

Austin Independent School District



EMPLOYEE BENEFIT GUIDE

Plan Year September 1, 2013 to August 31, 2014

WWW.MYBENEFITSHUB.COM/AUSTINISD

English

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Benefit Contact Information

Refer to this list when you need to contact one of your benefit providers. For general information please contact your Benefits Department, Financial Benefit Services or log on to www.mybenefitshub.com/austinisd

Program	Vendor	Phone Number	Website/Email
Austin ISD Benefits	Financial Benefit Services	(800) 583-6908	http://www.mybenefitshub.com/austinisd
Austin ISD Benefits Office		(512) 414-1739	http://www.austinisd.org/benefits
Medical	BlueCross BlueShield of Texas	(800) 521-2227	http://www.bcbstx.com
Dental	Delta Dental	(800) 521-2651	http://www.deltadentalins.com
PPO Core Network			
PPO Plus Network			
DHMO Network	Dental Care	(800) 422-4234	http://www.deltadentalca.com
Vision	Block Vision	(866) 265-0517	http://www.blockvision.com
Educator Disability	The Hartford File A Claim	(800) 583-6908 (866) 278-2655	http://www.thehartford.com
Cancer	American Public Life	(800) 256-8606	http://www.ampublic.com
Accident	American Public Life	(800) 256-8606	http://www.ampublic.com
Critical Illness	Assurant	(877) 284-4727	http://www.assurant.com
Permanent Life	Texas Life	(800) 283-9233	http://www.texaslife.com
Short-Term Disability	MetLife File a Claim	(800) 929-1492 (800) 858-6506	http://www.metlife.com
Life and AD&D	MetLife	(800) 523-2894	http://www.metlife.com
Flexible Spending Accounts	National Benefit Services	(800) 583-6908	http://www.nbsbenefits.com
Health Savings Accounts	ACS / BNY Mellon	(877) 472-4200	http://www.hsamember.com
COBRA	National Benefit Services	(800) 583-6908	http://www.nbsbenefits.com
Medical, Dental & Vision			
403(b) / 457 Plans	National Benefit Services	(800) 274-0503	http://www.nbsbenefits.com
403(b) & 457 Plans	Anna Chitty	(800) 274-0503 ext 125	
403(b) & 457 Plans	Jace Rogers	(800) 274-0503 ext 637	
457 Plans	The Standard—Jason Maxey	(800) 915-9110 ext 0550	http://www.standard.com

Online Benefit Enrollment

To Enroll Online, Please Visit www.mybenefitshub.com/austinisd



Click the Login button to begin your Online Enrollment



Login Help Video
[Español]

If you have trouble logging in, Click on the “Login Help Video” for assistance.

Your Username Is:

The first Six (6) characters of your last name*, followed by the first letter of your first name, followed by the last four (4) digits of your Social Security Number. (NOT case sensitive)

Your Password Is:

Last Name* (Excluding punctuation) followed by the last four (4) digits of your Social Security Number. (NOT case sensitive)

*If your last name is less than 6 characters, use your full last name for both your username and password.

PASSWORDS:

All passwords have been RESET to the Default described above.

Passwords ARE Case Sensitive. Please enter your default password in all lowercase.

Enrollment Instructions

Click on “Enrollment Instructions” for more information about how to enroll or see page for Online Enrollment Instructions.

EMPLOYEE GUIDE TO ENROLL IN BENEFITS WITH THEbenefitsHUB

With THEbenefitsHUB, you have access to benefits 24 hours a day, 7 days a week, from anywhere that you have Internet access.

Logging In

THEbenefitsHUB will guide you through the simple enrollment process page by page.

Employee Usage Agreement:


This agreement is displayed when you login to the system as an employee. Please read this section to ensure that you understand the terms of your “electronic signature” within THEbenefitsHUB. When you agree with this information, click the **Continue** button.

- ▶ **Change Password:** Update your password following your organization’s password policy. Once your new password has been set, click the **Save & Continue** button.

Demographic Information



The **Employee Data Entry** process requires you to enter demographic information. Please review current information for accuracy. Enter in any new or missing information and click on the **Save & Continue** button when you are ready to proceed to the next step.

*Please Note: All fields in **BOLD** are required.*

- ▶ **Personal Information:** Please enter an email address if you have one. If you need to use the Forgot Password link on the Login page, the system will deliver your new login credentials to this email address.
- ▶ **Emergency Information:** Enter an emergency contact and the contact method.
- ▶ **Dependent Information:** To add a dependent, click on the **+** icon. To edit an existing dependent, click on the  icon or the name of the dependent. Click on the **Save** button after successfully adding information for each dependent. *Please make sure to indicate if your child is a full-time student and/or claimed on your tax return as this could affect eligibility on some benefit plans.*
- ▶ To revisit any of the sections mentioned select the **Back** button to return to the previous section.

Benefits Enrollment

Once all personal and dependent data has been entered, you will have access to enroll online in the benefits for which you are eligible. Each **benefit plan type** will appear individually for you to review. Select the **Sign & Continue** button for to proceed to the next benefit plan type.

- ▶ **View Benefit Descriptions:** To view, click on the [View Plan Outline of Benefit](#) link or the  next to the name of the plan you would like to review. This shows a plan summary and any available links or additional documentation related to this plan.
- ▶ **View Plan Cost:** Click on the checkbox next to each eligible family member or choose the coverage level you would like. The cost will automatically appear in the box to the right of the members’ names. The “Election Summary” box will be updated as coverage is adjustments.
- ▶ **View Total Plan Cost:** As you select plans, the cost will be adjusted in the “Election Summary” box under the plans.
- ▶ **Forms:** *One or more of your Benefit Plans may require a paper form to be submitted with the Insurance Carrier.* If this is the case, THEbenefitsHUB will prompt you to print the necessary forms during your online enrollment session.
- ▶ **View Important Plan Information:** Your benefits administrator will spotlight the importance of specific features of the plan or add any disclaimers that may be necessary to include in the Plan Information section. You may expand/collapse this information by clicking on the “Plan Information” section.
- ▶ **Product Summary Video:** Videos are placed throughout the benefit election process. You can access product videos that explain the purpose, function and importance of the benefit package by clicking on the  icon.

Beneficiary Information

Beneficiaries are required; please choose your beneficiary *for each* applicable plan.

Consolidated Enrollment Form

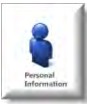
Consolidated Enrollment Form:

This form will display all data from each of the sections listed above, including personal and enrollment information. You may make changes to anything that is incorrect by clicking on the [Benefit Plan](#) name. Once you are finished with the enrollment process, you will be sent to the “Employee Menu” where you may make changes. (See *Employee Menu* section)

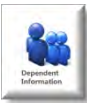
When you have completed your benefit selections, click the  button and you will be redirected to the Employee Menu screen.

Employee Menu

Once the enrollment is completed in the system, you will see the following Employee Menu icons:



Personal Information: Access and edit information by selecting the menu items under [Personal Information](#). You can also change your [Password](#) in this section.








Dependent Information: Access and edit information for **Dependents** in this section. *Make sure the HR Department knows of any changes made as this may change eligibility status or give an opportunity to change enrollment in certain benefits!*



Benefit Plan Information: Access and view benefits in this section. You will not be able to change benefit elections unless it is an open enrollment period for your company. See a **quick review** of all information on the [Consolidated Enrollment Form](#).

Navigation and Data Entry Tips...

Below are tips to help you familiarize with the **THEbenefitsHUB**:

- ▶ **HELP?** If you need assistance during the enrollment process, select [HELP](#) located at the upper right corner of the screen.
- ▶ **BACK & FORTH:** Please do not use the web browser’s “back” or “forward” arrows while in the system. Use the navigation buttons in the **THEbenefitsHUB** instead:  
- ▶ **REQUIRED DATA:** As noted on each screen, the **BOLD** items are required to allow continuation to the next page. The more information entered, the better the system will work for you; but you may skip non-bolded items if they don’t apply.
- ▶ **MOVING ON:** When each election page is complete, go to the bottom of the page and select the  button.
- ▶ **UNABLE TO FINISH?** If for any reason you are unable to complete the enrollment process you may [LOGOUT](#) and login at a later time. When you login again, you will walk through the same process. The data previously entered will be stored.
- ▶ **WHAT ARE THOSE SYMBOLS?** If you “toggle” the cursor/arrow on the icons, the definition of the icons will be revealed.
 = Edit  = View
- ▶ **LINKS...** [words, names or phrases with your organization’s primary color that becomes underlined](#) when you put your cursor/arrow on them, these are links that will take you to a certain section.
- ▶ **SCREEN NAVIGATOR:** This line is at the top of your screen. You may click on the links to quickly jump back to those previous screens.

12 MONTH EMPLOYEE RATE CHART - AUSTIN INDEPENDENT SCHOOL DISTRICT 2013-2014

Blue Cross Blue Shield Medical Plan	District Contribution	Employee Contribution
PPO 1		
EE -- Employee		
EC -- Employee + Child(ren)	\$446.25	\$125.00
ES -- Employee + Spouse	\$446.25	\$525.20
EF -- Employee + Family	\$446.25	\$775.32
PPO 2		
EE -- Employee	\$408.10	\$0.00
EC -- Employee + Child(ren)	\$446.25	\$288.33
ES -- Employee + Spouse	\$446.25	\$492.37
EF -- Employee + Family	\$446.25	\$676.02
PPO 3 (HSA)		
EE -- Employee	\$297.88+\$148.37	\$0.00
EC -- Employee + Child(ren)	\$297.88+\$148.37	\$238.29
ES -- Employee + Spouse	\$297.88+\$148.37	\$387.23
EF -- Employee + Family	\$297.88+\$148.37	\$521.28

Block Vision
Employee: \$7.42
Employee + Children: \$15.40
Employee + Spouse: \$14.83
Employee + Family: \$25.40

MetLife Life/AD&D
District paid \$10,000 life policy <i>free for all employees</i>

MetLife Life/AD&D
** Premium per \$1000 Benefit
Employee: ** \$0.19
Spouse: ** \$0.41
Children: \$10,000 for flat \$0.90

Texas Life - Permanent Life Application Required
--

Delta Dental Plans	District Contribution	Employee Contribution
Delta Care - DHMO Plan		
EE -- Employee	\$7.65	\$8.86
EC -- Employee + Child(ren)	\$7.65	\$20.69
ES -- Employee + Spouse	\$7.65	\$21.97
EF -- Employee + Family	\$7.65	\$33.83
Delta Premier - Core Plan		
EE -- Employee	\$7.65	\$25.82
EC -- Employee + Child(ren)	\$7.65	\$73.57
ES -- Employee + Spouse	\$7.65	\$71.48
EF -- Employee + Family	\$7.65	\$122.04
Delta Premier - Plus Plan		
EE -- Employee	\$7.65	\$31.81
EC -- Employee + Child(ren)	\$7.65	\$88.09
ES -- Employee + Spouse	\$7.65	\$85.62
EF -- Employee + Family	\$7.65	\$145.21

American Public Life - Accident Insurance				
Monthly Premium				
	Low		High	
	Option 1	Option 2	Option 1	Option 2
Employee:	\$11.70	\$13.50	\$22.40	\$24.20
EE+Children:	\$22.70	\$25.70	\$46.70	\$49.70
EE+Spouse:	\$20.70	\$23.30	\$40.20	\$42.80
EE+ Family:	\$31.70	\$35.50	\$64.50	\$68.30

Assurant Critical Illness	
Age	Premium per \$5000
18-29	\$2.10
30-39	\$3.45
40-49	\$6.20
50-59	\$10.60
60-64	\$17.60
65+	\$17.60

American Public Life - Cancer Insurance		
	Monthly Premium	
	Option 1	Option 2
Individual:	\$13.66	\$23.00
Single Parent:	\$15.70	\$26.50
Individual & Spouse:	\$29.48	\$49.94
Family:	\$31.52	\$53.48

NBS Flexible Spending Accounts
Healthcare Reimbursement Maximum: \$2,500
Dependent Care Reimbursement Maximum: \$2,500/filing single \$5,000/filing jointly

Health Savings Account - Max Contributions
Individual Contribution Maximum: \$3,250
Family Contribution Maximum: \$6,450
Individual Contribution Maximum: Age 55+ Catch up \$4,250
Family Contribution Maximum: Age 55+ Catch up \$7,450

Hartford Long Term Disability	
**Premium per \$100 Benefit	
Elimination Period	Premium
0/3 days	\$5.62
14/14 days	\$3.50
30/30 days	\$3.13
60/60 days	\$2.28
90/90 days	\$1.70
180/180 days	\$1.29

9 MONTH EMPLOYEE RATE CHART - AUSTIN INDEPENDENT SCHOOL DISTRICT 2013-2014

Blue Cross Blue Shield Medical Plan	District Contribution	Employee Contribution
PPO 1		
EE -- Employee		
EC -- Employee + Child(ren)	\$446.25	\$166.67
ES -- Employee + Spouse	\$446.25	\$700.27
EF -- Employee + Family	\$446.25	\$1,033.76
PPO 2		
EE -- Employee		
EC -- Employee + Child(ren)	\$408.10	\$0.00
ES -- Employee + Spouse	\$446.25	\$384.44
EF -- Employee + Family	\$446.25	\$656.49
PPO 3 (HSA)		
EE -- Employee		
EC -- Employee + Child(ren)	\$297.88+\$148.37	\$0.00
ES -- Employee + Spouse	\$297.88+\$148.37	\$317.72
EF -- Employee + Family	\$297.88+\$148.37	\$516.31
	\$297.88+\$148.37	\$695.04

Delta Dental Plans	District Contribution	Employee Contribution
Delta Care - DHMO Plan		
EE -- Employee		
EC -- Employee + Child(ren)	\$7.65	\$11.81
ES -- Employee + Spouse	\$7.65	\$27.59
EF -- Employee + Family	\$7.65	\$29.29
Delta Premier - Core Plan		
EE -- Employee		
EC -- Employee + Child(ren)	\$7.65	\$34.43
ES -- Employee + Spouse	\$7.65	\$98.09
EF -- Employee + Family	\$7.65	\$95.31
Delta Premier - Plus Plan		
EE -- Employee		
EC -- Employee + Child(ren)	\$7.65	\$42.41
ES -- Employee + Spouse	\$7.65	\$117.45
EF -- Employee + Family	\$7.65	\$114.16
	\$7.65	\$193.61

Block Vision
Employee: \$9.89
Employee + Children: \$20.53
Employee + Spouse: \$19.77
Employee + Family: \$33.87

MetLife Life/AD&D
District paid \$10,000 life policy <i>free for all employees</i>

MetLife Life/AD&D
** Premium per \$1000 Benefit
Employee: ** \$0.25
Spouse: ** \$0.55
Children: \$10,000 for flat \$1.20

Texas Life - Permanent Life
Application Required

MetLife Short Term Disability
Employee: \$6.87

Hartford Long Term Disability
**Premium per \$100 Benefit
Elimination Period Premium
0/3 days \$7.49
14/14 days \$4.67
30/30 days \$4.17
60/60 days \$3.04
90/90 days \$2.27
180/180 days \$1.72

American Public Life - Accident Insurance				
	Monthly Premium - 9 Pay			
	Low		High	
	Option 1	Option 2	Option1	Option 2
Employee:	\$15.60	\$18.00	\$29.87	\$32.27
EE+Children:	\$30.27	\$34.27	\$62.27	\$66.27
EE+Spouse:	\$27.60	\$31.07	\$53.60	\$57.07
EE+ Family:	\$42.27	\$47.33	\$86.00	\$91.07

Assurant Critical Illness	
Age	Premium per \$5000
18-29	\$2.80
30-39	\$4.60
40-49	\$8.27
50-59	\$14.13
60-64	\$23.47
65+	\$23.47

American Public Life - Cancer Insurance		
	Monthly Premium - 9 Pay	
	Option 1	Option 2
Individual:	\$18.21	\$30.67
Single Parent:	\$20.93	\$35.33
Individual & Spouse:	\$39.31	\$66.59
Family:	\$42.03	\$71.31

NBS Flexible Spending Accounts
Healthcare Reimbursement Maximum: \$2,500
Dependent Care Reimbursement Maximum: \$2,500/filing single \$5,000/filing jointly

Health Savings Account - Max Contributions
Individual Contribution Maximum: \$3,250
Family Contribution Maximum: \$6,450
Individual Contribution Maximum: Age 55+ Catch up \$4,250
Family Contribution Maximum: Age 55+ Catch up \$7,450

****9 Month Employee - example: Transportation, Food Service - Deductions taken from second check each month**

Austin Independent School District
2013-2014 PPO 1 & PPO 2 Benefits Comparison

The following plan summary information is provided only to assist AISD employees in reviewing health plan coverage for 2013-2014. This comparison is not meant to replace the detailed description available from Blue Cross Blue Shield of Texas (BCBSTX). The plan coverage, payments, exclusions and benefit limitations will be determined solely by information prepared and distributed by BCBSTX.

