

2023 - 2024

EMPLOYEE BENEFIT GUIDE



Scurry-Rosser ISD

Dream Believe Achieve



Employee Benefits
Services Group.



Phone: (888) 836-5100








Fax: (830) 606-2558

www.usebsg.com



The 2023-2024 Section 125 Cafeteria Plan year **begins 09/01/2023 and ends 08/31/2024**. All benefits elected during the annual open enrollment will be effective **09/01/2023**.






Know Your Benefits! Below is a summary of benefits offered through SRISD.

-  **Medical Insurance** - TRS has moved to regional rates. There will be a rate decrease for medical this plan year.
-  **Telemedicine** - DISTRICT PAID for you and your family through 1.800MD. Access to physicians for non-emergency treatment/prescriptions.
-  **MetLife Accident** - Pays benefits for off-the-job accidents and related treatments. Includes physical/wellness reimbursement.
-  **Guardian Critical Illness** - Pays a lump sum benefit if the insured is diagnosed with a covered critical illness.
-  **Guardian Cancer** - Pays benefits for internal cancer diagnosis. Includes an annual cancer screening benefit.
-  **Standard Disability** - Plan includes both short and long term disability coverage. Plan is designed to protect up to 66 2/3% of your gross SRISD income.
-  **NBS Flexible Spending Account (FSA)** - Make sure to spend/claim the money in your current reimbursement account by 8/31/2023. Visit fsa.nbsbenefits.com to check account balances or request information.

Annual Contribution Limits:

FSA: \$3,050 Dependent Care Family: \$5,000 Dependent Care Individual: \$2,500

**** Maximum Rollover amount of \$500.00**

-  **MetLife Dental (*Rate Increase)-** Coverage for preventative, basic, major, and orthodontia services.
-  **Superior Vision** - Plan includes coverage for eye exams, materials (such as frames and lenses), and discounts for laser vision correction. This plan has a list of defined network providers. Out-of-network benefits are available on a reimbursement basis only. For more information, including a list of providers, visit www.superiorvision.com.
-  **Lincoln Group Life** - DISTRICT PAID \$10,000 cash benefit for full-time employees. Group term life insurance for employees, their spouses, and dependent child(ren). No health questions if enrolled during open enrollment. Must be a full-time employee **(15 hours or more)** and actively at work to be eligible.
-  **Texas Life Permanent Life** - Portable, permanent life insurance available for employees, spouses, and dependents. Employees can keep their coverage upon termination or retirement from SRISD.
-  **LifeLock Identity Theft Protection** - Ongoing protection of your personal data. No one can prevent identity theft, provide peace of mind for you and your family with Identity Theft Protection.










2023-2024

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Please contact US Employee Benefits Services Group if you have any questions regarding your supplemental benefits at 830-606-5100.



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DISTRICT CONTACT

Cindy Reed Wiedemann

Employee Benefits

Office (972) 452-8823

Fax (972) 452-8586

cindy.wiedemann@scurry-rosser.com

This guide contains a summary of the benefits offered by Scurry-Rosser ISD. If there is a conflict between the terms of this outline of benefits and the actual contracts, the terms of the contracts will prevail.



More Important Information

Covering Dependents?

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

Making Changes During Year

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

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

You must submit your benefit change requests and include required documentation within 30 days of the event. Also note that per the IRS, only changes consistent with the life event are allowed.

New Employees

New employees must enroll within 30 days of their hire date. If employees fail to enroll within the 30 days, all benefits will be waived. Except for health insurance, plans will be effective on the first of the month following the date of hire. Health Insurance can be effective the date of hire or the first of the month following date of hire. Please be aware that if you choose date of hire as effective date for health insurance, you will be charged for the entire month.

Very Important

Please carefully review your paycheck(s) to ensure all deductions are correct. If you find a discrepancy in your paycheck, please contact Cindy Reed Wiedemann immediately at 972-452-8823. Discrepancies must be identified within the first 30 days from the effective date of the policy to be considered.

Benefit Related Documents

For contact information, claim forms, benefits guides and more please visit www.scurry-rosser.com.

2023-24 TRS-ActiveCare Plan Highlights

Sept. 1, 2023 – Aug. 31, 2024

Your Employer Medical Contribution is \$250



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

	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Plan Summary	<ul style="list-style-type: none">Lowest premium of all three plansCopays for doctor visits before you meet your deductibleStatewide networkPrimary Care Provider (PCP) referrals required to see specialistsNot compatible with a Health Savings Account (HSA)No out-of-network coverage	<ul style="list-style-type: none">Lower deductible than the HD and Primary plansCopays for many services and drugsHigher premiumStatewide networkPCP referrals required to see specialistsNot compatible with a Health Savings Account (HSA)No out-of-network coverage	<ul style="list-style-type: none">Compatible with a Health Savings Account (HSA)Nationwide network with out-of-network coverageNo requirement for PCPs or referralsMust meet your deductible before plan pays for non-preventive care

Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$450	\$	\$529	\$	\$462	\$
Employee and Spouse	\$1,215	\$	\$1,376	\$	\$1,248	\$
Employee and Children	\$765	\$	\$900	\$	\$786	\$
Employee and Family	\$1,530	\$	\$1,746	\$	\$1,571	\$

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

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

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

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

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

TRS-ActiveCare 2
<ul style="list-style-type: none">Closed to new enrolleesCurrent enrollees can choose to stay in planLower deductibleCopays for many services and drugsNationwide network with out-of-network coverageNo requirement for PCPs or referrals

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

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

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

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

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

How to Calculate Your Monthly Premium

Total Monthly Premium

— Your District and State Contributions

≡ Your Premium

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

Wellness Benefits at No Extra Cost*

Being healthy is easy with:

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

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

New Rx Benefits!

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

What's New and What's Changing



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

		2022-23 Total Premium	New 2023-24 Total Premium	Change in Dollar Amount	Key Plan Changes
TRS-ActiveCare Primary	Employee Only	\$410	\$450	\$40	<ul style="list-style-type: none"> Individual maximum-out-of-pocket decreased by \$650. Previous amount was \$8,150 and is now \$7,500. Family maximum-out-of-pocket decreased by \$1,300. Previous amount was \$16,300 and is now \$15,000. Teladoc virtual mental health visit copay decreased from \$70 to \$0.
	Employee and Spouse	\$1,157	\$1,215	\$58	
	Employee and Children	\$738	\$765	\$27	
	Employee and Family	\$1,384	\$1,530	\$146	
TRS-ActiveCare HD	Employee Only	\$422	\$462	\$40	<ul style="list-style-type: none"> Individual maximum-out-of-pocket increased by \$450 to match IRS guidelines. Previous amount was \$7,050 and is now \$7,500. Family maximum-out-of-pocket increased by \$900 to match IRS guidelines. Previous amount was \$14,100 and is now \$15,000. <p>These changes apply only to in-network amounts.</p>
	Employee and Spouse	\$1,187	\$1,248	\$61	
	Employee and Children	\$757	\$786	\$29	
	Employee and Family	\$1,419	\$1,571	\$152	
TRS-ActiveCare Primary+	Employee Only	\$515	\$529	\$14	<ul style="list-style-type: none"> Family deductible decreased by \$1,200. Previous amount was \$3,600 and is now \$2,400. Primary care provider and mental health copays decreased from \$30 to \$15. Teladoc virtual mental health visit copay decreased from \$70 to \$0.
	Employee and Spouse	\$1,259	\$1,376	\$117	
	Employee and Children	\$829	\$900	\$71	
	Employee and Family	\$1,584	\$1,746	\$162	
TRS-ActiveCare 2 (closed to new enrollees)	Employee Only	\$1,013	\$1,013	\$0	<ul style="list-style-type: none"> No changes. This plan is still closed to new enrollees.
	Employee and Spouse	\$2,402	\$2,402	\$0	
	Employee and Children	\$1,507	\$1,507	\$0	
	Employee and Family	\$2,841	\$2,841	\$0	

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

Effective: Sept. 1, 2023

Compare Prices for Common Medical Services

REMEMBER:

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

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


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

www.trs.texas.gov

2022-23 Health Maintenance Organization (HMO) Plans and Premiums for Select Regions of the State

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

TRS also contracts with HMOs in certain regions of the state to bring participants in those areas additional options. Not all HMOs are available in all regions. Please verify your eligibility.

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

Total Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$543.35	\$	N/A	\$	N/A	\$
Employee and Spouse	\$1,364.92	\$	N/A	\$	N/A	\$
Employee and Children	\$873.57	\$	N/A	\$	N/A	\$
Employee and Family	\$1,570.98	\$	N/A	\$	N/A	\$

Plan Features			
Type of Coverage	In-Network Coverage Only	N/A	N/A
Individual/Family Deductible	\$1,900/\$4,750	N/A	N/A
Coinsurance	You pay 20% after deductible	N/A	N/A
Individual/Family Maximum Out of Pocket	\$8,000/\$15,000	N/A	N/A

Doctor Visits			
Primary Care	\$15 copay	N/A	N/A
Specialist	\$70 copay	N/A	N/A

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

Prescription Drugs			
Drug Deductible	\$200 (excl. generics)	N/A	N/A
Days Supply	30-day supply/90-day supply	N/A	N/A
Generics	\$12/\$30 copay	N/A	N/A
Preferred Brand	You pay 30% after deductible	N/A	N/A
Non-preferred Brand	You pay 50% after deductible	N/A	N/A
Specialty	You pay 25%/35% after deductible (preferred/non-preferred)	N/A	N/A

www.trs.texas.gov

QUALITY CARE WHEN YOU NEED IT MOST

Looking for care that fits your schedule? 1.800MD offers reliable, quality health care at your fingertips with a remarkable reputation.

1.800MD is a fast, convenient alternative to waiting days for an appointment or spending hours sitting in the doctor's office, urgent care or ER. Whether it is 2 a.m. from your toddler's room or 7 p.m. from your business trip destination, our telehealth solutions save you time and money while providing peace of mind.

WHY CHOOSE 1.800MD?

SAVES MONEY

Visits to the emergency room or urgent care are costly prices to pay when many visits can be handled by calling 1.800MD. As a low-cost alternative 1.800MD physicians treat many common conditions via phone or video consultations, reducing unnecessary doctor's visits and saving you money.

CONVENIENCE AND QUALITY CARE

With more than a decade of experience, 1.800MD provides individuals, families, employers and groups with best of class medical care 24/7/365. Available any time day or night, our board-certified physicians are equipped to diagnose, recommend treatment and prescribe medications while in the comfort of your home, office or business trip destination.

SUPPORT

Independently owned, 1.800MD focuses on customer satisfaction. Our member service representatives are available any time to assist you or answer any questions you may have.

CUTTING EDGE TECHNOLOGY

1.800MD's website and mobile app are extensions of our customer service commitment. They provide consumers with access to fast, convenient access to health care. Individual secure member portals contain information and tools to help make informed health care decisions.

HOW DOES IT WORK?

1. ACTIVATE ACCOUNT

Activate your account online at www.1800md.com or by calling 1.800.530.8666. Once activated, you will need to setup your member profile and complete your electronic health record.

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, giving you quality care and peace of mind where ever you are.



