

EDGEWOOD

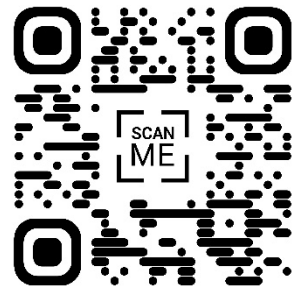
INDEPENDENT SCHOOL DISTRICT

San Antonio

PROFESSIONALISM ♦ ACCOUNTABILITY ♦ COMMUNICATION

2026-2027

Employee Benefits Guide



www.mybenefitshub.com/EdgewoodISDofSA

Login Process

To access your enrollment site, THEbenefitsHUB, you can login to the following website www.mybenefitshub.com/EdgewoodisdofSA

On the login page, you will enter your **Last Name**, **Date of Birth**, and **Last Four (4) of Social Security Number**.

THEbenefitsHUB checks behind the scenes to confirm employment status.

Once confirmed, the Additional Security Verification page will list the contact options from your profile.

Select either Text, Email, Call, or Ask Admin options to get a code to complete the final verification step.

Enter the code that you receive and click **Verify**.

You can now complete your benefits enrollment!

2026-2027 Benefits Highlights

QUALIFYING EVENTS AND OTHER IMPORTANT INFORMATION

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

If a qualifying event should occur outside of the annual enrollment period, you must notify your benefits administrator at 210-898-2039 of the requested change within **30 calendar days of the change in status.**

MAKING CHANGES DURING THE YEAR

The benefits you choose will remain in effect throughout the plan year (9/1/2026-8/31/2027). You may add coverage during the year if you have a qualifying event that causes you to lose eligibility for benefits.

Qualifying life events include:

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

VERY IMPORTANT

Please carefully review your paycheck(s) to ensure all deductions are correct. If you find a discrepancy in your paycheck, please contact U.S. Employee Benefits immediately at (830) 606-5100. **DISCREPANCIES MUST BE IDENTIFIED WITHIN THE FIRST 30 DAYS FROM THE EFFECTIVE DATE OF THE POLICY TO BE CONSIDERED.**

SCAN QR CODE FOR A DIRECT LINK TO BENEFIT SITE

1. Open the camera app on your phone.
2. Point the camera at the QR code to scan it and access the benefit enrollment website.



NEW EMPLOYEES

New employees must enroll within 30 days of their hire date. If employees fail to enroll within the 30 days, all benefits will be waived, and employees will be unable to enroll in coverage until the annual enrollment. Benefit plans will be effective on the first of the month following the date of hire.

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CONTACT INFORMATION

Teacher Retirement Solutions of Texas (TRS Active Care)

Pages 9-11

Phone: (800) 223 - 8778

Website: <https://www.bcbstx.com/trsactivecare>

Edgewood Health Clinic - University Health Kennedy

Page 12

Phone: (210) 358-8255

Website: www.universityhealthsystem.com/locations/edgewood

Address: 1831 S. General McMullen Dr. San Antonio, Tx 78226

National Benefits Services Health Savings Account (HSA)

Pages 13-16

Phone: (800) 357-6246

Website: www.nbsbenefits.com

SunLife Dental

Pages 17-24

Group Policy Number: 967173

Phone: (877) 431 - 7379

Website: www.sunlife.com/us

Davis Vision

Pages 25 -26

Group Policy Number: 505415

Phone: (877) 923-2847 (code 7730)

Website: www.davisvision.com

Sun Life Financial + Will Prep & Claimant Support Services

Pages 27-30

Group Policy Number: 967173 Phone: (877) 431 - 7379

Website: www.sunlife.com

E-Mail: admin@sunlifeterm.com

Employee Assistance Program (EAP)

Page 31

Phone: (800) 460 - 4374

Website: www.guidanceresources.com

Sun Life Term Life with AD&D

Pages 32-43

Group Policy Number: 967173

Phone: (877) 431 -7379

Website: www.sunlife.com

E-mail: www.sunlifeterm.com

Allstate Cancer**Pages 44-47**

Group Policy Number: 30246

Phone: (800) 521-3535

Website: www.allstatebenefits.comClaims: Online at: www.allstatebenefits.com by Fax to: (800) 430-4188**Metlife Critical Illness****Pages 48-51**

Group Policy Number: 141427

Phone: (800) 438-6888

www.metlife.com

Claims – (866) 626 - 3705

Hartford Disability**Pages 52-57**

Group Policy Number: 805192

Phone: (800) 523 – 2233

E-mail: GBD.Customerservice@hartfordlife.comWebsite: www.thehartford.com

Claims: (888) 277 - 4767

Hartford Accident**Pages 58-60**

Group Policy Number: 805192

Phone: (800) 523 – 2233

E-mail: GBD.Customerservice@hartfordlife.comWebsite: www.thehartford.com

Claims: (866) 547 - 4205

Hartford Hospital Indemnity**Pages 61-63**

Group Policy Number: 805192

Phone: (800) 523 – 2233

E-mail: GBD.Customerservice@hartfordlife.comWebsite: www.thehartford.com

Claims: (866) 547 - 4205

Medical Transport Solutions (MASA)**Pages 64-68**

Group Policy Number: MKEISD

Phone: (877) 503 - 0585

Website: www.masamts.comClaims: (800) 643 – 9023 or E-mail: ambulanceclaims@masaglobal.com**Texas Life (Permanent Life Insurance)****Pages 69-73**

Group Policy Number: SM2759

Phone: (800) 283 – 9233 ext. 6814

Spanish Line: (800) 283 – 9233 ext. 6892

Website: www.texaslife.com

Claims: (800) 283-9233 ext. 6813

National Benefits Services (NBS) Flexible Spending Account**Pages 74-78**

Group Policy Number: NBS851454

Phone: (800) 274 - 0503

Website: www.nbsbenefits.come-mail: service@nbsbenefits.com

Omni Group 403 (b) Plan**Page 79**

Phone: (877) 544 – OMNI (6664)

Website: www.omni403b.com/plandetail/1172e-mail: serviceinfo@omni403b.com

Jackson Financial 457 (b) Plan**Page 80**

Contact: Scott Jackson

Phone: (210) 218 - 2251

e-mail: scott@jacksonfinancialtx.comWebsite: www.jackson.com

MetLife Legal Plan - NEW**Page 81-82**

Phone: (800) 821 - 6400

Website: www.Metlife.com

Edgewood ISD – District Contact's**Eleonora Mujica**

Director of Risk Management, Benefits, and Compliance

Edgewood Independent School District

5358 West Commerce Street

San Antonio, TX 78237

O: 210-898-2039 | ext. 4561

US Employee Benefits Contact**Tracy M. Hamel**

Director of Agency Operations

US Employee Benefits Services Group

245 Landa Street

New Braunfels, Texas 78130

Phone: (830) 606-5100 ext. 1120 or Direct: (830) 225-1794

E-mail: thamel@usebsg.com

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families

If you are eligible for health coverage from Edgewood ISD, but are unable to afford the premiums, the state of Texas has premium assistance programs that can help pay for your coverage. The State uses funds from the Medicaid or CHIP programs to help people who are eligible for employer sponsored health coverage but need assistance in paying health premiums. If you or your dependents are already enrolled in Medicaid or CHIP, you can contact the State Medicaid or CHIP office at 1-800-449-0493 (<https://www.gethipptexas.com/>) to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact the following to see how to apply:

State or CHIP office
1-800-449-0493
(<https://www.gethipptexas.com>)
dial **1-877 KIDSNOW**
www.insurekidsnow.gov

If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, Edgewood and our health insurance carrier (BCBS) will allow you and your dependents to enroll in the health insurance-as long as you and your dependents are eligible, but not already enrolled in the district health insurance plan. This is called a “special enrollment”. **You must request coverage within 60 days of being determined eligible for premium assistance.**

U.S Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Ext 61565

Seguro médico asequible o gratuito para toda la familia con Medicaid y para menores con el seguro médico infantil CHIP

Si tiene usted la opción de recibir el seguro médico que ofrece el distrito a sus empleados, pero no puede permitirse las cuotas mensuales, puede solicitar una subvención del estado de Texas. El estado emplea los fondos de Medicaid y el seguro infantil CHIP para estos fines.

Si usted o algún miembro de su familia ya son beneficiarios de Medicaid o del seguro infantil CHIP, llame al 1-800-449-0493 (<https://www.gethipptexas.com/>) para saber si puede solicitar una subvención de cuotas mensuales del seguro del distrito.

Si usted o algún miembro de su familia **no** son beneficiarios de Medicaid o del seguro infantil CHIP y cree que cumple las condiciones para solicitarlos, llame al para saber si cumple las condiciones de solicitud.

1-800-449-0493
(https://www.gethipptexas.com)
1-877-KIDSNOW
www.insurekidsnow.gov

Una vez comprobado que usted y su familia cumplan las condiciones, podrá suscribir seguro médico que el distrito le ofrece a través de la aseguradora BCBS. **Una hechas las consultas tendrá 60 días para solicitar la cobertura del seguro.**

Departamento de Trabajo
Departamento de Servicios de Salud
www.dol.gov/ebsa
1-866-444-EBSA (3272)

Dirección de Prestaciones Laborales
Centros de Servicios de Medicare y Medicaid
www.cms.hhs.gov
1-877-267-2323, Ext 61565



TRS-ActiveCare

REGION 20

TRS is committed to accessibility. If you have trouble accessing this content, contact TRS at WebAccessibility@trs.texas.gov to request an alternative format.

LEARN THE TERMS

- **PREMIUM:** The monthly amount you pay for health care coverage.
- **DEDUCTIBLE:** The annual amount for medical expenses you're responsible to pay before your plan begins to pay.
- **COPAY:** The set amount you pay for a covered service at the time you receive it. The amount can vary based on the service.
- **COINSURANCE:** The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; e.g., you pay 20% while the health care plan pays 80%.
- **TIERING:** Grouping doctors and facilities into tiers based on quality, cost and best practice clinical guidelines. This helps you compare choices. Tier 1 providers and facilities offer top performance and best value. You pay less when you choose Tier 1 and may pay more when you choose Tier 2.
- **OUT-OF-POCKET MAXIMUM:** The maximum amount you pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services.

2026-27 TRS-ActiveCare Plan Highlights

Sept. 1, 2026 – Aug. 31, 2027



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

	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Plan Summary	- Lowest premium of the three available plans - Copays for doctor visits before you meet your deductible - Statewide network - Primary Care Provider referrals required to see specialists - Not compatible with a Health Savings Account - No out-of-network coverage	- Highest premium of the three available plans - Copays for many services and drugs - Lower deductible than the HD and Primary plans - Statewide network - Primary Care Provider referrals required to see specialists - Not compatible with a Health Savings Account - No out-of-network coverage	- Higher premium of the three available plans - Must meet your deductible before plan pays for non-preventive care - Nationwide network with out-of-network coverage - No requirement for Primary Care Providers or referrals - Compatible with a Health Savings Account

Monthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
Employee Only	\$499	\$400	\$99	\$586	\$400	\$186	\$515	\$400	\$115
Employee and Spouse	\$1,348	\$400	\$948	\$1,524	\$400	\$1,124	\$1,391	\$400	\$991
Employee and Children	\$849	\$400	\$449	\$997	\$400	\$597	\$876	\$400	\$476
Employee and Family	\$1,697	\$400	\$1,297	\$1,934	\$400	\$1,534	\$1,751	\$400	\$1,351

Plan Features				
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network
Individual/Family Deductible	\$2,500/\$5,000	\$1,200/\$2,400	\$3,400/\$6,800	\$6,800/\$13,600
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
Individual/Family Maximum Out of Pocket	\$8,050/\$16,100	\$6,900/\$13,800	\$8,300/\$16,600	\$20,500/\$41,000
PCP Required	Yes	Yes	No	

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

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

Prescription Drugs			
Drug Deductible	Integrated with medical	\$200 deductible per participant (brand drugs only)	Integrated with medical
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
Preferred (Max does not apply if brand is selected and generic is available)	You pay 30% after deductible	You pay 25% after deductible (\$100 max)/ You pay 25% after deductible (\$265 max)	You pay 25% after deductible
Non-preferred	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Specialty (31-Day Max) Call 1-844-367-6108 to see if your specialty medication is covered by SaveOnSP.	You pay 30% after deductible; \$0 if SaveOnSP eligible	You pay 20% after deductible (\$500 max); \$0 if SaveOnSP eligible	You pay 20% after deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61- to 90-day supply	\$25 copay for 31-day supply; \$75 for 61- to 90-day supply	You pay 25% after deductible

How to Calculate Your Monthly Premium

Total Monthly Premium

– Your Employer Contribution

= Your Premium

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

Being Healthy is Easy

- \$0 preventive services
- One-on-one health coaches
- Weight loss programs and nutrition
- TRS Virtual Health
- Member Rewards is even better. Now you'll get a check when you use Member Rewards and choose low-cost, high-quality doctors and facilities – up to \$599* per tax year.
- Airrosti Remote Recovery gives you in-home virtual physical therapy to relieve common aches and pains at no cost.*

* Eligibility rules may apply.

See the Annual Enrollment Guide for more details.

Mental Health

You have in-office and virtual benefits:

- TRS-ActiveCare Primary Plan: \$30 copay for office visits or \$0 with Teladoc
- TRS-ActiveCare Primary+ Plan: \$15 copay for office visits or \$0 with Teladoc
- TRS-ActiveCare HD Plan: 30% coinsurance after deductible or \$42 with Teladoc
- TRS-ActiveCare 2 Plan: \$20 copay for office visits or \$12 with Teladoc

Questions?

Call a Personal Health Guide at **1-866-355-5999** for help with medical services.
Call Express Scripts® by Evernorth Pharmacy Benefit Services at **1-844-367-6108**
for help with your pharmacy benefits.

Compare Prices for Common Medical Services

Closed to new enrollees.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Imaging (like CT Scan, Mammogram and MRI)	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient (like colonoscopy, cataract surgery and steroid injections)	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient (like childbirth, complex joint replacement and cardiac surgery)	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility copay per incident)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year)	Specialist: You pay \$70 copay	Specialist: You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	Tier 1 Specialist: \$55 copay Tier 2 Specialist: \$85 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	PCP: \$30 copay Specialist: \$70 copay	PCP: \$15 copay Specialist: \$70 copay	You pay 30% after deductible	You pay 50% after deductible	Tier 1 PCP: \$20 copay Tier 2 PCP: \$40 copay Tier 1 Specialist: \$55 copay Tier 2 Specialist: \$85 copay	You pay 40% after deductible



Edgewood Health Clinic

UNIVERSITY HEALTH- KENNEDY CLINIC

New Location

1831 S General McMullen
San Antonio, TX 78226

In partnership with University Health, all employees enrolled in the EISD Medical Insurance Plan can receive agreed services at a \$ 0 co-pay.

Hours of Operation:

Monday- Friday
8:00 am - 4:30 pm

Schedule your Appointment

210-644-8050

For a complete list of agreed services, visit
<https://www.eisd.net/o/eisd/page/health-clinic>

How can an HSA help secure my retirement?

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

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

A contribution of \$50 a month over 25 years:

TAX SAVINGS	BALANCE
\$6,181	\$22,356

Increase the contribution to \$200 a month over 25 years:

TAX SAVINGS	BALANCE
\$24,725	\$89,095

Family contribution of \$6,900 a year over 25 years:

TAX SAVINGS	BALANCE
\$71,086	\$257,095

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

Help Make Medical Costs Painless.

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

Why Enroll in a Health Savings Account (HSA)?

2026 HSA Individual Annual Max: \$4,400.00

2026 HSA Family Annual Max: \$8,750



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



Tax-free savings for medical expenses.

What is a Health Savings Account (HSA)?

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

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

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

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

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

Shop HSA Store at hsastore.com/nbs



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

HSAs offer a triple tax advantage

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

When do you pay taxes on your HSA?

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

Account access is easy

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

Spending is easy

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

Saving is easy

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

Advantages of an HSA

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

Health Savings Accounts

What is a health savings account (HSA)?

An HSA is a tax-advantaged personal savings account that can be used to pay for medical, dental, vision and other qualified expenses now or later in life. To contribute to an HSA you must be enrolled in a qualified high-deductible health plan (HDHP) and your contributions are limited annually. The funds can even be invested, making it a great addition to your retirement portfolio.

Why should I participate in an HSA?

Funds contributed to an HSA are triple-tax-advantaged.

- 1. Money goes in tax-free.** Most employers offer a payroll deduction through a Section 125 Cafeteria Plan, allowing you to make contributions to your HSA on a pre-tax basis. The contribution is deposited into your HSA prior to taxes being applied to your paycheck, making your savings immediate. You can also contribute to your HSA post-tax and recognize the same tax savings by claiming the deduction when filing your annual taxes.
- 2. Money comes out tax-free.** Eligible healthcare purchases can be made tax-free when you use your HSA. Purchases can be made directly from your HSA account, either by using your benefits debit card, ACH, online bill-pay, check, or you can pay out-of-pocket and then reimburse yourself from your HSA.
- 3. Earn interest tax-free.** The interest on HSA funds grows on a tax-free basis. And, unlike most savings accounts, interest earned on an HSA is not considered taxable income when the funds are used for eligible medical expenses.

What expenses are eligible for reimbursement?

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

Am I eligible to participate?

In order to contribute, you must be enrolled in a qualified HDHP, not covered under a secondary health insurance plan, not enrolled in Medicare, and can't be claimed as a dependant on someone else's tax return. There are no eligibility requirements to spend previously-contributed HSA funds.

What is a high-deductible health plan?

An HDHP is a health insurance plan with deductible amounts that are greater than \$1,500 for individual or \$3,000 for family coverage and have an out-of-pocket maximum that does not exceed \$7,500 for individual or \$15,000 for family coverage.

How do I contribute money to my HSA?

Payroll deduction is most likely offered by your employer. Your annual contribution will be divided into equal amounts and deducted from your payroll before taxes. Direct contributions can also be made from your personal checking account and can be deducted on your personal income tax return.

Can I change my contributions to my HSA during the year?

Yes. You will not be subject to the change-in-status rules applicable to other benefit accounts. You will be able to make changes in your contributions by providing the applicable notice of change provided by your employer.