Plan Provisions	PPO 1		PPO 2 Plan	
	In Network	Out of Network	In Network	Out of Network
Lifetime Maximum	Unlimited		Unlimited	
Annual Maximum on Essential Health Benefits	\$2,000,000		\$2,000,000	
Deductible:				
Individual	\$0	\$500	\$500	
Family	\$0	\$1,500	\$1,500	
Out of Pocket including deductible				
Individual	\$1,000	\$3,500	\$2,500	
Family	\$3,000	\$10,500	\$7,500	
Office Visit (Primary Care or Specialist)	\$20	Ded, 30%	\$25	Ded, 30%
Lab / X-ray Charges in other outpatient facilities	\$0	Ded, 30%	\$0	Ded, 30%
Diagnostic Testing (MRI, Ctscan, PET scan, etc.)	20%	Ded, 40%	Ded, 20%	Ded, 40%
Allergy Injections & Serum	20%	Ded, 40%	Ded, 20%	Ded, 40%
Allergy Testing	\$20	Ded, 30%	\$25	Ded, 30%
Preventive Care				
Adult Physicals	Covered at 100%	Ded, 30%	Covered at 100%	Ded, 30%
Mammogram	Covered at 100%	Ded, 30%	Covered at 100%	Ded, 30%
Well Child Care	Covered at 100%	Ded, 30%	Covered at 100%	Ded, 30%
Immunizations	Covered at 100%	\$0 up to age 6 Ded, 30% age 6+	Covered at 100%	\$0 up to age 6 Ded, 30% age 6+
Inpatient Hospital Charges:				
Physician Visit	20%	Ded, 40%	Ded, 20%	Ded, 40%
Facility Charge	20%	40%	20%	40%
Per Admission Deductible / Copay	NA	\$500 Per Hospital Admission Deductible	\$500 per hospital admission ded, 20%	\$500 per hospital admission ded, 40%
Emergency Room (Accident / Emergency within 48 hrs)				
Facility	\$100 + 20%	\$100 + 20%	\$100	\$100
Urgent Care	\$45	Ded, 30%	\$45	Ded, 30%
Ambulance	20%	20%	Ded, 20%	Ded, 20%
Surgery:				
PCP's Office	20%	Ded, 40%	Ded, 20%	Ded, 40%
Outpatient Hospital	20%	Ded, 40%	Ded, 20%	Ded, 40%
Maternity:				
Physician (after initial copay the global fees subject to 20%)	\$20 - 1st visit	Ded, 30%	\$25 - 1st visit	Ded, 30%
Facility	20%	\$500, 40%	\$500 per hospital admission ded, 20%	\$500 per hospital admission ded, 40%
Prescription Drugs:	\$50 Deductible		\$50 Deductible	
Generic	\$10	20% of allowable	\$10	20% of allowable
Brand	\$25	amount plus	\$25	plus
Non-Preferred	\$40	applicable copay	\$45	applicable copay
Mail Order	\$25/\$62.50/\$100	NA	\$25 / \$62.50 / \$112.50	NA
Mental/Nervous Benefit				
Inpatient	20%	\$500 Per Hospital Admission Deductible, 40%	\$500 per hospital admission ded, 20%	\$500 per hospital admission ded, 40%
Outpatient	\$20	Ded, 30%	\$25	Ded, 30%
Chemical Dependency Benefit				
Inpatient	20%	\$500 Per Hospital Admission Deductible, 40%	\$500 per hospital admission ded, 20%	\$500 per hospital admission ded, 40%
Outpatient	\$20	Ded, 30%	\$25	Ded, 30%
Vision Care Routine Eye Exam (excludes materials and contact lenses)*	\$20	Ded, 30%	\$25	Ded, 30%
Pre-existing Limits (refer to BCBSTX documentation for explanation)**	6/12	6/12	6/12	6/12

The following services do not accrue towards the Out of Pocket Maximum: Pharmacy Deductible, Pharmacy Copays, Per Hospital Admission Deductible

**All pre-ex limits will apply for any newly enrolled employees or dependents over the age of 19 with an effective date of 9/1/13, unless a certificate of creditable coverage can be provided showing prior coverage credit.

*Routine eye exam is provided through Blue Cross providers. Materials and Contact Lenses are provided at a discounted rate through Davis Discount Vision Program.

Austin Independent School District
2013-2014 HSA Benefit Summary

The following plan summary information is provided only to assist AISD employees in reviewing health plan coverage for 2013-2014. This comparison is not meant to replace the detailed description available from Blue Cross Blue Shield of Texas (BCBSTX). The plan coverage, payments, exclusions and benefit limitations will be determined solely by information prepared and distributed by BCBSTX.

Plan Provisions	PPO 3 HSA	
	In Network	Out of Network
Health Account	Employer Contribution Amount (\$)	
Lifetime Maximum	Unlimited	
Annual Maximum on Essential Health Benefits	\$2,000,000	
Deductible:		
Individual Only	\$1,500 or	\$3,000 or
Individual + Any Family Members	\$3,000	\$6,000
Out of Pocket including deductible		
Individual Only	\$4,500 or	\$9,000 or
Individual + Any Family Members	\$9,000	\$18,000
Office Visit (Primary Care or Specialist)	Ded + 20%	Ded + 40%
Lab / X-ray Charges in other outpatient facilities	Ded + 20%	Ded + 40%
Diagnostic Testing (MRI, Ctscan, PET scan, etc.)	Ded + 20%	Ded + 40%
Allergy Injections & Serum	Ded + 20%	Ded + 40%
Allergy Testing	Ded + 20%	Ded + 40%
Preventive Care		
Adult Physicals	Covered at 100%	Ded + 30%
Mammogram	Covered at 100%	Ded + 30%
Well Child Care	Covered at 100%	Ded + 30%
Immunizations	Covered at 100%	\$0 up to age 6 Ded + 30% age 6+
Inpatient Hospital Charges:		
Physician Visit	Ded + 20%	Ded + 40%
Facility Charge	Ded + 20%	Ded + 40%
Emergency Room (Accident / Emergency within 48 hrs)		
Facility	Ded + 20%	Ded + 20%
Urgent Care	Ded + 20%	Ded + 40%
Ambulance	Ded + 20%	Ded + 20%
Surgery:		
PCP's Office	Ded + 20%	Ded + 40%
Outpatient Hospital	Ded + 20%	Ded + 40%
Maternity:		
Physician	Ded + 20%	Ded + 40%
Facility	Ded + 20%	Ded + 40%
Prescription Drugs:		
Generic	Ded + 20%	Ded + 20%
Brand	Ded + 20%	Ded + 20%
Non-Preferred	Ded + 20%	Ded + 20%
Mail Order	Ded + 20%	Ded + 20%
Mental/Nervous Benefit		
Inpatient	Ded + 20%	Ded + 40%
Outpatient	Ded + 20%	Ded + 40%
Chemical Dependency Benefit		
Inpatient	Ded + 20%	Ded + 40%
Outpatient	Ded + 20%	Ded + 40%
Vision Care Routine Eye Exam (excludes materials and contact lenses)*	Ded + 20%	Ded + 40%
Pre-existing Limits (refer to BCBSTX documentation for explanation)**	6/12	6/12

All pre-ex limits will apply for any newly enrolled employees or dependents over the age of 19 with an effective date of 9/1/13, unless a certificate of creditable coverage can be provided showing prior coverage credit.

*Routine eye exam is provided through Blue Cross providers. Materials and Contact Lenses are provided at a discounted rate through Davis Discount Vision Program.



HSAs: A healthy investment (PPO Option 3 Only)

Are you ready to take a few minutes to learn about Health Savings Accounts (HSAs)? These accounts are an important part of a revolution in health care — a revolution offering you savings, control and ownership.

With The ACS|BNY Mellon HSA Solution (“The HSA Solution”), you can quickly build a health care “piggy bank” for current and future health care expenses with tremendous tax advantages — while you enjoy the security of health care coverage that protects you and your family.

How does it work? To help pay and save for health care expenses, the government allows individuals covered by high-deductible plans to open HSAs. Both the HSA owner and their employer are allowed to contribute to the account, but the owner gets to control and keep any funds left over after each year.

The HSA offers valuable savings on federal and state taxes*:

- Contributions are tax free;
- Account interest accumulates tax free; and
- Dollars spent on qualified medical expenses are tax free.

*Free from state tax in most states

Any balance left over at the end of the year stays with the individual, available regardless of job changes or retirement. Balances earn interest and may be invested, offering HSA owners the ability to set aside thousands of dollars for later health care needs.

Learn more about HSAs:

Visit hsamember.com for complete information on The HSA Solution and tools. Visit the U.S. Treasury’s HSA website at treas.gov (Click on “Health Savings Accounts”), or call The HSA Solution Contact Center at 1-877-635-5472.

Example: Federal tax savings available with an HSA

HSA owner contribution: \$1,000

Tax Rate:	Potential Savings:
35%	\$350
33%	\$330
28%	\$280
25%	\$250
15%	\$150

In addition to the federal tax advantages, most states provide additional state tax deductions or rebates.

HSA savings over time

If an individual contributed \$1,500 into an HSA each year starting at age 35 — and spent \$500 of that \$1,500 each year on health care expenses — after 30 years the account could grow to over \$185,000.

And at age 65 or after, account funds are available for non-medical expenses, without tax penalties!

(This example assumes the owner takes advantage of available HSA investment options and receives an average 8% annual return.)

HSAs: how they work

The idea is simple: you choose to set up an HSA as you enroll in an HSA-compatible health plan. As you build up a balance in your account, you can use your tax-free HSA dollars to pay for your eligible health care costs, such as doctor and hospital visits (“qualified medical expenses”).

Even better, most qualified medical expenses paid from your HSA are credited toward meeting the deductible of your new health plan.

If your total expenses reach your health plan deductible, an out-of-pocket maximum kicks in, capping your cost and activating insurance coverage for all additional covered expenses for the plan year.

Even if you don’t meet your deductible, you can use your tax-advantaged HSA dollars to pay for qualified medical expenses covered under your health plan, such as for chiropractic care, eyeglasses or other vision expenses, or alternative medical expenses.

Growing your HSA

Each year you may make HSA contributions up to an annual limit specified by the IRS:

- For 2012, that annual contribution limit is \$3,100 for individual coverage and \$6,250 for family coverage.
- For 2013, that annual contribution limit is \$3,250 for individual coverage and \$6,450 for family coverage.

Signing up: Easy as 1, 2, 3!

1. After you enroll in the High Deductible Health Plan (HDHP) coverage, you’ll receive a Welcome Kit in the mail that will provide you with more information and ask you to name an account beneficiary.
2. Return the paperwork to receive an HSA checkbook and debit card (in separate mailings, for your protection) to use to pay for your health care expenses.
3. You’ll have access to all of your account activity online. If you have questions, you can call The HSA Solution Contact Center toll free.

More opportunities to save

Have you ever compared prices as you shopped for a car or planned a trip? With your HSA, you decide where to spend your health care dollars, and you keep the savings as you make smart health care decisions. Simple steps to keep more money in your account include:

- Using the discounted health care provider network,
- Asking for generic prescriptions when they are available, and
- Asking your physician questions about treatments and tests.

If you are age 55 or older, you may make additional “catch-up” contributions of up to \$1,000 for 2012 and 2013. (Some additional rules apply if you enroll after January 1. Visit our website at hsamember.com for more information.)

If your employer puts money in your account, those contributions count toward your contribution maximum for the year. The good news, though: you own that money, regardless of whether you leave your current job or retire.

You can choose to fund your HSA to meet your expected health care costs for the next year, or fund up to the contribution limit to build up tax-advantaged savings for the future.

At the end of the year, any funds you have not used remain in your account, “rolling over” for future expenses. As your account grows, you can elect to transfer funds into an investment account.

The HSA Solution offers an integrated investment platform with 22 investment options from a variety of fund families.

You can open investments online once your HSA checking balance reaches \$1,000.

If or when you need those investment dollars for health care expenses, they can be returned to your original account without penalty.

THE hsa SOLUTION

Plan Benefit Highlights for: Austin ISD

Group No: 03595

Effective Date: 9/1/2013

Eligibility	Primary enrollee, spouse and eligible dependent children to age 26		
Deductibles*	\$50 per person / \$150 per family each calendar year—CORE PLAN \$50 per person / \$100 per family each calendar year—PLUS PLAN		
Deductibles waived for D & P?	Yes		
Maximums*	\$1500 per each calendar year		
D & P counts toward maximum?	No		
Waiting Period(s)	Basic Benefits 0 Months	Major Benefits 0 Months	Orthodontics 0 Months

	Core Plan		Plus Plan	
Benefits and Covered Services**	Delta Dental PPO dentists[†]	Non-DeltaDental dentists[†]	Delta Dental PPO dentists[†]	Non-DeltaDental dentists[†]
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays	100 %	100 %	100 %	100 %
Basic Services Fillings, simple tooth extractions, sealants	80 %	80 %	90 %	90 %
Endodontics (root canals) Covered Under Basic Services	80 %	80 %	90 %	90 %
Periodontics (gum treatment) Covered Under Basic Services	80 %	80 %	90 %	90 %
Oral Surgery Covered Under Basic Services	80 %	80 %	90 %	90 %
Major Services Crowns, inlays, onlays and cast restorations, bridges and dentures	50 %	50 %	60 %	60 %
Orthodontic Benefits adults and dependent children	NOT A BENEFIT	NOT A BENEFIT	50 %	50 %
Orthodontic Maximums Lifetime	NOT A BENEFIT	NOT A BENEFIT	\$ 1,500	\$ 1,500
Other				

* If you switch plans during the calendar year your Deductible and Annual Maximum may be adjusted accordingly.

** Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.

† Fees are based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Delta Dental Insurance Company
1130 Sanctuary Parkway, Suite 600
Alpharetta, GA 30009

Customer Service
800-521-2651

Claims Address
P.O. Box 1809
Alpharetta, GA 30023-1809

deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

DeltaCare[®] USA – provided by Alpha Dental Programs, Inc.



