USD 405 Lyons

Benefits offered through OFG Financial Services, Inc.

Below is a short summary of each benefit.

Click HERE for full list of benefits with complete descriptions → Click "List Benefit" tab on left side

Click HERE to Enroll → Click "Login Here" toward bottom of page

Dental Insurance

Delta Dental pays toward most preventative and restorative treatments – up to $1,500 annual maximum per enrollee. Also covers orthodontics for children under 19 – lifetime maximum benefit of $1,000. See list benefit link for complete details.

Vision Insurance

Vision insurance through **Vision Care Direct** is available for both you and your eligible dependents. There are three levels available depending on your vision needs. See list benefit link for complete details.

Group Term Life Insurance

Employees may purchase up to $500,000 (or five times your salary) of group term life insurance coverage (subject to underwriting by **Reliance Standard Life**). When first offered to a new employee, amounts are guaranteed issue based on age and salary. If enrolled, coverage may be purchased for dependents as well on a salary deduction basis. See list benefit link for complete details.

Short-Term Disability Income Insurance Protection

Disability Income coverage is designed to provide income if you are disabled and not able to work as a result of an accident or illness – including pregnancy and childbirth. Provides an employee with the opportunity to insure 60% of your monthly gross salary. A choice of four elimination periods is available. See list benefit link for complete details, including exclusions for pre-existing conditions. Underwritten by **Reliance Standard Life**.

Cancer & Specified Disease Insurance

Benefits from the ***Manhattan Life*** group cancer insurance plan are paid directly to the insured in the event of cancer treatments, in or out of the hospital. Cancer insurance is designed to be a supplement to help you pay for many of the costs not covered by your major medical insurance. It provides various levels of coverage for medical treatments and diagnosis related to cancer and other specified diseases and may be obtained for you and your eligible dependents. In addition, you may file a Wellness Benefit claim each year for routine cancer screenings, such as mammograms, pap smears, PSA, etc. It is portable (you can continue coverage after employment). See list benefit link for complete details, including exclusions for pre-existing conditions.

Accident Insurance

Benefits from the ***Manhattan Life*** group accident insurance plan are paid directly to the insured and in addition to those benefits received from a medical insurance plan. Benefits are paid as a result of injuries or death caused by an accident. This coverage will help offset medical costs should you or any covered dependents be injured in an accident. See list benefit link for complete details. *This is not Workers Compensation Insurance.*

SafetyNets

SafetyNets Plus is a unique package including identity theft protection, telemedicine, prescription medicine discounts, legal assistance, roadside assistance and discount fitness centers. See list benefit link for complete details.

Flexible Spending Accounts

The medical flex spending account (**FSA**) covers amounts for out-of-pocket medical, dental, or vision expenses not covered by insurance for you and your eligible dependents. Medical Reimbursement allows you to set aside funds non-taxed. You must file claims for reimbursement, and they must be IRS qualified expenses. See list benefit link for complete details. Administered through **Bay Bridge Administrators**.

Dependent / Childcare Flexible Spending Accounts

The dependent/childcare flex spending account (FSA) covers reimbursable expenses that qualify under Section 125 of the IRS. Dependent/Child Care is a plan that you may set aside funds for your dependent or childcare cost. You file a claim for reimbursement. See list benefit link for complete details. Administered through **Bay Bridge Administrators**.

Retirement Plans

USD 405 Lyons offers a 403(b) matching plan up to $30 per month with a 10-year vesting schedule. One of the following OFG Financial Representatives will assist you in opening a **403(b) Security Benefit** account, which are funded by contributions through payroll on pre-tax or after-tax (Roth) basis. See USD 405 Negotiated Agreement for more details.

Your OFG Financial / Security Benefit Representatives

Eric Stewart
ericstewart@ofgfinancial.com
(620) 855-7776

Ian Lindstrom
ianlindstrom@ofgfinancial.com
(316) 990-8923

Leasha Rutschman
leasharutschman@ofgfinancial.com
(316) 461-5063

Ginger Hamilton
gingerhamilton@ofgfinancial.com
(316) 670-0049

OFG FINANCIAL SERVICES, INC.
SPECIALIZING IN RETIREMENT AND INVESTMENT PLANNING
MEMBER FINRA/SIPC

Security Benefit®
TO AND THROUGH RETIREMENT

Securities offered through OFG Financial Services, Inc., Member FINRA/SIPC
120 S.E. 6th Ave., Townsite Plaza #2, Suite 105, Topeka, KS 66603-3515
Telephone: (785) 233-4071

Summary of Dental Plan Benefits

U S D #405 - Lyons

Account Benefit Plan ID# 52826-01

Effective for October 1, 2026

MAXIMUM BENEFIT(S) PER PERSON:
The Maximum Benefit for all Covered Services for each Enrollee in any one Contract Year is **One Thousand Five Hundred Dollars ($1,500.00)**.

The Maximum Benefit for covered orthodontics procedures for each Enrollee is **One Thousand Dollars ($1,000.00)** during such Enrollee's lifetime. Payment for Orthodontic Services shall not be included in determining the Maximum Benefit for each Contract Year.

DEDUCTIBLE LIMITATIONS:
Coverage for Diagnostic and Preventive Services are not subject to the Deductible. For all other Covered Services, the Contract Year Deductible is: **$50x3**.

RIGHT START 4 KIDS℠ (RS4K):
Children 12 and under receive their Claims paid at 100% for all Covered Services. Deductibles will not apply, but the annual maximum, frequencies, and limitations will apply. Orthodontics Services will not change. If a Child visits an Out-of-Network Dentist, normal waiting periods, Deductibles, and Coinsurance will apply.

SPECIAL HEALTH CARE NEEDS BENEFIT:
Members of any age with qualifying special health care needs are eligible for additional oral exams prior to treatment, unlimited cleanings per benefit year and anesthesia and/or nitrous oxide treatment as needed. Code D9997 must be submitted to process expanded benefits.

ELIGIBLE CHILDREN AGES:
Children are eligible for coverage to age **26**.

MONTHLY RATES:

Employee:	$30.59
Emp + Spouse:	$60.74
Emp + Child(ren):	$85.53
Family:	$127.82

Benefit % Paid				
Delta Dental PPO	Delta Dental Premier	Out-of-Network		
			DIAGNOSTIC & PREVENTIVE (Not Subject to Deductible)	
100%	100%	100%	**Diagnostic:**	Includes the following procedures necessary to evaluate existing dental conditions and the dental care required: • Oral evaluations – 2 times each Contract Year. • Bitewing x-rays – 2 times each Contract Year for Dependents under age 18 and once each 12 months for adults age 18 and over. • Full mouth or panoramic x-rays – once each 5 years.
100%	100%	100%		
100%	100%	100%	**Preventive:**	Provides for the following: • Routine Cleanings – unlimited. • Topical Fluoride – 2 times each Contract Year for Dependent Children under age 19. • Sealants – once (1) each tooth per lifetime for Dependent Children under age 16 when applied only to adult molars with no decay or fillings on the chewing surface and intact.
100%	100%	100%		
100%	100%	100%		
			BASIC (Subject to Deductible)	
50%	50%	50%	**Space Maintainers:**	Provides for Dependent Children under age 14 and only for early loss of baby molars.
50%	50%	50%	**Ancillary:**	Provides for one emergency/limited exam per Contract Year by the Dentist for the relief of pain.
50%	50%	50%	**Oral Surgery:**	Provides for removal of teeth including pre and post-operative care, preparation of the mouth for dentures, removal of the vertical band of thin tissue that connects the tongue to the bottom of the mouth, removal of the tissue that attaches the lips to the gum above the top front two teeth, removal of tissue that connects the gums to the insides of the cheeks, and removal of a piece of tissue from a lesion and sent to the lab for testing.
50%	50%	50%	**Regular Restorative:**	Provides silver fillings; resin (white) fillings on all teeth; and stainless-steel crowns for Dependents under age 12.
50%	50%	50%	**Endodontics:**	Includes root canal treatments. When covered, payment for the initial root canal therapy is limited to one per lifetime, per tooth; payment for the retreatment of a root canal is limited to once per 24 months, per tooth.
50%	50%	50%	**Periodontics:**	a. Includes procedures for the treatment of diseases of the gums and bones. Periodontal cleaning is unlimited if diagnosed with periodontal treatment history.
50%	50%	50%		b. Surgical periodontal procedures.
			MAJOR (Subject to Deductible)	
50%	50%	50%	**Special Restorative:**	When teeth cannot be restored with a filling, provides for individual crowns.
50%	50%	50%	**Prosthodontics:**	a. Includes bridges, partial and complete dentures.
50%	50%	50%		b. Repairs and adjustments of bridges and dentures.
			ORTHODONTICS (Subject to Deductible)	
50%	50%	50%	**Orthodontics (Braces):**	Includes orthodontic appliances and treatment, interceptive and corrective, for Dependent Children under age 19.

This is a summary of benefits only and does not bind Delta Dental of Kansas to any coverage. Subscribers are encouraged to familiarize themselves with the details of their individual plan benefits. Subscribers are responsible for any required copayments, deductibles, or fees for services not covered by their plan at the time services are performed. Please refer to the Description of Dental Care Coverage ("Benefits Booklet") for complete coverage information, including but not limited to any applicable exclusions and limitations. Coverage as described in the employer group's dental benefits contract with Delta Dental of Kansas is binding on all parties and supersedes all other written or oral communications.

Welcome to Delta Dental of Kansas

With Delta Dental of Kansas you receive the expertise of the largest, most experienced dental benefits carrier in the nation, paired with our unparalleled customer service. With your employer, we have designed a dental benefit plan to help protect you and your family's oral health. Regular, preventive dental care is fundamental to making your smile last, and a healthy mouth contributes to your overall wellbeing.

CHOOSING A DENTIST

You are free to go to any dentist of your choice, but there may be a difference in the amount you pay if the dentist is not a Delta Dental in-network dentist. It is to your advantage to choose a **Delta Dental PPO™** or **Delta Dental Premier®** network dentist. Nearly 4 out of 5 dentists nationwide participate with Delta Dental, so chances are excellent your dentist is already in-network. You can search for an in-network dentist at **DeltaDentalKS.com**, on the Delta Dental mobile app or by contacting our customer service team at 800.234.3375.

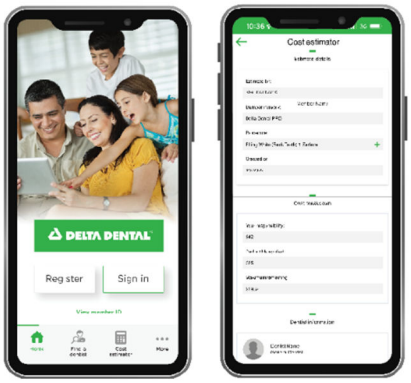
MANAGING MY BENEFITS

At **DeltaDentalKS.com**, you can log in to your member account to:

- Print your member ID card
- Review your eligibility and benefit information
- See how your claims paid
- Estimate your out-of-pocket costs*
- Sign-up to receive your Explanation of Benefits (EOBs) electronically
- And more!

Through Delta Dental's mobile app, you can:

- Use your mobile ID card
- Find a dentist
- Estimate your out-of-pocket costs*
- Review your coverage and claims
- And more!



SCAN TO DOWNLOAD
DELTA DENTAL MOBILE APP

**The Dental Care Cost Estimator provides an estimate and does not guarantee the exact fees for dental procedures, what your dental benefits plan will cover or your out-of-pocket costs. Estimates should not be construed as financial or medical advice. For more detailed information on your actual dental care costs, please consult your dentist and call Delta Dental of Kansas at 800-234-3375.*

VISION CARE DIRECT

The vision plan your eye doctor recommends

3515 W CENTRAL AVE
WICHITA, KS 67203

T: (877) 488-8900
F: (801) 466-4113

admin@visioncaredirect.com
www.visioncaredirect.com

MONTHLY Voluntary Rates
Exam Fee at Time of Service: $15
Materials Fee at Time of Service: $15
Polycarbonate for Kids Fee at Time of Service: $25

PLAN	ALLOWANCE FREQUENCY	EMPLOYEE ONLY	EMPLOYEE +1	EMPLOYEE w/CHILDREN	EMPLOYEE w/FAMILY
Exam Only	12 / NA / NA	$4.40	$6.96	$8.06	$13.46
Gold Materials Only 130 PK **PLUS**	NA / 12 / 12	$11.26	$17.96	$20.76	$35.12
Gold Exam + Materials 130 PK **PLUS**	12 / 12 / 12	$15.46	$24.68	$28.50	$48.20

* Allowance Frequency is shown as Exam/Lenses/Frames in month increments

Thank you for your business!

KADEN JAMES
Kansas Sales Director

Vision Care Direct is a membership plan, not insurance. Minimum participation requirement for the plans offered above is 2 employees. Contact lens allowance is available in lieu of glasses. For a complete listing of allowances, exclusions and limitations, please reference the enclosed Allowance Summary.
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VCD PLUS+

VISION CARE DIRECT

Locate a VCD provider in your area at www.visioncaredirect.com

To access VCD PLUS lens options, look for providers with this logo: VCD PLUS+

ALLOWANCE SUMMARY

EXAM	PLAN ALLOWANCE	MEMBER RESPONSIBILITY	OPEN ACCESS MAXIMUM
Comprehensive eye-health vision examination includes refraction and dilation	100% after exam fee	$15	$50
FLEXIBLE EXAM OPTION: In the event that a member has an eye exam included with another plan, Vision Care Direct applies a credit to be used for other services or materials in lieu of a Vision Care Direct eye exam. An explanation will be provided to you by your provider at time of service in regards to the amount and how it was applied to your additional services or materials.			$0

SPECTACLE LENSES	PLAN ALLOWANCE	MEMBER RESPONSIBILITY	OPEN ACCESS MAXIMUM
Standard Single Vision in CR-39 glass or plastic	100% after materials fee	$15	$50
Lined Bi-focal (FT28) in CR-39 glass or plastic	100% after materials fee	$15	$75
Lined Tri-focal (FT7x28) in CR-39 glass or plastic	100% after materials fee	$15	$100
Progressive (no-line multi-focal) in CR-39 glass or plastic	Up to retail price of lined tri-focal	$15 + Overage above allowance	$100
Upgrades and/or add-ons (anti-reflective coating, high-index, photochromic, etc.)	$0	Standard retail price	$0
POLYCARBONATE FOR KIDS (PK): Polycarbonate lenses for dependent children up to age 18	100% after PK fee	$25	$0

FRAMES	PLAN ALLOWANCE	MEMBER RESPONSIBILITY	OPEN ACCESS MAXIMUM
Frame allowance as indicated by desired plan toward standard retail price of any frame in the provider's office.	Up to $130	Overage above $130 allowance	$60

VCD PLUS+ LENS OPTION (In lieu of spectacle lens option above)	PLAN ALLOWANCE	MEMBER RESPONSIBILITY	OPEN ACCESS MAXIMUM
Standard Single Vision in CR-39 glass or plastic with premium anti-reflective coating	100% after materials fee	$15	$0
Lined Bi-focal (FT28) in CR-39 glass or plastic with premium anti-reflective coating	100% after materials fee	$15	$0
Lined Tri-focal (FT7x28) in CR-39 glass or plastic with premium anti-reflective coating	100% after materials fee	$15	$0
Progressive (up to a digital free form full back surface) in CR-39 glass or plastic with premium anti-reflective coating	100% after materials fee	$15	$0
Upgrades and/or add-ons (high-index, photochromic, tint, etc.)	$0	Standard retail price	$0

CONTACT LENS (In lieu of glasses)	PLAN ALLOWANCE	MEMBER RESPONSIBILITY	OPEN ACCESS MAXIMUM
ELECTIVE: Equal to frame allowance of desired plan, in lieu of frames and spectacle lenses. Can be used toward multi-focal contacts and contact lens fitting fees.	Up to $130	Overage above $130 allowance	Up to $80
MEDICALLY NECESSARY: Requires prior authorization from your Doctor to the Vision Care Direct Medical Director. Medically necessary is defined as 1) Keratoconus; or 2) monocular aphakia and/or binocular aphakia.	Up to $250	Overage above $250 allowance	Up to $80

GENERAL LIMITATIONS AND EXCLUSIONS:
This vision plan is designed for routine eye care and materials expense incurred while the membership is in force. Plan allowances cannot be combined with any other discounts, promotional offers or other advertised specials including, but not limited to, discounts, coupons, or two-for-one materials specials offered by the providers at their individual offices. Members must choose between using their Vision Care Direct allowances or the provider's special offers. Unused allowances do not roll over into next allowance period. We do not provide allowances for the following:

- Services and materials not included on Allowance Summary including cosmetic items and add-ons
- Orthoptics or vision training and any associated supplemental testing
- Subnormal vision aids, non-prescription or aniseikonia lenses
- Contact lenses for cosmetic enhancement such as changing eye color except as included in the Allowance Summary
- Oversized 61 and above lens or lenses
- Additional charge may apply for Rx above +/- 6 sphere and/or 6 cylinder
- Experimental or non-conventional treatment or device
- Medical or surgical treatment of the eyes
- Any injury or illness covered by Workers Compensation or similar law
- Two pairs of glasses in lieu of bifocals, trifocals, or progressives
- Care for services or materials received while traveling in a foreign country without a detailed receipt in English
- Charges incurred after membership ends

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Vision Care Direct is a membership plan, not insurance

YOUR PLAN.
YOUR CHOICE.