**Call 1.800.530.8666 or visit www.1800MD.com
to secure convenient care anywhere.**

1.800.530.8666
www.1800MD.com

Accident Insurance Plan Summary

ACCIDENT INSURANCE BENEFITS

With MetLife, you'll have comprehensive plan which provide payments in addition to any other insurance payments you may receive¹. Here are just some of the covered events/services².

Plan Summary

Accidental Injury Benefits	Plan Benefits
Fracture Benefit*	\$280 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit*	\$120 – \$8,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$75 – \$10,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$300
Coma Benefit	\$20,000
Laceration Benefit	\$50 – \$400 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown \$200 Filling \$25 Extraction \$100
Eye Injury Benefit	\$200
Accident - Medical Services & Treatment Benefits	Plan Benefits
Ambulance Benefit	Ground: \$200 Air: \$600
Emergency Care Benefit	\$75 – \$200 depending on location of care
Non-Emergency Initial Care Benefit	\$75
Physician Follow-Up Visit Benefit	\$75
Therapy Services Benefit (including physical therapy)	\$60
Medical Testing Benefit	X-rays: \$200 All other tests: \$100
Medical Appliance Benefit	\$75 – \$750 depending on the appliance
Transportation Benefit	\$800
Pain Management Benefit (for epidural anesthesia)	\$200
Prosthetic Device Benefit	One device: \$1,000 More than one device: \$2,000
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$600

Surgical Repair Benefit	\$150-\$2,000 depending on the type of surgery
Exploratory Surgery Benefit	\$150
Other Outpatient Surgery Benefit	\$300
Hospital Benefits	Plan Benefits
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit (paid for up to 15 days per accident)	\$200 per day
ICU Supplemental Confinement Benefit (paid for up to 15 days per accident)	\$200 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident)	\$200 per day
Accidental Death Benefit	Plan Benefits
Accidental Death Benefit*	\$40,000 \$200,000 for accidental death on common carrier
Accidental Dismemberment, Functional Loss & Paralysis Benefits	Plan Benefits
Dismemberment/Functional Loss	\$2,000 – \$40,000 depending on the injury
Paralysis	\$15,000 - \$30,000 depending on the number of limbs
Other Benefits	Plan Benefits
Health Screening Benefit* - benefit provided for certain screening/prevention tests	\$200 Paid 1 time per calendar year
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$200 per day

* Notes Regarding Certain Benefits

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Accidental Death Benefit – The benefit amount will be reduced by the amount of any accidental dismemberment/functional loss/paralysis benefits and modification benefit paid for injuries sustained by the covered person in the same accident for which the accidental death benefit is being paid.
- Accidental Death Benefit – Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.
- Health Screening Benefit – The Health Screening Benefit is not available in all states.
- Lodging Benefit - The lodging must be at least 50 miles from the insured's primary residence.

RATES

Type	Monthly (12)
Employee Only	\$13.84
Employee + Spouse	\$25.48
Employee + Children	\$27.34
Employee + Spouse and Children	\$34.14

BENEFIT PAYMENT EXAMPLE

Kathy's daughter, Molly, plays soccer on the varsity high school team. During a recent game, she collided with an opposing player, was knocked unconscious and taken to the local emergency room by ambulance for treatment. The ER doctor diagnosed a concussion and a broken tooth. He ordered a CT scan to check for facial fractures too, since Molly's face was very swollen. Molly was released to her primary care physician for follow-up treatment, and her dentist repaired her broken tooth with a crown. Depending on her health insurance, Kathy's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Accident Insurance payments can be used to help cover these unexpected costs.

Covered Event ³	Benefit Amount
Ambulance (ground)	\$200
Emergency Care	\$200
Physician Follow-Up (\$75 x2)	\$150
Medical Testing	\$100
Concussion	\$300
Broken Tooth (repaired by crown)	\$200
Benefits paid by MetLife Group Accident Insurance	\$1,150

QUESTIONS & ANSWERS

Who is eligible to enroll for this accident coverage?

You are eligible to enroll yourself and your eligible family members.⁴ You need to enroll during your Enrollment Period and be actively at work for your coverage to be effective.

How do I pay for my accident coverage?

Premiums will be conveniently paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

What happens if my employment status changes? Can I take my coverage with me?

Yes, you can take your coverage with you.⁵ You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.

Who do I call for assistance?

Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST.

Critical Illness Benefit Summary

Group Number: 00575704

A Critical Illness insurance plan through Guardian provides:

- A cash benefit for a range of covered serious illnesses such as Cancer, Stroke and Heart Attack, in addition to whatever your medical insurance may cover
- Payments are made directly to you and can be used for any purpose

About Your Benefits:

	Option 1		Option 2	
Benefit Amount(s)	Employee may choose a lump sum benefit up to \$20,000. Please see your cost illustration for a full list of available benefit amounts.		Employee may choose a lump sum benefit up to \$20,000. Please see your cost illustration for a full list of available benefit amounts.	
CONDITIONS				
Cancer	1st OCCURRENCE	2nd OCCURRENCE	1st OCCURRENCE	2nd OCCURRENCE
Invasive Cancer	100%	50%	Not Applicable	Not Applicable
Carcinoma In Situ	30%	0%	Not Applicable	Not Applicable
Benign Brain Tumor	75%	0%	Not Applicable	Not Applicable
Skin Cancer	\$250 per lifetime	Not Covered	Not Applicable	Not Applicable
Vascular				
Heart Attack	100%	50%	100%	50%
Stroke	100%	50%	100%	50%
Heart Failure	100%	50%	100%	50%
Coronary Arteriosclerosis	30%	0%	30%	0%
Other				
Organ Failure	100%	50%	100%	50%
Kidney Failure	100%	50%	100%	50%
ADDITIONAL CONDITIONS	1st OCCURRENCE ONLY		1st OCCURRENCE ONLY	
Addison's Disease	30%		30%	
ALS (Lou Gehrig's Disease)	100%		100%	
Alzheimer's Disease	50%		50%	
Coma	100%		100%	
Huntington's Disease	30%		30%	
Loss of Hearing	100%		100%	
Loss of Sight	100%		100%	
Loss of Speech	100%		100%	
Multiple Sclerosis	30%		30%	
Parkinson's Disease	100%		100%	
Permanent Paralysis	50% for 1 limb, 100% for 2 limbs		50% for 1 limb, 100% for 2 limbs	
Severe Burns	100%		100%	
Spouse Benefit	50% of employee's lump sum benefit		50% of employee's lump sum benefit	
Child Benefit- children age Birth to 26 years	50% of employee's lump sum benefit		50% of employee's lump sum benefit	
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages	50% at age 70		50% at age 70	

Benefit information illustrated within this material reflects the plan covered by Guardian as of 05/29/2020

All Eligible Employees Benefit Summary

The Guardian Life Insurance Company of America, New York, NY

	Option 1	Option 2
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period or the annual open enrollment period.	We Guarantee Issue up to: \$20,000 For a spouse: \$10,000 For a child: All Amounts Health questions are required if the elected amount exceeds the Guarantee Issue.	We Guarantee Issue up to: \$20,000 For a spouse: \$10,000 For a child: All Amounts Health questions are required if the elected amount exceeds the Guarantee Issue.
Portability: Allows you to take your Critical Illness coverage with you if you terminate employment.	Included	Included
Pre-Existing Condition Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months prior/6 months treatment free/12 months after	3 months prior/6 months treatment free/12 months after

WELLNESS BENEFIT

Employee Per Year Limit	\$50	\$50
Spouse Per Year Limit	\$50	\$50
Child Per Year Limit	\$50	\$50

Condition Definitions

- Stroke: Stroke must be severe enough to cause neurological deficits at least 30 days after the event.
- Heart Failure: An insured must be placed on an organ transplant list in order to be eligible for the Heart failure benefits.
- Coronary Arteriosclerosis: Coronary Arteriosclerosis must be severe enough to require a coronary artery bypass graft.
- Organ Failure: Organ failure includes both lungs, liver, pancreas or bone marrow and requires the insured to be placed on an organ transplant list.
- Kidney Failure: An insured must be placed on an organ transplant list in order to be eligible for the Kidney failure benefits.

Critical Illness Cost Illustration

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses and expected financial needs during a Critical Illness.

Spouse coverage premium is based on Employee age

Child cost is included with employee election.

Option 1

			Monthly Premiums Displayed <i>Election Cost Per Age Bracket</i>					
			< 30	30-39	40-49	50-59	60-69	70+ ⁱ
\$10,000 Benefit Amount								
Employee	\$10,000	Non-tobacco	\$4.20	\$7.40	\$12.80	\$23.40	\$41.80	\$48.80
		Tobacco	\$6.40	\$11.90	\$24.20	\$42.40	\$73.20	\$90.40
Spouse	\$5,000	Non-tobacco	\$2.10	\$3.70	\$6.40	\$11.70	\$20.90	\$24.40
		Tobacco	\$3.20	\$5.95	\$12.10	\$21.20	\$36.60	\$45.20
\$20,000 Benefit Amount								
Employee	\$20,000	Non-tobacco	\$8.40	\$14.80	\$25.60	\$46.80	\$83.60	\$97.60
		Tobacco	\$12.80	\$23.80	\$48.40	\$84.80	\$146.40	\$180.80
Spouse	\$10,000	Non-tobacco	\$4.20	\$7.40	\$12.80	\$23.40	\$41.80	\$48.80
		Tobacco	\$6.40	\$11.90	\$24.20	\$42.40	\$73.20	\$90.40

Option 2

			Monthly Premiums Displayed					
			Election Cost Per Age Bracket					
			< 30	30-39	40-49	50-59	60-69	70+ ⁱ
\$10,000 Benefit Amount								
Employee	\$10,000	Non-tobacco	\$2.40	\$4.10	\$6.80	\$12.40	\$20.90	\$28.80
		Tobacco	\$3.10	\$5.90	\$11.60	\$20.40	\$35.20	\$49.60
Spouse	\$5,000	Non-tobacco	\$1.20	\$2.05	\$3.40	\$6.20	\$10.45	\$14.40
		Tobacco	\$1.55	\$2.95	\$5.80	\$10.20	\$17.60	\$24.80
\$20,000 Benefit Amount								
Employee	\$20,000	Non-tobacco	\$4.80	\$8.20	\$13.60	\$24.80	\$41.80	\$57.60
		Tobacco	\$6.20	\$11.80	\$23.20	\$40.80	\$70.40	\$99.20
Spouse	\$10,000	Non-tobacco	\$2.40	\$4.10	\$6.80	\$12.40	\$20.90	\$28.80
		Tobacco	\$3.10	\$5.90	\$11.60	\$20.40	\$35.20	\$49.60

[†]Benefit reductions may apply. See plan details.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00575704.

EXCLUSIONS AND LIMITATIONS

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR CRITICAL ILLNESS:

We will not pay benefits for the First Occurrence of a Critical Illness if it occurs less than 3 months after the First Occurrence of a related Critical Illness for which this Plan paid benefits. By related we mean either: (a) both Critical Illnesses are contained within the Cancer Related Conditions category; or (b) both Critical Illnesses are contained within the Vascular Conditions category. We will not pay benefits for a Second occurrence (recurrence) of a Critical Illness unless the Covered Person has not exhibited symptoms or received care or treatment for that Critical Illness for at least 12 months in a row prior to the recurrence. For purposes of this exclusion, care or treatment does not include: (1) preventive medications in the absence of disease; and (2) routine scheduled follow-up visits to a Doctor.