We'll do **whatever it takes and then some.**

Find a DeltaCare USA dentist

Select from among the many conveniently located DeltaCare USA contracted general dentists. To find the most current listing of DeltaCare USA dental offices you can:

Visit our website at deltadentalins.com/enrollees. Under Find a dentist, select DeltaCare USA as your network.

Or call Customer Service at **800-422-4234** for help in finding a DeltaCare USA dentist.



Welcome to DeltaCare USA — quality, convenience, predictable costs

Alpha Dental Programs is a single service (dental) HMO that provides you and your family with quality dental benefits at an affordable cost. The DeltaCare USA program is designed to encourage you and your family to visit the dentist regularly to maintain your dental health.

When you enroll, you select a contract dentist to provide services. The DeltaCare USA network consists of private practice dental facilities that have been carefully screened for quality.

Enroll in DeltaCare USA and you'll enjoy these features:

Quality

- Extensive benefits for you and your family
- No restrictions on pre-existing conditions, except for work in progress
- Large, stable network of dentists, so you can enjoy a long-term relationship with your dentist

Convenience

- No claim forms to complete
- Easy access to specialty care
- Expanded business hours for toll-free customer service, from 7 a.m. to 8 p.m., Central time

Predictable costs

- No deductibles
- Out-of-pocket costs are clearly defined
- Emergency dental services coverage
- No annual or lifetime dollar maximums



Administered by Delta Dental Insurance Company



Highlights of your DeltaCare USA Program

What if I have questions about my DeltaCare USA Program?

Eligibility for you and your family

If you meet your group's eligibility requirements for dental coverage, you can enroll in the DeltaCare USA program. You may also enroll eligible dependents. Contact your benefits administrator if you have any questions.

Easy enrollment

Simply complete the enrollment process as directed by your benefits administrator. Be sure to indicate a dentist (from the list of contract dental facilities) for both yourself and your eligible dependents. Include the name of your group.

How your DeltaCare USA program works

Your selected contract dentist will take care of your dental care needs. If you require treatment from a specialist, your contract dentist will handle the referral for you.

After you have enrolled, you will receive a membership packet that includes an identification card and an Evidence of Coverage that fully describes the benefits of your dental program. Also included in this packet are the name, address and phone number of your contract dentist. Simply call the dental facility to make an appointment.

Under the DeltaCare USA program, many services are covered at no cost, while others have copayments (amount you pay your contract dentist) for certain benefits. See the "Description of Benefits and Copayments" for a list of your benefits.

Please note: Dental services that are not performed by your selected contract dentist, or are not covered under provisions for emergency care below, must be preauthorized by us to be covered by your DeltaCare USA program.

Provisions for emergency care

Under your DeltaCare USA program, you are covered for emergency dental services as described in the "Description of Benefits and Copayments."

My dentist is a Delta Dental dentist but is not on the list of DeltaCare USA dentists. Can I still receive treatment from this dentist?

You must receive treatment from your selected DeltaCare USA contract dentist. Please note that Delta Dental dentists are not necessarily DeltaCare USA dentists.

Do my family members receive treatment from the same DeltaCare USA contract dentist?

You and your eligible dependents may receive care from the same contract dentist, or if you prefer, you may select individual contract dental facilities.

Can I change my contract dentist?

You may change contract dentists by notifying us either by phone or in writing, or by visiting our website (deltadentalins.com). If you contact us by the 21st of the month, the change will become effective the first of the following month.

How long does it take to get an appointment with a DeltaCare USA dentist?

Three weeks is a reasonable amount of time to wait for a routine, non-urgent appointment. If you require a specific time, you may have to wait longer. Most DeltaCare USA dentists are in private group practices, which means greater appointment availability and extended office hours.

Does my DeltaCare USA program cover tooth-colored fillings and crowns?

Porcelain and other tooth-colored materials are included as a benefit under your program. Your out-of-pocket cost for this service is shown in the "Description of Benefits and Copayments."

Highlights of your DeltaCare USA Program

Can I have my teeth whitened under the DeltaCare USA program?

External bleaching is a benefit under your program. See the "Description of Benefits and Copayments" and talk to your contract dentist about your options.

Are pre-existing dental conditions and work in progress covered?

Treatment for pre-existing conditions, such as extracted teeth, is covered under the DeltaCare USA program. However, benefits are not provided for any dental treatment started before joining the program (that is, work in progress, such as preparations for crowns, root canals and impressions for dentures). Orthodontic treatment in progress may be covered for new DeltaCare USA enrollees. See the "Limitations and Exclusions of Benefits."

How does the DeltaCare USA program encourage preventive care?

Your DeltaCare USA program is designed to encourage regular visits to the dentist by having no copayments (fees you pay to the contract dentist) on most diagnostic and preventive benefits. See the enclosed "Description of Benefits and Copayments."

Does my DeltaCare USA program cover specialists' services?

Your contract dentist will coordinate your specialty care needs for oral surgery, endodontics, periodontics or pediatric dentistry with an approved contract specialist. There is no additional charge to you for receiving care from a specialist. If there is no contract specialist within your service area, a referral to an out-of-network specialist will be authorized at no extra cost, other than the applicable copayment.

What if I have questions about my DeltaCare USA program?

Call Customer Service at 800-422-4234. We have multilingual representatives available from 7 a.m. to 8 p.m. Central time, Monday through Friday. Our Customer Service representatives can answer benefits questions, as well as arrange facility transfers and urgent care referrals.

Our Customer Service representatives have worked in dental facilities and can answer benefits questions, as well as arrange facility transfers and urgent care referrals.

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Plan TX14B DeltaCare USA Description of Benefits and Copayments

SCHEDULE A

Description of Benefits and Copayments

The benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the program. Please refer to Schedule B for further clarification of benefits. Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.

Text that appears in italics below is specifically intended to clarify the delivery of benefits under this program and is not to be interpreted as CDT-2013 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association. The American Dental Association may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

CODE	DESCRIPTION	ENROLLEE PAYS
D0100-D0999 I. DIAGNOSTIC		
D0120	Periodic oral evaluation - established patient	No Cost
D0140	Limited oral evaluation - problem focused	No Cost
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	No Cost
D0150	Comprehensive oral evaluation - new or established patient	No Cost
D0160	Detailed and extensive oral evaluation - problem focused, by report	No Cost
D0170	Re-evaluation - limited, problem focused (established patient, not post-operative visit)	No Cost
D0180	Comprehensive periodontal evaluation - new or established patient	No Cost
D0190	Screening of a patient	No Cost
D0191	Assessment of a patient	No Cost
D0210	Intraoral - complete series of radiographic images - limited to 1 series every 24 months	No Cost
D0220	Intraoral - periapical first radiographic image	No Cost
D0230	Intraoral - periapical each additional radiographic image	No Cost
D0240	Intraoral - occlusal radiographic image	No Cost
D0250	Extraoral - first radiographic image	No Cost
D0260	Extraoral - each additional radiographic image	No Cost
D0270	Bite wings - single radiographic image	No Cost
D0272	Bite wings - two radiographic images	No Cost
D0273	Bite wings three radiographic images	No Cost
D0274	Bite wings - four radiographic images - limited to 1 series every 6 months	No Cost
D0277	Vertical bite wings - 7 to 8 radiographic images	No Cost
D0330	Panoramic radiographic image	No Cost
D0415	Collection of microorganisms for culture and sensitivity	No Cost
D0425	Caries susceptibility tests	No Cost
D0460	Pulp vitality tests	No Cost
D0470	Diagnostic casts	No Cost
D0472	Accession of tissue, gross examination, preparation and transmission of written report	No Cost
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	No Cost
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	No Cost
D0999	Unspecified diagnostic procedure, by report - includes office visit, per visit (in addition to other services)	\$5.00
D1000-D1999 II. PREVENTIVE		
D1110	Prophylaxis cleaning - adult - 1 per 6 month period	No Cost
D1110	Additional prophylaxis cleaning - adult (within the 6 month period)	\$45.00
D1120	Prophylaxis cleaning - child - 1 per 6 month period	No Cost
D1120	Additional prophylaxis cleaning - child (within the 6 month period)	\$35.00
D1206	Topical application of fluoride varnish - child to age 19; 1 per 6 month period	No Cost
D1208	Topical application of fluoride - child to age 19; 1 per 6 month period	No Cost
D1310	Nutritional counseling for control of dental disease	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth - through age 15	\$10.00
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - through age 15	\$10.00
D1510	Space maintainer - fixed - unilateral	\$60.00
D1515	Space maintainer - fixed - bilateral	\$60.00

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Plan TX14B DeltaCare USA Description of Benefits and Copayments

D1520	Space maintainer - removable - unilateral	\$70.00
D1525	Space maintainer - removable - bilateral	\$70.00
D1550	Re-cementation of space maintainer	\$12.00
D1555	Removal of fixed space maintainer	\$12.00
D2000-D2999 III. RESTORATIVE		
- Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.		
- When there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100.00 per crown, beyond the 6th unit.		
- Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.		
D2140	Amalgam - one surface, primary or permanent	No Cost
D2150	Amalgam - two surfaces, primary or permanent	No Cost
D2160	Amalgam - three surfaces, primary or permanent	No Cost
D2161	Amalgam - four or more surfaces, primary or permanent	No Cost
D2330	Resin-based composite - one surface, anterior	\$5.00
D2331	Resin-based composite - two surfaces, anterior	\$10.00
D2332	Resin-based composite - three surfaces, anterior	\$15.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$50.00
D2390	Resin-based composite crown, anterior	\$60.00
D2391	Resin-based composite - one surface, posterior	\$55.00
D2392	Resin-based composite - two surfaces, posterior	\$65.00
D2393	Resin-based composite - three surfaces, posterior	\$75.00
D2394	Resin-based composite - four or more surfaces, posterior	\$85.00
D2510	Inlay - metallic - one surface	\$170.00
D2520	Inlay - metallic - two surfaces	\$180.00
D2530	Inlay - metallic - three or more surfaces	\$190.00
D2542	Onlay - metallic - two surfaces	\$185.00
D2543	Onlay - metallic - three surfaces	\$195.00
D2544	Onlay - metallic - four or more surfaces	\$215.00
D2610	Inlay - porcelain/ceramic - one surface	\$295.00
D2620	Inlay - porcelain/ceramic - two surfaces	\$330.00
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$350.00
D2642	Onlay - porcelain/ceramic - two surfaces	\$325.00
D2643	Onlay - porcelain/ceramic - three surfaces	\$360.00
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$380.00
D2650	Inlay - resin-based composite - one surface	\$195.00
D2651	Inlay - resin-based composite - two surfaces	\$220.00
D2652	Inlay - resin-based composite - three or more surfaces	\$255.00
D2662	Onlay - resin-based composite - two surfaces	\$250.00
D2663	Onlay - resin-based composite - three surfaces	\$275.00
D2664	Onlay - resin-based composite - four or more surfaces	\$320.00
D2710	Crown - resin-based composite (indirect)	\$160.00
D2712	Crown - ¾ resin-based composite (indirect)	\$160.00
D2720	Crown - resin with high noble metal	\$320.00
D2721	Crown - resin with predominantly base metal	\$220.00
D2722	Crown - resin with noble metal	\$260.00
D2740	Crown - porcelain/ceramic substrate	\$380.00
D2750	Crown - porcelain fused to high noble metal	\$380.00
D2751	Crown - porcelain fused to predominantly base metal	\$280.00
D2752	Crown - porcelain fused to noble metal	\$320.00
D2780	Crown - ¾ cast high noble metal	\$380.00
D2781	Crown - ¾ cast predominantly base metal	\$280.00
D2782	Crown - ¾ cast noble metal	\$320.00
D2783	Crown - ¾ porcelain/ceramic	\$380.00
D2790	Crown - full cast high noble metal	\$380.00
D2791	Crown - full cast predominantly base metal	\$280.00
D2792	Crown - full cast noble metal	\$320.00
D2794	Crown - titanium	\$380.00

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Plan TX14B	DeltaCare USA	Description of Benefits and Copayments
D2910		Recent inlay, onlay or partial coverage restoration \$15.00
D2915		Recent cast or prefabricated post and core \$15.00
D2920		Recent crown \$15.00
D2929		Prefabricated porcelain/ceramic crown - primary tooth - <i>anterior primary tooth</i> \$75.00
D2930		Prefabricated stainless steel crown - primary tooth \$65.00
D2931		Prefabricated stainless steel crown - permanent tooth \$65.00
D2932		Prefabricated resin crown - <i>anterior primary tooth</i> \$85.00
D2933		Prefabricated stainless steel crown with resin window - <i>anterior primary tooth</i> \$75.00
D2940		Protective restoration \$15.00
D2950		Core buildup, including any pins \$65.00
D2951		Pin retention - per tooth, in addition to restoration \$10.00
D2952		Post and core in addition to crown, indirectly fabricated - <i>includes canal preparation</i> \$95.00
D2953		Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i> \$70.00
D2954		Prefabricated post and core in addition to crown - <i>base metal post; includes canal preparation</i> \$80.00
D2957		Each additional prefabricated post - same tooth - <i>base metal post; includes canal preparation</i> \$60.00
D2970		Temporary crown (fractured tooth) - <i>palliative treatment only</i> \$15.00
D2971		Additional procedures to construct new crown under existing partial denture framework \$55.00
D2980		Crown repair necessitated by restorative material failure \$25.00
D2981		Inlay repair necessitated by restorative material failure \$25.00
D2982		Onlay repair necessitated by restorative material failure \$25.00
D2990		Resin infiltration of incipient smooth surface lesions - <i>through age 15</i> \$10.00
D3000-D3999 IV. ENDODONTICS		
D3110		Pulp cap - direct (excluding final restoration) No Cost
D3120		Pulp cap - indirect (excluding final restoration) No Cost
D3220		Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament \$35.00
D3221		Pulpal debridement, primary and permanent teeth \$40.00
D3222		Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development \$35.00
D3230		Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) \$50.00
D3240		Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) \$50.00
D3310		<i>Root canal</i> - endodontic therapy, anterior tooth (excluding final restoration) \$110.00
D3320		<i>Root canal</i> - endodontic therapy, bicuspid tooth (excluding final restoration) \$200.00
D3330		<i>Root canal</i> - endodontic therapy, molar (excluding final restoration) \$350.00
D3331		Treatment of root canal obstruction; non-surgical access \$75.00
D3332		Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth \$75.00
D3333		Internal root repair of perforation defects \$75.00
D3346		Retreatment of previous root canal therapy - anterior \$140.00
D3347		Retreatment of previous root canal therapy - bicuspid \$230.00
D3348		Retreatment of previous root canal therapy - molar \$380.00
D3351		Apexification/calculification/pulpal regeneration - initial visit (apical closure/calculific repair of perforations, root resorption, pulp space disinfection, etc.) \$75.00
D3352		Apexification/calculification/pulpal regeneration - interim medication replacement (apical closure/calculific repair of perforations, root resorption, pulp space disinfection, etc.) \$50.00
D3353		Apexification/calculification - final visit (includes completed root canal therapy - apical closure/calculific repair of perforations, root resorption, etc.) \$50.00
D3410		Apicoectomy/periradicular surgery - anterior \$130.00
D3421		Apicoectomy/periradicular surgery - bicuspid (first root) \$140.00
D3425		Apicoectomy/periradicular surgery - molar (first root) \$150.00
D3426		Apicoectomy/periradicular surgery (each additional root) \$90.00
D3430		Retrograde filling - per root \$70.00
D3450		Root amputation, per root \$80.00
D3920		Hemisection (including any root removal), not including root canal therapy \$70.00
D4000-D4999 V. PERIODONTICS		
<i>- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.</i>		
D4210		Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant \$145.00
D4211		Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant \$85.00

