

# Benefits Enrollment Guide

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Plan Year: 2022-2023

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# WELCOME

Slidell ISD offers you and your family members a comprehensive and valuable benefits program. Our employees are our most valuable asset. That is why we are committed to an employee benefit program that helps our employees stay healthy, feel secure, and maintain a work/life balance. Every effort is made to provide you with a thorough plan of benefits while still keeping costs fair and manageable for both the company and our employees. We encourage you to use this Guide as a reference throughout the year. If you have questions, contact the Benefits Department or the plan providers directly.

## Eligibility Guidelines

### New Hires

You will become eligible for benefits on the first of the month following your full-time employment date.

### Current Employees

Open Enrollment will occur annually. The benefits you elect during open enrollment will be effective September 1<sup>st</sup>.

### Who Can I Cover?

You and your dependents are eligible to enroll in SISD benefits if:

- ✓ You are a full-time benefits eligible team member working 20+ hours a week.
- ✓ Your dependents meet the following criteria:
  - Dependent Child can be covered under parents' coverage through the end of the month of their 26th birthday.
  - Spouse: legal spouses

### When Can I Make Changes to My Benefits?

If you experience a qualifying life event that results in the gain or loss of insurance for yourself and/or your dependents, you must report it to HR within 30 days of the event.

#### Examples of **QUALIFYING LIFE** events:

- Marriage or divorce
- Birth or adoption
- Death of spouse or child
- Gain or loss of other coverage
- You or your eligible family members experiences a change in employment status that affects benefits eligibility (e.g. transitioning from part-time to full time)
- Dependent child reaches 26 years of age
- FMLA leave, COBRA event, court judgment or decree
- Becoming eligible for Medicare
- Loss of Medicaid and/or CHIP
- Receiving a Qualified Medical Child Support Order

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

#### Eligible Benefits Under Section 125:

- Medical
- Dental
- Vision
- Health Savings Account HSA
- Flexible Spending Account (FSA)

**403b NOTICE-** You have the opportunity to save for retirement by participating in the School District's 403(b) plan ("Plan"). A brief, 3-minute video presentation explaining what a 403(b) plan is, and how to contribute can be reached at <http://403bwhyme.com/>. Registration is required to view the video. If there are any questions, you may contact The OMNI Group at 877-544-6664



# How to Enroll

## Current Employees & New Hire Accessing their Portals for Open Enrollment



**STEP 1:**  
Review your current benefit elections, and share with your spouse and dependents



**STEP 2:**  
Make sure you understand your new options and ask any questions you may have.



**STEP 3:**  
Make your benefits elections through the **BEACON SELECT** portal. Please see directions below.

## Accessing **The Beacon Select**

The screenshot shows the 'ENROLLMENT SITE' header. Below it is a white box titled 'Your Benefits Enrollment' with the following text: 'To use this website, you must have your employee ID or Social Security Number and your confidential Personal Identification Number (PIN). If you have questions or need help, please contact your Human Resources Department.' There are two input fields: 'Employee ID or SSN:' and 'PIN:'. Below the fields is a line of text: 'By entering your Employee ID or SSN and Personal Identification Number, you are agreeing to the Terms of Use.' At the bottom left is a link for 'FORGOT PASSWORD' and at the bottom right is an orange 'Log in' button.

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

**Step 1:** Click on the link below to access **The Beacon Select** login page:  
<https://app.thebeaconselect.com/enroll/login.aspx>

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

**Step 2:** Fill in your username and password

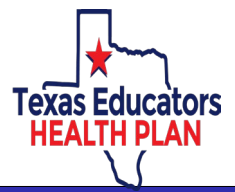
In the Employee ID or SSN field, please enter your full 9 digit **Social Security Number**

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

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



# Medical Insurance



| S&S Health                     | TEHP Low Utilizer   | TEHP HD Plan (HSA)                          | TEHP High Utilizer  | TEHP High Utilizer  | TEHP Select Plan  |
|--------------------------------|---|---|---|---|---|
| Group #                        | <i>In-Network Benefits</i>  |   |   |   |   |
| Network                        | <i>PHCS – Practitioner and Ancillary</i>  |   |   |   |   |
| Deductible (Ind/Family)        | \$6,000 / \$12,000  | \$3,000 / \$6,000                           | \$3,000 / \$6,000   | \$1,500 / \$3,000   | \$1,500 / \$3,000   |
| Coinsurance                    | 70% after deductible  | 70% after deductible                        | 70% after deductible  | 70% after deductible  | 70% after deductible  |
| Out-of-pocket Max (Ind/Fam)    | \$7,500 / \$15,000  | \$7,500 / \$15,000                          | \$7,500 / \$15,000  | \$7,500 / \$15,000  | \$7,500 / \$15,000  |
| Preventative                   | \$0 Copay   | \$0 Copay                                   | \$0 Copay   | \$0 Copay   | \$0 Copay   |
| Primary Care Visit             | \$30 Copay  | You Pay 30%, After Deductible               | \$30 Copay  | \$30 Copay  | \$30 Copay  |
| Specialist Visit               | \$70 Copay  | You Pay 30%, After Deductible               | \$70 Copay  | \$70 Copay  | \$70 Copay  |
| Generic - up to 30-day supply  | \$10 Copay  | You Pay 20%, After Deductible               | \$10 Copay  | \$10 Copay  | \$10 Copay  |
| Preferred-up to 30-day supply  | \$35 Copay  | You Pay 20%, After Deductible               | \$35 Copay  | \$35 Copay  | \$35 Copay  |
| Non Pref - up to 30-day supply | Not Covered   | You Pay 20%, After Deductible               | You Pay 20%, After Deductible   | You Pay 20%, After Deductible   | You Pay 20%, After Deductible   |
| Specialty drugs                | \$0 copay if qualified under the <b>RX Contain Program</b> , otherwise subject to deductible then 50% to a max copay of \$500   | You Pay \$500 Copay + 50%, After Deductible | \$0 copay if qualified under the <b>RX Contain Program</b> , otherwise subject to deductible then 50% to a max copay of \$500 | \$0 copay if qualified under the <b>RX Contain Program</b> , otherwise subject to deductible then 50% to a max copay of \$500 | \$0 copay if qualified under the <b>RX Contain Program</b> , otherwise subject to deductible then 50% to a max copay of \$500 |
| HSA Qualified Expenses         | Refer to the IRS Publication 502 titled Medical and Dental Expenses to see a complete list of qualified healthcare expenses for which HSA dollars can be used.<br><a href="https://www.irs.gov/pub/irs-pdf/p502.pdf">https://www.irs.gov/pub/irs-pdf/p502.pdf</a>   |   |   |   |   |
| Provider Finder                | 1) Go to <a href="https://www.multiplan.com/webcenter/portal/ProviderSearch">https://www.multiplan.com/webcenter/portal/ProviderSearch</a><br>2) Select Network: PHCS then Practitioner & Ancillary<br>3) Search by name, specialty, or facility type<br>4) Enter Zip Code you want to search and hit enter |   |   |   |   |

| Monthly Premium       | TEHP Low Utilizer | TEHP HD Plan (HSA) | TEHP High Utilizer | TEHP High Utilizer | TEHP Select Plan |
|-----------------------|-------------------|--------------------|--------------------|--------------------|------------------|
| Employee only         | \$401.30          | \$431.30           | \$446.02           | \$566.19           | \$644.10         |
| Employee and Spouse   | \$1,096.40        | \$1,151.00         | \$1,167.72         | \$1,329.98         | \$1,359.65       |
| Employee and Children | \$688.83          | \$728.44           | \$753.30           | \$905.57           | \$1,072.77       |
| Employee and Family   | \$1,351.52        | \$1,414.40         | \$1,445.36         | \$1,709.40         | \$1,958.40       |





Concierge Customer Service  
*That starts with Hello*

**Member Concierge Line**

Call **855-514-2930**



With questions  
about your  
health plan



To understand  
your Copays &  
Deductible



To find a provider  
& for other  
network inquiries

This is your go-to number for all your health benefits questions.  
The **Member Concierge Line** is here to help!

Multi-lingual support

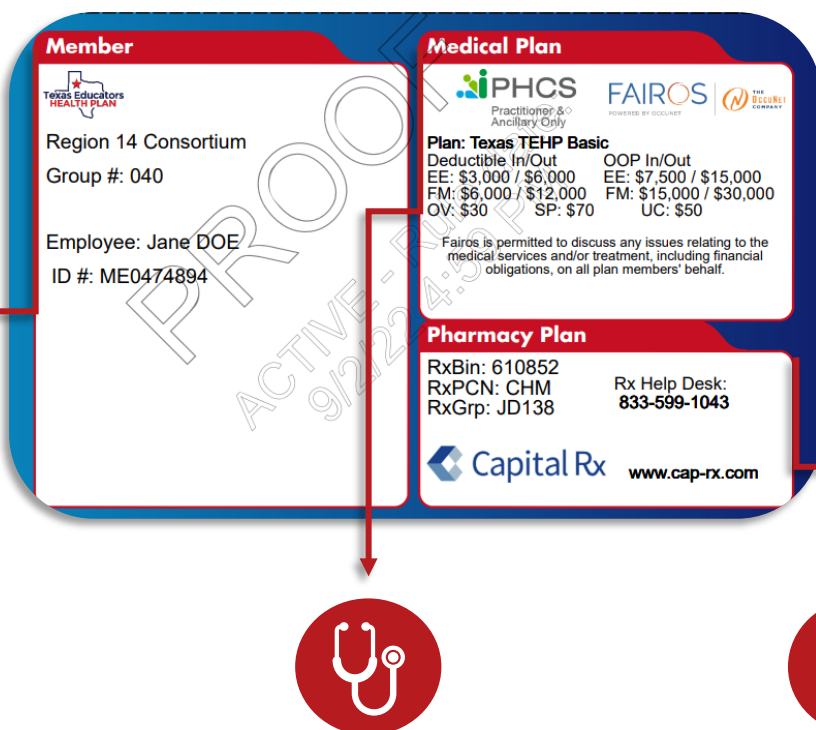


Member Concierge Line administered by S&S Healthcare



# Understanding Your Medical ID Card

## Front of ID Card



### Member Section

This section includes the plan name, group #, and your member ID #.



### Medical Plan

This section indicates the plan you are enrolled in as well as your in- and out-of-network deductible, maximum out-of-pocket, and copays.

This section also indicates the network that the plan is on: the **PHCS Practitioner & Ancillary**.



