disease, Injury, Sickness, physical condition, or mental illness.

### ELIMINATION PERIOD

Period of time you must be disabled before benefit payments begin.

### BENEFITS BEGIN

Benefits begin on the following days, upon satisfying any required elimination period.

**14 Day Elimination Period:** Benefits begin on the 15th day of Disability due to a covered Injury or Sickness.

**30 Day Elimination Period:** Benefits begin on the 31st day of Disability due to a covered Injury or Sickness.

**60 Day Elimination Period:** Benefits begin on the 61st day of Disability due to a covered Injury or Sickness.

**90 Day Elimination Period:** Benefits begin on the 91st day of Disability due to a covered Injury or Sickness.

**150 Day Elimination Period:** Benefits begin on the 151st day of Disability due to a covered Injury or Sickness.

### BENEFITS ARE PAYABLE

Up to the period of time shown in the table below, based on your age as of the date Disability due to a covered Injury or Sickness begins.

Age	Maximum Benefit Period
Less than age 60	To Social Security Normal Retirement Age (SSNRA)*
60	60 months, or to SSNRA*, whichever is greater
61	48 months, or to SSNRA*, whichever is greater
62	42 months, or to SSNRA*, whichever is greater
63	36 months, or to SSNRA*, whichever is greater
64	30 months, or to SSNRA*, whichever is greater
65	24 months, or to SSNRA*, whichever is greater
66	21 months, or to SSNRA*, whichever is greater
67	18 months, or to SSNRA*, whichever is greater
68	15 months, or to SSNRA*, whichever is greater
Age 69 or older	12 months, or to SSNRA*, whichever is greater

\*Age at which you are entitled to unreduced Social Security benefits based on current Social Security Amendments.

**Disability Income Insurance Can Help!**  
**Ask Your First Financial Account Representative For More Details.**



If you reside in a state other than your employer's state of domicile, where required by law, policy provisions and benefits may vary.

# PLAN HIGHLIGHTS

## » **Effective Date**

Your Effective Date is different than the date you sign your application. Your Effective Date of coverage is the date shown on your certificate. Please be sure to view your group certificate to understand when your coverage begins upon approval of application it can either be mailed to you or you can receive an email with a link to view securely online.

## » **Hospital Confinement Benefit**

Pays an immediate benefit each day you are confined to a hospital for an injury or sickness, and will not begin until the elimination period has been satisfied. Benefit will pay up to 60 days.

## » **Limitations and Exclusions**

This policy has limitations and/or exclusions to select benefits during certain situations, including self inflicted injury, an act of war, injuries contracted not to cover any loss, fatal or non-fatal, resulting from while serving in the armed forces, while committing a felony or during penal incarceration, or an injury or sickness in which you are entitled to Workers' Compensation.

## » **Physicians Expense Benefit**

Receive a benefit if you receive treatment by a Physician due to a covered Injury.

## » **Pre-Existing**

Means a disease, Injury, Sickness, physical condition or mental illness that received medical advice or treatment prior to enrollment in a new disability insurance plan.

## » **Offsets**

If applicable, your disability benefit will be reduced by deductible sources of Income that include, but are not limited to:

- other group disability income benefits;
- government or retirement system benefits;
- Social Security benefits (if applicable in your state), including any amounts due to your dependent(s) on account of your disability;
- sick leave or other salary or wage continuance plans provided by your employer that extend over 60 days, State disability benefits and unemployment benefits.

## » **Salary Increases**

Your Monthly Disability Benefit does not automatically increase if you have an increase in pay! It is important to notify your Account Manager when applying for a new, higher benefit that is aligned with your current income.

## » **Waiver of Premium**

Premiums may be waived while you are disabled based on the length of your disability and the plan selected.

*Please review the full benefit definition of each section above under "Plan Features" inside this brochure for plan details, limitations and exclusions.*



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THE GAP PLAN IS COMPATIBLE W/  
ACTIVECARE 1 HDHP ONLY IF YOU DO  
NOT HAVE AN HSA ACCOUNT.

# Hospital GAP PLAN<sup>®</sup>



Supplemental Limited Benefit  
Medical Expense Insurance



# Can You Afford Out-Of-Pocket Medical Bills?

## Consider Hospital GAP Insurance

Many of us may think that basic health insurance coverage is enough. But, the reality that most insurance covers only a portion of overall medical expenses. In fact, based on typical PPO plan design, an average a typical family of four will spend \$16,771 per year on medical costs (*Millman's Medical Index, 2009*).

A supplemental insurance plan, American Fidelity Assurance Company's Hospital GAP Plan what you need — it is specifically designed to help cover certain out-of-pocket expenses.



## How The Hospital GAP PLAN® Works

Our Hospital GAP PLAN® includes three primary benefits:

- **In-Hospital Benefit**

The In-Hospital Benefits are payable for covered out-of-pocket expenses up to the maximum benefit selected per confinement. We will pay to the maximum benefit selected per confinement. You must be confined in a Hospital for at least 18 continuous hours in duration.



- **Out-Patient Benefit**

The Out-Patient benefits are payable for the actual outpatient expenses you incur up to a maximum outpatient benefit of \$200.00 for services in a Hospital emergency room, outpatient surgery in a Hospital outpatient facility or free-standing outpatient surgery center, and diagnostic testing in a Hospital outpatient facility or MRI facility. All benefits for the same or related conditions will be subject to the maximum benefit, unless such conditions are separated by 90 consecutive days, then a new maximum outpatient benefit will apply.

- **Doctor Bill Benefit**

The doctor bill benefit is payable for doctor visits. This benefit pays \$25.00 per visit, for up to 5 visits (\$125.00) per family per calendar year for treatment received outside of a Hospital as an outpatient. Includes treatment at your doctor's office, outpatient treatment, emergency room, or clinic.

# Important Policy Provisions

## ELIGIBILITY

All active full-time employees who are working 18 hours or more per week, covered under Another Medical Plan and are under age 70.

You will be eligible for Dependent coverage on the day you become eligible for coverage or acquire your first Dependent; whichever is later, provided the Dependent(s) to be insured is/are covered under Another Medical Plan.

Note: Another Medical Plan means any basic Major Medical or Comprehensive Medical Policy which includes managed care and through which a Covered Person has coverage. The term Other (or Another) Medical Plan does not include CHAMPUS.

## EFFECTIVE DATE OF COVERAGE

Certificates issued become effective the first of the month following the date of approval, provided the first premium has been paid.

If you are not on Active Service due to an Accident or Sickness when your coverage is to take effect, it will take effect on the first day of the calendar month after the date you return to Active Service. "Active Service" means that you are doing in the usual manner all of the regular duties of your employment on a full-time basis on any scheduled work day and these duties are being done at one of the places of business where you normally perform such duties or at some location to which your employment sends you. You will be said to be on Active Service on a day which is not a scheduled work day only if you would be able to perform in the usual manner all of the regular duties of your employment if it were a scheduled work day.

Effective Date for Dependent coverage is the first of the month following our acceptance of the application and receipt of the first premium.

However, if on such date the coverage for the eligible employee has not yet taken effect, the Effective Date of Coverage will be the same as the Effective Date for such employee.

In the event a Dependent is Totally Disabled on the date coverage with respect to that particular Dependent would otherwise take effect, the coverage of that Dependent will be deferred until the first of the month following the Dependent's cessation of Total Disability.

A newborn child will become covered under the policy automatically on the day he or she is born as long as your coverage was in force on that date. Accident or Sickness includes prematurity, congenital defects and birth abnormalities of a newborn child. Continuation of such coverage beyond 31 days requires notification of said birth and payment of applicable premium, if any. Coverage for newborn children will also include coverage for a newly born child adopted by you, from the moment of birth, if a petition for adoption was filed within 31 days of the birth of the child and a child adopted by you from the date of petition for adoption.

Coverage for the adopted child will not continue past 31 days after the date of filing of the petition unless we are notified by the end of that 31 day period of the addition of such adopted child and any applicable additional premium is paid. Coverage for adopted children will be offered under the same Policy terms and conditions that apply to natural dependent children of yours, regardless of whether the adoption is final and without any Pre-Existing limitations or restrictions.

## PRE-EXISTING CONDITIONS

Pre-Existing Conditions will not be covered for the first 12 months from the Effective Date of Coverage. The term "Pre-Existing Condition" means a disease, Accident, Sickness, or physical condition for which the Covered Person:

- had treatment;
- incurred expense;
- took medication; or
- received a diagnosis or advice from a Physician,

during the 12 month period immediately before the Effective Date of the Covered Person's coverage. The term "Pre-Existing Condition" will also include conditions which are related to such disease, Accident, Sickness, or physical condition.

## EXCLUSIONS

We will not cover expenses incurred from:

- with respect to Late Enrollees only, during the first 30 days of coverage under the Policy, except the Physician Outpatient Treatment Benefit; or
  - during any period the Covered Person does not have coverage under Another Medical Plan, except as provided in the Absence of Other Medical Plan provision, described in your Policy;
- or which result from:
- suicide or any attempt thereat, while sane or insane;
  - any intentionally self-inflicted injury or Sickness;
  - rest care or rehabilitative care and treatment;
  - routine newborn care, including routine nursery charges;
  - voluntary abortion except with respect to you or covered Dependent spouse:
    - where your life or the life of your Dependent Spouse would be endangered if the fetus were carried to term; or
    - where medical complications have arisen from abortion;
  - pregnancy of a Dependent child;
  - participation in a riot, civil commotion, civil disobedience, or unlawful assembly (this does not include a loss which occurs while acting in a lawful manner within the scope of authority);
  - commission of a felony;
  - participation in a contest of speed in power driven vehicles, parachuting or hang gliding;
  - air travel, except:
    - as a fare-paying passenger on a commercial airline on a regularly scheduled route; or
    - as a passenger for transportation only, not as pilot or crew member;
  - intoxication (Whether or not you are intoxicated is determined and defined by the laws and jurisdiction of the geographical area in which the loss occurred.);
  - alcoholism or drug use, unless such drugs were taken on the advice of a Physician and taken as prescribed;
  - sex changes;
  - experimental treatments, drugs, or surgery;
  - Pre-Existing Conditions, not otherwise excluded by rider or endorsement, will not be covered for the first 12 months from your Effective Date of coverage;
  - an act of war, whether declared or undeclared, or while performing police duty as a member of any military or naval organization. This exclusion includes Accident sustained or Sickness contracted while in the service of any military, naval, or air force of any country engaged in war. We will refund the pro rata unearned premium for any such period you are not covered;
  - Accident or Sickness arising out of and in the course of any occupation for compensation, wage or profit (This does not apply to sole proprietors or partners not covered by Workers' Compensation.);
  - dental or vision services, including treatment, surgery, extractions, or x-rays, unless:
    - resulting from an Accident occurring while your coverage is in force and if performed within 12 months of the date of such Accident; or
    - due to congenital disease or anomaly of a covered newborn child;
  - routine examinations, such as health exams, periodic checkups, or routine physicals;
  - any expense for which benefits are not payable under your Other Medical Plan; or
  - air or ground ambulance.

## TERMINATION OF INSURANCE

Your insurance coverage will end on the earliest of these dates:

- the day you no longer qualify as an insured;
- the end of the last period for which premium has been paid;
- the date the Policy is discontinued;
- the date you retire;
- your 70th birthday if your employer employs less than 20 employees;
- the date you cease to be on Active Service;
- the date your coverage under Another Medical Plan ends; or
- the date you cease employment with the employer through whom you originally became insured under the Policy.

Insurance coverage on a Dependent will end on the earliest of:

- the date your coverage terminates;
- the end of the last period for which premium has been paid;

- the date the Dependent no longer meets the definition of Dependent;
- the date the Dependent's coverage under Another Medical Plan ends; or
- the date the Policy is modified so as to exclude Dependent coverage.

We shall have the right to terminate the coverage of any Covered Person who submits a fraudulent claim under the Policy.

## DEFINITIONS

**TOTAL DISABILITY** (or Totally Disabled) means that you are prevented from performing the material and substantial duties of your occupation. For Dependents, "Totally Disabled" means the inability to perform a majority of the normal activities of a person of like age in good health.

**HOSPITAL:** The term "Hospital" shall not include any institution you used as a place for rehabilitation, rest or for the aged; a nursing or convalescent home; a long term nursing unit or geriatrics ward; or an extended care facility for the care of the convalescent, rehabilitative, or ambulatory patients.

**DEPENDENT:** The term "Dependent" means your:

- married spouse who lives with you and is under age 70; or
- your child (natural, step, adopted, or a minor for whom guardianship is granted to you by court or testamentary appointment, other than temporary guardianship of less than 12 months duration) who:
  - is less than 26 years of age; or
  - your child who becomes incapable of self-support because of mental or physical handicap while covered under the Policy and prior to reaching the limiting age for dependent children. The child must be dependent on you

- for support and maintenance. We must receive proof of incapacity within 31 days after coverage would otherwise terminate. Coverage will then continue as long as your insurance stays in force and the child remains incapacitated. Additional proof may be required from time to time but not more often than once a year after the child attains age 26; or
- any minor under your charge, care and control, who has been placed in your home for adoption and is less than 26 years of age; or
- any child for whom you must provide medical support under an order issued under Chapter 154, Family Code, or enforceable by a court in Texas; or
- grandchildren if those children are your Dependents for federal income tax purposes at the time of application for coverage of the grandchild is made; or
- any minor if you are a party in a suit in which the adoption of the child is sought.

**SICKNESS** means illness or disease which starts while your coverage is in force and is the direct cause of the loss.

**ACCIDENT** means accidental bodily injury or injuries you sustained which are the direct cause, are independent of disease or bodily infirmity or any other cause and occur while your coverage is in force.

CONTINUATION AND CONVERSION OPTIONS ARE ALSO AVAILABLE.

**This product is inappropriate for people who are eligible for Medicaid coverage.**

<b>HOSPITAL GAP PLAN® MONTHLY RATES</b>								
<i>(issue ages are 18 through 64)</i>								
	\$500	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000	\$2,500	\$3,500
<b>Under 55:</b>								
Employee Only	\$17	\$20	\$23	\$24	\$26	\$28	\$31	\$36
Employee and Spouse	\$31	\$37	\$42	\$44	\$48	\$50	\$58	\$65
Employee and Child(ren)	\$30	\$34	\$36	\$38	\$42	\$44	\$50	\$56
Employee and Family	\$44	\$50	\$55	\$59	\$64	\$67	\$77	\$85
<b>Ages 55-59:</b>								
Employee Only	\$24	\$29	\$34	\$36	\$41	\$43	\$50	\$59
Employee and Spouse	\$44	\$52	\$60	\$65	\$73	\$78	\$91	\$107
Employee and Child(ren)	\$37	\$42	\$46	\$50	\$56	\$60	\$70	\$79
Employee and Family	\$58	\$65	\$73	\$79	\$89	\$95	\$109	\$127
<b>Ages 60 and Over*:</b>								
Employee Only	\$37	\$43	\$49	\$55	\$60	\$66	\$78	\$94
Employee and Spouse	\$67	\$78	\$89	\$100	\$109	\$120	\$142	\$168
Employee and Children	\$50	\$56	\$62	\$70	\$77	\$84	\$96	\$114
Employee and Family	\$80	\$91	\$102	\$114	\$125	\$137	\$160	\$188

\*Available to employees age 70 and over if there are 20 or more employees in the group.



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THIS HOSPITAL INDEMNITY PLAN IS COMPATIBLE WITH YOUR ACTIVECARE 1 HDHP AND ALLOWS YOU TO ALSO HAVE AN H.S.A. ACCOUNT.

AMERICAN FIDELITY ASSURANCE COMPANY'S

# AF VOLUNTARY HEALTH Solutions™



Hospital Indemnity Insurance

# Hospital Care Can Be Very Costly.

*33% Of Total Healthcare Expenses Are Paid Out-Of-Pocket\**

Think of the expenses that would occur if you were hospitalized. While you are paying for out-of-pocket medical expenses, personal expenses are slowly accumulating, such as:

- Lodging
- Housekeeping
- Meals
- Travel
- Prescriptions
- Loss Of Income

Hospital Indemnity Insurance can help with some of the financial costs if you are faced with a hospital stay. Your policy can pay benefits directly to you, not to your doctor or hospital. You control how to use your benefit dollars.

AF Voluntary Health Solutions™ Hospital Indemnity Plan helps you maintain financial protection when you incur a hospital confinement related expense.

## Summary of Plan Benefits

*You may participate in the Plan under any one of the benefit levels outlined below.*

		<b>BASIC 100</b>	<b>BASIC 200</b>	<b>BASIC 300</b>
<b>INPATIENT HOSPITAL ADMISSION BENEFIT</b>		\$200	\$400	\$600
<b>HOSPITAL CONFINEMENT BENEFIT (Per Day)</b>	1st 90 days	\$100	\$200	\$300
	Day 91-365	\$200	\$400	\$600
<b>INTENSIVE CARE UNIT/CONFINEMENT BENEFIT (Per Day)</b>		\$100	\$200	\$300
<b>AMBULANCE BENEFIT</b>	Ground	\$25	\$50	\$75
	Air	\$125	\$250	\$375
<b>REHABILITATION FACILITY CONFINEMENT BENEFIT</b>		\$50	\$100	\$150

*See Plan Benefits section for complete plan details.*

## Monthly Premiums

<b>BASIC 100</b>	<b>18 TO 54</b>	<b>55 &amp; OVER</b>
Employee	\$15.80	\$22.10
Employee & Spouse	\$24.40	\$41.20
Employee & Child(ren)	\$22.30	\$27.10
Employee & Family	\$31.60	\$48.00
<b>BASIC 200</b>		
Employee	\$26.70	\$38.90
Employee & Spouse	\$44.00	\$77.20
Employee & Child(ren)	\$39.80	\$49.20
Employee & Family	\$58.40	\$91.00
<b>BASIC 300</b>		
Employee	\$37.60	\$55.80
Employee & Spouse	\$63.70	\$113.30
Employee & Child(ren)	\$57.30	\$71.50
Employee & Family	\$85.30	\$134.10

*The premium and amount of benefits provided vary dependent upon the benefit plan selected and issued.*

\*Kaiser Family Foundation: Trends in Health Care Costs and Spending; March 2009

# Plan Benefits

All benefits are considered for payment only as a result of a covered Sickness or Injury that occurs while coverage is in force. A Physician must recommend treatment, procedures, confinement, and testing.

## **INPATIENT HOSPITAL ADMISSION BENEFIT**

This benefit is paid once per Covered Person per Calendar Year when a Covered Person is admitted as an Inpatient to a Hospital and continuously confined for at least 24 continuous hours and is charged for room and board facilities. This does not include a person who is confined in a Hospital observation unit or Emergency Room. The Hospital Confinement Benefit must also be payable for the confinement.