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Plan TX14B	DeltaCare USA	Description of Benefits and Copayments
D5671		Replace all teeth and acrylic on cast metal framework (mandibular) \$180.00
D5710		Rebase complete maxillary denture \$100.00
D5711		Rebase complete mandibular denture \$100.00
D5720		Rebase maxillary partial denture \$100.00
D5721		Rebase mandibular partial denture \$100.00
D5730		Reline complete maxillary denture (chairside) \$55.00
D5731		Reline complete mandibular denture (chairside) \$55.00
D5740		Reline maxillary partial denture (chairside) \$55.00
D5741		Reline mandibular partial denture (chairside) \$55.00
D5750		Reline complete maxillary denture (laboratory) \$90.00
D5751		Reline complete mandibular denture (laboratory) \$90.00
D5760		Reline maxillary partial denture (laboratory) \$90.00
D5761		Reline mandibular partial denture (laboratory) \$90.00
D5820		Interim partial denture (maxillary) - <i>limited to 1 in any 12 consecutive months</i> \$110.00
D5821		Interim partial denture (mandibular) - <i>limited to 1 in any 12 consecutive months</i> \$110.00
D5850		Tissue conditioning, maxillary \$25.00
D5851		Tissue conditioning, mandibular \$25.00
D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered		
D6000-D6199 VIII. IMPLANT SERVICES - Not Covered		
D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])		
<i>- When a crown and/or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an additional \$100.00 per unit, beyond the 6th unit.</i>		
<i>- Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.</i>		
D6210		Pontic - cast high noble metal \$380.00
D6211		Pontic - cast predominantly base metal \$280.00
D6212		Pontic - cast noble metal \$320.00
D6240		Pontic - porcelain fused to high noble metal \$380.00
D6241		Pontic - porcelain fused to predominantly base metal \$280.00
D6242		Pontic - porcelain fused to noble metal \$320.00
D6245		Pontic - porcelain/ceramic \$380.00
D6250		Pontic - resin with high noble metal \$320.00
D6251		Pontic - resin with predominantly base metal \$220.00
D6252		Pontic - resin with noble metal \$260.00
D6600		Inlay - porcelain/ceramic, two surfaces \$330.00
D6601		Inlay - porcelain/ceramic, three or more surfaces \$350.00
D6602		Inlay - cast high noble metal, two surfaces \$280.00
D6603		Inlay - cast high noble metal, three or more surfaces \$290.00
D6604		Inlay - cast predominantly base metal, two surfaces \$180.00
D6605		Inlay - cast predominantly base metal, three or more surfaces \$190.00
D6606		Inlay - cast noble metal, two surfaces \$210.00
D6607		Inlay - cast noble metal, three or more surfaces \$220.00
D6608		Onlay - porcelain/ceramic, two surfaces \$325.00
D6609		Onlay - porcelain/ceramic, three or more surfaces \$360.00
D6610		Onlay - cast high noble metal, two surfaces \$285.00
D6611		Onlay - cast high noble metal, three or more surfaces \$295.00
D6612		Onlay - cast predominantly base metal, two surfaces \$185.00
D6613		Onlay - cast predominantly base metal, three or more surfaces \$195.00
D6614		Onlay - cast noble metal, two surfaces \$205.00
D6615		Onlay - cast noble metal, three or more surfaces \$225.00
D6720		Crown - resin with high noble metal \$320.00
D6721		Crown - resin with predominantly base metal \$220.00
D6722		Crown - resin with noble metal \$260.00
D6740		Crown - porcelain/ceramic \$380.00
D6750		Crown - porcelain fused to high noble metal \$380.00

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Plan TX14B	DeltaCare USA	Description of Benefits and Copayments
D4212		Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth \$85.00
D4240		Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant \$150.00
D4241		Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant \$90.00
D4245		Apically positioned flap \$175.00
D4249		Clinical crown lengthening - hard tissue \$140.00
D4260		Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant \$345.00
D4261		Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant \$275.00
D4263		Bone replacement graft - first site in quadrant \$225.00
D4264		Bone replacement graft - each additional site in quadrant \$75.00
D4270		Pedicle soft tissue graft procedure \$225.00
D4274		Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area) \$80.00
D4277		Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft \$225.00
D4278		Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site \$225.00
D4341		Periodontal scaling and root planing - four or more teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i> \$55.00
D4342		Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i> \$45.00
D4355		Full mouth debridement to enable comprehensive evaluation and diagnosis - <i>limited to 1 treatment in any 12 consecutive months</i> \$55.00
D4910		Periodontal maintenance - <i>limited to 1 treatment each 6 month period</i> \$40.00
D4910		<i>Additional periodontal maintenance (within the 6 month period)</i> \$55.00
D5000-D5899 VI. PROSTHODONTICS (removable)		
<i>- For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.</i>		
<i>- Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.</i>		
<i>- Replacement of a denture or a partial denture requires the existing denture to be 5+ years old.</i>		
D5110		Complete denture - maxillary \$335.00
D5120		Complete denture - mandibular \$335.00
D5130		Immediate denture - maxillary \$355.00
D5140		Immediate denture - mandibular \$355.00
D5211		Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) \$295.00
D5212		Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) \$295.00
D5213		Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) \$365.00
D5214		Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) \$365.00
D5225		Maxillary partial denture - flexible base (including any clasps, rests and teeth) \$415.00
D5226		Mandibular partial denture - flexible base (including any clasps, rests and teeth) \$415.00
D5410		Adjust complete denture - maxillary \$12.00
D5411		Adjust complete denture - mandibular \$12.00
D5421		Adjust partial denture - maxillary \$12.00
D5422		Adjust partial denture - mandibular \$12.00
D5510		Repair broken complete denture base \$45.00
D5520		Replace missing or broken teeth - complete denture (each tooth) \$25.00
D5610		Repair resin denture base \$50.00
D5620		Repair cast framework \$50.00
D5630		Repair or replace broken clasp \$50.00
D5640		Replace broken teeth - per tooth \$40.00
D5650		Add tooth to existing partial denture \$40.00
D5660		Add clasp to existing partial denture \$50.00
D5670		Replace all teeth and acrylic on cast metal framework (maxillary) \$180.00

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Plan TX14B	DeltaCare USA	Description of Benefits and Copayments
D6751		Crown - porcelain fused to predominantly base metal \$280.00
D6752		Crown - porcelain fused to noble metal \$320.00
D6780		Crown - ¾ cast high noble metal \$380.00
D6781		Crown - ¾ cast predominantly base metal \$280.00
D6782		Crown - ¾ cast noble metal \$320.00
D6783		Crown - ¾ porcelain/ceramic \$380.00
D6790		Crown - full cast high noble metal \$380.00
D6791		Crown - full cast predominantly base metal \$280.00
D6792		Crown - full cast noble metal \$320.00
D6930		Recent fixed partial denture \$20.00
D6940		Stress breaker \$45.00
D6980		Fixed partial denture repair necessitated by restorative material failure \$60.00
D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY		
<i>- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.</i>		
D7111		Extraction, coronal remnants - deciduous tooth \$5.00
D7140		Extraction, erupted tooth or exposed root (elevation and/or forceps removal) \$8.00
D7210		Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated \$50.00
D7220		Removal of impacted tooth - soft tissue \$60.00
D7230		Removal of impacted tooth - partially bony \$80.00
D7240		Removal of impacted tooth - completely bony \$110.00
D7241		Removal of impacted tooth - completely bony, with unusual surgical complications \$130.00
D7250		Surgical removal of residual tooth roots (cutting procedure) \$45.00
D7251		Coronectomy - intentional partial tooth removal \$130.00
D7270		Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth \$120.00
D7280		Surgical access of an unerupted tooth \$90.00
D7282		Mobilization of erupted or malpositioned tooth to aid eruption \$90.00
D7283		Placement of device to facilitate eruption of impacted tooth No Cost
D7286		Biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i> \$30.00
D7310		Alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant \$65.00
D7311		Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant \$65.00
D7320		Alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant \$100.00
D7321		Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant \$100.00
D7450		Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm No Cost
D7451		Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm No Cost
D7471		Removal of lateral exostosis (maxilla or mandible) \$85.00
D7472		Removal of torus palatinus \$85.00
D7473		Removal of torus mandibularis \$85.00
D7510		Incision and drainage of abscess - intraoral soft tissue No Cost
D7960		Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure \$15.00
D7970		Excision of hyperplastic tissue - per arch \$75.00
D7971		Excision of pericoronal gingiva \$75.00
D8000-D8999 XI. ORTHODONTICS		
<i>- The listed Copayment for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed \$125.00, may apply.</i>		
<i>- The Retention Copayment includes adjustments and/or office visits up to 24 months.</i>		
Pre and post orthodontic records include:		
<i>The benefit for pre-treatment records and diagnostic services includes:</i>		
D0210		Intraoral - complete series of radiographic images \$200.00
D0322		Tomographic survey
D0330		Panoramic radiographic image
D0340		Cephalometric radiographic image
D0350		Oral/facial photographic images
D0470		Diagnostic casts

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Plan TX14B	DeltaCare USA	Description of Benefits and Copayments
<i>The benefit for post-treatment records includes:</i> \$70.00		
D0210	Intraoral - complete series of radiographic images	
D0470	Diagnostic casts	
D8010	Limited orthodontic treatment of the primary dentition	.....\$1,150.00
D8020	Limited orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i>	.....\$1,150.00
D8030	Limited orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i>	.....\$1,150.00
D8040	Limited orthodontic treatment of the adult dentition - <i>adults, including dependent adult children covered to age 25</i>	\$1,350.00
D8050	Interceptive orthodontic treatment of the primary dentition	.....\$1,150.00
D8060	Interceptive orthodontic treatment of the transitional dentition	.....\$1,150.00
D8070	Comprehensive orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i>	.....\$1,900.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i>	.....\$1,900.00
D8090	Comprehensive orthodontic treatment of the adult dentition - <i>adults, including dependent adult children covered to age 25</i>	.....\$2,100.00
D8660	Pre-orthodontic treatment visit	.....\$25.00
D8680	Orthodontic retention (removal of appliances, construction and placement of <i>removable</i> retainers)	.....\$275.00
D8999	Unspecified orthodontic procedure, by report - <i>includes treatment planning session</i>	.....\$100.00
D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES		
D9110	Palliative (emergency) treatment of dental pain - minor procedure	.....\$15.00
D9211	Regional block anesthesia	.....No Cost
D9212	Trigeminal division block anesthesia	.....No Cost
D9215	Local anesthesia in conjunction with operative or surgical procedures	.....No Cost
D9220	Deep sedation/general anesthesia - first 30 minutes	.....\$165.00
D9221	Deep sedation/general anesthesia - each additional 15 minutes	.....\$80.00
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	.....\$165.00
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	.....\$80.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	.....\$25.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	.....\$5.00
D9440	Office visit - after regularly scheduled hours	.....\$35.00
D9450	Case presentation, detailed and extensive treatment planning	.....No Cost
D9840	Occlusal guard, by report - <i>limited to 1 in 3 years</i>	.....\$100.00
D9951	Occlusal adjustment, limited	.....\$50.00
D9952	Occlusal adjustment, complete	.....\$100.00
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays - <i>limited to one bleaching tray and gel for two weeks of self-treatment</i>	.....\$125.00

If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed procedures which require a Dentist to provide Specialized Services for oral surgery, endodontics, periodontics or pediatric dentistry, and are referred by the assigned Contract Dentist, must be preauthorized by Alpha. The Enrollee pays the Copayment specified for such services.

Procedures not listed above are not covered, however, may be available at the Contract Dentist's "filed fees." As used in this Schedule, "filed fees" means the Contract Dentist's fees on file with Alpha and charged by the Contract Dentist for performing a specific dental service. Questions regarding these fees should be directed to the Customer Service department at 800-422-4234.

Emergency Dental Services - The Contract Dentist will provide Emergency Dental Services for covered procedures whenever possible. If an Enrollee requires Emergency Dental Services and is unable to access care from the Contract Dentist, then Alpha shall reimburse the Enrollee for the cost of such Emergency Dental Services which exceeds the Copayment. Emergency Dental Services shall be limited to listed procedures, and as described in code D9110 above: (Palliative (emergency) treatment of dental pain). Any further treatment of the cause of such Emergency Dental Services must be obtained from the Contract Dentist. All services are subject to the limitations and exclusions of the program.

FOOTNOTES

¹ Frequency limitations do not apply when services are needed more frequently due to medical necessity as determined by the Contract Dentist.

Limitations and Exclusions of Benefits

SCHEDULE B

Limitations of Benefits

- The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments*.
- If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional \$100.00 above the listed Copayment for each of these services after the sixth unit has been provided.
- General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions. (Procedures D7230, D7240, and D7241).
- Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon prior Authorization by Alpha, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
- The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.
- Orthodontic treatment in progress is limited to new Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under this program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. Alpha is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

Exclusions of Benefits

- Any procedure that is not specifically listed under *Schedule A, Description of Benefits and Copayments*.
- Any procedure that in the professional opinion of the Contract Dentist:
 - has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or
 - is inconsistent with generally accepted standards for dentistry.
- Services solely for cosmetic purposes, with the exception of procedure D9975 (External bleaching for home application, per arch), or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.
- Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
- Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).
- Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
- Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
- Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.
- Consultations for non-covered benefits.
- Dental services received from any dental facility other than the assigned Contract Dentist, a preauthorized dental specialist, or a Contract Orthodontist except for *Emergency Dental Services* as described in *Schedule A*.
- All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
- Prescription drugs.

Plan TX14B	DeltaCare USA	Sample Office Visits
CODE		ENROLLEE PAYS
Sample visit #1		
D0999	Office Visit	\$5.00
D0150	Comprehensive oral exam	No Cost
D0210	X-rays	No Cost
TOTAL		\$5.00
Sample visit #2		
D0999	Office Visit (6 mo. check up)	\$5.00
D0160	Detailed oral exam	No Cost
D0210	X-rays (if needed)	No Cost
D1120	Prophylaxis - child	No Cost
TOTAL		\$5.00
Sample visit #3		
D0999	Office Visit	\$5.00
D0160	Detailed oral exam	No Cost
D0210	X-rays	No Cost
D7111	Single tooth extraction	\$5.00
D9215	Local anesthesia in conjunction with operative or surgical procedures	No Cost
TOTAL		\$10.00
Sample visit #4		
D0999	Office Visit	\$5.00
D2140	One surface amalgam filling	No Cost
D2330	One surface resin filling	\$5.00
D9215	Local anesthesia in conjunction with operative or surgical procedures	No Cost
TOTAL		\$10.00
Sample visit #5		
D0999	Office Visit	\$5.00
D0160	Detailed oral exam	No Cost
D2791	Crown - full cast predominantly base metal (<i>May require build-up at additional cost</i>)	\$280.00
TOTAL		\$285.00

Limitations and Exclusions of Benefits

- Dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with this program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.
- Lost, stolen or broken orthodontic appliances.
- Changes in orthodontic treatment necessitated by accident of any kind.
- Myofunctional and parafunctional appliances and/or therapies.
- Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
- Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.

Glossary

The following dental terms have the meanings indicated:

Abrasion - The abnormal wearing away of the tooth by chewing, incorrect brushing methods, grinding or similar causes.

Alveoloplasty - A surgical procedure to reshape the jaw bones to achieve normal bone contour in preparation for tooth replacement via denture, partials or bridges.

Amalgam - A metal alloy used in filling teeth.

Apicoectomy - The surgical removal of the root tip.