### Pharmacy Plan

This section indicates your pharmacy plan information as well as the Pharmacy network, Capital RX.

If you need assistance with a prescription, you can call the RX Help Desk at **833-599-1043**. To see if a prescription is covered, please visit **www.cap-rx.com** to view the formulary.

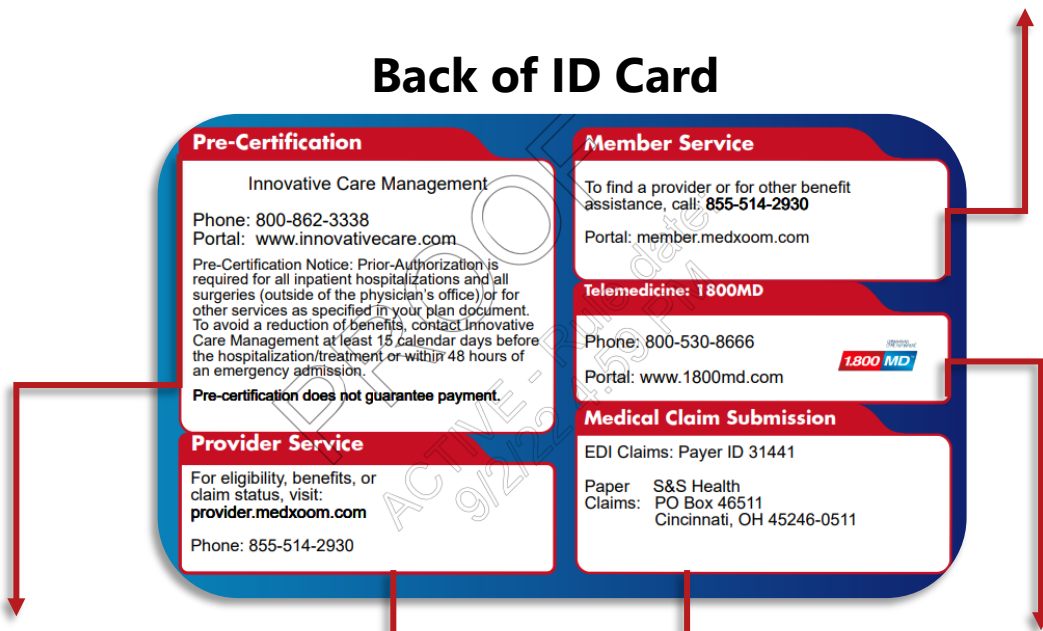


# Understanding Your Medical ID Card

## Member Service

Call the Member Concierge Line (**855-514-2930**) for help finding a provider or if you need benefit assistance. **If your doctor is out-of-network, complete the [Provider Assistance Form](#) or call the Member Concierge Line at least two weeks before your appointment.** Your concierge will support you and help you understand your options. Register to the member portal (**[member.medxoom.com](http://member.medxoom.com)**) to print ID Cards, find plan information, view progress towards deductibles, find a provider, and much more.

## Back of ID Card



### Pre-Certification

This section provides the necessary information for you or your provider to obtain prior authorization for all inpatient hospitalizations and all surgeries. Prior authorizations are required for these services.

### Provider Services

This section has the contact information for your provider to confirm eligibility, benefits or claim status. They can either log onto **[provider.medxoom.com](http://provider.medxoom.com)** or call **855-514-2930**.

### 1800MD Telemedicine

This section provides telemedicine contact information. Log onto the portal **[www.1800md.com](http://www.1800md.com)** to register your family. Your dependents are covered even if they are not on your medical plan. You may also access this through the Medxoom app.

### Medical Claim Submission

This is the information that your provider's office will utilize to submit claims. It includes information for both electronic and paper claims submissions.





# Texas Educators Health Plan

## Frequently Asked Questions

### **How do I find out if my provider is in-network?**

This year's plan includes a preferred provider network for your primary care, specialist, and other ancillary services. You have open access (i.e., no network requirements) for most inpatient and outpatient hospital/surgical services.

Your network for physician and ancillary services is the PHCS Practitioner and Ancillary network.

Visit website: [www.multiplan.com](http://www.multiplan.com) for assistance in finding a network physician:

- Click on the "Find a Provider" button at the top right of the webpage.
- Click on "Select Network" button and then choose PHCS.
- Select the option "Practitioner & Ancillary".
- Follow the prompts to enter your search criteria.

If your doctor is in the PHCS Practitioner and Ancillary network, you are all set! You receive maximum benefits from a network doctor so please reference the PHCS logo on your ID card when scheduling an appointment.

### **What if my doctor is not in the PHCS Practitioner and Ancillary network?**

If your doctor is out-of-network, complete the [Provider Assistance Form](#) or **call the Member Concierge Line at 855-514-2930 at least two weeks before your appointment.** Your concierge will help you understand your options and will contact your doctor to explain your benefit plan prior to your appointment.

On the rare occasion the doctor is not willing to work with us, the Member Concierge team will contact you to find a satisfactory alternative.



Scan this QR code to  
access the Provider  
Assistance Form





## Texas Educators Health Plan

### Frequently Asked Questions

#### **Do I need to obtain prior-authorization/pre-certification for any services?**

Prior-Authorization is required for all inpatient hospitalizations and all surgeries (outside of the physician's office) or for other services as specified in your plan document. To avoid a reduction of benefits, contact Innovative Care Management (Texas Educators Health Plan's pre-certification vendor) at least 15 calendar days before the hospitalization/treatment or within 48 hours of an emergency admission.

A member or a provider can contact Innovative Care Management to start the pre-certification process.

Innovative Care Management Phone: **800-862-3338**

Portal: [www.innovativecare.com](http://www.innovativecare.com)

#### **Do I have Telemedicine?**

Your plan offers telemedicine at no cost to you through 1.800MD.

1.800MD's telemedicine service provides you and your dependents around-the-clock access to board-certified physicians (available 24/7/365) via telephone or secure video. These doctors are ready to answer questions, give advice, and even diagnose and treat illnesses – without long wait times and high costs.

1.800MD Phone: **800-530-8666**

Portal: [www.1800md.com](http://www.1800md.com)

#### **What if I have other questions about my health plan?**

Call the Member Concierge Line: **855-514-2930** – you have a support team ready to assist you!







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

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

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

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

### TIPS

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

## A triple tax advantage.

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

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

## You own the HSA.

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

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

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



### HEALTHCARE EXPENSES

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



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

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

# How to participate.

It's easy to start saving with a TASC HSA.

Just follow 3 simple steps:

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

The more you contribute, the lower your taxable income will be. And with no risk of forfeiture, you can contribute the annual maximum every year. Leftover funds will rollover or may be transferred to the investment account (funds in excess of \$2000). Also consider:

- The money you contribute to the TASC HSA can only be used for qualified healthcare expenses (*until age 65*).
- You can make contributions anytime during the Plan Year, up to the annual maximum, and withdraw funds anytime, tax-free.
- You can use the HSA to save for medical expenses in retirement, when healthcare expenses generally rise.

### PLANNING TIPS

You and your employer can contribute money into your TASC HSA, up to an annual per person or family limit set by the IRS.

View current IRS limits at: [www.tasconline.com/benefits-limits](http://www.tasconline.com/benefits-limits).  
If your estimated expenses are higher than the annual contribution limits, consider making the maximum contribution allowed.

## 2. ENROLL by completing the online enrollment process each year

Your contribution will be deducted in equal amounts from each paycheck, pretax, throughout the plan year. HSA funds are only available as money is contributed (*money in, money out*).

When you enroll online and set up your TASC HSA investment accounts, you'll be given access to a secure, easy-to-use web portal where you can access and manage your account.

### SPECIAL FEATURES



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



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

## 3. ACCESS your funds easily using the TASC Card

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

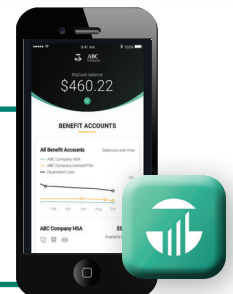
Reimbursements happen fast – within 12 hours – when you request to have them added to the MyCash balance on your TASC Card. You can use the MyCash balance on your card to get cash at ATMs or to buy anything you want anywhere Mastercard is accepted!



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



Search for "TASC" (green icon)





# Pay for healthcare expenses with tax-free dollars

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

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

## Eligible Medical Expenses

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

## Eligible Vision Expenses

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

## Eligible OTC Medicines and Drugs

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

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

## For individuals over age 65

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

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

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



# Save money with FSA pretax benefit accounts.

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



## HEALTHCARE

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

## DEPENDENT CARE

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

### TIPS

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

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

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

Consider this example:  
(For illustration only)



Richard has:

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

Here is his net monthly take-home pay:

### Without FSA

(\$600 spent using post-tax dollars)

**\$1,932**

### With FSA

(\$600 spent using pretax dollars)

**\$2,098**

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

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



# How to participate.

It's easy to start saving with an FSA.

Just follow 3 simple steps:

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

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

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

### PLANNING TIPS

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

**COMPARE** your estimate to the IRS limits at [www.tasconline.com/benefits-limits](http://www.tasconline.com/benefits-limits). If your estimate is higher than these annual contribution limits, consider making the maximum contribution allowed.

## 2. ENROLL by completing the enrollment process

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

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

### SPECIAL FEATURES



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

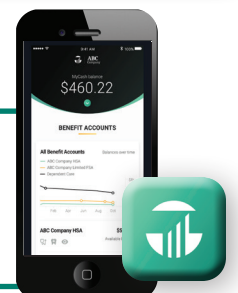


**MyCash Account:** Included on your TASC Card for faster reimbursement deposits and non-benefit purchases.

## 3. ACCESS your funds easily using the TASC Card

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

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



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



Search for "TASC" (green icon)



## Save up to 30% on eligible expenses

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

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

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

### Eligible Medical Expenses

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

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

### Eligible OTC Medicines and Drugs

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

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

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

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

Continued on next page...





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



## Eligible Dental Expenses

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

## Eligible Dependent Care Expenses

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

## Eligible Disability Expenses

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

## Requiring Additional Documentation

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

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

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

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CARE ANYWHERE™

**1.800MD™**

# MEMBER INFORMATION

Providing Fast And Convenient Care  
For Your Medical Needs...