## **HOSPITAL CONFINEMENT BENEFIT**

We will pay a daily benefit when a Covered Person requires Hospital Confinement for at least 18 continuous hours. This benefit is payable up to 365 days per Covered Person per Hospital Confinement. We will not pay this benefit for outpatient treatment or a stay of less than 18 hours in an observation unit or Emergency Room. Successive Hospital stays will be considered as one confinement if they are: due to the same or related Sickness or Accident; and separated by less than 30 days of confinement to a Hospital or Rehabilitation Facility.

A Hospital is not an institution, or part thereof, used as: a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a rehabilitative facility; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction.

## **INTENSIVE CARE UNIT/CONFINEMENT BENEFIT**

When a Covered Person is confined in an Intensive Care Unit, as defined in the policy, we will pay you a daily benefit up to 30 days for one period of Hospital Confinement. One day is a continuous 24-hour period, if the covered person is confined to the ICU for only a portion of a day, we will pay a pro rata amount. **This benefit is paid in addition to the Hospital Confinement Benefit.**

## **AMBULANCE BENEFIT**

We will pay a benefit when a Covered Person requires ambulance transportation to a Hospital or Rehabilitation Facility and is confined as an Inpatient. A licensed ambulance company must provide the transportation. We will pay this benefit for any combination of air or ground ambulance service up to two trips per Covered Person per Calendar Year. If air and ground ambulance service are both required in the same day, we will pay only the highest benefit amount.

## **REHABILITATION FACILITY CONFINEMENT BENEFIT**

When a Covered Person is confined to a bed as a resident Inpatient in a Rehabilitation Facility, as defined in the policy, we will pay a daily benefit up to 30 days for one period of Confinement. Confinement must be at least 18 consecutive hours and begin immediately following a Hospital Confinement.

Successive Rehabilitation Facility stays will be considered as one confinement if they are; due to the same or related Sickness or Injury; and separated by less than 30 days of confinement to a Hospital or Rehabilitation Facility.

## **WAIVER OF PREMIUM BENEFIT**

After you have received the Hospital Confinement Benefit or the Rehabilitation Facility Benefit, or a combination of the two, for 30 consecutive days, we will waive any premium due for the policy and any attached riders after those 30 days. Premium will be waived until the end of the policy month when you are no longer receiving Hospital Confinement or Rehabilitation Facility Benefits, or upon your death, whichever is earlier. Premium must then be paid for the policy to stay in force. This benefit does not apply to a Spouse or Eligible Dependent Child.

# Policy Provisions

## **ELIGIBILITY**

All permanent employees of the Subscribing Employer Unit not including temporary or seasonal employees who are on Active Service.

## **EFFECTIVE DATE OF COVERAGE**

If you are eligible, your insurance will take effect on the requested Effective Date; or the Effective Date assigned by us upon approval of your written application, whichever is later, if our underwriting rules are met; you are on Active Service; and premium has been paid.

If you are not on Active Service due to an Accident, Injury, or Sickness when your coverage is to take effect, it will take effect on the first day of the calendar month after the date you return to Active Service.

## **ACTIVE SERVICE**

You are on Active Service if you are doing in the usual manner all of the regular duties of your employment on a full-time basis on a scheduled work day; and these duties are being done at one of the places of business where you normally do such duties or at some location to which your employment sends you. You will be said to be on Active Service on a day that is not a scheduled work day only if you would be able to perform in the usual manner all of the regular duties of your employment if it were a scheduled work day.

## **DEPENDENT ELIGIBILITY**

Your Dependent will be eligible for coverage on the day you become eligible for coverage; or the day you acquire your first Dependent; whichever is later.

Dependent coverage may be elected by completing and signing an application within 31 days of the date the Dependent becomes eligible; and completing any required form of payroll deduction authorization.

## **DEPENDENT EFFECTIVE DATE**

The Effective Date of coverage for each eligible Dependent will be the first of the month following:

- (1) Our acceptance of the application; and
- (2) receipt of the first premium.

However, if on such date your coverage has not yet taken effect, the Effective Date for Dependent coverage will be the same as your Effective Date. In all other instances, if a Dependent is Totally Disabled on the date coverage (with respect to that particular Dependent) would otherwise take effect, the coverage of that Dependent will be deferred until the first of the month following the Dependent's cessation of Total Disability.

## **DEPENDENT**

Means your married spouse who is under age 70 and who lives with you; your child (natural, step, adopted, or a minor for whom guardianship is granted to you by court or testamentary appointment, other than temporary guardianship of less than 12 months duration) who:

- (a) is less than 26 years of age; or
- (b) your child who becomes incapable of self-support because of mental or physical handicap while covered under the Policy and prior to reaching the limiting age for dependent children. The child must be dependent on you for support and maintenance. We must receive proof of incapacity within 31 days after coverage would otherwise terminate. Coverage will then continue as long as your insurance stays in force and the child remains incapacitated. Additional proof may be required from time to time but not more often than once a year after the child attains age 26; or
- (c) any minor under your charge, care and control, who has been placed in your home for adoption and is less than 26 years of age; or
- (d) any child for whom you must provide medical support under an order issued under Chapter 154, Family Code, or enforceable by a court in Texas; or
- (e) grandchildren if those children are your Dependents for federal income tax purposes at the time of application for coverage of the grandchild is made; or
- (f) any minor if you are a party in a suit in which the adoption of the child is sought.



# Policy Provisions (con't)

## TOTAL DISABILITY (OR TOTALLY DISABLED)

Means you are prevented from performing the material and substantial duties of your occupation. For Dependents, "Totally Disabled" means the inability to perform the normal activities of a person of like age in good health.

## EXCLUSIONS

No benefits will be provided for loss incurred for Sickness, or Injuries received in an Accident, that is caused by or occurs as a result of:

- (1) intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane;
- (2) travel in or descent from any vehicle of aerial navigation or form of flight aviation other than as a fare-paying passenger in a fully licensed/passenger carrying aircraft;
- (3) any act that was caused by war, declared or undeclared, or service in any of the armed forces;
- (4) participation in any activity or event while under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions;
- (5) participation in, or attempting to participate in, a felony, riot or insurrection (A felony is as defined by the law of the jurisdiction in which the activity takes place.);
- (6) alcoholism or drug addiction, unless drugs are taken as prescribed by a Physician;
- (7) dental care or dental procedures, unless due to a covered Accident;
- (8) treatment received in a Hospital for a newborn child that is not due to Sickness or Injury;
- (9) pregnancy of a Dependent Child, including services rendered to her and her child after birth. Complications of pregnancy of a Dependent child will be covered the same as any other illness. Complications of pregnancy include conditions requiring medical treatment (when the pregnancy is not terminated) whose diagnoses are distinct from pregnancy, but are adversely affected by pregnancy, including but not limited to: acute nephritis, nephrosis, cardiac decompensation, missed abortion, and similar medical and surgical conditions of comparable severity. Complications of Pregnancy also include non-elective cesarean section, ectopic pregnancy, and spontaneous termination of pregnancy that occurs during a period of gestation in which a viable birth is not possible. Complications of Pregnancy do not include hyperemesis gravidarum, pre-eclampsia, false labor, occasional spotting, Physician-prescribed rest during pregnancy, morning sickness and similar conditions associated with the management of a difficult pregnancy not constituting a classifiably distinct complication of pregnancy;
- (10) a neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind (Alzheimer's Disease and other organic senile dementia are covered under this policy.);

- (11) medical treatment received outside the United States or its territories;
- (12) services rendered by a member of the immediate family of a Covered Person;
- (13) cosmetic surgery, including complications of cosmetic surgery, that is not Medically Necessary (Correction of congenital birth defects or anomalies of a child, or reconstructive surgery related to a covered Sickness or Injury is not included.);
- (14) elective surgery, including complications of elective surgery;
- (15) participation in any sport for pay or profit;
- (16) participation in any contest of speed in a power driven vehicle for pay or profit; or
- (17) participation in parachuting, bungee jumping, rappelling, mountain climbing, or hang gliding.
- (18) no benefits are payable for any loss incurred during the time period stated on the Schedule following the Covered Person's Effective Date of coverage as a result of a Pre-Existing Condition, as defined in the Policy.
- (19) Accident or Sickness arising out of and in the course of any occupation for compensation, wage, or profit; (This does not apply to those sole proprietors or partners not covered by Workers' Compensation.)

## PRE-EXISTING CONDITION LIMITATION

A disease, Accident, Injury, Sickness, physical condition, or mental illness for which the Covered Person has experienced any of the following: (1) treatment; (2) incurred expense; (3) took medication; (4) received care or services including diagnostic testing or related measures; or (5) received a diagnosis or advice from a Physician; during the 12-month Pre-Existing Condition Period, immediately before the Effective Date of the Covered Person's coverage. The term "Pre-Existing Condition" will also include conditions that are related to such disease, Accident, Injury, Sickness, physical condition or mental illness. No benefits are payable for any loss incurred during the 12 months following the Covered Person's Effective Date of coverage as a result of a Pre-Existing Condition, as defined in the Policy.

## TERMINATION OF INSURANCE

**Your Coverage:** Your coverage will end on the earliest of: (1) the date you do not meet the Eligibility requirements as defined in your Policy; (2) the date you retire; (3) the date you cease to be on Active Service as defined in your Policy; (4) the end of the last period for which premium has been paid; (5) the date the Policy is discontinued.

**Coverage On Your Dependent(s):** Insurance coverage on a Dependent will end on the earliest of the date: (1) the date your coverage terminates; (2) the date of the last period for which premium has been paid; (3) the date the Dependent no longer meets the definition of Dependent as defined in your Policy; or (4) the date the Policy is modified so as to exclude Dependent Coverage.

We or the Policyholder may end the Policy on any premium due date. Thirty-one (31) days advance written notice of such termination must be given. We may end the coverage if you make a fraudulent claim. We may end the coverage of a Subscribing Employer Unit if fewer persons are insured than required by the Policyholder's application.

**This product is inappropriate for persons eligible for Medicare or Medicaid.**



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## HEALTH SAVINGS ACCOUNTS

A Health Savings Account (HSA) is an individually owned savings account that allows you to set aside money for health care tax-free whenever you select an HSA qualified High Deductible Health Plan (HDHP). Money left in the account can accumulate interest tax-free and money used to pay for qualified medical expenses can be distributed tax-free. Through your employer's Section 125 Plan, you can contribute pre-tax amounts up to the yearly maximum allowed.

### SOME HIGHLIGHTS OF HSAs

- HSA contributions receive tax-favored treatment (Pre-tax if made through a Section 125 Plan or tax deductible if made directly to the HSA)
- Earned interest may be tax-free.
- Interest earned is applied to your account starting with first dollar contribution.
- Distributions are not taxed when funds are used for qualified medical expenses.
- You decide when and how to use your money.
- No "use or lose" requirement meaning whatever deposits you make each year may be left on deposit to earn interest and to be available to pay for medical expenses in future years.
- You may pay for qualified medical expenses for yourself, your spouse, and your tax dependents regardless of whether or not they are on your health plan.
- No matter where you go, your account follows you. Even if you change jobs, change medical coverage, become unemployed, move to another state, or change your marital status, your HSA goes with you. You own it!
- If you do not remain a qualified individual, you may continue to earn interest and pay for qualified medical expenses as long as there are funds in your account.

### CONTRIBUTIONS

If you are eligible to make contributions, you may contribute up to the annual maximum amount allowed by law in any given tax-year. The IRS establishes the maximum amounts on an annual basis. The 2015 maximum allowable is \$3,350 for an individual or \$6,650 for a family. If your HDHP is effective other than January 1 and you wish to make the maximum annual contribution, you must meet certain requirements. Go to [www.afhsa.com](http://www.afhsa.com) for more information.

If you are age 55 and older, you are eligible to make an annual catch-up contribution of \$1,000. HSAs are owned by one individual, so if you and your spouse are covered under the family HDHP and both of you are age 55 or older, only you as the owner of the account may make the catch up contribution. Your spouse would be required to establish his or her own HSA to make catch-up contributions.

### QUALIFIED MEDICAL EXPENSES

There are many expenses that qualify for tax-free distributions. For a listing, you can refer to the HSA Eligible Expenses listed on [www.afhsa.com](http://www.afhsa.com). If you use funds for any expenses that are not qualified medical expenses, then the funds distributed are subject to income tax and a 20% additional tax penalty. The distributions used for expenses that are not qualified medical expenses must be reported on your income tax return.

Additional information on qualified medical expenses can be found in IRS Publication 502 at [www.irs.gov](http://www.irs.gov). Even though Publication 502 is a valuable resource on what qualifies as a medical expense, it addresses only what expenses are deductible. It does not describe rules specific to HSA distributions.

### MAKING WITHDRAWALS FROM YOUR HSA

You can withdraw funds from your account in three ways: 1. HSA Debit Card; 2. On-Line Distribution Request; 3. Distribution Form. You can use the money from your HSA as follows:

1. You can only use the funds that have been deposited.
2. You can withdraw funds for qualified medical expenses incurred after the date your account is established.
3. You may elect to make withdrawals from your HSA when the expenses are incurred, or you may make withdrawals for these expenses anytime in the future. There is no time limit.



The IRS requires that you keep receipts to prove that your HSA funds were used to pay for qualified medical expenses in order to receive the tax benefit. Although you are not required to send your receipts with your income tax return, keeping your receipts with your tax information is an excellent way to ensure proper documentation. You will receive two forms each year as a result of having an HSA: 1) a 1099-SA which shows the total distributions from your account will be mailed by January 31, and 2) a 5498-SA which shows total contributions to your account will be mailed by May 31. Each of these forms will be sent to the IRS but you are not required to include them with your income tax returns.

## ELIGIBILITY REQUIREMENTS

To be eligible to establish and contribute to an HSA, you must meet the following requirements:

1. You must participate in an HSA qualified HDHP.
2. You may not be claimed as a dependent on anyone else's tax return.
3. You may not be covered under non-HDHP coverage other than "permitted coverage" or "permitted insurance" and/or preventative care. Products such as Cancer, Accident, Long Term Care, and Disability Income are usually considered permitted coverage/insurance. Check with your employer or the insurance provider to be sure.
4. You may not have a general purpose Health Flexible Spending Account (Health FSA) or a general purpose Health Reimbursement Arrangement (HRA). However, you may have a Limited Purpose Health FSA or HRA which allows for dental and vision expense reimbursement only should your employer offer this benefit. Note: If you are covered under your spouse's general purpose Health FSA or HRA, then you are not eligible to establish and contribute to an HSA. In addition, your eligibility may be affected if you have access to the following: Employer's on-site clinic, VA benefits, Tri-Care or an Indian Clinic.
5. You may not be enrolled in Medicare.

## INTEREST & ACCOUNT FEES

HSA funds are deposited into an interest bearing FDIC insured account. The more you save the more you earn. Monthly maintenance and transaction fees may apply and will be deducted from your account. Check with your employer for the interest/fee schedule.

If you seek higher returns or value security, we do not charge transaction fees or broker commissions when we give you access to investment fund options that cover the spectrum of investment risks. (Fees associated with certain mutual funds may be incurred. Review the mutual funds prospectus for additional information when you are ready to invest.)

## SUMMARY

HSAs give you savings potential, flexibility, portability, and tax savings unlike any other health plan. By enrolling in a qualified HDHP, you save on premiums. By investing those savings into an HSA, you can save for medical expenses in the future.

Individuals who elect an HSA with us will receive a welcome packet outlining all the information associated with the account. This flyer is meant to provide you high level information on HSAs. For more information on HSAs visit our website at [www.afhsa.com](http://www.afhsa.com). There you will find an overview specific to employees/individuals along with other helpful information.

## CONTACT INFORMATION

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Fax - (405) 523-5072  
Email - [HSA-Support@americanfidelity.com](mailto:HSA-Support@americanfidelity.com)  
Website - [www.afhsa.com](http://www.afhsa.com)

*American Fidelity Health Services Administration and its affiliates do not provide legal or tax advice and the information provided is general in nature and should not be considered legal or tax advice. You should consult with an attorney or tax professional regarding legal or tax advice.*



If you were told you had cancer,  
what might you or your  
family have to do without?



CAR



SAVINGS



HOME

Even with health insurance, out-of-pocket expenses averaged \$712 per month for co-payments, doctor visits, prescription drugs, lost wages, travel to appointments and other expenses.<sup>1</sup>

<sup>1</sup> *Medical Bills Force Cancer Patients to Skimp On Care and Necessities*, Duke Medicine News and Communications, DukeHealth.org, June 6, 2011.

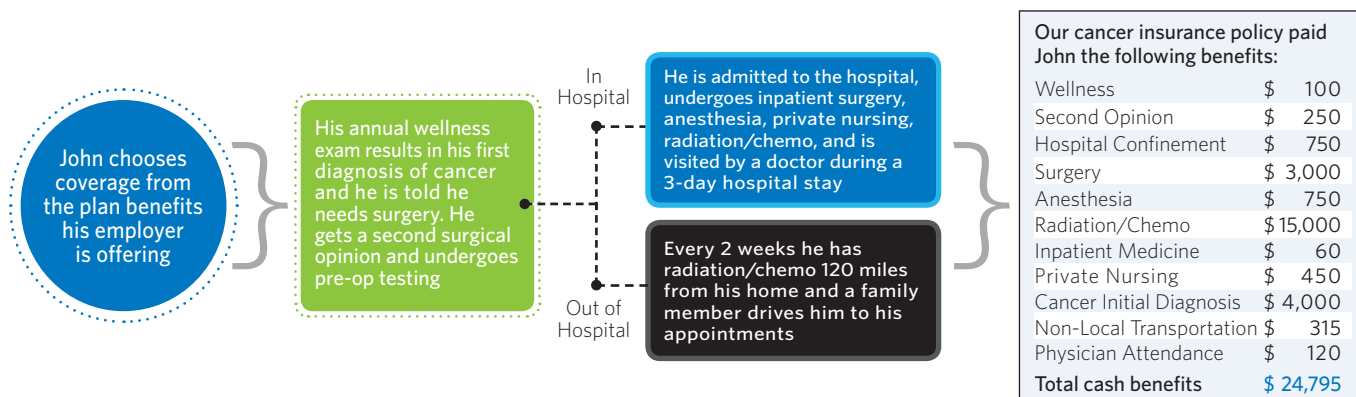
THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. 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. (TX only)

# cancer

Allstate Benefits (AB) cancer coverage provides cash benefits for cancer and 20 specified diseases, and can help cover the costs of treatments and expenses as they happen.

Receiving a diagnosis of cancer or a specified disease can be difficult on anyone, both emotionally and financially. Having the right coverage to help when undergoing treatments is important. Our cancer coverage can help provide added financial security when it is needed most.

Cancer coverage can help offer peace of mind when a diagnosis of cancer or a specified disease occurs. Below is an example of how benefits might be paid.\*



## i meeting your needs

Our cancer coverage offers you and your family 24/7 protection from cancer and specified disease.