Appliance - A device used to provide function or therapeutic effect.

Attrition - The normal loss of tooth substance resulting from friction during chewing.

Banding - Application of preformed stainless steel rings that are fitted around the teeth and cemented in place.

Banding dentition - Treatment of a tooth which involves banding (for orthodontic purposes).

Cephalometric x-rays - X-rays used in studying the measurements of the head in relation to specific soft tissue and bony reference points.

Cleft palate - A birth defect resulting in an incomplete closure or formation of the palate.

Debridement - The removal of plaque and tartar, above and below the gumline, which makes the ability to evaluate the gum condition difficult.

Equilibration - Changing the occlusal forms of the teeth by selective grinding, with the interest of balancing occlusal stresses more evenly on the teeth.

Erosion - Chemical or mechanical destruction of tooth substance, the mechanism of which is incompletely known, that leads to the creation of a depression in the tooth surface at the gumline.

Exostosis - An excessive growth of bone.

Expansion appliance - An appliance used to widen a dental arch to increase the room available for permanent teeth and/or to correct the bite.

Frenum - The fibers that attach the cheek, lips or tongue to the tissue lining the mouth.

Frenectomy - Surgical removal or loosening of the frenum.

Functional appliance - An appliance used to achieve minor tooth movement, to strengthen the muscles of the oral cavity or to maintain space created by the loss or delayed eruption of the teeth.

Gingiva - The soft tissue which covers a tooth or the gum surrounding a tooth.

Gingivectomy - The surgical removal of the unsupported gingiva to the level where it is attached.

Gingivoplasty - Surgical contouring of the gingiva to facilitate maintenance of tissue health and integrity.

Headgear - An apparatus encircling the head or neck that provides attachment for an intraoral appliance in use of extraoral anchorage.

Implant - A device specially designed to be placed surgically within or on the mandibular or maxillary bone as a means of providing for dental replacement of a missing tooth.

Lingual - Pertaining to the tongue.

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Glossary

Macrognathia - A definite overgrowth of the mandible and maxilla.

Mandible - The lower jaw.

Mandibular - Pertaining to the lower jaw.

Maxilla - The upper jaw.

Maxillary - Pertaining to the upper jaw.

Micrognathia - An abnormal smallness of the jaws, especially the mandible.

Myofunctional therapy - Training to curb or eliminate abnormal muscle function of the oral cavity.

Occlusal - The chewing surfaces of the posterior teeth.

Occlusion - The contact between the upper and lower teeth when in a closed position.

Orthodontic appliance - Any appliance used to apply forces for tooth movement during orthodontic treatment.

Palate - The roof of the mouth.

Palatal - Pertaining to the roof of the mouth.

Palliative - Action that relieves pain but does not cure the cause of the pain.

Panoramic film - An x-ray that offers a full view of the entire length of the jaws in a single x-ray.

Pediatric or Pedodontic - Pertaining to children.

Periapical - The area surrounding or enclosing the root tip of a tooth.

Periodontitis - Gingival changes that occur due to infection and loss of attachment between the tooth and gums. Periodontitis is a long-term progressive disease.

Periradicular - Around the root.

Pontic - The term used for the artificial tooth on a bridge.

Prophylaxis - The removal of plaque, tartar and stains on the crown portion of the teeth, including polishing.

Pulp cap - The covering of an exposed dental nerve with material that protects it from foreign irritants.

Quadrant - One of the four equal sections into which the dental arches can be divided; begins at the middle of the arch and goes to the last tooth on either side.

Rebase - Process of refitting a denture by replacing the acrylic base material.

Resin - Broad term used to indicate an organic substance that is usually tooth colored. Composite resin used in filling teeth, most often in the front of the mouth.

Retainer - An appliance used to maintain the positions of the teeth and jaws gained by orthodontic procedures.

Retrograde filling - A method of sealing the root canal by preparing and filling it from the root tip.

Root planing - A procedure designed to remove bacteria, tartar and diseased root tissue from the root surfaces. Often referred to as "deep cleaning."

Sealant - Application of a resin material to the biting surfaces of the permanent molars to seal the surface crevices to prevent the formation of decay.

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Glossary

Study model - A positive likeness of dental structures (teeth and adjoining tissues) for the purpose of study and treatment planning.

Supernumerary - Any tooth in excess of the 32 normal permanent teeth.

Temporomandibular joint - The joint formed by the connection of the lower jaw to the skull.

Tracing - As it relates to orthodontic treatment, a tracing is a line drawing of pertinent features of a cephalometric x-ray made on a piece of transparent paper placed over an x-ray. The tracing provides measurements of soft tissue and bony reference points that aid in predicting growth patterns and orthodontic diagnosis and treatment planning.

Trigeminal nerve - The main nerve that provides feeling to the muscles and tissues of the face, jaws and teeth.

Vertical demension - The vertical height of the face with teeth in occlusion.

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SmileWay® Wellness Program

Find all of our dental health resources, including a risk assessment tool, articles, videos and a free e-newsletter subscription, at: mysmileway.com.

DeltaCare USA Customer Service

800-422-4234

NOTE: THIS IS ONLY A BRIEF SUMMARY OF THE PLAN.

The Group Dental Service Contract must be consulted to determine the exact terms and conditions of coverage. An Evidence of Coverage will be sent to you upon enrollment. If you wish to review an Evidence of Coverage prior to enrollment, you may request a copy by calling Customer Service at 800-422-4234.

In Texas, DeltaCare USA is underwritten by Alpha Dental Programs, Inc. and administered by Delta Dental Insurance Company. These companies are financially responsible for their own products.

Customer Service
800-422-4234
Monday through Friday
7 a.m. to 8 p.m., Central time

Provided by:
Alpha Dental Programs, Inc.
1701 Shoal Creek, Suite 240
Highland Village, TX 75077

Administered by:
Delta Dental Insurance Company
P.O. Box 1803
Alpharetta, GA 30023



deltadentalins.com/enrollees

A REGISTERED MARK OF DELTA DENTAL PLANS ASSOCIATION





BLOCK VISION OF TEXAS, INC.

BENEFIT ILLUSTRATION

AUSTIN ISD



Platinum \$130 VISION PLAN
\$10 Exam Copayments Full Service

Service / Material
Vision Examination:

In-Network Provider
Paid in full¹

Out-of-Network Provider
Up to: \$35.00 Retail Value¹

Frame:

Up to: \$130.00 Retail Value

Up to: \$70.00 Retail Value

Lenses: (Clear, Standard, Glass or Plastic)

Single Vision (per pair)	Paid in full
Bifocal (per pair)	Paid in full
Trifocal (per pair) ²	Paid in full
Polycarbonate (per pair)	Paid in full
Lenticular (per pair)	Paid in full

Up to: \$25.00 Retail Value
Up to: \$40.00 Retail Value
Up to: \$45.00 Retail Value
Up to: \$20.00 Retail Value
Up to: \$80.00 Retail Value

Contact Lenses: ³

Elective	Up to \$140.00
Medically Required	Paid in full

Up to: \$80.00 Retail Value
Up to: \$150.00 Retail Value

Laser Vision Correction: \$200.00 allowance (in or out of network) - (**Laser Vision Correction** is *in lieu of* the eyewear benefit, subject to routine regulatory filings and certain exclusions and limitations)

¹ After applicable copayment listed above is fulfilled.

² Member pays difference in retail price between standard trifocal lenses and progressive lenses.

³ Contact lenses and related professional services (fitting, evaluation and follow-up) are covered *in lieu of* eyeglasses.

Coverage to include all contact lens types (i.e. standard daily wear, extended wear, disposable, toric, gas permeable, and bifocal).

Frequency:

Vision Examination	Once every 12 Months
Frame	Once every 12 Months
Lenses	Once every 12 Months
Contact Lenses (<i>in lieu of</i> eyeglasses)	Once every 12 Months

Rates:

<u>Voluntary Participation</u>	<u>12 Pay Premiums</u>	<u>9 Pay Premiums</u>
Employee	\$ 7.42	\$ 9.89
Employee + Spouse	\$14.83	\$19.77
Employee + Child (ren)	\$15.40	\$20.53
Family	\$25.40	\$33.87

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

WE FOCUS ON YOU SO YOU CAN FOCUS ON LIFE



**FOR MORE INFORMATION PLEASE CONTACT US TOLL-FREE AT
(866) 265-0517 OR VISIT OUR WEBSITE AT www.blockvision.com**

Austin Independent School District Life Insurance Plan Benefits September 1, 2013

Basic Term Life and Accidental Death and Dismemberment Insurance (AD&D)

Your employer provides you with Basic Term Life and Basic Accidental Death and Dismemberment insurance coverage in the amount of \$10,000 for your Basic Life and \$10,000 for your AD&D coverage.

Supplemental Term Life Insurance Coverage Options

For You	1 to 5 times your basic annual earnings, to a maximum of \$500,000.
For Your Spouse	\$10,000 to \$250,000 in \$10,000 increments, up to 50% of your coverage amount
For Your Dependent Children*	\$10,000

*Child(ren)'s Eligibility: Dependent children are eligible for coverage. In TX, regardless of student status, unmarried child(ren) are covered up to age 26.

Monthly Costs for your Supplemental Term Life Insurance

You have the option to purchase Supplemental Term Life Insurance. Listed below are your monthly rates as well as those for your Spouse. Rates to cover your child(ren) are also shown.

Your Monthly Cost Per \$1,000 of Coverage for Supplemental Term Life	\$0.17
Spouse Monthly Cost Per \$1,000 of Coverage for Supplemental Term Life Insurance	\$0.41
Cost Per Employee for your Child(ren)[†]	\$0.90

[†] Covers all eligible children

Supplemental AD&D Coverage Amounts for You

Your Supplemental AD&D amount is equal to your Supplemental Term Life.

Monthly Cost for Supplemental Accidental Death & Dismemberment Insurance

Supplemental AD&D Coverage	
Employee only coverage equal to your Supplemental Term Life per \$1,000 of Coverage	\$0.02

Note: Costs for any coverages you select will be automatically payroll deducted.

Note: If you enroll in the Supplemental Term Life plan, you are automatically enrolled in the Supplemental Accidental Death and Dismemberment plan. The cost for both plans is \$0.19 per \$1,000 of coverage (\$0.17 Supplemental Life + \$0.02 Supplemental AD&D).



Features - This insurance offering from your employer and MetLife comes with a variety of added features that can provide assistance to you and your family members today and during a difficult time.

- **Accelerated Benefits Option**
- **Conversion**
- **Waiver of Premiums for Total Disability (Continued Protection) -**
- **Portability**
- **Will Preparation Service**
- **MetLife Estate Resolution Services**
- **Transition Solutions**
- **Delivering The Promise**
- **MetLife's Center for Special Needs Planning**
- **Funeral Planning Guide**
- **Total Control Account**

Additional Coverage Information:

How To Apply*

Complete your enrollment form and return it to your Human Resources Manager today! Be sure to indicate your Beneficiary.

Act Now During the Enrollment Period. Note: If you do not wish to make a change to your coverage, you do not need to do anything.

*All applications are subject to review and approval by Metropolitan Life Insurance Company based upon its underwriting rules.

For Employee Coverage

Enrollment in this Supplemental Term Life insurance plan is available without providing a Statement of Health form as long as:

For Annual Enrollment

- Your enrollment takes place before the enrollment deadline, and
- You are continuing the coverage you had in the last year
- You are enrolling for coverage only one increment more than your current coverage
- Your coverage amount does not exceed \$400,000

For New Hires

- Your enrollment takes place within 31 days from the date you become eligible for benefits, and
- You are enrolling for coverage equal to or less than \$400,000

If you do not meet all of the conditions stated above, you will need to provide additional medical information by completing a Statement of Health form. A Statement of Health is included in this booklet.

For Dependent Coverage - You must be covered in order to obtain coverage for your spouse and child(ren).

Your spouse and dependent children do not need to provide a Statement of Health form as long as they are not home or hospital confined and not receiving or applying to receive disability payments and:

For Annual Enrollment

- Your spouse and child(ren) are continuing coverage's they had in the last year
- Your spouse is enrolling for coverage only one increment more than their current coverage, and



- Your spouse's coverage does not exceed \$50,000

For New Hires

- The enrollment takes place within 31 days from the date you become eligible for benefits, and
- You are enrolling your spouse for coverage equal to or less than \$50,000

If you do not meet all of the conditions stated above, you will need to provide additional medical information by completing a Statement of Health form

Who Can Be A Designated Beneficiary?

You can select any beneficiary(ies) other than your employer, and you may change your beneficiary(ies) at any time. You can also designate more than one beneficiary.

About Your Coverage Effective Date - You must be Actively at Work on the date your coverage becomes effective. Your coverage must be in effect for your spouse's and eligible children's coverage to take effect. In addition, your spouse and eligible child(ren) must not be home or hospital confined or receiving or applying to receive disability benefits from any source when their coverage becomes effective. If Actively at Work requirements are met, coverage will become effective on date or the first of the month following the receipt of your completed application for all requests that do not require additional medical information

Pursuant to IRS Circular 230, MetLife is providing you with the following notification: The information contained in this document is not intended to (and cannot) be used by anyone to avoid IRS penalties. This document supports the promotion and marketing of insurance products. You should seek advice based on your particular circumstances from an independent tax advisor.

This summary provides an overview of your plan's benefits. These benefits are subject to the terms and conditions of the contract between MetLife and Austin Independent School District and are subject to each state's laws and availability. Specific details regarding these provisions can be found in the booklet certificate.

Life and AD&D coverages are provided under a group insurance policy (Policy Form GPNP 151369-1-G) issued to your employer by MetLife. Life and AD&D coverages under your employer's plan terminates when your employment ceases when your Life and AD&D contributions cease, or upon termination of the group contract. Dependent Life coverage will terminate when a dependent no longer qualifies as a dependent. Should your life insurance coverage terminate for reasons other than non-payment of premium, you may convert it to a MetLife individual permanent policy without providing medical evidence of insurability.

L0612266175[exp0614][All States][DC, GU, MP, PR, VI]

Metropolitan Life Insurance Company, New York, NY

LONG TERM DISABILITY



Benefit Highlights for:

Austin Independent School District #395323

What is Long-Term Disability Insurance?	<p>Long-Term Disability Insurance pays you a portion of your earnings if you cannot work because of a disabling illness or injury. You have the opportunity to purchase Long-Term Disability Insurance through your employer.</p> <p>This highlight sheet is an overview of your Long-Term Disability Insurance. Once a group policy is issued to your employer, a certificate of insurance will be available to explain your coverage in detail.</p>
Why do I need Long-Term Disability Coverage?	<p>Most accidents and injuries that keep people off the job happen outside the workplace and therefore are not covered by worker's compensation. When you consider that nearly three in 10 workers entering the workforce today will become disabled before retiring¹, it's protection you won't want to be without.</p> <p>¹ Social Security Administration, Fact Sheet 2009.</p>
What is disability?	<p>Disability is defined in The Hartford's* contract with your employer. 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 80% or less of your pre-disability earnings.</p> <p>Once you have been disabled for 24 months, 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 66 2/3% or less of your pre-disability earnings.</p>
Am I eligible?	You are eligible if you are an active employee who works at least 20 hours per week on a regularly scheduled basis.
How much coverage would I have?	<p>You may purchase coverage that will pay you a monthly flat dollar benefit in \$100 increments between \$200 and \$8,000 that cannot exceed 66 2/3% of your current monthly earnings. Your plan includes a minimum benefit of 25% of your elected benefit.</p> <p>Earnings are defined in The Hartford's contract with your employer.</p>
When can I enroll?	If you choose not to elect coverage during your annual enrollment period, you will not be eligible to elect coverage until the next annual enrollment period without a qualifying change in family status.
When is it effective?	Coverage goes into effect subject to the terms and conditions of the policy. You must satisfy the definition of Actively at Work with your employer on the day your coverage takes effect.
What does "Actively at Work" mean?	You must be at work with your Employer on your regularly scheduled workday. On that day, you must be performing for wage or profit all of your regular duties in the usual way and for your usual number of hours. If school is not in session due to normal vacation or school break(s), Actively at Work shall mean you are able to report for work with your Employer, performing all of the regular duties of Your Occupation in the usual way for your usual number of hours as if school was in session.