**24/7/365**




## COMMONLY TREATED CONDITIONS

- Allergies
- Arthritic Pain
- Cold & Flu
- Tonsillitis
- Laryngitis
- Pharyngitis
- Skin Infections
- Gastroenteritis
- Ear Infection
- Pink Eye
- Insect Bites
- Minor Burns
- Respiratory Infections
- Sinusitis
- Sprains and Strains
- Urinary tract Infection
- Consulting for International and Domestic Travel
- AND MUCH MORE!

- Access to licensed, board-certified physicians
- Little or no time missed from work
- No crowded waiting rooms or appointment times



## HOW IT WORKS

-  **1 Activate** **Activate your account** online at [www.1800MD.com](http://www.1800MD.com) or by calling member services at **1.800.530.8666**. Once activated, you will need to setup your member profile and complete your electronic health record. **Health and pharmacy information must be completed before requesting a consultation.**
-  **2 Request a Consult** **Login to your account** online or call member services at **1.800.530.8666** to request a consult anytime 24/7.
-  **3 Receive Care** **Receive diagnosis** and treatment. 1.800MD provides quality care and peace of mind wherever you are.

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CARE ANYWHERE

# FAQ's

## 1.800MD™



### What is 1.800MD?

1.800MD is a national telehealth company specializing in convenient, quality medical care. With board-certified physicians in all 50 states\*, those in need can obtain diagnosis, treatment and a prescription, when necessary, through the convenience of a telephone and digital communications.

*\*Subject to state regulations.*

### I have a pre-existing condition. Will 1.800MD still accept me?

**Absolutely!** 1.800MD is not insurance. We do not deny access to quality care because of pre-existing conditions.

### Can I get a consultation after hours or on weekends?

**Yes.** 1.800MD is available 24 hours a day, seven days a week and 365 days a year.

#### CONVENIENCE

Talk to a doctor any time, day or night, on the weekend or when traveling away from home. No inconvenience or hassle of traveling to the doctor's office, urgent care or ER and waiting to be seen.

#### SAVES MONEY

1.800MD reduces unnecessary doctor's office and emergency room visits. Up to 70 percent of all urgent care and emergency room visits are unneeded, costly and can be handled with a 1.800MD telephone or video consultation.

#### QUALITY CARE

With an average of 15 years of internal medicine, family practice or pediatrics experience, you can rest assured each physician is properly licensed in your state, board-certified and verified by the National Physician Data Base and the American Medical Association.

#### CONTINUITY OF CARE

Real-time access to medical records, and the ability to send them to your primary care physician or other providers.

#### WELLNESS AND PREVENTATIVE HEALTH TOOLS

The 1.800MD member portal contains information and tools to help you make informed health care decisions.

#### E-PRESCRIPTIONS

If a 1.800MD physician recommends medication as part of your treatment plan, the prescription will be digitally sent to the local pharmacy of your choice.



# BENEFITS TO YOU



[www.1800md.com](http://www.1800md.com)

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## 1.800MD™

# CALL 1.800.530.8666

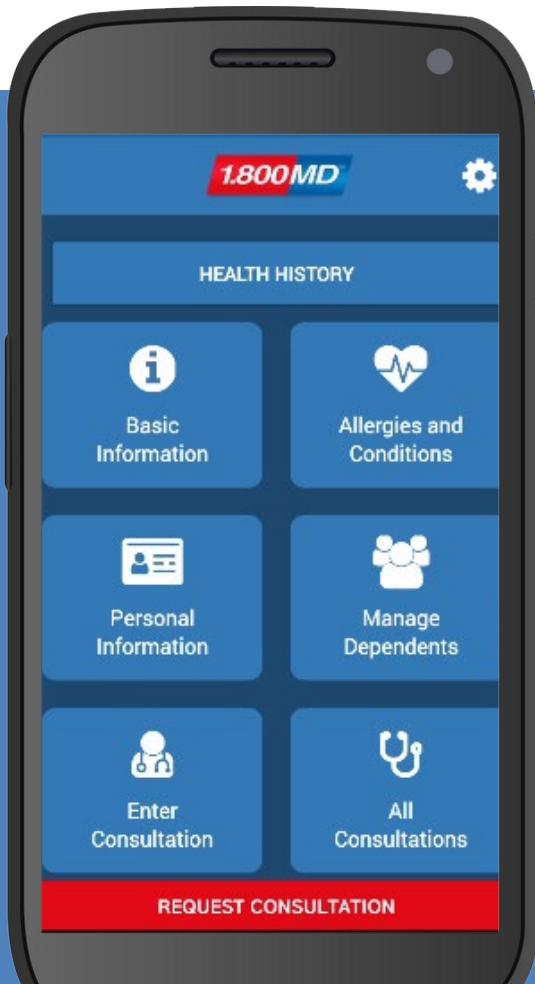
1.800MD does not replace the primary care physician. 1.800MD does not guarantee that a prescription will be written. 1.800MD operates subject to State regulations and may not be available in certain States. 1.800MD does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. 1.800MD physicians reserve the right to deny care for potential misuse of services.



CONVENIENT  
CARE ANYWHERE™

**1.800MD™**

**Available 24/7/365,  
anywhere in the USA**



**DOWNLOAD THE**

## **1.800MD Mobile App**

**Telemedicine in the Palm of your Hands**

Avoid inconvenient and costly trips to emergency rooms and urgent care centers. Download the 1.800MD mobile app to easily access your telemedicine benefit from anywhere in the USA. Available for you AND your dependents.

- Easily request medical consultations (available 24/7/365) from anywhere in the USA
- Physicians diagnose and provide treatment plans for a large variety of illnesses
- Select your preferred pharmacy for easy prescription pick-up
- Manage and confirm dependents
- View past virtual consultation history
- And much more!



**HOW IT WORKS – [click here](#) to view the app demonstration video**



**Activate your Account**  
Using the Member and Group numbers given by your employer or found on your 1.800MD Welcome Letter.



**Enter your Health Info**  
Including your personal health information and pharmacy info.



**Request Consultations**  
With the tap of a button!  
Schedule an appointment if needed.



**Get the Help you Need**  
Our doctors are waiting to help within 1 hour of your request.



**1800md.com**

**1.800.530.8666**

# Voluntary Dental Insurance

| Humana                        | Humana Dental Preventative Plus  | Humana Dental Traditional Plus                                      |
|-------------------------------|--|---|
| <b>Group # 848044-001</b>     | Amount You Pay   |   |
| Network                       | Humana Dental PPO  | Humana Dental PPO   |
| Deductible                    | \$50 Individual / \$150 Family   | \$50 Individual / \$150 Family                                      |
| Annual Maximum                | \$1,000 per participant  | \$1,500 per participant + extended annual maximum 30%               |
| Preventive Services           | You Pay 0%<br><i>Does not apply against annual maximum</i>   | You Pay 0%<br><i>Does not apply against annual maximum</i>          |
| Basic Services / Oral Surgery | You Pay 20%, After Deductible  | You Pay 20%, After Deductible                                       |
| Endodontics/Periodontics      | These services are not covered under this plan. Members may receive a discount on non-covered services and may contact their participating provider to determine if any discounts are available on non-covered services. | You Pay 50%, After Deductible                                       |
| Major Services                |  | You Pay 50%, After Deductible                                       |
| Waiting Period                |  | None – Late Applicant only  |
| Orthodontic Services          |  | Lifetime Max: \$1,000<br>You pay 50% after Deductible<br>Child < 18 |
| Provider Finder               | 1) Go to Humana.com - Select the <b>Shop For Plans</b> , then <b>Find A Dentist</b><br>2) Enter <b>Zip Code</b> you want to search and hit <b>TAB</b> button<br>3) Select <b>Coverage/Network</b> Type: <b>PPO</b>       |   |
| Out-of-Network                | Out-of-network dentists may bill you for charges above the amount covered by your plan.  |   |

## Procedure Frequency

- **Routine Exam:** 3x per benefit period
- **Bitewing x-rays:** 2x per benefit period
- **Routine Cleaning:** 3x per benefit period
- **Periodontal Cleaning:** 3x per benefit period
- **Full Mouth x-rays:** 1 in 3 years
- **Crowns:** 1 in 5 years per tooth
- **Prosthodontics:** 1 in 5 years
- **Oral Cancer Screening:** 1x per over the age 40

| MONTHLY DEDUCTIONS    | Preventative Plus | Traditional Plus |
|-----------------------|-------------------|------------------|
| Employee Only         | \$24.77           | \$33.35          |
| Employee + Spouse     | \$49.57           | \$69.50          |
| Employee + Child(ren) | \$52.04           | \$75.62          |
| Employee + Family     | \$79.63           | \$112.64         |

# Voluntary Vision Insurance

Vision health impacts overall health

Routine eye exams can lead to early detection of vision problems and other diseases such as diabetes, hypertension, multiple sclerosis, high blood pressure, osteoporosis, and rheumatoid arthritis 1.

If you seek the services of a provider listed in our Preferred Provider directory, your benefits include the following:

| Humana                          | Vision 150  |
|---------------------------------|---|
| <b>Group# 848044-001</b>        | Amount You Pay  |
| Network                         | Humana Insight Network  |
| Exam with Dilation as necessary | \$10 Copay<br>Retinal imaging – up to \$39  |
| Standard Plastic Lenses         | \$10 Copay  |
| Frames                          | Up to \$150 Allowance + 20% off balance   |
| Elective Contact Lenses         | Up to \$150 Allowance + 15% off balance   |
| Contact Lens Fit & Follow Up    | Up to \$40<br>Premium contact lens fit and follow up - 10% off retail   |
| Provider Finder                 | <a href="https://www.eyemedvisioncare.com/humanavis/public/provloc.emvc?networkId=227">https://www.eyemedvisioncare.com/humanavis/public/provloc.emvc?networkId=227</a> |

## Procedure Frequency

- **Exam:** 1x per 12 months
- **Standard Plastic Lenses:** 1x per 12 months
- **Frames:** 1x per 12 months

| MONTHLY DEDUCTIONS    | Humana Vision 150 |
|-----------------------|-------------------|
| Employee Only         | \$8.54            |
| Employee + Spouse     | \$14.58           |
| Employee + Child(ren) | \$15.43           |
| Employee + Family     | \$23.14           |



# Life and AD&D Insurance



**Slidell Independent School District provides \$10,000 in Life Insurance for all full-time employees. This valuable benefit at no cost to you.**

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

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

### **AT A GLANCE:**

- A cash benefit to your loved ones in the event of your death, plus a matching cash benefit if you die in an accident
- A cash benefit to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight
- *LifeKeys*® services, which provide access to counseling, financial, and legal support
- *TravelConnect*SM services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home