Here's what you get:

- Coverage for Cancer and 20 other specified diseases
- Benefits that are paid in addition to any other insurance you may have, and as costs are incurred for treatment.
- Can be used for non-medical expenses health insurance might not cover.
- Guaranteed renewable for life, subject to change in premiums by class
- Waiver of premium after 90 days of disability due to cancer for as long as your disability lasts\*\*

\*\* primary insured only

## 👍 benefit coverage highlights

Cancer and specified disease benefits can help cover the costs of specific treatments and expenses as they happen. Terms and conditions for each benefit may vary by state.

**20 Specified Diseases Covered** - Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Typhoid Fever, Bubonic Plague, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Epidemic Cerebrospinal Meningitis, Undulant Fever, Sickle Cell Anemia, Rocky Mountain Spotted Fever, Smallpox, Addison's Disease, Hansen's Disease, Tularemia.

### RIDER BENEFIT

**Cancer Initial Diagnosis Level Benefit (CLR1)** - Pays a one time benefit when you are diagnosed for the first time with cancer (other than skin cancer).

### RADIATION/CHEMOTHERAPY BENEFITS

**Radiation Therapy, Radio-Active Isotopes Therapy, Chemotherapy and Immunotherapy** - Pays for covered treatment to destroy or modify cancerous tissue.

**Blood, Plasma and Platelets** - Pays for blood, plasma and platelets. Includes charges for transfusions, administration, processing, procurement and cross matching.



In the U.S., men have slightly less than a 1 in 2 lifetime risk of developing cancer; for women, the risk is a little more than 1 in 3.<sup>1</sup>

<sup>2</sup> Cancer Facts & Figures, American Cancer Society, 2010.

## **SURGERY AND RELATED BENEFITS**

**Inpatient Surgery\*** - Pays for an inpatient operation.

**Outpatient Surgery\*** - Pays for an outpatient operation.

**Second Surgical Opinion** - Pays when you get a second surgical opinion.

**Anesthesia** - Pays for an anesthesiologist. Maximum of \$100 for skin cancer.

**Ambulatory Surgical Center** - Pays daily for surgery at an Ambulatory Surgical Center.

## **HOSPITAL CONFINEMENT BENEFITS**

**Hospital Confinement** - Pays daily for inpatient confinement up to 70 days.

**Extended Hospital Confinement** - Pays daily when continuously confined in a hospital for more than 70 days. In lieu of all other benefits.

**Government or Charity Hospital** - Pays daily for inpatient confinement to a U.S. government hospital (including Veteran's Administration) or a hospital that does not charge for its services. In lieu of all other benefits.

**Private Duty Nursing Services** - Pays daily when you require physician authorized private nursing services while a hospital inpatient.

**Extended Care Facility** - Pays daily for care at an extended care facility (within 14 days of a hospital stay).

**At Home Nursing** - Pays daily for physician authorized private nursing care (within 14 days of a hospital stay).

## **LODGING AND TRANSPORTATION BENEFITS**

**Ambulance** - Pays for transfer by ambulance service to or from a hospital.

**Non-Local Transportation** - Pays transportation when you have treatment not available locally (limit 700 miles).

**Family Member Transportation** - Pays when you are an inpatient at a non-local hospital for specialized treatment (limit 700 miles). Not paid if family member lives in the same town and car mileage is paid under non-local transportation.

**Family Member Lodging** - Pays daily when one adult family member accompanies you to receive treatment at a non-local hospital (more than 100 miles from family member's home), up to 60 days.

**Outpatient Lodging** - Pays daily when you are receiving radiation or chemotherapy on an outpatient basis non-locally (more than 100 miles from home).

## **MISCELLANEOUS BENEFITS**

**Hospice Care (Freestanding Hospice Care Center or Hospice Care Team)** - Pays daily when your physician approves and determines terminal illness requires hospice care at home or in a freestanding hospice care center (within 14 days of hospital confinement).

**Inpatient Drugs and Medicine** - Pays daily when you receive drugs and medicine while a hospital inpatient.

**Physician's Attendance** - Pays daily for one visit a day by one physician while a hospital inpatient.

**New or Experimental Treatment** - Pays for physician approved new or experimental treatments. **Stem cell transplants are covered under this benefit.**

**Physical or Speech Therapy** - Pays daily for physical or speech therapy to restore normal body function.

**Prosthesis** - Pays for a prosthetic device that requires surgical implanting.

**Skin Cancer** - Pays for removal of skin cancer diagnosed by a doctor who is not a pathologist.

**Premium Waiver (primary insured only)** - Pays your premiums after 90 days in a row of disability due to cancer, for as long as disability lasts.

## **RIDER BENEFITS**

**Wellness Benefit (WBR5)** - Pays yearly for one of the following tests: Biopsy for skin cancer; Blood tests for triglycerides, Bone Marrow Testing, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), and PSA (prostate cancer); Chest X-ray; Colonoscopy; Doppler screening for carotids; Doppler screening for peripheral vascular disease; Echocardiogram; EKG; Flexible sigmoidoscopy; Hemocult stool analysis; HPV Vaccination; Lipid panel (total cholesterol count);

\*Assistant and cosurgeons are not covered. Two or more surgical procedures done at the same time, through one incision, are considered one operation. The operation with the largest benefit will be paid.



Mammography, including Breast Ultrasound; Pap Smear, including ThinPrep Pap; Serum Protein Electrophoresis (test for myeloma); Stress test on bike or treadmill; Thermography; and Ultrasound screening for abdominal aortic aneurysms.

**Hospital Intensive Care (ICR2)** - Pays daily for intensive care and ambulance transportation. Ambulance ICR benefit is not paid if the base policy ambulance benefit is paid.

**Cancer and Specified Disease Additional Benefit (CABR1)<sup>†</sup>** - Enhances some benefits of the base policy; and adds new ones not in the base policy. The dollar amount is included with each of the base policy benefits where applicable.

Benefits enhanced by the CAB rider are: Hospital Confinement; Extended Hospital Confinement, Inpatient Drugs and Medicine; Second Surgical Opinion; Physician's Attendance; Private Duty Nursing Services; Radiation Therapy, Radioactive Isotopes Therapy, Chemotherapy, or Immunotherapy, Blood, Plasma and Platelets; Non-Local Transportation; Family Member Transportation; Ambulatory Surgical Center; Hospice Care; and Physical or Speech Therapy. (See benefit amounts listed on appropriate state specific insert).

Benefits below are paid in addition to the base policy.

**Medical Imaging** - Pays yearly for an initial diagnosis or follow-up evaluation based on a covered imaging exam.

**Comfort/Anti-Nausea** - Pays yearly for prescribed anti-nausea medication administered on an outpatient basis.

**Hematological Drugs** - Pays yearly for drugs to boost cell lines such as white and red blood cell counts and platelets when Radiation Therapy, Radio-Active Isotopes Therapy, Chemotherapy and Immunotherapy benefit is paid.

**Hair Prosthesis** - Pays every 2 years when you experience hair loss and require a wig or hairpiece.

**Nonsurgical External Breast Prosthesis** - Pays for the initial nonsurgical breast prosthesis after a covered mastectomy or partial mastectomy.

## **POLICY AND RIDER SPECIFICATIONS**

**Renewability** - The policy is guaranteed renewable for life, subject to change in premiums by class. All premiums may change on a class basis. A notice is mailed in advance of any change.

**Eligibility/Termination** - (a) Coverage may include you, your spouse and children. (b) Coverage for children terminates following the date the child reaches age 26, or does not meet the requirements of an eligible dependent. (c) Spouse coverage ends upon valid decree of divorce.

**Rider Termination** - The riders terminate: at the end of the grace period; or if the policy terminates; or on the next renewal date after you request termination.

**Policy and Rider(s) Waiting Period** - The policy and rider(s) have a 30-day waiting period that starts on the effective date. Benefits are not paid for any person diagnosed with cancer or a specified disease before coverage is in force 30 days from the effective date. If diagnosis is after signing the application, but before the end of the waiting period, benefits for treatment of that cancer or specified disease will apply to losses beginning after 2 years from the effective date; or, you may void the policy and receive a full refund of premium.

**Exceptions and Limitations** - (a) Benefits are not paid for any loss, except for losses due to cancer or specified disease. (b) Benefits are not paid for losses caused, complicated, worsened or affected by cancer or a specified disease or as a result of cancer or specified disease treatment. (c) Treatment must be received in the U.S. or its territories.

**Hospice Care Team Benefit Limitation** - Services for food or meals, well-baby care, volunteers or support for the family after covered person's death are not covered.

**Radiation Therapy, Radio-Active Isotopes Therapy, Chemotherapy and Immunotherapy Limitations** - Does not pay for: treatment emergency room charges; dressings; medications other than chemotherapeutic drugs; medical supplies; X-rays, scans, and their interpretations

**Hospital Intensive Care Rider (ICR2) Exceptions and Limitations** - (a) Benefits are not paid due to: (1) an attempted suicide or self-inflicted injury; (2) intoxication or being under the influence of drugs not prescribed by a physician; (3) alcoholism or drug addiction. (b) Benefits are not paid for continuous intensive care confinements occurring during hospitalization that begins before the rider effective date. (c) Children born within 10 months of the rider effective date are not covered for continuous hospital intensive care confinement that occurs or begins during the first 30 days of such child's life.

<sup>†</sup>Cancer and Specified Disease Additional Benefit (CAB) Rider must be purchased to receive the additional benefits described.

## STATE VARIATIONS

**Arkansas (changes affect page 4)** - In the **Exceptions and Limitations** paragraph, item (b) is deleted. In the **Hospital Intensive Care Rider (ICR2) Exceptions and Limitations** paragraph, item (a)(2) is replaced with: Losses sustained or contracted as a result of being intoxicated or under the influence of any controlled substance, unless administered on the advice of a physician.

**Georgia (change affects page 4)** - In the **Hospital Intensive Care Rider (ICR2) Exceptions and Limitations** paragraph, item (a)(2) is replaced with: Losses sustained or contracted as a result of being intoxicated or under the influence of any narcotic, unless administered on the advice of a physician. Item (c) is deleted.

**Louisiana (change affects page 4)** - In the **Hospital Intensive Care Rider (ICR2) Exceptions and Limitations** paragraph, item (a)(2) is replaced with: "intoxication or being under the influence of any narcotic not prescribed or recommended by a physician." Item (c) is deleted.

**Texas (change affects page 4)** - In the **Hospital Intensive Care Rider (ICR2) Exceptions and Limitations** paragraph, item (a)(2) is replaced with: Any loss sustained or contracted in consequence of the insured's being intoxicated or under the influence of any narcotic, unless administered on the advice of a physician. Item (c) is deleted.

**This material is valid as long as information remains current, but in no event later than January 1, 2014.** Benefits are provided by the following forms or state variations thereof: CP10B, CLR1, CABR1, WBR5, and ICR2. **Coverage is provided by limited benefit supplemental insurance.**

The policy is **Limited Benefit Cancer and Specified Disease Insurance**. This is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits.

This brochure highlights some features of the policy and riders but is not the insurance contract. Only the actual policy and rider provisions control. The policy and riders set forth, in detail, the rights and obligations of both the policyholder and the insurance company. For complete details, contact your Insurance Agent, or call Allstate Benefits at 1-800-521-3535. Underwritten by American Heritage Life Insurance Company. This is a brief overview of the benefits available under the Cancer CP10 Policy issued by Allstate Benefits. Details of the insurance, including exclusions, restrictions and other provisions are included in the policy and riders issued.

This brochure is for use in: AL, AR, GA, LA, MS, TX, and VI



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## cancer

	Basic	Enhanced	Premier
<b>RIDER BENEFIT</b>			
Cancer Initial Diagnosis Level Benefit	\$2,000 <sup>1</sup>	\$4,000 <sup>1</sup>	\$5,000 <sup>1</sup>
<b>RADIATION/CHEMOTHERAPY BENEFITS</b>			
Radiation Therapy, Radio-Active Isotopes Therapy, Chemotherapy, and Immunotherapy*	\$10,000 <sup>2</sup>	\$15,000 <sup>2,3</sup>	\$20,000 <sup>2,3</sup>
Blood, Plasma, and Platelets*	\$10,000 <sup>2</sup>	\$15,000 <sup>2,3</sup>	\$20,000 <sup>2,3</sup>
<b>SURGERY AND RELATED BENEFITS</b>			
Inpatient Surgery*	\$3,000	\$3,000	\$3,000
Outpatient Surgery*	\$4,500	\$4,500	\$4,500
Second Surgical Opinion*	\$200	\$250 <sup>3</sup>	\$300 <sup>3</sup>
Anesthesia* (% of surgery)	25% <sup>4</sup>	25% <sup>4</sup>	25% <sup>4</sup>
Ambulatory Surgical Center* (per day)	\$250	\$375 <sup>3</sup>	\$500 <sup>3</sup>
<b>HOSPITAL CONFINEMENT BENEFITS</b>			
Hospital Confinement (per day)	\$200	\$250 <sup>3</sup>	\$300 <sup>3</sup>
Extended Hospital Confinement* (per day)	\$200	\$300 <sup>3</sup>	\$400 <sup>3</sup>
Government or Charity Hospital (per day)	\$100	\$100	\$100
Private Duty Nursing Services* (per day)	\$100	\$150 <sup>3</sup>	\$200 <sup>3</sup>
Extended Care Facility* (per day)	\$100	\$100	\$100
At Home Nursing* (per day)	\$100	\$100	\$100
<b>LODGING AND TRANSPORTATION BENEFITS</b>			
Ambulance*	\$200	\$200	\$200
Non-Local Transportation (Coach Fare or amt. per mile)	\$0.40	\$0.45 <sup>3</sup>	\$0.50 <sup>3</sup>
Family Member Transportation (Coach Fare or amt. per mile)	\$0.40	\$0.45 <sup>3</sup>	\$0.50 <sup>3</sup>
Family Member Lodging* (per day)	\$100	\$100	\$100
Outpatient Lodging* (per day)	\$100 <sup>5</sup>	\$100 <sup>5</sup>	\$100 <sup>5</sup>
<b>MISCELLANEOUS BENEFITS</b>			
Hospice Care* (per day)	\$100	\$150 <sup>3</sup>	\$200 <sup>3</sup>
Inpatient Drugs and Medicine* (per day)	\$10	\$20 <sup>3</sup>	\$30 <sup>3</sup>
Physician's Attendance* (per day)	\$30	\$40 <sup>3</sup>	\$50 <sup>3</sup>
New or Experimental Treatment*	\$10,000 <sup>2</sup>	\$10,000 <sup>2</sup>	\$10,000 <sup>2</sup>
Physical or Speech Therapy* (per day)	\$25	\$50 <sup>3</sup>	\$75 <sup>3</sup>
Prosthesis*	\$2,000 <sup>6</sup>	\$2,000 <sup>6</sup>	\$2,000 <sup>6</sup>
Skin Cancer*	\$120 <sup>7</sup>	\$120 <sup>7</sup>	\$120 <sup>7</sup>
Premium Waiver	Yes	Yes	Yes
<b>RIDER BENEFITS</b>			
Wellness (per year)	\$50	\$100	\$100
Hospital Intensive Care (+Ambulance) (per day)	\$600 <sup>8</sup>	\$600 <sup>8</sup>	\$600 <sup>8</sup>
<b>Cancer and Specified Disease Additional Benefits</b>			
Medical Imaging* (per year)	No	\$250	\$500
Comfort/Anti-Nausea* (per year)	No	\$100	\$200
Hematological Drugs* (per year)	No	\$100	\$200
Hair Prosthesis (every 2 years)	No	\$25	\$50
Nonsurgical External Breast Prosthesis*	No	\$50	\$100

Listed to the left are benefit amounts associated with the benefits described in the brochure.

\* Pays for charges/costs up to amount listed.

<sup>1</sup> One time benefit.

<sup>2</sup> Per 12 mos.

<sup>3</sup> Includes the CAB Rider which increases the base policy benefit.

<sup>4</sup> \$100 for Skin Cancer.

<sup>5</sup> Limit \$4,000 per 12 mo. period.

<sup>6</sup> Per amputation.

<sup>7</sup> For first removal. \$60 each additional.

<sup>8</sup> Reduces to \$300 at age 70. Pays charges for transportation to ICU. Ambulance ICR Benefit not paid if the base policy ambulance benefit is paid.



## premiums

MODE	BASIC (200) PLAN	EE	F
Weekly	Cancer Plan	\$4.21	\$7.25
	Cancer Plan + ICU Rider	\$5.59	\$10.02
Monthly	Cancer Plan	\$18.22	\$31.42
	Cancer Plan + ICU Rider	\$24.21	\$43.41

MODE	ENHANCED (300) PLAN	EE	F
Weekly	Cancer Plan	\$6.11	\$10.86
	Cancer Plan + ICU Rider	\$7.49	\$13.62
Monthly	Cancer Plan	\$26.47	\$47.03
	Cancer Plan + ICU Rider	\$32.46	\$59.02

MODE	PREMIER (400) PLAN	EE	F
Weekly	Cancer Plan	\$7.47	\$13.53
	Cancer Plan + ICU Rider	\$8.85	\$16.30
Monthly	Cancer Plan	\$32.35	\$58.63
	Cancer Plan + ICU Rider	\$38.34	\$70.62

EE = Employee; F = Family.

Issue Ages: 18-64

This insert is for use in: AL, AR, GA, KY, LA, MS, TX, VI

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# If you have an accident, will it hurt your bank account too?

Unum's accident insurance gives you something to fall back on.

## Life can take a tumble.

With a full-time job and three active kids, Marsha has a lot of demands on her time — and her pocketbook. So if her kids break something other than a window, she doesn't want an injury to break her bank account as well.



## Benefits that pay for covered accidents while you are on the road to recovery

Unum's coverage provides a lump sum benefit based on the type of injury (or covered incident) you sustain or the type of treatment you need.

### Examples of covered injuries include:

- broken bones
- burns
- torn ligaments
- cuts repaired by stitches
- coma due to a covered injury
- eye injuries
- ruptured discs
- concussion

### Some covered expenses include:

- emergency room treatment
- outpatient surgery facility
- doctor office visit
- hospitalization
- occupational therapy
- speech therapy
- chiropractic visit
- physical therapy

See the schedule of benefits for a full list of covered injuries and expenses.