COMPLETE EYEWEAR STARTING AT JUST $15

At last, you finally have the freedom to use your materials allowance the way you want without all the surprise out of pocket expenses. With VCD PLUS™, you'll have access to high definition (single vision, bifocal, trifocal or premium progressive) lenses, premium anti-reflection coating, scratch resistant coating and UV protection all for one low price!

		STANDARD VCD	VCD PLUS
FRAME	Up to $130	✓	✓
LENSES	Single Vision	✓	✓
	Bifocal	✓	✓
	Trifocal	✓	✓
	Progressive		✓
EXTRAS	Non-Glare Coating		✓
	Scratch Resistance		✓
	Water Repellent		✓
	Oil Repellent		✓
PROVIDER NETWORK		Any provider listed on www.VisionCareDirect.com VISION CARE DIRECT	Any provider listed on www.VisionCareDirect.com with this logo: VCD PLUS

* Progressive lens allowance on the Standard VCD option is equal to doctor's retail cost of standard trifocal lens. Difference between retail cost of progressive and trifocal lens is patient responsibility.

** Lens enhancements not listed as included options above (polycarbonate, high-index, photochromic, etc.) can be added at doctor's usual and customary rate.

*** Contact lens allowance of $130 may be used in lieu of the frame/spectacle lens allowance options listed above.

KADEN JAMES
Kansas Sales Director

(800) 399-9644 ext. 83

(888) 309-5068

sales.ks@visioncaredirect.com

3515 W. Central
Wichita, KS 67203

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Vision Care Direct is a membership plan, not insurance

Employee & Family
Voluntary Term Life Insurance

Underwritten by:
Reliance Standard Life Insurance Company ("the Company")
Administered by:
Bay Bridge Administrators, LLC

What Coverage is available? As an active full-time employee you are eligible to purchase, at your own expense, Voluntary Term Life for yourself and Family Life Insurance on your Spouse and Child.

Employee Voluntary Life Insurance: You may enroll for any amount from $25,000 to $500,000 in $5,000 increments not to exceed five times your basic earnings.

When can I apply for coverage? You are eligible to apply for this coverage when you are a new hire.

How do I qualify? If you apply when you are a new hire, you are eligible for this coverage up to the G*uaranteed Issue Amount* with no evidence of insurability required.

Your *Guarantee Issue Amount is* based on your attained age, as follows:
Less than age 60: $200,000
Age 60 to 64: $25,000
Age 65 & Over: No Guarantee Issue

As a new hire, if you'd like coverage over the Guarantee Issue Amount, you will have to provide Evidence of Insurability. If you do not apply as a new hire, or elect to increase coverage later, you will have to provide Evidence of Insurability. In the event you need to supply Evidence of Insurability, you do not have coverage until the Company approves this Evidence of Insurability, and you may be denied coverage.

Guarantee Issue is subject to underwriting rules and is not available in all circumstances

Effective Date: Your insurance benefit that is less than or equal to the Guaranteed Issue Amount, indicated above, begins on the latest of: (1) the effective date of the Participating Employer's plan, if you are eligible prior to such date; or (2) the first day of the month following the date you become eligible; provided you have enrolled and the required premium has been paid. Any insurance benefit that is in excess of the Guaranteed Issue Amount will become effective on the first day of the month following the date the Company approves your request and the applicable Evidence of Insurability. If you are not Actively-At-Work, your coverage will be delayed until the date you return to Active Work.

Effect of Prior Coverage: If you were participating in and insured by the Participating Employer's prior plan on the date immediately prior to the Participating Employer's Effective Date shown on the Policy Schedule and are Actively At Work on such date: All amounts that were in force under the Participating Employer's prior plan on the date immediately preceding the Participating Employer's Effective Date with the Company are guaranteed issue up to the maximum benefit amount available under this plan.

Employees currently insured for less than the Guaranteed Issue Amount can increase coverage up to the Guarantee Issue Amount during the initial Open Enrollment period without providing Evidence of Insurability. During the Open Enrollment period currently insured Employees can also request an increase in the amount of coverage in excess of the Guarantee Issue Amount but are required to provide Evidence of Insurability satisfactory to the Company before the amounts in excess of the Guaranteed Issue Amount will become effective.

For each Insured Person's or Insured Dependent's individual coverage, coverage will be deemed continuous and uninterrupted and no change will have retroactive effect. However, if you elect to increase your amount of coverage, the increased amounts will be subject to any other plan provisions.

Employee Annual Re-Enrollment:

On Participating Employer's Anniversary Date;

1) If you are actively at work, are less than age 60 and are not currently enrolled in this plan you may elect $25,000. Evidence of Insurability is required for amounts that exceed $25,000.

2) If you are actively at work, are less than age 60 and insured under this plan for at least 6 months you may enroll for an additional $25,000 each annual re-enrollment period without Evidence of Insurability. Additional amounts that exceed $25,000 will require Evidence of Insurability. The additional $25,000 available during the annual re-enrollment is limited to a cumulative total of $100,000 of additional coverage or up to the Guarantee Issue Amount whichever is less. Evidence of Insurability will be required for amounts that exceed the Guarantee Issue Amount. In no event will your benefit amount exceed the $500,000 plan maximum or be greater than 5 times your annual earnings.

NOTE: Annual Re-Enrollment is not applicable to Spouse and Children.

What are the benefit Limitations? Benefits will reduce 50% at age 70.

No Life Insurance benefits will be payable under the Policy for death caused by suicide or self-destruction, or any attempt at it within 24 months after the person's coverage under the Reliance Standard Life Insurance Company Policy becomes effective.

What is the cost?

Employee Monthly Premium

Benefit Amount	Age 19 & Under	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 & Older
$25,000	$0.93	$0.93	$0.93	$1.38	$1.60	$1.85	$4.48	$7.75	$15.00	$28.50	$42.75
$30,000	$1.11	$1.11	$1.11	$1.65	$1.92	$2.22	$5.37	$9.30	$18.00	$34.20	$51.30
$35,000	$1.30	$1.30	$1.30	$1.93	$2.24	$2.59	$6.27	$10.85	$21.00	$39.90	$59.85
$40,000	$1.48	$1.48	$1.48	$2.20	$2.56	$2.96	$7.16	$12.40	$24.00	$45.60	$68.40
$45,000	$1.67	$1.67	$1.67	$2.48	$2.88	$3.33	$8.06	$13.95	$27.00	$51.30	$76.95
$50,000	$1.85	$1.85	$1.85	$2.75	$3.20	$3.70	$8.95	$15.50	$30.00	$57.00	$85.50
$55,000	$2.04	$2.04	$2.04	$3.03	$3.52	$4.07	$9.85	$17.05	$33.00	$62.70	$94.05
$60,000	$2.22	$2.22	$2.22	$3.30	$3.84	$4.44	$10.74	$18.60	$36.00	$68.40	$102.60
$65,000	$2.41	$2.41	$2.41	$3.58	$4.16	$4.81	$11.64	$20.15	$39.00	$74.10	$111.15
$70,000	$2.59	$2.59	$2.59	$3.85	$4.48	$5.18	$12.53	$21.70	$42.00	$79.80	$119.70
$75,000	$2.78	$2.78	$2.78	$4.13	$4.80	$5.55	$13.43	$23.25	$45.00	$85.50	$128.25
$80,000	$2.96	$2.96	$2.96	$4.40	$5.12	$5.92	$14.32	$24.80	$48.00	$91.20	$136.80
$85,000	$3.15	$3.15	$3.15	$4.68	$5.44	$6.29	$15.22	$26.35	$51.00	$96.90	$145.35
$90,000	$3.33	$3.33	$3.33	$4.95	$5.76	$6.66	$16.11	$27.90	$54.00	$102.60	$153.90
$95,000	$3.52	$3.52	$3.52	$5.23	$6.08	$7.03	$17.01	$29.45	$57.00	$108.30	$162.45
$100,000	$3.70	$3.70	$3.70	$5.50	$6.40	$7.40	$17.90	$31.00	$60.00	$114.00	$171.00
$105,000	$3.89	$3.89	$3.89	$5.78	$6.72	$7.77	$18.80	$32.55	$63.00	$119.70	$179.55
$110,000	$4.07	$4.07	$4.07	$6.05	$7.04	$8.14	$19.69	$34.10	$66.00	$125.40	$188.10
$115,000	$4.26	$4.26	$4.26	$6.33	$7.36	$8.51	$20.59	$35.65	$69.00	$131.10	$196.65
$120,000	$4.44	$4.44	$4.44	$6.60	$7.68	$8.88	$21.48	$37.20	$72.00	$136.80	$205.20
$125,000	$4.63	$4.63	$4.63	$6.88	$8.00	$9.25	$22.38	$38.75	$75.00	$142.50	$213.75
$130,000	$4.81	$4.81	$4.81	$7.15	$8.32	$9.62	$23.27	$40.30	$78.00	$148.20	$222.30
$135,000	$5.00	$5.00	$5.00	$7.43	$8.64	$9.99	$24.17	$41.85	$81.00	$153.90	$230.85
$140,000	$5.18	$5.18	$5.18	$7.70	$8.96	$10.36	$25.06	$43.40	$84.00	$159.60	$239.40
$145,000	$5.37	$5.37	$5.37	$7.98	$9.28	$10.73	$25.96	$44.95	$87.00	$165.30	$247.95
$150,000	$5.55	$5.55	$5.55	$8.25	$9.60	$11.10	$26.85	$46.50	$90.00	$171.00	$256.50
$155,000	$5.74	$5.74	$5.74	$8.53	$9.92	$11.47	$27.75	$48.05	$93.00	$176.70	$265.05
$160,000	$5.92	$5.92	$5.92	$8.80	$10.24	$11.84	$28.64	$49.60	$96.00	$182.40	$273.60
$165,000	$6.11	$6.11	$6.11	$9.08	$10.56	$12.21	$29.54	$51.15	$99.00	$188.10	$282.15
$170,000	$6.29	$6.29	$6.29	$9.35	$10.88	$12.58	$30.43	$52.70	$102.00	$193.80	$290.70
$175,000	$6.48	$6.48	$6.48	$9.63	$11.20	$12.95	$31.33	$54.25	$105.00	$199.50	$299.25
$180,000	$6.66	$6.66	$6.66	$9.90	$11.52	$13.32	$32.22	$55.80	$108.00	$205.20	$307.80