How much can I contribute to my HSA?

Contributions can be made by the eligible employee, their employer, or any other individual. Annual contributions from all sources may not exceed \$3,850 for singles or \$7,750 for families in 2023. Individuals aged 55 and over may make an additional \$1,000 catch-up contributions.

Do I have to spend all my contributions by the end of the plan year?

No. HSA money is yours to keep. Unlike a flexible spending account (FSA), unused money in your HSA isn't forfeited at the end of the year; it continues to grow, tax-deferred. What happens if my employment is terminated? HSAs are portable and move with you if you change employment. Your HSA belongs to you, not your employer, just like your personal checking account.

How do I access the funds in my HSA?

Your HSA is similar to a checking account. You are responsible for ensuring the money is spent on qualified purchases only and maintaining records to withstand IRS scrutiny. Payments can be made via check, ACH, online bill-pay, or debit card.

When must contributions be made to an HSA for a taxable year?

Contributions for the taxable year can be made in one or more payments at any time after the year has begun and prior to the individual's deadline (without extensions) for filing the eligible individual's federal income tax return for that year. For most taxpayers, the deadline is April 15 of the year following the year for which contributions are made.

What happens to the money in my HSA if I no longer have HDHP coverage?

Once you discontinue coverage under an HDHP and/or get secondary health insurance coverage that disqualifies you from an HSA, you can no longer make contributions to your HSA. However, since you own the HSA, you can continue to use the remaining funds for future healthcare expenses.

Is tax reporting required for an HSA?

Yes. IRS form 8889 must be completed with your tax return each year to report total deposits and withdrawals from your account. You do not have to itemize to complete this form.

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 HSA.

Can I withdraw the money for non-healthcare purchases?

Yes. If you withdraw the money for an unqualified expense prior to age 65, you'll pay a 20% excise tax. You can withdraw the money for any reason without penalty after age 65, but are subject to applicable income taxes.

Can I roll over or transfer funds from my HSA or Medical Savings Account (or Archer MSA) into an HSA?

Yes. Pre-existing HSA funds or MSA monies may be rolled into an HSA and will continue their tax-free status.

Can I control how the funds are invested?

Yes. Once your HSA cash account balance reaches the minimum amount required by the custodian, you can transfer funds to an HSA investment account. You can choose from a selection of mutual funds and setup and allocation model for future transfers like you would for a 401k plan.

Can I transfer funds between the cash and investment accounts?

Yes. You can transfer money between your HSA cash and HSA investment account at any time.

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



Salt Lake City, UT - Headquarters
Dallas, TX | San Diego, CA | Honolulu, HI

(800) 274-0503 | hsa@nbsbenefits.com
www.nbsbenefits.com



Prepaid Dental



COMMONLY COVERED

- ✓ Exams and cleanings
- ✓ X-rays
- ✓ Fillings
- ✓ Tooth extractions
- ✓ Root canals

► PROTECTS YOUR SMILE.

A dental plan encourages routine cleanings and checkups at the dentist so you can protect your teeth for a lifetime. A healthy smile helps everyone feel more confident.

► PREVENTS OTHER HEALTH ISSUES.

Just annual preventive care alone can help prevent other health issues such as heart disease and diabetes.¹ Many plans offer low copayment amounts for preventive services to make it easy for you to use your dental benefits.

► LOWERS OUT-OF-POCKET EXPENSES.

No maximums, no deductibles, no waiting periods and fixed copayment amounts keep your out-of-pocket expenses down. Benefits are even payable for pre-existing dental conditions within the copayment schedule.

Your employer is offering you a choice of two dental plans. Please review the information for this plan as well as the Dental Insurance plan and choose the one plan that best fits your needs.

DENTAL FAST FACTS

Treating the inflammation from periodontal disease can help manage other health problems such as heart disease and diabetes.¹

50% of adults over the age of 30 are suffering from periodontal disease.²

EDGEWOOD INDEPENDENT SCHOOL DISTRICT

All Eligible Employees

POLICY # 967173

United Dental Care of Texas, Inc.

2600666 PPD15 CL1 06/03/2025 10:30:00

Frequently asked questions

How does a Prepaid plan work?

This plan gives you and your family access to a range of dental services from in-network providers at fixed copayment amounts. A copayment is the set fee that you pay to the plan dentist at the time of treatment for covered services that are being performed. To receive services at these fixed rates, you must use a network provider.

How do I find a dentist?

Simply visit www.sunlife.com/findadentist. Follow the prompts to find a dentist in your area who participates in the Heritage network. You can also call 800-443-2995 for help finding a dentist.

Do I have to choose a dentist in the network?

Yes. To receive the fixed copayment amounts you must visit a dentist in the network and you must select the dentist in advance. Each family member may choose a different plan dentist.

Are my dependents eligible for coverage?

Yes. Your plan offers coverage for your spouse³ and dependent children. An eligible child is defined as a child to age 26.⁴

What features does my plan include?

- No annual dollar maximums for plan dentists and plan specialty dentists
- No deductibles
- No waiting periods
- Benefits are payable for pre-existing dental conditions within the copayment schedule
- Extensive provider network updated regularly

How will the plan dentist know I am a patient?

The plan dentist receives a patient listing, called a roster, from Sun Life each month that includes all members who have chosen those individuals as their dentist. Please confirm at the time of making your appointment with the plan dentist that you are on their roster.

Do I have to file the claim?

No. You will not need to file a claim for a plan dentist or plan specialty dentist.

If I have a dental emergency, do I need to see my plan dentist?

First, contact your plan dentist to make an appointment. If your plan dentist is unable to see you, you may seek treatment from any licensed dentist in the United States. Please be informed that the emergency benefit of your plan is limited to the temporary relief of pain and has limited benefits.

How can I get more information about my coverage, change my assigned dentist or find my dental ID card?

After the effective date of your coverage, you can view benefit information online at your convenience through your Sun Life account. To create an account go to www.sunlife.com/account and register. You can also access this information from our mobile app – *Benefit Tools*, which is available for Apple and Android devices. Or you can call Sun Life's Dental Customer Service at 800-443-2995. You can also call any time, day or night, to access our automated system and get answers to common questions when it's convenient for you.

PLAN SPECIALTY DENTISTS

You will find a list of plan specialty dentists by looking in the plan network directory, visiting www.sunlife.com/findadentist or calling 800-443-2995 for assistance. No referrals are necessary from your plan dentist to seek treatment from a plan specialty dentist.

1. <https://www.perio.org/consumer/gum-disease-and-other-diseases> (accessed 07/21)

2. <https://www.perio.org/newsroom/periodontal-disease-fact-sheet> (accessed 07/21)

3. If permitted by the Employer's employee benefit plan and not prohibited by state law, the term "spouse" in this benefit includes any individual who is either recognized as a spouse, a registered domestic partner, or a partner in a civil union, or otherwise accorded the same rights as a spouse.

4. Please see your employer for more specific information.

Read the *Important information* section for more details including limitations and exclusions.

Rates

Coverage and **monthly** cost for Prepaid Dental.

Rates are effective as of September 1, 2025.

Prepaid Dental coverage is contributory. You are responsible for paying for all or a part of the cost through payroll deduction.

Coverage	Cost per pay period*
Employee	\$8.13
Employee + Spouse	\$13.75
Employee + Child(ren)	\$19.06
Employee + Family	\$22.50

*Contact your employer to confirm your part of the cost.

Dental Insurance



COMMONLY COVERED

- ✓ Exams and cleanings
- ✓ X-rays
- ✓ Fillings
- ✓ Tooth extractions
- ✓ Child braces

► PROTECTS YOUR SMILE.

You can feel more confident with dental insurance that encourages routine cleanings and checkups. Dental insurance helps protect your teeth for a lifetime.

► PREVENTS OTHER HEALTH ISSUES.

Just annual preventive care alone can help prevent other health issues such as heart disease and diabetes. Many plans cover preventive services at or near 100% to make it easy for you to use your dental benefits.

► LOWERS OUT-OF-POCKET EXPENSES.

Seeing an in-network dentist can reduce your fees approximately 30% from their standard fees. Add the benefits of your coinsurance to that and things are looking good for your wallet.

Your employer is offering you a choice of two dental plans. Please review the information for this plan as well as the DHMO/prepaid plan. Then, choose the one plan that best fits your needs.

DENTAL FAST FACTS

Treating the inflammation from periodontal disease can help manage other health problems such as heart disease and diabetes.¹

50% of adults over the age of 30 are suffering from periodontal disease.²

EDGEWOOD INDEPENDENT SCHOOL DISTRICT

All Eligible Employees

POLICY # 967173

Sun Life Assurance Company of Canada

2600666 DEN17 CL1 06/03/2025 10:29:58

CALENDAR YEAR MAXIMUM	IN-NETWORK	OUT-OF-NETWORK
Type I, II, III (Preventive, Basic and Major Services)	\$1,250 per person	\$1,250 per person
Type IV Ortho Service	\$1,000 lifetime per child	\$1,000 lifetime per child

CALENDAR YEAR DEDUCTIBLE

PROCEDURE	IN-NETWORK	OUT-OF-NETWORK
Type I Preventive Services	N/A	N/A
Type II, III (Basic and Major Services)	\$50 individual/\$150 family	\$50 individual/\$150 family
Type IV Ortho Services	N/A	N/A

THE PLAN PAYS THE FOLLOWING PERCENTAGE FOR PROCEDURES

PROCEDURE	IN-NETWORK	OUT-OF-NETWORK
Type I Preventive Services	100%	100%
Type II Basic Services	80%	80%
Type III Major Services	50%	50%
Type IV Ortho Services	50%	50%

SERVICES

Type I Preventive Dental Services, including:

- Oral evaluations – 2 in any calendar year
- Routine dental cleanings – 2 in any calendar year
- Fluoride treatment – 1 in any 6 month period. *Only for children under age 14*
- Sealants – no more than 1 per tooth in any 36 month period, only for permanent molar teeth. *Only for children under age 14*
- Bitewing x-rays – 1 in any calendar year
- Intraoral complete series x-rays – 1 in any 60 month period
- Genetic test for susceptibility to oral diseases

Type II Basic Dental Services, including:

- New fillings
- Space maintainers – *only for children under age 19*
- Simple extractions, incision and drainage
- Localized delivery of antimicrobial agents

Type III Major Dental Services, including:

- Dentures and bridges – subject to 5 year replacement limit
- Stainless steel crowns– *only for children under age 19*
- Inlay, onlay, and crown restorations – 1 per tooth in any 5 year period
- Dental implants – subject to 5 year replacement limit
- Surgical extractions of erupted teeth, impacted teeth, or exposed root

- Biopsy (including brush biopsy)
- Endodontics (includes root canal therapy) – 1 per tooth in any 24 month period
- Complex oral surgery
- General anesthesia/IV sedation – medically required
- Minor gum disease (non-surgical periodontics)
- Scaling and root planing – 1 in any 36 month period per area
- Periodontal maintenance – 2 in any calendar year
- Major gum disease (surgical periodontics)

Type IV Ortho Services, including:

- Orthodontic treatment is limited to your dependent children

Waiting Periods

For a complete description of services and waiting periods, please review your certificate of insurance. If you were covered under your employer's prior plan the wait will be waived for any type of service covered under the prior plan and this plan.

- No waiting period for preventive, basic, or major services
- No waiting period for orthodontic services

Frequently asked questions

How does a PPO work?

PPO stands for Participating Provider Organization. With a dental PPO plan, dental providers agree to participate in a dental network by offering discounted fees on most dental procedures. When you visit a provider in the network, you could see lower out-of-pocket costs because providers in the network agree to these pre-negotiated discounted fees on eligible claims.

How do I find a dentist?

Simply visit www.sunlife.com/findadentist. Follow the prompts to find a dentist in your area who participates in the PPO network. You do not need to select a dentist in advance. The PPO network for your plan is the Sun Life Dental Network® with 130,000+ unique dentists³.

Do I have to choose a dentist in the PPO network?

No. You can visit any licensed dentist for services. However, you could see lower out-of-pocket costs when you visit a dentist in the network.

Are my dependents eligible for coverage?

Yes. Your plan offers coverage for your spouse⁴ and dependent children. An eligible child is defined as a child to age 26.⁵

What if I have already started dental work, like a root canal or braces, that requires several visits?

Your coverage with us may handle these procedures differently than your prior plan. To ensure a smooth transition for work in progress, call our dental claims experts before your next visit at 800-442-7742.

Do I have to file the claim?

Many dentists will file claims for you. If a dentist will not file your claim, simply ask your dentist to complete a standard American Dental Association (ADA) claim form and mail it to:

Sun Life
PO Box 311
Milwaukee, WI 53201-0311

How can I get more information about my coverage or find my dental ID card?

After the effective date of your coverage, you can view benefit information online at your convenience through your Sun Life account. To create an account go to www.sunlife.com/account and register. You can also access this information from our mobile app, which is available for Apple and Android devices. Or you can call Sun Life's Dental Customer Service at 800-442-7742. You can also call any time, day or night, to access our automated system and get answers to common questions when it's convenient for you.

What value added benefits does my plan include?

Your plan includes our Lifetime of Smiles® program, with benefits many people prefer, such as brush biopsies for the early detection of oral cancer.

CONSIDER A PRE-DETERMINATION OF BENEFITS

They allow us to review your provider's treatment plan to let you know before treatment is started how much of the work should be covered by the plan, and how much you may need to cover. We recommend them for any dental treatment expected to exceed \$500.

1. American Academy of Periodontology <https://www.perio.org/consumer/gum-disease-and-other-diseases> (accessed 07/21).

2. American Academy of Periodontology <https://www.perio.org/newsroom/periodontal-disease-fact-sheet> (accessed 07/21).

3. Zelis Network Analytics data as of January 2022 and based on unique dentist count. Sun Life's dental networks include its affiliate, Dental Health Alliance, L.L.C.® (DHA), and dentists under access arrangements with other dental networks. Nationwide counts are state level totals.

4. If permitted by the Employer's employee benefit plan and not prohibited by state law, the term "spouse" in this benefit includes any individual who is either recognized as a spouse, a registered domestic partner, or a partner in a civil union, or otherwise accorded the same rights as a spouse.

5. Please see your employer for more specific information.

Read the *Important information* section for more details including limitations and exclusions

Important information

Benefit adjustments

Benefits will be coordinated with any other dental coverage. Under the Alternative Treatment provision, benefits will be payable for the most economical services or supplies meeting broadly accepted standards of dental care.

Late entrant

If you or a dependent apply for dental insurance more than 31 days after you become eligible, you or your dependent are a late entrant. The benefits for the first 12 months for late entrants will be limited as follows:

TIME INSURED CONTINUOUSLY UNDER THE POLICY	BENEFITS PROVIDED FOR ONLY THESE SERVICES
Less than 6 months	Preventive Services
At least 6 months but less than 12 months	Preventive Services and fillings under Basic Services
At least 12 months	Preventive, Basic, Major and Ortho Services

We will not pay for treatments subject to the late entrant limitation, and started or completed during the late entrant limitation period.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to your Certificate for details.

Limitations and exclusions

Exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see your Certificate or ask your benefits administrator for details.

Dental

We will not pay a benefit for any Dental procedure, which is not listed as a covered dental expense. Any dental service incurred prior to the Effective date or after the termination date is not covered, unless specifically listed in the certificate. A member must be a covered dental member under the Plan to receive dental benefits. The Plan has frequency limitations on certain preventive and diagnostic services, restorations (fillings), periodontal services, endodontic services, and replacement of dentures, bridges and crowns. All services must be necessary and provided according to acceptable dental treatment standards. Treatment performed outside the United States is not covered, except for emergency dental treatment, subject to a maximum benefit.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

This plan does not provide coverage for pediatric oral health services that satisfies the requirements for "minimum essential coverage" as defined by The Patient Protection and Affordable Care Act (PPACA).

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, "Sun Life").

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 15-GP-01 and 16-DEN-C-01.

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GVBH-EE-8384

SLPC 29579

Rates

Coverage and **monthly** cost for Dental.

Rates are effective as of September 1, 2025.

Dental coverage is contributory. You are responsible for paying for all or a part of the cost through payroll deduction.

Coverage	Cost per pay period*
Employee	\$22.41
Employee + Spouse	\$45.34
Employee + Child(ren)	\$58.32
Employee + Family	\$79.53

*Contact your employer to confirm your part of the cost.

Edgewood Independent School District

your vision plan

Client code: 7730



Frequency

Exam: January 1

Lenses & lens upgrades: January 1

Frame: January 1

Contacts, evaluation & fitting: January 1

Sign up during open enrollment

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



Exams & Services

Eye Exam copay: **\$10**

Contacts evaluation, fitting & follow-up:

Collection

Specialty lens

Covered in full

**\$60 allowance plus
15% savings²**



Frame

Allowance:

Other locations

Visionworks¹

\$130

\$180

+Additional 20% off any overage.²

or

The Exclusive Collection copay:

Fashion

Premier

Designer **Covered in full**

\$25



Lenses

Lens copay: **\$0**



Contacts³ in lieu of glasses

Allowance:

\$130

+Additional 15% off any overage.²

or

The Exclusive
Collection of
Contact Lenses:⁴
Covered in full

Using your client code

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

The Exclusive Collection

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

Free breakage warranty

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

Find a network provider...

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

Options & upgrades

Lens options

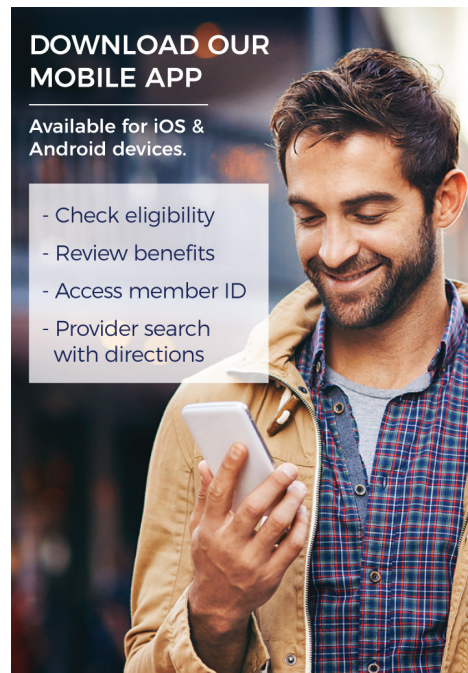
Clear plastic single-vision, bifocal, trifocal or

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

DOWNLOAD OUR MOBILE APP

Available for iOS & Android devices.