## Who's at risk?

- Every 10 minutes, over 700 Americans suffer an injury severe enough to seek medical help.<sup>1</sup>
- About two-thirds of disabling injuries suffered by American workers are not work-related, and therefore not covered by workers' compensation.<sup>2</sup>

## An illustrative example of how accident coverage can help you with your expenses\*

### 40-year-old claimant

Accident: Fall at home  
Injury: Broken toe and ACL tear (knee ligament injury)

### Out-of-pocket expenses incurred:

\$100 emergency room copay  
\$500 deductible  
\$875 coinsurance for surgery (\$3,500 x 25%)  
\$90 copay for six physical therapy visits  
**Total out-of-pocket expenses: \$1,565**

### Benefits paid:

\$150 emergency room visit  
\$100 appliance (knee brace)  
\$150 fractured toe  
\$800 surgical ligament tear repair  
\$75 follow-up appointment  
\$150 for six physical therapy sessions  
**Total benefit paid under policy: \$1,425**

\*Costs of treatment and benefit amounts may vary. Example is based on the level 2 schedule of benefits.

## How to apply

To learn more, watch for information from your employer.

# Get the coverage you need.

Choose the coverage that's right for you. Your accident insurance plan can provide benefits for covered accidents that occur off the job. Accident insurance is offered to all eligible employees who are actively at work. You decide if it's right for you and your family.

## The following benefit is automatically included in your plan:

### Catastrophic Benefit

This pays an additional sum if a covered individual has a serious injury — such as loss of sight, hearing or a limb.

## Four reasons to buy this coverage at work:

1. No health questions to answer. If you apply, you automatically receive this base plan.
2. This plan is portable. You may take the coverage with you if you leave the company or retire without having to answer new health questions. Unum will bill you directly.
3. Coverage becomes effective on the first day of the month in which payroll deductions begin.
4. Premiums are conveniently deducted from your paycheck.

## Available family coverage

Who can have it?	
Spouse coverage	Ages 17 to 64
Child coverage	Dependent children newborn until their 26th birthday, regardless of marital or student status.

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage. Spouses and dependents must reside in the U.S. to receive coverage.

## My accident coverage

Coverage plan chosen: \_\_\_\_\_

Cost per pay period: \$ \_\_\_\_\_

Date deductions begin: \_\_\_\_/\_\_\_\_/\_\_\_\_

*(For your records — complete during your enrollment)*

GetBenefitSmart.com  
Finally, benefits made simple



### THIS IS A LIMITED POLICY.

- 1 National Safety Council, *Injury Facts* (2012).
- 2 National Safety Council, *Injury Facts* (2011).

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

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 that may affect any benefits payable. For complete details of coverage and availability, please refer to policy form GA-1 or contact your Unum representative.

Unum complies with all state civil union and domestic partner laws when applicable.

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**Bellville  
Independent School District**

**Group Accident**

<b>Coverage Type</b>	<b>Insured Type</b>	<b>Monthly Rate</b>
Off Job	Employee	\$12.31
	Employee/Spouse	\$19.72
	Employee/Children	\$24.40
	Family	\$31.81



# Could your bank account survive a serious illness?

Get protected with group critical illness insurance from Unum.

## Lisa's story

Lisa was planning her daughter's wedding when a stroke disrupted her plans. Thanks to her critical illness coverage, Lisa was able to afford the treatment her medical insurance didn't cover. So she was able to focus on her goal for recovery: to dance at her daughter's wedding.



## Who's at risk?

- The odds of developing cancer during a lifetime are one in two for men and one in three for women.<sup>1</sup>
- Every 34 seconds someone in America will have a coronary event.<sup>2</sup>

## Key advantage

You can use this coverage more than once. If you receive a full benefit payout for a covered illness, your coverage can be continued for the remaining covered conditions. The diagnosis of a new covered illness must occur at least 90 days after the most recent diagnosis and be medically unrelated. Each condition is payable once per lifetime.

## How to apply

To learn more, watch for information from your employer.

**GetBenefitSmart.com**  
Finally, benefits made simple



## Three reasons to buy this coverage at work

1. You get affordable rates when you buy this coverage through your employer, and the premiums are conveniently deducted from your paycheck.
2. Coverage is portable. You may take the coverage with you if you leave the company or retire without having to answer new health questions. Unum will bill you directly.
3. Coverage becomes effective on the first day of the month in which payroll deductions begin.

## How can critical illness insurance help?

Critical illness insurance can pay a lump sum benefit at the diagnosis of a critical illness. You can choose the level of coverage from \$5,000 to \$50,000 — and you can use the money any way you see fit.



Covered conditions	
Heart attack	Blindness
Major organ failure	End-stage renal (kidney) failure
Occupational HIV	Coronary artery bypass surgery; pays 25% of lump sum benefit
Benign brain tumor	
Covered conditions with time limitations	
Stroke	Evidence of persistent neurological deficits confirmed by a neurologist at least 30 days after the event
Coma	Coma resulting from severe traumatic brain injury lasting for a period of 14 or more consecutive days
Permanent paralysis	Complete and permanent loss of the use of two or more limbs for continuous 90 days as a result of a covered accident
Optional cancer conditions	
If selected by your employer, you may choose to select this benefit for an additional premium.	
Cancer	Carcinoma in situ; <sup>3</sup> pays 25% of lump sum benefit

Please see policy definitions for complete details about these covered conditions.

# Group critical illness insurance

The following benefit is automatically included in your plan:

## Wellness Benefit

Based on the plan selected by your employer, this benefit can pay \$75 per calendar year per insured individual\* if a covered health screening test is performed, including:

- Blood tests
- Chest X-rays
- Stress tests
- Mammograms
- Colonoscopies

There is an additional charge for this feature. A full list of covered tests will be provided in your certificate.

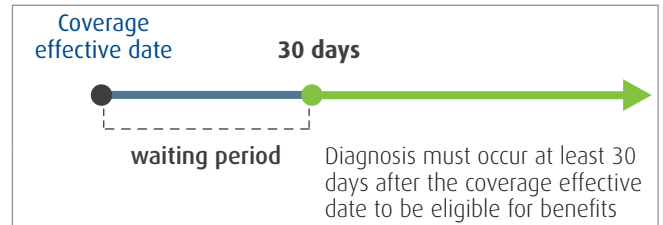
## Available family coverage

Who can have it?	Benefit
<b>Employees</b> who are actively at work	\$5,000 to \$50,000 in \$1,000 increments
<b>Dependent children</b> newborn until their 26th birthday, regardless of marital or student status All eligible children are automatically covered at 25% of the employee benefit amount (no additional cost)	Eligible children are covered for the same conditions as employee and the following specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome and spina bifida. Diagnosis must occur after the child's coverage effective date.
<b>Spouse</b> ages 17 through 64 with purchase of employee coverage	From \$5,000 to \$30,000 in \$1,000 increments

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage. Spouses and dependents must live in the U.S. to receive coverage. Employees and spouses may be covered under a policy or the Spouse Rider, but not both.

## Provisions

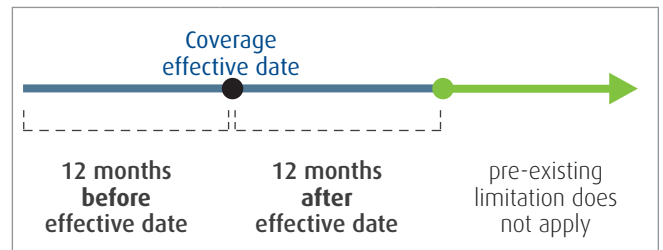
### Waiting period



Does not apply to coma, occupational HIV and permanent paralysis or the specific childhood conditions listed in the chart to the left.

### Pre-existing condition\*\* limitation

Unum will not pay benefits for a claim that is caused by, contributed to or occurs as a result of a pre-existing condition. Please refer to information provided in your certificate or consult with your benefit counselor to determine what would be considered a pre-existing condition.



\*\* A pre-existing condition is a condition for which symptoms existed (within 12 months before your coverage effective date) that would cause a person to seek treatment from a physician or for which a person was treated or received medical advice from a physician, or took prescribed medicine. The determination on whether your condition qualifies as pre-existing will be based on the date of disability and not the date you notify Unum.

### Reduction of benefits

The benefit amount for the employee and spouse reduces by 50% on the first policy anniversary date after the insured individual's 70th birthday. Premiums will not be reduced. For coverage purchased after age 70, benefit amounts will not be reduced.

### My critical illness coverage

Amount I applied for: \$ \_\_\_\_\_  
 Cost per pay period: \$ \_\_\_\_\_  
 Date deductions begin: \_\_\_\_/\_\_\_\_/\_\_\_\_

*(For your records — complete during your enrollment)*

### THIS INSURANCE PROVIDES LIMITED BENEFITS.

\* If you have purchased both enhanced group critical illness and group accident coverage with \$50 wellness benefits, Unum will pay wellness benefits for both policies (maximum benefit: \$100). This does not apply to policies with \$75 or \$100 wellness benefit amounts.

- 1 American Cancer Society, Cancer Facts & Figures 2013 (2013).
- 2 American Heart Association, "Heart Disease and Stroke Statistics — 2013 Update: A Report from the American Heart Association," Circulation (Jan. 1/8, 2013).
- 3 Carcinoma in situ is defined as cancer that involves only cells in the tissue in which it began and that has not spread to nearby tissues.

Employees must have comprehensive medical coverage before purchasing group critical illness insurance.

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

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. See the actual policy or your Unum representative for specific provisions and details of availability.

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**Bellville  
Independent School District**

Voluntary Benefits  
Group Critical Illness  
Monthly Premiums (Issue Age Rated)

<b>NON-TOBACCO Group Critical Illness - No Cancer</b>											
Benefit Amount	Issue Age Less Than 25	Issue Age 25-29	Issue Age 30-34	Issue Age 35-39	Issue Age 40-44	Issue Age 45-49	Issue Age 50-54	Issue Age 55-59	Issue Age 60-64	Issue Age 65-69	Issue Age 70 or over
5,000	1.50	1.50	1.90	2.50	3.55	4.65	6.05	7.90	10.20	12.00	23.15
6,000	1.80	1.80	2.28	3.00	4.26	5.58	7.26	9.48	12.24	14.40	27.78
7,000	2.10	2.10	2.66	3.50	4.97	6.51	8.47	11.06	14.28	16.80	32.41
8,000	2.40	2.40	3.04	4.00	5.68	7.44	9.68	12.64	16.32	19.20	37.04
9,000	2.70	2.70	3.42	4.50	6.39	8.37	10.89	14.22	18.36	21.60	41.67
10,000	3.00	3.00	3.80	5.00	7.10	9.30	12.10	15.80	20.40	24.00	46.30
11,000	3.30	3.30	4.18	5.50	7.81	10.23	13.31	17.38	22.44	26.40	50.93
12,000	3.60	3.60	4.56	6.00	8.52	11.16	14.52	18.96	24.48	28.80	55.56
13,000	3.90	3.90	4.94	6.50	9.23	12.09	15.73	20.54	26.52	31.20	60.19
14,000	4.20	4.20	5.32	7.00	9.94	13.02	16.94	22.12	28.56	33.60	64.82
15,000	4.50	4.50	5.70	7.50	10.65	13.95	18.15	23.70	30.60	36.00	69.45
16,000	4.80	4.80	6.08	8.00	11.36	14.88	19.36	25.28	32.64	38.40	74.08
17,000	5.10	5.10	6.46	8.50	12.07	15.81	20.57	26.86	34.68	40.80	78.71
18,000	5.40	5.40	6.84	9.00	12.78	16.74	21.78	28.44	36.72	43.20	83.34
19,000	5.70	5.70	7.22	9.50	13.49	17.67	22.99	30.02	38.76	45.60	87.97
20,000	6.00	6.00	7.60	10.00	14.20	18.60	24.20	31.60	40.80	48.00	92.60
21,000	6.30	6.30	7.98	10.50	14.91	19.53	25.41	33.18	42.84	50.40	97.23
22,000	6.60	6.60	8.36	11.00	15.62	20.46	26.62	34.76	44.88	52.80	101.86
23,000	6.90	6.90	8.74	11.50	16.33	21.39	27.83	36.34	46.92	55.20	106.49
24,000	7.20	7.20	9.12	12.00	17.04	22.32	29.04	37.92	48.96	57.60	111.12
25,000	7.50	7.50	9.50	12.50	17.75	23.25	30.25	39.50	51.00	60.00	115.75
26,000	7.80	7.80	9.88	13.00	18.46	24.18	31.46	41.08	53.04	62.40	120.38
27,000	8.10	8.10	10.26	13.50	19.17	25.11	32.67	42.66	55.08	64.80	125.01
28,000	8.40	8.40	10.64	14.00	19.88	26.04	33.88	44.24	57.12	67.20	129.64
29,000	8.70	8.70	11.02	14.50	20.59	26.97	35.09	45.82	59.16	69.60	134.27
30,000	9.00	9.00	11.40	15.00	21.30	27.90	36.30	47.40	61.20	72.00	138.90
35,000	10.50	10.50	13.30	17.50	24.85	32.55	42.35	55.30	71.40	84.00	162.05
40,000	12.00	12.00	15.20	20.00	28.40	37.20	48.40	63.20	81.60	96.00	185.20
45,000	13.50	13.50	17.10	22.50	31.95	41.85	54.45	71.10	91.80	108.00	208.35
50,000	15.00	15.00	19.00	25.00	35.50	46.50	60.50	79.00	102.00	120.00	231.50

<b>TOBACCO Group Critical Illness - No Cancer</b>											
Benefit Amount	Issue Age Less Than 25	Issue Age 25-29	Issue Age 30-34	Issue Age 35-39	Issue Age 40-44	Issue Age 45-49	Issue Age 50-54	Issue Age 55-59	Issue Age 60-64	Issue Age 65-69	Issue Age 70 or over
5,000	2.20	2.45	3.45	4.90	7.25	9.65	12.25	15.25	18.95	20.05	35.00
6,000	2.64	2.94	4.14	5.88	8.70	11.58	14.70	18.30	22.74	24.06	42.00
7,000	3.08	3.43	4.83	6.86	10.15	13.51	17.15	21.35	26.53	28.07	49.00
8,000	3.52	3.92	5.52	7.84	11.60	15.44	19.60	24.40	30.32	32.08	56.00
9,000	3.96	4.41	6.21	8.82	13.05	17.37	22.05	27.45	34.11	36.09	63.00
10,000	4.40	4.90	6.90	9.80	14.50	19.30	24.50	30.50	37.90	40.10	70.00
11,000	4.84	5.39	7.59	10.78	15.95	21.23	26.95	33.55	41.69	44.11	77.00
12,000	5.28	5.88	8.28	11.76	17.40	23.16	29.40	36.60	45.48	48.12	84.00
13,000	5.72	6.37	8.97	12.74	18.85	25.09	31.85	39.65	49.27	52.13	91.00
14,000	6.16	6.86	9.66	13.72	20.30	27.02	34.30	42.70	53.06	56.14	98.00
15,000	6.60	7.35	10.35	14.70	21.75	28.95	36.75	45.75	56.85	60.15	105.00
16,000	7.04	7.84	11.04	15.68	23.20	30.88	39.20	48.80	60.64	64.16	112.00
17,000	7.48	8.33	11.73	16.66	24.65	32.81	41.65	51.85	64.43	68.17	119.00
18,000	7.92	8.82	12.42	17.64	26.10	34.74	44.10	54.90	68.22	72.18	126.00
19,000	8.36	9.31	13.11	18.62	27.55	36.67	46.55	57.95	72.01	76.19	133.00
20,000	8.80	9.80	13.80	19.60	29.00	38.60	49.00	61.00	75.80	80.20	140.00
21,000	9.24	10.29	14.49	20.58	30.45	40.53	51.45	64.05	79.59	84.21	147.00
22,000	9.68	10.78	15.18	21.56	31.90	42.46	53.90	67.10	83.38	88.22	154.00
23,000	10.12	11.27	15.87	22.54	33.35	44.39	56.35	70.15	87.17	92.23	161.00
24,000	10.56	11.76	16.56	23.52	34.80	46.32	58.80	73.20	90.96	96.24	168.00
25,000	11.00	12.25	17.25	24.50	36.25	48.25	61.25	76.25	94.75	100.25	175.00
26,000	11.44	12.74	17.94	25.48	37.70	50.18	63.70	79.30	98.54	104.26	182.00
27,000	11.88	13.23	18.63	26.46	39.15	52.11	66.15	82.35	102.33	108.27	189.00
28,000	12.32	13.72	19.32	27.44	40.60	54.04	68.60	85.40	106.12	112.28	196.00
29,000	12.76	14.21	20.01	28.42	42.05	55.97	71.05	88.45	109.91	116.29	203.00
30,000	13.20	14.70	20.70	29.40	43.50	57.90	73.50	91.50	113.70	120.30	210.00
35,000	15.40	17.15	24.15	34.30	50.75	67.55	85.75	106.75	132.65	140.35	245.00
40,000	17.60	19.60	27.60	39.20	58.00	77.20	98.00	122.00	151.60	160.40	280.00
45,000	19.80	22.05	31.05	44.10	65.25	86.85	110.25	137.25	170.55	180.45	315.00
50,000	22.00	24.50	34.50	49.00	72.50	96.50	122.50	152.50	189.50	200.50	350.00

\$75 Wellness Premium  
Employee and Dependent Children 2.40  
Employee, Dependent Children and Spouse 4.80



**Bellville  
Independent School District**

Voluntary Benefits  
Group Critical Illness  
Monthly Premiums (Issue Age Rated)