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

### **ADDITIONAL DETAILS**

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

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

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

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

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# Voluntary Life Insurance

Employees who want to supplement their group life insurance benefits may purchase additional coverage through Lincoln Financial Group. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through payroll deductions.

| Lincoln Financial Group # 1016110 | Employee                                    | Spouse                                       | Child                 |
|-----------------------------------|---|--|-----------------------|
| Benefit Schedule                  | Increments of \$10,000                      | Increments of \$5,000                        | Increments of \$2,000 |
| Maximum Benefit                   | \$500,000, limited to 5x your annual salary | \$250,000, limited to 50% of employee amount | \$10,000              |
| Minimum Benefits                  | \$10,000                                    | \$5,000                                      | \$2,000               |
| Guarantee Issue                   | \$150,000                                   | \$50,000                                     | \$10,000              |
| AD&D Benefit                      | Matches Life Benefit                        |  |                       |
| Portability                       | Included                                    |  |                       |
| Age Reduction Schedule            | To 50% at age 70                            |  |                       |

Employee and Spouse premiums are calculated separately

## Employee Monthly Premium Rate Chart – Uni-smoker

| Coverage Amount | \$10,000 | \$20,000 | \$30,000 | \$40,000 | \$50,000 | \$100,000 | \$150,000 |
|-----------------|----------|----------|----------|----------|----------|-----------|-----------|
| <b>Under 25</b> | \$0.80   | \$1.60   | \$2.40   | \$3.20   | \$4.00   | \$8.00    | \$12.00   |
| <b>25-29</b>    | \$0.90   | \$1.80   | \$2.70   | \$3.60   | \$4.50   | \$9.00    | \$13.50   |
| <b>30-34</b>    | \$1.10   | \$2.20   | \$3.30   | \$4.40   | \$5.50   | \$11.00   | \$16.50   |
| <b>35-39</b>    | \$1.30   | \$2.60   | \$3.90   | \$5.20   | \$6.50   | \$13.00   | \$19.50   |
| <b>40-44</b>    | \$1.80   | \$3.60   | \$5.40   | \$7.20   | \$9.00   | \$18.00   | \$27.00   |
| <b>45-49</b>    | \$2.80   | \$5.60   | \$8.40   | \$11.20  | \$14.00  | \$28.00   | \$42.00   |
| <b>50-54</b>    | \$4.40   | \$8.80   | \$13.20  | \$17.60  | \$22.00  | \$44.00   | \$66.00   |
| <b>55-59</b>    | \$7.00   | \$14.00  | \$21.00  | \$28.00  | \$35.00  | \$70.00   | \$105.00  |
| <b>60-64</b>    | \$8.70   | \$17.40  | \$26.10  | \$34.80  | \$43.50  | \$87.00   | \$130.50  |
| <b>65-69</b>    | \$14.90  | \$29.80  | \$44.70  | \$59.60  | \$74.50  | \$149.00  | \$223.50  |

## Dependent Child Coverage Monthly Premium

| Coverage Amount            | \$1,000       | \$10,000      |
|----------------------------|---------------|---------------|
| <b>From Birth – Age 25</b> | <b>\$0.10</b> | <b>\$1.00</b> |

### Evidence of Insurability

Remember, if you do not enroll when you are first eligible but decide to apply for coverage later on, or if you are increasing your existing coverage, you will be required to provide Evidence of Insurability and will have to be approved by the carrier.

# Voluntary Life Insurance Continued

| Lincoln Financial Group # 1016110 | Employee                                    | Spouse                                       | Child                 |
|-----------------------------------|---|--|-----------------------|
| Benefit Schedule                  | Increments of \$10,000                      | Increments of \$5,000                        | Increments of \$2,000 |
| Maximum Benefit                   | \$500,000, limited to 5x your annual salary | \$250,000, limited to 50% of employee amount | \$10,000              |
| Minimum Benefits                  | \$10,000                                    | \$5,000                                      | \$2,000               |
| Guarantee Issue                   | \$150,000                                   | \$50,000                                     | \$10,000              |
| AD&D Benefit                      | Matches Life Benefit                        |  |                       |
| Portability                       | Included                                    |  |                       |
| Age Reduction Schedule            | To 50% at age 70                            |  |                       |

## Spouse Monthly Premium Rate Chart – Uni-smoker

| Coverage Amount | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$40,000 | \$50,000 |
|-----------------|---------|----------|----------|----------|----------|----------|----------|
| <b>Under 25</b> | \$0.40  | \$0.80   | \$1.20   | \$1.60   | \$2.00   | \$3.20   | \$4.00   |
| <b>25-29</b>    | \$0.45  | \$0.90   | \$1.35   | \$1.80   | \$2.25   | \$3.60   | \$4.50   |
| <b>30-34</b>    | \$0.55  | \$1.10   | \$1.65   | \$2.20   | \$2.75   | \$4.40   | \$5.50   |
| <b>35-39</b>    | \$0.65  | \$1.30   | \$1.95   | \$2.60   | \$3.25   | \$5.20   | \$6.50   |
| <b>40-44</b>    | \$0.90  | \$1.80   | \$2.70   | \$3.60   | \$4.50   | \$7.20   | \$9.00   |
| <b>45-49</b>    | \$1.40  | \$2.80   | \$4.20   | \$5.60   | \$7.00   | \$11.20  | \$14.00  |
| <b>50-54</b>    | \$2.20  | \$4.40   | \$6.60   | \$8.80   | \$11.00  | \$17.60  | \$22.00  |
| <b>55-59</b>    | \$3.50  | \$7.00   | \$10.50  | \$14.00  | \$17.50  | \$28.00  | \$35.00  |
| <b>60-64</b>    | \$4.35  | \$8.70   | \$13.05  | \$17.40  | \$21.75  | \$34.80  | \$43.50  |
| <b>65-69</b>    | \$7.45  | \$14.90  | \$22.35  | \$29.80  | \$37.25  | \$59.60  | \$74.50  |

# Voluntary Long-Term Disability



Without disability coverage, you and your family may struggle to get by if you miss work due to an injury or illness. In the event that you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income.

| The Standard -               | Long Term Disability  |
|------------------------------|---|
| Benefits Payable             | \$100 increments from \$200 to \$8,000; based on tables below. Amount must not exceed 66 2/3 percent of predisability income. |
| Own Occupation Period        | 24 months   |
| Any Occupation Period        | Any occupation period begins at the end of the own occupation period and continues until the end of the max benefit period.   |
| Preexisting Condition Period | 90-day period just before your insurance becomes effective<br>Exclusion period: 12 months                                     |

## Elimination and Maximum Benefit Period

| Option | Accidental Injury | Other Disability | Maximum Benefit Period                        |
|--------|-------------------|------------------|---|
| 1      | 0 days            | 7 days           | To age 65 for Accident & injury               |
| 2      | 14 days           | 14 days          | To age 65 for Accident & injury               |
| 3      | 30 days           | 30 days          | To age 65 for Accident & injury               |
| 4      | 60 days           | 60 days          | To age 65 for Accident & injury               |
| 5      | 90 days           | 90 days          | To age 65 for Accident & injury               |
| 6      | 180 days          | 180 days         | To age 65 for Accident & injury               |
| 7      | 0 days            | 7 days           | 5 years for Sickness & To age 65 for Accident |
| 8      | 14 days           | 14 days          | 5 years for Sickness & To age 65 for Accident |
| 9      | 30 days           | 30 days          | 5 years for Sickness & To age 65 for Accident |
| 10     | 60 days           | 60 days          | 5 years for Sickness & To age 65 for Accident |
| 11     | 90 days           | 90 days          | 5 years for Sickness & To age 65 for Accident |
| 12     | 180 days          | 180 days         | 5 years for Sickness & To age 65 for Accident |

## First Day Hospital Benefit

With this benefit, if an insured employee is hospital confined for at least four hours, is admitted as an inpatient and is charged room and board during the benefit waiting period, the benefit waiting period will be satisfied. Benefits become payable on the date of hospitalization; the maximum benefit period also begins on that date. This feature is included only on LTD plans with benefit waiting periods of 30 days or less.



# Voluntary Long-Term Disability – continued



## Options 7-12: Maximum Benefit Period of 5 years for Sickness

If you become disabled before age 62, LTD benefits may continue during disability for 5 years. If you become disabled at age 62 or older, the benefit duration is determined by your age when disability begins:

| Age | Maximum Benefit Period |
|-----|------------------------|
| 62  | 3 years 6 months       |
| 63  | 3 years                |
| 64  | 2 years 6 months       |
| 65  | 2 years                |
| 66  | 1 year 9 months        |
| 67  | 1 year 6 months        |
| 68  | 1 year 3 months        |
| 69+ | 1 year                 |

## Options 1-6: Maximum Benefit Period To Age 65 for both Sickness and Accident

### Options 7-12: Maximum Benefit Period To Age 65 for Accident

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

| Age | Maximum Benefit Period |
|-----|------------------------|
| 62  | 3 years 6 months       |
| 63  | 3 years                |
| 64  | 2 years 6 months       |
| 65  | 2 years                |
| 66  | 1 year 9 months        |
| 67  | 1 year 6 months        |
| 68  | 1 year 3 months        |
| 69+ | 1 year                 |

# Voluntary Long-Term Disability – Continued



| Other LTD Features                               | Description  |
|--|--|
| <b>EAP - Employee Assistance Program</b>         | This program offers support, guidance and resources that can help an employee resolve personal life challenges. (how many do they get?)  |
| <b>Special Dismemberment Provision</b>           | If any employee suffers a loss as a result of an accident, the employee will be considered disabled for the applicable minimum benefit period and can extend beyond the end of the maximum benefit period.   |
| <b>Reasonable Accommodations Expense Benefit</b> | Subject to The Standard's prior approval, this benefit allows us to pay up to \$25,000 of an employer's expenses toward work site modifications that result in a disabled employee's return to work.   |
| <b>Survivor Benefit</b>                          | A survivor benefit may also be payable. This benefit can help to address a family's financial need in the event of the employee's death.   |
| <b>RTW – Return to work incentive</b>            | The Standard's RTW incentive is one of the most comprehensive in the employee benefits history. For the first 12 months after returning to work, the employee's LTD benefit will not be reduced by work earnings until work earnings plus LTD benefit exceed 100% of predisability earnings. After that period, only 50 percent of work earnings are deducted. |
| <b>Rehabilitation Plan Provision</b>             | Subject to The Standard's prior approval, rehabilitation incentives may include training and education expense, family (child and elder) care expenses, and job search expenses.   |