We do not pay benefits for claims relating to a covered person: taking part in any war or act of war (including service in the armed forces) committing a felony or taking part in any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane.

Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

If the plan is new (not transferred): During the exclusion period, this Critical Illness plan does not pay charges relating to a pre-existing condition. If this plan is transferred from another insurance carrier, the time an insured is covered

under that plan will count toward satisfying Guardian's pre-existing condition limitation period. A pre-existing condition includes any condition for which an employee, in a specified time period prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs. No benefit will be paid until the earlier of the treatment free period or a specified time period after the effective date. Please refer to the plan documents for specific time periods. State variations may apply.

Guardian's Critical Illness plan does not provide comprehensive medical coverage. It is a basic or limited benefit and is not intended to cover all medical expenses. It does not provide "basic hospital," "basic medical," or "medical" insurance as defined by the New York State Insurance Department.

Health questions are required on late enrollees. This coverage will not be effective until approved by a Guardian underwriter.

This policy will not pay for a diagnosis of a listed critical illness that is made before the insured's Critical Illness effective date with Guardian.

The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. See your certificate booklet for a full listing of exclusions & limitations..

If Critical Illness insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits..

Contract # GP-I-CI-I4

This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.

Cancer Benefit Summary

Group Number: 00575704

A Cancer insurance plan through Guardian provides:

- Lump-sum cash payments for certain procedures, screenings and treatments related to a covered cancer diagnosis, in addition to whatever your medical plan covers
- Payments are made directly to you and can be used for any purpose
- Ability to take the coverage with you if you change jobs or retire
- Affordable group rates

About Your Benefits:

CANCER		
COVERAGE - DETAILS	Option 1: Advantage Plan	Option 2: Premier Plan
Your Monthly premium	\$28.04	\$48.08
You and Spouse	\$51.40	\$85.92
You and Child(ren)	\$31.98	\$54.98
You, Spouse and Child(ren)	\$55.34	\$92.82
INITIAL DIAGNOSIS BENEFIT - Benefit is paid when you are diagnosed with Internal cancer for the first time while insured under this Plan.		
Benefit Amount(s)	Employee \$5,000 Spouse \$5,000 Child \$5,000	Employee \$7,500 Spouse \$7,500 Child \$7,500
Benefit Waiting Period - A specified period of time after your effective date during which the Initial Diagnosis benefits will not be payable.	30 Days	30 Days
CANCER SCREENING		
Benefit Amount	\$50; \$50 for Follow-Up screening	\$100; \$100 for Follow-Up screening
RADIATION THERAPY OR CHEMOTHERAPY		
Benefit	Actual Costs up to \$10,000 per 12 month period	Actual Costs up to \$15,000 per 12 month period
Pre-Existing Conditions Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months prior/ 6 months treatment free/ 12 months after.	3 months prior/ 6 months treatment free/ 12 months after.
Portability: Allows you to take your Cancer coverage with you if you terminate employment and port your coverage prior to age 70.	Included	Included
Child(ren) Age Limits	Children age birth to 26 years	Children age birth to 26 years
FEATURES		
Air Ambulance	\$1,500/trip, limit 2 trips per hospital confinement	\$2,000/trip, limit 2 trips per hospital confinement
Alternative Care	No Benefit	\$50/visit up to 20 visits
Ambulance	\$200/trip, limit 2 trips per hospital confinement	\$250/trip, limit 2 trips per hospital confinement
Anesthesia	25% of surgery benefit	25% of surgery benefit
Anti-Nausea	\$50/day up to \$150 per month	\$50/day up to \$250 per month
Attending Physician	\$25/day while hospital confined. Limit 75 visits.	\$25/day while hospital confined. Limit 75 visits.
Blood/Plasma/Platelets	Actual Costs up to \$10,000 per 12 month period	Actual Costs up to \$15,000 per 12 month period

Benefit information illustrated within this material reflects the plan covered by Guardian as of 05/29/2020

FEATURES (Cont.)	Option 1: Advantage Plan	Option 2: Premier Plan
Bone Marrow/Stem Cell	Bone Marrow: \$7,500 Stem Cell: \$1,500 50% benefit for 2nd transplant. \$1,000 benefit if a donor	Bone Marrow: \$10,000 Stem Cell: \$2,500 50% benefit for 2nd transplant. \$1,500 benefit if a donor
Experimental Treatment	\$100/day up to \$1,000/month	\$200/day up to \$2,400/month
Extended Care Facility/Skilled Nursing care	\$100/day up to 90 days per year	\$150/day up to 90 days per year
Government or Charity Hospital	\$300 per day in lieu of all other benefits	\$400 per day in lieu of all other benefits
Home Health Care	\$50/visit up to 30 visits per year	\$100/visit up to 30 visits per year
Hormone Therapy	\$25/treatment up to 12 treatments per year	\$50/treatment up to 12 treatments per year
Hospice	\$50/day up to 100 days/lifetime	\$100/day up to 100 days/lifetime
Hospital Confinement	\$300/day for first 30 days; \$600/day for 31st day thereafter per confinement	\$400/day for first 30 days; \$800/day for 31st day thereafter per confinement
ICU Confinement	\$250/day up to 30 days for each period of confinement. ICU confinement rider is paid for treatment of any sickness or injury other than internal cancer	\$250/day up to 30 days for each period of confinement. ICU confinement rider is paid for treatment of any sickness or injury other than internal cancer
Immunotherapy	\$500 per month, \$2,500 lifetime max	\$500 per month, \$2500 lifetime max
Inpatient Special Nursing	\$100/day up to 30 days per year	\$150/day up to 30 days per year
Medical Imaging	\$100/image up to 2 per year	\$200/image up to 2 per year
Outpatient and family member lodging - Lodging must be more than 50 miles from your home.	\$75/day, up to 90 days per year	\$100/day, up to 90 days per year
Outpatient or Ambulatory Surgical Center	\$250/day, 3 days per procedure	\$350/day, 3 days per procedure
Physical or Speech Therapy	\$25/visit up to 4 visits per month, \$400 lifetime max	\$50/visit up to 4 visits per month, \$1,000 lifetime max
Prosthetic	Surgically Implanted: \$2,000/device, \$4,000 lifetime max Non-Surgically: \$200/device, \$400 lifetime max	Surgically Implanted: \$3,000/device, \$6,000 lifetime max Non-Surgically: \$300/device, \$600 lifetime max
Reconstructive Surgery	Breast TRAM Flap \$2,000 Breast reconstruction \$500 Breast Symmetry \$250 Facial reconstruction \$500	Breast TRAM \$3,000 Breast reconstruction \$700 Breast Symmetry \$350 Facial reconstruction \$700
Reproductive Benefit	No Benefit	\$1,500 egg harvesting, \$500 egg or sperm storage, \$2,000 lifetime max
Second Surgical Opinion	\$200/surgery procedure	\$300/surgery procedure
Skin Cancer	Biopsy Only: \$100 Reconstructive Surgery: \$250 Excision of a skin cancer: \$375 Excision of a skin cancer with flap or graft: \$600	Biopsy Only: \$100 Reconstructive Surgery: \$250 Excision of a skin cancer: \$375 Excision of a skin cancer with flap or graft: \$600
Specified Disease	Included	Included
Surgical Benefit	Schedule amount up to \$4,125	Schedule amount up to \$5,500
Transportation/Companion Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive treatment for internal cancer.	\$0.50/mile up to \$1,000 per round trip/equal benefit for companion	\$0.50/mile up to \$1,500 per round trip/equal benefit for companion
Waiver of Premium - If you become disabled due to cancer that is diagnosed after the employee's effective date, and you remain disabled for 90 days, we will waive the premium due after such 90 days for as long as you remain disabled.	Included	Included

UNDERSTANDING YOUR BENEFITS :

- **Alternative Care** – Benefit is paid for palliative care (bio-feedback or hypnosis) or lifestyle benefits such as visits to an accredited practitioner for smoking cessation, yoga, meditation, relaxation techniques and nutritional counseling.

UNDERSTANDING YOUR BENEFITS (Cont.):

- **Cancer** – Cancer means you have been diagnosed with a disease manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells in any part of the body. This includes leukemia, Hodgkin's disease, lymphoma, sarcoma, malignant tumors and melanoma. Cancer includes carcinomas in-situ (in the natural or normal place, confined to the site of origin, without having invaded neighboring tissue). Pre-malignant conditions or conditions with malignant potential, such as myelodysplastic and myeloproliferative disorders, carcinoid, leukoplakia, hyperplasia, actinic keratosis, polycythemia, and nonmalignant melanoma, moles or similar diseases or lesions will not be considered cancer. Cancer must be diagnosed while insured under the Guardian cancer plan.
- **Experimental Treatment** – Benefits will be paid for experimental treatment prescribed by a doctor for the purpose of destroying or changing abnormal tissue. All treatment must be NCI listed as viable experimental treatment for Internal Cancer.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00575704

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF CANCER LIMITATIONS AND EXCLUSIONS:

Conditional Issue underwriting is required on those enrolling outside of the initial enrollment period or annual open enrollment period.

This plan will not pay benefits for: Services or treatment not included in the Features. Services or treatment provided by a family member. Services or treatment rendered for hospital confinement outside the United States. Any cancer diagnosed solely outside of the United States. Services or treatment provided primarily for cosmetic purposes. Services or treatment for premalignant conditions. Services or treatment for conditions with malignant potential. Services or treatment for non-cancer sicknesses.

Cancer caused by, contributed to by, or resulting from: participating in a felony, riot or insurrection; intentionally causing a self-inflicted injury; committing or attempting to commit suicide while sane or insane; a covered person's mental or emotional disorder, alcoholism or drug addiction; engaging in any illegal activity; or serving in the armed forces or any auxiliary unit of the armed forces of any country.

If Cancer insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits.

Contract # GP-I-CAN-IC-12

This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.



Voluntary Long Term Disability Insurance

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

Employer Plan Effective Date

The group policy effective date is September 1, 2021.

Eligibility

To become insured, you must be:

- A regular employee of the Scurry-Rosser Independent School District, excluding temporary or seasonal employees, full-time members of the armed forces, leased employees or independent contractors
- Actively at work at least 15 hours each week
- A citizen or resident of the United States or Canada

Employee Coverage Effective Date

Please contact your human resources representative for more information regarding the following requirements that must be satisfied for your insurance to become effective. You must satisfy:

- Eligibility requirements
- An eligibility waiting period: the first day of the month that follows the date you become an eligible employee
- An evidence of insurability requirement, if applicable
- An active work requirement. This means that if you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Benefit Amount

You may select a monthly benefit amount in \$100 increments from \$300 to \$8,000; based on the tables and guidelines presented in the Rates section of these Coverage Highlights. The monthly benefit amount must not exceed 66 2/3 percent of your monthly earnings.