How long do I have to wait before I can receive my benefit?	<p>You must be disabled for at least the number of days indicated by the elimination period that you select before you can receive a Long-Term Disability benefit payment.</p> <p>For those employees electing an elimination period of 30 days or less, if you are confined to a hospital for 24 hours or more due to a disability, the elimination period will be waived, and benefits will be payable from the first day of disability.</p>																		
What is an elimination period?	<p>The elimination period that you select consists of two numbers. The first number shows the number of days you must be disabled by an accident before your benefits can begin. The second number indicates the number of days you must be disabled by a sickness before your benefits can begin.</p>																		
I already have Disability coverage; do I have to do anything?	<p>If you are not changing the amount of your coverage or your elimination period option, you do not have to do anything. If you want to purchase Long-Term Disability insurance for the first time or change your coverage, please be sure to enroll online, which indicates your election.</p>																		
What other benefits are included in my disability coverage?	<ul style="list-style-type: none"> • Workplace Modification provides for reasonable modifications made to a workplace to accommodate your disability and allow you to return to active full-time employment. • Survivor Benefit - If you die while receiving disability benefits, a benefit will be paid to your spouse, child or estate equal to three times the last monthly gross benefit. • The Hartford's Ability Assist service is included as a part of your group Long Term Disability (LTD) insurance program. You have access to Ability Assist services both prior to a disability and after you've been approved for an LTD claim and are receiving LTD benefits. Once you are covered you are eligible for services to provide assistance with child/elder care, substance abuse, family relationships and more. In addition, LTD claimants and their immediate family members receive confidential services to assist them with the unique emotional, financial and legal issues that may result from a disability. Ability Assist services are provided through ComPsych®, a leading provider of employee assistance and work/life services. • Travel Assistance Program – Available 24/7, this program provides assistance to employees and their dependents who travel 100 miles from their home for 90 days or less. Services include pre-trip information, emergency medical assistance and emergency personal services. • Identity Theft Protection – An array of identity fraud support services to help victims restore their identity. Benefits include 24/7 access to an 800 number; direct contact with a certified caseworker who follows the case until it's resolved; and a personalized fraud resolution kit with instructions and resources for ID theft victims. 																		
How long will my disability payments continue? Can the duration of my benefit be reduced?	<p>Benefit Duration is the maximum time for which we pay benefits for disability resulting from sickness or injury. Depending on the schedule selected and the age at which disability occurs, the maximum duration may vary. Please see the applicable schedules below based on your election of the Premium benefit option.</p>																		
How long will my disability benefits continue if I elect the Premium benefit option?	<p>For the Premium benefit option – the table below applies to disabilities resulting from injury or sickness:</p> <table border="1"> <thead> <tr> <th>Age Disabled</th><th>Benefits Payable</th></tr> </thead> <tbody> <tr> <td>Prior to Age 63</td><td>To Normal Retirement Age or 48 months if greater</td></tr> <tr> <td>Age 63</td><td>To Normal Retirement Age or 42 months if greater</td></tr> <tr> <td>Age 64</td><td>36 months</td></tr> <tr> <td>Age 65</td><td>30 months</td></tr> <tr> <td>Age 66</td><td>27 months</td></tr> <tr> <td>Age 67</td><td>24 months</td></tr> <tr> <td>Age 68</td><td>21 months</td></tr> <tr> <td>Age 69 and older</td><td>18 months</td></tr> </tbody> </table>	Age Disabled	Benefits Payable	Prior to Age 63	To Normal Retirement Age or 48 months if greater	Age 63	To Normal Retirement Age or 42 months if greater	Age 64	36 months	Age 65	30 months	Age 66	27 months	Age 67	24 months	Age 68	21 months	Age 69 and older	18 months
Age Disabled	Benefits Payable																		
Prior to Age 63	To Normal Retirement Age or 48 months if greater																		
Age 63	To Normal Retirement Age or 42 months if greater																		
Age 64	36 months																		
Age 65	30 months																		
Age 66	27 months																		
Age 67	24 months																		
Age 68	21 months																		
Age 69 and older	18 months																		

Important Details

Exclusions: You cannot receive Disability benefit payments for disabilities that are caused or contributed to by:

- War or act of war (declared or not)
- Military service for any country engaged in war or other armed conflict
- The commission of, or attempt to commit a felony
- An intentionally self-inflicted injury
- Any case where your being engaged in an illegal occupation was a contributing cause to your disability
- You must be under the regular care of a physician to receive benefits.

Mental Illness, Alcoholism and Substance Abuse:

- You can receive benefit payments for Long-Term Disabilities resulting from mental illness, alcoholism and substance abuse for a total of 24 months for all disability periods during your lifetime.
- Any period of time that you are confined in a hospital or other facility licensed to provide medical care for mental illness, alcoholism and substance abuse does not count toward the 24 month lifetime limit.

Pre-existing Conditions: Your policy limits the benefits you can receive for a disability caused by a pre-existing condition. In general, if you were diagnosed or received care for a disabling condition within the 3 consecutive months just prior to the effective date of this policy, your benefit payment will be limited, unless: You have not received treatment for the disabling condition within 3 months, while insured under this policy, before the disability begins, or You have been insured under this policy for 12 months before your disability begins. You may also be covered if you have already satisfied the pre-existing condition requirement of your previous insurer. If your disability is a result of a pre-existing condition we will pay benefits for a maximum of 4 weeks.

Your benefit payments **may be reduced** by other income you receive or are eligible to receive due to your disability, such as:

- Social Security Disability Insurance (please see next section for exceptions)
- Workers' Compensation
- Other employer-based Insurance coverage you may have
- Unemployment benefits
- Settlements or judgments for income loss
- Retirement benefits that your employer fully or partially pays for (such as a pension plan.)

Your benefit payments **will not be reduced** by certain kinds of other income, such as:

- Retirement benefits if you were already receiving them before you became disabled
- Retirement benefits that are funded by your after-tax contributions
- The portion of your Long -Term Disability payment that you place in an IRS-approved account to fund your future retirement.
- Your personal savings, investments, IRAs or Keoghs
- Profit-sharing
- Most personal disability policies
- Social Security increases

This Benefit Highlights Sheet is an overview of the Long-Term Disability Insurance being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the Insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your Insurance coverage. In the event of any difference between the Benefit Highlights Sheet and the Insurance policy, the terms of the Insurance policy apply.

Underwritten by:
Hartford Life and Accident Insurance Company
200 Hopmeadow Street
Simsbury, CT 06089

Austin Independent School District

Premium Option – Monthly Premium Cost (based on 12 payments per year)

Annual Earnings	Monthly Earnings	Monthly Benefit	Accident/Sickness Elimination Period in Days					
			0 / 3	14 / 14	30 / 30	60 / 60	90 / 90	180 / 180
\$3,600	\$300	\$200	\$11.24	\$7.00	\$6.26	\$4.56	\$3.40	\$2.58
\$5,400	\$450	\$300	\$16.86	\$10.50	\$9.39	\$6.84	\$5.10	\$3.87
\$7,200	\$600	\$400	\$22.48	\$14.00	\$12.52	\$9.12	\$6.80	\$5.16
\$9,000	\$750	\$500	\$28.10	\$17.50	\$15.65	\$11.40	\$8.50	\$6.45
\$10,800	\$900	\$600	\$33.72	\$21.00	\$18.78	\$13.68	\$10.20	\$7.74
\$12,600	\$1,050	\$700	\$39.34	\$24.50	\$21.91	\$15.96	\$11.90	\$9.03
\$14,400	\$1,200	\$800	\$44.96	\$28.00	\$25.04	\$18.24	\$13.60	\$10.32
\$16,200	\$1,350	\$900	\$50.58	\$31.50	\$28.17	\$20.52	\$15.30	\$11.61
\$18,000	\$1,500	\$1,000	\$56.20	\$35.00	\$31.30	\$22.80	\$17.00	\$12.90
\$19,800	\$1,650	\$1,100	\$61.82	\$38.50	\$34.43	\$25.08	\$18.70	\$14.19
\$21,600	\$1,800	\$1,200	\$67.44	\$42.00	\$37.56	\$27.36	\$20.40	\$15.48
\$23,400	\$1,950	\$1,300	\$73.06	\$45.50	\$40.69	\$29.64	\$22.10	\$16.77
\$25,200	\$2,100	\$1,400	\$78.68	\$49.00	\$43.82	\$31.92	\$23.80	\$18.06
\$27,000	\$2,250	\$1,500	\$84.30	\$52.50	\$46.95	\$34.20	\$25.50	\$19.35
\$28,800	\$2,400	\$1,600	\$89.92	\$56.00	\$50.08	\$36.48	\$27.20	\$20.64
\$30,600	\$2,550	\$1,700	\$95.54	\$59.50	\$53.21	\$38.76	\$28.90	\$21.93
\$32,400	\$2,700	\$1,800	\$101.16	\$63.00	\$56.34	\$41.04	\$30.60	\$23.22
\$34,200	\$2,850	\$1,900	\$106.78	\$66.50	\$59.47	\$43.32	\$32.30	\$24.51
\$36,000	\$3,000	\$2,000	\$112.40	\$70.00	\$62.60	\$45.60	\$34.00	\$25.80
\$37,800	\$3,150	\$2,100	\$118.02	\$73.50	\$65.73	\$47.88	\$35.70	\$27.09
\$39,600	\$3,300	\$2,200	\$123.64	\$77.00	\$68.86	\$50.16	\$37.40	\$28.38
\$41,400	\$3,450	\$2,300	\$129.26	\$80.50	\$71.99	\$52.44	\$39.10	\$29.67
\$43,200	\$3,600	\$2,400	\$134.88	\$84.00	\$75.12	\$54.72	\$40.80	\$30.96
\$45,000	\$3,750	\$2,500	\$140.50	\$87.50	\$78.25	\$57.00	\$42.50	\$32.25
\$46,800	\$3,900	\$2,600	\$146.12	\$91.00	\$81.38	\$59.28	\$44.20	\$33.54
\$48,600	\$4,050	\$2,700	\$151.74	\$94.50	\$84.51	\$61.56	\$45.90	\$34.83
\$50,400	\$4,200	\$2,800	\$157.36	\$98.00	\$87.64	\$63.84	\$47.60	\$36.12
\$52,200	\$4,350	\$2,900	\$162.98	\$101.50	\$90.77	\$66.12	\$49.30	\$37.41
\$54,000	\$4,500	\$3,000	\$168.60	\$105.00	\$93.90	\$68.40	\$51.00	\$38.70
\$55,800	\$4,650	\$3,100	\$174.22	\$108.50	\$97.03	\$70.68	\$52.70	\$39.99
\$57,600	\$4,800	\$3,200	\$179.84	\$112.00	\$100.16	\$72.96	\$54.40	\$41.28
\$59,400	\$4,950	\$3,300	\$185.46	\$115.50	\$103.29	\$75.24	\$56.10	\$42.57
\$61,200	\$5,100	\$3,400	\$191.08	\$119.00	\$106.42	\$77.52	\$57.80	\$43.86
\$63,000	\$5,250	\$3,500	\$196.70	\$122.50	\$109.55	\$79.80	\$59.50	\$45.15
\$64,800	\$5,400	\$3,600	\$202.32	\$126.00	\$112.68	\$82.08	\$61.20	\$46.44
\$66,600	\$5,550	\$3,700	\$207.94	\$129.50	\$115.81	\$84.36	\$62.90	\$47.73
\$68,400	\$5,700	\$3,800	\$213.56	\$133.00	\$118.94	\$86.64	\$64.60	\$49.02
\$70,200	\$5,850	\$3,900	\$219.18	\$136.50	\$122.07	\$88.92	\$66.30	\$50.31
\$72,000	\$6,000	\$4,000	\$224.80	\$140.00	\$125.20	\$91.20	\$68.00	\$51.60
\$73,800	\$6,150	\$4,100	\$230.42	\$143.50	\$128.33	\$93.48	\$69.70	\$52.89
\$75,600	\$6,300	\$4,200	\$236.04	\$147.00	\$131.46	\$95.76	\$71.40	\$54.18
\$77,400	\$6,450	\$4,300	\$241.66	\$150.50	\$134.59	\$98.04	\$73.10	\$55.47
\$79,200	\$6,600	\$4,400	\$247.28	\$154.00	\$137.72	\$100.32	\$74.80	\$56.76
\$81,000	\$6,750	\$4,500	\$252.90	\$157.50	\$140.85	\$102.60	\$76.50	\$58.05
\$82,800	\$6,900	\$4,600	\$258.52	\$161.00	\$143.98	\$104.88	\$78.20	\$59.34
\$84,600	\$7,050	\$4,700	\$264.14	\$164.50	\$147.11	\$107.16	\$79.90	\$60.63
\$86,400	\$7,200	\$4,800	\$269.76	\$168.00	\$150.24	\$109.44	\$81.60	\$61.92
\$88,200	\$7,350	\$4,900	\$275.38	\$171.50	\$153.37	\$111.72	\$83.30	\$63.21
\$90,000	\$7,500	\$5,000	\$281.00	\$175.00	\$156.50	\$114.00	\$85.00	\$64.50
\$91,800	\$7,650	\$5,100	\$286.62	\$178.50	\$159.63	\$116.28	\$86.70	\$65.79
\$93,600	\$7,800	\$5,200	\$292.24	\$182.00	\$162.76	\$118.56	\$88.40	\$67.08
\$95,400	\$7,950	\$5,300	\$297.86	\$185.50	\$165.89	\$120.84	\$90.10	\$68.37
\$97,200	\$8,100	\$5,400	\$303.48	\$189.00	\$169.02	\$123.12	\$91.80	\$69.66
\$99,000	\$8,250	\$5,500	\$309.10	\$192.50	\$172.15	\$125.40	\$93.50	\$70.95
\$100,800	\$8,400	\$5,600	\$314.72	\$196.00	\$175.28	\$127.68	\$95.20	\$72.24
\$102,600	\$8,550	\$5,700	\$320.34	\$199.50	\$178.41	\$129.96	\$96.90	\$73.53
\$104,400	\$8,700	\$5,800	\$325.96	\$203.00	\$181.54	\$132.24	\$98.60	\$74.82
\$106,200	\$8,850	\$5,900	\$331.58	\$206.50	\$184.67	\$134.52	\$100.30	\$76.11
\$108,000	\$9,000	\$6,000	\$337.20	\$210.00	\$187.80	\$136.80	\$102.00	\$77.40
\$109,800	\$9,150	\$6,100	\$342.82	\$213.50	\$190.93	\$139.08	\$103.70	\$78.69
\$111,600	\$9,300	\$6,200	\$348.44	\$217.00	\$194.06	\$141.36	\$105.40	\$79.98
\$113,400	\$9,450	\$6,300	\$354.06	\$220.50	\$197.19	\$143.64	\$107.10	\$81.27
\$115,200	\$9,600	\$6,400	\$359.68	\$224.00	\$200.32	\$145.92	\$108.80	\$82.56
\$117,000	\$9,750	\$6,500	\$365.30	\$227.50	\$203.45	\$148.20	\$110.50	\$83.85
\$118,800	\$9,900	\$6,600	\$370.92	\$231.00	\$206.58	\$150.48	\$112.20	\$85.14
\$120,600	\$10,050	\$6,700	\$376.54	\$234.50	\$209.71	\$152.76	\$113.90	\$86.43
\$122,400	\$10,200	\$6,800	\$382.16	\$238.00	\$212.84	\$155.04	\$115.60	\$87.72
\$124,200	\$10,350	\$6,900	\$387.78	\$241.50	\$215.97	\$157.32	\$117.30	\$89.01
\$126,000	\$10,500	\$7,000	\$393.40	\$245.00	\$219.10	\$159.60	\$119.00	\$90.30
\$127,800	\$10,650	\$7,100	\$399.02	\$248.50	\$222.23	\$161.88	\$120.70	\$91.59
\$129,600	\$10,800	\$7,200	\$404.64	\$252.00	\$225.36	\$164.16	\$122.40	\$92.88
\$131,400	\$10,950	\$7,300	\$410.26	\$255.50	\$228.49	\$166.44	\$124.10	\$94.17
\$133,200	\$11,100	\$7,400	\$415.88	\$259.00	\$231.62	\$168.72	\$125.80	\$95.46
\$135,000	\$11,250	\$7,500	\$421.50	\$262.50	\$234.75	\$171.00	\$127.50	\$96.75
\$136,800	\$11,400	\$7,600	\$427.12	\$266.00	\$237.88	\$173.28	\$129.20	\$98.04
\$138,600	\$11,550	\$7,700	\$432.74	\$269.50	\$241.01	\$175.56	\$130.90	\$99.33
\$140,400	\$11,700	\$7,800	\$438.36	\$273.00	\$244.14	\$177.84	\$132.60	\$100.62
\$142,200	\$11,850	\$7,900	\$443.98	\$276.50	\$247.27	\$180.12	\$134.30	\$101.91
\$144,000	\$12,000	\$8,000	\$449.60	\$280.00	\$250.40	\$182.40	\$136.00	\$103.20