- Check eligibility
- Review benefits
- Access member ID
- Provider search with directions



Additional savings

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



Employee rates	Monthly
Employee	\$ 8.83
Employee + Spouse	\$17.63
Employee + Child(ren)	\$16.75
Employee + Family	\$26.33

Out-of-network benefits

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

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

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

Basic Life Insurance



Even among people who have life insurance, about **1 in 5** say they don't have enough.¹

► PROTECTS YOUR LOVED ONES.

Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

► HELPS PAY YOUR FINAL EXPENSES.

Your beneficiaries may use this money to pay for your burial or cremation, and pay any outstanding medical bills.

► PART OF YOUR BENEFIT PACKAGE.

This benefit is completely paid for by your employer. Remember to name your beneficiaries if you haven't done so already.

BENEFITS

For you*

\$15,000. No medical questions asked, **up to the Guaranteed Issue amount of \$15,000.**

Benefits are reduced at age 70 and may reduce again in subsequent years as noted in your Certificate.

***This coverage includes Accidental Death and Dismemberment insurance.**

EDGEWOOD INDEPENDENT SCHOOL DISTRICT

All Eligible Employees

POLICY # 967173

Sun Life Assurance Company of Canada

2395361 SEQ12 CL1 04/30/2024 10:26:05

Frequently asked questions

What is my AD&D benefit?

We will pay your beneficiaries an Accidental Death insurance amount that matches your Basic Life insurance amount, if you die from a covered accident. Additional benefits are available for accidental injuries (i.e., dismemberment) such as loss of limbs, fingers or sight. Refer to your Certificate for a full list of covered accidental injuries.

Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

What happens if I become Totally Disabled?

If we determine that you are Totally Disabled and cannot work, your life insurance coverage may continue at no cost. You must meet certain requirements, as detailed in the Certificate.

How does my beneficiary file a death claim?

Your beneficiary(ies) and your employer will complete the appropriate claims forms and submit them to us. We will notify your beneficiaries when the decision is made and if we have any questions. If approved, beneficiaries may elect to receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply and options may vary by state.) If your AD&D claim for an accidental injury is approved, the benefit amount will be paid directly to you.

1. LIMRA, Facts about Life 2018.

Read the *Important information* section for more details including limitations and exclusions.

Important information

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to the Certificate for details.

Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

Life

In some states, your employer's group policy may exclude payment for suicide that occurs within a specific time period after the insurance or increase in insurance becomes effective. Please see your Certificate for details.

Accidental Death and Dismemberment

We will not pay a benefit that is due to or results from: suicide while sane or insane; injuring oneself intentionally; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; bodily or mental infirmity or disease or infection unless due to an accidental injury; riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.

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Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, "Sun Life").

Group life insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 12-GP-01, 15-LF-01, 12-GPPort-P01, 12-LFPort-C-01, 15-ADD-C-01, 13-ADD-C-01 and 13-ADDPort-C-01.

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GVBH-EE-8384

SLPC 29579

Benefits you can use today

Online Will Preparation and Claimant Support Services

At Sun Life, we are pleased to offer you Online Will Preparation and Claimant Support Services through ComPsych® Corporation. These services are included with your Life insurance plan.

Online Will Preparation

A will is the cornerstone of any estate plan and can protect your assets and loved ones. Through an easy-to-use secure website, you and your spouse can now create and download a will in about 20 minutes. This service includes the following:



- step-by-step guidance and customization for your unique situation, glossary of legal definitions,
- ability to name an executor to carry out your wishes and a guardian(s) to care for your children,
- ability to create a living will (for an additional fee), and
- ability to create a final arrangements document (for an additional fee).

- assistance with topics such as inheritance taxes, loss of income, creditors, and probate, and
- support dealing with trauma, loss, and adjusting to a reduced quality of life, and other concerns.
- ComPsych's professionals do not sell financial products and do not receive commissions, so you can rest assured that you will receive the information you need to help during a difficult time.

Getting the help you need to face life's challenges and planning ahead to protect your loved ones can go a long way.

Claimant Support Services

Losing a loved one or becoming disabled can be overwhelming to say the least. With Claimant Support Services, you have access to no-cost, objective financial planning, legal information, and emotional support, if you or your family member has filed a claim with us.



You can receive the following:

- up to five telephonic professional counseling sessions per claim for legal, financial, and emotional assistance,
- 24x7 access to counseling provided by ComPsych's on-staff professionals, including clinicians, licensed attorneys, CPAs, CFPs, and other financial experts,

Remove and keep this reference card handy so you can take advantage of these services if or when you need to.



Online Will Preparation

To protect your assets and loved ones, you can go online to create and download a will at:

www.EstateGuidance.com

Promo code: **SLF4VAS**

Online Will Preparation provided by ComPsych to active employees enrolled in Sun Life's Life insurance. This service is not insurance.

Claimant Support Services

If you need to talk to a counselor or need legal or financial information because of a Life or Disability insurance claim with Sun Life, you can call ComPsych for no-cost, objective assistance.

888-475-3827

Claimant Support Services provided by ComPsych to Sun Life's Life insurance claimants and beneficiaries. Up to five counseling sessions per claim. This service is not insurance.

To learn more, visit www.sunlife.com/us

continued

Your Life. Your Work. Your Best.

Your GuidanceResources® Program

Sometimes life can feel overwhelming. It doesn't have to. Your ComPsych® GuidanceResources® program provides confidential counseling, expert guidance and valuable resources to help you handle any of life's challenges, big or small.

Services:

Confidential Emotional Support

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

Work and Lifestyle Support

- Child, elder and pet care
- Moving and relocation
- Shelter and government assistance

Legal Guidance

- Divorce, adoption and family law
- Free consultation and discounted local representation

Financial Resources

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more

Digital Support

- Connect to counseling, work-life support or other services
- Tap into an array of articles, podcasts, videos, slideshows
- Improve your skills with On-Demand trainings

What happens when I call for counseling support?

When you call, you will speak with a GuidanceConsultantSM, a master's- or PhD-level counselor who will collect some general information about you and will talk with you about your needs. The GuidanceConsultantSM will provide the name of a counselor who can assist you. You will receive counseling through the EAP up to 3 sessions per issue, per person, per calendar year. You can then set up an appointment to speak with the counselor over the phone or schedule a face-to-face visit.

What counseling services does the EAP provide?

The EAP provides free short-term counseling with counselors in your area who can help you with your emotional concerns. If the counselor determines that your issues can be resolved with short-term counseling, you will receive counseling through the EAP. However, if it is determined that the problem cannot be resolved in short-term counseling in the EAP and you will need longer-term treatment, you will be referred to a specialist early on and your insurance coverage will be activated.

Life is challenging.
We can help.
Confidential 24/7 support.



24/7 Live Assistance:
Call: 800.460.4374
TRS: Dial 711



Online: [guidanceresources.com](https://www.guidanceresources.com)
App: GuidanceNowSM
Web ID: EAPessential



Voluntary Life Insurance



➤ MORE PROTECTION FOR YOUR LOVED ONES.

The people you love and support could face financial challenges without you. Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

➤ HELPS YOU CLOSE ANY COVERAGE GAPS.

You may have life insurance today, either on your own or through your employer. Now is a good time to ask yourself if you need more coverage.

BENEFITS (You can purchase this coverage at a group rate.)

For you

You can choose from **\$10,000 to \$500,000**—in increments of \$10,000 **not to exceed 7 times** your Basic Annual Earnings. No medical questions asked **up to the Guaranteed Issue amount of \$250,000**.

Benefits are reduced at age 70 and may reduce again in subsequent years as noted in your Certificate.

For your spouse

If you elect coverage for yourself, you can choose from **\$5,000 to \$500,000**—in increments of \$5,000. No medical questions asked **up to the Guaranteed Issue amount of \$50,000**.

The amount you select for your spouse cannot exceed 100% of your coverage amount. Benefits may reduce as noted in your Certificate.

For your child(ren)

If you elect coverage for yourself, you can choose **\$2,000 to \$10,000**—in \$2,000 increments. No medical questions asked.

The amount you select for your child(ren) cannot exceed 100% of your coverage amount. Benefits may reduce as noted in your Certificate. Child(ren) must primarily depend on the employee for 50% or more of their support.

A full benefit is payable for a dependent child who is 6 months to 26. A reduced benefit of \$1,000 is payable for a child from birth to 6 months.

EDGEWOOD INDEPENDENT SCHOOL DISTRICT

All Eligible Employees

POLICY #: 967173

Frequently asked questions

Do I need to answer any health questions to enroll?

Yes, if you request an initial amount higher than the Guaranteed Issue amount or if you want to increase coverage in excess of one increment annually. To answer health questions, please fill out our Evidence of Insurability application. Health questions must be approved by Sun Life before coverage takes effect. Please see your Certificate for details.

Can I increase my coverage at a later date?

Yes. You may increase your coverage by one increment amount annually, without having to answer health questions, even if the increase means that your coverage exceeds the Guaranteed Issue amount. Your benefits administrator can advise you on how to increase coverage annually. The maximum benefit amount still applies.

Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

Can I access my life insurance if I become terminally ill?

You may apply to receive a portion of your life insurance to help cover medical and living expenses. This is called an "Accelerated Benefit" and there are some important things to know about it, including that it is not long-term-care insurance, it may be taxable and it may affect your eligibility for public assistance programs. It will also reduce the total amount of the life insurance payment we pay to your beneficiary(ies).

What happens if I become Totally Disabled?

If we determine that you are Totally Disabled and cannot work, your life insurance coverage may continue at no cost. You must meet certain requirements, as detailed in the Certificate.

How does my beneficiary file a death claim?

Your beneficiary(ies) and your employer will complete the appropriate claims forms and submit them to us. We will notify your beneficiaries when the decision is made and if we have any questions. If approved, beneficiaries may elect to receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply and options may vary by state.)

1. LIMRA, Facts about Life 2018.

Read the *Important information* section for more details including limitations and exclusions.

Rates

Employee - Coverage and **monthly** cost for Employee Voluntary Life.

Rates are effective as of September 1, 2024.

The chart below shows possible coverage amounts and their **monthly** costs.

Find your age bracket (as of the effective date of coverage) to see the cost for the coverage amount you choose.

Coverage amounts	Age and cost											
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	0.60	0.60	0.70	0.90	1.30	2.04	3.14	5.60	8.70	15.70	28.30	46.50
\$20,000	1.20	1.20	1.40	1.80	2.60	4.08	6.28	11.20	17.40	31.40	56.60	93.00
\$30,000	1.80	1.80	2.10	2.70	3.90	6.12	9.42	16.80	26.10	47.10	84.90	139.50
\$40,000	2.40	2.40	2.80	3.60	5.20	8.16	12.56	22.40	34.80	62.80	113.20	186.00
\$50,000	3.00	3.00	3.50	4.50	6.50	10.20	15.70	28.00	43.50	78.50	141.50	232.50
\$60,000	3.60	3.60	4.20	5.40	7.80	12.24	18.84	33.60	52.20	94.20	169.80	279.00
\$70,000	4.20	4.20	4.90	6.30	9.10	14.28	21.98	39.20	60.90	109.90	198.10	325.50
\$80,000	4.80	4.80	5.60	7.20	10.40	16.32	25.12	44.80	69.60	125.60	226.40	372.00
\$90,000	5.40	5.40	6.30	8.10	11.70	18.36	28.26	50.40	78.30	141.30	254.70	418.50
\$100,000	6.00	6.00	7.00	9.00	13.00	20.40	31.40	56.00	87.00	157.00	283.00	465.00
\$110,000	6.60	6.60	7.70	9.90	14.30	22.44	34.54	61.60	95.70	172.70	311.30	511.50
\$120,000	7.20	7.20	8.40	10.80	15.60	24.48	37.68	67.20	104.40	188.40	339.60	558.00
\$130,000	7.80	7.80	9.10	11.70	16.90	26.52	40.82	72.80	113.10	204.10	367.90	604.50
\$140,000	8.40	8.40	9.80	12.60	18.20	28.56	43.96	78.40	121.80	219.80	396.20	651.00
\$150,000	9.00	9.00	10.50	13.50	19.50	30.60	47.10	84.00	130.50	235.50	424.50	697.50
\$160,000	9.60	9.60	11.20	14.40	20.80	32.64	50.24	89.60	139.20	251.20	452.80	744.00
\$170,000	10.20	10.20	11.90	15.30	22.10	34.68	53.38	95.20	147.90	266.90	481.10	790.50
\$180,000	10.80	10.80	12.60	16.20	23.40	36.72	56.52	100.80	156.60	282.60	509.40	837.00
\$190,000	11.40	11.40	13.30	17.10	24.70	38.76	59.66	106.40	165.30	298.30	537.70	883.50
\$200,000	12.00	12.00	14.00	18.00	26.00	40.80	62.80	112.00	174.00	314.00	566.00	930.00
\$210,000	12.60	12.60	14.70	18.90	27.30	42.84	65.94	117.60	182.70	329.70	594.30	976.50
\$220,000	13.20	13.20	15.40	19.80	28.60	44.88	69.08	123.20	191.40	345.40	622.60	1023.00
\$230,000	13.80	13.80	16.10	20.70	29.90	46.92	72.22	128.80	200.10	361.10	650.90	1069.50
\$240,000	14.40	14.40	16.80	21.60	31.20	48.96	75.36	134.40	208.80	376.80	679.20	1116.00
\$250,000	15.00	15.00	17.50	22.50	32.50	51.00	78.50	140.00	217.50	392.50	707.50	1162.50
\$260,000	15.60	15.60	18.20	23.40	33.80	53.04	81.64	145.60	226.20	408.20	735.80	1209.00
\$270,000	16.20	16.20	18.90	24.30	35.10	55.08	84.78	151.20	234.90	423.90	764.10	1255.50
\$280,000	16.80	16.80	19.60	25.20	36.40	57.12	87.92	156.80	243.60	439.60	792.40	1302.00
\$290,000	17.40	17.40	20.30	26.10	37.70	59.16	91.06	162.40	252.30	455.30	820.70	1348.50
\$300,000	18.00	18.00	21.00	27.00	39.00	61.20	94.20	168.00	261.00	471.00	849.00	1395.00
\$310,000	18.60	18.60	21.70	27.90	40.30	63.24	97.34	173.60	269.70	486.70	877.30	1441.50
\$320,000	19.20	19.20	22.40	28.80	41.60	65.28	100.48	179.20	278.40	502.40	905.60	1488.00
\$330,000	19.80	19.80	23.10	29.70	42.90	67.32	103.62	184.80	287.10	518.10	933.90	1534.50
\$340,000	20.40	20.40	23.80	30.60	44.20	69.36	106.76	190.40	295.80	533.80	962.20	1581.00
\$350,000	21.00	21.00	24.50	31.50	45.50	71.40	109.90	196.00	304.50	549.50	990.50	1627.50
\$360,000	21.60	21.60	25.20	32.40	46.80	73.44	113.04	201.60	313.20	565.20	1018.80	1674.00
\$370,000	22.20	22.20	25.90	33.30	48.10	75.48	116.18	207.20	321.90	580.90	1047.10	1720.50
\$380,000	22.80	22.80	26.60	34.20	49.40	77.52	119.32	212.80	330.60	596.60	1075.40	1767.00
\$390,000	23.40	23.40	27.30	35.10	50.70	79.56	122.46	218.40	339.30	612.30	1103.70	1813.50
\$400,000	24.00	24.00	28.00	36.00	52.00	81.60	125.60	224.00	348.00	628.00	1132.00	1860.00
\$410,000	24.60	24.60	28.70	36.90	53.30	83.64	128.74	229.60	356.70	643.70	1160.30	1906.50
\$420,000	25.20	25.20	29.40	37.80	54.60	85.68	131.88	235.20	365.40	659.40	1188.60	1953.00
\$430,000	25.80	25.80	30.10	38.70	55.90	87.72	135.02	240.80	374.10	675.10	1216.90	1999.50
\$440,000	26.40	26.40	30.80	39.60	57.20	89.76	138.16	246.40	382.80	690.80	1245.20	2046.00
\$450,000	27.00	27.00	31.50	40.50	58.50	91.80	141.30	252.00	391.50	706.50	1273.50	2092.50

Rates

Coverage amounts	Age and cost											
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$460,000	27.60	27.60	32.20	41.40	59.80	93.84	144.44	257.60	400.20	722.20	1301.80	2139.00
\$470,000	28.20	28.20	32.90	42.30	61.10	95.88	147.58	263.20	408.90	737.90	1330.10	2185.50
\$480,000	28.80	28.80	33.60	43.20	62.40	97.92	150.72	268.80	417.60	753.60	1358.40	2232.00
\$490,000	29.40	29.40	34.30	44.10	63.70	99.96	153.86	274.40	426.30	769.30	1386.70	2278.50
\$500,000	30.00	30.00	35.00	45.00	65.00	102.00	157.00	280.00	435.00	785.00	1415.00	2325.00

Rates

Spouse - Coverage and **monthly** cost for Spouse Voluntary Life.

Rates are effective as of September 1, 2024.

The chart below shows possible coverage amounts and their **monthly** costs.

Find your spouse's age bracket (as of the effective date of coverage) to see the cost for the coverage amount you choose.

Spouse rates are based on the spouse's age.