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

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

Plan Minimum Monthly Benefit: 10 percent of your LTD benefit before reduction by deductible income



Benefit Waiting Period and Maximum Benefit Period

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

<u>Option</u>	<u>Accidental Injury</u>	<u>Other Disability</u>	<u>Maximum Benefit Period</u>
1	7 days	7 days	3 Years for Sickness & To SSNRA for Accident
2	14 days	14 days	3 Years for Sickness & To SSNRA for Accident
3	30 days	30 days	3 Years for Sickness & To SSNRA for Accident
4	90 days	90 days	3 Years for Sickness & To SSNRA for Accident

Options 1-4: Maximum Benefit Period of 3 years for Sickness

If you become disabled before age 64, LTD benefits may continue during disability for 3 years. If you become disabled at age 64 or older, the benefit duration is determined by your age when disability begins:

<u>Age</u>	<u>Maximum Benefit Period</u>
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 1-4: Maximum Benefit Period To SSNRA for Accident

If you become disabled before age 62, LTD benefits may continue during disability until you reach the Social Security Normal Retirement Age (SSNRA). If you become disabled at age 62 or older, the benefit duration is determined by your age when disability begins:

<u>Age</u>	<u>Maximum Benefit Period</u>
62	To SSNRA or 3 years 6 months, whichever is longer
63	To SSNRA or 3 years, whichever is longer
64	To SSNRA or 2 years 6 months, whichever is longer
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

First Day Hospital Benefit

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

Preexisting Condition Exclusion

A general description of the preexisting condition exclusion is included in the Group Voluntary Long Term Disability Insurance for Educators and Administrators brochure. If you have questions, please check with your human resources representative.

Preexisting Condition Period: The 180 day period just before your insurance becomes effective

Exclusion Period: 12 months



Preexisting Condition Waiver

For the first 90 days of disability, The Standard will pay full benefits even if you have a preexisting condition. After 90 days, The Standard will continue benefits only if the preexisting condition exclusion does not apply.

Own Occupation Period

For the plan's definition of disability, as described in your brochure, the own occupation period is the first 24 months for which LTD benefits are paid.

Any Occupation Period

The any occupation period begins at the end of the own occupation period and continues until the end of the maximum benefit period.

Other LTD Features

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

When Benefits End

LTD benefits end automatically on the earliest of:

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



Rates

Employees can select a monthly LTD benefit ranging from a minimum of \$300 to a maximum amount based on how much they earn. Referencing the appropriate attached charts, follow these steps to find the monthly cost for your desired level of monthly LTD benefit and benefit waiting period:

1. Find the maximum LTD benefit by locating the amount of your earnings in either the Annual Earnings or Monthly Earnings column. The LTD benefit amount shown associated with these earnings is the maximum amount you can receive. If your earnings fall between two amounts, you must select the lower amount.
2. Select the desired monthly LTD benefit between the minimum of \$300 and the determined maximum amount, making sure not to exceed the maximum for your earnings.
3. In the same row, select the desired benefit waiting period to see the monthly cost for that selection.

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

Group Insurance Certificate

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



Options 1-4:

If your gross annual salary is at least:	You are eligible for a maximum monthly benefit of:	7/7 BWP	14/14BWP	30/30 BWP	90/90 BWP
\$5,400	\$300	\$12.39	\$8.64	\$6.36	\$4.83
\$7,200	\$400	\$16.52	\$11.52	\$8.48	\$6.44
\$9,000	\$500	\$20.65	\$14.40	\$10.60	\$8.05
\$10,800	\$600	\$24.78	\$17.28	\$12.72	\$9.66
\$12,600	\$700	\$28.91	\$20.16	\$14.84	\$11.27
\$14,400	\$800	\$33.04	\$23.04	\$16.96	\$12.88
\$16,200	\$900	\$37.17	\$25.92	\$19.08	\$14.49
\$18,000	\$1,000	\$41.30	\$28.80	\$21.20	\$16.10
\$19,800	\$1,100	\$45.43	\$31.68	\$23.32	\$17.71
\$21,600	\$1,200	\$49.56	\$34.56	\$25.44	\$19.32
\$23,400	\$1,300	\$53.69	\$37.44	\$27.56	\$20.93
\$25,200	\$1,400	\$57.82	\$40.32	\$29.68	\$22.54
\$27,000	\$1,500	\$61.95	\$43.20	\$31.80	\$24.15
\$28,800	\$1,600	\$66.08	\$46.08	\$33.92	\$25.76
\$30,600	\$1,700	\$70.21	\$48.96	\$36.04	\$27.37
\$32,400	\$1,800	\$74.34	\$51.84	\$38.16	\$28.98
\$34,200	\$1,900	\$78.47	\$54.72	\$40.28	\$30.59
\$36,000	\$2,000	\$82.60	\$57.60	\$42.40	\$32.20
\$37,800	\$2,100	\$86.73	\$60.48	\$44.52	\$33.81
\$39,600	\$2,200	\$90.86	\$63.36	\$46.64	\$35.42
\$41,400	\$2,300	\$94.99	\$66.24	\$48.76	\$37.03
\$43,200	\$2,400	\$99.12	\$69.12	\$50.88	\$38.64
\$45,000	\$2,500	\$103.25	\$72.00	\$53.00	\$40.25
\$46,800	\$2,600	\$107.38	\$74.88	\$55.12	\$41.86
\$48,600	\$2,700	\$111.51	\$77.76	\$57.24	\$43.47
\$50,400	\$2,800	\$115.64	\$80.64	\$59.36	\$45.08
\$52,200	\$2,900	\$119.77	\$83.52	\$61.48	\$46.69
\$54,000	\$3,000	\$123.90	\$86.40	\$63.60	\$48.30
\$55,800	\$3,100	\$128.03	\$89.28	\$65.72	\$49.91
\$57,600	\$3,200	\$132.16	\$92.16	\$67.84	\$51.52
\$59,400	\$3,300	\$136.29	\$95.04	\$69.96	\$53.13
\$61,200	\$3,400	\$140.42	\$97.92	\$72.08	\$54.74
\$63,000	\$3,500	\$144.55	\$100.80	\$74.20	\$56.35
\$64,800	\$3,600	\$148.68	\$103.68	\$76.32	\$57.96
\$66,600	\$3,700	\$152.81	\$106.56	\$78.44	\$59.57



Options 1-4 (Continued):

\$68,400	\$3,800	\$156.94	\$109.44	\$80.56	\$61.18
\$70,200	\$3,900	\$161.07	\$112.32	\$82.68	\$62.79
\$72,000	\$4,000	\$165.20	\$115.20	\$84.80	\$64.40
\$73,800	\$4,100	\$169.33	\$118.08	\$86.92	\$66.01
\$75,600	\$4,200	\$173.46	\$120.96	\$89.04	\$67.62
\$77,400	\$4,300	\$177.59	\$123.84	\$91.16	\$69.23
\$79,200	\$4,400	\$181.72	\$126.72	\$93.28	\$70.84
\$81,000	\$4,500	\$185.85	\$129.60	\$95.40	\$72.45
\$82,800	\$4,600	\$189.98	\$132.48	\$97.52	\$74.06
\$84,600	\$4,700	\$194.11	\$135.36	\$99.64	\$75.67
\$86,400	\$4,800	\$198.24	\$138.24	\$101.76	\$77.28
\$88,200	\$4,900	\$202.37	\$141.12	\$103.88	\$78.89
\$90,000	\$5,000	\$206.50	\$144.00	\$106.00	\$80.50
\$91,800	\$5,100	\$210.63	\$146.88	\$108.12	\$82.11
\$93,600	\$5,200	\$214.76	\$149.76	\$110.24	\$83.72
\$95,400	\$5,300	\$218.89	\$152.64	\$112.36	\$85.33
\$97,200	\$5,400	\$223.02	\$155.52	\$114.48	\$86.94
\$99,000	\$5,500	\$227.15	\$158.40	\$116.60	\$88.55
\$100,800	\$5,600	\$231.28	\$161.28	\$118.72	\$90.16
\$102,600	\$5,700	\$235.41	\$164.16	\$120.84	\$91.77
\$104,400	\$5,800	\$239.54	\$167.04	\$122.96	\$93.38
\$106,200	\$5,900	\$243.67	\$169.92	\$125.08	\$94.99
\$108,000	\$6,000	\$247.80	\$172.80	\$127.20	\$96.60
\$109,800	\$6,100	\$251.93	\$175.68	\$129.32	\$98.21
\$111,600	\$6,200	\$256.06	\$178.56	\$131.44	\$99.82
\$113,400	\$6,300	\$260.19	\$181.44	\$133.56	\$101.43
\$115,200	\$6,400	\$264.32	\$184.32	\$135.68	\$103.04
\$117,000	\$6,500	\$268.45	\$187.20	\$137.80	\$104.65
\$118,800	\$6,600	\$272.58	\$190.08	\$139.92	\$106.26
\$120,600	\$6,700	\$276.71	\$192.96	\$142.04	\$107.87
\$122,400	\$6,800	\$280.84	\$195.84	\$144.16	\$109.48
\$124,200	\$6,900	\$284.97	\$198.72	\$146.28	\$111.09
\$126,000	\$7,000	\$289.10	\$201.60	\$148.40	\$112.70
\$127,800	\$7,100	\$293.23	\$204.48	\$150.52	\$114.31
\$129,600	\$7,200	\$297.36	\$207.36	\$152.64	\$115.92
\$131,400	\$7,300	\$301.49	\$210.24	\$154.76	\$117.53
\$133,200	\$7,400	\$305.62	\$213.12	\$156.88	\$119.14
\$135,000	\$7,500	\$309.75	\$216.00	\$159.00	\$120.75
\$136,800	\$7,600	\$313.88	\$218.88	\$161.12	\$122.36
\$138,600	\$7,700	\$318.01	\$221.76	\$163.24	\$123.97
\$140,400	\$7,800	\$322.14	\$224.64	\$165.36	\$125.58
\$142,200	\$7,900	\$326.27	\$227.52	\$167.48	\$127.19
\$144,000	\$8,000	\$330.40	\$230.40	\$169.60	\$128.80

How Much Can I Save with an FSA?

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

What is a Flexible Spending Account (FSA)?

Help Make Medical Costs Painless.

Visit fsa.nbsbenefits.com for more info or call one of our Benefit Specialists at **800-274-0503**



Salt Lake City, UT - Headquarters
Dallas, TX | San Diego, CA | Honolulu, HI
800-274-0503
fsa@nbsbenefits.com



Flexible Spending Account (FSA)

Two Types of FSAs

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

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

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

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

What is a Cafeteria Plan?

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

Partial List of Eligible Expenses:

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



Enrollment Consideration

After the enrollment period ends, you may increase, decrease, or stop your contribution only when you experience a qualifying “change of status” (e.g. marriage, divorce, employment change, dependent change).

Be conservative in the total amount you elect to avoid forfeiting money at the end of the plan year.

How to Spend

Spending is easy

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



Account access is easy

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

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

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

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

Shop FSA Store at fsastore.com/nbs



What is a Dependent Care Assistance Program (DCAP)?

The Dependent Care Assistance Program (DCAP) allows you to use tax-free dollars to pay for child day care or elder day care expenses that you incur because you and your spouse are both gainfully employed.

To participate, determine the annual amount that you want to deduct from your paycheck before taxes. The maximum amount you can elect depends on your federal tax filing status (\$5,000 if you are married and filing a joint return or if you are a single parent, \$2,500 if you are married but filing separately)

Your annual amount will be divided by the number of pay periods in the plan year and that amount will be deducted from each paycheck.

Who is an eligible dependent?

You can use the DCAP for expenses incurred for:

- Your qualifying child who is age twelve or younger for whom you claim a dependency exemption on your income tax return.
- Your qualifying relative (e.g. a child over twelve, your parent, a spouse's parent) who is physically or mentally incapable of caring for himself or herself and has the same principal place of abode as you for more than half of the year.
- Your spouse who is physically or mentally incapable of caring for himself or herself and has the same principal place of abode as you for more than half of the year.