Austin Independent School District

Premium Option – Monthly Premium Cost (based on 9 payments per year)

Annual Earnings	Monthly Earnings	Monthly Benefit	Accident/Sickness Elimination Period in Days					
			0 / 3	14 / 14	30 / 30	60 / 60	90 / 90	180 / 180
\$3,600	\$300	\$200	\$14.99	\$9.33	\$8.35	\$6.08	\$4.53	\$3.44
\$5,400	\$450	\$300	\$22.48	\$14.00	\$12.52	\$9.12	\$6.80	\$5.16
\$7,200	\$600	\$400	\$29.97	\$18.67	\$16.69	\$12.16	\$9.07	\$6.88
\$9,000	\$750	\$500	\$37.47	\$23.33	\$20.87	\$15.20	\$11.33	\$8.60
\$10,800	\$900	\$600	\$44.96	\$28.00	\$25.04	\$18.24	\$13.60	\$10.32
\$12,600	\$1,050	\$700	\$52.45	\$32.67	\$29.21	\$21.28	\$15.87	\$12.04
\$14,400	\$1,200	\$800	\$59.95	\$37.33	\$33.39	\$24.32	\$18.13	\$13.76
\$16,200	\$1,350	\$900	\$67.44	\$42.00	\$37.56	\$27.36	\$20.40	\$15.48
\$18,000	\$1,500	\$1,000	\$74.93	\$46.67	\$41.73	\$30.40	\$22.67	\$17.20
\$19,800	\$1,650	\$1,100	\$82.43	\$51.33	\$45.91	\$33.44	\$24.93	\$18.92
\$21,600	\$1,800	\$1,200	\$89.92	\$56.00	\$50.08	\$36.48	\$27.20	\$20.64
\$23,400	\$1,950	\$1,300	\$97.41	\$60.67	\$54.25	\$39.52	\$29.47	\$22.36
\$25,200	\$2,100	\$1,400	\$104.91	\$65.33	\$58.43	\$42.56	\$31.73	\$24.08
\$27,000	\$2,250	\$1,500	\$112.40	\$70.00	\$62.60	\$45.60	\$34.00	\$25.80
\$28,800	\$2,400	\$1,600	\$119.89	\$74.67	\$66.77	\$48.64	\$36.27	\$27.52
\$30,600	\$2,550	\$1,700	\$127.39	\$79.33	\$70.95	\$51.68	\$38.53	\$29.24
\$32,400	\$2,700	\$1,800	\$134.88	\$84.00	\$75.12	\$54.72	\$40.80	\$30.96
\$34,200	\$2,850	\$1,900	\$142.37	\$88.67	\$79.29	\$57.76	\$43.07	\$32.68
\$36,000	\$3,000	\$2,000	\$149.87	\$93.33	\$83.47	\$60.80	\$45.33	\$34.40
\$37,800	\$3,150	\$2,100	\$157.36	\$98.00	\$87.64	\$63.84	\$47.60	\$36.12
\$39,600	\$3,300	\$2,200	\$164.85	\$102.67	\$91.81	\$66.88	\$49.87	\$37.84
\$41,400	\$3,450	\$2,300	\$172.35	\$107.33	\$95.99	\$69.92	\$52.13	\$39.56
\$43,200	\$3,600	\$2,400	\$179.84	\$112.00	\$100.16	\$72.96	\$54.40	\$41.28
\$45,000	\$3,750	\$2,500	\$187.33	\$116.67	\$104.33	\$76.00	\$56.67	\$43.00
\$46,800	\$3,900	\$2,600	\$194.83	\$121.33	\$108.51	\$79.04	\$58.93	\$44.72
\$48,600	\$4,050	\$2,700	\$202.32	\$126.00	\$112.68	\$82.08	\$61.20	\$46.44
\$50,400	\$4,200	\$2,800	\$209.81	\$130.67	\$116.85	\$85.12	\$63.47	\$48.16
\$52,200	\$4,350	\$2,900	\$217.31	\$135.33	\$121.03	\$88.16	\$65.73	\$49.88
\$54,000	\$4,500	\$3,000	\$224.80	\$140.00	\$125.20	\$91.20	\$68.00	\$51.60
\$55,800	\$4,650	\$3,100	\$232.29	\$144.67	\$129.37	\$94.24	\$70.27	\$53.32
\$57,600	\$4,800	\$3,200	\$239.79	\$149.33	\$133.55	\$97.28	\$72.53	\$55.04
\$59,400	\$4,950	\$3,300	\$247.28	\$154.00	\$137.72	\$100.32	\$74.80	\$56.76
\$61,200	\$5,100	\$3,400	\$254.77	\$158.67	\$141.89	\$103.36	\$77.07	\$58.48
\$63,000	\$5,250	\$3,500	\$262.27	\$163.33	\$146.07	\$106.40	\$79.33	\$60.20
\$64,800	\$5,400	\$3,600	\$269.76	\$168.00	\$150.24	\$109.44	\$81.60	\$61.92
\$66,600	\$5,550	\$3,700	\$277.25	\$172.67	\$154.41	\$112.48	\$83.87	\$63.64
\$68,400	\$5,700	\$3,800	\$284.75	\$177.33	\$158.59	\$115.52	\$86.13	\$65.36
\$70,200	\$5,850	\$3,900	\$292.24	\$182.00	\$162.76	\$118.56	\$88.40	\$67.08
\$72,000	\$6,000	\$4,000	\$299.73	\$186.67	\$166.93	\$121.60	\$90.67	\$68.80
\$73,800	\$6,150	\$4,100	\$307.23	\$191.33	\$171.11	\$124.64	\$92.93	\$70.52
\$75,600	\$6,300	\$4,200	\$314.72	\$196.00	\$175.28	\$127.68	\$95.20	\$72.24
\$77,400	\$6,450	\$4,300	\$322.21	\$200.67	\$179.45	\$130.72	\$97.47	\$73.96
\$79,200	\$6,600	\$4,400	\$329.71	\$205.33	\$183.63	\$133.76	\$99.73	\$75.68
\$81,000	\$6,750	\$4,500	\$337.20	\$210.00	\$187.80	\$136.80	\$102.00	\$77.40
\$82,800	\$6,900	\$4,600	\$344.69	\$214.67	\$191.97	\$139.84	\$104.27	\$79.12
\$84,600	\$7,050	\$4,700	\$352.19	\$219.33	\$196.15	\$142.88	\$106.53	\$80.84
\$86,400	\$7,200	\$4,800	\$359.68	\$224.00	\$200.32	\$145.92	\$108.80	\$82.56
\$88,200	\$7,350	\$4,900	\$367.17	\$228.67	\$204.49	\$148.96	\$111.07	\$84.28
\$90,000	\$7,500	\$5,000	\$374.67	\$233.33	\$208.67	\$152.00	\$113.33	\$86.00
\$91,800	\$7,650	\$5,100	\$382.16	\$238.00	\$212.84	\$155.04	\$115.60	\$87.72
\$93,600	\$7,800	\$5,200	\$389.65	\$242.67	\$217.01	\$158.08	\$117.87	\$89.44
\$95,400	\$7,950	\$5,300	\$397.15	\$247.33	\$221.19	\$161.12	\$120.13	\$91.16
\$97,200	\$8,100	\$5,400	\$404.64	\$252.00	\$225.36	\$164.16	\$122.40	\$92.88
\$99,000	\$8,250	\$5,500	\$412.13	\$256.67	\$229.53	\$167.20	\$124.67	\$94.60
\$100,800	\$8,400	\$5,600	\$419.63	\$261.33	\$233.71	\$170.24	\$126.93	\$96.32
\$102,600	\$8,550	\$5,700	\$427.12	\$266.00	\$237.88	\$173.28	\$129.20	\$98.04
\$104,400	\$8,700	\$5,800	\$434.61	\$270.67	\$242.05	\$176.32	\$131.47	\$99.76
\$106,200	\$8,850	\$5,900	\$442.11	\$275.33	\$246.23	\$179.36	\$133.73	\$101.48
\$108,000	\$9,000	\$6,000	\$449.60	\$280.00	\$250.40	\$182.40	\$136.00	\$103.20
\$109,800	\$9,150	\$6,100	\$457.09	\$284.67	\$254.57	\$185.44	\$138.27	\$104.92
\$111,600	\$9,300	\$6,200	\$464.59	\$289.33	\$258.75	\$188.48	\$140.53	\$106.64
\$113,400	\$9,450	\$6,300	\$472.08	\$294.00	\$262.92	\$191.52	\$142.80	\$108.36
\$115,200	\$9,600	\$6,400	\$479.57	\$298.67	\$267.09	\$194.56	\$145.07	\$110.08
\$117,000	\$9,750	\$6,500	\$487.07	\$303.33	\$271.27	\$197.60	\$147.33	\$111.80
\$118,800	\$9,900	\$6,600	\$494.56	\$308.00	\$275.44	\$200.64	\$149.60	\$113.52
\$120,600	\$10,050	\$6,700	\$502.05	\$312.67	\$279.61	\$203.68	\$151.87	\$115.24
\$122,400	\$10,200	\$6,800	\$509.55	\$317.33	\$283.79	\$206.72	\$154.13	\$116.96
\$124,200	\$10,350	\$6,900	\$517.04	\$322.00	\$287.96	\$209.76	\$156.40	\$118.68
\$126,000	\$10,500	\$7,000	\$524.53	\$326.67	\$292.13	\$212.80	\$158.67	\$120.40
\$127,800	\$10,650	\$7,100	\$532.03	\$331.33	\$296.31	\$215.84	\$160.93	\$122.12
\$129,600	\$10,800	\$7,200	\$539.52	\$336.00	\$300.48	\$218.88	\$163.20	\$123.84
\$131,400	\$10,950	\$7,300	\$547.01	\$340.67	\$304.65	\$221.92	\$165.47	\$125.56
\$133,200	\$11,100	\$7,400	\$554.51	\$345.33	\$308.83	\$224.96	\$167.73	\$127.28
\$135,000	\$11,250	\$7,500	\$562.00	\$350.00	\$313.00	\$228.00	\$170.00	\$129.00
\$136,800	\$11,400	\$7,600	\$569.49	\$354.67	\$317.17	\$231.04	\$172.27	\$130.72
\$138,600	\$11,550	\$7,700	\$576.99	\$359.33	\$321.35	\$234.08	\$174.53	\$132.44
\$140,400	\$11,700	\$7,800	\$584.48	\$364.00	\$325.52	\$237.12	\$176.80	\$134.16
\$142,200	\$11,850	\$7,900	\$591.97	\$368.67	\$329.69	\$240.16	\$179.07	\$135.88
\$144,000	\$12,000	\$8,000	\$599.47	\$373.33	\$333.87	\$243.20	\$181.33	\$137.60

Austin Independent School District - Disability Plan Benefits September 1, 2013

Explore the coverage that helps you protect your income and your lifestyle.

What is Short Term Disability insurance?

Short Term Disability (STD) insurance can help you replace a portion of your income during the initial weeks of a Disability.

Eligibility Requirements

Short Term Disability: All Full-Time employees of the Policyholder.

How is “Disability” defined under the Plan?

Generally, you are considered disabled and eligible for short term benefits if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and are complying with your requirements of the treatment and, you are unable to earn more than 80% of your Predisability Earnings at your own occupation; and you are unable to perform each of the material duties of your own occupation.

For a complete description of this and other requirements that must be met, refer to the Certificate of Insurance/Summary Plan Description provided by your Employer or contact your MetLife benefits administrator with any questions.

What is the benefit amount?

Short Term Disability:

The Short Term Disability benefit replaces a portion of your Predisability Earnings, less the income that was actually paid to you during the same Disability from other sources¹ (e.g., state disability benefits, no-fault auto laws, sick pay, vacation pay, etc.).

The Benefit amount is 70% of your Predisability Weekly Earnings; subject to the plan's maximum monthly benefit of an amount not to exceed \$2,000, or 12 month average of predisability earnings.

When do benefits begin and how long do they continue?

Short Term Disability:

Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. The elimination periods are/is as follows:

For Injury: The date Your sick pay benefits have been exhausted.

For Sickness (includes pregnancy): The later of 15 days of Disability or the exhaustion of Your sick pay benefits; none, if confined in a hospital for at least an overnight stay

Benefits continue for as long as you are disabled up to a maximum duration of 260 Weeks for Injury, 104 Weeks for Sickness.

Your plan's maximum benefit period and any specific limitations are described in the Certificate of Insurance/Summary Plan Description provided by your Employer.

Additional Disability Plan Benefits: Coverage with Your Best Interests in Mind...

When you are ill or injured for a long time, MetLife believes you need more than a supplement to your income. That's why we offer return-to-work services, and financial incentives and assistance in obtaining Social Security Disability Benefits to help you get the maximum benefits from your coverage.

Services to Help You Get Back to Work Can Include:

Nurse Consultant or Case Manager Services:

Specialists who personally contact you, your physician and your employer to coordinate an early return-to-work plan when appropriate.

Vocational Analysis:

Help with identifying job requirements and determining how your skills can be applied to a new or modified job with your employer.

Job Modifications/Accommodations:

Adjustments (e.g., redesign of work station tools) that enable you to return to work.

Retraining:

Development programs to help you return to your previous job or educate you for a new one.

Financial Incentives:

Allow you to receive Disability benefits or partial benefits while attempting to return to work.