$185,000	$6.85	$6.85	$6.85	$10.18	$11.84	$13.69	$33.12	$57.35	$111.00	$210.90	$316.35
$190,000	$7.03	$7.03	$7.03	$10.45	$12.16	$14.06	$34.01	$58.90	$114.00	$216.60	$324.90
$195,000	$7.22	$7.22	$7.22	$10.73	$12.48	$14.43	$34.91	$60.45	$117.00	$222.30	$333.45
$200,000	$7.40	$7.40	$7.40	$11.00	$12.80	$14.80	$35.80	$62.00	$120.00	$228.00	$342.00
$205,000	$7.59	$7.59	$7.59	$11.28	$13.12	$15.17	$36.70	$63.55	$123.00	$233.70	$350.55
$210,000	$7.77	$7.77	$7.77	$11.55	$13.44	$15.54	$37.59	$65.10	$126.00	$239.40	$359.10
$215,000	$7.96	$7.96	$7.96	$11.83	$13.76	$15.91	$38.49	$66.65	$129.00	$245.10	$367.65
$220,000	$8.14	$8.14	$8.14	$12.10	$14.08	$16.28	$39.38	$68.20	$132.00	$250.80	$376.20
$225,000	$8.33	$8.33	$8.33	$12.38	$14.40	$16.65	$40.28	$69.75	$135.00	$256.50	$384.75
$230,000	$8.51	$8.51	$8.51	$12.65	$14.72	$17.02	$41.17	$71.30	$138.00	$262.20	$393.30
$235,000	$8.70	$8.70	$8.70	$12.93	$15.04	$17.39	$42.07	$72.85	$141.00	$267.90	$401.85
$240,000	$8.88	$8.88	$8.88	$13.20	$15.36	$17.76	$42.96	$74.40	$144.00	$273.60	$410.40
$245,000	$9.07	$9.07	$9.07	$13.48	$15.68	$18.13	$43.86	$75.95	$147.00	$279.30	$418.95
$250,000	$9.25	$9.25	$9.25	$13.75	$16.00	$18.50	$44.75	$77.50	$150.00	$285.00	$427.50
$255,000	$9.44	$9.44	$9.44	$14.03	$16.32	$18.87	$45.65	$79.05	$153.00	$290.70	$436.05
$260,000	$9.62	$9.62	$9.62	$14.30	$16.64	$19.24	$46.54	$80.60	$156.00	$296.40	$444.60
$265,000	$9.81	$9.81	$9.81	$14.58	$16.96	$19.61	$47.44	$82.15	$159.00	$302.10	$453.15
$270,000	$9.99	$9.99	$9.99	$14.85	$17.28	$19.98	$48.33	$83.70	$162.00	$307.80	$461.70
$275,000	$10.18	$10.18	$10.18	$15.13	$17.60	$20.35	$49.23	$85.25	$165.00	$313.50	$470.25
$280,000	$10.36	$10.36	$10.36	$15.40	$17.92	$20.72	$50.12	$86.80	$168.00	$319.20	$478.80
$285,000	$10.55	$10.55	$10.55	$15.68	$18.24	$21.09	$51.02	$88.35	$171.00	$324.90	$487.35
$290,000	$10.73	$10.73	$10.73	$15.95	$18.56	$21.46	$51.91	$89.90	$174.00	$330.60	$495.90
$295,000	$10.92	$10.92	$10.92	$16.23	$18.88	$21.83	$52.81	$91.45	$177.00	$336.30	$504.45
$300,000	$11.10	$11.10	$11.10	$16.50	$19.20	$22.20	$53.70	$93.00	$180.00	$342.00	$513.00
$305,000	$11.29	$11.29	$11.29	$16.78	$19.52	$22.57	$54.60	$94.55	$183.00	$347.70	$521.55
$310,000	$11.47	$11.47	$11.47	$17.05	$19.84	$22.94	$55.49	$96.10	$186.00	$353.40	$530.10
$315,000	$11.66	$11.66	$11.66	$17.33	$20.16	$23.31	$56.39	$97.65	$189.00	$359.10	$538.65
$320,000	$11.84	$11.84	$11.84	$17.60	$20.48	$23.68	$57.28	$99.20	$192.00	$364.80	$547.20
$325,000	$12.03	$12.03	$12.03	$17.88	$20.80	$24.05	$58.18	$100.75	$195.00	$370.50	$555.75
$330,000	$12.21	$12.21	$12.21	$18.15	$21.12	$24.42	$59.07	$102.30	$198.00	$376.20	$564.30
$335,000	$12.40	$12.40	$12.40	$18.43	$21.44	$24.79	$59.97	$103.85	$201.00	$381.90	$572.85
$340,000	$12.58	$12.58	$12.58	$18.70	$21.76	$25.16	$60.86	$105.40	$204.00	$387.60	$581.40
$345,000	$12.77	$12.77	$12.77	$18.98	$22.08	$25.53	$61.76	$106.95	$207.00	$393.30	$589.95
$350,000	$12.95	$12.95	$12.95	$19.25	$22.40	$25.90	$62.65	$108.50	$210.00	$399.00	$598.50
$355,000	$13.14	$13.14	$13.14	$19.53	$22.72	$26.27	$63.55	$110.05	$213.00	$404.70	$607.05
$360,000	$13.32	$13.32	$13.32	$19.80	$23.04	$26.64	$64.44	$111.60	$216.00	$410.40	$615.60
$365,000	$13.51	$13.51	$13.51	$20.08	$23.36	$27.01	$65.34	$113.15	$219.00	$416.10	$624.15
$370,000	$13.69	$13.69	$13.69	$20.35	$23.68	$27.38	$66.23	$114.70	$222.00	$421.80	$632.70
$375,000	$13.88	$13.88	$13.88	$20.63	$24.00	$27.75	$67.13	$116.25	$225.00	$427.50	$641.25
$380,000	$14.06	$14.06	$14.06	$20.90	$24.32	$28.12	$68.02	$117.80	$228.00	$433.20	$649.80
$385,000	$14.25	$14.25	$14.25	$21.18	$24.64	$28.49	$68.92	$119.35	$231.00	$438.90	$658.35
$390,000	$14.43	$14.43	$14.43	$21.45	$24.96	$28.86	$69.81	$120.90	$234.00	$444.60	$666.90
$395,000	$14.62	$14.62	$14.62	$21.73	$25.28	$29.23	$70.71	$122.45	$237.00	$450.30	$675.45
$400,000	$14.80	$14.80	$14.80	$22.00	$25.60	$29.60	$71.60	$124.00	$240.00	$456.00	$684.00
$405,000	$14.99	$14.99	$14.99	$22.28	$25.92	$29.97	$72.50	$125.55	$243.00	$461.70	$692.55
$410,000	$15.17	$15.17	$15.17	$22.55	$26.24	$30.34	$73.39	$127.10	$246.00	$467.40	$701.10
$415,000	$15.36	$15.36	$15.36	$22.83	$26.56	$30.71	$74.29	$128.65	$249.00	$473.10	$709.65
$420,000	$15.54	$15.54	$15.54	$23.10	$26.88	$31.08	$75.18	$130.20	$252.00	$478.80	$718.20
$425,000	$15.73	$15.73	$15.73	$23.38	$27.20	$31.45	$76.08	$131.75	$255.00	$484.50	$726.75
$430,000	$15.91	$15.91	$15.91	$23.65	$27.52	$31.82	$76.97	$133.30	$258.00	$490.20	$735.30
$435,000	$16.10	$16.10	$16.10	$23.93	$27.84	$32.19	$77.87	$134.85	$261.00	$495.90	$743.85
$440,000	$16.28	$16.28	$16.28	$24.20	$28.16	$32.56	$78.76	$136.40	$264.00	$501.60	$752.40
$445,000	$16.47	$16.47	$16.47	$24.48	$28.48	$32.93	$79.66	$137.95	$267.00	$507.30	$760.95
$450,000	$16.65	$16.65	$16.65	$24.75	$28.80	$33.30	$80.55	$139.50	$270.00	$513.00	$769.50
$455,000	$16.84	$16.84	$16.84	$25.03	$29.12	$33.67	$81.45	$141.05	$273.00	$518.70	$778.05
$460,000	$17.02	$17.02	$17.02	$25.30	$29.44	$34.04	$82.34	$142.60	$276.00	$524.40	$786.60
$465,000	$17.21	$17.21	$17.21	$25.58	$29.76	$34.41	$83.24	$144.15	$279.00	$530.10	$795.15
$470,000	$17.39	$17.39	$17.39	$25.85	$30.08	$34.78	$84.13	$145.70	$282.00	$535.80	$803.70
$475,000	$17.58	$17.58	$17.58	$26.13	$30.40	$35.15	$85.03	$147.25	$285.00	$541.50	$812.25
$480,000	$17.76	$17.76	$17.76	$26.40	$30.72	$35.52	$85.92	$148.80	$288.00	$547.20	$820.80
$485,000	$17.95	$17.95	$17.95	$26.68	$31.04	$35.89	$86.82	$150.35	$291.00	$552.90	$829.35
$490,000	$18.13	$18.13	$18.13	$26.95	$31.36	$36.26	$87.71	$151.90	$294.00	$558.60	$837.90

$495,000	$18.32	$18.32	$18.32	$27.23	$31.68	$36.63	$88.61	$153.45	$297.00	$564.30	$846.45
$500,000	$18.50	$18.50	$18.50	$27.50	$32.00	$37.00	$89.50	$155.00	$300.00	$570.00	$855.00

Premiums will change automatically each year when you attain an age that qualifies you for a new age bracket rate.

When Employee Voluntary Life Insurance Ends: Your Voluntary Life Insurance ends if: 1. your employment ends; 2. you are no longer Actively At Work; 3. premiums are not paid; 4. you are no longer an eligible employee; 5. Voluntary Life Insurance is no longer provided by the Participating Employer; 6. the policy terminates; 7. you enter the military, naval or air force of any country or international organization on a full-time active duty basis.; or 8. the Participating Employer's coverage under the policy ends.

Family Life Insurance Spouse: $10,000 to $100,000 in $5,000 increments not to exceed 50% of the Employees Insured Amount. Coverage terminates at age 70.
Child:
10 days to 6 months: $1,000
6 months to age 19, or 25 if full-time student, $10,000 or $20,000 as elected.

Guarantee Issue Amounts for Dependents

Spouse:
Less than age 60 $25,000
Age 60 but less than age 70 None
Spouse Coverage terminates at age 70

Children:
10 days to 6 months- $1,000
6 months to age 19 (25 full-time student) $10,000 or $20,000

Guarantee Issue is subject to underwriting rules and is not available in all circumstances

Effective Date of Dependents Coverage: You may apply for Family Life Insurance Benefits for your spouse, less than age 70 at the time of application, or child. Such benefit that is less than or equal to the Guaranteed Issue Amount begins on the latest of the following: 1. the Participating Employer's Effective Date, if you apply for Family Life Insurance prior to such date; 2. your Effective Date if application for Family Life Insurance is made within 31 days of your eligibility date; 3. the date we approve the application for Family Life Insurance, subject to proof of Evidence of Insurability, if application is made more than 31 days after your eligibility date; 4. the date we approve the application for Family Life Insurance, if application is made within 31 days of you acquiring a new spouse or child; 5. the date we approve the application for Family Life Insurance, subject to proof of Evidence of Insurability, if application is made more than 31 days after acquiring a new spouse or child.

Any Family Life Insurance benefit that is in excess of the guaranteed issue amount will become effective when we approve the required Evidence of Insurability.

No Family Life Insurance benefit will be effective until the required premium is paid.

Note: Dependent coverage may only be taken in conjunction with Employee coverage. Dependent coverage may not be taken on a stand alone basis. A spouse or child who is insured as an Employee under this plan cannot also be insured as a dependent. If both you & your spouse are insured under this plan as employees, only on of you may insure your children as dependents.

Spouse Monthly Premium

Benefit Amount	Under age 30	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69
$10,000	$1.45	$1.45	$1.79	$2.82	$4.35	$6.91	$10.24	$19.80	$19.80
$15,000	$2.18	$2.18	$2.69	$4.23	$6.53	$10.37	$15.36	$29.70	$29.70
$20,000	$2.90	$2.90	$3.58	$5.64	$8.70	$13.82	$20.48	$39.60	$39.60
$25,000	$3.63	$3.63	$4.48	$7.05	$10.88	$17.28	$25.60	$49.50	$49.50
$30,000	$4.35	$4.35	$5.37	$8.46	$13.05	$20.73	$30.72	$59.40	$59.40
$35,000	$5.08	$5.08	$6.27	$9.87	$15.23	$24.19	$35.84	$69.30	$69.30
$40,000	$5.80	$5.80	$7.16	$11.28	$17.40	$27.64	$40.96	$79.20	$79.20
$45,000	$6.53	$6.53	$8.06	$12.69	$19.58	$31.10	$46.08	$89.10	$89.10
$50,000	$7.25	$7.25	$8.95	$14.10	$21.75	$34.55	$51.20	$99.00	$99.00
$55,000	$7.98	$7.98	$9.85	$15.51	$23.93	$38.01	$56.32	$108.90	$108.90
$60,000	$8.70	$8.70	$10.74	$16.92	$26.10	$41.46	$61.44	$118.80	$118.80
$65,000	$9.43	$9.43	$11.64	$18.33	$28.28	$44.92	$66.56	$128.70	$128.70
$70,000	$10.15	$10.15	$12.53	$19.74	$30.45	$48.37	$71.68	$138.60	$138.60
$75,000	$10.88	$10.88	$13.43	$21.15	$32.63	$51.83	$76.80	$148.50	$148.50
$80,000	$11.60	$11.60	$14.32	$22.56	$34.80	$55.28	$81.92	$158.40	$158.40
$85,000	$12.33	$12.33	$15.22	$23.97	$36.98	$58.74	$87.04	$168.30	$168.30
$90,000	$13.05	$13.05	$16.11	$25.38	$39.15	$62.19	$92.16	$178.20	$178.20
$95,000	$13.78	$13.78	$17.01	$26.79	$41.33	$65.65	$97.28	$188.10	$188.10
$100,000	$14.50	$14.50	$17.90	$28.20	$43.50	$69.10	$102.40	$198.00	$198.00

Spouse Coverage Terminates at age 70

Children Premium:
$10,000 Benefit: $2.00 per Month
$20,000 Benefit: $4.00 per Month

Premiums will change automatically each year when your spouse attained age qualifies for a new age bracket rate.

When Family Coverage Ends: Your Insured Spouse's or Insured Child's Life Insurance ends if: 1. your coverage ends; 2. the Participating Employer's coverage under the policy ends; 3 you are no longer eligible for Family Life Insurance; 4. you notify us in writing to discontinue the Family Life Insurance; 5. the premium is not paid; 6. Family Life Insurance is no longer provided by the policy; 7. your Insured Spouse or Insured Child ceases to qualify for coverage under the policy, 8. your Insured Spouse or Insured Child enters the military, naval or air force of any country or international organization on a full-time active duty basis; or 9. your Spouse attains age 70.

Exceptions to When Coverage Terminates: Under certain circumstances coverage may be extended and premium waived if you are no longer actively at work due to total disability. Please see your Certificate of Coverage for more details.

Accelerated Death Benefit: Allows you to receive a percentage of the life amount if diagnosed with a terminal condition while covered under the policy. Also applies to your spouse coverage. Please see your Certificate of Coverage for more details.

Portability: If you cease to be employed by the Participating Employer for any reason other than retirement you may be entitled to continue all or a portion of your life insurance under the Continuation of Coverage Provision. You may elect to continue your Life Insurance benefits provided you have not attained age 70 and you must make such election within 31 days of termination of employment. You will be responsible for paying the entire premium for coverage continued under this section. Premiums for continued coverage will be billed directly to you on a quarterly, semi-annual or annual basis. Such premiums may exceed the group rate applicable to the amount of coverage being continued. Coverage continued under this provision will be subject to all of the provisions and limitations of the policy, including reductions/termination at an age or any other termination provision. However, in no event will coverage continue beyond age 70. Please see your Certificate of Coverage for more details.

Conversion: Under certain circumstances you may be entitled to convert all or a portion of your life insurance when your coverage terminates due to your employment ending, you ceasing to be in the eligible classes or policy termination. Please see your Certificate of Coverage for more details.

Definitions:

Active Work/Actively At Work means expending time and energy in the performance of regular duties for the Participating Employer at the usual place of employment, or at a location to which the Employer requires the Insured to travel and for which you are receiving Basic Earnings for such duties. You will be considered Actively At Work on each regularly scheduled non-work day if you were Actively At Work on the immediately preceding scheduled work day.

Basic Earnings means your basic rate of pay. It does not include overtime, bonus or any other form of additional compensation.

Evidence of Insurability means a written statement, application, or medical evidence of good health that, in our sole judgment, qualifies the person for coverage under the policy. We may require the person to pay the cost of providing this information.

Guaranteed Issue Amount means the highest amount of insurance that will be issued to a person without Evidence of Insurability.

Can I still apply if I did not enroll as a new hire?

It is important to enroll for RELIANCE STANDARD LIFE INSURANCE COMPANY'S Voluntary Term Life Insurance when you are first eligible. If you do not enroll as a new hire, and you decide you'd like coverage or increased coverage at a later time, you will be required to provide evidence of insurability. Your future opportunities to enroll in the plan may be limited, and you may be denied coverage.

If you enroll in the plan as a new hire, you will not have to provide medical evidence of insurability to qualify coverage up to the *GuaranteeIissue Amount*. You will need to provide evidence for amounts over the Guarantee Issue Amount.

A final note….

This information is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in Policy number VG 600901, on Policy Form number LRS-9388-0107. The Policy is subject to the laws of the state in which it is issued. Please keep this information as a reference.

Every effort has been made to ensure the accuracy of this enrollment brochure. The information described applies to the residents of most states, however state laws do vary. The laws of your state may affect this benefit program, but these differences generally do not reduce your benefits. This brochure is not a legal document. The contractual terms and conditions of coverage are set forth in the group policies. In the event of a discrepancy, the policies would be the determining factor. Insurance products and services are provided through Reliance Standard Life Insurance Company, which is licensed in all states (except New York), the District of Columbia, Puerto Rico, & the U.S. Virgin Islands. Reliance Standard Life Insurance Company reserves the right to change the premiums it charges for its plans.

Marketing by OFG Financial Services, Inc.
Townsite Plaza, Building 2, Suite 105
120 SE 6th Avenue
Topeka, KS 66603
785-233-4071

RELIANCE STANDARD
LIFE INSURANCE COMPANY
A MEMBER OF THE TOKIO MARINE GROUP

Disability Income Insurance Protection

Underwritten by:
Reliance Standard Life Insurance Company ("the Company")
Administered by:
Bay Bridge Administrators, LLC

This brochure is a summary of disability income insurance coverage that you may purchase as an employee of the school district. It is not intended to replace the Policy or the certificate of coverage which will be issued to you by Reliance Standard Life Insurance Company Life if you purchase coverage. The full terms and conditions of the coverage are contained in the insurance Policy covering the district.

THIS INSURANCE PAYS YOU: This Disability Income Insurance plan helps to provide financial protection for you by replacing a portion of your income if you become Totally Disabled while the insurance is in effect and you continue to be disabled beyond the Elimination Period. Checks are sent directly to you.

ELIGIBILITY: You are eligible for coverage under the Policy covering the School District ("the District") if you are an active, full-time employee of the District, who works a minimum of 17.5 hours per week. In addition, you must not be on full-time active duty in the armed forces.

EFFECTIVE DATE: Your insurance benefit that is less than or equal to the Guaranteed Issue Amount, indicated below, begins on the latest of: 1) the effective date of the District's plan, if you are eligible prior to such date; or (2) the first day of the month following the date you become eligible provided you have enrolled and the required premium has been paid. Any insurance benefit that is in excess of the Guaranteed Issue Amount will become effective on the first day of the month following the date the Company approves your request and the applicable evidence of insurability. If you are not actively-at-work, your coverage will be delayed until the date you return to being active work.

EFFECT OF PRIOR COVERAGE: If coverage under this Policy replaces the District's prior plan, you will be covered without regard to any actively-at-work or evidence of insurability requirement if: (1) you were validly covered under the prior plan on this Policy's effective date; and (2) the applicable premium is paid. If benefits under the Policy are subject to a pre-existing condition limitation, benefits will be the lesser of: (1) benefits under the Policy without application of the pre-existing conditions limitation; or (2) benefits of the prior plan.