Special Rule for Parents Who Are Divorced, Separated, or Living Apart

Only the custodial parent can claim expenses from the DCAP. The custodial parent is generally the parent with whom the child resides for the greater number of nights during the calendar year. Additionally, the custodial parent cannot be reimbursed from the DCAP for child-care expenses while the child lives with the non-custodial parent because such expenses are not incurred to enable the custodial parent to be gainfully employed.

What are eligible expenses for the DCAP?

The expenses which are eligible for reimbursement must have been incurred during the plan year and in connection with you and your spouse to remain gainfully employed.

Examples of eligible expenses:

- Before and After School and/or Extended Day Programs
- Daycare in your home or elsewhere so long as the dependent regularly spends at least 8 hours a day in your home.
- Base cost of day camps or similar programs.

Examples of ineligible expenses:

- Schooling for a child in kindergarten or above
- Babysitter while you go to the movies or out to eat
- Cost of overnight camps

What does it mean to be "gainfully employed"?

This means that you are working and earning an income (i.e. not doing volunteer work). You are not considered gainfully employed during paid vacation time or sick days. Gainful employment is determined on a daily basis.

If you are married, then your spouse would also need to be gainfully employed for your day care expenses to be eligible for reimbursement.

You are also considered gainfully employed if you are unemployed but actively looking for work, you are self-employed, you are physically or mentally not capable of self-care, or you are a full-time student (must attend for the number of hours that the school considers full-time, must have been a student for some part of each of 5 calendar months during the year, cannot be attending school only at night, does not include on-the-job training courses or correspondence schools).

What are some other important IRS regulations?

- You cannot be reimbursed for dependent care expenses that were paid to (1) one of your dependents, (2) your spouse, or (3) one of your children who is under the age of nineteen.
- In the event that you use a day care center that cares for more than six children, the center must be licensed.
- You must provide the day care provider's Social Security Number/Tax Identification Number (EIN) on form 2441 when you file your taxes.

What are some other important IRS regulations?

The IRS allows you to take a tax credit for your dependent care expenses. The tax credit may provide you with a greater benefit than the DCAP if you are in a lower tax bracket. To determine whether the tax credit or the DCAP is best for you, you will need to review your individual tax circumstances. You cannot use the same expenses for both the tax credit and the DCAP, however, you may be able to coordinate the federal dependent care tax credit with participation in the DCAP for expenses not reimbursed through DCAP.

For more information, please call
1(800) 274-0503



Salt Lake City, UT - Headquarters
Dallas, TX | San Diego, CA | Honolulu, HI
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800-274-0503
service@nbsbenefits.com



Dental

Metropolitan Life Insurance Company

Plan Design for: Scurry Rosser Independent School District

Network: PDP Plus

The Preferred Dentist Program was designed to help you get the dental care you need and help lower your costs. You get benefits for a wide range of covered services — both in and out of the network. The goal is to deliver affordable protection for a healthier smile and a healthier you.

Coverage Type:	In-Network ¹ % of Negotiated Fee ²	Out-of-Network ¹ % of R&C Fee ⁴
Type A - Preventive	100%	100%
Type B - Basic Restorative	80%	80%
Type C - Major Restorative	50%	50%
Type D - Orthodontia	50%	50%
Deductible ³		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit:		
Per Individual	\$1000	\$1000
Orthodontia Lifetime Maximum - Ortho applies to Child Only	Child to age 19	
	\$1000 per Person	\$1000 per Person
Dependent Age:	Eligible for benefits until the day that he or she turns 26.	
<div>1. "In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.</div> <div>2. Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.</div> <div>3. Applies to Type B and C services only.</div> <div>4. Out-of-network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of:<ul style="list-style-type: none">the dentist's actual charge (the 'Actual Charge'),the dentist's usual charge for the same or similar services (the 'Usual Charge') orthe usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). For your plan, the Customary Charge is based on the 90th percentile. Services must be necessary in terms of generally accepted dental standards.</div>		

Understanding Your Dental Benefits Plan

The Preferred Dentist Program is designed to provide the dental coverage you need with the features you want. Like the freedom to visit the dentist of your choice – in or out of the network. .

If you receive in-network services, you will be responsible for any applicable deductibles, cost sharing, negotiated charges after benefit maximums are met, and costs for non-covered services. If you receive out-of-network services, you will be responsible for any applicable deductibles, cost sharing, charges in excess of the benefit maximum, charges in excess of the negotiated fee schedule amount or R&C Fee, and charges for non-covered services.

- Plan benefits for in-network covered services are based on a percentage of the Negotiated fee – the Fee that participating dentists have agreed to accept as payment in full for covered services, subject to any deductibles, copayments, cost sharing and benefit maximums. Negotiated fees are subject to change.
- Plan benefits for out-of-network services are based on a percentage of the Reasonable and Customary (R&C) charge. If you choose a dentist who does not participate in the network, your out-of-pocket expenses may be greater.

Once you're enrolled you may take advantage of online self-service capabilities with MyBenefits.

- Check the status of your claims
- Locate a participating dentist
- Access MetLife's Oral Health Library
- Elect to view your Explanation of Benefits online

To register, just go to
www.metlife.com/mybenefits
and follow the easy registration instructions.

IMPORTANT RATE INFORMATION

Monthly Premium Payment	
Employee	\$36.48
Employee + Spouse	\$84.91
Employee + Child(ren)	\$81.87
Employee + Family	\$132.02

Cancellation/Termination of Benefits:

Coverage is provided under a group insurance policy (Policy form GPN99) issued by Metropolitan Life Insurance Company. Subject to the terms of the group policy, rates are effective for one year from your plan's effective date. Once coverage is issued, the terms of the group policy permit Metropolitan Life Insurance Company to change rates during the year in certain circumstances. Coverage terminates when your full-time employment ceases, when your dental contributions cease or upon termination of the group policy by the Policyholder. The group policy may also terminate if participation requirements are not met, or on the date of the employee's death, if the Policyholder fails to perform any obligations under the policy, or at MetLife's option. The dependent's coverage terminates when a dependent ceases to be a dependent. There is a 30-day limit for the following services that are in progress: Completion of a prosthetic device, crown or root canal therapy after individual termination of coverage.

IMPORTANT ENROLLMENT INFORMATION

You may only enroll for Dental Expense Benefits within 31 days of your Personal Benefits Eligibility Date, or if you have a Qualifying Event or during the Plan's Annual Open Enrollment Period.

Qualifying Event: Request to be covered, or to change your coverage, upon a Qualifying Event

If there is a Qualifying Event you may request to be covered, or to change your coverage, only within 31 days of a Qualifying Event. Such a request will not be a late request. Except for marriage or the birth or adoption of a child, you must give us proof of prior dental coverage under your spouse's plan if you are requesting coverage under this Plan because of a loss of the prior dental coverage. If you make a request to be covered under this Plan or request a change(s) in coverage under this Plan within thirty-one days of a Qualifying Event, your coverage or the change(s) in coverage will become effective on the first day of the month following the date of your request, subject to the Active Work Requirement, and provided that the change in coverage is consistent with your new family status.

Selected Covered Services and Frequency Limitations*

Type A - Preventive

How Many/How Often:

Oral Examinations	1 in 6 months
Full Mouth X-rays	1 in 60 months
Bitewing X-rays (Adult/Child)	1 in 12 months
Prophylaxis - Cleanings	1 in 6 months
Topical Fluoride Applications	1 in 12 months - Children to age 13
Space Maintainers	1 per lifetime per tooth area - Children up to age 14

Type B - Basic Restorative

How Many/How Often:

Sealants	1 in a lifetime - Children to age 14
Amalgam and Composite Fillings	1 in 24 months.
Oral Surgery (Simple Extractions)	
Oral Surgery (Surgical Extractions)	
Emergency Palliative Treatment	

Type C - Major Restorative

How Many/How Often:

Crowns/Inlays/Onlays	1 per tooth in 10 years
Prefabricated Crowns	1 per tooth in 10 years
Repairs	1 in 12 months
Endodontics Root Canal	1 per tooth in 24 months
Periodontal Surgery	1 in 60 months per quadrant
Periodontal Scaling & Root Planing	1 in 60 month per quadrant
Periodontal Maintenance	4 in 1 year, includes 2 cleanings
Other Oral Surgery	
Bridges	1 in 10 years
Dentures	1 in 10 years
General Anesthesia	
Consultations	1 in 12 months
Implant Services	1 service per tooth in 10 years - 1 repair per 10 years

Type D – Orthodontia

- Dependent children up to age 19. Age limitations may vary by state. Please see your Plan description for complete details. In the event of a conflict with this summary, the terms of the certificate will govern.
- All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia.
- Benefits for the initial placement will not exceed 20% of the Lifetime Maximum Benefit Amount for Orthodontia. Periodic follow-up visits will be payable on a monthly basis during the scheduled course of the orthodontic treatment. Allowable expenses for the initial placement, periodic follow-up visits and procedures performed in connection with the orthodontic treatment, are all subject to the Orthodontia coinsurance level and Lifetime Maximum Benefit Amount as defined in the Plan Summary.
- Orthodontic benefits end at cancellation of coverage

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

The service categories and plan limitations shown above represent an overview of your Plan of Benefits. This document presents many services within each category, but is not a complete description of the Plan. Please see your Plan description/Insurance certificate for complete details. In the event of a conflict with this summary, the terms of your insurance certificate will govern.

We will not pay Dental Insurance benefits for charges incurred for:

1. Services which are not Dentally Necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which We deem experimental in nature;
2. Services for which You would not be required to pay in the absence of Dental Insurance;
3. Services or supplies received by You or Your Dependent before the Dental Insurance starts for that person;
4. Services which are primarily cosmetic (For residents of Texas, see notice page section in your certificate).
5. Services which are neither performed nor prescribed by a Dentist except for those services of a licensed dental hygienist which are supervised and billed by a Dentist and which are for:
 - scaling and polishing of teeth; or
 - fluoride treatments.**For NY Sitused Groups, this exclusion does not apply.**
6. Services or appliances which restore or alter occlusion or vertical dimension.
7. Restoration of tooth structure damaged by attrition, abrasion or erosion.
8. Restorations or appliances used for the purpose of periodontal splinting.
9. Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco.
10. Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss.
11. Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work.
12. Missed appointments.
13. Services
 - covered under any workers' compensation or occupational disease law;
 - covered under any employer liability law;
 - for which the employer of the person receiving such services is not required to pay; or
 - received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.**For North Carolina and Virginia Sitused Groups, this exclusion does not apply.**
14. Services paid under any worker's compensation, occupational disease or employer liability law as follows:
 - for persons who are covered in North Carolina for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' compensation Act;
 - or for persons who are not covered in North Carolina, services paid or payable under any workers compensation or occupational disease law.**This exclusion only applies for North Carolina Sitused Groups.**
15. Services:
 - for which the employer of the person receiving such services is required to pay; or
 - received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.**This exclusion only applies for North Carolina Sitused Groups.**
16. Services covered under any workers' compensation, occupational disease or employer liability law for which the employee/or Dependent received benefits under that law.
This exclusion only applies for Virginia Sitused Groups.
17. Services:
 - for which the employer of the person receiving such services is not required to pay; or
 - received at a facility maintained by the policyholder, labor union, mutual benefit association, or VA hospital.**This exclusion only applies for Virginia Sitused Groups.**
18. Services covered under other coverage provided by the Employer.
19. Temporary or provisional restorations.
20. Temporary or provisional appliances.
21. Prescription drugs.
22. Services for which the submitted documentation indicates a poor prognosis.
23. The following when charged by the Dentist on a separate basis:
 - claim form completion;
 - infection control such as gloves, masks, and sterilization of supplies; or
 - local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
24. Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food.
For NY Sitused Groups, this exclusion does not apply.
25. Caries susceptibility tests.
26. Initial installation of a fixed and permanent Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
27. Other fixed Denture prosthetic services not described elsewhere in this certificate.
28. Precision attachments, except when the precision attachment is related to implant prosthetics.
29. Initial installation or replacement of a full or removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
30. Addition of teeth to a partial removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
31. Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it.