<b>NON-TOBACCO Group Critical Illness - With Cancer</b>											
Benefit Amount	Issue Age Less Than 25	Issue Age 25-29	Issue Age 30-34	Issue Age 35-39	Issue Age 40-44	Issue Age 45-49	Issue Age 50-54	Issue Age 55-59	Issue Age 60-64	Issue Age 65-69	Issue Age 70 or over
5,000	2.50	2.75	3.60	4.90	6.95	9.55	12.60	16.60	21.25	23.90	42.85
6,000	3.00	3.30	4.32	5.88	8.34	11.46	15.12	19.92	25.50	28.68	51.42
7,000	3.50	3.85	5.04	6.86	9.73	13.37	17.64	23.24	29.75	33.46	59.99
8,000	4.00	4.40	5.76	7.84	11.12	15.28	20.16	26.56	34.00	38.24	68.56
9,000	4.50	4.95	6.48	8.82	12.51	17.19	22.68	29.88	38.25	43.02	77.13
10,000	5.00	5.50	7.20	9.80	13.90	19.10	25.20	33.20	42.50	47.80	85.70
11,000	5.50	6.05	7.92	10.78	15.29	21.01	27.72	36.52	46.75	52.58	94.27
12,000	6.00	6.60	8.64	11.76	16.68	22.92	30.24	39.84	51.00	57.36	102.84
13,000	6.50	7.15	9.36	12.74	18.07	24.83	32.76	43.16	55.25	62.14	111.41
14,000	7.00	7.70	10.08	13.72	19.46	26.74	35.28	46.48	59.50	66.92	119.98
15,000	7.50	8.25	10.80	14.70	20.85	28.65	37.80	49.80	63.75	71.70	128.55
16,000	8.00	8.80	11.52	15.68	22.24	30.56	40.32	53.12	68.00	76.48	137.12
17,000	8.50	9.35	12.24	16.66	23.63	32.47	42.84	56.44	72.25	81.26	145.69
18,000	9.00	9.90	12.96	17.64	25.02	34.38	45.36	59.76	76.50	86.04	154.26
19,000	9.50	10.45	13.68	18.62	26.41	36.29	47.88	63.08	80.75	90.82	162.83
20,000	10.00	11.00	14.40	19.60	27.80	38.20	50.40	66.40	85.00	95.60	171.40
21,000	10.50	11.55	15.12	20.58	29.19	40.11	52.92	69.72	89.25	100.38	179.97
22,000	11.00	12.10	15.84	21.56	30.58	42.02	55.44	73.04	93.50	105.16	188.54
23,000	11.50	12.65	16.56	22.54	31.97	43.93	57.96	76.36	97.75	109.94	197.11
24,000	12.00	13.20	17.28	23.52	33.36	45.84	60.48	79.68	102.00	114.72	205.68
25,000	12.50	13.75	18.00	24.50	34.75	47.75	63.00	83.00	106.25	119.50	214.25
26,000	13.00	14.30	18.72	25.48	36.14	49.66	65.52	86.32	110.50	124.28	222.82
27,000	13.50	14.85	19.44	26.46	37.53	51.57	68.04	89.64	114.75	129.06	231.39
28,000	14.00	15.40	20.16	27.44	38.92	53.48	70.56	92.96	119.00	133.84	239.96
29,000	14.50	15.95	20.88	28.42	40.31	55.39	73.08	96.28	123.25	138.62	248.53
30,000	15.00	16.50	21.60	29.40	41.70	57.30	75.60	99.60	127.50	143.40	257.10
35,000	17.50	19.25	25.20	34.30	48.65	66.85	88.20	116.20	148.75	167.30	299.95
40,000	20.00	22.00	28.80	39.20	55.60	76.40	100.80	132.80	170.00	191.20	342.80
45,000	22.50	24.75	32.40	44.10	62.55	85.95	113.40	149.40	191.25	215.10	385.65
50,000	25.00	27.50	36.00	49.00	69.50	95.50	126.00	166.00	212.50	239.00	428.50

<b>TOBACCO Group Critical Illness - With Cancer</b>											
Benefit Amount	Issue Age Less Than 25	Issue Age 25-29	Issue Age 30-34	Issue Age 35-39	Issue Age 40-44	Issue Age 45-49	Issue Age 50-54	Issue Age 55-59	Issue Age 60-64	Issue Age 65-69	Issue Age 70 or over
5,000	3.80	4.55	6.45	9.45	13.85	19.15	25.55	32.55	39.00	40.65	65.50
6,000	4.56	5.46	7.74	11.34	16.62	22.98	30.66	39.06	46.80	48.78	78.60
7,000	5.32	6.37	9.03	13.23	19.39	26.81	35.77	45.57	54.60	56.91	91.70
8,000	6.08	7.28	10.32	15.12	22.16	30.64	40.88	52.08	62.40	65.04	104.80
9,000	6.84	8.19	11.61	17.01	24.93	34.47	45.99	58.59	70.20	73.17	117.90
10,000	7.60	9.10	12.90	18.90	27.70	38.30	51.10	65.10	78.00	81.30	131.00
11,000	8.36	10.01	14.19	20.79	30.47	42.13	56.21	71.61	85.80	89.43	144.10
12,000	9.12	10.92	15.48	22.68	33.24	45.96	61.32	78.12	93.60	97.56	157.20
13,000	9.88	11.83	16.77	24.57	36.01	49.79	66.43	84.63	101.40	105.69	170.30
14,000	10.64	12.74	18.06	26.46	38.78	53.62	71.54	91.14	109.20	113.82	183.40
15,000	11.40	13.65	19.35	28.35	41.55	57.45	76.65	97.65	117.00	121.95	196.50
16,000	12.16	14.56	20.64	30.24	44.32	61.28	81.76	104.16	124.80	130.08	209.60
17,000	12.92	15.47	21.93	32.13	47.09	65.11	86.87	110.67	132.60	138.21	222.70
18,000	13.68	16.38	23.22	34.02	49.86	68.94	91.98	117.18	140.40	146.34	235.80
19,000	14.44	17.29	24.51	35.91	52.63	72.77	97.09	123.69	148.20	154.47	248.90
20,000	15.20	18.20	25.80	37.80	55.40	76.60	102.20	130.20	156.00	162.60	262.00
21,000	15.96	19.11	27.09	39.69	58.17	80.43	107.31	136.71	163.80	170.73	275.10
22,000	16.72	20.02	28.38	41.58	60.94	84.26	112.42	143.22	171.60	178.86	288.20
23,000	17.48	20.93	29.67	43.47	63.71	88.09	117.53	149.73	179.40	186.99	301.30
24,000	18.24	21.84	30.96	45.36	66.48	91.92	122.64	156.24	187.20	195.12	314.40
25,000	19.00	22.75	32.25	47.25	69.25	95.75	127.75	162.75	195.00	203.25	327.50
26,000	19.76	23.66	33.54	49.14	72.02	99.58	132.86	169.26	202.80	211.38	340.60
27,000	20.52	24.57	34.83	51.03	74.79	103.41	137.97	175.77	210.60	219.51	353.70
28,000	21.28	25.48	36.12	52.92	77.56	107.24	143.08	182.28	218.40	227.64	366.80
29,000	22.04	26.39	37.41	54.81	80.33	111.07	148.19	188.79	226.20	235.77	379.90
30,000	22.80	27.30	38.70	56.70	83.10	114.90	153.30	195.30	234.00	243.90	393.00
35,000	26.60	31.85	45.15	66.15	96.95	134.05	178.85	227.85	273.00	284.55	458.50
40,000	30.40	36.40	51.60	75.60	110.80	153.20	204.40	260.40	312.00	325.20	524.00
45,000	34.20	40.95	58.05	85.05	124.65	172.35	229.95	292.95	351.00	365.85	589.50
50,000	38.00	45.50	64.50	94.50	138.50	191.50	255.50	325.50	390.00	406.50	655.00

\$75 Wellness Premium  
Employee and Dependent Children 2.40  
Employee, Dependent Children and Spouse 4.80



# If you can't work, why should your bank account suffer?

Help keep your finances together with Unum's Educator Select disability insurance.

## Savings aren't always enough.

Even though Jane and Kurt have two incomes, they need both of their paychecks to cover the bills every month. They know that a serious illness or accident could keep one — or both — of them from going to work for months. They want some security that losing one of their paychecks doesn't threaten everything they have worked for.

### Who's at risk?

- Over **70%** of American households could not pay their normal living expenses if a wage earner is disabled for six months.<sup>1</sup>
- Most disabilities are not work-related, and therefore not covered by workers' compensation.<sup>2</sup>

### Your disability benefits help cover what matters most.

Unum Educator Select disability insurance can help protect a portion of your income — and your family's financial security — when a sudden illness or injury disrupts your life. We understand the unique needs of those who work in education, and we have created

Educator Select disability insurance to meet those requirements. You do not have to answer any health question or have a medical exam when you apply for this coverage.\*



## MY WORKSHEET

*(This may help you decide how much coverage you need.)*

<b>Outstanding debt</b>	
<i>How much will be left for your family to pay?</i>	
Mortgage balance	\$ _____
Other debt ( <i>credit cards, loans, car payment</i> )	\$ _____
<b>TOTAL</b>	\$ _____
<b>Ongoing expenses</b>	
<i>How much do your dependents need each year?</i>	
Utilities ( <i>electric, phone, cable, Internet</i> )	\$ _____
Medical costs, insurance	\$ _____
Food, clothing, gasoline	\$ _____
Savings contributions ( <i>retirement</i> )	\$ _____
<b>TOTAL</b>	\$ _____
<b>Future plans</b>	
<i>How much will your loved ones need for the future?</i>	
College	\$ _____
Other ( <i>retirement, long term care</i> )	\$ _____
<b>TOTAL</b>	\$ _____
<b>GRAND TOTAL</b>	\$ _____
Subtract existing coverage	– \$ _____
<b>Consider adding this amount of life insurance</b>	\$ _____

## How to apply

Complete the enrollment material included in this package and return it to your insurance representative or plan administrator.

# Get the coverage you need.

The coverage includes features that allow you to design a flexible plan that best meets your needs. You can select:

- The benefit amount you would receive each month if you could not work due to a covered disabling illness or injury, in increments of \$100<sup>3</sup>
- The elimination period, which is the amount of time you would need to wait between the day a disability begins and the date you start receiving benefits
- The duration amount, which is the length of time you could receive benefits

## A lot rides on your paycheck

Most of us take our health and ability to work for granted. You know how much you'd be missed at school, but consider how a temporary loss of income would affect your family's financial security. If a disability kept you from earning an income, how would you pay your mortgage, your car payment and other expenses? That's why Educator Select disability insurance is so important.

## The affordable solution

Unum Educator Select disability insurance is offered to you at a competitive group rate, with the ease and convenience of payroll deductions. Best of all, you choose the benefit amount that suits the needs of your family and you do not have to answer any health questions or have a medical exam when you apply for coverage.

## Features that add value:

### Work-life balance employee assistance program

Unum Educator Select disability insurance coverage includes a work-life balance employee assistance program that can help you deal with everyday issues, such as finding the right daycare or eldercare, or serious problems such as alcohol or drug abuse.

Education-specific topics are available, from helping children and teenagers explore career paths to assisting them after a traumatic event.

### Why Unum?

As the nation's number one provider of disability benefits, Unum has a great deal of experience in creating coverage that meets the specific needs of individuals like you.<sup>4</sup> Our flexible benefits help you select a plan that fits your life. And if you ever need us, our experienced claims professionals will be there to help you every step of the way, explaining the claims process in everyday language that's easy to understand.

### Claims service

If you file a disability claim, Unum Benefits Center employees are committed to meeting your needs with prompt and efficient claims services.

Our claims process is focused on the whole person, not just the diagnosis. Our dedicated and responsive claim management professionals understand the emotional and financial strain that can often occur during a period of disability.

### My notes on Educator Select disability insurance:

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GetBenefitsSmart.com  
Finally, benefits made simple



\*Benefits may be subject to a pre-existing condition provision.

<sup>1</sup> Charles River Associates, "Financial Security for Working Americans: An Economic Analysis of Insurance Products in Workplace Benefits Programs," August 2011.

<sup>2</sup> National Safety Council, Injury Facts, 2011.

<sup>3</sup> Benefits may be reduced by deductible sources of income.

<sup>4</sup> Gen Re U.S. Group Disability Market Surveys years 2010-2011, published 2011-2012

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

Work-life balance employee assistance program services are provided by Ceridian Corporation. These services are available with selected Unum insurance offerings.

Exclusions, limitations and prior notice requirements may apply, and service features,

terms and eligibility criteria are subject to change. The services are not valid after termination of coverage and may be withdrawn at any time. Please contact your Unum representative for full details.

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. See the actual policy or your Unum representative for specific provisions and details of availability.

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# BELLVILLE INDEPENDENT SCHOOL DISTRICT 901

Costs Effective as of October 1, 2014  
 Costs below are based on a **Monthly** payroll deduction  
 (Employer billing mode is based on **12 Payments** per year)

Product: Educator Select Income Protection Plan			Plan A					
			SS ADEA Duration of Benefits					
			Elimination Period (Days)					
			Injury (Days)	0*	14*	30	60	90
Sickness (Days)			7*	14*	30	60	90	180
Annual Earnings	Monthly Earnings	Maximum Monthly Benefit						
3600	300	200	5.70	4.82	3.74	3.34	1.90	1.34
5400	450	300	8.55	7.23	5.61	5.01	2.85	2.01
7200	600	400	11.40	9.64	7.48	6.68	3.80	2.68
9000	750	500	14.25	12.05	9.35	8.35	4.75	3.35
10800	900	600	17.10	14.46	11.22	10.02	5.70	4.02
12600	1050	700	19.95	16.87	13.09	11.69	6.65	4.69
14400	1200	800	22.80	19.28	14.96	13.36	7.60	5.36
16200	1350	900	25.65	21.69	16.83	15.03	8.55	6.03
18000	1500	1000	28.50	24.10	18.70	16.70	9.50	6.70
19800	1650	1100	31.35	26.51	20.57	18.37	10.45	7.37
21600	1800	1200	34.20	28.92	22.44	20.04	11.40	8.04
23400	1950	1300	37.05	31.33	24.31	21.71	12.35	8.71
25200	2100	1400	39.90	33.74	26.18	23.38	13.30	9.38
27000	2250	1500	42.75	36.15	28.05	25.05	14.25	10.05
28800	2400	1600	45.60	38.56	29.92	26.72	15.20	10.72
30600	2550	1700	48.45	40.97	31.79	28.39	16.15	11.39
32400	2700	1800	51.30	43.38	33.66	30.06	17.10	12.06
34200	2850	1900	54.15	45.79	35.53	31.73	18.05	12.73
36000	3000	2000	57.00	48.20	37.40	33.40	19.00	13.40
37800	3150	2100	59.85	50.61	39.27	35.07	19.95	14.07
39600	3300	2200	62.70	53.02	41.14	36.74	20.90	14.74
41400	3450	2300	65.55	55.43	43.01	38.41	21.85	15.41
43200	3600	2400	68.40	57.84	44.88	40.08	22.80	16.08
45000	3750	2500	71.25	60.25	46.75	41.75	23.75	16.75
46800	3900	2600	74.10	62.66	48.62	43.42	24.70	17.42
48600	4050	2700	76.95	65.07	50.49	45.09	25.65	18.09
50400	4200	2800	79.80	67.48	52.36	46.76	26.60	18.76
52200	4350	2900	82.65	69.89	54.23	48.43	27.55	19.43
54000	4500	3000	85.50	72.30	56.10	50.10	28.50	20.10
55800	4650	3100	88.35	74.71	57.97	51.77	29.45	20.77
57600	4800	3200	91.20	77.12	59.84	53.44	30.40	21.44
59400	4950	3300	94.05	79.53	61.71	55.11	31.35	22.11
61200	5100	3400	96.90	81.94	63.58	56.78	32.30	22.78
63000	5250	3500	99.75	84.35	65.45	58.45	33.25	23.45
64800	5400	3600	102.60	86.76	67.32	60.12	34.20	24.12
66600	5550	3700	105.45	89.17	69.19	61.79	35.15	24.79
68400	5700	3800	108.30	91.58	71.06	63.46	36.10	25.46
70200	5850	3900	111.15	93.99	72.93	65.13	37.05	26.13
72000	6000	4000	114.00	96.40	74.80	66.80	38.00	26.80
73800	6150	4100	116.85	98.81	76.67	68.47	38.95	27.47
75600	6300	4200	119.70	101.22	78.54	70.14	39.90	28.14
77400	6450	4300	122.55	103.63	80.41	71.81	40.85	28.81
79200	6600	4400	125.40	106.04	82.28	73.48	41.80	29.48
81000	6750	4500	128.25	108.45	84.15	75.15	42.75	30.15
82800	6900	4600	131.10	110.86	86.02	76.82	43.70	30.82
84600	7050	4700	133.95	113.27	87.89	78.49	44.65	31.49
86400	7200	4800	136.80	115.68	89.76	80.16	45.60	32.16
88200	7350	4900	139.65	118.09	91.63	81.83	46.55	32.83
90000	7500	5000	142.50	120.50	93.50	83.50	47.50	33.50
91800	7650	5100	145.35	122.91	95.37	85.17	48.45	34.17
93600	7800	5200	148.20	125.32	97.24	86.84	49.40	34.84

REF #: 3613065

**\* If, because of your disability, you are hospital confined as an inpatient, benefits begin on the first day of inpatient confinement.**

**Find your Annual/Monthly Earnings above to determine your Maximum Monthly Benefit. If your Annual/Monthly Earnings are not shown, use the next lower Annual/Monthly Earnings and corresponding Maximum Monthly Benefit. Or, you may refer to the Plan Highlights to calculate your Maximum Monthly Benefit based on your earnings.**



# BELLVILLE INDEPENDENT SCHOOL DISTRICT 901

Costs Effective as of October 1, 2014  
 Costs below are based on a **Monthly** payroll deduction  
 (Employer billing mode is based on **12 Payments** per year)

Product: Educator Select Income Protection Plan			Plan A					
			SS ADEA Duration of Benefits					
			Elimination Period (Days)					
Injury (Days)			0*	14*	30	60	90	180
Sickness (Days)			7*	14*	30	60	90	180
Annual Earnings	Monthly Earnings	Maximum Monthly Benefit						
95400	7950	<b>5300</b>	151.05	127.73	99.11	88.51	50.35	35.51
97200	8100	<b>5400</b>	153.90	130.14	100.98	90.18	51.30	36.18
99000	8250	<b>5500</b>	156.75	132.55	102.85	91.85	52.25	36.85
100800	8400	<b>5600</b>	159.60	134.96	104.72	93.52	53.20	37.52
102600	8550	<b>5700</b>	162.45	137.37	106.59	95.19	54.15	38.19
104400	8700	<b>5800</b>	165.30	139.78	108.46	96.86	55.10	38.86
106200	8850	<b>5900</b>	168.15	142.19	110.33	98.53	56.05	39.53
108000	9000	<b>6000</b>	171.00	144.60	112.20	100.20	57.00	40.20
109800	9150	<b>6100</b>	173.85	147.01	114.07	101.87	57.95	40.87
111600	9300	<b>6200</b>	176.70	149.42	115.94	103.54	58.90	41.54
113400	9450	<b>6300</b>	179.55	151.83	117.81	105.21	59.85	42.21
115200	9600	<b>6400</b>	182.40	154.24	119.68	106.88	60.80	42.88
117000	9750	<b>6500</b>	185.25	156.65	121.55	108.55	61.75	43.55
118800	9900	<b>6600</b>	188.10	159.06	123.42	110.22	62.70	44.22
120600	10050	<b>6700</b>	190.95	161.47	125.29	111.89	63.65	44.89
122400	10200	<b>6800</b>	193.80	163.88	127.16	113.56	64.60	45.56
124200	10350	<b>6900</b>	196.65	166.29	129.03	115.23	65.55	46.23
126000	10500	<b>7000</b>	199.50	168.70	130.90	116.90	66.50	46.90
127800	10650	<b>7100</b>	202.35	171.11	132.77	118.57	67.45	47.57
129600	10800	<b>7200</b>	205.20	173.52	134.64	120.24	68.40	48.24
131400	10950	<b>7300</b>	208.05	175.93	136.51	121.91	69.35	48.91
133200	11100	<b>7400</b>	210.90	178.34	138.38	123.58	70.30	49.58
135000	11250	<b>7500</b>	213.75	180.75	140.25	125.25	71.25	50.25

REF #: 3613065

**\* If, because of your disability, you are hospital confined as an inpatient, benefits begin on the first day of inpatient confinement.**

**Find your Annual/Monthly Earnings above to determine your Maximum Monthly Benefit. If your Annual/Monthly Earnings are not shown, use the next lower Annual/Monthly Earnings and corresponding Maximum Monthly Benefit. Or, you may refer to the Plan Highlights to calculate your Maximum Monthly Benefit based on your earnings.**



# Individual Life Insurance

## Texas Life Insurance Company

Voluntary permanent life insurance can be an ideal compliment to the group term and optional term your employer might provide. Designed to be in force when you die, this voluntary universal life product is yours to keep, even when you change jobs or retire, as long as you pay the necessary premium. Group and voluntary term, on the other hand, typically are not portable if you change jobs and even if you can keep it after you retire, usually costs more and declines in death benefit.