## LTD benefits end automatically on the earliest of:

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





# Voluntary Long-Term Disability – Continued



Options 1-6

| Annual Earnings | Monthly Earnings | Monthly Benefit | Accident/Sickness Benefit Waiting Period |          |          |         |         |         |
|-----------------|------------------|-----------------|--|----------|----------|---------|---------|---------|
|                 |                  |                 | Cost Per Month                           |          |          |         |         |         |
|                 |                  |                 | 0-7                                      | 14       | 30       | 60      | 90      | 180     |
| \$3,600         | \$300            | \$200           | \$6.74                                   | \$5.96   | \$5.04   | \$3.28  | \$2.82  | \$2.06  |
| \$5,400         | \$450            | \$300           | \$10.11                                  | \$8.94   | \$7.56   | \$4.92  | \$4.23  | \$3.09  |
| \$7,200         | \$600            | \$400           | \$13.48                                  | \$11.92  | \$10.08  | \$6.56  | \$5.64  | \$4.12  |
| \$9,000         | \$750            | \$500           | \$16.85                                  | \$14.90  | \$12.60  | \$8.20  | \$7.05  | \$5.15  |
| \$10,800        | \$900            | \$600           | \$20.22                                  | \$17.88  | \$15.12  | \$9.84  | \$8.46  | \$6.18  |
| \$12,600        | \$1,050          | \$700           | \$23.59                                  | \$20.86  | \$17.64  | \$11.48 | \$9.87  | \$7.21  |
| \$14,400        | \$1,200          | \$800           | \$26.96                                  | \$23.84  | \$20.16  | \$13.12 | \$11.28 | \$8.24  |
| \$16,200        | \$1,350          | \$900           | \$30.33                                  | \$26.82  | \$22.68  | \$14.76 | \$12.69 | \$9.27  |
| \$18,000        | \$1,500          | \$1,000         | \$33.70                                  | \$29.80  | \$25.20  | \$16.40 | \$14.10 | \$10.30 |
| \$19,800        | \$1,650          | \$1,100         | \$37.07                                  | \$32.78  | \$27.72  | \$18.04 | \$15.51 | \$11.33 |
| \$21,600        | \$1,800          | \$1,200         | \$40.44                                  | \$35.76  | \$30.24  | \$19.68 | \$16.92 | \$12.36 |
| \$23,400        | \$1,950          | \$1,300         | \$43.81                                  | \$38.74  | \$32.76  | \$21.32 | \$18.33 | \$13.39 |
| \$25,200        | \$2,100          | \$1,400         | \$47.18                                  | \$41.72  | \$35.28  | \$22.96 | \$19.74 | \$14.42 |
| \$27,000        | \$2,250          | \$1,500         | \$50.55                                  | \$44.70  | \$37.80  | \$24.60 | \$21.15 | \$15.45 |
| \$28,800        | \$2,400          | \$1,600         | \$53.92                                  | \$47.68  | \$40.32  | \$26.24 | \$22.56 | \$16.48 |
| \$30,600        | \$2,550          | \$1,700         | \$57.29                                  | \$50.66  | \$42.84  | \$27.88 | \$23.97 | \$17.51 |
| \$32,400        | \$2,700          | \$1,800         | \$60.66                                  | \$53.64  | \$45.36  | \$29.52 | \$25.38 | \$18.54 |
| \$34,200        | \$2,850          | \$1,900         | \$64.03                                  | \$56.62  | \$47.88  | \$31.16 | \$26.79 | \$19.57 |
| \$36,000        | \$3,000          | \$2,000         | \$67.40                                  | \$59.60  | \$50.40  | \$32.80 | \$28.20 | \$20.60 |
| \$37,800        | \$3,150          | \$2,100         | \$70.77                                  | \$62.58  | \$52.92  | \$34.44 | \$29.61 | \$21.63 |
| \$39,600        | \$3,300          | \$2,200         | \$74.14                                  | \$65.56  | \$55.44  | \$36.08 | \$31.02 | \$22.66 |
| \$41,400        | \$3,450          | \$2,300         | \$77.51                                  | \$68.54  | \$57.96  | \$37.72 | \$32.43 | \$23.69 |
| \$43,200        | \$3,600          | \$2,400         | \$80.88                                  | \$71.52  | \$60.48  | \$39.36 | \$33.84 | \$24.72 |
| \$45,000        | \$3,750          | \$2,500         | \$84.25                                  | \$74.50  | \$63.00  | \$41.00 | \$35.25 | \$25.75 |
| \$46,800        | \$3,900          | \$2,600         | \$87.62                                  | \$77.48  | \$65.52  | \$42.64 | \$36.66 | \$26.78 |
| \$48,600        | \$4,050          | \$2,700         | \$90.99                                  | \$80.46  | \$68.04  | \$44.28 | \$38.07 | \$27.81 |
| \$50,400        | \$4,200          | \$2,800         | \$94.36                                  | \$83.44  | \$70.56  | \$45.92 | \$39.48 | \$28.84 |
| \$52,200        | \$4,350          | \$2,900         | \$97.73                                  | \$86.42  | \$73.08  | \$47.56 | \$40.89 | \$29.87 |
| \$54,000        | \$4,500          | \$3,000         | \$101.10                                 | \$89.40  | \$75.60  | \$49.20 | \$42.30 | \$30.90 |
| \$55,800        | \$4,650          | \$3,100         | \$104.47                                 | \$92.38  | \$78.12  | \$50.84 | \$43.71 | \$31.93 |
| \$57,600        | \$4,800          | \$3,200         | \$107.84                                 | \$95.36  | \$80.64  | \$52.48 | \$45.12 | \$32.96 |
| \$59,400        | \$4,950          | \$3,300         | \$111.21                                 | \$98.34  | \$83.16  | \$54.12 | \$46.53 | \$33.99 |
| \$61,200        | \$5,100          | \$3,400         | \$114.58                                 | \$101.32 | \$85.68  | \$55.76 | \$47.94 | \$35.02 |
| \$63,000        | \$5,250          | \$3,500         | \$117.95                                 | \$104.30 | \$88.20  | \$57.40 | \$49.35 | \$36.05 |
| \$64,800        | \$5,400          | \$3,600         | \$121.32                                 | \$107.28 | \$90.72  | \$59.04 | \$50.76 | \$37.08 |
| \$66,600        | \$5,550          | \$3,700         | \$124.69                                 | \$110.26 | \$93.24  | \$60.68 | \$52.17 | \$38.11 |
| \$68,400        | \$5,700          | \$3,800         | \$128.06                                 | \$113.24 | \$95.76  | \$62.32 | \$53.58 | \$39.14 |
| \$70,200        | \$5,850          | \$3,900         | \$131.43                                 | \$116.22 | \$98.28  | \$63.96 | \$54.99 | \$40.17 |
| \$72,000        | \$6,000          | \$4,000         | \$134.80                                 | \$119.20 | \$100.80 | \$65.60 | \$56.40 | \$41.20 |