32. Implants to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
33. Implants supported prosthetics to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
34. Fixed and removable appliances for correction of harmful habits.¹
35. Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.¹
36. Diagnosis and treatment of temporomandibular joint (TMJ) disorders. This exclusion does not apply to residents of Minnesota.¹
37. Repair or replacement of an orthodontic device.¹
38. Duplicate prosthetic devices or appliances.
39. Replacement of a lost or stolen appliance, Cast Restoration, or Denture.
40. Intra and extraoral photographic images.
41. Services or supplies furnished as a result of a referral prohibited by Section 1-302 of the Maryland Health Occupations Article. A prohibited referral is one in which a Health Care Practitioner refers You to a Health Care Entity in which the Health Care Practitioner or Health Care Practitioner's immediate family or both own a Beneficial Interest or have a Compensation Agreement. For the purposes of this exclusion, the terms "Referral", "Health Care Practitioner", "Health Care Entity", "Beneficial Interest" and Compensation Agreement have the same meaning as provided in Section 1-301 of the Maryland Health Occupations Article.

This exclusion only applies for Maryland Sitused Groups

¹Some of these exclusions may not apply. Please see your Certificate of Insurance.

Common Questions ... Important Answers

Who is a participating dentist?

A participating, or network, dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for covered services provided to plan members, subject to any deductibles, copayments, cost sharing and benefit maximums. Negotiated fees typically range from 30-45% below the average fees charged in a dentist's community for the same or substantially similar services.*

In addition to the standard MetLife network, your employer may provide you with access to a select network of dental providers that may be unique to your employer's dental program. When visiting these providers, you may receive a better benefit, have lower out-of-pocket costs and/or have access to care at facilities at your worksite. Please sign into **MyBenefits** for more details.

* Based on internal analysis by MetLife. Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change. Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often members visit a dentist and the cost of services rendered. Negotiated fees are subject to change.

How do I find a participating dentist?

There are thousands of general dentists and specialists to choose from nationwide --so you are sure to find one that meets your needs. You can receive a list of these participating dentists online at www.metlife.com/dental or call 1-800-275-4638 to have a list faxed or mailed to you.

What services are covered by my plan?

Please see your Certificate of Insurance for a list of covered services.

May I choose a non-participating dentist?

Yes. You are always free to select the dentist of your choice. However, if you choose a non-participating (out-of-network) dentist, your out-of-pocket costs may be greater than your out-of-pocket costs when visiting an in-network dentist.

Can my dentist apply for participation in the network?

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

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

How are claims processed?

Dentists may submit your claims for you which means you have little or no paperwork. You can track your claims online and even receive email alerts when a claim has been processed. If you need a claim form, visit www.metlife.com/dental or request one by calling 1-800-275-4638.

Can I get an estimate of what my out-of-pocket expenses will be before receiving a service?

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

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

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

*International Dental Travel Assistance services are administered by AXA Assistance USA, Inc. (AXA Assistance). AXA Assistance provides dental referral services only. AXA Assistance is not affiliated with MetLife and any of its affiliates, and the services they provide are separate and apart from the benefits provided by MetLife. Referral services are not available in all locations.

** Refer to your Certificate of Insurance for your out-of-network dental coverage.

How does MetLife coordinate benefits with other insurance plans?

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

Do I need an ID card?

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

Do my dependents have to visit the same dentist that I select?

No. You and your dependents each have the freedom to choose any dentist.

Vision Plan Benefits for Scurry-Rosser ISD

Co-Pays		Monthly Premiums		Services/Frequency	
Exam	\$10	Emp. only	\$8.02	Exam	12 months
Materials	\$25	Emp. + 1 dependent	\$13.78	Frame	24 months
		Emp. + family	\$20.12	Lenses	12 months
				Contact Lenses	12 months

(Based on date of service)

Benefits through Superior Select Southwest Network

	<u>In-Network</u>	<u>Out-of-Network</u>
Exam	Covered in full	Up to \$40 retail
Frames	\$150 retail allowance	Up to \$45 retail
Lenses (standard) per pair		
Single Vision	Covered in full	Up to \$40 retail
Bifocal	Covered in full	Up to \$60 retail
Trifocal	Covered in full	Up to \$80 retail
Progressive	See description ¹	Up to \$80 retail
Lenticular	Covered in full	Up to \$80 retail
Scratch coating	Covered in full	Up to \$25 retail
Polycarbonate	Covered in full	Up to \$20 retail
UV Coating	Covered in full	Not covered
Tint	Covered in full	Not covered
Contact Lenses ²	\$150 retail allowance	Up to \$105 retail
Medically Necessary Contact Lenses	Covered in full	Up to \$210 retail
Lasik Vision Correction	\$250 allowance ³	

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

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

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

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

Discount Features

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

SuperiorVision.com
Customer Service
800.507.3800

The Plan discount features are not insurance.

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

Discounts are subject to change without notice.

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

INTRODUCING THE SUPERIOR VISION MOBILE APP



DOWNLOAD THE SUPERIOR VISION APP TO YOUR PHONE



CREATE AN ONLINE ACCOUNT

Log in with the username and password you use to access your Member account on SuperiorVision.com, or you can create an account in the app.

VIEW YOUR VISION BENEFITS

- Review your vision benefits and the benefits for any dependents
- See when you are eligible for services

LOCATE A PROVIDER

- Find a provider in your network
- Get directions
- Call the provider

GET YOUR MEMBER ID CARD

- View your ID card full screen
- Print or email your ID card



SuperiorVision.com



SUPERIOR VISION

See yourself healthy.

SUPERIOR ACCESS TO CONTACTSDIRECT



contactsdirect.com/superiorvision

With ContactsDirect, Superior Vision members have the same seamless in-network experience when shopping for contact lenses online as they do when shopping in-person.

Easy Access to Contacts Online

- Choose from top brands
- Select from all types of contacts
- Apply in-network allowance instantly
- Use remaining FSA dollars
- Enjoy fast and free shipping

A Truly Superior Network

Answers High Demand for Online Contacts

- Superior Vision expanded the industry's largest, most diverse network to include industry-leading ContactsDirect

Increases Choice

- Members have the option to use their in-network benefit to purchase contacts online, in a provider's office or at a retail optical chain

Provides a Seamless Experience

- Superior technology allows members to instantly apply their in-network allowance to their online purchase



Shop



Save



**See Yourself
Healthy**

The Superior Vision Plan is underwritten by National Guardian Life Insurance Company. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, a/k/a The Guardian or Guardian Life.

SVS-SVBM-MKG16-0238v001 PDF 7/2016



**Scurry-Rosser Independent School District
provides this valuable benefit at no cost to
you.**

**Full-Time Employees
(15 hours is considered full-time)**

Life and AD&D Insurance

Safeguard the most important people in your life.

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

AT A GLANCE:

- A cash benefit of \$10,000 to your loved ones in the event of your death, plus a matching cash benefit if you die in an accident
- A cash benefit to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight
- *LifeKeys*® services, which provide access to counseling, financial, and legal support
- *TravelConnect*™ services, which give you and your family access to emergency medical help when you're traveling

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

ADDITIONAL DETAILS

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

Benefit Reduction: Coverage amounts begin to reduce at age 70 and 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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Insurance products (policy series GL1101) are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. Product availability and/or features may vary by state. Limitations and exclusions apply. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations. Limitations and exclusions apply.



Full-Time Employees of Scurry-Rosser Independent School District

Benefits At-A-Glance

The Lincoln Term Life and AD&D Insurance Plan:

- Provides a cash benefit to your loved ones in the event of your death
- Provides an additional cash benefit to your loved ones if you die — or to you if you lose a limb or your eyesight — in a covered accident
- Features group rates for Scurry-Rosser ISD employees
- Includes *LifeKeys*® services, which provide access to counseling, financial, and legal support services
- Also includes *TravelConnect*SM services, which give you and your family access to emergency medical help when you're traveling

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

What your benefits cover

Employee Coverage

Guaranteed Life and AD&D Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to \$100,000 without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase your coverage amount by \$10,000 or \$20,000 without providing evidence of insurability. If you submitted evidence of insurability in the past and were declined for medical reasons, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.
- You can increase this amount by up to \$20,000 during the next limited open enrollment period.

Maximum Life Insurance Coverage Amount

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

Spouse Coverage - You can secure term life and AD&D insurance for your spouse if you select coverage for yourself.

Guaranteed Life and AD&D Insurance Coverage Amount

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

Maximum Life Insurance Coverage Amount

- You can choose a coverage amount up to 50% of your coverage amount (\$250,000 maximum) for your spouse with evidence of insurability.

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

Guaranteed Life Insurance Coverage Options: \$10,000

Additional Plan Benefits

Accelerated Death Benefit	Included
Premium Waiver	Included
Conversion	Included
Portability	Included
Seat Belt & Airbag	Included with AD&D
Common Carrier	Included with AD&D

Benefit Exclusions

Like any insurance, this term life and AD&D insurance policy does have exclusions.

For life insurance, a suicide exclusion may apply.

For AD&D, benefits will not be paid if death results from suicide, or death/dismemberment occurs while:

- Inflicting or attempting to inflict injury to one's self
- Participating in a riot or as a result of war or act of war
- Serving as a member of the military, including the Reserves and National Guard
- Committing or attempting to commit a felony
- Deliberately inhaling gas (such as carbon monoxide) or using drugs other than those prescribed by a physician and administered as prescribed
- Flying in a non-commercial airplane or aircraft, such as a balloon or glider
- Driving while intoxicated (with a blood alcohol level of .08 grams or more per 100 milliliters of blood)

In addition, the AD&D insurance policy does not cover sickness or disease, including the medical and surgical treatment of a disease.

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

Monthly Supplemental Life and AD&D Insurance Premium

Here's how little you pay with group rates.

Employee Age Range	Life & AD&D Premium Rate
0 - 24	0.0000800
25 - 29	0.0000900
30 - 34	0.0001100
35 - 39	0.0001300
40 - 44	0.0001800
45 - 49	0.0002800
50 - 54	0.0004400
55 - 59	0.0007000
60 - 64	0.0008700
65 - 69	0.0014900
70 - 74	0.0024000
75 - 79	0.0036700
80 - 99	0.0036700

Group Rates for You

The estimated monthly premium for life and AD&D insurance is determined by multiplying the desired amount of coverage (in increments of \$10,000) by the employee age-range premium rate.

$$\begin{array}{ccccc} \$ & \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & = & \$ \underline{\hspace{2cm}} \\ \text{coverage amount} & & & \text{premium rate} & & \text{monthly premium} \end{array}$$

Note: Rates are subject to change and can vary over time.