You may apply for this permanent, portable coverage, not only for yourself, but also for your spouse, and minor children and grandchildren.<sup>12</sup>

Please see PURELIFE-plus brochure for additional information and rates. PRFNG-NI-10

### PureLife-plus — Standard Risk Table Premiums — Non-Tobacco — Express Issue

Issue Age (ALB)	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)									
	\$10,000	\$25,000	\$40,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$200,000	
15D-10		7.75								75
11-16		8.00								70
17-20		10.00	15.10	18.50	27.00	35.50	44.00	52.50	69.50	66
21		10.25	15.50	19.00	27.75	36.50	45.25	54.00	71.50	66
22		10.25	15.50	19.00	27.75	36.50	45.25	54.00	71.50	65
23-25		10.50	15.90	19.50	28.50	37.50	46.50	55.50	73.50	63
26		10.75	16.30	20.00	29.25	38.50	47.75	57.00	75.50	63
27		11.00	16.70	20.50	30.00	39.50	49.00	58.50	77.50	63
28		11.00	16.70	20.50	30.00	39.50	49.00	58.50	77.50	62
29		11.25	17.10	21.00	30.75	40.50	50.25	60.00	79.50	62
30-31		11.50	17.50	21.50	31.50	41.50	51.50	61.50	81.50	60
32		12.00	18.30	22.50	33.00	43.50	54.00	64.50	85.50	61
33		12.50	19.10	23.50	34.50	45.50	56.50	67.50	89.50	62
34		13.00	19.90	24.50	36.00	47.50	59.00	70.50	93.50	62
35		13.75	21.10	26.00	38.25	50.50	62.75	75.00	99.50	64
36		14.25	21.90	27.00	39.75	52.50	65.25	78.00	103.50	64
37		14.75	22.70	28.00	41.25	54.50	67.75	81.00	107.50	64
38		15.50	23.90	29.50	43.50	57.50	71.50	85.50	113.50	65
39		16.50	25.50	31.50	46.50	61.50	76.50	91.50	121.50	66
40		17.50	27.10	33.50	49.50	65.50	81.50	97.50	129.50	67
41		18.75	29.10	36.00	53.25	70.50	87.75	105.00	139.50	68
42		20.50	31.90	39.50	58.50	77.50	96.50	115.50	153.50	70
43		22.25	34.70	43.00	63.75	84.50	105.25	126.00	167.50	72
44		24.00	37.50	46.50	69.00	91.50	114.00	136.50	181.50	73
45		26.00	40.70	50.50	75.00	99.50	124.00	148.50	197.50	74
46		28.00	43.90	54.50	81.00	107.50	134.00	160.50	213.50	75
47		29.75	46.70	58.00	86.25	114.50	142.75	171.00	227.50	76
48		31.75	49.90	62.00	92.25	122.50	152.75	183.00	243.50	77
49		34.00	53.50	66.50	99.00	131.50	164.00	196.50	261.50	78
50	15.60	36.75	57.90	72.00	107.25	142.50				79
51	16.90	40.00	63.10	78.50	117.00	155.50				80
52	18.50	44.00	69.50	86.50	129.00	171.50				82
53	20.10	48.00	75.90	94.50	141.00	187.50				83
54	21.70	52.00	82.30	102.50	153.00	203.50				85
55	23.10	55.50	87.90	109.50	163.50	217.50				86
56	24.10	58.00	91.90	114.50	171.00	227.50				85
57	24.80	59.75	94.70	118.00	176.25	234.50				84
58	25.60	61.75	97.90	122.00	182.25	242.50				84
59	26.60	64.25	101.90	127.00	189.75	252.50				84
60	27.30	66.00	104.70	130.50	195.00	259.50				84
61	29.60	71.75	113.90	142.00	212.25	282.50				85
62	32.40	78.75	125.10	156.00	233.25	310.50				87
63	35.50	86.50	137.50	171.50	256.50	341.50				89
64	39.60	96.75	153.90	192.00	287.25	382.50				93
65	42.50	104.00	165.50	206.50	309.00	411.50				94
66	45.30									95
67	47.80									96
68	50.40									96
69	53.20									96
70	56.20									95

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".

# Individual Life Insurance

## Texas Life Insurance Company

Voluntary permanent life insurance can be an ideal compliment to the group term and optional term your employer might provide. Designed to be in force when you die, this voluntary universal life product is yours to keep, even when you change jobs or retire, as long as you pay the necessary premium. Group and voluntary term, on the other hand, typically are not portable if you change jobs and even if you can keep it after you retire, usually costs more and declines in death benefit.

You may apply for this permanent, portable coverage, not only for yourself, but also for your spouse, and minor children and grandchildren.<sup>12</sup>

Please see PURELIFE-plus brochure for additional information and rates. PRFNG-NI-10

### PureLife-plus — Standard Risk Table Premiums — Tobacco — Express Issue

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$40,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$200,000	
15D-10										
11-16										
17-20		14.25	21.90	27.00	39.75	52.50	65.25	78.00	103.50	66
21		14.75	22.70	28.00	41.25	54.50	67.75	81.00	107.50	66
22		14.75	22.70	28.00	41.25	54.50	67.75	81.00	107.50	65
23-25		15.50	23.90	29.50	43.50	57.50	71.50	85.50	113.50	63
26		15.75	24.30	30.00	44.25	58.50	72.75	87.00	115.50	63
27		16.00	24.70	30.50	45.00	59.50	74.00	88.50	117.50	63
28		16.25	25.10	31.00	45.75	60.50	75.25	90.00	119.50	62
29		16.50	25.50	31.50	46.50	61.50	76.50	91.50	121.50	62
30-31		18.50	28.70	35.50	52.50	69.50	86.50	103.50	137.50	60
32		19.00	29.50	36.50	54.00	71.50	89.00	106.50	141.50	61
33		19.25	29.90	37.00	54.75	72.50	90.25	108.00	143.50	62
34		19.50	30.30	37.50	55.50	73.50	91.50	109.50	145.50	62
35		20.75	32.30	40.00	59.25	78.50	97.75	117.00	155.50	64
36		21.50	33.50	41.50	61.50	81.50	101.50	121.50	161.50	64
37		22.75	35.50	44.00	65.25	86.50	107.75	129.00	171.50	64
38		23.50	36.70	45.50	67.50	89.50	111.50	133.50	177.50	65
39		25.00	39.10	48.50	72.00	95.50	119.00	142.50	189.50	66
40	11.80	27.25	42.70	53.00	78.75	104.50	130.25	156.00	207.50	67
41	12.50	29.00	45.50	56.50	84.00	111.50	139.00	166.50	221.50	68
42	13.40	31.25	49.10	61.00	90.75	120.50	150.25	180.00	239.50	70
43	14.80	34.75	54.70	68.00	101.25	134.50	167.75	201.00	267.50	72
44	15.60	36.75	57.90	72.00	107.25	142.50	177.75	213.00	283.50	73
45	16.70	39.50	62.30	77.50	115.50	153.50	191.50	229.50	305.50	74
46	17.70	42.00	66.30	82.50	123.00	163.50	204.00	244.50	325.50	75
47	18.70	44.50	70.30	87.50	130.50	173.50	216.50	259.50	345.50	76
48	19.70	47.00	74.30	92.50	138.00	183.50	229.00	274.50	365.50	77
49	21.30	51.00	80.70	100.50	150.00	199.50	249.00	298.50	397.50	78
50	22.40	53.75	85.10	106.00	158.25	210.50				79
51	24.10	58.00	91.90	114.50	171.00	227.50				80
52	26.20	63.25	100.30	125.00	186.75	248.50				82
53	27.90	67.50	107.10	133.50	199.50	265.50				83
54	30.00	72.75	115.50	144.00	215.25	286.50				85
55	31.50	76.50	121.50	151.50	226.50	301.50				86
56	32.80	79.75	126.70	158.00	236.25	314.50				85
57	33.80	82.25	130.70	163.00	243.75	324.50				84
58	35.60	86.75	137.90	172.00	257.25	342.50				84
59	37.10	90.50	143.90	179.50	268.50	357.50				84
60	38.10	93.00	147.90	184.50	276.00	367.50				84
61	40.70	99.50	158.30	197.50	295.50	393.50				85
62	44.00	107.75	171.50	214.00	320.25	426.50				87
63	47.40	116.25	185.10	231.00	345.75	460.50				89
64	51.10	125.50	199.90	249.50	373.50	497.50				93
65	53.60	131.75	209.90	262.00	392.25	522.50				94
66	56.40									95
67	59.20									96
68	62.30									96
69	65.50									96
70	69.00									95

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".

# GROUP BENEFIT PROGRAM HIGHLIGHTS



When the death of a family provider occurs, families find themselves facing not only the loss of a loved one but also the loss of their financial security. With Dearborn National's Group Term Life insurance, employees may achieve peace of mind by giving their families security they can depend on.

## BASIC GROUP TERM LIFE INSURANCE

Eligibility	All eligible active employees of the District regularly working 10 hours or more per week and all bus drivers.
Group Term Life/AD&D Benefit	See your Benefits Administrator for specific details.
Age Reduction Schedule	Life and AD&D benefits reduce by 50% of the original amount at age 70. All benefits terminate at retirement.
Waiver of Premium	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of 9 months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first.
Accelerated Death Benefit (ADB)	This benefit pays a lump sum up to 75% of the employee's Life insurance, if the employee is diagnosed with a terminal illness, has a life expectancy of 12 months or less, and provides satisfactory proof. Minimum: \$7,500. Maximum: \$250,000. The amount of Group Term Life insurance otherwise payable upon the employee's death will be reduced by the ADB.
Conversion Privilege	Included
Beneficiary Resource Services <sup>1</sup>	Includes grief, legal and financial counseling for beneficiaries.
Travel Resource Services <sup>2</sup>	Helps employees deal with unexpected needs that may arise while traveling. Services include emergency medical assistance, financial, legal and communication assistance, and access to other critical services and resources available online.

## BASIC GROUP ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) BENEFIT

Group AD&D is an additional death benefit that pays the life insurance benefit for a covered accidental death or a percentage of that benefit for a covered dismemberment in the event a covered employee dies or is dismembered due to a covered accident. AD&D benefit is 24-hour coverage.

AD&D Schedule of Loss*	Principal Sum
Loss of Life; Loss of Both Hands or Both Feet; Loss of One Hand and One Foot; Loss of Speech and Hearing; Loss of Sight of Both Eyes; Loss of One Hand and the Sight of One Eye; Loss of One Foot and the Sight of One Eye; and Quadriplegia	100%
Paraplegia	75%
Hemiplegia; Loss of Sight of One Eye; Loss of One Hand or One Foot; and Loss of Speech or Hearing	50%
Loss of Thumb and Index Finger of Same Hand; and Uniplegia	25%

### AD&D PRODUCT FEATURES INCLUDED:

Seatbelt and Airbag Benefits; Repatriation Benefit; and Education Benefit

### \*AD&D EXCLUSIONS:

*Unless specifically covered in the policy, or required by state law, we will not pay any AD&D benefit for any loss that, directly or indirectly, results in any way from or is contributed to by: disease of the mind or body, or any treatment thereof; infections, except those from an accidental cut or wound; suicide or attempted suicide; intentionally self-inflicted injury; war or act of war; travel or flight in any aircraft while a member of the crew; commission of, or participation in a felony; being under the influence of certain drugs, narcotics, or hallucinogens unless properly used as prescribed by a physician; intoxication as defined in the jurisdiction where the accident occurred; participation in a riot.*



## SUPPLEMENTAL GROUP TERM LIFE/AD&D

Dearborn National's Supplemental Group Term Life/AD&D coverage is payroll deducted and sponsored by your employer. Most families depend upon each paycheck to pay expenses and plan for the future. In the unexpected event of death, life insurance provides immediate financial assistance for you and your family when it is most needed.

Eligibility: All eligible active employees of the District regularly working 10 hours or more per week and all bus drivers

<b>EMPLOYEE COVERAGE</b>	Group Term Life/AD&D Benefit	Your choice of \$20,000; \$40,000; \$60,000; \$80,000; or \$100,000; or increments of \$10,000, up to a maximum of \$500,000 (not to exceed five times your annual salary). AD&D equals the life insurance benefit for a covered accidental death or a percentage of that benefit for a covered dismemberment.
	Guaranteed Issue Amount	\$150,000 – Employees under age 65 \$ 30,000 – Employees age 65 – 69  No Guarantee Issue for employees age 70 and over. Requires satisfactory evidence of insurability.
	Age Reduction Schedule	Life and AD&D benefits reduce by 50% of the original amount at age 70. All benefits terminate at retirement.
<b>SPOUSE COVERAGE</b>	Group Term Life/AD&D Benefit	Your choice of \$10,000; \$20,000; \$30,000; \$40,000; or \$50,000 (maximum coverage not to exceed \$250,000 or exceed 50% of the employee's approved amount for Supplemental Term Life). AD&D equals the life insurance benefit for a covered accidental death or a percentage of that benefit for a covered dismemberment.
	Guaranteed Issue Amount	\$50,000 – Spouses of employees under age 60 \$10,000 – Spouses of employees age 60 – 69  No coverage available for spouses of employees age 70 and over.
	Age Reduction Schedule	Life and AD&D benefits terminate once the employee attains age 70.
<b>CHILD(REN) COVERAGE<sup>3</sup></b>	Group Term Life	Live Birth to age 26: \$10,000  NOTE: Employees must purchase the minimum amount (\$10,000) of Supplemental Life insurance on themselves in order to purchase child coverage.
Employee Contribution		100%
Accelerated Death Benefit (ADB)		This benefit pays a lump sum up to 75% of the employee's Life insurance, if diagnosed with a terminal illness, has a life expectancy of 12 months or less, and provides satisfactory proof. Minimum: \$7,500. Maximum: \$250,000. The amount of Group Term Life insurance otherwise payable upon the employee's death will be reduced by the ADB.
Portability Feature (Life coverage)		Included. Employee only. AD&D excluded.
Conversion Privilege (Life coverage)		Included. AD&D excluded.
Exclusions		One-year suicide exclusion applies to Supplemental Group Term Life coverage. AD&D exclusions are the same as Basic AD&D exclusions.

# SUPPLEMENTAL GROUP LIFE AND AD&D

## PREMIUM RATE GRID

### EMPLOYEE COVERAGE

Eligibility	You are eligible to enroll if you work the minimum number of hours per week by your employer, and you have satisfied any waiting period.
Supplemental Group Term Life/AD&D Insurance	Choice of \$20,000; \$40,000; \$60,000; \$80,000; or \$100,000; or increments of \$10,000 up to a maximum of \$500,000 (not to exceed 5 times your annual salary).
Guarantee Issue	\$150,000 (under age 65); \$30,000 age 65-69  No Guarantee Issue for employees age 70 and over. Requires satisfactory evidence of insurability.

EMPLOYEE RATES SUPPLEMENTAL LIFE/AD&D Monthly rates per \$1,000	
Age	Rates
Under 20	\$0.080
20-24	\$0.080
25-29	\$0.090
30-34	\$0.110
35-39	\$0.130
40-44	\$0.180
45-49	\$0.280
50-54	\$0.440
55-59	\$0.700
60-64	\$0.870
65-69	\$1.490
70-74	\$2.370
75+	\$3.640

### CHILD(REN) COVERAGE

Group Term Life | Live Birth to age 26\*: \$10,000

DEPENDENT LIFE (CHILDREN) Monthly Premium per Family	
\$10,000	\$1.00

EMPLOYEE SUPPLEMENTAL LIFE/AD&D INSURANCE Monthly Premium Cost (Based on 12 payroll deductions per year)													
Benefit Amount	ATTAINED AGE												
	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$0.80	\$0.80	\$0.90	\$1.10	\$1.30	\$1.80	\$2.80	\$4.40	\$7.00	\$8.70	\$14.90	\$23.70	\$36.40
\$20,000	\$1.60	\$1.60	\$1.80	\$2.20	\$2.60	\$3.60	\$5.60	\$8.80	\$14.00	\$17.40	\$29.80	\$47.40	\$72.80
\$30,000	\$2.40	\$2.40	\$2.70	\$3.30	\$3.90	\$5.40	\$8.40	\$13.20	\$21.00	\$26.10	\$44.70	\$71.10	\$109.20
\$40,000	\$3.20	\$3.20	\$3.60	\$4.40	\$5.20	\$7.20	\$11.20	\$17.60	\$28.00	\$34.80	\$59.60	\$94.80	\$145.60
\$50,000	\$4.00	\$4.00	\$4.50	\$5.50	\$6.50	\$9.00	\$14.00	\$22.00	\$35.00	\$43.50	\$74.50	\$118.50	\$182.00
\$60,000	\$4.80	\$4.80	\$5.40	\$6.60	\$7.80	\$10.80	\$16.80	\$26.40	\$42.00	\$52.20	\$89.40	\$142.20	\$218.40
\$70,000	\$5.60	\$5.60	\$6.30	\$7.70	\$9.10	\$12.60	\$19.60	\$30.80	\$49.00	\$60.90	\$104.30	\$165.90	\$254.80
\$80,000	\$6.40	\$6.40	\$7.20	\$8.80	\$10.40	\$14.40	\$22.40	\$35.20	\$56.00	\$69.60	\$119.20	\$189.60	\$291.20
\$90,000	\$7.20	\$7.20	\$8.10	\$9.90	\$11.70	\$16.20	\$25.20	\$39.60	\$63.00	\$78.30	\$134.10	\$213.30	\$327.60
\$100,000	\$8.00	\$8.00	\$9.00	\$11.00	\$13.00	\$18.00	\$28.00	\$44.00	\$70.00	\$87.00	\$149.00	\$237.00	\$364.00
\$110,000	\$8.80	\$8.80	\$9.90	\$12.10	\$14.30	\$19.80	\$30.80	\$48.40	\$77.00	\$95.70	\$163.90	\$260.70	\$400.40
\$120,000	\$9.60	\$9.60	\$10.80	\$13.20	\$15.60	\$21.60	\$33.60	\$52.80	\$84.00	\$104.40	\$178.80	\$284.40	\$436.80
\$130,000	\$10.40	\$10.40	\$11.70	\$14.30	\$16.90	\$23.40	\$36.40	\$57.20	\$91.00	\$113.10	\$193.70	\$308.10	\$473.20
\$140,000	\$11.20	\$11.20	\$12.60	\$15.40	\$18.20	\$25.20	\$39.20	\$61.60	\$98.00	\$121.80	\$208.60	\$331.80	\$509.60
\$150,000	\$12.00	\$12.00	\$13.50	\$16.50	\$19.50	\$27.00	\$42.00	\$66.00	\$105.00	\$130.50	\$223.50	\$355.50	\$546.00

EMPLOYEE SUPPLEMENTAL LIFE/AD&D INSURANCE Monthly rates per \$10,000													
Benefit Amount	ATTAINED AGE												
	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$150,000+	\$0.80	\$0.80	\$0.90	\$1.10	\$1.30	\$1.80	\$2.80	\$4.40	\$7.00	\$8.70	-	-	-

## SPOUSE COVERAGE

Supplemental Group Term Life/AD&D Insurance	Your choice of \$10,000; \$20,000; \$30,000; \$40,000; or \$50,000 (maximum coverage not to exceed \$250,000 or exceed 50% of the employee's approved amount for Supplemental Term Life).
Guarantee Issue	\$50,000 – Spouses of employees under age 60 \$10,000 – Spouses of employees age 60 – 69 No coverage available for spouses of employees age 70 and over.