# Voluntary Long-Term Disability – Continued



## Options 1-6 – Continued

| Annual Earnings | Monthly Earnings | Monthly Benefit | Accident/Sickness Benefit Waiting Period |          |          |          |          |         |
|-----------------|------------------|-----------------|--|----------|----------|----------|----------|---------|
|                 |                  |                 | Cost Per Month                           |          |          |          |          |         |
|                 |                  |                 | 0-7                                      | 14       | 30       | 60       | 90       | 180     |
| \$73,800        | \$6,150          | \$4,100         | \$138.17                                 | \$122.18 | \$103.32 | \$67.24  | \$57.81  | \$42.23 |
| \$75,600        | \$6,300          | \$4,200         | \$141.54                                 | \$125.16 | \$105.84 | \$68.88  | \$59.22  | \$43.26 |
| \$77,400        | \$6,450          | \$4,300         | \$144.91                                 | \$128.14 | \$108.36 | \$70.52  | \$60.63  | \$44.29 |
| \$79,200        | \$6,600          | \$4,400         | \$148.28                                 | \$131.12 | \$110.88 | \$72.16  | \$62.04  | \$45.32 |
| \$81,000        | \$6,750          | \$4,500         | \$151.65                                 | \$134.10 | \$113.40 | \$73.80  | \$63.45  | \$46.35 |
| \$82,800        | \$6,900          | \$4,600         | \$155.02                                 | \$137.08 | \$115.92 | \$75.44  | \$64.86  | \$47.38 |
| \$84,600        | \$7,050          | \$4,700         | \$158.39                                 | \$140.06 | \$118.44 | \$77.08  | \$66.27  | \$48.41 |
| \$86,400        | \$7,200          | \$4,800         | \$161.76                                 | \$143.04 | \$120.96 | \$78.72  | \$67.68  | \$49.44 |
| \$88,200        | \$7,350          | \$4,900         | \$165.13                                 | \$146.02 | \$123.48 | \$80.36  | \$69.09  | \$50.47 |
| \$90,000        | \$7,500          | \$5,000         | \$168.50                                 | \$149.00 | \$126.00 | \$82.00  | \$70.50  | \$51.50 |
| \$91,800        | \$7,650          | \$5,100         | \$171.87                                 | \$151.98 | \$128.52 | \$83.64  | \$71.91  | \$52.53 |
| \$93,600        | \$7,800          | \$5,200         | \$175.24                                 | \$154.96 | \$131.04 | \$85.28  | \$73.32  | \$53.56 |
| \$95,400        | \$7,950          | \$5,300         | \$178.61                                 | \$157.94 | \$133.56 | \$86.92  | \$74.73  | \$54.59 |
| \$97,200        | \$8,100          | \$5,400         | \$181.98                                 | \$160.92 | \$136.08 | \$88.56  | \$76.14  | \$55.62 |
| \$99,000        | \$8,250          | \$5,500         | \$185.35                                 | \$163.90 | \$138.60 | \$90.20  | \$77.55  | \$56.65 |
| \$100,800       | \$8,400          | \$5,600         | \$188.72                                 | \$166.88 | \$141.12 | \$91.84  | \$78.96  | \$57.68 |
| \$102,600       | \$8,550          | \$5,700         | \$192.09                                 | \$169.86 | \$143.64 | \$93.48  | \$80.37  | \$58.71 |
| \$104,400       | \$8,700          | \$5,800         | \$195.46                                 | \$172.84 | \$146.16 | \$95.12  | \$81.78  | \$59.74 |
| \$106,200       | \$8,850          | \$5,900         | \$198.83                                 | \$175.82 | \$148.68 | \$96.76  | \$83.19  | \$60.77 |
| \$108,000       | \$9,000          | \$6,000         | \$202.20                                 | \$178.80 | \$151.20 | \$98.40  | \$84.60  | \$61.80 |
| \$109,800       | \$9,150          | \$6,100         | \$205.57                                 | \$181.78 | \$153.72 | \$100.04 | \$86.01  | \$62.83 |
| \$111,600       | \$9,300          | \$6,200         | \$208.94                                 | \$184.76 | \$156.24 | \$101.68 | \$87.42  | \$63.86 |
| \$113,400       | \$9,450          | \$6,300         | \$212.31                                 | \$187.74 | \$158.76 | \$103.32 | \$88.83  | \$64.89 |
| \$115,200       | \$9,600          | \$6,400         | \$215.68                                 | \$190.72 | \$161.28 | \$104.96 | \$90.24  | \$65.92 |
| \$117,000       | \$9,750          | \$6,500         | \$219.05                                 | \$193.70 | \$163.80 | \$106.60 | \$91.65  | \$66.95 |
| \$118,800       | \$9,900          | \$6,600         | \$222.42                                 | \$196.68 | \$166.32 | \$108.24 | \$93.06  | \$67.98 |
| \$120,600       | \$10,050         | \$6,700         | \$225.79                                 | \$199.66 | \$168.84 | \$109.88 | \$94.47  | \$69.01 |
| \$122,400       | \$10,200         | \$6,800         | \$229.16                                 | \$202.64 | \$171.36 | \$111.52 | \$95.88  | \$70.04 |
| \$124,200       | \$10,350         | \$6,900         | \$232.53                                 | \$205.62 | \$173.88 | \$113.16 | \$97.29  | \$71.07 |
| \$126,000       | \$10,500         | \$7,000         | \$235.90                                 | \$208.60 | \$176.40 | \$114.80 | \$98.70  | \$72.10 |
| \$127,800       | \$10,650         | \$7,100         | \$239.27                                 | \$211.58 | \$178.92 | \$116.44 | \$100.11 | \$73.13 |
| \$129,600       | \$10,800         | \$7,200         | \$242.64                                 | \$214.56 | \$181.44 | \$118.08 | \$101.52 | \$74.16 |
| \$131,400       | \$10,950         | \$7,300         | \$246.01                                 | \$217.54 | \$183.96 | \$119.72 | \$102.93 | \$75.19 |
| \$133,200       | \$11,100         | \$7,400         | \$249.38                                 | \$220.52 | \$186.48 | \$121.36 | \$104.34 | \$76.22 |
| \$135,000       | \$11,250         | \$7,500         | \$252.75                                 | \$223.50 | \$189.00 | \$123.00 | \$105.75 | \$77.25 |
| \$136,800       | \$11,400         | \$7,600         | \$256.12                                 | \$226.48 | \$191.52 | \$124.64 | \$107.16 | \$78.28 |
| \$138,600       | \$11,550         | \$7,700         | \$259.49                                 | \$229.46 | \$194.04 | \$126.28 | \$108.57 | \$79.31 |
| \$140,400       | \$11,700         | \$7,800         | \$262.86                                 | \$232.44 | \$196.56 | \$127.92 | \$109.98 | \$80.34 |
| \$142,200       | \$11,850         | \$7,900         | \$266.23                                 | \$235.42 | \$199.08 | \$129.56 | \$111.39 | \$81.37 |
| \$144,000       | \$12,000         | \$8,000         | \$269.60                                 | \$238.40 | \$201.60 | \$131.20 | \$112.80 | \$82.40 |

# Voluntary Long-Term Disability — Continued



## Options 7-12

| Annual Earnings | Monthly Earnings | Monthly Benefit | Accident/Sickness Benefit Waiting Period |          |         |         |         |         |
|-----------------|------------------|-----------------|--|----------|---------|---------|---------|---------|
|                 |                  |                 | Cost Per Month                           |          |         |         |         |         |
|                 |                  |                 | 0-7                                      | 14       | 30      | 60      | 90      | 180     |
| \$3,600         | \$300            | \$200           | \$6.34                                   | \$5.50   | \$4.74  | \$3.08  | \$2.64  | \$2.00  |
| \$5,400         | \$450            | \$300           | \$9.51                                   | \$8.25   | \$7.11  | \$4.62  | \$3.96  | \$3.00  |
| \$7,200         | \$600            | \$400           | \$12.68                                  | \$11.00  | \$9.48  | \$6.16  | \$5.28  | \$4.00  |
| \$9,000         | \$750            | \$500           | \$15.85                                  | \$13.75  | \$11.85 | \$7.70  | \$6.60  | \$5.00  |
| \$10,800        | \$900            | \$600           | \$19.02                                  | \$16.50  | \$14.22 | \$9.24  | \$7.92  | \$6.00  |
| \$12,600        | \$1,050          | \$700           | \$22.19                                  | \$19.25  | \$16.59 | \$10.78 | \$9.24  | \$7.00  |
| \$14,400        | \$1,200          | \$800           | \$25.36                                  | \$22.00  | \$18.96 | \$12.32 | \$10.56 | \$8.00  |
| \$16,200        | \$1,350          | \$900           | \$28.53                                  | \$24.75  | \$21.33 | \$13.86 | \$11.88 | \$9.00  |
| \$18,000        | \$1,500          | \$1,000         | \$31.70                                  | \$27.50  | \$23.70 | \$15.40 | \$13.20 | \$10.00 |
| \$19,800        | \$1,650          | \$1,100         | \$34.87                                  | \$30.25  | \$26.07 | \$16.94 | \$14.52 | \$11.00 |
| \$21,600        | \$1,800          | \$1,200         | \$38.04                                  | \$33.00  | \$28.44 | \$18.48 | \$15.84 | \$12.00 |
| \$23,400        | \$1,950          | \$1,300         | \$41.21                                  | \$35.75  | \$30.81 | \$20.02 | \$17.16 | \$13.00 |
| \$25,200        | \$2,100          | \$1,400         | \$44.38                                  | \$38.50  | \$33.18 | \$21.56 | \$18.48 | \$14.00 |
| \$27,000        | \$2,250          | \$1,500         | \$47.55                                  | \$41.25  | \$35.55 | \$23.10 | \$19.80 | \$15.00 |
| \$28,800        | \$2,400          | \$1,600         | \$50.72                                  | \$44.00  | \$37.92 | \$24.64 | \$21.12 | \$16.00 |
| \$30,600        | \$2,550          | \$1,700         | \$53.89                                  | \$46.75  | \$40.29 | \$26.18 | \$22.44 | \$17.00 |
| \$32,400        | \$2,700          | \$1,800         | \$57.06                                  | \$49.50  | \$42.66 | \$27.72 | \$23.76 | \$18.00 |
| \$34,200        | \$2,850          | \$1,900         | \$60.23                                  | \$52.25  | \$45.03 | \$29.26 | \$25.08 | \$19.00 |
| \$36,000        | \$3,000          | \$2,000         | \$63.40                                  | \$55.00  | \$47.40 | \$30.80 | \$26.40 | \$20.00 |
| \$37,800        | \$3,150          | \$2,100         | \$66.57                                  | \$57.75  | \$49.77 | \$32.34 | \$27.72 | \$21.00 |
| \$39,600        | \$3,300          | \$2,200         | \$69.74                                  | \$60.50  | \$52.14 | \$33.88 | \$29.04 | \$22.00 |
| \$41,400        | \$3,450          | \$2,300         | \$72.91                                  | \$63.25  | \$54.51 | \$35.42 | \$30.36 | \$23.00 |
| \$43,200        | \$3,600          | \$2,400         | \$76.08                                  | \$66.00  | \$56.88 | \$36.96 | \$31.68 | \$24.00 |
| \$45,000        | \$3,750          | \$2,500         | \$79.25                                  | \$68.75  | \$59.25 | \$38.50 | \$33.00 | \$25.00 |
| \$46,800        | \$3,900          | \$2,600         | \$82.42                                  | \$71.50  | \$61.62 | \$40.04 | \$34.32 | \$26.00 |
| \$48,600        | \$4,050          | \$2,700         | \$85.59                                  | \$74.25  | \$63.99 | \$41.58 | \$35.64 | \$27.00 |
| \$50,400        | \$4,200          | \$2,800         | \$88.76                                  | \$77.00  | \$66.36 | \$43.12 | \$36.96 | \$28.00 |
| \$52,200        | \$4,350          | \$2,900         | \$91.93                                  | \$79.75  | \$68.73 | \$44.66 | \$38.28 | \$29.00 |
| \$54,000        | \$4,500          | \$3,000         | \$95.10                                  | \$82.50  | \$71.10 | \$46.20 | \$39.60 | \$30.00 |
| \$55,800        | \$4,650          | \$3,100         | \$98.27                                  | \$85.25  | \$73.47 | \$47.74 | \$40.92 | \$31.00 |
| \$57,600        | \$4,800          | \$3,200         | \$101.44                                 | \$88.00  | \$75.84 | \$49.28 | \$42.24 | \$32.00 |
| \$59,400        | \$4,950          | \$3,300         | \$104.61                                 | \$90.75  | \$78.21 | \$50.82 | \$43.56 | \$33.00 |
| \$61,200        | \$5,100          | \$3,400         | \$107.78                                 | \$93.50  | \$80.58 | \$52.36 | \$44.88 | \$34.00 |
| \$63,000        | \$5,250          | \$3,500         | \$110.95                                 | \$96.25  | \$82.95 | \$53.90 | \$46.20 | \$35.00 |
| \$64,800        | \$5,400          | \$3,600         | \$114.12                                 | \$99.00  | \$85.32 | \$55.44 | \$47.52 | \$36.00 |
| \$66,600        | \$5,550          | \$3,700         | \$117.29                                 | \$101.75 | \$87.69 | \$56.98 | \$48.84 | \$37.00 |
| \$68,400        | \$5,700          | \$3,800         | \$120.46                                 | \$104.50 | \$90.06 | \$58.52 | \$50.16 | \$38.00 |
| \$70,200        | \$5,850          | \$3,900         | \$123.63                                 | \$107.25 | \$92.43 | \$60.06 | \$51.48 | \$39.00 |
| \$72,000        | \$6,000          | \$4,000         | \$126.80                                 | \$110.00 | \$94.80 | \$61.60 | \$52.80 | \$40.00 |





# If they need you, you need a Champion

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



**Region 14**  
**Education Service Center**

**LIFETIME BENEFIT TERM | CHAMPION**  
Life Insurance with Money for Long Term Care



# LIFETIME BENEFIT TERM | CHAMPION

Life Insurance with Money for Long Term Care



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



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

## Life Insurance—Valuable protection for your loved ones

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

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

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

## Creative Solutions for Term Life Insurance

### Guaranteed Premiums

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

### Guaranteed Benefits During Working Years

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

### Guaranteed Benefits After Age 70

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

### Paid-up Benefits

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

### Long Term Care (LTC)\*

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

### Contingent Benefit

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





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

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

### As Life Insurance

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

### For Long Term Care

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

Your death benefit will reduce proportionately each month as you receive benefit payments for Long Term Care. Your life insurance will continue to help you protect your assets for 25 months. After 25 months of receiving Long Term Care Benefits, your death benefit will reduce to zero.