Employee Age Range	Life & AD&D Premium Rate
0 - 24	0.0000800
25 - 29	0.0000900
30 - 34	0.0001100
35 - 39	0.0001300
40 - 44	0.0001800
45 - 49	0.0002800
50 - 54	0.0004400
55 - 59	0.0007000
60 - 64	0.0008700
65 - 69	0.0014900

Group Rates for Your Spouse

The estimated monthly premium for life and AD&D insurance is determined by multiplying the desired amount of coverage (in increments of \$5,000) by the employee age-range premium rate.

$$\begin{array}{ccccc} \$ & \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & = & \$ \underline{\hspace{2cm}} \\ \text{coverage amount} & & & \text{premium rate} & & \text{monthly premium} \end{array}$$

Note: Rates are subject to change and can vary over time.

Dependent Children Monthly Premium for Life Insurance Coverage

Coverage Amount	Monthly Premium
\$10,000	\$1.00

Group Rates for Your Dependent Children

One affordable monthly premium covers all of your eligible dependent children.

Note: You must be an active Scurry-Rosser Independent School District employee to select coverage for a spouse and/or dependent children. To be eligible for coverage, a spouse or dependent child cannot be confined to a health care facility or unable to perform the typical activities of a healthy person of the same age and gender.

LIFE INSURANCE HIGHLIGHTS

For the employee

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

The policy, PURELIFE-plus, is underwritten by Texas Life Insurance Company, and it has the following features:

- **High Death Benefit.** With one of the highest death benefits available at the worksite,¹ PURELIFE-plus gives your loved ones peace of mind, knowing there will be significant life insurance in force should you die prematurely.
- **Minimal Cash Value.** Designed to provide a high death benefit at a reasonable premium, PURELIFE-plus provides peace of mind for you and your beneficiaries while freeing investment dollars to be directed toward such tax-favored retirement plans as 403(b), 457 and 401(k).
- **Long Guarantees.**² Enjoy the assurance of a policy that has a guaranteed death benefit to age 121 and level premium that guarantees coverage for a significant period of time (after the guaranteed period, premiums may go down, stay the same, or go up).
- **Refund of Premium.** Unique in the marketplace, PURELIFE-plus offers you a refund of 10 years' premium, should you surrender the policy if the premium you pay when you buy the policy ever increases. *(Conditions apply.)*
- **Accelerated Death Benefit Due to Terminal Illness Rider.** Should you be diagnosed as terminally ill with the expectation of death within 12 months, you will have the option to receive 92% of the death benefit, minus a \$150 (\$100 in Florida) administrative fee. This valuable living benefit gives you peace of mind knowing that, should you need it, you can take the large majority of your death benefit while still alive. *(Conditions apply.)* *(Form ICC07-ULABR-07 or Form Series ULABR-07)*

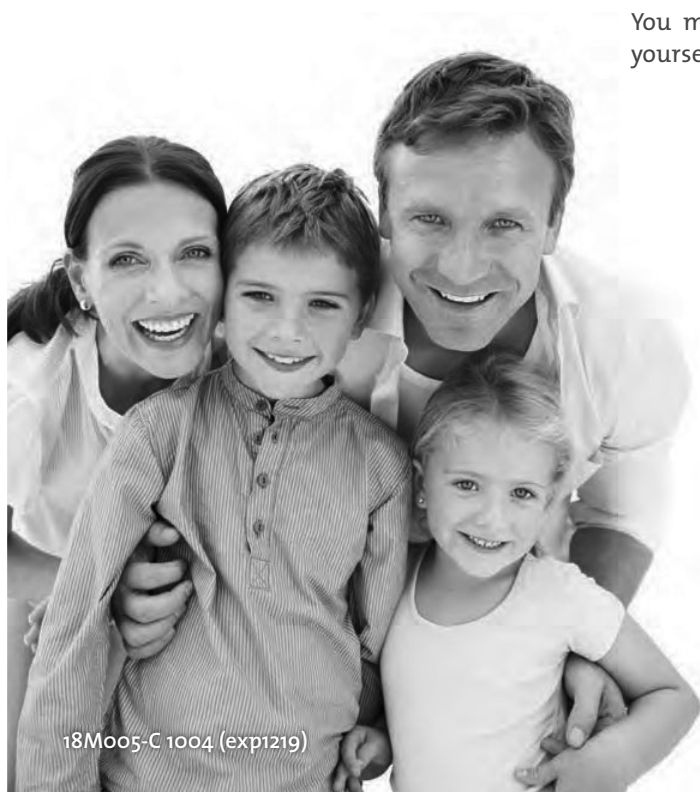
You may apply for this permanent, portable coverage, not only for yourself, but also for your spouse, children and grandchildren.³

¹ Voluntary Whole and Universal Life Products, Eastbridge Consulting Group, December 2015

² Guarantees are subject to product terms, exclusions and limitations

³ Coverage not available on children and grandchildren in Washington.

Flexible Premium Life Insurance to age 121. Policy Form PRFNG-NI-10. Some limitations apply. See the PureLife-plus brochure for details. Texas Life is licensed to do business in the District of Columbia and every state but New York. PureLife-plus is not available in NJ or PA.



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TEXASLIFE INSURANCE COMPANY

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

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$25,000	\$40,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	
15D-1			9.25							81
2-4			9.50							80
5-8			9.75							79
9-10			10.00							79
11-16			10.25							77
17-20			10.25	15.05	18.25	26.25	34.25	42.25	50.25	75
21-22			10.50	15.45	18.75	27.00	35.25	43.50	51.75	74
23			10.75	15.85	19.25	27.75	36.25	44.75	53.25	75
24-25			11.00	16.25	19.75	28.50	37.25	46.00	54.75	74
26			11.50	17.05	20.75	30.00	39.25	48.50	57.75	75
27-28			11.75	17.45	21.25	30.75	40.25	49.75	59.25	74
29			12.00	17.85	21.75	31.50	41.25	51.00	60.75	74
30-31			12.25	18.25	22.25	32.25	42.25	52.25	62.25	73
32			13.00	19.45	23.75	34.50	45.25	56.00	66.75	74
33			13.50	20.25	24.75	36.00	47.25	58.50	69.75	74
34			14.25	21.45	26.25	38.25	50.25	62.25	74.25	75
35		10.05	15.25	23.05	28.25	41.25	54.25	67.25	80.25	76
36		10.35	15.75	23.85	29.25	42.75	56.25	69.75	83.25	76
37		10.80	16.50	25.05	30.75	45.00	59.25	73.50	87.75	77
38		11.25	17.25	26.25	32.25	47.25	62.25	77.25	92.25	77
39		12.00	18.50	28.25	34.75	51.00	67.25	83.50	99.75	78
40	9.25	12.75	19.75	30.25	37.25	54.75	72.25	89.75	107.25	79
41	9.95	13.80	21.50	33.05	40.75	60.00	79.25	98.50	117.75	80
42	10.75	15.00	23.50	36.25	44.75	66.00	87.25	108.50	129.75	81
43	11.45	16.05	25.25	39.05	48.25	71.25	94.25	117.25	140.25	82
44	12.15	17.10	27.00	41.85	51.75	76.50	101.25	126.00	150.75	83
45	12.85	18.15	28.75	44.65	55.25	81.75	108.25	134.75	161.25	83
46	13.65	19.35	30.75	47.85	59.25	87.75	116.25	144.75	173.25	84
47	14.35	20.40	32.50	50.65	62.75	93.00	123.25	153.50	183.75	84
48	15.05	21.45	34.25	53.45	66.25	98.25	130.25	162.25	194.25	85
49	15.95	22.80	36.50	57.05	70.75	105.00	139.25	173.50	207.75	85
50	16.95	24.30	39.00	61.05	75.75	112.50				86
51	18.15	26.10	42.00	65.85	81.75	121.50				87
52	19.45	28.05	45.25	71.05	88.25	131.25				88
53	20.45	29.55	47.75	75.05	93.25	138.75				88
54	21.45	31.05	50.25	79.05	98.25	146.25				88
55	22.55	32.70	53.00	83.45	103.75	154.50				89
56	23.55	34.20	55.50	87.45	108.75	162.00				89
57	24.75	36.00	58.50	92.25	114.75	171.00				89
58	25.85	37.65	61.25	96.65	120.25	179.25				89
59	27.05	39.45	64.25	101.45	126.25	188.25				89
60	28.55	41.70	68.00	107.45	133.75	199.50				90
61	29.85	43.65	71.25	112.65	140.25	209.25				90
62	31.45	46.05	75.25	119.05	148.25	221.25				90
63	33.05	48.45	79.25	125.45	156.25	233.25				90
64	34.75	51.00	83.50	132.25	164.75	246.00				90
65	36.65	53.85	88.25	139.85	174.25	260.25				90
66	38.75									90
67	41.05									91
68	43.55									91
69	46.05									91
70	48.65									91

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

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$25,000	\$40,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20			15.25	23.05	28.25	41.25	54.25	67.25	80.25	71
21-22			16.00	24.25	29.75	43.50	57.25	71.00	84.75	71
23			16.75	25.45	31.25	45.75	60.25	74.75	89.25	72
24-25			17.25	26.25	32.25	47.25	62.25	77.25	92.25	71
26			17.75	27.05	33.25	48.75	64.25	79.75	95.25	72
27-28			18.25	27.85	34.25	50.25	66.25	82.25	98.25	71
29			18.50	28.25	34.75	51.00	67.25	83.50	99.75	71
30-31			21.00	32.25	39.75	58.50	77.25	96.00	114.75	72
32			21.75	33.45	41.25	60.75	80.25	99.75	119.25	72
33			22.00	33.85	41.75	61.50	81.25	101.00	120.75	72
34			22.25	34.25	42.25	62.25	82.25	102.25	122.25	71
35		15.30	24.00	37.05	45.75	67.50	89.25	111.00	132.75	72
36		15.75	24.75	38.25	47.25	69.75	92.25	114.75	137.25	72
37		16.80	26.50	41.05	50.75	75.00	99.25	123.50	147.75	73
38		17.25	27.25	42.25	52.25	77.25	102.25	127.25	152.25	73
39		18.45	29.25	45.45	56.25	83.25	110.25	137.25	164.25	74
40	14.15	20.10	32.00	49.85	61.75	91.50	121.25	151.00	180.75	76
41	15.05	21.45	34.25	53.45	66.25	98.25	130.25	162.25	194.25	77
42	16.15	23.10	37.00	57.85	71.75	106.50	141.25	176.00	210.75	78
43	17.55	25.20	40.50	63.45	78.75	117.00	155.25	193.50	231.75	80
44	18.25	26.25	42.25	66.25	82.25	122.25	162.25	202.25	242.25	80
45	19.25	27.75	44.75	70.25	87.25	129.75	172.25	214.75	257.25	81
46	20.05	28.95	46.75	73.45	91.25	135.75	180.25	224.75	269.25	81
47	21.05	30.45	49.25	77.45	96.25	143.25	190.25	237.25	284.25	82
48	21.95	31.80	51.50	81.05	100.75	150.00	199.25	248.50	297.75	82
49	23.25	33.75	54.75	86.25	107.25	159.75	212.25	264.75	317.25	83
50	24.35	35.40	57.50	90.65	112.75	168.00				83
51	25.45	37.05	60.25	95.05	118.25	176.25				83
52	27.05	39.45	64.25	101.45	126.25	188.25				84
53	28.45	41.55	67.75	107.05	133.25	198.75				85
54	29.75	43.50	71.00	112.25	139.75	208.50				85
55	31.15	45.60	74.50	117.85	146.75	219.00				85
56	32.75	48.00	78.50	124.25	154.75	231.00				85
57	34.35	50.40	82.50	130.65	162.75	243.00				86
58	36.05	52.95	86.75	137.45	171.25	255.75				86
59	37.75	55.50	91.00	144.25	179.75	268.50				86
60	39.55	58.20	95.50	151.45	188.75	282.00				86
61	41.85	61.65	101.25	160.65	200.25	299.25				86
62	44.05	64.95	106.75	169.45	211.25	315.75				87
63	46.25	68.25	112.25	178.25	222.25	332.25				87
64	48.45	71.55	117.75	187.05	233.25	348.75				87
65	50.85	75.15	123.75	196.65	245.25	366.75				87
66	53.45									88
67	56.25									88
68	59.15									88
69	62.25									88
70	65.55									89