Coverage amounts	Age and cost											
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	0.30	0.30	0.35	0.45	0.65	1.02	1.57	2.80	4.35	7.85	14.15	23.25
\$10,000	0.60	0.60	0.70	0.90	1.30	2.04	3.14	5.60	8.70	15.70	28.30	46.50
\$15,000	0.90	0.90	1.05	1.35	1.95	3.06	4.71	8.40	13.05	23.55	42.45	69.75
\$20,000	1.20	1.20	1.40	1.80	2.60	4.08	6.28	11.20	17.40	31.40	56.60	93.00
\$25,000	1.50	1.50	1.75	2.25	3.25	5.10	7.85	14.00	21.75	39.25	70.75	116.25
\$30,000	1.80	1.80	2.10	2.70	3.90	6.12	9.42	16.80	26.10	47.10	84.90	139.50
\$35,000	2.10	2.10	2.45	3.15	4.55	7.14	10.99	19.60	30.45	54.95	99.05	162.75
\$40,000	2.40	2.40	2.80	3.60	5.20	8.16	12.56	22.40	34.80	62.80	113.20	186.00
\$45,000	2.70	2.70	3.15	4.05	5.85	9.18	14.13	25.20	39.15	70.65	127.35	209.25
\$50,000	3.00	3.00	3.50	4.50	6.50	10.20	15.70	28.00	43.50	78.50	141.50	232.50
\$55,000	3.30	3.30	3.85	4.95	7.15	11.22	17.27	30.80	47.85	86.35	155.65	255.75
\$60,000	3.60	3.60	4.20	5.40	7.80	12.24	18.84	33.60	52.20	94.20	169.80	279.00
\$65,000	3.90	3.90	4.55	5.85	8.45	13.26	20.41	36.40	56.55	102.05	183.95	302.25
\$70,000	4.20	4.20	4.90	6.30	9.10	14.28	21.98	39.20	60.90	109.90	198.10	325.50
\$75,000	4.50	4.50	5.25	6.75	9.75	15.30	23.55	42.00	65.25	117.75	212.25	348.75
\$80,000	4.80	4.80	5.60	7.20	10.40	16.32	25.12	44.80	69.60	125.60	226.40	372.00
\$85,000	5.10	5.10	5.95	7.65	11.05	17.34	26.69	47.60	73.95	133.45	240.55	395.25
\$90,000	5.40	5.40	6.30	8.10	11.70	18.36	28.26	50.40	78.30	141.30	254.70	418.50
\$95,000	5.70	5.70	6.65	8.55	12.35	19.38	29.83	53.20	82.65	149.15	268.85	441.75
\$100,000	6.00	6.00	7.00	9.00	13.00	20.40	31.40	56.00	87.00	157.00	283.00	465.00
\$105,000	6.30	6.30	7.35	9.45	13.65	21.42	32.97	58.80	91.35	164.85	297.15	488.25
\$110,000	6.60	6.60	7.70	9.90	14.30	22.44	34.54	61.60	95.70	172.70	311.30	511.50
\$115,000	6.90	6.90	8.05	10.35	14.95	23.46	36.11	64.40	100.05	180.55	325.45	534.75
\$120,000	7.20	7.20	8.40	10.80	15.60	24.48	37.68	67.20	104.40	188.40	339.60	558.00
\$125,000	7.50	7.50	8.75	11.25	16.25	25.50	39.25	70.00	108.75	196.25	353.75	581.25
\$130,000	7.80	7.80	9.10	11.70	16.90	26.52	40.82	72.80	113.10	204.10	367.90	604.50
\$135,000	8.10	8.10	9.45	12.15	17.55	27.54	42.39	75.60	117.45	211.95	382.05	627.75
\$140,000	8.40	8.40	9.80	12.60	18.20	28.56	43.96	78.40	121.80	219.80	396.20	651.00
\$145,000	8.70	8.70	10.15	13.05	18.85	29.58	45.53	81.20	126.15	227.65	410.35	674.25
\$150,000	9.00	9.00	10.50	13.50	19.50	30.60	47.10	84.00	130.50	235.50	424.50	697.50
\$155,000	9.30	9.30	10.85	13.95	20.15	31.62	48.67	86.80	134.85	243.35	438.65	720.75
\$160,000	9.60	9.60	11.20	14.40	20.80	32.64	50.24	89.60	139.20	251.20	452.80	744.00
\$165,000	9.90	9.90	11.55	14.85	21.45	33.66	51.81	92.40	143.55	259.05	466.95	767.25
\$170,000	10.20	10.20	11.90	15.30	22.10	34.68	53.38	95.20	147.90	266.90	481.10	790.50
\$175,000	10.50	10.50	12.25	15.75	22.75	35.70	54.95	98.00	152.25	274.75	495.25	813.75
\$180,000	10.80	10.80	12.60	16.20	23.40	36.72	56.52	100.80	156.60	282.60	509.40	837.00
\$185,000	11.10	11.10	12.95	16.65	24.05	37.74	58.09	103.60	160.95	290.45	523.55	860.25
\$190,000	11.40	11.40	13.30	17.10	24.70	38.76	59.66	106.40	165.30	298.30	537.70	883.50
\$195,000	11.70	11.70	13.65	17.55	25.35	39.78	61.23	109.20	169.65	306.15	551.85	906.75
\$200,000	12.00	12.00	14.00	18.00	26.00	40.80	62.80	112.00	174.00	314.00	566.00	930.00
\$205,000	12.30	12.30	14.35	18.45	26.65	41.82	64.37	114.80	178.35	321.85	580.15	953.25
\$210,000	12.60	12.60	14.70	18.90	27.30	42.84	65.94	117.60	182.70	329.70	594.30	976.50
\$215,000	12.90	12.90	15.05	19.35	27.95	43.86	67.51	120.40	187.05	337.55	608.45	999.75
\$220,000	13.20	13.20	15.40	19.80	28.60	44.88	69.08	123.20	191.40	345.40	622.60	1023.00

Rates

Coverage amounts	Age and cost											
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$225,000	13.50	13.50	15.75	20.25	29.25	45.90	70.65	126.00	195.75	353.25	636.75	1046.25
\$230,000	13.80	13.80	16.10	20.70	29.90	46.92	72.22	128.80	200.10	361.10	650.90	1069.50
\$235,000	14.10	14.10	16.45	21.15	30.55	47.94	73.79	131.60	204.45	368.95	665.05	1092.75
\$240,000	14.40	14.40	16.80	21.60	31.20	48.96	75.36	134.40	208.80	376.80	679.20	1116.00
\$245,000	14.70	14.70	17.15	22.05	31.85	49.98	76.93	137.20	213.15	384.65	693.35	1139.25
\$250,000	15.00	15.00	17.50	22.50	32.50	51.00	78.50	140.00	217.50	392.50	707.50	1162.50
\$255,000	15.30	15.30	17.85	22.95	33.15	52.02	80.07	142.80	221.85	400.35	721.65	1185.75
\$260,000	15.60	15.60	18.20	23.40	33.80	53.04	81.64	145.60	226.20	408.20	735.80	1209.00
\$265,000	15.90	15.90	18.55	23.85	34.45	54.06	83.21	148.40	230.55	416.05	749.95	1232.25
\$270,000	16.20	16.20	18.90	24.30	35.10	55.08	84.78	151.20	234.90	423.90	764.10	1255.50
\$275,000	16.50	16.50	19.25	24.75	35.75	56.10	86.35	154.00	239.25	431.75	778.25	1278.75
\$280,000	16.80	16.80	19.60	25.20	36.40	57.12	87.92	156.80	243.60	439.60	792.40	1302.00
\$285,000	17.10	17.10	19.95	25.65	37.05	58.14	89.49	159.60	247.95	447.45	806.55	1325.25
\$290,000	17.40	17.40	20.30	26.10	37.70	59.16	91.06	162.40	252.30	455.30	820.70	1348.50
\$295,000	17.70	17.70	20.65	26.55	38.35	60.18	92.63	165.20	256.65	463.15	834.85	1371.75
\$300,000	18.00	18.00	21.00	27.00	39.00	61.20	94.20	168.00	261.00	471.00	849.00	1395.00
\$305,000	18.30	18.30	21.35	27.45	39.65	62.22	95.77	170.80	265.35	478.85	863.15	1418.25
\$310,000	18.60	18.60	21.70	27.90	40.30	63.24	97.34	173.60	269.70	486.70	877.30	1441.50
\$315,000	18.90	18.90	22.05	28.35	40.95	64.26	98.91	176.40	274.05	494.55	891.45	1464.75
\$320,000	19.20	19.20	22.40	28.80	41.60	65.28	100.48	179.20	278.40	502.40	905.60	1488.00
\$325,000	19.50	19.50	22.75	29.25	42.25	66.30	102.05	182.00	282.75	510.25	919.75	1511.25
\$330,000	19.80	19.80	23.10	29.70	42.90	67.32	103.62	184.80	287.10	518.10	933.90	1534.50
\$335,000	20.10	20.10	23.45	30.15	43.55	68.34	105.19	187.60	291.45	525.95	948.05	1557.75
\$340,000	20.40	20.40	23.80	30.60	44.20	69.36	106.76	190.40	295.80	533.80	962.20	1581.00
\$345,000	20.70	20.70	24.15	31.05	44.85	70.38	108.33	193.20	300.15	541.65	976.35	1604.25
\$350,000	21.00	21.00	24.50	31.50	45.50	71.40	109.90	196.00	304.50	549.50	990.50	1627.50
\$355,000	21.30	21.30	24.85	31.95	46.15	72.42	111.47	198.80	308.85	557.35	1004.65	1650.75
\$360,000	21.60	21.60	25.20	32.40	46.80	73.44	113.04	201.60	313.20	565.20	1018.80	1674.00
\$365,000	21.90	21.90	25.55	32.85	47.45	74.46	114.61	204.40	317.55	573.05	1032.95	1697.25
\$370,000	22.20	22.20	25.90	33.30	48.10	75.48	116.18	207.20	321.90	580.90	1047.10	1720.50
\$375,000	22.50	22.50	26.25	33.75	48.75	76.50	117.75	210.00	326.25	588.75	1061.25	1743.75
\$380,000	22.80	22.80	26.60	34.20	49.40	77.52	119.32	212.80	330.60	596.60	1075.40	1767.00
\$385,000	23.10	23.10	26.95	34.65	50.05	78.54	120.89	215.60	334.95	604.45	1089.55	1790.25
\$390,000	23.40	23.40	27.30	35.10	50.70	79.56	122.46	218.40	339.30	612.30	1103.70	1813.50
\$395,000	23.70	23.70	27.65	35.55	51.35	80.58	124.03	221.20	343.65	620.15	1117.85	1836.75
\$400,000	24.00	24.00	28.00	36.00	52.00	81.60	125.60	224.00	348.00	628.00	1132.00	1860.00
\$405,000	24.30	24.30	28.35	36.45	52.65	82.62	127.17	226.80	352.35	635.85	1146.15	1883.25
\$410,000	24.60	24.60	28.70	36.90	53.30	83.64	128.74	229.60	356.70	643.70	1160.30	1906.50
\$415,000	24.90	24.90	29.05	37.35	53.95	84.66	130.31	232.40	361.05	651.55	1174.45	1929.75
\$420,000	25.20	25.20	29.40	37.80	54.60	85.68	131.88	235.20	365.40	659.40	1188.60	1953.00
\$425,000	25.50	25.50	29.75	38.25	55.25	86.70	133.45	238.00	369.75	667.25	1202.75	1976.25
\$430,000	25.80	25.80	30.10	38.70	55.90	87.72	135.02	240.80	374.10	675.10	1216.90	1999.50
\$435,000	26.10	26.10	30.45	39.15	56.55	88.74	136.59	243.60	378.45	682.95	1231.05	2022.75
\$440,000	26.40	26.40	30.80	39.60	57.20	89.76	138.16	246.40	382.80	690.80	1245.20	2046.00
\$445,000	26.70	26.70	31.15	40.05	57.85	90.78	139.73	249.20	387.15	698.65	1259.35	2069.25
\$450,000	27.00	27.00	31.50	40.50	58.50	91.80	141.30	252.00	391.50	706.50	1273.50	2092.50
\$455,000	27.30	27.30	31.85	40.95	59.15	92.82	142.87	254.80	395.85	714.35	1287.65	2115.75
\$460,000	27.60	27.60	32.20	41.40	59.80	93.84	144.44	257.60	400.20	722.20	1301.80	2139.00
\$465,000	27.90	27.90	32.55	41.85	60.45	94.86	146.01	260.40	404.55	730.05	1315.95	2162.25
\$470,000	28.20	28.20	32.90	42.30	61.10	95.88	147.58	263.20	408.90	737.90	1330.10	2185.50
\$475,000	28.50	28.50	33.25	42.75	61.75	96.90	149.15	266.00	413.25	745.75	1344.25	2208.75

Rates

Coverage amounts	Age and cost											
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$480,000	28.80	28.80	33.60	43.20	62.40	97.92	150.72	268.80	417.60	753.60	1358.40	2232.00
\$485,000	29.10	29.10	33.95	43.65	63.05	98.94	152.29	271.60	421.95	761.45	1372.55	2255.25
\$490,000	29.40	29.40	34.30	44.10	63.70	99.96	153.86	274.40	426.30	769.30	1386.70	2278.50
\$495,000	29.70	29.70	34.65	44.55	64.35	100.98	155.43	277.20	430.65	777.15	1400.85	2301.75
\$500,000	30.00	30.00	35.00	45.00	65.00	102.00	157.00	280.00	435.00	785.00	1415.00	2325.00

Child - Coverage and **monthly** cost for Child Voluntary Life.

Rates are effective as of September 1, 2024.

The chart below shows possible coverage amounts and their **monthly** costs.

Coverage amounts	Cost per pay period
\$2,000	0.40
\$4,000	0.80
\$6,000	1.20
\$8,000	1.60
\$10,000	2.00

Accidental Death and Dismemberment (AD&D) insurance

Edgewood Independent School District | All Eligible Employees | 967173

Protect your savings and your family

A serious accident can change the course of your life and leave you and the people you love with unexpected expenses. AD&D insurance provides financial protection if you or anyone on your plan suffers from a covered accidental injury or accidental death.

How it works

You have the opportunity to purchase additional Accidental Death & Dismemberment (AD&D) insurance, beyond what your employer has provided for you.

You are responsible for paying all or a portion of the cost.

Benefits

For you	You can choose from \$10,000 to \$500,000—in increments of \$10,000, not to exceed 7 times your basic annual earnings. Benefits are reduced to 50% at age 70. Coverage ends at termination of employment or retirement.
For your spouse	If you elect coverage for yourself, you can choose \$5,000 to \$500,000—in increments of \$5,000. (Not to exceed 100% of your Elected amount.) Benefits are reduced to 50% at age 70. Benefit may be reduced when the employee benefit amount is reduced.
For your child(ren)	If you elect coverage for yourself, you can choose \$2,000 to \$10,000—in increments of \$2,000. (Not to exceed 100% of your Elected amount.) Benefit may be reduced when the employee benefit amount is reduced.



Reasons why you may need AD&D insurance



Provide financial support for you or others



Pay household expenses



Hire help for child or elder care



Funeral or medical expenses

You or your beneficiaries can use the benefit to pay for injury-related expenses or to help replace lost income—however way the money is needed.

Covered accidental injuries

You may receive up to 100% of your AD&D coverage amount for losses resulting from one accident, such as paralysis, speech or hearing loss, or thumb and index finger loss. If a covered accident results in your death, your beneficiary will receive 100% of your AD&D coverage amount.

This chart shows a partial list of AD&D insurance benefit amounts as a percentage of coverage. You may refer to the certificate for the full list of covered accidental injuries.

Benefits

Accidental injury	The plan pays
Accidental death	100%
Quadriplegia	100%
Loss of sight of one eye	50%
Loss of speech only or hearing only	50%
Loss of limb (arm or leg)	50%
Loss of thumb and index finger on the same hand	25%

Accidental Death and Dismemberment FAQ

If I do not elect coverage now, can I elect it in the future?

If you do not elect coverage when you are first eligible, you will be required to wait 6 months until you are eligible to elect coverage again.

Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

How is my benefit claim filed and paid?

In the event of your accidental death or injury, you or your beneficiary(ies) and your employer will complete

the appropriate claims forms and submit these to Sun Life. Our claims examiners review the claim and gather additional information if necessary. We will notify you or your beneficiaries when the decision is made. If your death claim is approved, beneficiaries may elect to receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply, and options may vary by state.) If your AD&D claim for an accidental injury is approved, the benefit amount will be paid directly to you.

Read the important plan provisions section for more information including limitations and exclusions.

Important plan provisions

The following coverage(s) do not constitute comprehensive health insurance (often referred to as “major medical coverage”) and do not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act. They do NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services.

To become insured, all persons must be actively at work and performing their regular duties at their usual place of business on the proposed effective date or their date of coverage will be deferred until they return to active work. Refer to the Certificate for details and similar requirements for dependent coverage.

Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

Life

If cause of death is suicide, no amount of contributory Life insurance will be paid if suicide occurs within a specific time period after the insurance or increase in insurance becomes effective. Please see the Certificate for details.

Accidental Death and Dismemberment

We will not pay a benefit that is due to or results from: suicide while sane or insane; injuring oneself intentionally; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; bodily or mental infirmity or disease or infection unless due to an accidental injury; riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.

Information about services offered

Value-added services are not insurance, are offered only on specific lines of coverage and carry a separate charge, which is added to the cost of the insurance. The cost is included in the total amount billed. The entities that provide the value-added services are not subcontractors of Sun Life and Sun Life is not responsible or liable for the care, services, or advice provided by them. Sun Life reserves the right to discontinue any of the Services at any time.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

Sun Life Financial companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, “Sun Life Financial” or “Sun Life”).

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 12-GP-01, 13-ADD-C-01, 15-GP-01, 15-LF-C-01, 15-ADD-C-01, 12-DI-C-01, 16-DI-C-01, TDBPOLICY-2006, TDI-POLICY, 12-AC-C-01, 16-AC-C-01, 12-SD-C-01, 16-SD-C-01, and 16-CAN-C-01.

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GVBH-EE-6701

SLPC 2921908/18 (exp 08/22)



Rate Sheet

Employee - Coverage and **monthly** cost for Employee Voluntary AD&D.

Rates are effective as of September 01, 2025.

The chart below shows possible coverage amounts and corresponding costs per month.