MONTHLY BENEFIT AMOUNT: If you enroll in the plan your monthly benefit amount will equal 60 % of your Basic Monthly Earnings not to exceed $7,500 per month rounded to the nearest $100.

On the Policy anniversary your monthly benefit amount will be adjusted based on your salary information as provided by the Participating Employer. This annual adjustment will be without Evidence of Insurability and will not be subject to Pre-Existing Exclusions.

GUARANTEED ISSUE AMOUNTS: Lesser of 60% of Basic Monthly Earnings or $7,500

You may apply for coverage without answering questions about your current or past health history. This guaranteed issue amount only applies during the initial Open Enrollment period or if you are newly hired. You have 31 days from your date of hire to apply for the guarantee issue amount as a new employee. *All coverage is subject to the Pre-Existing Condition exclusion.* Coverage Credit is given for prior coverage. (See Effect of Prior Coverage)

<u>If you were participating in and insured by the Participating Employer's prior plan on the date immediately prior to the Participating Employer's Effective Date shown on the Policy Schedule and are Actively at Work on such date:</u>
All amounts that were in force under the Participating Employer's prior plan on the date immediately preceding the Participating Employer's Effective Date with Reliance Standard Life Insurance Company are guaranteed issue up to the maximum benefit amount available under this Policy.

During the Open Enrollment Period, Employees covered for less than 60% of Basic Monthly Earnings will have coverage increased to the lesser of 60% of Basic Monthly Earnings or the guarantee issue amount without providing Evidence of Insurability. *The increased amount of coverage is subject to the Pre-Existing Condition exclusion.*

If you do not elect coverage during the initial Open Enrollment period or within 31 days from your date of hire, you will be considered a late entrant and will be required to provide evidence of insurability. Evidence of insurability will need to be completed when you request an increase of coverage at future annual re-enrollments or for all amounts of coverage if you are a late entrant.

ELIMINATION PERIOD: This is the period of consecutive days during which you must be Totally Disabled in order to qualify for benefits. The Elimination Period begins on the first day of Total Disability. Disability Income Benefits are not payable during the Elimination Period. You may elect one of the following Elimination Period options for Injury / Sickness: 14/14, 30/30, 60/60, 90/90

MAXIMUM BENEFIT PERIOD:
The Maximum Benefit Period is 26 weeks reduced by the elimination period you have elected.

Pregnancy: Pregnancy, childbirth and complications thereof will be considered "Sickness."

IMPORTANT DEFINITIONS: As used in this brochure, the following terms are defined as indicated:

Total Disability or Totally Disabled means that you are completely unable, due to Sickness or Injury or both, to perform the Primary and Essential Duties of your own occupation To be considered Totally Disabled, the Insured may not in fact be engaged in any occupation for wage or profit other than in an approved vocational rehabilitation program. Total Disability will be deemed to exist only if determined and/or confirmed by a Doctor as a result of personal visits and/or attention, and the Insured is under Regular and Appropriate Medical Treatment and Care. Such Regular and Appropriate Medical Treatment and Care must be in accordance with prevailing medical standards. In no event will the loss of license or certification to practice one's profession, in and of itself, be construed to constitute Total Disability.

Associated Disabilities means successive periods of Total Disability due to related cause or causes provided that: (1)the periods of disability are separated by 6 months or less during which the Insured returns to Actively-At-Work status; and (2) the later period of disability follows a Total Disability for which benefits were paid under the Policy. Associated Disabilities do not include successive periods of Total Disability due to related causes that are separated by more than 6 months.

Pre-Existing Condition: means any disease or physical condition that required medical advice or treatment (including use of prescription drugs) during the 12 months immediately before: (1) the date you become covered under the Policy. (2) the date on which any increase in benefits or coverage is effective.

DISABILITY INCOME BENEFITS

WHEN BENEFITS ARE PAYABLE: You will be paid a Disability Income Benefit when: (1) you become Totally Disabled while covered under the Policy; and (2) you are continuously Totally Disabled beyond the Elimination Period. Benefits will be paid for each complete month of continuous Total Disability following expiration of the Elimination Period until the earliest of the following dates: (1) the date you are no longer Totally Disabled. (2) the date benefits have been paid for the Maximum Benefit Period. (3) the date the District's coverage under the policy terminates. (See Extension of Disability Income Benefits.) (4) the date the you are working at any Gainful Occupation, other than in an approved vocational rehabilitation program, as described in the Policy. (5) the date you no longer receiving Regular and Appropriate Medical Treatment and Care. (6) the date you fail to follow an appropriate treatment plan prescribed by the attending Doctor and endorsed by the Company. (7) the date your medical or psychiatric provider fails to provide a specific return to work plan which is accepted by the Company. (8) the date you fail to report for or cooperate in submitting to medical examinations, consultations, or tests scheduled by the Company. (9) the date the Participating Employer's coverage under the policy terminates. For purposes of computing the Maximum Benefit Period, Associated Disabilities will be counted as one period of Total Disability. Any disability that begins more than 90 days after an Injury will be considered a Sickness for the purpose of determining benefits.

PAYMENTS AND AMOUNTS: The Insured's Disability Income Benefit is the Monthly Benefit Amount elected by the Insured and approved by the Company. The amount of the Disability Income Benefit for periods less than a month will be determined on a daily basis at the rate of 1/30th of the Monthly Benefit Amount for each day. The Company will not pay more than one Disability Income Benefit at the same time. For example, the Company will not be liable for disability due to Sickness when benefits are payable for disability due to Injury that occurred prior

to the Sickness, nor for disability due to Injury when benefits are payable for disability due to Sickness that occurred prior to the Injury. If an Insured is entitled to benefits under the Policy, and an Insured is also entitled to Income From Other Sources, the Disability Income Benefit payable under the Policy will be reduced by the amount of the Income From Other Sources. In no event will the Disability Benefits under this Policy be reduced to less than 10% your gross monthly benefit. After the initial calculation of Income From Other Sources, we will not modify the calculation of Income From Other Sources by any cost of living increases. As used in this section, Income From Other Sources means the sum of the following: (1) the amount of disability or retirement benefits under the United States Social Security Act, the Canada Pension Plan, the Quebec Pension Plan, or any similar plan or act as follows: a) disability or unreduced retirement benefits for which: I. you are eligible and, if applicable, II. your spouse, child or children are eligible because of your disability, or III. your spouse, child or children are eligible because of your eligibility for unreduced retirement benefits; or b) reduced retirement benefits received by: I. you and, if applicable, II. your spouse, child or children because of your receipt of such benefits. (2) the amount of any disability income benefits that you are eligible to receive under: a) any other group insurance plan of the District; or b) any governmental retirement system as a result of your job with the District. (3) the amount of benefits you receive under the District's retirement plan as follows: a) any disability benefits. b) any retirement benefits. (4) the amount of any disability income benefits you are eligible to receive under any compulsory benefit act or law. (5) the amount of earnings you receive from any sick leave or formal salary continuation plan paid by the District. (6) the amount of earnings from any form of employment. (7) the amount you receive from any teacher's retirement association or public employees retirement association.

OFFERS OF EMPLOYMENT: If, during a period of time you are under a Doctor's Care in a program approved by the Company, the District, or any employer, offers you employment in a gainful occupation and you refuse to accept that employment, you will no longer be considered Totally Disabled and Disability Benefits will cease.

ESTIMATION OF INCOME FROM OTHER SOURCES: If you do not apply or reapply for and pursue a claim for Income From Other Sources through all of the administrative levels which the Company deems necessary and appropriate for any reason, the Company will estimate the Income From Other Sources that you or your dependents, if applicable, would receive, from the earliest date that you or your dependents would have been eligible to receive such benefits.

DISABILITY INCOME EXCLUSIONS / LIMITATIONS:
Disability Income Benefits are not payable under the Policy for any of the following or losses that result therefrom: (1) any period of disability during which you are not under the direct care and treatment of a Doctor. (2) attempted suicide or intentionally self-inflicted Injury, while sane or insane. (3) declared or undeclared act of war. (4) Injury sustained while committing or attempting to commit a felony, or misdemeanor. (5) Injury sustained during participation in a riot, insurrection or rebellion. (6) alcohol or drug disorders of any type, except to the extent shown in the Schedule. (7) Injury sustained while participating in a civil commotion, act of civil disobedience or unlawful assembly except while acting in a lawful manner within the scope of authority. (8) Injury sustained while participating in a contest (or sport) of speed, parachuting or hang gliding. (9) elective or cosmetic surgery, except when performed to repair damage to the natural body caused by a covered Sickness or Injury. (10) voluntary abortion, except where your life would otherwise be endangered. (11) active duty with any police or military organization. (12) Injury sustained while operating, riding in, or descending from any kind of aircraft, except when riding solely as a passenger on a licensed, commercial, non-military aircraft. (13) Pre-existing Conditions. This Exclusion will not apply to Total Disability beginning after: (a) the date the person has been insured under the Policy for 12 consecutive months; or (b) the end of a period of 12 consecutive months (commencing before or after the effective date of the person's coverage), during which the person has received no medical advice or treatment (including use of prescription drugs) in connection with the condition. (14) work-related Injury or Sickness, whether or not benefits are payable under Workers' Compensation or similar law.

WHEN COVERAGE STOPS: Your coverage will end on the earliest of the following dates: (1) the date that the Policy terminates. (2) any premium due date, if premium remains unpaid by the end of the grace period. (3) the premium due date coinciding with or next following the date the Insured ceases to be a member of an eligible class. (4) the date that the Insured terminates Actively-at-Work status for any reason other than Total Disability. An Insured who is no longer Actively-at-Work due to an authorized leave of absence may continue to be covered under the Policy until the earlier of: a. the date employment is formally terminated; or b. 12 months after the leave of absence began. (5) the premium due date coinciding with or next following the date the Participating Employer's coverage under the Policy terminates.

NOTICE OF CLAIM: When a claim arises, the claimant should contact Bay Bridge Administrators LLC at (512) 329-5069 or 800-845-7519.

This information is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in Policy number G 647507, on Policy Form number LRS-9384-0107. The Policy is subject to the laws of the state in which it is issued. Please keep this information as a reference.

Reliance Standard Life Insurance Company is rated "A" Excellent by A.M. Best Company, the oldest and most recognized insurance rating organization. The rating is an indication of the company's financial soundness and ability to meet obligations to its insureds.

Monthly Rate per $100 Benefit

Age as of Effective Date	14 day Elimination	30 day Elimination	60 day Elimination	90 day Elimination
< 30	$1.77	$1.31	$0.99	$0.74
30 to 39	$1.77	$0.95	$0.73	$0.55
40 to 49	$1.53	$0.74	$0.61	$0.45
50 to 59	$1.77	$1.14	$0.87	$0.64
60 & Over	$2.18	$1.40	$1.05	$0.79

Every effort has been made to ensure the accuracy of this enrollment brochure. The information described applies to the residents of most states, however state laws do vary. The laws of your state may affect this benefit program, but these differences generally do not reduce your benefits. This brochure is not a legal document. The contractual terms and conditions of coverage are set forth in the group policies. In the event of a discrepancy, the policies would be the determining factor. Insurance products and services are provided through Reliance Standard Life Insurance Company, which is licensed in all states (except New York), the District of Columbia, Puerto Rico, & the U.S. Virgin Islands. Reliance Standard Life Insurance Company reserves the right to change the premiums it charges for its plans.

Marketing by OFG Financial Services, Inc.
Townsite Plaza, Building 2, Suite 105
120 SE 6th Avenue
Topeka, KS 66603
785-233-4071

RELIANCE STANDARD
LIFE INSURANCE COMPANY
A MEMBER OF THE TOKIO MARINE GROUP



Group Cancer and Specified Disease Insurance

Policy Form M-9012-KS
Underwritten by ManhattanLife Assurance Company of America

Plan Features

- Donor Benefits
- Wellness Benefits
- Many Benefits have No Lifetime Maximum
- Covers Certain Lodging and Transportation
- Portable (take it with You)
- In and Out of Hospital benefits
- Pays regardless of other coverage

Benefit	BBAC-01	BBAC-352
Wellness Benefit. For Cancer screening tests such as mammogram, flexible sigmoidoscopy, pap smear, chest X-ray, hemocult stool specimen, prostate screen, or Colorectal Cancer Screening. No Lifetime Maximum	$50 per calendar year	$100 per calendar year
Positive Diagnosis Test. Payable for a test that leads to positive diagnosis of Cancer or Specified Disease within 90 days. This benefit is not payable if the same Cancer or Specified Disease recurs.	Up to $300 per calendar year	Up to $300 per calendar year
First Diagnosis Benefit. One-time benefit payable when a Covered Person is first diagnosed with Cancer (other than Skin Cancer) or a Specified Disease. Must occur after the Certificate Effective Date.	$2,500	$7,500
Second and Third Surgical Opinions. Covers written opinions received after a Positive Diagnosis and before surgery. No Lifetime Maximum	Incurred Expenses	Incurred Expenses
Non-Local Transportation. Payable for transportation to a Hospital, clinic or treatment center which is more than 60 miles and less than 700 miles from a Covered Person's home. No Lifetime Maximum	Actual billed charges by a common carrier or 50 cents per mile if a personal vehicle is used.	Actual billed charges by a common carrier or 50 cents per mile if a personal vehicle is used.
Adult Companion Lodging and Transportation. Payable for one adult companion to stay with a Covered Person who is confined in a Hospital that is more than 60 miles and less than 700 miles from his or her home. Covered expenses include a single room in a motel or hotel up to 60 days per confinement; and the actual charge of round trip coach fare by a common carrier or a mileage allowance for the use of a personal vehicle. This benefit is not payable for lodging expense incurred more than 24 hours before the treatment nor for lodging expense incurred more than 24 hours following treatment. No Lifetime Maximum	Up to $75 per day for lodging. 50 cents per mile if a personal vehicle is used.	Up to $75 per day for lodging. 50 cents per mile if a personal vehicle is used.
Ambulance. For ambulance service if the Covered Person is taken to a Hospital and admitted as an inpatient. No Lifetime Maximum	Incurred Expenses	Incurred Expenses
Surgery. Covers actual surgeon's fee for an operation up to the amount listed on the schedule. Benefits for surgery performed on an outpatient basis will be 150% of the schedule benefit amount, not to exceed the actual surgeon's fees. No Lifetime Maximum	Up to $1,500	Up to $4,500
Donor Benefit Bone Marrow and Stem Cell Transplant. We will pay the following benefit for the Covered Person and his or her live donor: (a) Medical expense allowance of two times the selected Hospital Confinement benefit. (b) Actual billed charges for round trip coach fare on a Common Carrier to the city where the transplant is performed; or personal automobile expense allowance of 50 cents per mile. Mileage is measured from the home of the Donor or Covered Person to the Hospital in which the Covered Person is staying. We will pay for up to 700 miles per Hospital stay. (c) Actual billed charges up to $50 per day for lodging and meals expense for donor to remain near Hospital.	(a) $200 per day (b) Actual billed charges for round trip coach fare; or personal automobile expense of 50 cents per mile. (c) Actual billed charges up to $50 per day	(a) $400 per day (b) Actual billed charges for round trip coach fare; or personal automobile expense of 50 cents per mile. (c) Actual billed charges up to $50 per day
Bone Marrow and Stem Cell Transplant. We will pay Actual Charges per Covered Person for surgical and anesthetic charges associated with bone marrow transplant and/or peripheral stem cell transplant	Incurred Expenses up to a combined lifetime maximum of $15,000	Incurred Expenses up to a combined lifetime maximum of $15,000