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



THE ESSENTIAL EMPLOYEE BENEFIT IS IDENTITY THEFT PROTECTION

PROVIDE PEACE OF MIND AND RAISE YOUR BENEFITS TO A NEW LEVEL: **LIFELOCK**

Employees have a risk of having their identity stolen. Provide your employees with identity theft protection by offering LifeLock. Over a third of employers offered identity theft protection in 2016.¹ Some of the best reasons to choose LifeLock:

Differentiate your benefit offering by providing identity theft protection as an employee benefit. Help reduce employee time-off and distractions.

1 LIFELOCK IMPACTS OUTCOMES BY HELPING TO MITIGATE EMPLOYER RISK & REDUCING EMPLOYEE DISTRACTION

We provide ongoing protection if your employee data is ever breached. If you have LifeLock in place, we can help your business and employees. And, just like a wellness program or short term disability, we provide ROI by reducing employee time away from, or distractions while at, work.

3 LIFELOCK IS THE MOST RECOGNIZED BRAND IN THE IDENTITY THEFT PROTECTION INDUSTRY

Your employees recognize LifeLock as an industry leader. Give them the benefit they'll appreciate and value. LifeLock has over 5 million members.² Boomers want to protect their hard-earned assets from theft. Your employees will benefit from LifeLock.

2 LIFELOCK GETS DATA THROUGH ITS PROPRIETARY, WORLD-CLASS ID NETWORK

LifeLock gets data through the ID Network, powered by ID Analytics™, as well as other sources. The ID Network™ is proprietary to LifeLock. We deliver protection to all of our customers. The ID Network™ is also used by the top banks, credit card companies and wireless providers to help protect potentially fraudulent applications.

4 LIFELOCK IDENTITY THEFT RESOLUTION IS A LEADER IN THE BUSINESS

Identity theft resolution is the lifeblood of LifeLock. Our U.S.-based resolution teams are all specialists in helping resolve identity issues that impacts our members. From credit accounts opened in a member's name, to tax returns filed in a member's name, we help resolve it (and many more types of identity theft).

No one can prevent all identity theft.

¹ Based on an employer survey (n=1261) conducted for LifeLock by Spring Consulting Group, September 2016.

² Symantec, 2018

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Voluntary Benefit Pricing*

Pricing shown reflects the monthly cost to employee only. Additional discounts may be available for an Employer Sponsored, or an Employer Paid Benefit. To qualify for this Voluntary Benefit discount, the employer must provide at

least (2) pre-enrollment benefit education assets to every employee; employee benefit communications will take place during the implementation process.

	LifeLock™ Benefit Elite Plus Employee Cost	LifeLock™ Benefit Elite Premium Employee Cost
■ Employee (18+ Years Old)	\$8.99	\$14.49
■ ■ ■ Employee + Family**	\$17.98	\$28.98
Number of employees: 180		

No one can prevent all identity theft.

*Monthly rates shown. Employer Agreement must be fully executed by both parties prior to conducting employee enrollments.

**LifeLock defers to the employer's benefit eligibility rules regarding the number and age of the eligible. The LifeLock Junior plan is for minors under the age of 18. LifeLock enrollment is limited to employees and their eligible dependents. LifeLock services will only be provided after receipt and applicable verification of certain information about you and each family member. Please refer to employer group for the required information under your plan. In the event you do not complete the enrollment process for any family member, those individuals will not receive LifeLock services, but you will continue to be charged the full amount of the monthly membership selected until you cancel or modify your plan at your employer's next open enrollment period, which may be annually. Please note that we will NOT refund or credit you for any period of time during which we are unable to provide LifeLock services to any family member on your plan after your benefit effective date due to your failure to submit the information necessary to complete enrollment. If you do not complete the enrollment process for each family member, you may continue to pay more for LifeLock services than you otherwise would if you had selected a lower tier plan.

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LifeLock Employee Benefits Checklist

■ SERVICES ■ ALERT ■ DARK WEB ■ CREDIT FEATURES ■ MILLION DOLLAR PROTECTION™ PACKAGE ■ RESTORE

	FEATURE	LifeLock™ Benefit Elite Plus	LifeLock™ Benefit Elite Premium
Provided by ID Analytics exclusively to LifeLock	LifeLock Identity Alert® System†	✓	✓
	Applications with Leading US Mobile Providers†	✓	✓
	Applications with Leading Card Issuers†	✓	✓
	New Auto Loans†	✓	✓
	Satellite TV Providers Accounts†	✓	✓
	Online Lenders Loans†	✓	✓
	Payday - Online Lending Alerts†	✓	✓
	ID Alerts & Social Security Alerts***	✓	✓
	PayDay Loan Alerts†	✓	✓
	Mortgage Loan Application Alerts†	✓	✓
	Auto Loan Application Alerts†	✓	✓
	Telco/Utilities Credit Application Alerts†	✓	✓
	401(k) Account Activity Alert***	✓	✓
	Investment Account Activity Alert***	✓	✓
	Credit Card Account Activity Alert***	✓	✓
	Sex Offender Registry Report Notifications	✓	✓
	Notification of Data Breaches	✓	✓
	USPS Address Change Verification Notifications	✓	✓
	File Sharing Network Search Notifications	✓	✓
	Checking Account Activity Alert***	✓	✓
	Savings Account Activity Alert***	✓	✓
	New Bank Account Opening Alerts***		✓
	Account Take-over Alerts***		✓
	Includes Surveillance for:**		
	Personally Identifiable Information (SSN, name, date of birth, address, phone or email)	✓	✓
	Drivers License	✓	✓
	Medical ID / Medical Insurance	✓	✓
	User Name / Password	✓	✓
	Credit Card	✓	✓
	Bank Account Number	✓	✓
	Alerts via IVR phone†††	✓	✓
	Reduced Pre-Approved Credit Card Offers**	✓	✓

FEATURE	LifeLock™ Benefit Elite Plus	LifeLock™ Benefit Elite Premium
Coverage for Children under 18*	✓	✓
Norton™ Identity Safe** is a two-year entitlement, and service may take up to one week to begin upon enrollment.	✓	✓
Prior Identity Theft Remediation [§] This feature is separate from our Million Dollar Protection™ Package and does not provide coverage for lawyers and experts, reimbursement of stolen funds or compensation for personal expenses for events occurring during the 12 months prior to enrollment. See disclaimer for details.	✓	✓
Live Member Service Support 24/7	✓	✓
Detailed client-LifeLock Service utilization report provided	✓	✓
Credit Application Alerts from One Bureau ²	✓	✓
Credit Monitoring from Three-Bureaus***		✓
Annual Credit Report & Credit Score from One-Bureau*** The credit score provided is a VantageScore 3.0 credit score based on Equifax data. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.		✓
Monthly Credit Score Tracking from One-Bureau*** The credit score provided is a VantageScore 3.0 credit score based on Equifax data. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.		✓
Up to \$1 Million Stolen Funds Reimbursement ***	✓	✓
Up to \$1 Million Personal Expense Compensation***	✓	✓
Up to \$1 Million in Coverage for Lawyers and Experts***	✓	✓
Stolen Wallet Protection	✓	✓
U.S. Based Identity Restoration Team	✓	✓
Stolen Identity Theft Restoration May Cover:		
Tax Refund Fraud	✓	✓
Unauthorized Withdrawals from Investment / Retirement Accounts	✓	✓
Criminal Activity Committed with Stolen Identity	✓	✓
Unauthorized Housing Rentals	✓	✓
Banking (Including existing account compromise)	✓	✓
Unauthorized Loans	✓	✓
Identity Theft –Healthcare Fraud	✓	✓
Identity Theft –Government Services (Including Welfare)	✓	✓
Replacement of Stolen Passports and Government Identification	✓	✓
Unauthorized Utilities and Telecommunications Accounts	✓	✓

No one can prevent all identity theft.

1 If your LifeLock plan includes credit reports, scores, and/or credit monitoring features ("Credit Features"), two requirements must be met to receive said features: (i) your identity must be successfully verified with Equifax; and (ii) Equifax must be able to locate your credit file and it must contain sufficient credit history information. IF EITHER OF THE FOREGOING REQUIREMENTS ARE NOT MET YOU WILL NOT RECEIVE CREDIT FEATURES FROM ANY BUREAU. If your plan also includes Credit Features from Experian and/or TransUnion, the above verification process must also be successfully completed with Experian and/or TransUnion, as applicable. If verification is successfully completed with Equifax, but not with Experian and/or TransUnion, as applicable, you will not receive Credit Features from such bureau(s) until the verification process is successfully completed and until then you will only receive Credit Features from Equifax. Any credit monitoring from Experian and TransUnion will take several days to begin after your successful LifeLock plan enrollment.

† LifeLock does not monitor all transactions at all businesses.

2 If your LifeLock plan includes One Bureau Credit Application Alerts, two requirements must be met to receive said features: (i) your identity must be successfully verified with TransUnion; and (ii) TransUnion must be able to locate your credit file and it must contain sufficient credit history information. IF EITHER OF THE FOREGOING REQUIREMENTS ARE NOT MET YOU WILL NOT RECEIVE ONE BUREAU CREDIT APPLICATION ALERTS. One Bureau Credit Application Alerts will take several days to begin after your successful LifeLock plan enrollment.

** These features are not enabled upon enrollment. Member must take action to get their protection.

†† Phone alerts made during normal local business hours.

‡ Subject to eligibility requirements defined in Terms & Conditions at <https://www.lifelock.com/legal/prior-id-theftremediation>. Symantec reserves the right to change and/or cease services at any time.

* LifeLock Junior™ membership is available as an added membership to an adult LifeLock plan.

††† Reimbursement and Expense Compensation, each with limits of up to \$1 million for Benefit Elite and up to \$1 million for Ultimate Plus. And coverage for lawyers and experts if needed. Benefits provided by Master Policy issued by United Specialty Insurance Company (State National Insurance Company, Inc. for NY State members). Policy terms, conditions and exclusions at: [LifeLock.com/legal](https://www.lifelock.com/legal).

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