Coverage Amounts	Cost per Month
\$10,000	0.30
\$20,000	0.60
\$30,000	0.90
\$40,000	1.20
\$50,000	1.50
\$60,000	1.80
\$70,000	2.10
\$80,000	2.40
\$90,000	2.70
\$100,000	3.00
\$110,000	3.30
\$120,000	3.60
\$130,000	3.90
\$140,000	4.20
\$150,000	4.50
\$160,000	4.80
\$170,000	5.10
\$180,000	5.40
\$190,000	5.70
\$200,000	6.00
\$210,000	6.30
\$220,000	6.60
\$230,000	6.90
\$240,000	7.20
\$250,000	7.50
\$260,000	7.80
\$270,000	8.10
\$280,000	8.40
\$290,000	8.70
\$300,000	9.00
\$310,000	9.30
\$320,000	9.60
\$330,000	9.90
\$340,000	10.20
\$350,000	10.50
\$360,000	10.80
\$370,000	11.10
\$380,000	11.40
\$390,000	11.70
\$400,000	12.00
\$410,000	12.30
\$420,000	12.60
\$430,000	12.90
\$440,000	13.20
\$450,000	13.50
\$460,000	13.80
\$470,000	14.10
\$480,000	14.40
\$490,000	14.70
\$500,000	15.00

Spouse - Coverage and **monthly** cost for Spouse
Voluntary AD&D.

Rates are effective as of September 01, 2025.

The chart below shows possible coverage amounts and corresponding costs per month.

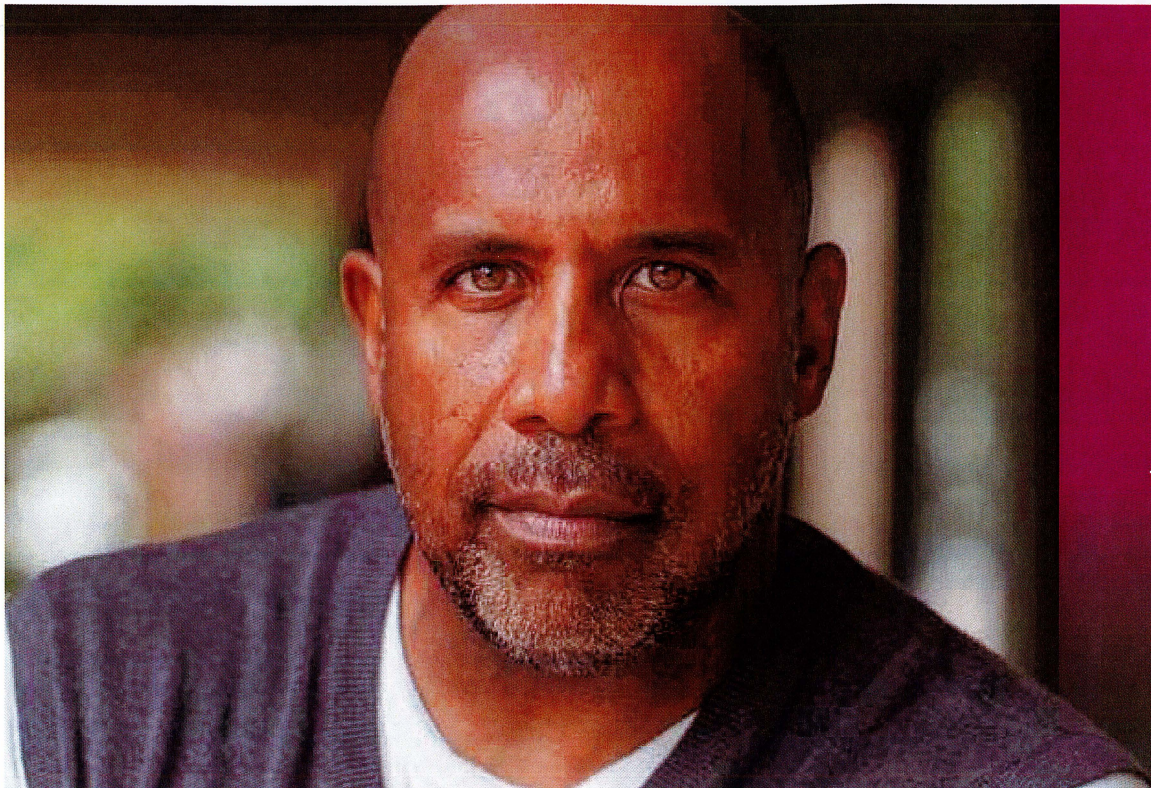
Coverage Amounts	Cost per Month
\$5,000	0.17
\$10,000	0.33
\$15,000	0.50
\$20,000	0.66
\$25,000	0.83
\$30,000	0.99
\$35,000	1.16
\$40,000	1.32
\$45,000	1.49
\$50,000	1.65
\$55,000	1.82
\$60,000	1.98
\$65,000	2.15
\$70,000	2.31
\$75,000	2.48
\$80,000	2.64
\$85,000	2.81
\$90,000	2.97
\$95,000	3.14
\$100,000	3.30
\$105,000	3.47
\$110,000	3.63
\$115,000	3.80
\$120,000	3.96
\$125,000	4.13
\$130,000	4.29
\$135,000	4.46
\$140,000	4.62
\$145,000	4.79
\$150,000	4.95
\$155,000	5.12
\$160,000	5.28
\$165,000	5.45
\$170,000	5.61
\$175,000	5.78
\$180,000	5.94
\$185,000	6.11
\$190,000	6.27
\$195,000	6.44
\$200,000	6.60
\$205,000	6.77
\$210,000	6.93
\$215,000	7.10
\$220,000	7.26
\$225,000	7.43
\$230,000	7.59
\$235,000	7.76
\$240,000	7.92
\$245,000	8.09
\$250,000	8.25
\$255,000	8.42
\$260,000	8.58
\$265,000	8.75
\$270,000	8.91

Child - Coverage and **monthly** cost for Child
Voluntary AD&D.

Rates are effective as of September 01, 2025.

The chart below shows possible coverage amounts and corresponding costs per month.

Coverage Amounts	Cost per Month
\$2,000	0.07
\$4,000	0.13
\$6,000	0.20
\$8,000	0.26
\$10,000	0.33



Allstate[®]
BENEFITS

Protection for the
treatment of cancer and
29 specified diseases

Cancer Insurance

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

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

Here's How It Works

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

Meeting Your Needs

- Includes coverage for cancer and 29 specified diseases
- Benefits are paid directly to you unless otherwise assigned
- Coverage available for dependents
- Waiver of premium after 90 days of disability due to cancer for as long as your disability lasts (employee only)
- Coverage may be continued; refer to your certificate for details
- Additional benefits have been added to enhance your coverage

With Allstate Benefits, you can protect your finances if faced with an unexpected cancer or specified disease diagnosis. **Are you in Good Hands? You can be.**

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

¹Life After Cancer: Survivorship by the Numbers, American Cancer Society, 2017

²Cancer Treatment & Survivorship Facts & Figures, 2016-2017

ABJ35886X

DID YOU KNOW ?



Early detection, improved treatments and access to care are factors that influence cancer survival¹

20.3 million

The number of cancer survivors in the U.S. is increasing, and is expected to jump to nearly 20.3 million by 2026²

Offered to the employees of:
Edgewood ISD

Meet TJ

TJ is like anyone else who has been diagnosed with cancer. He is concerned about his wife and how she will cope with his disease and its treatment. Most importantly, he worries about how he will pay for his treatment.

Here is what weighs heavily on his mind:

- Major medical only pays a portion of the expenses associated with my treatment
- I have copays I am responsible for until I meet my deductible
- If I am not working due to treatments, I must cover my bills, rent/mortgage, groceries and other daily expenses
- If the right treatment is not available locally, I will have to travel to get the treatment I need



Here's how TJ's story of diagnosis and treatment turned into a happy ending, because he had supplemental Cancer Insurance to help with expenses.



CHOOSE

TJ chooses benefits to help protect himself and his wife if diagnosed with cancer or a specified disease



USE

TJ undergoes his annual wellness test and is diagnosed for the first time with prostate cancer. His doctor reviews the results with him and recommends pre-op testing and surgery.

Here's TJ's treatment path:

- TJ travels to a specialized hospital 400 miles from where he lives and undergoes pre-op testing
- He is admitted to the hospital for laparoscopic prostate cancer surgery
- TJ undergoes surgery and spends several hours in the recovery waiting room
- He is transferred to his room where he is visited by his doctor during a 2-day hospital stay
- TJ is released under doctor required treatment and care during a 2-month recovery period

TJ continues to fight his cancer and follow his doctor recommended treatments.



CLAIM

TJ's Cancer claim paid him cash benefits for the following:

Wellness

Cancer Initial Diagnosis

Continuous Hospital Confinement

Non-Local Transportation

Surgery

Anesthesia

Medical Imaging

Inpatient Drugs and Medicine

Physician's Attendance

Anti-Nausea

For a listing of benefits and benefit amounts, see your company's rate insert.

Using your cash benefits

Cash benefits provide you with options, because you decide how to use them.



Finances

Can help protect HSAs, savings, retirement plans and 401(k)s from being depleted.



Travel

Can help pay for expenses while receiving treatment in another city.



Home

Can help pay the mortgage, continue rental payments, or perform needed home repairs for after care.



Expenses

Can help pay your family's living expenses such as bills, electricity, and gas.



MyBenefits: 24/7 Access allstatebenefits.com/mybenefits

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

Wellness Benefit

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

Benefits (subject to maximums as listed on the attached rate insert)

HOSPITAL CONFINEMENT AND RELATED BENEFITS

Continuous Hospital Confinement - inpatient admission and confinement

Government or Charity Hospital - confinements in lieu of all other benefits, except Waiver of Premium

Private Duty Nursing Services - full-time nursing services authorized by attending physician

Extended Care Facility - within 14 days of a hospital stay; payable up to the number of days of the hospital stay

At Home Nursing - private nursing care must begin within 14 days of a covered hospital stay; payable up to the number of days of the previous hospital stay

Hospice Care Center or Team - terminal illness care in a facility or at home; one visit per day

RADIATION/CHEMOTHERAPY AND RELATED BENEFITS

Radiation/Chemotherapy for Cancer - covered treatments to destroy or modify cancerous tissue

Blood, Plasma and Platelets - transfusions, administration, processing, procurement, cross matching

Hematological Drugs - boosts cell lines for white/red cell counts and platelets; payable when Radiation/Chemotherapy for Cancer benefit is paid

Medical Imaging - initial diagnosis or follow-up evaluation based on covered imaging exam

SURGERY AND RELATED BENEFITS

Surgery* - based on Certificate Schedule of Surgical Procedures

Anesthesia - 25% of Surgery benefit for anesthesia received by an anesthetist

Bone Marrow or Stem Cell Transplant - autologous, non-autologous for treatment of cancer or specified disease other than Leukemia, or non-autologous for treatment of Leukemia

Ambulatory Surgical Center - payable only if Surgery benefit is paid

Second Opinion - second opinion for surgery or treatment by a doctor not in practice with your doctor

MISCELLANEOUS BENEFITS

Inpatient Drugs and Medicine - not including drugs/medicine covered under the Radiation/Chemotherapy for Cancer or Anti-Nausea benefits

Physician's Attendance - one inpatient visit by one physician

Ambulance - transfer to or from hospital where confined by a licensed service or hospital-owned ambulance

Non-Local Transportation - obtaining treatment not available locally

Outpatient Lodging - more than 100 miles from home

Family Member Lodging and Transportation - adult family member travels with you during non-local hospital stays for specialized treatment. Transportation not paid if Non-Local Transportation benefit is paid

Physical or Speech Therapy - to restore normal body function

New or Experimental Treatment - payable if physician judges to be necessary and only for treatment not covered under other policy benefits

Prosthesis - surgical implantation of prosthetic device for each amputation

Hair Prosthesis - wig or hairpiece every two years due to hair loss

Nonsurgical External Breast Prosthesis - initial prosthesis after a covered mastectomy

Anti-Nausea Benefit - prescribed anti-nausea medication administered on outpatient basis

Waiver of Premium** - must be disabled 90 days in a row due to cancer, as long as disability lasts

ADDITIONAL BENEFITS

Cancer Initial Diagnosis - for first-time diagnosis of cancer other than skin cancer

Intensive Care (ICU)

- ICU Confinement - illness or accident confinements up to 45 days/stay
- Step-down ICU Confinement - confinements up to 45 days/stay
- Ambulance - licensed air or surface ambulance service to ICU

Wellness Benefit - once per year for one of 23 exams. See left for list of wellness tests

SPECIFIED DISEASES

29 Specified Diseases Covered - Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Cerebrospinal Meningitis, Brucellosis, Sickle Cell Anemia, Thalassemia, Rocky Mountain Spotted Fever, Legionnaires' Disease, Addison's Disease, Hansen's Disease, Tularemia, Hepatitis (Chronic B or C), Typhoid Fever, Myasthenia Gravis, Reye's Syndrome, Primary Sclerosing Cholangitis (Walter Payton's Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis, and Primary Biliary Cirrhosis

*Two or more surgeries done at the same time are considered one operation. The operation with the largest benefit will be paid. Outpatient is paid at 150% of the amount listed in the Schedule of Surgical Procedures. Does not pay for other surgeries covered by other benefits **Premiums waived for employee only

Cancer Insurance (GVCP3)

Includes coverage for 29 Specified Diseases
from Allstate Benefits

Offered to the employees of:
Edgewood ISD

BENEFIT AMOUNTS

HOSPITAL CONFINEMENT AND RELATED BENEFITS	PLAN 1	PLAN 2
Continuous Hospital Confinement (daily)	\$100	\$200
Government or Charity Hospital (daily)	\$100	\$200
Private Duty Nursing Services (daily)	\$100	\$200
Extended Care Facility (daily)	\$100	\$200
At Home Nursing (daily)	\$100	\$200
Hospice Care Center (daily) or Hospice Care Team (per visit)	\$100 \$100	\$200 \$200
RADIATION/CHEMOTHERAPY/RELATED BENEFITS	PLAN 1	PLAN 2
Radiation/Chemotherapy for Cancer ¹ (every 12 months)	\$5,000	\$10,000
Blood, Plasma, and Platelets ¹ (every 12 months)	\$5,000	\$10,000
Hematological Drugs ¹ (every 12 months)	\$100	\$200
Medical Imaging ¹ (every 12 months)	\$250	\$500
SURGERY AND RELATED BENEFITS	PLAN 1	PLAN 2
Surgery ²	\$1,500	\$3,000
Anesthesia (% of surgery benefit)	25%	25%
Bone Marrow or Stem Cell Transplant (once/year)		
1. Autologous	1. \$500	1. \$1,000
2. Non-autologous (cancer or specified disease treatment)	2. \$1,250	2. \$2,500
3. Non-autologous (Leukemia)	3. \$2,500	3. \$5,000
Ambulatory Surgical Center (daily)	\$250	\$500
Second Opinion	\$200	\$400
MISCELLANEOUS BENEFITS	PLAN 1	PLAN 2
Inpatient Drugs and Medicine (daily)	\$25	\$25
Physician's Attendance (daily)	\$50	\$50
Ambulance (per confinement)	\$100	\$100
Non-Local Transportation ¹ (coach fare or amount shown per mile*)	\$0.40/mi	\$0.40/mi
Outpatient Lodging (daily; limit \$2,000/12 mo. period)	\$50	\$50
Family Member Lodging (daily per trip; max. 60 days) and Transportation (coach fare or amount shown per mile**)	\$50 \$0.40/mi	\$50 \$0.40/mi
Physical or Speech Therapy (daily)	\$50	\$50
New or Experimental Treatment ³ (every 12 months)	\$5,000	\$5,000
Prosthesis ³ (per amputation)	\$2,000	\$2,000
Hair Prosthesis (every 2 years)	\$25	\$25
Nonsurgical External Breast Prosthesis ¹	\$50	\$50
Anti-Nausea Benefit ¹ (once per calendar year)	\$200	\$200
Waiver of Premium (employee only)	Yes	Yes
ADDITIONAL BENEFITS	PLAN 1	PLAN 2
Cancer Initial Diagnosis (one-time benefit)	\$2,000	\$2,000
Intensive Care (ICU)		
ICU (daily)	\$200	\$200
Step-down (daily)	\$100	\$100
Ambulance Charges	Charges	Charges
Wellness Benefit	\$100	\$100

¹Pays actual cost up to amount listed. ²Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery. ³Pays actual charges up to amount listed. *At least 70 miles away, up to 700 miles. **Transportation up to 700 miles per continuous hospital confinement.

PLAN 1 PREMIUMS

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

PLAN 2 PREMIUMS

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

Issue ages: 18 and over if actively at work

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



For use in enrollments situated in: TX

This rate insert is part of form ABJ35886X and is not to be used on its own.

This material is valid as long as information remains current, but in no event later than December 1, 2022. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2019 Allstate Insurance Company. www.allstate.com or allstatebenefits.com.

ABJ35886X-Insert-EdgeISD

Critical Illness Insurance

Edgewood Independent School District

Benefits that may help cover costs such as those not covered by your medical plan.

Critical Illness Insurance

Eligible Individual	Initial Benefit	Requirements
Coverage Options		
Employee	\$10,000 or \$20,000	Coverage is guaranteed provided you are actively at work. ¹
Spouse/Domestic Partner²	50% of the Employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. ¹
Dependent Child(ren)³	50% of the Employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. ¹

Benefit Payment

Your **Initial Benefit** provides a lump-sum payment upon the first verified diagnosis of a Covered Condition. Your plan pays a Recurrence Benefit⁴ for the following Covered Conditions: Heart Attack⁵, Stroke,⁶ Coronary Artery Bypass Graft,⁷ Full Benefit Cancer⁸ and Partial Benefit Cancer.⁸ A Recurrence Benefit is only available if an Initial Benefit has been paid for the Covered Condition. There is a Benefit Suspension Period between Recurrences.

The maximum amount that you can receive through your Critical Illness Insurance plan is called the **Total Benefit** and is 3 times the amount of your Initial Benefit. This means that you can receive multiple Initial Benefit and Recurrence Benefit payments until you reach the maximum of 300% or \$30,000 or \$60,000.

Please refer to the table below for the percentage benefit amount for each Covered Condition.