BAY BRIDGE ADMINISTRATORS

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Benefit	BBAC-01	BBAC-352
Anesthesia. For services of an anesthesiologist during a Covered Person's surgery. No Lifetime Maximum	Up to 25% of surgical benefit paid.	Up to 25% of surgical benefit paid.
For anesthesia in connection with the treatment of skin Cancer. No Lifetime Maximum	$100 maximum per Covered Person	$100 maximum per Covered Person
Ambulatory Surgical Center. We will pay the expense incurred at an Ambulatory Surgical Center. No Lifetime Maximum	$250 Per Day	$250 Per Day
Drugs and Medicines. Payable for drugs and medicine received while the Covered Person is Hospital confined. No Lifetime Maximum	Up to $25 per day, $600 per calendar year	Up to $25 per day, $600 per calendar year
Outpatient Anti-Nausea Drugs. Payable for drugs prescribed by a Physician to suppress nausea due to Cancer or Specified Disease. No Lifetime Maximum	Up to $250 per calendar year	Up to $250 per calendar year
Radiation, Radioactive Isotopes Therapy, Chemotherapy, or Immunotherapy. Covers treatment administered by a Radiologist, Chemotherapist or Oncologist on an inpatient or outpatient basis. No Lifetime Maximum	Incurred Expenses up to $1,000 per day	Incurred Expenses up to $5,000 per month
Miscellaneous Diagnostic Charges. Covers charges for lab work or x-rays in connection with radiation and chemotherapy treatment. Service must be performed while receiving treatment(s) in Radiation, Radioactive Isotopes Therapy, Chemotherapy, or Immunotherapy or within 30 days following a covered treatment.	Incurred Expenses up to a lifetime maximum of $10,000	Incurred Expensesup to a lifetime maximum of $10,000
Self-Administered Drugs. We will pay the actual expenses incurred for self-administered chemotherapy, including hormone therapy, or immunotherapy agents, including orally administered anti-cancer medications in the same manner as any other intravenously administered or injected cancer medications covered under this policy. This benefit is not payable for planning, monitoring, or other agents used to treat or prevent side effects, or other procedures related to this therapy treatment. No Lifetime Maximum	Incurred Expenses up to $4,000 per month	Incurred Expenses up to $4,000 per month
Colony Stimulating Factors. We will pay incurred expenses for: [a] cost of the chemical substances and [b] their administration to stimulate the production of blood cells. Treatment must be administered by an Oncologist or Chemotherapist. No Lifetime Maximum	Incurred Expenses up to $500 per month	Incurred Expenses up to $1,000 per month
Blood, Plasma and Platelets. For blood, plasma and platelets, and transfusions: including administration. No Lifetime Maximum	Incurred Expenses up to $200 per day	Incurred Expenses up to $200 per day
Physician's Attendance. For one visit per day while Hospital confined. No Lifetime Maximum	$35 per day	$35 per day
Private Duty Nursing Service. For private nursing services ordered by the Physician while Hospital confined. No Lifetime Maximum	$100 per day	$100 per day
National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit. We will pay the expense incurred if a Covered Person is diagnosed with Internal Cancer and seeks evaluation or consultation from a National Cancer Institute designated Comprehensive Cancer Treatment Center. If the Comprehensive Cancer Treatment Center is located more than 30 miles from the Covered Person's place of residence, We will also pay the transportation and lodging expenses incurred. This benefit is not payable on the same day a Second or Third Surgical Opinion Benefit is payable and is in lieu of the Non-Local Transportation Benefits of the policy.	Actual billed charges limited to a lifetime maximum up to $750 for evaluation. Actual billed charges limited to a lifetime maximum up to $350 for transportation and lodging.	Actual billed charges limited to a lifetime maximum up to $750 for evaluation. Actual billed charges limited to a lifetime maximum up to $350 for transportation and lodging.
Breast Prosthesis. Covers the prosthesis and its implantation if it is required due to breast cancer. No Lifetime Maximum	Incurred Expenses	Incurred Expenses
Artificial Limb or Prosthesis. Covers implantation of an artificial limb or prosthesis when an amputation is performed.	$1,500 lifetime maximum per amputation.	$1,500 lifetime maximum per amputation.
Physical or Speech Therapy. Payable when therapy is needed to restore normal bodily function. No Lifetime Maximum	$35 per session	$35 per session
Extended Benefits. If a Covered Person is confined in a Hospital for 60 continuous days We will pay three times the selected Hospital Confinement Benefit beginning on the 61st day for Hospital Confinement. This benefit is payable in place of the Hospital Confinement Benefit. No Lifetime Maximum	$300 per day	$600 per day
Extended Care Facility. Limited to number of days of prior Hospital confinement. Must begin within 14 days after Hospital confinement, and be at the direction of the attending Physician. No Lifetime Maximum	$50 per day	$50 per day
At Home Nursing. Limited to number of days of prior Hospital confinement. Must begin immediately following a Hospital confinement, and be authorized by the attending Physician. No Lifetime Maximum	$100 per day	$100 per day
New or Experimental Treatment. We will pay the actual billed charges incurred by a Covered Person for New or Experimental Treatment prescribed by the attending Physician and received in the United States or in its territories. No Lifetime Maximum	Up to $7,500 per calendar year	Up to $7,500 per calendar year
Hospice Care. If a Covered Person elects to receive hospice care, We will pay the expenses incurred for care received in a Free Standing Hospice Care Center. No Lifetime Maximum	$50 per day	$50 per day

Benefit	BBAC-01	BBAC-352
Government or Charity Hospital. Payable if the Covered Person is confined in a U. S. Government Hospital or a Hospital that does not charge for its services. Paid in place of all other benefits under the Policy. No Lifetime Maximum	$200 per day	$200 per day
Hairpiece. We will pay the incurred expenses per Covered Person for a hairpiece when hair loss is a result of Cancer Treatment.	Incurred Expenses up to a lifetime maximum of $150	Incurred Expenses up to a lifetime maximum of $150
Rental or Purchase of Durable Goods. We will pay the incurred expenses for the rental or purchase of the following pieces of durable medical equipment: a respirator or similar mechanical device, brace, crutches, Hospital bed, or wheelchair. No Lifetime Maximum	Incurred Expenses up to $1,500 per calendar year	Incurred Expenses up to $1,500 per calendar year
Waiver of Premium. After 60 continuous days of disability due to Cancer or Specified Disease, We will waive premiums starting on the first day of policy renewal.	After 60 days	After 60 days
Hospital Confinement. Payable for each day a Covered Person is charged the daily room rate by a Hospital, for up to 60 days of continuous stay. The benefit for covered children under age 21 is two times the Covered Person's daily benefit. No Lifetime Maximum	$100 per day	$200 per day

Other Specified Diseases Covered:

- Addison's Disease
- Amyotrophic Lateral Sclerosis
- Cystic Fibrosis
- Diphtheria
- Encephalitis
- Epilepsy
- Hansen's Disease
- Legionnaire's Disease
- Lupus Erythematosus
- Lyme Disease
- Malaria
- Meningitis (epidemic cerebrospinal)
- Multiple Sclerosis
- Muscular Dystrophy
- Myasthenia Gravis
- Niemann-Pick Disease
- Osteomyelitis
- Poliomyelitis
- Rabies
- Reye's Syndrome
- Rheumatic Fever
- Rocky Mountain Spotted Fever
- Scarlet Fever
- Sickle Cell Anemia
- Tay-Sachs Disease
- Tetanus
- Toxic Epidermal Necrolysis
- Tuberculosis
- Tularemia
- Typhoid Fever
- Undulant Fever
- Whipple's Disease

Payment Of Benefits

Benefits are payable for a Covered Person's Positive Diagnosis of a Cancer or Specified Disease that begins after the Certificate Effective Date and while this Certificate has remained in force.

Pre-Existing Condition Limitation

During the first 12 months of a Covered Person's insurance, losses incurred for Pre-Existing Conditions are not covered. During the first 12 months following the date a Covered Person makes a change in coverage that increases his or her benefits, the increase will not be paid for Pre-Existing Conditions. After this 12 month period, however, benefits for such conditions will be payable unless specifically excluded from coverage. This 12 month period is measured from the Certificate Effective Date for each Covered Person.

Pre-Existing Condition means Cancer or a Specified Disease, for which a Covered Person has received medical consultation, treatment, care, services, or for which diagnostic test(s) have been recommended or for which medication has been prescribed during the 12 months immediately preceding the Certificate Effective Date of coverage for each Covered Person.

Exceptions and Other Limitations

The Policy pays benefits only for diagnoses resulting from Cancer or Specified Diseases, as defined in the Policy. It does not cover:

1. any other disease or sickness;
2. injuries;
3. any disease, condition, or incapacity that has been caused, complicated, worsened, or affected by:
   a. Specified Disease or Specified Disease treatment; or
   b. Cancer or Cancer treatment, or unless otherwise defined in the Policy
4. care and treatment received outside the United States or its territories;
5. treatment not approved by a Physician as medically necessary;
6. Experimental Treatment by any program that does not qualify as Experimental Treatment as defined in the Policy.

Termination of Coverage

A Covered Person's insurance under the Policy will automatically terminate on the earliest of the following dates:

1. the date that the Policy terminates.
2. the date of termination of any section or part of the Policy with respect to insurance under such section or part.
3. the date the Policy is amended to terminate the eligibility of the Employee class.
4. any premium due date, if premium remains unpaid by the end of the grace period.
5. the premium due date coinciding with or next following the date the Covered Person ceases to be a member of an eligible class.
6. the date the Policyholder no longer meets participation requirements.

Portability

On the date the Named Insured ceases to be a member of an eligible class, Named Insureds and their covered dependents will be eligible to exercise the portability privilege. Portability coverage may continue subject to the timely payment of premiums. Portability coverage will be effective on the day after insurance under the Policy terminates.

The benefits, terms and conditions of the portability coverage will be the same as those provided under the Policy when the insurance terminated. The initial portability premium rate is the rate in effect under the Policy for active employees who have the same coverage. The premium rate for portability coverage may change for the class of Covered Persons on portability on any premium due date.

Covered Persons

Covered Person - means any of the following:

1. You;
2. any eligible Spouse or dependent Child, as defined and as indicated on the Certificate Schedule whose coverage has become effective;
3. any eligible Spouse or dependent Child, as defined and added to this Certificate by endorsement after the Certificate Effective Date whose coverage has become effective; or
4. a newborn child (as described in the Eligibility Section).

Child (Children) means Your unmarried child, including a natural child from the moment of birth, stepchild, foster or legally adopted child, or child in the process of adoption who is not yet age 26.

Option To Add Additional Benefits
Hospital Intensive Care Insurance Rider
Form Number M-BBR01

In consideration of additional premium, this coverage will provide you with benefits if you go into a Hospital Intensive Care Unit (ICU).

Benefits

Your benefits start the first day you go into ICU. The benefit is payable for up to 45 days per ICU stay.

Hospital Intensive Care Confinement Benefit

You may choose the benefit of $325, $625, $725 or $825 per day. It is reduced by one-half at age 75.

Double Benefits

We will double the daily benefits for each day you are in an ICU as a result of Cancer or a Specified Disease. We will also double the benefit for an injury that results from: being struck by an automobile, bus, truck, motorcycle, train, or airplane; or being involved in an accident in which the named insured was the operator or was a passenger in such vehicle. ICU confinement must occur within 48 hours of the accident.

Emergency Hospitalization and Subsequent Transfer to an ICU

We will pay the benefit selected by you for the highest level of care in a hospital that does not have an ICU, if you are admitted on an emergency basis, and you are transferred within 48 hours to the ICU of another Hospital.

Step Down Unit

We will pay a benefit equal to one half the chosen daily benefit for confinement in a Step Down Unit.

Exceptions and Other Limitations

Except as provided in Step Down Unit and Emergency Hospitalization and Subsequent Transfer to an ICU, coverage does not provide benefits for: surgical recovery rooms; progressive care; intermediate care; private monitored rooms; observation units; telemetry units; or other facilities which do not meet the standards for a Hospital Intensive Care Unit. Benefits are not payable: if you go into an ICU before the Certificate Effective Date; if you go into an ICU for intentionally self-inflicted bodily injury or suicide attempts; if you go into an ICU due to being intoxicated or under the influence of alcohol, drugs or any narcotics, unless administered on the advice of a Physician and taken according to the Physician's instructions. The term "intoxicated" refers to that condition as defined by law in the jurisdiction where the accident or cause of loss occurred.

This is not a Medicare Supplement Policy. If you are eligible for Medicare, see the Medicare Supplement Buyer's Guide available from the Company.
This policy only covers cancer and the diseases specified above, unless the hospital intensive care rider is selected.
Upon receipt of your policy, please review it and your application.
If any information is incorrect, please contact us.
Administered by:
Bay Bridge Administrators
P.O. Box 161690 | Austin, Texas 78716 | 1-800-845-7519

OFG Block

Individual Cancer Plan - Monthly Rates

BBAC - 01

Coverage	0 - 29	30 - 44	45 - 59	60 +
Employee Only	$7.49	$15.26	$32.35	$47.03
One Parent Family	$13.84	$21.60	$38.83	$52.60
Two Parent Family	$15.94	$30.94	$64.38	$93.15

BBAC - 352

Coverage	0 - 29	30 - 44	45 - 59	60 +
Employee Only	$13.09	$24.96	$52.86	$79.11
One Parent Family	$23.97	$35.85	$63.97	$88.47
Two Parent Family	$27.67	$51.09	$105.94	$157.14

Variable Benefit Elections

	BBAC - 01	BBAC - 352
Hospital Confinement	$100	$200
Surgical	$1,500	$4,500
Radiation/Chemotherapy	$1,000 per day	$5,000 per month
First Diagnosis	$2,500	$7,500
Colony Stimulating Factors	$500	$1,000
Wellness	$50	$100

Intensive Care Rider - $325

Coverage	0 - 29	30 - 44	45 - 59	60 +
Employee Only	$1.48	$2.59	$3.24	$3.61
One Parent Family	$3.02	$4.13	$4.80	$5.18
Two Parent Family	$3.70	$5.78	$6.89	$6.53

Intensive Care Rider - $625

Coverage	0 - 29	30 - 44	45 - 59	60 +
Employee Only	$2.85	$4.99	$6.22	$6.95
One Parent Family	$5.80	$7.94	$9.23	$9.96
Two Parent Family	$7.12	$11.12	$13.25	$12.56

Intensive Care Rider - $725

Coverage	0 - 29	30 - 44	45 - 59	60 +
Employee Only	$3.30	$5.79	$7.22	$8.06
One Parent Family	$6.73	$9.21	$10.71	$11.55
Two Parent Family	$8.25	$12.90	$15.37	$14.57

Intensive Care Rider - $825

Coverage	0 - 29	30 - 44	45 - 59	60 +
Employee Only	$3.76	$6.58	$8.21	$9.17
One Parent Family	$7.66	$10.48	$12.19	$13.15
Two Parent Family	$9.39	$14.67	$17.49	$16.58

Administered by:



BAY BRIDGE ADMINISTRATORS

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P.O. Box 16190 - Austin, Texas 78716 - (800) 845-7519



Group Accident Insurance

Policy Form M-9016
Underwritten by ManhattanLife Assurance Company of America

Plan Features

- On and off the job benefits
- Pays regardless of other coverage
- Portable (take it with You)

Benefits For:

- Accident Medical Expense Benefit
- Accident Hospital Indemnity
- Dislocations and Fractures
- Accidental Death and Dismemberment

	Bronze 1 Unit	Silver 2 Units	Gold 3 Units
Accident Medical Expense Benefit We will pay the Actual Charges incurred up to $250 per unit if, as a result of Injury, a Covered Person requires medical or surgical treatment.	$250	$500	$750
Accident Hospital Indemnity Benefit We will pay for each day a Covered Person is Confined during one or more periods of Hospital Confinement if: a) the Confinement is due to Injury; or b) the first day of Confinement occurs within 90 days after the accident.	$100	$200	$300
Ambulance Service Benefit We will pay for regular ambulance service and for air Ambulance if as a result of an injury, a Covered Person requires ambulance service for transfer; a) to a Hospital; or b) from a Hospital.	Regular Ambulance / Air Ambulance $100 / $200	$200/$400	$300/ $600

Dislocation and Fracture Benefit

We will pay the following amount shown based on Your selection of coverage:

For Fracture of Bone or Bones of:	Bronze 1 Unit	Silver 2 Units	Gold 3 Units
Skull (except Bones of Face or Nose)	$1,900	$3,800	$5,700
Hip, Thigh (Femur)	$2,000	$4,000	$6,000
Body of Vertebrae	$2,000	$4,000	$6,000
Vertebral Process	$1,100	$2,200	$3,300
Pelvis (Except Coccyx)	$2,000	$4,000	$6,000
Arm, Between Shoulder and Elbow (Shaft)	$1,100	$2,200	$3,300
Shoulder Blade (Scapula)	$1,100	$2,200	$3,300
Leg (Tibia or Fibula)	$1,100	$2,200	$3,300
Ankle	$ 800	$1,600	$2,400
Knee Cap (Patella)	$ 800	$1,600	$2,400
Collar Bone (Clavicle)	$ 800	$1,600	$2,400
Forearm (Radius or Ulna)	$ 800	$1,600	$2,400
Foot (Except Toes)	$ 700	$1,400	$2,100
Hand or Wrist (Except Fingers)	$ 700	$1,400	$2,100
Upper Jaw, Lower Jaw (Except Alveolar Process)	$ 400	$ 800	$1,200
Ribs, Fingers or Toes	$ 300	$ 600	$ 900
Bones of Face or Nose	$ 300	$ 600	$ 900
One Rib, Finger or Toe	$ 140	$ 280	$ 420
Coccyx	$ 140	$ 280	$ 420

For Complete Dislocation of:	Bronze 1 Unit	Silver 2 Units	Gold 3 Units
Hip Joint	$2,000	$4,000	$6,000
Knee Joint (Except Patella)	$ 800	$1,600	$2,400
Bone or Bones of the Foot, Other than Toes	$ 800	$1,600	$2,400
Ankle Joint	$ 800	$1,600	$2,400
Wrist Joint	$ 700	$1,400	$2,100
Lower Jaw	$ 700	$1,400	$2,100
Elbow Joint	$ 600	$1,200	$1,800
Shoulder Joint	$ 400	$ 800	$1,200
Bone or Bones of the Hand, Other than Fingers	$ 300	$ 600	$ 900
Collar Bone	$ 300	$ 600	$ 900
Two or More Fingers	$ 140	$ 280	$ 420
Two or More Toes	$ 140	$ 280	$ 420
One Finger or One Toe	$ 60	$ 120	$ 180

Primary Insured Coverage 100%/Spouse Coverage 50%/ Child Coverage 25%

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Accidental Death and Dismemberment Benefit

We will pay the following amount shown based on Your selection of coverage:

For Loss of:	Bronze 1 Unit	Silver 2 Units	Gold 3 Units		Bronze 1 Unit	Silver 2 Units	Gold 3 Units
Life	$20,000	$40,000	$60,000	One Hand or One Arm	$10,000	$20,000	$30,000
Both Hands or Both Feet or Sight of Both Eyes	$20,000	$40,000	$60,000	One Foot or One Leg	$10,000	$20,000	$30,000
Both Arms or Both Legs	$20,000	$40,000	$60,000	One or More Entire Toes	$ 1,000	$ 2,000	$ 3,000
One Hand or Arm and One Foot or Leg	$20,000	$40,000	$60,000	One or More Entire Fingers	$ 800	$ 1,600	$ 2,400
Sight of One Eye	$10,000	$20,000	$30,000				

Primary Insured Coverage 100%/Spouse Coverage 50%/ Child Coverage 25%

Loss means with regard to:
a) hands and feet--actual severance through or above wrist or ankle joints; b) sight, entire and irrecoverable loss thereof; c) toes and fingers--actual severance through or above the metacarpophalangeal joints. If loss is sustained by a Covered Person while riding as a fare-paying passenger on a scheduled Common Carrier, We will pay three times the amount payable under the Accidental Death and Dismemberment Benefit.

Exclusions and Limitations

No Benefits are payable when a Covered Person's loss is caused or contributed to by:

- suicide, while sane or insane, or attempted suicide;
- intentionally self-inflicted Injury;
- any act of war whether or not declared;
- participation in a riot, or insurrection;
- Injury sustained while on full-time active duty (other than for two (2) months or less training) in any military, naval or air force. When the Covered Person gives Us written notice, any unearned Premium will be refunded pro-rata for any period not covered by the Policy due to this exclusion;
- Injury occurring prior to the Covered Person's start date of insurance;
- Injury while engaged in an illegal activity;
- aviation, except flight in a regularly scheduled passenger aircraft;
- being intoxicated as established by the laws of his or her state of residence;
- the voluntary taking of any sedative, drug, alcohol, poison or inhalation of any gas unless taken as prescribed or administered by a physician;
- participation in a felony;
- dental care or treatment unless caused by Injury to natural teeth;
- all Sicknesses including pregnancy, illness, mental illness or emotional disorders, bodily infirmity, rest cure, convalescent care or rehabilitation. Complications of Pregnancy that are the result of accidental Injury are covered;
- Injury while sky diving, hang gliding, parachuting, bungee jumping, rock climbing, ballooning or scuba diving;
- driving in any race or speed test or while testing an automobile or vehicle on any racetrack or speedway;
- services received in an emergency room, unless required because of emergency treatment;
- participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received;
- carpal tunnel syndrome or any complication therefrom;
- care and treatment performed by You, Your Spouse or any member of Your immediate family including Your and/or Your Spouse's parents, children (natural, step or adopted); siblings; grandparents or grandchildren;
- any bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound).

No Benefits of the Policy will be paid for loss that takes place outside of the United States.

Pre-Existing Condition Limitation

Pre-existing Condition means a condition which a Physician has treated or for which a Physician has advised treatment of the Covered Person within 12 months before the Covered Person's Effective Date. It is also one which would cause a person to seek diagnosis or care within the same 12-month period.

Losses that occur after the Pre-existing Condition provision has been satisfied will be covered for an Injury that occurred before the date the person becomes a Covered Person under the Policy unless the Injury has been specifically excluded by name or description within the Policy or Rider.

Covered Persons

Covered Person means: a) You; and b) each person named as Your Dependent in the Enrollment Form

Child (Children) means a person who is primarily dependent upon and living with the Insured in a permanent parent-child relationship and a:

- natural or adopted child of the Insured or Spouse;
- Child placed with the Insured or Spouse for adoption;
- Child legally placed with the Insured or Spouse as a foster Child; or
- stepchild of the Insured.

Child does not include a:

- person not meeting the above Child definition;
- Child living outside of the United States (unless living with an Insured); or
- Child on active military duty for a period in excess of 30 days.

Termination of Coverage

A Covered Person's insurance under the Group Policy will automatically terminate on the earliest of the following dates:
(a) the date that the Group Policy terminates.
(b) the date the Group Policy is amended to terminate the eligibility of the Covered Person's class.
(c) the last day of the grace period, if premium remains unpaid by the end of the grace period.
(d) the premium due date coinciding with or next following the date the Covered Person ceases to be a member of an eligible class;
(e) the date of death of the Covered Person
(f) the date of attainment of the Group Policy Age Limit as shown in the Schedule of Benefits

Dependent Termination: A Dependent's coverage will end:
(a) with respect to a covered Spouse, on the date he or she is divorced from the Primary Covered Person;
(b) on the date the primary Covered Person dies;
(c) on the date the required premium for the Dependent's coverage is not paid;
(d) with respect to a covered Dependent, first of the month following the date the Dependent is a member of an eligible Class; or
(e) on the date the Primary Covered Person reaches the Policy Age Limit noted on the Insuring Information page.

Portability

On the date the Policy terminates or the date the Named Insured ceases to be a member of an eligible class, Named Insureds and their covered dependents will be eligible to exercise the portability privilege. Portability coverage may continue beyond the termination date of the Policy, subject to the timely payment of premiums. Portability coverage will be effective on the day after insurance under the Policy terminates.

The benefits, terms and conditions of the portability coverage will be the same as those provided under the Policy when the insurance terminated. The initial portability premium rate is the rate in effect under the Policy for active covered persons who have the same coverage. The premium rate for portability coverage may change for the class of Covered Persons on portability on any premium due date.

Additional Benefits Rider Form Number M-BBR06

In consideration of an additional premium, We will pay the benefits listed below. Coverage for Primary Insured, Spouse and Child/Children based on Your selection of coverage.

Benefit Schedule
(Per Unit of Coverage)

Abdominal, Cranial, Hernia or Thoracic Surgery Benefit
We will pay $1,000 if a Covered Person undergoes abdominal, cranial or thoracic surgery to repair internal injuries as a result of a covered Accident. We will pay $500 if a Covered Person undergoes hernia surgical repair of internal injuries as a result of a covered Accident. The surgery must be performed within 3 days of the covered Accident. We will pay $100 for exploratory surgery with no surgical repair done as a result of a covered Accident. Benefit is payable once per Covered Person per Covered Accident.

Accident Follow Up Treatment Benefit
We will pay $50 per visit when a Covered Person receives a follow up treatment provided that a benefit has been paid under the Medical Expense Benefit and such benefit has been exhausted. Treatments must be administered by a Physician in the Physician's office or in a Hospital on an outpatient basis. Follow up treatments must begin within 90 days of the covered Accident and take place no longer than 6 months after the covered Accident. This Benefit is not payable at the same time a benefit is payable under the Physical Therapy Benefit. This benefit is limited to 2 treatments per covered Accident per Covered Person.

Appliance Benefit
We will pay $125 for medical appliances prescribed by a Physician that aid in personal mobility including a wheelchair, crutches or a walker. Use of these devices must begin within 90 days of a covered Accident. Benefit is payable only once per Covered Person per covered Accident.

Blood and Plasma Benefit
We will pay $300 for blood or plasma for a required transfusion due to or resulting from a covered Accident. The transfusion must be within 3 days of the covered Accident. Benefit is payable only once per Covered Person per Accident.

Brain Injury Diagnosis Benefit
We will pay $150 for the first diagnosis of the following traumatic brain injuries: cerebral contusion; cerebral laceration; concussion; or intracranial hemorrhage resulting from a covered Accident. The Covered Person must be diagnosed within 3 days of a covered Accident; and diagnosis must be made by computed tomography (CT) scan, electroencephalogram (EEG), magnetic resonance imaging (MRI), positron emission tomography (PET) scan or X ray. The diagnosis must occur within 30 days of the Accident. This benefit is payable only once per Covered Person.

Burn Benefit
We will pay $100 if burns cover 15% or less of the body surface and $500 if burns cover more than 15% of the body surface for second or third degree burns resulting from a covered Accident other than a sun burn. Benefit is payable only once per Covered Person per covered Accident.

Coma Benefit
We will pay $15,000 if a Covered Person is in a Coma as defined in this Rider which lasts 5 or more consecutive days as a result of a covered Accident. Benefit is payable only once per Covered Person per Covered Accident.

Eye Injury Benefit
We will pay $100 for surgery on the eye or the removal of a foreign object from the eye resulting from a covered Accident. Surgery must be performed by a Physician and occur within 90 days of the Accident. An examination without anesthesia is not considered a surgery. Benefit is payable only once per Covered Person per covered Accident.

Family Member Lodging Benefit
We will pay $100 per day for lodging of one adult member of a Covered Person's family when a Covered Person is confined in a Non Local Hospital or Specialty Free Standing Treatment Center undergoing treatment for a covered Accident. This benefit is payable only if the Non Local Transportation Benefit is payable under the covered Accident. This benefit will not be paid if the family member lives within 60 miles of the Hospital or treatment facility. This benefit is payable for 30 days for each covered Accident.

Hospital Intensive Care Confinement Benefit
We will pay $400 per day that a Covered Person is confined to a Hospital Intensive Care Unit as the result of a covered Accident. Confinement must begin within 3 days after a covered Accident. For a partial day confinement, the daily benefit will be pro rated based on the number of hours confined divided by 24 hours. Benefit is payable for up to 60 days of continuous confinement in the Intensive Care Unit.

Immediate Hospitalization Benefit
We will pay $1,000 upon the first confinement to a Hospital during a calendar year for a covered Accident providing that a benefit is payable under the Accident Hospital Indemnity Confinement Benefit of the policy. The Covered Person must be confined to the Hospital within 3 days of a covered Accident. Benefit is payable only once per Covered Person per Hospital confinement and only once per calendar year.

Laceration Benefit
We will pay $50 for lacerations or cuts treated by a Physician within 3 days of a covered Accident. Benefit is only payable once per Covered Person per calendar year.

Non Local Transportation Benefit
We will pay $300 towards transportation for Non Local treatment at a Hospital or Specialty Free Standing Treatment Center nearest the Covered Person's home for a covered Accident. Treatment must be prescribed by a Physician and the same treatment or care cannot be obtained locally. We do not pay for visits to a physician's office or clinic or for services other than actual treatment. This benefit does not cover ground or air ambulance. Benefit is payable 3 times per covered Accident.

Paralysis Benefit
We will pay $10,000 for paraplegia and $20,000 for quadriplegia if a Covered Person receives a spinal cord injury resulting in complete and permanent loss of use of two or more limbs as the result of an Accident. An attending Physician must confirm the paralysis within 3 days of the covered Accident and the paralysis must last for at least 90 consecutive days. Benefit is payable only once per Covered Person.

Physical Therapy Benefit
We will pay $30 per day a Covered Person receives physical therapy treatment as the result of an Injury due to a covered Accident. This benefit is only payable if a benefit has been paid under the Medical Expense Benefit of the Policy. This benefit is only payable for Injuries resulting form a covered Accident where physical therapy treatment begins within 90 days of the covered Accident. Treatments after 6 months of a covered Accident are not covered. This Rider is not payable at the same time a benefit is payable under the Accident Follow Up Treatment Benefit. We will pay for a maximum of 1 treatment per day with a maximum of 6 treatments per covered.

Prosthesis Benefit
We will pay $500 for 1 device and $1,000 for 2 or more devices for a prosthetic hand, foot, or eye that is prescribed by a Physician. This benefit is payable only if a benefit is paid for the loss of hand, foot, or eye under the Accidental Dismemberment benefit of the Policy. The device or devices must be received within 180 days of a covered Accident. This benefit is payable only once per Covered Person per covered Accident.

Ruptured Disc Benefit
We will pay $500 for a ruptured disc of the spine. The ruptured disc must be diagnosed as a result of a covered Accident and surgically repaired by a Physician within 180 days of the date of the covered Accident. Benefit is payable once per Covered Person per Covered Accident

Skin Graft Benefit
We will pay 50% of the Burn Benefit under this Rider if a Covered Person receives a skin graft for a burn for which a benefit is paid under the Burn Benefit. The skin graft must be performed by a Physician to treat a covered burn within 90 days of a covered Accident. Benefit is payable only once per Covered Person per covered Accident.

Tendon, Ligament, Rotator Cuff or Knee Cartilage Benefit
We will pay $500 per Accident for an injured tendon, ligament, rotator cuff or knee cartilage. The injury site must be torn, ruptured, or severed and surgically repaired by a Physician within 180 days of a covered Accident. If exploratory surgery using arthroscopy is done and no surgical repair is done, we will pay $150 for the exploratory surgery. This benefit is not paid if a benefit is paid under the Ruptured Disc Benefit. Benefit is payable once per Covered Person er Covered Accident

GENERAL PROVISIONS
Pre-existing Conditions: The benefits under this Rider are subject to the Pre-existing Condition Limitation of the Policy. All other general provisions of the Policy and Certificate remain the same. This Rider does not vary, waive, alter or extend any of the terms, conditions, or provisions of the Policy, except as stated herein.