### For Terminal Illness

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

## Features

### Dependable Guarantees

Guaranteed life insurance premium and death benefits last a lifetime.

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

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

### Family Coverage

Coverage available for your spouse, children and dependent grandchildren.

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

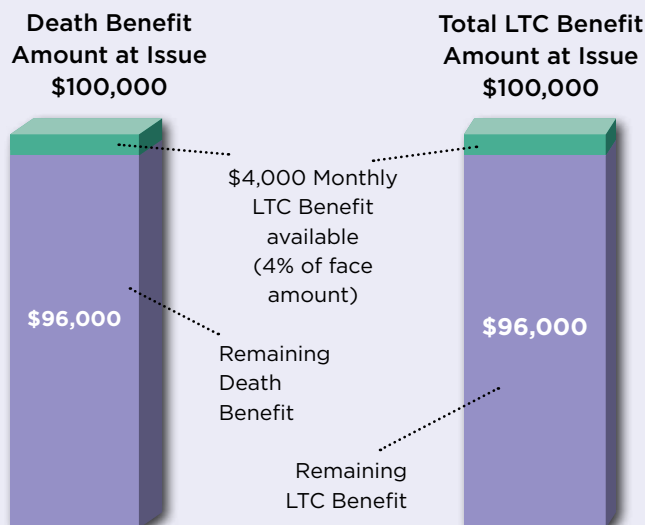
## Flexible Benefit Choices

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

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

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

- A 35-year-old non-smoker can purchase \$100,000 of coverage including the Accelerated Death Benefit for Long Term Care and Terminal Illness.
- Long Term Care benefit of \$4,000 (4% of \$100,000) per month would be available for up to 25 months.
- Long Term Care benefit reduces the death benefit by an equal amount.



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

Depending on your needs

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

The monthly LTC payment equals 4% of the initial death benefit. The maximum LTC payments equals 1 times the current death benefit. The current death benefit at time of LTC payment may differ from original death benefit. The certificate contains a guarantee ensuring that the initial death benefit will last for the longer of 25 years or to age 70 and thereafter can never be less than 50% of your initial death benefit. Premiums are payable to age 100.

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

# LIFETIME BENEFIT TERM | CHAMPION

Life Insurance with Money for Long Term Care

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

Choose a Champion. Choose LifeTime Benefit Term.



## Flexible and Customizable

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

### Benefit Summary

|                         | Death Benefit | LTC Benefits                        | Child Term Benefits      |
|-------------------------|---------------|-------------------------------------|--------------------------|
| Applicant:              | \$            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Spouse:                 | \$            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Children/Grandchildren: | \$            |                                     |                          |
|                         | \$            |                                     |                          |

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

### Additional Benefit Option

(additional premium required)

#### Child Term Benefit

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

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

**LifeTime Benefit Term Exclusions** If the insured commits suicide, while sane or insane, within two years from the Date of Issue, and while this Coverage is in force, We will pay in one sum to the Beneficiary, the amount of premiums paid for this Coverage.

**Long Term Care Exclusions** We will not pay Long Term Care benefits for care that is received or loss incurred as a result of: 1) Mental or nervous conditions except Alzheimer's Disease; 2) Alcoholism and drug addiction; 3) Illness, treatment or medical conditions arising out of: War or act of war (whether declared or undeclared); Participation in a felony, riot or insurrection; Service in the armed forces or units auxiliary thereto; Suicide (sane or insane), attempted suicide, or intentionally self-inflicted injury; or 4) Treatment provided in a government facility (unless otherwise required by law), services for which benefits are available under Medicare or other Governmental program (except Medicaid), any state or federal workers' compensation, employers' liability or occupational disease law, or any motor vehicle no-fault law, services provided by a member of the covered person's immediate family, and services for which no charge is normally made in the absence of insurance. 5) Expenses for services or items available or paid under another long term care insurance or health insurance policy. 6) In the case of a qualified long term care contract, expenses for services or items to the extent that the expenses are reimbursable under Title XVIII of the Social Security Act; or would be so reimbursable but for the application of a deductible or coinsurance amount; or 7) Care or services received outside the United States or its territories.

**Marketed by**  
U.S. Employee Benefits  
Services Group  
877-730-7780



Combined Insurance Company of America  
Chicago, IL

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

LBT-EE4-LTC25-Reg14-TX-0418

# Voluntary Accident Insurance Coverage

## Cash Benefits paid in Addition to any other coverage you have



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

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

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

|   |  |  |
|---|--|--|
| <p>A broken leg can cost \$7,500.<sup>1</sup></p> | <p>60% of Americans can't cover an unexpected \$1,000 expense.<sup>2</sup></p> | <p>42 million ER visits each year are due to injuries.<sup>3</sup></p> |
|---|--|--|

### When You Need It Most

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

### Accident Insurance Benefits Include

#### Telemedicine Services Benefit

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

#### Rehabilitation Package

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

### How Chubb Accident Works—And Pays

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

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



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

# Schedule of Benefits – Non-Occupational Coverage

## Plan 1 & Plan 2

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

| Hospital and Rehabilitation    | PLAN 1  | PLAN 2  |
|--------------------------------|---------|---------|
| Hospital Admission             | \$1,000 | \$1,500 |
| ICU Admission                  | \$1,000 | \$1,500 |
| Hospital Confinement           | \$200   | \$300   |
| <i>Per day, up to 365 days</i> |         |         |
| ICU Confinement                | \$400   | \$600   |
| <i>Per day, up to 30 days</i>  |         |         |
| Rehabilitation Confinement     | \$100   | \$200   |
| <i>Per day, up to 30 days</i>  |         |         |

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

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

| Additional Benefits                   | PLAN 1   | PLAN 2   |
|---------------------------------------|----------|----------|
| Joint Replacement                     |          |          |
| <i>Elbow</i>                          | \$750    | \$750    |
| <i>Hip</i>                            | \$1,500  | \$1,500  |
| <i>Knee</i>                           | \$1,000  | \$1,000  |
| <i>Shoulder</i>                       | \$900    | \$900    |
| Post-Traumatic Stress Disorder (PTSD) | \$25     | \$50     |
| <i>Maximum Visits</i>                 | 6        | 10       |
| Residence/Vehicle Modification        | \$3,000  | \$3,000  |
| Accidental Death                      |          |          |
| <i>Employee</i>                       | \$40,000 | \$60,000 |
| <i>Spouse</i>                         | \$20,000 | \$30,000 |
| <i>Child</i>                          | \$10,000 | \$15,000 |

| Monthly Deductions  |         |
|---------------------|---------|
| Employee Only       | \$10.34 |
| Employee Spouse     | \$15.28 |
| Employee Child(ren) | \$20.74 |
| Employee Family     | \$25.91 |



# Voluntary Accident Insurance Coverage

## Features

### Guaranteed Issue

No medical history is required for coverage to be issued.

### Portable

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

### Family Coverage

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

### HSA Compatible

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

## Initial Eligibility

### Employee

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

### Spouse

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

### Dependent children/grandchildren

- Ages 0 through 26
- No student status required

## Exclusions & Limitations

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

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

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

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



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



## Add Critical Illness Coverage to your Health Insurance Plan



### Financial Protection When You Need It Most

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

### We Pay Cash Benefits Directly to You

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

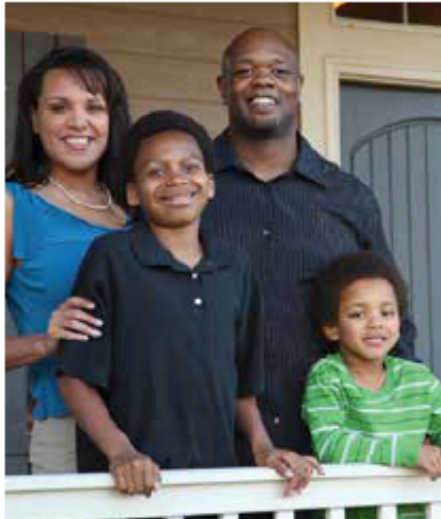
Every 40 seconds someone has a heart attack.<sup>1</sup>

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

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

| Coverage Level | Employee Only | Employee Spouse | Employee Child(ren) | Employee Family |
|----------------|---------------|-----------------|---------------------|-----------------|
| <b>Tobacco</b> | NT/TB         | NT/TB           | NT/TB               | NT/TB           |
| <b>18-30</b>   | \$3.048       | \$4.56          | \$3.576             | \$5.10          |
| <b>31-40</b>   | \$7.896       | \$11.832        | \$8.424             | \$12.372        |
| <b>41-50</b>   | \$19.50       | \$29.268        | \$20.028            | \$29.796        |
| <b>51-60</b>   | \$40.116      | \$60.168        | \$40.644            | \$60.708        |
| <b>61-69</b>   | \$78.852      | \$118.26        | \$79.368            | \$118.788       |
| <b>70+</b>     | \$133.704     | \$200.544       | \$134.232           | \$201.072       |

# Voluntary Critical Insurance Coverage



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

## Why Health Insurance May Not Be Enough

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

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

## Would a Check for \$20,000 Help?

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

## Here's How It Works

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

### No Lifetime Maximum

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

### Recurrence Benefit

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

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

### No Lifetime Maximum in Action (example)

\$20,000 Face Amount

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

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

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

# Voluntary Critical Insurance Coverage

## Covered Conditions

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

\* Benefit payment is 25% of face amount.