Covered Conditions	Initial Benefit	Recurrence Benefit
Full Benefit Cancer ⁸	100% of Initial Benefit	50% of Initial Benefit
Partial Benefit Cancer ⁸	25% of Initial Benefit	12.5% of Initial Benefit
Heart Attack ⁵	100% of Initial Benefit	50% of Initial Benefit
Stroke ⁶	100% of Initial Benefit	50% of Initial Benefit
Coronary Artery Bypass Graft ⁷	100% of Initial Benefit	50% of Initial Benefit
Kidney Failure	100% of Initial Benefit	Not applicable
Alzheimer's Disease ⁹	100% of Initial Benefit	Not applicable
Major Organ Transplant Benefit ¹⁰	100% of Initial Benefit	Not applicable
22 Listed Conditions	25% of Initial Benefit	Not applicable



Critical Illness Insurance

22 Listed Conditions

MetLife Critical Illness Insurance will pay 25% of the Initial Benefit Amount when a covered person is diagnosed with one of the 22 Listed Conditions. A Covered Person may only receive one benefit payment for one Listed Condition in his/her lifetime. The Listed Conditions are Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Example of Initial & Recurrence Benefit Payments

The example below illustrates an employee who elected an Initial Benefit of \$20,000 and has a Total Benefit of 3 times the Initial Benefit Amount or \$60,000.

Illness – Covered Condition	Payment	Total Benefit Remaining
Heart Attack — first verified diagnosis	Initial Benefit payment of \$20,000 or 100%	\$40,000
Heart Attack — second verified diagnosis, two years later	Recurrence Benefit payment of \$10,000 or 50%	\$30,000
Kidney Failure — first verified diagnosis, three years later	Initial Benefit payment of \$20,000 or 100%	\$10,000

This example is for illustrative purposes only. The MetLife Critical Illness Insurance Policy and Certificate are the governing documents with respect to all matters of insurance, including coverage for specific illnesses. The specific facts of each claim must be evaluated in conjunction with the provisions of the applicable Policy and Certificate to determine coverage in each individual case.

In most states there is a preexisting condition limitation. If advice, treatment or care was sought, recommended, prescribed or received during the three months prior to the effective date of coverage, we will not pay benefits if the covered condition occurs during the first six months of coverage. The preexisting condition limitation does not apply to, heart attack or stroke.

Supplemental Benefits

MetLife provides coverage for the Supplemental Benefits listed below. This coverage does not count towards the Total Benefit Amount payable for the previously mentioned Covered Conditions.

Health Screening Benefit¹¹ MetLife will provide an annual benefit of \$50 per calendar year for taking one of the eligible screening/prevention measures. MetLife will pay only one health screening benefit per covered person per calendar year.

Critical Illness Insurance

Questions & Answers

Q. How do I enroll?

A. Enroll for coverage at mybenefits.metlife.com.

Q. Who is eligible to enroll?

A. Regular active full-time employees who are actively at work along with their spouse/domestic partner and dependent children can enroll for MetLife Critical Illness Insurance coverage.¹

Q. How do I pay for coverage?

A. Coverage is paid through payroll deduction.

Q. What is the coverage effective date?

A. The coverage effective date is 01/01/2023.

Q. If I Leave the Company, Can I Keep My Coverage?¹²

A. Under certain circumstances, you can take your coverage with you if you leave. You must make a request in writing within a specified period after you leave your employer. You must also continue to pay premiums to keep the coverage in force.

Q. Who do I call for assistance?

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

¹ Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas. MetLife will not pay a benefit for a Covered Condition that is diagnosed prior to the coverage effective date.

² Coverage for Domestic Partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.

³ Dependent Child coverage varies by state. Please contact MetLife for more information.

⁴ We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period. We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the Covered Person has not had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit during the Benefit Suspension Period.

⁵ The Heart Attack Covered Condition pays a benefit for the occurrence of a myocardial infarction, subject to the terms of the certificate. A myocardial infarction does not include sudden cardiac arrest.

⁶ In certain states, the covered condition is Severe Stroke.

⁷ In certain states, the Covered Condition is Coronary Artery Disease.

⁸ Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for specific information about cancer benefits. Not all types of cancer are covered. Some cancers are covered at less than the Initial Benefit Amount. For NH-situated cases and NH residents, there is an initial benefit of \$100 for All Other Cancer.

⁹ Please review the Outline of Coverage for specific information about Alzheimer's disease.

¹⁰ In most states, we will not pay a Major Organ Transplant benefit if a covered person is placed on the organ transplant list prior to coverage taking effect and subsequently undergoes a transplant procedure for the same organ while coverage is in effect. Covered organs may vary by state; refer to the Certificate for details.

¹¹ The Health Screening Benefit is not available in certain states. In some states, there is a separate mammogram benefit. Please review your Disclosure Statement or Outline of Coverage/Disclosure Document for specific state variations and exclusions around this benefit.

¹² Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

METLIFE'S CRITICAL ILLNESS INSURANCE (CII) IS A LIMITED BENEFIT GROUP INSURANCE POLICY. Like most group accident and health insurance policies, MetLife's CII policies contain certain exclusions, limitations and terms for keeping them in force. Product features and availability vary by state. In most plans, there is a preexisting condition exclusion. After a covered condition occurs, there is a benefit suspension period during which benefits will not be paid for a recurrence, except in the case of individuals covered under a New York certificate. Attained Age rates are based on 5-year age bands and will increase when a Covered Person reaches a new age band. A more detailed description of the benefits, limitations, and exclusions applicable can be found in the applicable Disclosure Statement or Outline of Coverage/Disclosure Document available at time of enrollment. For complete details of coverage and availability, please refer to the group policy form GPNP07-CI, GPNP09-CI or contact MetLife for more information. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York.

MetLife's Critical Illness Insurance is not intended to be a substitute for Medical Coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. MetLife's Critical Illness Insurance does not provide reimbursement for such expenses.

Premium Structure

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

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

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

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

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

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

GROUP VOLUNTARY LONG-TERM DISABILITY INSURANCE BENEFIT HIGHLIGHTS



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

EDGEWOOD INDEPENDENT SCHOOL DISTRICT

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



To learn more about Long-Term Disability insurance, visit thehartford.com/employeebenefits

COVERAGE INFORMATION

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

WHAT DOES IT MEAN TO BE DISABLED?

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

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

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

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

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

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

PREMIUMS

See the Premium Worksheet.²

ASKED & ANSWERED

WHO IS ELIGIBLE?

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

AM I GUARANTEED COVERAGE?

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

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

WHEN CAN I ENROLL?

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

WHEN DOES THIS INSURANCE BEGIN?

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

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

WHEN DOES THIS INSURANCE END?

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

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

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

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

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

GROUP VOLUNTARY ACCIDENT INSURANCE BENEFIT HIGHLIGHTS



Nearly 3 million
emergency
department visits
every year are
caused by youth
sports.¹

Edgewood Independent School District

With Accident insurance, you'll receive payment(s) associated with a covered injury and related services. You can use the payment in any way you choose – from expenses not covered by your major medical plan to day-to-day costs of living such as the mortgage or your utility bills.



To learn more about Accident insurance, visit
thehartford.com/employee-benefits/employees

COVERAGE INFORMATION

This insurance provides benefits when injuries, medical treatment and/or services occur as the result of a covered accident. Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s).

PLAN INFORMATION		
Coverage Type		On and off-job (24 hour)
BENEFITS		
EMERGENCY, HOSPITAL & TREATMENT CARE		
Accident Follow-Up	Up to 3 visits per accident within 90 days	\$75
Acupuncture/Chiropractic Care/PT	Up to 10 visits each per accident	Up to \$50
Ambulance – Air	Once per accident within 72 hours	\$1,500
Ambulance – Ground	Once per accident within 90 days	\$500
Blood/Plasma/Platelets	Once per accident within 90 days	\$200
Child Care	Up to 30 days per accident while insured is confined	\$25
Daily Hospital Confinement	Up to 365 days per lifetime	\$200
Daily ICU Confinement	Up to 30 days per accident	\$400
Diagnostic Exam	Once per accident within 90 days	\$200
Emergency Dental	Once per accident within 90 days	Up to \$300
Emergency Room	Once per accident within 72 hours	\$150
Health Screening Benefit	Once per year for each covered person	\$100
Hospital Admission	Once per accident within 90 days	\$1,000
Initial Physician Office Visit	Once per accident within 90 days	\$75
Lodging	Up to 30 nights per lifetime	\$125
Medical Appliance	Once per accident within 90 days	\$100
Rehabilitation Facility	Up to 15 days per lifetime within 90 days	\$150
Transportation	Up to 3 trips per accident	\$400
Urgent Care	Once per accident within 72 hours	\$100
X-ray	Once per accident within 90 days	\$100
SPECIFIED INJURY & SURGERY		
Abdominal/Thoracic Surgery	Once per accident within 90 days	\$2,000
Arthroscopic Surgery	Once per accident within 90 days	\$250
Burn	Once per accident	Up to \$10,000
Burn – Skin Graft	Once per accident for third degree burn(s)	50% of burn benefit
Concussion	Up to 3 per year within 72 hours	\$150
Dislocation	Once per joint per lifetime	Up to \$4,000
Eye Injury	Once per accident within 90 days	Up to \$500

Fracture	Once per bone per accident within 90 days	Up to \$8,000
Hernia Repair	Once per accident within 365 days	\$200
Joint Replacement	Once per accident within 90 days	\$2,000
Knee Cartilage	Highest benefit once/accident within 12 months	Up to \$1,000
Laceration	Highest benefit once/accident within 72 hours	Up to \$500
Ruptured Disc	Once per accident within 365 days	\$1,000
Tendon/Ligament/Rotator Cuff	Once per accident	Up to \$1,500

CATASTROPHIC

Accidental Death	Within 90 days; Spouse @ 50% and child @ 25%	\$50,000
Common Carrier Death	Within 90 days	1.5 times the death benefit
Coma	Once per accident within 90 days	Up to \$10,000
Dismemberment	Once per accident within 90 days	Up to \$50,000
Home Health Care	Up to 30 days per accident	\$50
Paralysis	Once per accident within 90 days	Up to \$50,000
Prosthesis	Once per accident	Up to \$1,000

FEATURES

Ability Assist® EAP ² – 24/7/365 access to help for financial, legal or emotional issues	Included
HealthChampion ^{SM3} – Administrative & clinical support following serious illness or injury	Included

PREMIUMS

The amounts shown are monthly amounts (12 payments/deductions per year):⁴

COVERAGE TIER	
Employee Only	\$6.92 (\$0.23 per day)
Employee & Spouse	\$10.91 (\$0.36 per day)
Employee & Child(ren)	\$11.07 (\$0.36 per day)
Employee & Family	\$17.61 (\$0.58 per day)

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 25 hours per week on a regularly scheduled basis.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family's health. All you have to do is elect the coverage to become insured.

HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

Premiums are provided above. You may elect insurance for you only, or for you and your dependent(s), by choosing the applicable coverage tier.

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period.

WHEN DOES THIS INSURANCE BEGIN?

Insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility).

WHEN DOES THIS INSURANCE END?

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

CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this coverage with you. Coverage may be continued for you and your dependent(s) under a group portability policy. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for portability are described in the certificate.

LIMITATIONS & EXCLUSIONS



This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

GROUP ACCIDENT INSURANCE LIMITATIONS AND EXCLUSIONS

The benefits payable are based on the insurance in effect on the date of the covered accident, subject to the definitions, limitations, exclusions and other provisions of the policy.

You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

This insurance does not provide benefits for any loss that results from or is caused by:

- Suicide or attempted suicide, whether sane or insane, or intentionally self-inflicted injury
- War or act of war, whether declared or undeclared, or a nuclear, chemical, biological, or radiological event
- A covered person's participation in a felony, riot or insurrection
- A covered person's service in the armed forces or units auxiliary to it
- A covered person's taking drugs, unless as prescribed by or administered by a physician, or being intoxicated as defined by the jurisdiction in which the cause of loss was incurred
- A covered person's sickness or bacterial infection
- A covered person's participation in bungee jumping or hang gliding
- A covered person's participation or competition in semi-professional or professional sports
- Cosmetic surgery or any other elective procedure that is not medically necessary
- While a covered person is on any aircraft: as a pilot, crewmember or student pilot; as a flight instructor or examiner; if it is owned, operated or leased by or on behalf of the policyholder, or any employer or organization whose eligible persons are covered under the policy; or being used for tests, experimental purposes, stunt flying, racing or endurance tests
- Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test

All exclusions may not be applicable, or may be adjusted, as required by state regulations in the situs state of a group.

NOTICES

THIS IS A LIMITED ACCIDENT ONLY BENEFIT POLICY

THIS POLICY IS A LIMITED ACCIDENT ONLY BENEFIT POLICY.

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage. In New York: This Accident policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. IMPORTANT NOTICE—THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

5962g NS 05/21 Accident Form Series includes GBD-2000, GBD-2300, or state equivalent.

The Buck's Got Your Back®

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability. © 2020 The Hartford.

GROUP VOLUNTARY HOSPITAL INDEMNITY INSURANCE BENEFIT HIGHLIGHTS



The average cost for a hospital stay is \$2,607 per day¹

Edgewood Independent School District

Hospital Indemnity (HI) insurance pays a cash benefit if you or an insured dependent (spouse or child) are confined in a hospital for a covered illness or injury. It also provides additional daily benefits for related services. Even with the best primary health insurance plan, out-of-pocket costs from a hospital stay can add up.

The benefits are paid in lump sum amounts to you, and can help offset expenses that primary health insurance doesn't cover (like deductibles, co-insurance amounts or co-pays), or benefits can be used for any non-medical expenses (like housing costs, groceries, car expenses, etc.).



To learn more about Hospital Indemnity insurance, visit thehartford.com/employee-benefits/employees

COVERAGE INFORMATION

You have a choice of two hospital indemnity plans, which allows you the flexibility to enroll for the coverage that best meets your needs. Benefit amounts are based on the plan in effect for you or an insured dependent at the time the covered event occurs. Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s).

PLAN INFORMATION		LOW PLAN	HIGH PLAN
Coverage Type		On and off-job (24 hour)	On and off-job (24 hour)
Covered Events		Illness and injury	Illness and injury
HSA Compatible		Yes	Yes
BENEFITS			
HOSPITAL CARE ²		LOW PLAN	HIGH PLAN
First Day Hospital Confinement	Up to 1 day per year	\$500	\$1,000
Daily Hospital Confinement (Day 2+)	Up to 90 days per year	\$100	\$150
First Day ICU Confinement	Up to 1 day per year	\$1,000	\$2,000
Daily ICU Confinement (Day 2+)	Up to 30 days per year	\$200	\$300
FAMILY CARE		LOW PLAN	HIGH PLAN
Health Screening	Up to 1 day per year	\$75	\$75
FEATURES		LOW PLAN	HIGH PLAN
Ability Assist® EAP ³ – 24/7/365 access to help for financial, legal or emotional issues		Included	Included
HealthChampion ^{SM4} – Administrative & clinical support following serious illness or injury		Included	Included

PREMIUMS

The amounts shown are monthly amounts (12 payments/deductions per year).⁵

COVERAGE TIER	LOW PLAN	HIGH PLAN
Employee Only	\$10.43 (\$0.34 per day)	\$16.72 (\$0.55 per day)
Employee & Spouse	\$18.88 (\$0.62 per day)	\$30.65 (\$1.01 per day)
Employee & Child(ren)	\$17.50 (\$0.58 per day)	\$28.13 (\$0.92 per day)
Employee & Family	\$25.96 (\$0.85 per day)	\$42.06 (\$1.38 per day)

ASKED & ANSWERED

IS THIS COVERAGE HSA COMPATIBLE?

If you (or any dependent(s)) currently participate in a Health Saving Account (HSA) or if you plan to do so in the future, you should be aware that the IRS limits the types of supplemental insurance you may have in addition to a HSA, while still maintaining the tax-exempt status of the HSA.

This plan design was designed to be compatible with Health Savings Accounts (HSAs). However, if you have or plan to open an HSA, please consult your tax and legal advisors to determine which supplemental benefits may be purchased by employees with an HSA.

WHO IS ELIGIBLE?

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

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family's health. All you have to do is elect the coverage to become insured.

HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

Premiums are provided above. You have a choice of plan options. You may elect insurance for you only, or for you and your dependent(s), by choosing the applicable coverage tier.

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period.

WHEN DOES THIS INSURANCE BEGIN?

Insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility).

WHEN DOES THIS INSURANCE END?

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

CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this coverage with you. Your spouse/partner may also continue insurance in certain circumstances.

¹Kaiser Family Foundation, November 2019. Adjusted expenses per inpatient day include expenses incurred for both inpatient and outpatient care; inpatient days are adjusted higher to reflect an estimate of the volume of outpatient services: <https://www.kff.org/health-costs/state-indicator/expenses-per-inpatient-day>, viewed as of 4/16/2021.

²For Hospital Care benefits, when an insured is eligible for more than one benefit in a single day, only the highest benefit will be paid.

³AbilityAssist® services are offered through The Hartford by ComPsych®. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Services may not be available in all states. Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information.

⁴HealthChampionSM services are provided through The Hartford by ComPsych®. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue these services at any time. Services may not be available in all states. Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information. HealthChampionSM specialists are only available during business hours. Inquiries outside of this timeframe can either request a call-back the next day or schedule an appointment.

⁵Rates and/or benefits may be changed on a class basis.

The Buck's Got Your Back®

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability. © 2020 The Hartford.

Hospital does not include: convalescent homes, or convalescent, rest or nursing facilities; facilities affording primarily custodial, educational or rehabilitative care; or facilities primarily for care of the aged/elderly, persons with substance abuse issues/disorders or mental/nervous disorders. Confinement means the assignment to a bed in a medical facility for a period of at least 20 consecutive hours. Required hours may vary by state. The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding Hartford's compensation practices, please review our website <http://thehartford.com/group-benefits-producer-compensation>. Hospital Indemnity Form Series includes GBD-2800, GBD-2900, or state equivalent.
5962h NS 08/21

LIMITATIONS & EXCLUSIONS



This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

GROUP HOSPITAL INDEMNITY INSURANCE LIMITATIONS AND EXCLUSIONS

The benefits payable are based on the insurance in effect on the date of the covered event, subject to the definitions, limitations, exclusions and other provisions of the policy.