SPOUSE RATES SUPPLEMENTAL LIFE/AD&D Monthly rates per \$1,000	
Age	Rates
Under 20	\$0.080
20-24	\$0.080
25-29	\$0.090
30-34	\$0.110
35-39	\$0.130
40-44	\$0.180
45-49	\$0.280
50-54	\$0.440
55-59	\$0.700
60-64	\$0.870
65-69	\$1.490

Note: Spouse cannot have coverage unless the employee has coverage.

Spouse Life and AD&D benefits terminate once the employee attains age 70.

SPOUSE - Supplemental Life/AD&D Insurance Monthly Premium Cost (Based on 12 payroll deductions per year)											
Benefit Amount	ATTAINED AGE										
	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$10,000	\$0.80	\$0.80	\$0.90	\$1.10	\$1.30	\$1.80	\$2.80	\$4.40	\$7.00	\$8.70	\$14.90
\$20,000	\$1.60	\$1.60	\$1.80	\$2.20	\$2.60	\$3.60	\$5.60	\$8.80	\$14.00	\$17.40	\$29.80
\$30,000	\$2.40	\$2.40	\$2.70	\$3.30	\$3.90	\$5.40	\$8.40	\$13.20	\$21.00	\$26.10	\$44.70
\$40,000	\$3.20	\$3.20	\$3.60	\$4.40	\$5.20	\$7.20	\$11.20	\$17.60	\$28.00	\$34.80	\$59.60
\$50,000	\$4.00	\$4.00	\$4.50	\$5.50	\$6.50	\$9.00	\$14.00	\$22.00	\$35.00	\$43.50	\$74.50

Policy Provisions may vary by state. Refer to a certificate or enrollment brochure for details about coverage features and limitations. (For internal use only: Policy number FDL1-504-707.)

Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Dearborn National® Life Insurance Company, (Downers Grove, IL) (formerly known as Fort Dearborn Life Insurance Company®) in all states (excluding New York), the District of Columbia, the United States Virgin Islands, the British Virgin Islands, Guam and Puerto Rico. Product features and availability vary by state and company, and are solely the responsibility of each affiliate. Refer to your certificate for complete details and limitations of coverage. (For internal use only: Policy number FDL1-504-707)

<sup>1</sup>Beneficiary Resource Services is provided by Bensinger, DuPont & Associates, an independent organization and not affiliated with Dearborn National. Bensinger, DuPont & Associates does not provide insurance products of any kind. Dearborn National does not underwrite or administer Beneficiary Resource Services.

<sup>2</sup>Travel Resource Services is provided by Europ Assistance USA, Inc., an independent organization and not affiliated with Dearborn National. Europ Assistance USA, Inc. does not provide insurance products of any kind. Dearborn National does not underwrite or administer Travel Resource Services.

<sup>3</sup> Dependent of the insured must be a dependent of the insured for federal income tax purposes at the time the application for coverage of the child is made.

***This information is only a product highlight. Life benefits may be subject to medical underwriting. Coverage for a medically underwritten benefit is not effective until the date the insurer has approved the employee's application. The policy has exclusions, limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period.***

***If there is a difference between the information in this brochure and the terms of the policy or certificate, the terms of the policy and certificate control.***

Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Dearborn National® Life Insurance Company, (Downers Grove, IL) (formerly known as Fort Dearborn Life Insurance Company®) in all states (excluding New York), the District of Columbia, the United States Virgin Islands, the British Virgin Islands, Guam and Puerto Rico. Product features and availability vary by state and company, and are solely the responsibility of each affiliate. Refer to your certificate for complete details and limitations of coverage. (For internal use only: Policy number FDL1-504-707)







# LifeSecure Insurance Company

## Long Term Care Insurance Plan-At-A-Glance

### Standard Benefits

#### Benefit Bank

You choose an amount between \$75,000 and \$1,000,000.

Your Benefit Bank represents the lifetime dollar benefit amount available to you. Your Benefit Bank balance is reduced by any benefits paid to you or on your behalf.

#### Monthly Benefit Access Limit

You choose 1%, 2% or 3%\* of your Benefit Bank.

Your Monthly Benefit Access Limit represents the dollar benefit amount available on a monthly basis for your long term care needs. The original dollar amount is calculated as a percentage of your Benefit Bank.

\*3% Monthly Benefit Access Limit not available for Benefit Bank amounts over \$500,000.

Benefit Bank		Access Limit		Monthly Benefit
\$300,000	x	1%	=	\$3,000

*Benefit Payout Structure.* When you become eligible for benefits, we will reimburse you for covered long term care expenses up to your full Monthly Benefit each calendar month. These covered expenses include care at home through a home care agency or independent provider, or in an assisted living facility, adult day care center or in a nursing home. Hospice care is also covered.

If you do not incur covered expenses up to your full Monthly Benefit for a given calendar month, 50% of your un-used monthly benefit will be available to you as a **Flexible Benefit**. The **Flexible Benefit** is not restricted by the definition of covered expenses. This benefit is designed to provide greater flexibility in the types of care, services and products available to you under this policy, such as: care provided by a family member or other informal caregiver, construction of a wheelchair access ramp, or installation of grab bars in your bathroom.

#### Guaranteed Future Purchase Offers

This feature is included in your coverage as a standard feature if you have rejected both of the optional inflation protection benefits described under Optional Benefits. Under the Guaranteed Future Purchase Offers, you will be offered the opportunity to increase your current Benefit Bank and Monthly Benefit by 15% every three years. You may accept each offer without submitting evidence of insurability.

#### Waiver of Premium

Your premiums are waived beginning on the first day you start receiving benefits. As long as you continue to receive benefits, additional premiums will not be required. Premium payments will again be required after 30 days of not receiving benefits.

#### Benefit Wait Period

You are eligible to begin receiving benefits upon completion of a [90-day] Benefit Wait Period. This is a period of time during which you meet the benefit triggers for this coverage. You do not need to be receiving paid services in order to accumulate Benefit Wait Period days, and your Benefit Wait Period need only be met once during your lifetime.

#### LifeSecure Care Advisor Services

A LifeSecure Care Advisor is available to you and your family from the day you receive your policy. The LifeSecure Care Advisor can help you with everything from long term care questions to recommendations for assisted living facilities to arrangements for personal care or services.

#### Spouse or Domestic Partner Discounts

If you and your spouse or partner both apply and are accepted, a 30% premium discount will apply to both policies. If your spouse or partner does not apply, or is not accepted, a 10% discount will still apply to your policy.

## Optional Benefits (available for additional premium)

### **Refund of Premium Upon Death Option**

If you die while your policy is in force for 5 or more years, a percentage of the premiums (less benefits paid) is refunded to a beneficiary. The percentage of payback equals 25% of the premiums paid if death occurs in policy years 5–9; 50% in years 10–14; and 75% in years 15 and beyond. Your policy must be in force at the time of death for the Refund of Premium Upon Death Option benefits to be payable.

### **Automatic Compound Inflation Protection Benefit (3% or 5%)**

If you elect this option, we will automatically increase your current Monthly Benefit and your remaining Benefit Bank by 3% or 5% each year. The increase will be effective on each anniversary of your policy effective date, even while you are receiving benefits.

*NOTE: You must reject the Automatic 5% Compound Inflation Protection Benefit before you can elect the Automatic 3% option.*

### **Non-Forfeiture Benefit**

If your policy is in force for at least three full years, and then terminates due to non-payment of premium, this optional benefit allows you to retain a reduced paid-up amount of coverage. You will have a revised Benefit Bank equal to the greater of: (a) 100% of the sum of all premiums paid; or (b) one times your Monthly Benefit.

*NOTE: If this Benefit is not selected, the Contingent Non-forfeiture Benefit will be included in your policy.*

## Policy Limitations and Exclusions

Charges for care or services provided by a family member, as well as care or services for which no charge is made in the absence of insurance, are excluded under the reimbursable covered expenses portion of the policy. However, such care or services may be payable under the Flexible Benefit.

No benefits, including the Flexible Benefit, will be payable under the Policy for: a loss that occurs while this Policy is not in force; or an illness, treatment or medical condition that is due to war or act of war, whether declared or not; or an illness, treatment or medical condition that results from an attempt at suicide (while sane or insane) or an intentionally self-inflicted injury; or expenses for treatment or rehabilitation related to alcoholism or drug addictions; or expenses for services or items to the extent that such expenses are reimbursable under Medicare, or would be so reimbursable but for the application of a deductible or coinsurance amount; or care or services, unless otherwise required by law, for which benefits are duplicated or provided under a governmental program (except Medicaid), any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law; or care or services provided outside the United States of America, its territories or possessions, or Canada.

A senior counseling program is provided by the Area Agency on Aging under the authority of the Texas Health and Human Services Commission.

Health Information Counseling and Advocacy Program (HICAP)  
701 W. 51st W-352  
Austin, Texas, 78751  
1-800-252-9240.

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Talk to your agent today, call us at **1.866.582.7701**, or visit us at **[www.YourLifeSecure.com](http://www.YourLifeSecure.com)**.

**Plan 1: Dental Plan Summary** **ALTERNATE PLAN OPTION** **Effective Date: 9/1/2015**

<b>Coinsurance</b>	
Type 1	100%
Type 2	80%
Type 3	50%
<b>Deductible</b>	\$20/visit
	Type 1,2,3
	No Family Maximum
<b>Maximum (per person)</b>	\$1,000 per calendar year
<b>Allowance</b>	75th U&C
<b>Waiting Period</b>	Type 3 – 12 months

**Orthodontia Summary - Child Only Coverage**

<b>Allowance</b>	U&C
<b>Coinsurance</b>	50%
<b>Lifetime Maximum (per person)</b>	\$1,000
<b>Waiting Period</b>	12 months

**Sample Procedure Listing** (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> <li>Routine Exam (1 in 6 months)</li> <li>Bitewing X-rays (1 in 12 months)</li> <li>Full Mouth/Panoramic X-rays (1 in 5 years)</li> <li>Periapical X-rays</li> <li>Cleaning (1 in 6 months)</li> <li>Fluoride for Children 13 and under (1 in 12 months)</li> <li>Sealants (age 13 and under)</li> </ul>	<ul style="list-style-type: none"> <li>Space Maintainers</li> <li>Restorative Amalgams</li> <li>Restorative Composites (anterior and posterior teeth)</li> <li>Denture Repair</li> <li>Simple Extractions</li> </ul>	<ul style="list-style-type: none"> <li>Onlays</li> <li>Crowns (1 in 10 years per tooth)</li> <li>Crown Repair</li> <li>Endodontics (nonsurgical)</li> <li>Endodontics (surgical)</li> <li>Periodontics (nonsurgical)</li> <li>Periodontics (surgical)</li> <li>Implants</li> <li>Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)</li> <li>Complex Extractions</li> <li>Anesthesia</li> </ul>

**Monthly Rates**

<b>Employee Only (EE)</b>	\$24.06
<b>EE + Spouse</b>	\$51.16
<b>EE + Children</b>	\$66.20
<b>EE + Spouse &amp; Children</b>	\$90.24

**Ameritas Information**

**We're Here to Help**

This plan was designed specifically for the associates of BELLVILLE INDEPENDENT SCHOOL DISTRICT. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to [ameritasgroup.com/member](http://ameritasgroup.com/member).

**Rx Savings**

Our valued plan members and their covered dependents (even their pets) can save on prescription medications through any Walmart or Sam's Club pharmacy across the nation. This Rx discount is offered at no additional cost, and it is not insurance.

To receive the Walmart Rx discount, Ameritas plan members just need to visit us at [ameritasgroup.com](http://ameritasgroup.com) and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.





### Eyewear Savings

Ameritas plan members may receive up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium.

To receive the eyewear savings identification card, Ameritas plan members can visit [ameritasgroup.com](http://ameritasgroup.com) and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

### Dental Rewards®

This dental plan includes a valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

Benefit Threshold	\$500	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Dental Rewards amount is added to the following year's maximum
Maximum Carryover	\$1,000	Maximum possible accumulation for Dental Rewards

### Orthodontia Waiting Period -

The group of initial employees who enroll in this plan have no waiting period for orthodontia benefits. Anyone hired after the initial plan enrollment will have a 12-month waiting period, after they enroll in this dental plan, before they are eligible to receive orthodontia benefits.

### Dental Network Information

To find a provider, visit [ameritasgroup.com](http://ameritasgroup.com) and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553.

### Dental Network

In Texas, our network and plans are referred to as the Ameritas Dental Network.

### Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

### Open Enrollment

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on September 1.

### Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

### Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.



### **Worldwide Support**

When our members travel abroad, they'll have peace of mind knowing that should a dental or vision need arise, help is just a phone call away. Through AXA Assistance, Ameritas offers its dental and vision plan members 24-hour access to dental or vision provider referrals when traveling outside the U.S.

Immediately after a call is made to AXA, an assistance coordinator assesses the situation, provides credible provider referrals and can even assist with making the appointment. Within 48 hours following the appointment, the coordinator calls the member to find out if additional assistance is needed. If all is well, the case is closed. Then, the plan member may submit a claim to Ameritas for reimbursement consideration based on applicable plan benefits. Contact AXA Assistance USA toll free by calling 866-662-2731, or call collect from anywhere in the world by dialing 1-312-935-3727.

### **Language Services**

We recognize the importance of communicating with our growing number of multilingual customers. That is why we offer a language assistance program that gives you access to: Spanish-speaking claims contact center representatives, telephone interpretation services in a wide range of languages, online dental network provider search in Spanish and a variety of Spanish documents such as enrollment forms, claim forms and certificates of insurance.

**This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.**

# SUPERIOR VISION

See yourself healthy.

## Vision Plan Benefits for Bellville ISD

You may choose from two plans: Gold \$125 Full Service Plan or Gold \$100 Full Service Plan



Plan 1 Gold \$125 Full Service	
<b>Deductibles</b>	
Exam	\$10
Materials	\$25
<b>Monthly Premiums</b>	
Emp. Only	\$6.75
Emp. +1 dependent	\$11.50
Emp. + family	\$18.25
<b>Services/Frequency</b>	
Exam	12 months
Frames	24 months
Lenses	12 months
Contact Lenses	12 months

Plan 2 Gold \$100 Full Service	
<b>Deductibles</b>	
Exam	\$10
Materials	\$25
<b>Monthly Premiums</b>	
Emp. Only	\$6.00
Emp. + 1 dependent	\$10.20
Emp. + family	\$16.20
<b>Services/Frequency</b>	
Exam	12 months
Frames	24 months
Lenses	12 months
Contact Lenses	12 months

Benefits	Plan 1 Gold \$125 Full Service		Plan 2 Gold \$100 Full Service	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Exam	Covered in full	Up to \$35	Covered in full	Up to \$35
Frames	\$125 retail allowance	Up to \$70	\$100 retail allowance	Up to \$55
Lenses (standard) per pair				
Single Vision	Covered in full	Up to \$25	Covered in full	Up to \$25
Bifocal	Covered in full	Up to \$40	Covered in full	Up to \$40
Trifocal	Covered in full	Up to \$45	Covered in full	Up to \$45
Progressive	See description <sup>1</sup>	Up to \$45	See description <sup>1</sup>	Up to \$45
Lenticular	Covered in full	Up to \$80	Covered in full	Up to \$80
Contact Lenses <sup>2</sup>	\$150 retail allowance	Up to \$80	\$125 retail allowance	Up to \$65
Medically Necessary Contact Lenses	Covered in full	Up to \$150	Covered in full	Up to \$150

Deductibles apply to in-network benefits; deductibles for out-of-network visits are deducted from reimbursements

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

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

### Discount Features

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

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

*The Plan discount features are not insurance.*

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

*Discounts are subject to change without notice.*

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

# STAR SELECT

## Highlights



### IRC 457 Deferred Compensation Group Variable Contract

The Star Select Plan is a comprehensive group variable annuity to fund your IRC 457 retirement plan. It is competitive and simple, yet flexible. The primary features include:

#### Multiple Investment Options

The Star Select group variable annuity provides 21 different investment options to take advantage of changing investment-market conditions, including American Funds, Fidelity, TIAA-CREF, Oppenheimer, Russell Funds, PIMCO, T. Rowe Price, Alger, Janus, and AUL.

- AUL Fixed Interest Account and OneAmerica Money Market are also available.

#### Plan Will Accept Rollovers/Transfers from Other Retirement Plans, Including IRA's

#### No 10% IRS Penalty for Withdrawals Prior to Age 59½

#### No Annual or Quarterly Administration Charge

#### No Front-End Sales Charge

- There are no sales charges taken from contributions. This means that 100% of all contributions are invested and start working for participants.

#### No Deferred Sales Charge for Benefit Responsive Events at Participant Level

- A charge will not be assessed against withdrawals when participants cease employment due to:
  - » Retirement
  - » Disability
  - » Death
  - » Severance from employment
  - » Unforeseen emergency withdrawals (as defined by the plan document)

#### Client Friendly Technology & Communication

- Quarterly participant statement
- Toll-free number for daily account balance or transfers
- Interactive website – [www.aul.com](http://www.aul.com)
- Personalized benefit projections
- Quarterly participant newsletter

#### 2013 Contribution Limit

- \$17,500
- \$23,000 (age 50 and over)

# 403(b) Tax Deferred Annuity

Take advantage of its benefits

## 1. What is an annuity?

An annuity is a contractual agreement between you and an insurance company. In return for the deposits you make during your working years, the company promises to pay you monthly payments for a designated period of time.