Upon receipt of your policy, please review it and your application.
If any information is incorrect, please contact:
Bay Bridge Administrators
P.O. Box 161690 | Austin, Texas 78716 | 1-800-845-7519

OFG

Group Accident Rate Quote
Monthly Premiums

Base Policy

Coverage Tier	*Bronze Level*	*Silver Level*	*Gold Level*
Employee	$9.40	$18.80	$28.20
EE + Spouse	$16.82	$33.64	$50.46
EE + Child(ren)	$17.46	$34.92	$52.38
Family	$24.89	$49.78	$74.67

Optional Additional Benefit Rider

Coverage Tier	1 Unit
Employee	$3.29
EE + Spouse	$6.57
EE + Child(ren)	$7.36
Family	$10.64

Underwritten by:
ManhattanLife Assurance Company of America

Administered by:



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6 Benefits For Your Entire Family

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- 24/7 TeleMedicine
- Discount Legal Plan
- Roadside Assistance
- Fitness Advantage
- Discount Pharmacy Card

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INFOARMOR
IDENTITY PROTECTION EXPERTS

Identity theft affected over 8 million Americans in 2010 and is the fastest growing crime in the country.

InfoArmor uses proactive, unparalleled identity monitoring for identity misuse to asses potential risk for fraud, deter identity theft, and detect fraud in its earliest stages before damage occurs. If they detect suspicious activity, a Privacy Advocate will initiate a live phone call to discuss any fraudulent activity. They will act as a dedicated case manager on behalf of the victim and resolve the issue from start to case completion.



- Scans over 1 billion consumer transactions
- Tracks 700 billion data elements daily
- Includes $25,000 identity fraud expense policy
- Credit monitoring only catches about 20% of identity theft
- Wallet Armor to quickly replace contents of a lost or stolen wallet to mitigate damages

Family Protection Plus Legal Plan

This program provides face-to-face or phone consultation with licensed attorneys who will help you analyze your legal problems, point out strategies and options, and recommend a course of action. Network of over 17,000 screened and credentialed attorneys in all 50 states and US territories. Four great ways to save including No-Cost Basic Services, a Special Set of Guaranteed Discount Rates, a Guaranteed Low Hourly Plan Discount Rate and Discounted Contingency Fees.



No-Cost services including :

- Free Simple Will with free annual updates
- Free Living Will substitution for Free Simple Will
- One-on-one consultations for new legal matters
- Unlimited phone consultations (for each new legal matter)
- Phone calls made and letters written on your behalf
- Assistance in solving your problems with government programs
- Helpful advice on representing yourself in small claims court
- Attorney review of legal documents (6 page max.) per new matter

Available to member, spouse, dependent children up to age 25, elder parents and grandparents.

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This plan is NOT insurance. This discount program contains a 30 day cancellation period.

Healthcare Access — Anytime, Anywhere, Anyone

Offers 24/7 access to its proprietary nationwide network of U.S. licensed physicians for telephone and secure e-mail medical consultations. Physicians provide specific answers to medical questions and advice regarding non-emergency, routine medical conditions. Physicians discuss symptoms, recommend treatment options, diagnose many common conditions, and prescribe medication when appropriate. You can connect via telephone or e-mail, free of charge, with our network of physicians for informational or diagnostic consultation.



- 70% of in-office doctor's visits could have been handled by a phone call or e-mail according to research conducted by the Wellness Council of America (2008)
- Save money by avoiding unnecessary doctor's office or ER visits.
- Never wait for an appointment or sit in the doctor's office again.
- Prescriptions phoned into your local pharmacy for pickup.

Disclosures:
Consult A Doctor™ physicians do not prescribe controlled medications.
Consult A Doctor™ is not insurance and does not replace your primary care physician.
Consult A Doctor™ physicians will not prescribe medication for Oklahoma residents.
Available to your legal dependents of all ages.

Roadside Assistance

Roadside Assistance service is available 24 hours a day, 365 days a year to assist members when owned or leased vehicles are disabled as a result of unavoidable circumstances.



- Covers Member, Spouse and Dependent Children up to age 21 permanently residing at registered address when driving vehicles they own (or lease for 12 months or longer)
- Up to 15 miles towing (up to $80 retail value) per occurrence maximum for covered charges
- Towing Assistance
- Flat Tire Assistance
- Fuel, Oil, Fluid and Water Delivery Service
- Lock-out Assistance
- Battery Assistance
- Collision Assistance

Fitness Advantage

offers an opportunity to get a head start on a healthier lifestyle through access to International Fitness Club Network (IFCN), a network of high quality health and fitness clubs at affordable rates.

- Members are assured the club's "lowest membership rate for the type of membership selected."
- Available in all 50 states with over 7,000 participating health clubs worldwide. Some of the largest club chains in the country are members of the IFCN, including Bally Total Fitness, Jazzercise, LA Fitness and Lifetime Fitness.
- IFCN also offers discounts on fitness equipment from 2nd Wind Fitness and Bigfitness.
- Members receive a one-week introductory trial membership certificate, free of charge. This allows members to try several participating clubs for one week each, giving the opportunity to truly experience the club and its facilities.(Not to be combined at same club.)
- Dues are to be paid directly to the club, in accordance to the signed membership contract.



Free Prescription Drug Discount Plan included

Helps organizations provide relief for their employees and their families by addressing the ever rising costs of prescription drugs. Includes both retail locations and a mail order program so members may optimize their savings.



- **10%** to **85%** savings on most medications available at over **60,000** national and regional pharmacy chains as well as independent pharmacies
- Easy to use—members present their card to the pharmacist with their prescription and pay the calculated discount price. No other forms required.
- Mail order program offers members guaranteed savings when purchasing long-term, maintenance medications in 90 day supplies prescribed to treat on-going ailments such as arthritis, heart disease and high cholesterol. No dispensing or postage fees except on "rush" deliveries.

Disclosures: Pharmacy discounts are Not Insurance, and are Not Intended as a Substitute for Insurance.
This discount is only available at participating pharmacies.

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Employee FAQ:

Flexible Spending Accounts

What is an FSA?

A healthcare flexible spending account (FSA) is an employer-sponsored benefit that allows you to set aside pre-tax dollars into an account to be used for eligible medical expenses.

Why should I participate in an FSA?

Contributions to the FSA are deducted from your paycheck on a pre-tax basis, reducing your taxable income. You can increase your spendable income by an average of 30% of your annual contribution with the tax savings.

How do I contribute money to my FSA?

Your annual election will be divided by the number of pay periods in your plan year. This amount will be deducted from your paycheck before taxes are assessed.

How much can I contribute to my FSA?

Annual contributions may not exceed per year, as determined by the IRS.

Who is eligible under an FSA?

An FSA covers eligible expenses for you and all of your dependents, even if they are not covered under your primary health plan.

What expenses are eligible for reimbursement?

Health plan co-pays, deductibles, co-insurance, eyeglasses, dental care, medications, and certain medical supplies are covered. The IRS provides specific guidance regarding eligible expenses. (See IRS Publication 502).

How do I determine the date my expenses were incurred?

Expenses are incurred at the time the medical care was provided, not when you are invoiced or pay the bill.

How do I get the funds out of my FSA?

If you have a benefits debit card, simply swipe it at the register. Otherwise, just file a claim including the receipt documenting the type, amount and date. Once approved, your reimbursement check will be mailed or deposited into your bank account.

For more information, call 800-845-7519

What happens if I don't spend all of my FSA by the end of the plan year?

Be sure to only allocate dollars for predictable medical expenses. Any unused funds at the end of the plan year are typically forfeited, also called the use-it-or-lose-it rule.

How soon can I start spending my FSA funds?

With a healthcare FSA, your entire annual election amount is available on the first day of the plan year even though you have not yet contributed that amount.

Can I change my election amount mid-year?

Elections can only be altered if you experience a change in status as defined by IRS regulations, such as marriage, divorce, birth, or death in your immediate family.

What happens to my FSA if my employment is terminated?

Participation in your FSA is also terminated. This means that only expenses that were incurred prior to your termination date are eligible for reimbursement.

What is the deadline for submitting claims?

You can submit claims for reimbursement at any time during the same plan year that you incur the expense. You may also have a grace period at the end of the plan year. Check the summary plan document your employer provided.

Can I still deduct healthcare expenses on my tax return?

Yes, but not the same expenses for which you have already been reimbursed from your FSA.

Are over-the-counter (OTC) medications eligible for reimbursement?

Yes, OTC medications are FSA-eligible.

What is a Letter of Medical Necessity?

The IRS mandates that eligible expenses be primarily for the diagnosis, treatment or prevention of disease or for treatment of conditions affecting any functional part of the body. For example, vitamins are not typically covered because they are used for general wellness, but your doctor may prescribe a vitamin to treat your medical condition. The vitamin would then be eligible if your doctor verified the necessity in treatment.

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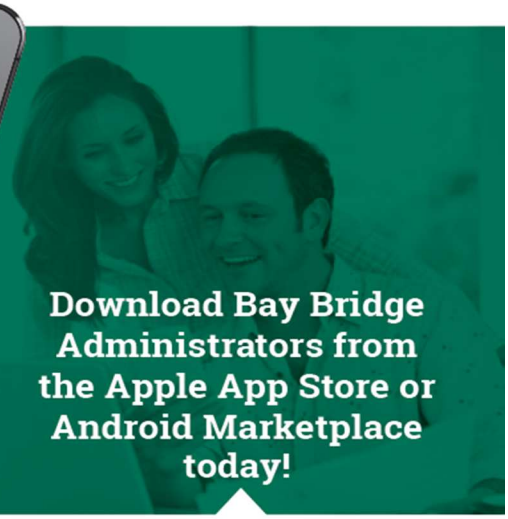
management tool for your consumer-driven health accounts.

Gain real-time access to your health savings account (HSA), and/or flexible spending account (FSA) with Bay Bridge Administrators.





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Account access as mobile as you are.

Have the account information you need, right when you need it most. Our mobile app makes it easy to manage your benefit accounts on the go. Our secure mobile app gives you access to your FSA, HRA, and/or HSA with the following features:

- Free application available for any Apple or Android smartphone or tablet
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- View account balances and transaction history
- Attach receipts by taking a photo
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- Add or edit text message alerts
- Contact the administrator for assistance

Don't know what to use your FSA money on?

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Employee FAQ: Dependent Care FSA

What is a dependent care FSA (DCA)?

A DCA is a flexible spending account that allows you to contribute a portion of your paycheck before taxes are taken out to pay for qualified dependent care expenses so that you can work or look for work.

Why should I participate?

Since contributions to the account are deducted from your paycheck before income taxes are assessed, your taxable income is reduced. Participants enjoy a 30% average tax savings on the total amount they contribute to the account.

How do I contribute money to my DCA?

Once you make your annual election during open enrollment, your employer will deduct this amount from your paycheck before taxes are assessed in equal amounts throughout the year.

How much can I contribute?

The IRS limits annual contributions to $5,000 on income tax returns for single or married filing jointly, and $2,500 for married filing separately.

Who qualifies as a dependent?

You can use your DCA to pay for care for children under age 13 that you claim as dependents, as well as adults or other relatives that are incapable of caring for themselves (if you provide more than 50% of their support).

What type of care is eligible?

Eligible expenses must be for the purpose of allowing you to work or look for work. Services may be provided at a child or adult care center, nursery, preschool, after-school, summer day camp, or a nanny in your home.

What type of care is not eligible?

Care expenses that are not eligible to be paid with DCA funds include care for a child over age 13, overnight camp, babysitting that is not work related, school fees for kindergarten and higher grades, and long-term care services.

Do I have access to my entire DCA election amount at the beginning of the year?

No, you will only have access to DCA funds that have already been deducted from your paycheck.

Are there any rules about who can care for my dependents?

Yes. You cannot use funds to pay for care provided by a spouse, a person you list as a dependent for income tax purposes, or one of your children under the age of 19.

How do I use the funds in my account?

Pay out-of-pocket and then file a reimbursement claim with your expense documentation.

What happens if I don't spend all of my DCA funds by the end of the plan year?

It is essential to estimate conservatively during elections. Any unused funds at the end of the plan year are forfeited, also called the use-it-or-lose-it rule.

Can I change my election amount mid-year?

Typically, you cannot change your contribution mid-year. However, if you experience a qualifying event, such as the birth of a new child, or if your child care provider significantly increases their rates, you may be eligible to adjust your contribution.

What happens to my account if my employment is terminated?

Participation in the plan is also terminated. This means that only expenses that were incurred prior to your termination date are eligible for reimbursement.

Can I still deduct dependent care expenses on my tax return?

Yes, but not the same expenses for which you have already been reimbursed. If your total expenses were $7,000 and you were reimbursed $5,000 from your DCA, you may only claim the $2,000 difference.

SECURITY BENEFIT

USD 405 Lyons 403(b) Matching Plan

PLAN HIGHLIGHTS

YOU MAY BE ELIGIBLE FOR MATCHING CONTRIBUTIONS

Certified employee contributions will be **matched up to $30 per month** for full-time employees.

Employer Contributions are Subject to a Vesting Schedule

Vesting gives employees' rights to employer-provided contributions over time. Your plan uses a graded vesting schedule to determine your vested percentage and to calculate how much employer contributions you are entitled to. Below is your vesting schedule:

Years of Service	Percentage Vested
0 - 4 Years	0%
5 Years	50%
6 Years	60%
7 Years	70%
8 Years	80%
9 Years	90%
10 Years	100%

There Are Over 50 Investment Options Available:

Access an investment menu of well-known mutual fund companies.

American Century Investments

CAPITAL GROUP | AMERICAN FUNDS

BlackRock

PIMCO

Invesco

J.P.Morgan Asset Management

T.RowePrice INVEST WITH CONFIDENCE

Vanguard

+ MORE

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LYONS USD 405
403(b) PLAN

SCHEDULE OF APPROVED 403(b) INVESTMENT PROVIDERS

The following investment providers have been approved by the Employer for remittance of Salary Reduction Contributions under the 403(b) Plan:

American Fidelity Assurance Co.

Equitable Life Ins. Co.

Fiduciary Trust Co. of New Hampshire

PCS Retirement - Aspire Financial Services

Primerica Shareholder Service

Security Benefit

Participation

When am I eligible to participate in this plan?

- You are eligible to join this plan on your date of hire.

Contributions

What kinds of contributions may be made to this plan?

- This plan provides for pre-tax salary reduction contributions, post-tax Roth salary reduction contributions, and rollovers.
- Pre-tax contributions are deducted **before** you pay current income taxes. Pre-tax investments grow tax-deferred and the contributions and any earnings are taxed when you take a distribution from this plan.
- Post-tax Roth contributions are deducted **after** you pay current income taxes. Earnings on post-tax Roth contributions will never be taxed if you are 59 ½, die, or become disabled and have held the Roth account for 5 years at the time of its distribution from this plan.
- You may roll over benefits from a former employer's eligible retirement plan into this plan.
- Employer contributions may be made to the Plan. Please consult your employer or financial representative for the types of employer contributions the Plan allows.

How much may I contribute?

- You can contribute up to 100% of your compensation to this plan up to the limit allowed under the Internal Revenue Code ($24,500 in 2026).
- If you are age 50 or older you can contribute a "catch-up" contribution of up to $8,000 (2026).
- Individuals aged 60-63 may be eligible for an additional catch-up contribution of $11,500 (2026)

Can I ever lose my benefits?

- You are always 100% vested in your salary reduction contributions. This means the value of your contributions and earnings are yours when you terminate employment with your employer, without respect to your years of service.

What do I have to do to start contributing?

- Automatic payroll deduction withdraws your contributions directly from your paycheck after you complete a Salary Reduction Agreement and return it to your financial representative or your employer. You may commence making contributions or modify the amount of your current contributions at any time by modifying your Salary Reduction Agreement.

Investments

Where are my contributions invested?

- You may choose the 403(b) custodial account or annuity contract you want from the list of approved investment providers and 403(b) investment products located on the cover page.

How are my contributions invested?

- You select how you want your contributions to be invested from among the investment options available under each approved investment provider's product.
- Your investment provider's custodial account or annuity contract will determine how often you may change your investment mix.