You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

Benefit Waiting Period – Illness Only: A covered person must complete a benefit waiting period of 30 days before becoming eligible for benefits for a covered illness under the policy. A waiting period will also apply to any increase in benefits or benefit amounts, including any changes from the prior policy (if applicable). Credit for time insured under a prior policy, if applicable, is given. This provision does not apply to any newly acquired dependent child (if eligible for coverage).

Other Hospital Indemnity Policy Limitation (Over-insurance Limitation): If an employee is insured under any other hospital indemnity policy underwritten by The Hartford, any claim for benefit is only payable under the one policy elected by the employee (or beneficiary or estate, in the event of death). We will return the amount of premium paid for any other policy that is declined by the employee retroactive to the later of:

- the last date any benefit was paid for any covered person under the other policy
- the effective date of insurance for the employee under the other policy

Exclusions. This insurance does not provide benefits for any loss that results from or is caused by:

- Suicide or attempted suicide, whether sane or insane, or intentional self-infliction
- Voluntary intoxication (as defined by the law of the jurisdiction in which the illness or injury occurred) or while under the influence of any narcotic, drug or controlled substance, unless administered by or taken according to the instruction of a physician or medical professional
- Voluntary intoxication through use of poison, gas or fumes, whether by ingestion, injection, inhalation or absorption
- Voluntary commission of or attempt to commit a felony, voluntary participation in illegal activities (except for misdemeanor violations), voluntary participation in a riot, or voluntary engagement in an illegal occupation
- Incarceration or imprisonment following conviction for a crime
- Travel in or descent from any vehicle or device for aviation or aerial navigation, except as a fare-paying passenger in a commercial aircraft (other than a charter airline) on a regularly scheduled passenger flight or while traveling on business of the policyholder
- Ride in or on any motor vehicle or aircraft engaged in acrobatic tricks/stunts (for motor vehicles), acrobatic/stunt flying (for aircraft), endurance tests, off-road activities (for motor vehicles), or racing
- Participation in any organized sport in a professional or semi-professional capacity
- Participation in abseiling, base jumping, Bossaball, bouldering, bungee jumping, cave diving, cliff jumping, free climbing, freediving, freerunning, hang gliding, ice climbing, Jai Alai, jet powered flight, kite surfing, kiteboarding, luging, missed climbing, mountain biking, mountain boarding, mountain climbing, mountaineering, parachuting, paragliding, parakiting, paramotoring, parasailing, Parkour, proximity flying, rock climbing, sail gliding, sandboarding, scuba diving, sepak takraw, slacklining, ski jumping, skydiving, sky surfing, speed flying, speed riding, train surfing, tricking, wingsuit flying, or other similar extreme sports or high risk activities
- Travel or activity outside the United States or Canada
- Active duty service or training in the military (naval force, air force or National Guard/Reserves or equivalent) for service/training extending beyond 31 days of any state, country or international organization, unless specifically allowed by a provision of the certificate
- Involvement in any declared or undeclared war or act of war (not including acts of terrorism), while serving in the military or an auxiliary unit attached to the military, or working in an area of war whether voluntarily or as required by an employer

This insurance also does not provide benefits, unless required by law, for:

- Elective abortion or complications thereof
- Artificial insemination, in vitro fertilization, test tube fertilization
- Sterilization, tubal ligation or vasectomy, and reversal thereof
- Aroma therapeutic, herbal therapeutic, or homeopathic services
- Any mental and nervous disorder, unless specifically allowed by a provision of the certificate
- Substance abuse, unless specifically allowed by a provision of the certificate
- Medical mishap or negligence on the part of any physician, medical professional, or therapist, including malpractice;
- Treatment, supplies or services provided by, through or, behalf of any government agency or program; unless payment is required by a covered person
- Custodial care, unless specifically allowed by a benefit provision in the certificate or any rider attached to the policy (if applicable)
- Elective or cosmetic surgery or procedures, except for reconstructive surgery:
 - Incidental to or following surgery for disease, infection or trauma of the involved body part
 - Due to congenital anomaly or disease of a dependent child which has resulted in a functional defect
- Dental care or treatment, except for:
 - Treatment due to an Injury to sound natural teeth within 12 months of an accident
 - Treatment necessary due to congenital disease or anomaly

Exclusions will vary by the jurisdiction/state in which the policy is issued.

NOTICES

THIS IS A HOSPITAL CONFINEMENT INDEMNITY POLICY. THE POLICY PROVIDES LIMITED BENEFITS. This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

In New York: This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

The Policy may provide payment of several benefits as a result of claims from a single hospitalization or covered incident. Payment of one benefit under the Policy does not constitute acceptance of liability for all claims made under the Policy nor does it prohibit Us from further investigation of subsequent claims.

Please note: For residents of CA, GA, NJ and NY, since this is a limited benefit health product, persons without comprehensive health benefits from an individual or group health insurance policy or an HMO, or an employer plan providing essential health benefits are not eligible for this insurance. For residents of CT, ID, ME, NH, and WV, a person covered by any Title XIX program (Medicaid or any similar name) is not eligible for this insurance.

5962h NS 05/21. Hospital Income Plan Form Series includes GBD-2800, GBD-2900, or state equivalent.

TOP 4 REASONS

to become a MASA MTS Member

2

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

1

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

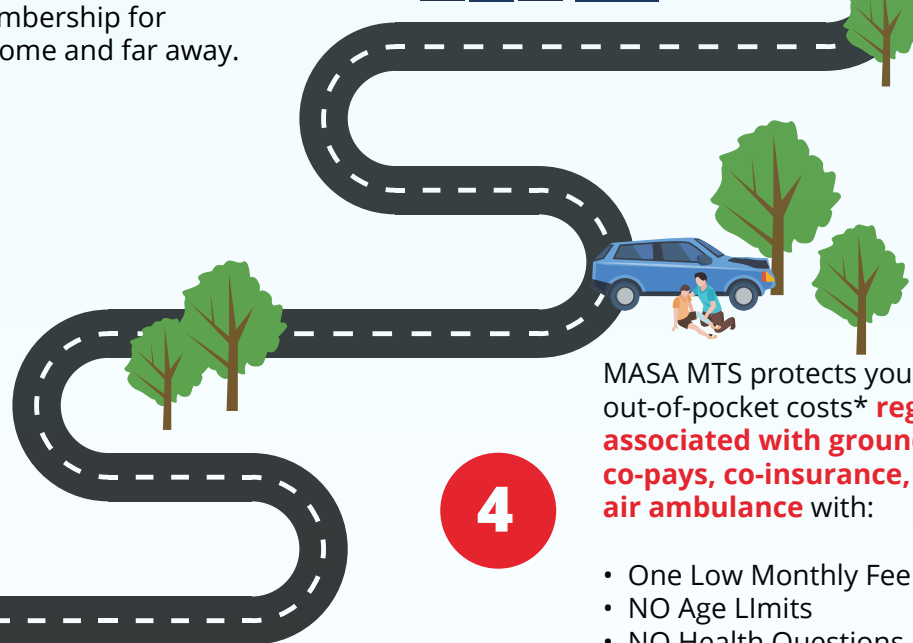
3

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

4

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

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



TWO PLANS TO PROTECT YOU AND YOUR FAMILY

The issue of out-of-pocket ambulance expenses isn't going away, and we'll all continue to require these services. A MASA MTS Membership bridges the gap in ambulance transport coverage at an affordable rate for emergency ground and air transportation within the continental United States, Alaska, Hawaii and while traveling in Canada, regardless of whether the provider is in or out of the group healthcare benefits network.

While our critical benefits are included in both memberships, Platinum members enjoy additional services. Whether you'd like to protect your clients and their family from costly emergency ambulance transports or provide overall peace of mind, MASA MTS has them covered.

	\$14.00 Monthly	\$39.00 Monthly
	Emergent Plus Membership	Platinum Membership
Emergency Air Ambulance Coverage	● ³	● ³
Emergency Ground Ambulance Coverage	● ³	● ³
Hospital to Hospital Ambulance Coverage	● ³	● ³
Repatriation to Hospital Near Home Coverage	● ³	● ¹
Patient Return Transportation Coverage		● ¹
Companion Transportation Coverage		● ²
Hospital Visitor Transportation Coverage		● ²
Minor Return Transportation Coverage		● ²
Vehicle & RV Return Coverage		● ²
Pet Return Transportation Coverage		● ²
Organ Retrieval & Organ Recipient Transportation Coverage		● ²
Mortal Remains Transportation Coverage		● ¹

The MASA MTS Benefits

After the group health plan pays its portion, MASA MTS works hand-in-hand with the benefits administrators and transport providers to make certain our Members have no out-of-pocket expenses* for emergency ambulance transportation assistance and other related services. See the full list of Benefits available based on plan chosen below.

Emergency Air Ambulance Coverage

MASA MTS covers out-of-pocket expenses associated with emergency air transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Emergency Ground Ambulance Coverage

MASA MTS covers out-of-pocket expenses associated with emergency ground transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Hospital to Hospital Ambulance Coverage

MASA MTS covers out-of-pocket expenses that you or a dependent family member may incur for hospital transfers, due to a serious emergency, to the nearest and most appropriate medical facility when the current medical facility cannot provide the required level of specialized care by air ambulance to include medically equipped helicopter or fixed-wing aircraft.

Repatriation to Hospital Near Home Coverage

MASA MTS provides services and covers out-of-pocket expenses for the coordination of a Member's non-emergency transportation by a medically equipped, air ambulance in the event of hospitalization more than one hundred (100) miles from the Member's home if the treating physician and MASA MTS' Medical Director says it's medically appropriate and possible to transfer the Member to a hospital nearer to home for continued care and recuperation.

Patient Return Transportation Coverage

MASA MTS provides services and covers the out-of-pocket expenses associated with coordinating a Member's transportation when hospitalized more than one hundred (100) miles from home, after discharge from the medical facility, by a regularly scheduled commercial airline to the commercial airport nearest the Member's home.

Companion Transportation Coverage

MASA MTS provides services associated with the coordination of transportation for the Member's spouse, other family member, or companion to accompany the Member's emergency transport by a medically equipped, rotary (i.e., helicopter) or fixed-wing aircraft, giving due priority to the medical personnel and/or equipment and the welfare and safety of the patient.

Hospital Visitor Transportation Coverage

MASA MTS provides services and covers air transportation expenses associated with coordinating a round-trip, regularly scheduled, commercial airfare for Member's spouse, other family Member or companion to join the Member in the event of in-patient hospitalization more than one hundred (100) statute miles from Member's home.

Minor Return Transportation Coverage

MASA MTS provides services and covers out-of-pocket expenses associated with minor return transportation to a parent, legal guardian, or another person that can be responsible for the minor in the event that the minor is unattended as a result of Member's Emergency Air or Ground Ambulance, Hospital to Hospital Ambulance, Repatriation to Hospital Near Home, or Mortal Remains Transportation coverages. MASA MTS also provides for a qualified attendant to accompany the minor during travel when the minor's age and/or medical condition may require such care.

Vehicle & RV Return Coverage

MASA MTS provides services and covers the out-of-pocket expenses associated with vehicle return transportation for one (1) a safe operational car, truck, van, motorcycle, travel trailer, or motor home to the Member's home. This service is available when a Member uses Emergency Air or Ground Ambulance, Hospital to Hospital Ambulance, Repatriation to Hospital Near Home, Patient Return Transportation or Mortal Remains Transportation Coverages. MASA MTS pays the cost of fuel, oil and driver.

Pet Return Transportation Coverage

MASA MTS provides services and covers out-of-pocket expenses for the return transportation to a Member's home for up to two (2) pet(s) belonging to the Member that includes either a dog, cat or other small animal(s). This service is available when a Member uses Emergency Air or Ground Ambulance, Hospital to Hospital Ambulance, Repatriation to Hospital Near Home, Patient Return Transportation or Mortal Remains Transportation Coverages.

Organ Retrieval & Organ Recipient Transportation Coverage

MASA MTS provides services and covers air transportation expenses associated with coordinating transportation for an organ when the Member requires an organ transplant. MASA MTS will also provide service and cover transportation costs of Member and Member's spouse, other family Member or a companion should the Member need to travel to the location where the procedure will occur. If medically necessary, the organ will be transported by a medically equipped fixed-wing aircraft; otherwise, the organ is delivered by a commercial airline to the suitable airport nearest the location of the operation.

Mortal Remains Transportation Coverage

MASA MTS covers the air transportation expense for a Member's mortal remains in the event of their death when it occurs more than one hundred (100) statute miles from home. Remains are transported by a regularly scheduled commercial airline to the commercial airport nearest a Member's home.

EMPLOYEE FREQUENTLY ASKED QUESTIONS

As a pioneer in the medical transport solutions business for over 40 years, MASA MTS has been the Emergency Transportation solution employees trust for protection from out-of-pocket expenses** due to ground and air ambulance transports. Here are employee member frequently asked questions:

Coverage Questions

How are ground and air ambulance claims denied?

Due to the nature of modern health insurance, there's an almost 80% chance that you could be responsible for a large portion of your emergency transportation bill.¹ Even if health insurance covers part of your bill, there are many scenarios where they may not cover the total cost. The ambulance that picks you up may be out-of-network, the reason for your trip may not be deemed a medical necessity or you might still have to meet your health insurance deductible.

Why would an ambulance be out-of-network?

There are over 27,000 ambulance companies operating in the United States.² Some companies are run by cities and states, others are run by local or national companies. Many insurance plans only cover in-network ambulance companies. Even if you're heading to an in-network hospital, the ambulance itself could be out-of-network and leave you with a "balance bill". MASA MTS offers coverage for ALL ambulance companies operating within the continental United States, Alaska, Hawaii and while traveling in Canada.

What is medical necessity?

Medical necessity is established when any other transportation method (besides an ambulance) would endanger the patient's life. For example, let's say you're experiencing symptoms associated with a heart attack and end up taking an ambulance to the hospital. If your health insurance decides that the cause of your symptoms (perhaps indigestion, heartburn, or a panic attack) doesn't meet their requirements for an ambulance, they could deny your claim and potentially leave you on the hook for thousands of dollars.

Which ambulance company can I use?

MASA MTS works hand-in-hand with the benefits health plan administrators and transport companies to ensure you and your family have no out-of-pocket costs** no matter which provider completes the ambulance transport within the continental United States, Alaska, Hawaii and while traveling in Canada. Additionally, our coverage applies regardless of network. In the event of an emergency, simply call 911 and get to the hospital. When you receive the bill from the ambulance company, just submit it to us.

Will MASA MTS pay my copay or deductible?

Yes! Our goal is to leave you with complete peace of mind. We will cover all copays, even if you haven't met your deductible.

EMPLOYEE FREQUENTLY ASKED QUESTIONS

What does MASA MTS guarantee?

- No health questions
- No age limits
- No claim forms (bills must be submitted within 180 days)
- No deductibles
- No network limitations

How much does an ambulance ride cost?

The average cost of a ground ambulance is \$1,500.³ Depending on which provider picks you up, the personnel on board and the amount of miles you travel, your bill can get expensive.

When should I call MASA MTS?

You should call MASA MTS after you receive a bill from any emergency medical transportation ambulance provider.

Who is covered by MASA MTS Memberships?

With our family memberships, MASA MTS covers you, your partner and all children under the age of 26 in your household.

Enrollment Questions

When can I enroll?

One of the great things about MASA MTS is that you never need to wait for an enrollment period. You can enroll in MASA MTS memberships at any point in the year with coverage beginning the start of the next month. Contact your Group Benefits Manager for details about your enrollment period.

How do I file a claim?

Filing a claim with MASA MTS is easy. Simply send the ambulance bill to MASA MTS with your member number clearly written on the front. You can either email your bill to ambulanceclaims@masaglobal.com, fax it to 817-681-2399, or mail the invoice to: MASA MTS – Claims Department, 1250 S. Pine Island Road, Suite 500, Plantation, FL 33324. You can also log in and upload your bill or check the status of an existing claim in the “Members” section of our MASA MTS Web site.

I had MASA MTS coverage at my previous job, but my new employer doesn't offer it. What can I do?

Introduce your employer to MASA MTS and send them the following link for more information, <https://www.masamts.com/employers/contact/>

TEXASLIFE INSURANCE COMPANY

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

*Flexible Premium Life
Insurance to Age 121*

PURELIFE-PLUS

Portable, Permanent Individual Life Insurance for the Employee and Family

Product Highlights

Permanent Life Insurance to
Age 121

Minimal Cash Value Premiums
Dedicated Primarily to
Purchase Life Insurance

Level Premium Guarantees
Coverage for a Significant
Period of Time

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

No Surrender Charges Apply

Accelerated Death Benefit Due
to Terminal Illness Included

Convenient Premium Payments
Through Payroll Deduction

Portable When You Leave
Employment

*For the eligible employees of
EDGEWOOD ISD*

Application for Life Insurance

Express Issue | Monthly Pay
for use only in

*Alaska, Colorado, Hawaii, Iowa, Kentucky,
Nebraska, Texas and Utah*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

EXPRESS ISSUE AMOUNTS OF COVERAGE AVAILABLE ON SPOUSE

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

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

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

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

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

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

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

FLEXIBLE BENEFITS PLAN

Edgewood Independent School District

Employer ID NBS851454

PLAN HIGHLIGHTS

Login at: my.nbsbenefits.com



Congratulations! Edgewood Independent School District has established a "Flexible Benefits Plan" to help you pay for your out-of-pocket medical expenses. One of the most important features of the Plan is that the benefits being offered are paid for with a portion of your pay before Federal income or Social Security taxes are withheld. This means that you will pay less tax and have more money to spend and save. However, if you receive a reimbursement for an expense under the Plan, you cannot claim a Federal income tax credit or deduction on your return.

DETERMINING CONTRIBUTIONS

Before each Plan Year begins, you will select the benefits you want and how much of the contributions should go toward each benefit. It is very important that you make these choices carefully based on what you expect to spend on each covered benefit or expense during the Plan Year.

Generally, you cannot change the elections you have made after the beginning of the Plan Year. However, there are certain limited situations when you can change your elections if you have a "change in status". Please refer to your Summary Plan Description for a change in status listing.