## 2. What is a 403(b) (7)?

In 1974, along with other code changes, paragraph (7) was added to Code Section 403(b). While previously 403(b) participants were limited to choosing between fixed and variable annuities, Section 403(b)(7) added a third investment option - mutual funds having custodial arrangements with a recognized financial institution. For the first time, participants were able to take advantage of the financial opportunities of mutual fund accounts, including the popular "no load" funds.

## 3. Who is eligible?

Eligibility is determined by your District, so please check on your employer Summary page at [www.ffga.com](http://www.ffga.com) to see if any employee is excluded from participating in the District's Plan.

## 4. You should consider a TDA (Tax Deferred Annuity) if:

- You pay substantial amounts of federal income taxes.
- You are in a dual income family.
- You are single, with no dependents.
- You are investing money on an after-tax basis for long-term goals.
- You have sufficient emergency funds.

## 5. What does tax deferred mean?

Your contributions are deducted from your paycheck before taxes, thereby reducing your taxable income, which may reduce the federal and state income tax you pay each year. These deductions are still subject to FICA (social security) tax. Your balance and investment earnings grow tax deferred until you take the money out of retirement. At that time both your contributions and earnings are taxed as income.

## 6. Is there a tax credit if I have a low salary?

Yes. If you participate in your 403(b) plan or other eligible retirement plan, you can receive a tax credit up to 50% on your contributions (up to \$2,000). Eligibility for the credit was based on your Adjusted Gross Income (AGI). Please check with a tax advisor to determine if you are eligible.

## 7. How do I enroll?

To establish a TDA plan, you must complete an application and a salary reduction agreement form; which, in effect, reduces your taxable salary. Your agent will be responsible for providing the application to the vendor and the SRA (salary reduction agreement) must be sent to First Financial Administrators. Your employer will reduce your paycheck by the amount you designate and will contribute that portion to the plan.

# 403(b) Tax Deferred Annuity

Take advantage of its benefits

## **8. Can I invest with a vendor of my choice?**

In order to participate in the 403(b) plan, you must invest with one of your employer's approved vendors.

## **9. What is the contribution amount I can defer each year?**

You decide the amount that you want to contribute. Please keep in mind that there are limits imposed under the Internal Revenue Code. The maximum amount you can contribute during each calendar year is up to 100% of your includable compensation or for 2011 the maximum of \$16,500 or whichever is less.

## **10. When am I eligible for catch-up contributions in 403(b) plans?**

At age 50, you become automatically eligible for the 50+ catch-up contribution of an additional \$5,000 per year.

## **11. How are my plan contributions invested?**

Your contribution will be remitted to the investment providers based on the amount you chose on your salary reduction agreement.

## **12. What funds do I chose?**

Specific investment elections will need to be chosen through the investment providers. For more information about specific products or the available investments you will need to contact your investment provider.

## **13. Are there fees to the participants in the plan?**

You will need to contact your investment provider to determine their fees. Fees for allowable vendors and products are also displayed on the TRS website for the state of Texas.

## **14. When can I withdraw money from my account?**

The IRS prohibits withdrawal of elective contributions and earnings on those contributions except for:

- \* attainment of age 59 ½
- \* death
- \* disability
- \* separation from services
- \* financial hardship (contributions only).

If money is withdrawn for one of the above reasons, ordinary income tax must be paid. In addition, the contract itself may impose withdrawal or surrender charges. Also, a 10% tax penalty may be imposed by the IRS if you have not attained age 59 ½. If you qualify for a hardship withdrawal, your contributions must be suspended for 6 months following the withdrawal.



# 403(b) Tax Deferred Annuity

Take advantage of its benefits

## 15. What are my distribution options?

- Receive a lump sum distribution (subject to ordinary income tax)
- Some vendors and products allow payments in the form of a monthly annuity or periodic payments.
- Rollover your account balance to an Individual Retirement Account (IRA) or other tax qualified vehicle.
- Transfer your account to another Plan.

## 16. When must I begin receiving a distribution from my TDA plan?

Generally, the IRS requires that a participant must begin receiving retirement benefits no later than April 1 following the year in which the participant reaches age 70 1/2. However, if still employed by an eligible employer, the participant may defer making withdrawals until retirement/separation from service.

## 17. What happens to my money when I die?

If you die before taking an annuity and your named beneficiary is your spouse, your contract may stay in force on a paid-up status with your spouse as the contract holder. Your spouse may choose any form of distribution that was available to you, such as lump sum distribution or annuitization. Your spouse would also have the option of a rollover to a 401(a), 403(b), governmental 457(b) plan, or IRA.

## 18. Can I rollover or withdraw my 403(b) account if I leave employment with the district?

Yes. Your money is always 100% yours and can be rolled over into your new retirement plan when you leave employment. If you withdraw your money, taxes will be due on the distribution and there may be an IRS pre-mature distribution penalty if you are not age 55 when you separate service.

If you change jobs, there are several options:

- Transfer the money into your new employer's retirement savings plan
- Roll it into an IRA
- Leave it where it is
- Take a lump sum payment (penalties, taxes and other fees may apply)

## 19. When can 403(b) money be accessed without penalty?

You can withdraw from your 403(b) without incurring a penalty when you reach age 59 1/2, or if you retire at 55 (or later) or if you become disabled or die.

## 20. Are loans available under the plan?

Policy loans are permitted by law. The maximum loan amount is generally 50% of account value, not to exceed \$50,000, and must be repaid in five years or it will be considered a taxable distribution. Insurance companies are not obligated to offer a loan provision. Check with your Plan to see if loans are allowed, [www.ffga.com](http://www.ffga.com), choose school.

# 403(b) Tax Deferred Annuity

Take advantage of its benefits

## **21. How do I take out a loan?**

Once you know if loans are available you will complete the loan application from the vendor you want to take a loan from. Submit the completed application to First Financial to be reviewed and signed.

## **22. How do I apply for a hardship?**

Check with your plan to see if hardships are allowed. If allowed, you must complete the hardship application (see forms) and provide documentation supporting the hardship. A financial hardship withdrawal will affect you in two additional ways: Your contributions must be suspended for 6 months following the withdrawal. Your contributions for the year following this 6 month period will be subject to certain limitations.

## **23. What if I get a divorce?**

A withdrawal and distribution to an "alternate payee" is permitted if all or part of the account is awarded to an ex-spouse by a Qualified Domestic Relations Order.

## **24. How often can I change my salary reduction?**

You can change your salary reduction at any time by completing a new salary reduction agreement. Click the forms button for a new salary reduction agreement.

## **25. Can I stop my salary reduction?**

You can stop your salary deferrals at any time by completing a new salary reduction agreement. Click the forms button for a new salary reduction agreement.

## **26. Can I move my funds to another company?**

If the company is an active vendor in the Plan, you may be able to "exchange" your funds into a different annuity or investment account with another vendor.

## **27. How can I get more information about the investment companies?**

To get more information about the investment companies, go to [www.ffga.com](http://www.ffga.com), choose school, the school vendor list and it will give you the website and phone number for each available vendor.

## **FOR TEXAS**

The Texas Teachers Retirement System (TRS) is authorized by the Texas Legislature to determine 403(b) vendors and products that are available to public school employees. You are not allowed to select a vendor or product not authorized by TRS.

In order for the vendor to be an available vendor in the school plan they must: 1) be an approved vendor on the TRS certified vendor list; 2) have a contract agreement in place with First Financial Administrators.

# 403(b)/403(b)(7) Providers—Texas School Districts

AMERICAN CENTURY INVESTMENTS	<a href="http://www.americancentury.com/enroll">www.americancentury.com/enroll</a>	800-345-3533
AMERICAN FIDELITY ASSURANCE ANNUITIES	<a href="http://www.afadvantage.com">www.afadvantage.com</a>	800-654-8489
AMERICAN FUNDS DISTRIBUTORS, INC.	<a href="http://www.americanfunds.com/">www.americanfunds.com/</a>	800-421-9900
AMERICAN UNITED LIFE INSURANCE COMPANY	<a href="http://www.oneamerica.com">www.oneamerica.com</a>	800-249-6269
AMERICO FINANCIAL LIFE AND ANNUITY INS. CO.	<a href="http://www.americo.com">www.americo.com</a>	800-231-0801
ANNUITY INVESTORS LIFE INSURANCE (AILIC)	<a href="http://www.gafri.com">www.gafri.com</a>	800-789-6771
ASpire Financial Services, LLC <sup>1</sup>	<a href="http://www.403bplan.info">www.403bplan.info</a>	866-634-5873
AVIVA LIFE AND ANNUITY COMPANY USA <sup>2</sup>	<a href="http://www.avivausa.com">www.avivausa.com</a>	800-225-8073
AXA EQUITABLE LIFE INSURANCE COMPANY	<a href="http://www.axaonline.com">www.axaonline.com</a>	800-628-6673
COLUMBIA MGMT. INVESTMENT DISTRIBUTORS, INC.	<a href="http://www.columbiamanagement.com">www.columbiamanagement.com</a>	800-345-6611
COMMONWEALTH ANNUITY	<a href="http://www.commonwealthannuity.com">www.commonwealthannuity.com</a>	508-460-2401
FAM FUNDS	<a href="http://www.famfunds.com">www.famfunds.com</a>	518-234-7462
FEDERATED FUNDS	<a href="http://www.federatedinvestors.com">www.federatedinvestors.com</a>	800-245-4770
FIDELITY SECURITY LIFE INS COMPANY	<a href="http://www.fsllins.com">www.fsllins.com</a>	800-648-8624
FIRST INVESTORS CORPORATION	<a href="http://www.firstinvestors.com">www.firstinvestors.com</a>	800-423-4026
FRANKLIN TEMPLETON INVESTMENTS	<a href="http://www.franklintempleton.com">www.franklintempleton.com</a>	800-527-2020
FTJ FUND CHOICE	<a href="http://www.ftjfundchoice.com">www.ftjfundchoice.com</a>	800-379-2513
GENERAL AMERICAN LIFE INSURANCE COMPANY <sup>2</sup>	<a href="http://www.metlife.com">www.metlife.com</a>	800-638-9294
GREAT AMERICAN FINANCIAL RESOURCES <sup>2</sup>	<a href="http://www.gafri.com">www.gafri.com</a>	800-789-6771
GREAT SOUTHERN LIFE	<a href="http://www.greatsouthern.com">www.greatsouthern.com</a>	800-231-0801
GWN SECURITIES, INC.	<a href="http://www.gwnsecurities.com">www.gwnsecurities.com</a>	561-472-2700
HORACE MANN	<a href="http://www.horacemann.com">www.horacemann.com</a>	800-999-1030
INDUSTRIAL ALLIANCE PACIFIC LIFE INS. & FINANCIAL SVCS. INC.	<a href="http://www.iaamerican.com">www.iaamerican.com</a>	888-473-5540
ING LIFE INSURANCE AND ANNUITY	<a href="http://www.ingretirementplans.com">www.ingretirementplans.com</a>	800-262-3862
ING RETIREMENT PLANS/RELIASTAR	<a href="http://http://ing.us/">http://ing.us/</a>	877-884-5050
ISC GROUP, INC.	<a href="http://www.iscgroup.com">www.iscgroup.com</a>	800-888-3520
JACKSON NATIONAL LIFE INS. CO.	<a href="http://www.jnl.com">www.jnl.com</a>	800-644-4565
JEFFERSON NATIONAL LIFE INSURANCE CO.	<a href="http://www.jeffnat.com">www.jeffnat.com</a>	866-667-0561
KANSAS CITY LIFE INSURANCE COMPANY	<a href="http://www.kclife.com">www.kclife.com</a>	800-821-6164
LIFE INSURANCE COMPANY OF THE SOUTHWEST	<a href="http://www.lifeofsouthwest.com">www.lifeofsouthwest.com</a>	800-579-2878
LINCOLN FINANCIAL GROUP	<a href="http://www.lfg.com">www.lfg.com</a>	800-454-6265
LINCOLN INVESTMENT PLANNING, INC	<a href="http://www.lincolninvestment.com">www.lincolninvestment.com</a>	800-242-1421
MASSMUTUAL FINANCIAL GROUP	<a href="http://www.massmutual.com">www.massmutual.com</a>	800-234-5606
METROPOLITAN LIFE INSURANCE COMPANY	<a href="http://www.metlife.com/mlr">www.metlife.com/mlr</a>	800-638-8378
METROPOLITAN LIFE INS. CO. OF CONNECTICUT <sup>2</sup>	<a href="http://www.metlife.com/mlr">www.metlife.com/mlr</a>	800-638-8378

# 403(b)/403(b)(7) Providers—Texas School Districts

MIDLAND NATIONAL LIFE INSURANCE COMPANY	<a href="http://www.midlandannuity.com">www.midlandannuity.com</a>	866-270-9564
MODERN WOODMEN OF AMERICA	<a href="http://www.modern-woodmen.org">www.modern-woodmen.org</a>	800-447-9811
NEW YORK LIFE INS. AND ANNUITY CORP.	<a href="http://www.newyorklife.com">www.newyorklife.com</a>	800-710-7945
NORTH AMERICAN CO. FOR LIFE AND HEALTH INSURANCE	<a href="http://www.nacolah.com">www.nacolah.com</a>	866-322-7065
OPPENHEIMERFUNDS DISTRIBUTOR, INC.	<a href="http://www.oppenheimerfunds.com">www.oppenheimerfunds.com</a>	800-525-7048
PACIFIC LIFE INSURANCE COMPANY <sup>2</sup>	<a href="http://www.pacificlife.com">www.pacificlife.com</a>	800-722-2333
PLANMEMBER SERVICES CORPORATION	<a href="http://www.planmember403b.com">www.planmember403b.com</a>	800-874-6910
PROTECTIVE LIFE INSURANCE COMPANY <sup>2</sup>	<a href="https://insuranceservices.se2.com">https://insuranceservices.se2.com</a>	800-456-6330
PUTNAM INVESTMENTS	<a href="http://www.putnam.com">www.putnam.com</a>	800-662-0019
RIVERSOURCE LIFE INSURANCE COMPANY	<a href="http://www.ameriprise.com">www.ameriprise.com</a>	800-862-7919
SECURITY BENEFIT	<a href="http://www.securitybenefit.com">www.securitybenefit.com</a>	800-888-2461
SENTINEL GROUP FUNDS, INC.	<a href="http://www.sentinel funds.com">www.sentinel funds.com</a>	800-282-3869
SYMETRA LIFE INSURANCE COMPANY	<a href="http://www.symetra.com">www.symetra.com</a>	800-796-3872
THE LEGEND GROUP	<a href="http://www.legendgroup.com">www.legendgroup.com</a>	561-694-0110
THRIVENT FINANCIAL FOR LUTHERANS	<a href="http://www.thrivent.com">www.thrivent.com</a>	800-847-4836
THRIVENT INVESTMENT MANAGEMENT INC.	<a href="http://www.thrivent.com">www.thrivent.com</a>	800-847-4836
TRANSAMERICA LIFE INSURANCE COMPANY <sup>2</sup>	<a href="http://www.oneamerica.com">www.oneamerica.com</a>	800-317-2688
UNITED TEACHERS ASSOCIATION INSURANCE (UTA) <sup>2</sup>	<a href="http://www.gafrri.com">www.gafrri.com</a>	800-438-3398
USAA INVESTMENT MANAGEMENT COMPANY	<a href="http://www.usaa.com">www.usaa.com</a>	800-640-7526
USAA LIFE INSURANCE COMPANY <sup>2</sup>	<a href="http://www.usaa.com">www.usaa.com</a>	800-531-8292
VALIC	<a href="http://www.valic.com">www.valic.com</a>	800-448-2542
VANGUARD GROUP, INC.	<a href="http://www.vanguard.com">www.vanguard.com</a>	800-662-2003
WADDELL & REED, INC.	<a href="http://www.waddell.com">www.waddell.com</a>	888-923-3355
WESTERN NATIONAL LIFE INS. CO.	<a href="http://www.wnl.com">www.wnl.com</a>	800-424-4990
ZURICH AMERICAN LIFE INSURANCE COMPANY <sup>2</sup>	<a href="https://insuranceservices.se2.com">https://insuranceservices.se2.com</a>	800-457-9047

<sup>1</sup> This non-certified Teacher Retirement System of Texas (TRS) company has agreed they will only accept Salary Reduction deferrals for TRS certified products that are on the TRS List of Certified Companies.

<sup>2</sup> These companies cannot accept new SRA deferrals and are grandfathered under TRS guidelines.

## Contact Us:

- [403\(b\) website](http://www.ffga.com) on [www.ffga.com](http://www.ffga.com)
- Toll-free number 1.800.523.8422
- Fax number 1.866.265.4594
- Email: [retirement@ffga.com](mailto:retirement@ffga.com)

First Financial Administrators, Inc.  
Attn: Retirement Services  
PO BOX 670329  
Houston, TX 77267-0329

First Financial Administrators, Inc.  
Attn: Retirement Services  
11811 North Freeway, Suite 900  
Houston, TX 77060



## Bellville ISD

518 S. Matthews  
Bellville, TX 77418  
979-865-7006  
[www.ffbenefits.com/bellvilleisd](http://www.ffbenefits.com/bellvilleisd)



### **First Financial Administrators, Inc.**

Supplemental and Retirement Benefits  
P.O. Box 670329  
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Elizabeth Riley, Sr. Account Executive  
Cell Phone: 281-705-9222  
1-800-523-8422 Office • 281-847-8424 Fax

### **Flexible Spending Accounts**

Medical Reimbursement and Dependent Care  
P.O. Box 670329  
Houston, TX 77267-0329  
1-866-853-3539 • 1-800-298-7785 fax  
[www.ffga.com](http://www.ffga.com)

### **Allstate**

Cancer  
1-800-521-3535  
[www.allstateatwork.com](http://www.allstateatwork.com)

### **Ameritas**

Dental  
1-800-487-5553  
[www.ameritas.com](http://www.ameritas.com)

### **American Fidelity Assurance Company**

Disability, Gap and Hospital Indemnity  
1-800-654-8489  
[www.americanfidelity.com](http://www.americanfidelity.com)

### **Superior Vision**

Vision  
1-800-507-3800  
[www.superiorvision.com](http://www.superiorvision.com)

Health Savings Account  
1-866-326-3600  
[www.afhsa.com](http://www.afhsa.com)

### **Unum**

Accident, Critical Illness, Disability  
1-800-275-8686  
[www.unum.com](http://www.unum.com)

### **Dearborn National**

Group Term Life Insurance  
1-800-348-4512  
[www.dearbornnational.com](http://www.dearbornnational.com)

### **LifeSecure**

Long Term Care  
1-866-582-7701  
[www.yourlifecure.com](http://www.yourlifecure.com)

### **Texas Life Insurance Company**

Permanent Life  
1-800-283-9233  
[www.texaslife.com](http://www.texaslife.com)