## Valuable Benefits

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

### Mortgage and Rent Helper

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

### Wellness Benefit

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

### Diabetes Diagnosis & Service Benefits

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

## Advocacy Benefits

Personal and confidential assistance from professionals.

### Best Doctors®

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

### CompPsych®

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



## Chubb Makes It Easy

### Affordable, Extensive Coverage

Powerful protection at an affordable price.

### Family Coverage

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

### No Age Penalty

Your rates will never change due to your increase in age.

### Portability

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

### Guarantee Issue

No medical history is required for coverage to be issued.

### Renewable

Coverage is automatically renewed as long as you're an eligible employee, your premiums are paid as due and the policy is in force.

### No Coordination of Benefits

Payments are made in addition to any other insurance you may have.

### HSA Compatible

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

### Waiver of Premium

Your premium is waived if you're totally disabled due to a covered condition.

## Initial Eligibility

### Employee

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

### Spouse

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

### Dependent children/grandchildren

- Ages 0 through 26
- No student status required

## Exclusion

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

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



# Group Cancer Insurance— Initial Diagnosis of Cancer Rider



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

## Rider Benefits

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

## Rider Features

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

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

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

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

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

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

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

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



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

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

### Cancer Screening Benefit Tests

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

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

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

### Inpatient Benefits

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

### Treatment Benefits (In-or Outpatient)

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

### Surgery Benefits

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

### Transportation/Lodging Benefits

- Transportation
- Transportation for Companion
- Lodging

### Extended Care Benefits

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

### Waiver of Premium

*THIS IS A CANCER ONLY POLICY.*

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

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

#### Colonial Life

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

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Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.

## TOP 4 REASONS to become a MASA MTS Member

MASA MTS protects our members and their families from the gaps in group health benefits for emergency transport expenses within the continental **United States, Alaska, Hawaii, and while traveling in Canada, regardless of in or out-of-network.** Worldwide coverage is available with a Platinum Membership for lifesaving transportation at home and far away.

2



1

MASA MTS provides over 2 million members with coverage for **BOTH** Ground and Air Ambulance transport out-of-pocket costs\* regardless of the ambulance provider because **MASA MTS is a PAYER and NOT a provider.**



3

MASA MTS gives you the peace of mind knowing **out-of-pocket costs\* associated with emergency transport for deductibles, co-pays, or co-insurance are covered.**

4

MASA MTS protects you and your family from unexpected out-of-pocket costs\* **regardless of any balance billing associated with ground ambulance in addition to the co-pays, co-insurance, and deductibles for both ground and air ambulance** with:

- One Low Monthly Fee
- NO Age Limits
- NO Health Questions
- Easy Claims Process

The information provided in this information sheet is for informational purposes only. The benefits listed, and the descriptions thereof, do not represent the full terms and conditions applicable for usage and may only be offered in some memberships. Premiums and benefits vary depending on the benefits selected. Commercial Air and Worldwide coverage are not available in all territories. For a complete list of benefits, premiums, and full terms, conditions, and restrictions, please refer to the applicable member services agreement for your territory. MASA MTS products and services are not available in AK, NY, WA, ND, and NJ. MASA MTS utilizes third-party transportation service providers for all transportation services. MASA Global, MASA MTS and MASA TRS are registered service marks of MASA Holdings, Inc., a Delaware corporation. Void where prohibited by law. \*If a member has a high deductible health plan that is compatible with a health savings account, benefits will become available under the MASA membership for expenses incurred for medical care (as defined under Internal Revenue Code section 213 (d)) once a member satisfies the statutory minimum deductible under Internal Revenue Code section 223(c) for high deductible health plan coverage that is compatible with a health savings account.



## EMERGENCY TRANSPORTATION COSTS

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

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

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



## HOW MASA IS DIFFERENT

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

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

Members are covered ANYWHERE in all 50 states and Canada!

Worldwide coverage is also available with our Platinum Membership.

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



**Any Ground. Any Air. Anywhere.™**

## OUR BENEFITS

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

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

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



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

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

**EVERY FAMILY DESERVES A MASA MEMBERSHIP**

# Identity Guard® Benefits Summary



Aura Identity Guard is the only ID theft protection solution that's directly integrated with IBM® Watson™ AI and all three credit bureaus for superior monitoring, alert speed, and accuracy. And when fraud does occur, our in-house, U.S.-based customer support representatives are available around-the-clock to help reduce the impact on your physical, financial, and emotional wellbeing.

## HOW AURA IDENTITY GUARD PROTECTS YOU AND YOUR FAMILY

- ✓ Harnesses the power of IBM® Watson™ to analyze billions of pieces of data across the Internet and Dark Web, monitoring for fraud and cybertheft
- ✓ Curates personalized alerts to notify you of suspicious activity and potential threats
- ✓ Shields your children from cyberbullying and other forms of harm through best-in-class social media monitoring that leverages Watson's natural language classification system
- ✓ Assesses your cybertheft risk by using a unique algorithm to analyze your personal accounts and online behavior
- ✓ Safeguards your devices with safe browsing tools that include protection against malware, ransomware and phishing
- ✓ Provides assistance through the remediation process via around-the-clock customer service and an insurance policy that enables you to recoup losses up to \$1 million<sup>1</sup>



Protected nearly  
**50,000,000**  
satisfied customers



**24 years**  
experience  
in identity theft  
protection

## HOW IT WORKS

Identity Guard monitors data, alerts users to threats, helps recover lost information, and protects users with \$1 million recovery insurance.<sup>4</sup>



### Monitor

Fueled by IBM® Watson™ AI, Identity Guard monitors and processes billions of pieces of information



### Alert

We alert you to certain events – such as an account being opened in your name – so you can take action if it wasn't initiated by you



### Recover

In the event of identity theft, a dedicated customer care agent will be assigned to assist you every step of the way



### Insure

Our \$1 million insurance policy covers most losses you experience as a result of identity theft, including stolen funds<sup>1</sup>

## PLAN DETAILS

### SERVICE FEATURES

- ✓ IBM® Watson™ AI
- ✓ Instant-On Monitoring
- ✓ Canada Coverage
- ✓ Email & Text Notifications
- ✓ Near Real-time Alerts
- ✓ Near Real-time Credit Monitoring Alert
- ✓ Risk Management Score
- ✓ Fully Managed Restoration
- ✓ \$1 Million Insurance with Stolen Funds Reimbursement<sup>1</sup>
- ✓ US-based Customer Support – W2 Employees

### DARK WEB

- ✓ Address Monitoring
- ✓ Bank Account Number Monitoring
- ✓ Credit/Debit Card Account Number Monitoring
- ✓ Driver's License Number Monitoring
- ✓ Email Monitoring
- ✓ Passport Number Monitoring
- ✓ Phone Number Monitoring
- ✓ SSN Monitoring
- ✓ Health Insurance Number Monitoring
- ✓ Lost Wallet Vault
- ✓ Child's Info

### CREDIT

- ✓ 3 Bureau Credit Report Monitoring
- ✓ 3 Bureau Annual Credit Report & Score Credit Inquiry
- ✓ 1 Bureau Monthly Credit Score Tracker

### IDENTITY MONITORING

- ✓ Public Records
- ✓ Court Records
- ✓ Telecom/Utility Account Monitoring
- ✓ Change of Address
- ✓ Synthetic Identity Fraud
- ✓ Child Monitoring (PII)

### FINANCIAL

- ✓ HSA & 401K Monitoring
- ✓ Investment Account Monitoring
- ✓ Bank Account Takeovers
- ✓ Checking and Savings New Account Applications
- ✓ Bank Transaction Alerts
- ✓ Credit/Debit Card Transaction Alerts
- ✓ Pay Day Loan Monitoring

### ADDITIONAL PROTECTION TOOLS

- ✓ Scams, Malware & Phishing Monitoring
- ✓ Social Media Reputation Monitoring
- ✓ Social Report/Digital Exposure Report
- ✓ Online PC Protection Tools
- ✓ Online Privacy
- ✓ Anti-phishing
- ✓ Cyberbullying

### MOBILE APP

- ✓ Alerts
- ✓ Credit Score
- ✓ Account Access
- ✓ Touch ID

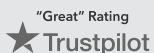
### RESTORATION

- ✓ Pre-Existing Conditions
- ✓ Unauthorized Account Creation
- ✓ Unauthorized Electronic Fund Transfer Recovery
- ✓ Deceased Family Member Remediation
- ✓ Dedicated Case Manager
- ✓ Medical Identity Theft Coverage
- ✓ \$1 Million Insurance with Stolen Funds Reimbursement<sup>1</sup>

## PLAN COSTS

Voluntary

| Plan    | Individual | Family  |
|---------|------------|---------|
| Total   | \$7.90     | \$13.90 |
| Premier | \$9.85     | \$17.85 |





# General Information Regarding Slidell ISD Benefits

Slidell ISD offers a comprehensive, cost-effective and competitive benefits package. This package helps protect you and your family, but it works only if you take control and make thoughtful decisions about your benefits. To get the most from your benefits, you need to make wise enrollment decisions.

SISD gives you several tools, including this summary and the online enrollment website to help you in this decision-making. You can make elections for benefits at

<https://app.thebeaconselect.com/enroll/login.aspx>

Employees eligible to enroll for benefits have 31 days from date of hire to elect coverage.

## To prepare for open enrollment, you will want to have the following:

- 1) Social security numbers and birth dates for yourself and your eligible family members.
  - 2) Expense records for medical, dental and vision care so you can plan your benefit choices.
  - 3) Information about other benefit coverage or insurance you may have, such as the coverage details for your spouse's plans.
  - 4) Beneficiary designation information, so you can properly identify your beneficiaries for your life insurance coverage.
- Once enrolled, coverage will begin on the 1st of the month following your hire date, or on September 1, if enrolling during the Annual Enrollment.
  - Carefully consider your benefit choices, since certain eligibility and qualifying event rules may apply to any changes you would like to make during the plan year. (See more information in the Section 125 plan document available for review from your employer.
  - Please be sure to check your first paycheck stub following your effective date for coverage to verify your insurance coverage. Report any discrepancies to the benefits department immediately.

If you have any questions or need additional information, please use the contact information below.

### Human Resources

SISD

Irene Wilson

940-535-5260 opt 2

[iwilson@slidellisd.net](mailto:iwilson@slidellisd.net)

### U.S Employee Benefits

Services

877-730-7780

### Account Executive

USEBSG

Joslynn Mayo

214-364-9484

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