GENERAL PLAN INFORMATION

Plan Year End:.....August 31st
Run-out Period:.....90 Days

Maximum Medical Limit (FSA).....Current IRS limit \$3,400
...See Code Section 125(i)(2) or current enrollment information

Maximum Dependent Care Limit:.....\$7,500

Deadline to Spend Funds

Health FSA and DCAP.....December 31st Plan Year End

Deadlines to Submit Claims for Reimbursement

Health FSA.....March 30 following Plan Year End
DCAP.....March 30 following Plan Year End
FSA Mid-year termination.....30 days following termination date
DCAP Mid-year termination...30 days following termination date

WHEN AM I ELIGIBLE TO PARTICIPATE

If you work for the company, you will be eligible to join the Plan once you have satisfied the conditions for coverage under our Group Medical Plan.

You will enter the Plan on the day in which you meet the above eligibility requirements.

WHAT TYPE OF BENEFITS ARE AVAILABLE

Under our Plan, you can choose the following benefits. Each benefit allows you to save taxes at the same time because the amount you elect is set aside on a pre-tax basis.

Health Flexible Spending Account:

The Health Flexible Spending Account (FSA) enables you to pay for expenses allowed under Section 105 and 213(d) of the Internal Revenue Code which are not covered by our insured medical plan. The most that you can contribute to your Health FSA each Plan Year is set by the IRS. This amount can be adjusted for increases in cost-of-living in accordance with Code Section 125(i)(2). Please note: If you contribute to this benefit, you **cannot** elect a Health Savings Account (HSA) Benefit.

Health Savings Account:

A Health Savings Account allows participants insured by a Qualified High Deductible Insurance Plan to save for deductibles and other expenses not covered under the Plan. If you participate in this benefit you **cannot** participate in the Health Flexible Spending Account benefit.

Dependent Care Flexible Spending Account:

The Dependent Care Flexible Spending Account (DCAP) enables you to pay for out-of-pocket, work-related dependent day-care cost. Please see the Summary Plan Description for the definition of eligible dependent. The law places limits on the amount of money that can be paid to you in a calendar year. Generally, your reimbursement may not exceed the lesser of: (a) \$5,000 (if you are married filing a joint return or you are head of a household) or \$2,500 (if you are married filing separate returns; (b) your taxable compensation; (c) your spouse's actual or deemed earned income. Also, in order to have the reimbursements made to you and be excluded from your income, you must provide a statement from the service provider including the name, address, and in most cases, the taxpayer identification number of the service provider, as well as the amount of such expense and proof that the expense has been incurred.

NBS Welfare Benefit Service Center

P.O. Box 6980
West Jordan, UT 84084
801-532-4000 or 1-800- 274-0503
Fax: 1-800-478-1528
service@nbsbenefits.com



Edgewood Independent School District Flexible Benefits Plan

Plan Contact Person:

Eleonora Mujica
5358 W Commerce
San Antonio, TX 78237
(210) 444-4500

Flexible Benefits Plan

Highlights Continued

For the Dependent Care Flexible Spending Account, you must submit claims no later than 90 days after the end of the Plan Year. However, if you terminated employment during the Plan Year, you must submit your Dependent Care Flexible Spending Account claims within 30 days after your termination of employment. Any claims submitted after that time will not be considered.

Premium Expense Plan:

A Premium Expense portion of the Plan allows you to use pre-tax dollars to pay for specific premiums under various insurance programs that we offer you.

Please note: Policies other than company sponsored policies (i.e. spouse's or dependents' individual policies etc.) may not be paid through the Flexible Benefits Plan. Furthermore, qualified long-term care insurance plans may not be paid through the Flexible Benefits Plan.

HOW DO I RECEIVE REIMBURSEMENTS

During the course of the Plan Year, you may submit requests for reimbursement of expenses you have incurred. Expenses are considered "incurred" when the service is performed, not necessarily when it is paid for. You can get a claim form at www.NBSbenefits.com.

Claim forms must be submitted no later than 90 days after the end of the Plan Year for the Health Flexible Spending Account. Any contributions remaining at the end of the Plan Year will be forfeited.

Employees who terminate employment during the Plan Year must submit their Health Flexible Spending Account claims within the 30 Days following their termination date. Claims may only be for services prior to the termination date.

NBS Flexcard – FSA Pre-paid MasterCard

Your employer may sponsor the use of the NBS Flexcard, making access to your flex dollars easier than ever. You may use the card to pay merchants or service providers that accept credit cards, so there is no need to pay cash up front then wait for reimbursement.

Orthodontic expenses that are paid fully up-front at the time of banding are reimbursable in full after the initial service has been performed and payment has been made. Ongoing orthodontia payments are reimbursable only as they are paid.

WHO ARE HIGHLY COMPENSATED & KEY EMPLOYEES

Under the Internal Revenue Code, "highly compensated employees" and "key employees" generally are Participants who are officers, shareholders or highly paid.

If you are within these categories, the amount of contributions and benefits for you may be limited so that the Plan as a whole does not unfairly favor those who are highly paid, their spouses or their dependents. Please refer to your Summary Plan Description for more information. You will be notified of these limitations if you are affected.

NBS Welfare Benefit Service Center

P.O. Box 6980
West Jordan, UT 84084
801-532-4000 or 1-800- 274-0503
Fax: 1-800-478-1528
service@nbsbenefits.com



Edgewood Independent School District Flexible Benefits Plan

Plan Contact Person:

Eleonora Mujica
5358 W Commerce
San Antonio, TX 78237
(210) 444-4500

Sample Expenses

Medical Expenses

- At-Home COVID Testing
- Acupuncture
- Addiction programs
- Adoption (medical expenses for baby birth)
- Alternative healer fees
- Ambulance
- Body scans
- Breast pumps
- Care for mentally handicapped
- Chiropractor
- Copayments
- COVID-19 PPE (e.g., masks, hand sanitizer, and sanitizing wipes)*
- Crutches
- Diabetes (insulin, glucose monitor)
- Eye patches
- Fertility treatment
- First aid (e.g., bandages, gauze)
- Hearing aids & batteries
- Hypnosis (for treatment of illness)
- Incontinence products (e.g., Depends, Serene)
- Joint support bandages and hosiery
- Lab fees
- Menstrual Products
- Monitoring device (blood pressure, cholesterol)
- Physical exams
- Non-prescription medicines or drugs (vitamins/supplements without a prescription are not eligible)
- Pregnancy tests
- Prescription medicines or drugs
- Psychiatrist/psychologist (for mental illness)
- Physical therapy
- Speech therapy
- Vaccinations
- Vaporizers or humidifiers
- Weight loss program fees (if prescribed by physician)
- Wheelchair

**If purchased for the primary purpose of preventing the spread of COVID-19.*

Dental Expenses

- Artificial teeth
- Copayments
- Deductible
- Dental work
- Dentures
- Orthodontia expenses
- Preventative care at dentist office
- Bridges, crown, etc.

Vision Expenses

- Braille - books & magazines
- Contact lenses
- Contact lens solutions
- Eye exams
- Eyeglasses
- Laser surgery
- Office fees
- Guide dog and upkeep/ other animal aid

Items that generally do not qualify for reimbursement

- Personal hygiene (e.g., deodorant, soap, body powder, sanitary products. Does not include menstrual products)
- Addiction products**
- Cosmetic surgery**
- Cosmetics (e.g., makeup, lipstick, cotton swabs, cotton balls, baby oil)
- Counseling (e.g., marriage/family)
- Dental care - routine (e.g., toothpaste, toothbrushes, dental floss, anti-bacterial mouthwashes, fluoride rinses, teeth whitening/bleaching)**
- Exercise equipment**
- Haircare (e.g., hair color, shampoo, conditioner, brushes, hair loss products)
- Health club or fitness program fees**
- Homeopathic supplement or herbs**
- Household or domestic help
- Laser hair removal
- Massage therapy**
- Nutritional and dietary supplements (e.g., bars, milkshakes, power drinks, Pedialyte)**
- Skin care (e.g., moisturizing lotion, lip balm)
- Sleep aids (e.g., snoring strips)**
- Vitamins**
- Weight reduction aids (e.g., Slimfast, appetite suppressant)**

***Portions of these expenses may be eligible for reimbursement if they are recommended by a licensed medical professional as medically necessary for treatment of a specific medical condition.*

What is a Dependent Care Assistance Program (DCAP)?

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

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

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

Who is an eligible dependent?

You can use the DCAP for expenses incurred for:

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

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

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

What are eligible expenses for the DCAP?

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

Examples of eligible expenses:

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

Examples of ineligible expenses:

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

What does it mean to be "gainfully employed"?

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

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

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

What are some other important IRS regulations?

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

What are some other important IRS regulations?

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

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



Salt Lake City, UT - Headquarters
Dallas, TX | San Diego, CA | Honolulu, HI
www.nbsbenefits.com

800-274-0503
service@nbsbenefits.com



DID YOU KNOW ABOUT YOUR 403(b) BENEFIT?

New accounts may be opened with the following approved service providers.

Edgewood ISD - San Antonio

THE OPPORTUNITY

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

We recommend that all employees visit our education page which can be found here: www.omni403b.com/Employees/Education

WHY SAVE WITH 403(b)?

1. You do not pay income tax on allowable contributions until you begin making withdrawals from the plan, usually after your retirement.
2. Investment gains in the plan are not taxed until distribution.
3. Generally, retirement assets can be carried from one employer to another.

Future retirement savings value assuming 6% growth

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

HOW CAN I PARTICIPATE?

Prior to contributing you must open an account with an investment provider authorized in the Plan, a list of which is available on the right. You may then complete a Salary Reduction Agreement (SRA) online at: www.omni403b.com/SRA

If you are already contributing to your Employer's Plan and you want to change your contribution amount or investment provider, simply complete and submit a new SRA. You can begin or change your contributions as soon as your next payment cycle following our receipt of a completed SRA.

HOW MUCH CAN I CONTRIBUTE ANNUALLY?

In 2026, you may contribute up to \$24,500 if you are 49 years of age or below and up to \$32,500 if you are 50 years of age and over. You may also be entitled to additional catch-up provisions like the 15 Year Service Catch-up. Please contact OMNI's Customer Care Center at **877-544-6664** for further details.

- American Funds Service Company
- American United Life
- Americo Financial Life/Annuity
- Aspire - IPX
- Aspire Financial Services
- Athene Annuity and Life (Aviva)
- Corebridge Financial (formerly AIG/VALIC)
- Equitable (formerly AXA)
- Fiduciary Trust Co. of New Hampshire
- General American
- GWN/Employee Deposit Acct
- Horace Mann Life Ins. Co.
- Industrial Alliance Ins & Fin. Serv. Inc
- Invesco OppenheimerFunds
- Jackson National Life III
- Jefferson National Life
- MetLife
- Modern Woodmen of America
- National Life Group (LSW)
- NY Life Ins. & Annuity Corp.
- Orion Portfolio Solutions, LLC (Formerly FTJ FundChoice)
- PenServ SmartSAV (formerly Foresters)
- PlanMember Services Corp.
- Primerica Financial Services
- RBFCU Retirement Program
- ROTH - Aspire - IPX
- ROTH - Equitable (formerly AXA)
- ROTH - National Life Group (LSW)
- ROTH - Orion Portfolio Solutions, LLC (Formerly FTJ FundChoice)
- ROTH - RBFCU Retirement Program
- ROTH - Vanguard Fiduciary Trust Co.
- Security Benefit
- Vanguard Fiduciary Trust Co.
- Victory Capital (USAA Mutual Funds)
- Voya Financial (Reliastar)
- Western National (Corebridge) - 1

2026 Maximum Allowable Contribution Limits

Elective Contribution Limits

Age 49 and under on 12/31/2026	Age 50 to 59 or 64 or older by 12/31/2026	Age 60 to 63 as of 12/31/2026
\$24,500	\$32,500	\$35,750

15 Year Service Catch-Up amount, if eligible, is \$3,000

Maximum Employer Contribution is: \$72,000

Combined Limits for Elective and Non-Elective Contributions

Age 49 and under on 12/31/2026	Age 50 to 59 or 64 or older by 12/31/2026	Age 60 to 63 as of 12/31/2026
\$72,000	\$80,000	\$83,250

LOOKING FOR HELP?

Click the link below to view your plan details

[Edgewood ISD - San Antonio Plan Detail Page](#)

457(b) PLANS

Benefits of a 457(b) Plan

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

457(b) Plan Highlights and Advantages

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

Flexibility and portability for life's changes

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

Taxes are deferred until you take a withdrawal

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

Annual Contributions

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

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

Catch-Up Provisions

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

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

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

JACKSON FINANCIAL
(210) 218- 2251 (phone)
scott@jacksonfinancialtx.com (email)

Empowering employees through easy access to legal help

Legal issues occur throughout life, when employees are getting married, buying a home, becoming a caregiver or handling financial matters like debt or tax audits. Dealing with these matters can be costly and time consuming, taking employees away from work and impacting their overall well-being.

We provide your employees with the cost-effective, multi-channel access to legal help they need to easily handle costly legal matters in their life—helping them to feel more financially and emotionally secure.

Flexibility to handle matters how employees want

We want your employees to get the help they need how they want it. That's why we allow them to choose their attorney from our network, or outside of it, or use our digital tools to handle matters.¹ With a large network of attorneys and the ability to complete estate planning or download self-help documents on our website, employees have the flexibility to choose how they want to handle their legal matter.

Wide range of coverage for a diverse workforce

LGBTQ+	• Adoption • Creating estate planning documents to recognize same-sex partners • Name and gender marker change
Caregivers	• Nursing home agreements • Reviewing Medicare/Medicaid documents • Reviewing parents' estate planning documents
Veterans/ Military	• Assistance with real estate or rental issues • Guardianship • Updating or creating estate planning documents
International employees	• Access to attorneys out of the country² • Assistance with immigration issues • Translation services for Call Center and Attorneys
Those just starting out	• Assistance with rental issues and landlords • Reviewing leases • Student loan debt assistance

The MetLife Legal Plans Difference



Telephone and office consultations, demand letters and document review on **unlimited number** of personal legal matters



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Helping your employees navigate life's twists and turns.

Money Matters	• Debt Collection Defense • Financial Wellness Programs³ • Identity Restoration⁴	• Identity Theft Defense • Negotiations with Creditors • Personal Bankruptcy	• Promissory Notes • Tax Audit Representation • Tax Collection Defense
Home & Real Estate	• Boundary & Title Disputes • Deeds • Eviction Defense • Foreclosure	• Mortgages • Property Tax Assessments • Refinancing & Home Equity Loan • Sale or Purchase of Home	• Security Deposit Assistance • Tenant Negotiations • Zoning Applications
Estate Planning	• Codicils • Complex Wills • Healthcare Proxies	• Living Wills • Powers of Attorney (Healthcare, Financial, Childcare, Immigration)	• Revocable & Irrevocable Trusts • Simple Wills
Family & Personal	• Adoption • Affidavits • Conservatorship • Demand Letters • Garnishment Defense • Guardianship	• Immigration Assistance • Juvenile Court Defense, Including Criminal Matters • Name Change • Parental Responsibility Matters • Personal Property Issues	• Prenuptial Agreement • Protection from Domestic Violence • Review of ANY Personal Legal Document • School Hearings
Civil Lawsuits	• Administrative Hearings • Civil Litigation Defense	• Disputes Over Consumer Goods & Services • Incompetency Defense	• Pet Liabilities • Small Claims Assistance
Elder-Care Issues	Consultation & Document Review for Issues Related to Your Parents: • Deeds • Leases	• Medicaid • Medicare • Notes • Nursing Home Agreements	• Powers of Attorney • Prescription Plans • Wills
Traffic & Other Matters	• Defense of Traffic Tickets⁵ • Driving Privileges Restoration	• Habeas Corpus • License Suspension Due to DUI	• Repossession
Rate ⁶	Benefit-Eligible Employees: 100-999	Cost per employee per month (covers spouse and dependents): Employee Paid: \$18.00	
Additional Features:	Telephone advice, office consultations, demand letters and document review on an unlimited number of personal legal matters.		
	For non-covered matters that are not otherwise excluded employees get four additional hours of network attorney time and services per plan year. ⁷		
	Reduced fees for personal injury, probate and estate administration matters, provided by network attorneys.		
	Access to a digital estate planning solution for wills, living wills, power of attorney and living trusts.		
	Over 1,700 self-help documents⁸ are available to members and potential members on our website.		

1. The Participant will be reimbursed according to the set fee schedule, the lesser of the maximum reimbursement amount or the attorney's actual charge. Your employees will be responsible to pay the difference, if any, between the plan's payment and the non-plan attorney's charge for services. MetLife Legal Plans is not responsible for legal work performed by out-of-network attorneys.
2. Internationally, employees can see an attorney outside of our network and be reimbursed according to a set fee reimbursement schedule.
3. MetLife administers the PlanSmart program and has arranged to have specially trained third party financial professionals offer financial education. The financial professionals providing financial education are not affiliated with MetLife but are providing the program under a service provider contract. Offered to groups with 500 or more employees. Upwise is available at no cost to all individuals and regardless of any MetLife relationship or product.
4. Aura is a product of Aura Sub, LLC. Aura Sub, LLC. is not affiliated with MetLife, and the services and benefits they provide are separate and apart from any MetLife product.
5. Does not cover DUI.
6. Rate is standard and subject to change. A minimum enrollment of two employees is required.
7. No more than a combined maximum total of four hours of attorney time and service are provided for the member, spouse and qualified dependents, annually.
8. The self-help library is offered by Standard Legal. Standard Legal is not a corporate affiliate of MetLife Legal Plans.

Group legal plans are administered by MetLife Legal Plans, Inc., Cleveland, Ohio. In California, this entity operates under the name MetLife Legal Insurance Services. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI. Some services not available in all states. No service, including consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employer, MetLife and affiliates and plan attorneys; 3) matters in which there is a conflict of interest between the employee and spouse or dependents in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm and business matters, including rental issues when the participant is the landlord; 6) patent, trademark and copyright matters; 7) costs and fines; 8) frivolous or unethical matters; 9) matters for which an attorney client relationship exists prior to the participant becoming eligible for plan benefits. Coverage for defense of criminal matters is excluded from insurance coverage for individuals located in New York. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters. Please see your plan description for details.