2026 - 2027
Health Insurance Rates
Lyons USD 405

Monthly Cost	Employee Only		Employee + Spouse		Employee + Children		Family	
	Employee Cost	Employer Benefit	Employee Cost	Employer Benefit	Employee Cost	Employer Benefit	Employee Cost	Employer Benefit
$2,000 Deductible	$85	$700	$787	$900	$686	$900	$1,289	$1,200
$3,500 Deductible	$56	$700	$725	$900	$628	$900	$1,198	$1,200
$4,500 HDHP/HSA	$72	$700	$699	$900	$609	$900	$1,137	$1,200
$6,000 HDHP/HSA	$0	$653	$504	$900	$421	$900	$871	$1,200

EdVantage Benefits Group
Four-Tiered Plan Options for Member Districts/Interlocals With More Than Three Years of Membership
October 1, 2026 – September 30, 2027

Revised: 4/28/2026

Description	$2,000 Deductible	$3,500 Deductible	$4,500 HDHP/HSA	$6,000 HDHP/HSA
100% Coverage Subject to ACA Guidelines If Coded As Preventive	100% Coverage Subject to ACA Guidelines If Coded As Preventive	100% Coverage Subject to ACA Guidelines If Coded As Preventive	100% Coverage Subject to ACA Guidelines If Coded As Preventive	100% Coverage Subject to ACA Guidelines If Coded As Preventive
Deductible	**$2,000 Per Person** **$4,000 Per Family**	**$3,500 Per Person** **$7,000 Per Family**	**$4,500 Per Person** **$9.000 Per Family**	$6,000 Per Person $12,000 Per Family
Coinsurance	**Plan Pays 70% and Individual Pays 30%**	**Plan Pays 70% and Individual Pays 30%**	**Plan Pays 100% and Individual Pays 0%**	Plan Pays 100% and Individual Pays 0%
Office Visits	$35 Copay (Primary Care Physicians) $70 Copay (Specialist)	$35 Copay (Primary Care Physicians) $70 Copay (Specialist)	Subject to Deductible	Subject to Deductible
Telemedicine	Subject to Office Visit Copay	Subject to Office Visit Copay	Subject to Deductible	Subject to Deductible
Lab & X-ray	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance	Subject to Deductible	Subject to Deductible
Emergency Room	$200 Copay and Then Deductible and Coinsurance	$200 Copay and Then Deductible and Coinsurance	Subject to Deductible	Subject to Deductible
ResultsRx Formulary Mandatory Generic; Prior Authorization; Step Therapy; Quantity Limits; Certain Exclusions may apply	$15 Tier 1 (Generic) Copay $50 Tier 2 (Preferred Name Brand) Copay $75 Tier 3 (Non-Preferred Name Brand) Copay $150 Tier 4 (Preferred Specialty) Copay 20% (Capped at $250) Tier 5 (Non-Preferred Specialty) Copay When Available, Mail-Order is 2.5 x Copay	$15 Tier 1 (Generic) Copay $50 Tier 2 (Preferred Name Brand) Copay $75 Tier 3 (Non-Preferred Name Brand) Copay $150 Tier 4 (Preferred Specialty) Copay 20% (Capped at $250) Tier 5 (Non-Preferred Specialty) Copay When Available, Mail-Order is 2.5 x Copay	Subject to Deductible and Then $15 Tier 1 (Generic) Copay $50 Tier 2 (Preferred Name Brand) Copay $75 Tier 3 (Non-Preferred Name Brand) Copay $150 Tier 4 (Preferred Specialty) Copay 20% (Capped at $250) Tier 5 (Non-Preferred Specialty) Copay When Available, Mail-Order is 2.5 x Copay	Subject to Deductible and Then $15 Tier 1 (Generic) Copay $50 Tier 2 (Preferred Name Brand) Copay $75 Tier 3 (Non-Preferred Name Brand) Copay $150 Tier 4 (Preferred Specialty) Copay 20% (Capped at $250) Tier 5 (Non-Preferred Specialty) Copay When Available, Mail-Order is 2.5 x Copay
Dependents	Eligible Children Covered to Age 26	Eligible Children Covered to Age 26	Eligible Children Covered to Age 26	Eligible Children Covered to Age 26
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Maximum Out-of-Pocket Includes Deductible, Coinsurance, Prescription Copays, and Other Copays	$6,350 Per Person $12,700 Per Family	$6,350 Per Person $12,700 Per Family	$6,350 Per Person $12,700 Per Family	$6,350 Per Person $12,700 Per Family

Maximum Out-of-Pocket does not include excess charges of non-contracting providers or additional coinsurance for using non-Blue Choice providers.

Pre-admission certification is required on all planned inpatient admissions.

This summary includes In-Network benefits only. Refer to Summary Plan Descriptions for more benefit details.

SEC. 125 "CAFETERIA" FRINGE BENEFIT PLANS
QUESTIONS AND ANSWERS

The following is provided to answer questions frequently asked concerning a Cafeteria Plan under Internal Revenue Code Section 125. This information is not intended as a substitute for specific legal advice from competent counsel on a specific factual situation. For more information, please refer to your employer's Section 125 Plan Document.

Q-1 WHAT IS A SEC. 125 "CAFETERIA" FRINGE BENEFIT PLAN?

A-1 Sec. 125 of the Internal Revenue Code allows an employer to establish an employee benefit plan whereby employees may make a choice between various benefits that are offered under the plan. These benefits may be purchased by employer contributions or by the employee reducing his or her salary to purchase the benefits that the employee selects. In either case, the employee receives the selected benefits **free of federal and state income taxes and social security taxes (FICA)** since the benefits are purchased with pre-tax dollars.

Q-2 WHAT ARE THE TAX ADVANTAGES OF A SEC. 125 PLAN?

A-2 Since most Sec. 125 benefits are purchased by a reduction in an employee's salary, the employee will reduce his or her taxable income by the cost of the benefit or benefits selected. This means that you will save income taxes on these benefits at your highest federal and state income tax bracket. Also, you do not pay FICA taxes on these benefits. At 25% federal income tax, 6.5% state income tax and FICA taxes of 7.65%, you could save over 35% in taxes for each dollar used to purchase Sec. 125 benefits.

Q-3 HOW MAY AN EMPLOYER ESTABLISH A SEC. 125 PLAN?

A-3 First, an eligible employer must adopt a Sec. 125 plan for its employees. In adopting a plan, the employer must establish a plan year. At the beginning of the first and succeeding plan years, the employees are given an opportunity to participate in the Sec. 125 plan by completing a benefit selection form. The benefit selection form must be completed prior to the beginning of the plan year.

Q-4 WHAT BENEFITS ARE AVAILABLE UNDER A SEC. 125 PLAN?

A-4 Benefits that an employer may make available under Sec. 125 plan on a "before-tax" basis can include: group term life insurance up to $50,000, health insurance (including hospitalization, dental, vision, disability income, accidental death and dismemberment, indemnity coverages such as cancer and dread disease, and heart and stroke insurance) and flexible spending accounts for reimbursement for non-insured medical expenses and dependent care.

Excess life insurance above $50,000, long term care insurance, and other benefits might also be available on an "after-tax" basis under a Sec. 125 plan.

Q-5 HOW DOES A FLEXIBLE SPENDING ACCOUNT WORK?

A-5 Flexible Spending Accounts (FSA's) cover two areas. An employee can set aside, on a "before-tax" basis, money to be reimbursed to the employee to cover medical expenses that aren't covered by their health insurance. The expenses would include such items as insurance deductibles, insurance co-payments, orthodontic expenses and other health related items. (They do not include health insurance premiums such as premiums to be paid for health insurance under a spouse's health insurance plan.)

Dependent care expenses of up to $5000 may be set aside on a "before-tax" basis for childcare. This benefit is for children under age 13 and the care must be provided so that the parent may work or look for work. Payments may not be made to immediate family members such as your spouse or to

children under age 19. Dependent care expenses may also be set aside for a dependent spouse or parent who qualifies as your dependent for income tax purposes.

Money set aside for medical reimbursement cannot be used for dependent care expenses and money set aside for dependent care expenses cannot be used for medical reimbursement expenses.

You should review these benefits carefully each year and set aside only the amount of money that you are sure that you can use in each area. Monies not expended in these accounts are returned to your employer and cannot be returned directly to you.

Q-6 WHAT HAPPENS IF MY SPOUSE OR I BECOME ELIGIBLE FOR MEDICARE COVERAGE DURING THE PLAN YEAR?

A-6 The Internal Revenue Service has indicated that you are eligible for an election change if you or your spouse becomes eligible for Medicare benefits during the plan year.

Q-7 WHEN DO MY BENEFITS BEGIN?

A-7 Generally, your benefits become available at the beginning of the plan year. Some of your insurance coverages may have a requirement that you be actively at work at the beginning of the plan year for your benefits to begin. New employees who are eligible to enroll during the plan year will usually begin their benefits on the first of the month following enrollment. Your employer's plan will dictate eligibility and the beginning date for benefits you choose.

Q-8 WHEN MUST I NOTIFY MY EMPLOYER IF THERE IS AN ERROR IN MY ENROLLMENT?

A-8 Originally, the Internal Revenue Service took the position that all errors must be corrected before the beginning of the plan year. Recent discussion with the Internal Revenue Service has indicated that you would have to notify your employer of any error upon your first identification that an error exists. Presumably this would mean when you receive your first paycheck indicating the error.

Q-9 IF I PURCHASE PART OF MY SEC. 125 BENEFITS ON AN "AFTER-TAX" BASIS, MUST I FOLLOW THE "CHANGE IN FAMILY STATUS" RULES FOR THESE BENEFITS?

A-9 Sec. 125 plans allow both taxable and non-taxable benefits. If a taxable benefit is a part of a Sec. 125 plan, you must follow all of the rules of the Sec. 125 plan in making election changes.

Q-10 MAY I PURCHASE A TAX-SHELTERED ANNUITY UNDER MY SEC. 125 PLAN?

A-10 Tax-sheltered annuities are not an eligible benefit under a Sec. 125 plan. However, you can purchase a tax-sheltered annuity under the rules applicable to Sec. 403(b) of the Internal Revenue Code.

MAKING CHANGES UNDER YOUR SECTION 125 PLAN

The following is provided to answer questions frequently asked concerning a Cafeteria Plan under Internal Revenue Code Section 125. This information is not intended as a substitute for specific legal advice from competent counsel on a specific factual situation. For more information, please refer to your employer's Section 125 Plan Document.

Q-1 MAY I CHANGE MY BENEFIT ELECTION DURING THE PLAN YEAR?

A-1 The Internal Revenue Service regulations for Sec. 125 plans provide specific rules about changes during a plan year. The rules provide a two-step analysis for determining whether an employee can change his or her election during the year. First, **a change in status event** must have occurred. Second, the employee's requested election change **must be consistent with the event**. Following is a list of the qualified status change events.

1. ***Change in employee's legal marital status*** — including marriage, divorce, death of spouse, legal separation, and annulment.
2. ***Change in number of dependents*** — including birth, adoption, placement for adoption, and death. Note that dependent is formally defined in the final regulations to be a tax dependent.
3. ***Change in employment status*** — any of the following events that change the employment status of the employee, the employee's spouse or the employee's dependent would qualify: a termination or commencement of employment; a strike or lockout; a commencement of or return from an unpaid leave of absence; and a change in worksite. In addition, if the eligibility conditions of the benefit plan of the employer of the employee, spouse or dependent depend on the employment status of that individual and there is a change in that individual's employment status with the consequence then that individual becomes (or ceases to be) eligible under the plan, then that change constitutes a change in employment. It is significant to note that this category would not apply if benefit eligibility is not gained or lost as a result of the event. Thus, for example, an individual who moves from full-time to part-time employment status would not be able to change his or her election under this rule if benefit eligibility remains the same.
4. ***Dependent satisfies (or ceases to satisfy) dependent eligibility requirements*** — an event that causes the dependent to satisfy or cease to satisfy the requirements for coverage due to attainment of age, gain or loss of student status, marriage or any similar circumstances.
5. ***Residence change*** — a change in the place of residence of an employee spouse or dependent. For this category, it is particularly important to remember that the residence change ***must*** affect the employee's eligibility for coverage.
6. ***Adoption Assistance***: Commencement or termination of adoption proceedings would allow an election change under an adoption assistance program.

The Consistency Requirement

If a change in status event occurs, employees are allowed to make ***changes consistent with the event.*** The regulations limit the election changes that will be consistent with the event. Under the regulations, a uniform rule generally applies to all qualified benefits (accident or health coverage and group term life).

The threshold question under the consistency requirement is whether the election change is on account of and corresponds with a change in status event that affects coverage eligibility of the employee, spouse or dependent for the qualified benefit. An important exception to this general rule is that an impact on eligibility is not required for marital status or employment status events to support election changes for group term life insurance or long-term disability coverage.

Once the threshold standard is met (i.e., the event affects eligibility), ***two specific consistency tests must be satisfied*** — one when dependent eligibility is lost and another when coverage eligibility is gained through another employer plan. In addition, the regulations have been expanded to recognize that certain changes in life or disability coverage can be consistent even if the requested change does not track the increase or decrease in family size, or result in the gain or loss of eligibility.

If the change in status is the employee's divorce, annulment or legal separation from a spouse, the death of a spouse or dependent, or a dependent ceasing to satisfy the eligibility requirements for coverage, the

employee can only cancel accident or health insurance coverage for the spouse or dependent, as applicable. Thus, if a dependent dies or ceases to satisfy the eligibility requirements for coverage, the employee's election to cancel accident or health coverage for any other dependent, for the employee or for the employee's spouse fails to correspond with that change in status.

If an employee, spouse or dependent gains eligibility for coverage under another employer's cafeteria plan (or qualified benefit plan) as a result of a change in marital status or a change in employment status, an employee's election under the cafeteria plan corresponds with that change in status only if coverage for that individual becomes effective or is increased under the other employer's plan.

Q-2 WHEN MUST I NOTIFY MY EMPLOYER IF I HAVE HAD A "CHANGE IN STATUS EVENT"?

A-2 Any change of election because of a change in status event must be made within 30 days of the qualifying event.

Q-3 WHAT HAPPENS IF THERE IS A CHANGE IN COST OR COVERAGE DURING THE PLAN YEAR?

A-3 Mid–year election changes are permitted on account of certain mid-year cost and coverage changes, as provided under IRS Section 125 regulations. It should be noted that these provisions do not apply to health Flexible Spending Accounts.

Changes in Cost

If the cost of a qualified benefits plan decreases during a period of coverage and, under the terms of the plan, employees are required to make a corresponding change in their payments, the cafeteria plan may, on a reasonable and consistent basis, automatically make a prospective decrease in affected employee's elective contributions for the plan. If the cost of a benefit significantly increases during a period of coverage, the cafeteria plan may permit employees either to make a corresponding prospective increase in their payments, or to revoke their elections and, in lieu thereof, to receive on a prospective basis coverage under another benefit package option providing similar coverage.

Change in Coverage

Coverage Change Rule #1: Significant curtailment

If the coverage under a plan is significantly curtailed or ceases during a period of coverage, the cafeteria plan may permit affected employees to revoke their elections under the plan and make a new election for coverage under another benefit package option providing similar coverage. Coverage under an accident or health plan is significantly curtailed "only if there is an overall reduction in coverage provided to participants under the plan so as to constitute reduced coverage to all participants generally."

Coverage Change Rule #2: Addition (or elimination) of benefit package option

If during a period of coverage a plan adds a new coverage option (or eliminates an existing option) the cafeteria plan may permit affected employees to elect the newly added option (or elect another option if an option has been eliminated) prospectively on a pre-tax basis and make corresponding election changes with respect to other benefit package options providing similar coverage.

Coverage Change Rule #3: Change in coverage of spouse of dependent under their plan

A cafeteria plan may permit an employee to make a prospective election that is on account of and corresponds with a change made under the plan of the spouse's, former spouse's, or dependent's employer if: (1) a cafeteria plan or qualified benefits plan of the spouse's, former spouse's, or dependent's employer permits participants to make an election change that would be permitted under the proposed and final regulations; or (2) the cafeteria plan permits participants to make an election for a period of coverage that is different from the period of coverage under the cafeteria plan or qualified benefits plan of the spouse's, former spouse's, or dependent's employer. Under either option, a consistency requirement must be satisfied since the new election must be on account of and corresponds to the change under the plan of the spouse's, former spouse's, or dependent's employer.