The Services of Social Security Specialists: Once you are approved for Disability benefits, MetLife can help you obtain Social Security Disability benefits. Our specialists can guide you through the initial application and appeals processes and may also help you access assistance from attorneys or vendors to pursue Social Security benefits.

Answers to Some Important Questions...

Q. Can I still receive benefits if I return to work part time?

A. Yes. As long as you are disabled and meet the terms of your Disability plan, you may qualify for adjusted Disability benefits.

Your plan offers financial and Rehabilitation incentives designed to help you to return to work when appropriate, even on a part-time basis when you participate in an approved Rehabilitation Program. While disabled, you may receive up to 100% of your Predisability Earnings when combining benefits, Rehabilitation Incentives, other income sources such as Social Security Disability Benefits and state disability benefits, and part-time earnings.

With the Rehabilitation Incentive you can get a 10% increase in your weekly benefit.

If you work or participate in a rehabilitation program while disabled, following the 4th weekly benefit payment, the Family Care Incentive provides reimbursement up to \$100 per week for eligible expenses, such as child care.

You may be eligible for the Moving Expense Incentive if you incur expenses in order to move to a new residence recommended as part of the Rehabilitation Program. Expenses must be approved in advance.

Q. Are there any exclusions for pre-existing conditions?

A. Yes. For the first 12 months your plan may not cover a sickness or accidental injury that arose in the 6 months prior to your participation in the plan. A complete description of the pre-existing condition exclusion is included in the Certificate of Insurance/Summary Plan Description provided by your Employer or contact your MetLife benefits administrator with any questions.

Q. Are there any exclusions to my coverage?

- A.** Yes. Your plan does not cover any Disability which results from or is caused or contributed to by:
- Elective treatment or procedures, such as cosmetic surgery, sex-change surgery, reversal of sterilization, liposuction, visual correction surgery, in-vitro fertilization, embryo transfer procedure, artificial insemination or other specific procedures.
- However, pregnancies and complications from any of these procedures will be treated as a sickness.
- War, whether declared or undeclared, or act of war, insurrection, rebellion or terrorist act;
 - Active participation in a riot;
 - Intentionally self-inflicted injury or attempted suicide;
 - Commission of or attempt to commit a felony.

Additionally, no payment will be made for a Disability caused or contributed to by any injury or sickness for which you are entitled to benefits under Workers' Compensation or a similar law.

Other limitations or exclusions to your coverage may apply. Please review your Certificate of Insurance/Summary Plan Description provided by your Employer for specific details or contact your benefits administrator with any questions.

The "Plan Benefits" provides only a brief overview of the STD plan. A more complete description of the benefits provisions, conditions, limitations, and exclusions will be included in the Certificate of Insurance/Summary Plan Description. If any discrepancies exist between this information and the legal plan documents, the legal plan documents will govern.

Short Term Disability ("STD") coverage is provided under a group insurance policy (Form GPNP99) issued to your employer by MetLife. This STD coverage terminates when your employment ceases, when you cease to be an eligible employee, when your STD contributions cease (if applicable) or upon termination of the group contract by your employer. Like most group insurance policies, MetLife's group policies contain certain exclusions, elimination periods, reductions, limitations and terms for keeping them in force. State variations may apply.

* Changes have been made to your Plan as of the Amendment Effective Date listed above. Please refer to your Certificate of Insurance/Certificate Rider for more details or contact your benefits administrator with any questions.
 1 Under certain circumstances, MetLife may estimate the amount of income you may receive from other sources.

Austin Independent School District Disability Plan Contribution

Monthly Short Term Disability (STD) Employee Contribution	\$5.15
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THE INSURANCE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM.

Austin ISD

Decide Today To Protect Tomorrow[®]



**American Public Life
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Summary of Benefits

Cancer Treatment Benefits	Option 1	Option 2
Radiation Therapy, Chemotherapy or Immunotherapy Maximum per 12-month period	\$15,000	\$20,000
Hormone Therapy - Maximum of 12 treatments per Calendar Year	\$50 per treatment	\$50 per treatment
Experimental Treatment	Paid in the same manner and under the same maximums as any other benefit	
Waiver of Premium	Waive Premium	
Internal Cancer First Occurrence Benefit		
Lump Sum Benefit Maximum 1 per Covered Person per lifetime	\$5,000	\$10,000
Lump Sum for Eligible Dependent Children Maximum 1 per Covered Person per lifetime	\$7,500	\$15,000
Heart Attack/Stroke First Occurrence Benefit		
Lump Sum Benefit Maximum 1 per Covered Person per lifetime	\$5,000	\$10,000
Lump Sum for Eligible Dependent Children Maximum 1 per Covered Person per lifetime	\$7,500	\$15,000

Premiums*

12-Month Employee Monthly Premiums		
	Option 1	Option 2
Individual	\$13.66	\$23.00
Individual & Spouse	\$29.48	\$49.94
1 Parent Family	\$15.70	\$26.50
2 Parent Family	\$31.52	\$53.48

9-Month Employee Monthly Premiums		
	Option 1	Option 2
Individual	\$18.21	\$30.67
Individual & Spouse	\$39.31	\$66.59
1 Parent Family	\$20.93	\$35.33
2 Parent Family	\$42.03	\$71.31

*The Premium and amount of benefits vary dependent upon Plan selected at time of application.
All benefits are per Covered Person, per Calendar Year unless otherwise stated.

Plan Benefit Highlights

Cancer Treatment Benefits

Radiation Therapy, Chemotherapy or Immunotherapy

Pays actual charges, up to the maximum benefit per 12-month period, when a Covered Person receives treatment and incurs a charge for covered Radiation Therapy, Chemotherapy or Immunotherapy. The 12-month period begins on the first day the Covered Person receives covered Radiation Therapy, Chemotherapy or Immunotherapy. Chemotherapy or Immunotherapy coverage will be limited to drugs only. This benefit does not cover other procedures related to Radiation Therapy, Chemotherapy, Immunotherapy, anti-nausea drugs or any drugs or medicines covered under the Drugs and Medicine benefit or Hormone Therapy benefit.

Hormone Therapy

Pays an indemnity amount, up to 12 treatments per calendar year, when hormone therapy treatment is prescribed by a Physician for a Covered Person. This benefit covers drugs and medicine only. This benefit does not cover associated administrative processes or any drugs or medicines covered under the Drugs and Medicine benefit or Radiation Therapy, Chemotherapy or Immunotherapy benefit.

Experimental Treatment

Pays benefits for Experimental Treatment prescribed by a Physician for treatment of Cancer the same as any other non-experimental treatment covered under the Policy. This benefit does not provide coverage for treatments received outside the United States or its Territories.

Waiver of Premium

When the Certificate is in force and the Insured becomes Disabled, we will waive all premiums due including premiums for any riders attached to the Certificate. Disability must be due to Cancer and occur while receiving treatment for such Cancer for which benefits are payable under the Policy. The Insured must remain Disabled for 60 continuous days before this benefit will begin. The Waiver of Premium will begin on the next premium due date following the 60 consecutive days of Disability. This benefit will continue for as long as the Insured remains Disabled until the earliest of either the date the Insured is no longer Disabled or the date coverage ends according to the Termination provisions in the Certificate. Proof of Disability must be provided for each new period of Disability before a new Waiver of Premium benefit is payable.

Important Policy Provisions

Eligibility

You and your Eligible Dependents are eligible to be insured under the Certificate if you and your Eligible Dependents meet APL's underwriting rules and you are Actively at Work and qualify for coverage as defined in the Master Application.

Limitations & Exclusions

No benefits will be paid for care or treatment received outside the territorial limits of the United States, treatment by any program engaged in research that does not meet the definition of Experimental Treatment or losses or medical expenses incurred prior to the Covered Person's Effective Date regardless of when Cancer was diagnosed.

Only Loss for Cancer

The Policy/Certificate pays only for loss resulting from definitive Cancer treatment including direct extension, metastatic spread or recurrence. Proof must be submitted to support each claim. The Policy/Certificate also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer. The Policy/Certificate does not cover any other disease, sickness or incapacity which existed prior to the diagnosis of Cancer, even though after contracting Cancer it may have been complicated, aggravated or affected by Cancer or the treatment of Cancer.

Pre-Existing Condition Exclusion

No benefits are payable for any loss incurred during the Pre-Existing Condition Exclusion Period following the Covered Person's Effective Date as the result of a Pre-Existing Condition. Pre-Existing Conditions specifically named or described as excluded in any part of the Policy/Certificate are never covered. If any change to coverage after the Certificate Effective Date results in an increase or addition to coverage, the Time Limit on Certain Defenses and Pre-Existing Condition Limitation for such increase will be based on the effective date of such increase.

Waiting Period

The Policy/Certificate contains a Waiting Period during which no benefits will be paid. If any Covered Person has a Specified Disease diagnosed before the end of the Waiting Period immediately following the Covered Person's Effective Date, coverage for that person will apply only to loss that is incurred after one year from the Covered Person's Effective Date. If any Covered Person is diagnosed as having a Specified Disease during the Waiting Period immediately following the Covered Person's Effective Date, the Insured may elect to void the Certificate from the beginning and receive a full refund of premium.

If the Policy/Certificate replaced Specified Disease Cancer coverage from another company that terminated within 30 days of the Certificate Effective Date, the Waiting Period will be waived for those Covered Persons that were covered under the prior coverage. However, the Pre-Existing Condition Limitation will still apply.

Termination of Certificate

Insurance coverage under the Certificate and any attached riders will end on the earliest of any of the following dates:

- the date the Policy terminates
- the end of the grace period if the premium remains unpaid
- the date insurance has ceased on all persons covered under this Certificate
- the end of the Certificate Month in which the Policyholder requests to terminate this coverage
- the date you no longer qualify as an Insured
- the date of your death

Termination of Coverage

Insurance coverage for a Covered Person under the Certificate and any attached riders for a Covered Person will end as follows:

- the date the Policy terminates
- the date the Certificate terminates
- the end of the grace period if the premium remains unpaid
- the end of the Certificate Month in which the Policyholder requests to terminate the coverage for an Eligible Dependent
- the date a Covered Person no longer qualifies as an Insured or Eligible Dependent
- the date of the Covered Person's death

Optionally Renewable

The policy is optionally renewable. The Policyholder has the right to terminate the policy on any premium due date after the first Anniversary following the Policy Effective Date. APL must give at least 60 days written notice prior to cancellation.

Portability (Voluntary Plans Only)

When the Insured no longer meets the definition of Insured, he or she will have the option to continue this coverage, including any attached riders. No Evidence of Insurability will be required. Portability must meet all of the following conditions:

- the Certificate has been continuously in force for the last 12 months
- APL receives a request and payment of the first premium for the portability coverage no later than 30 days after the date the Insured no longer qualifies as an eligible Insured. All future premiums due will be billed directly to the Insured. The Insured is responsible for payment of all premiums for the portability coverage
- the Policy, under which this Certificate was issued, continues to be in force on the date the Insured ceases to qualify for coverage

The benefits, terms and conditions of the portability coverage will be the same as those elected under the Certificate immediately prior to the date the Insured exercised portability. Portability coverage may include any Eligible Dependents who were covered under the Certificate at the time the Insured ceased to qualify as an eligible Insured. No new Eligible Dependents may be added to the portability coverage except as provided in the Newborn and Adopted Children provision. No increases in coverage will be allowed while the Insured is exercising his or her rights under this rider. If the Policy is no longer in force, then portability coverage is not available.

Heart Attack/Stroke First Occurrence Benefit Rider

Pays a lump sum amount when a Covered Person receives a first diagnosis of Heart Attack/Stroke and the Date of Diagnosis occurs after the Waiting Period. The Heart Attack/Stroke lump sum benefit amount will reduce by 50% at age 70.

Exclusions & Limitations

We will not pay benefits for any loss caused by or resulting from any of the following:

- intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane
- alcoholism or drug addiction
- any act of war, declared or undeclared, or any act related to war, or active service in the armed forces
- military service for any country at war. If coverage is suspended for any Covered Person during a period of military service, we will refund the pro-rata portion of any premium paid for any such covered person upon receipt of the Policyholder's written request
- participation in any activity or event while intoxicated or under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions
- participation in, or attempting to participate in, a felony, riot or insurrection (a felony is defined by the law of the jurisdiction in which the activity takes place)

Pre-Existing Condition Exclusion

No benefits are payable for any loss incurred during the Pre-Existing Condition Exclusion Period following the Covered Person's Effective Date of this rider as the result of a Pre-Existing Condition.

Waiting Period

This rider contains a Waiting Period during which no benefits will be paid. If any Heart Attack or Stroke is diagnosed before the end of the Waiting Period immediately following the Covered Person's Effective Date of this rider, coverage will apply only to loss that is incurred after one year from the Covered Person's Effective Date.

Termination

This rider will terminate and coverage will end for all Covered Persons on the earliest of any of the following:

- the end of the grace period if the premium for this rider remains unpaid
- the date the Policy or Certificate to which this rider is attached terminates
- the end of the Certificate Month in which we receive a request from the Policyholder to terminate this rider
- the date of your death
- the date the lump sum benefit amount for Heart Attack or Stroke has been paid for all Covered Persons under this rider

Coverage on an Eligible Dependent terminates under this rider when such person ceases to meet the definition of Eligible Dependent.

Internal Cancer First Occurrence Benefit Rider

Pays a lump sum benefit amount when a Covered Person receives a first diagnosis of a covered Internal Cancer and the Date of Diagnosis occurs after the Waiting Period. The Internal Cancer lump sum benefit amount will reduce by 50% at age 70.

Exclusions & Limitations

We will not pay benefits for a diagnosis of Internal Cancer received outside the territorial limits of the United States or a metastasis to a new site of any Cancer diagnosed prior to the Covered Person's Effective Date, as this is not considered a first diagnosis of an Internal Cancer.

Pre-Existing Condition Exclusion

No benefits are payable for any loss incurred during the Pre-Existing Condition Exclusion Period following the Covered Person's Effective Date of this rider as the result of a Pre-Existing Condition.

Waiting Period

This rider contains a Waiting Period during which no benefits will be paid. If any Internal Cancer is diagnosed before the end of the Waiting Period immediately following the Covered Person's Effective Date of this rider, coverage will apply only to loss that is incurred after one year from the Covered Person's Effective Date of this Rider.

Termination

This rider will terminate and coverage will end for all Covered Persons on the earliest of any of the following:

- the end of the grace period if the premium for this rider remains unpaid
- the date the Policy or Certificate to which this rider is attached terminates
- the end of the Certificate Month in which we receive a request from the Policyholder to terminate this rider
- the date of your death
- the date the lump sum benefit amount for Internal Cancer has been paid for all Covered Persons under this rider

Coverage on an Eligible Dependent terminates under this rider when such person ceases to meet the definition of Eligible Dependent.

Underwritten by:



**American Public Life
Insurance Company**

A member of the American Fidelity Group.

2305 Lakeland Drive • Flowood, MS 39232
(800) 256-8606

This is a brief description of the coverage. For actual benefits and other provisions, please refer to your certificate. This coverage does not replace Workers' Compensation Insurance. This product is inappropriate for people who are eligible for Medicaid coverage. This product contains Limitations & Exclusions ■ Policy Form GC13APL Limited Benefit Group Cancer Indemnity Insurance Series ■ Texas

■ (05/13) ■ FBS

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**American Public Life
Insurance Company**

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Summary of Benefits

Benefit Description	Option 1	Option 2	Option 3	Option 4
Accidental Death - per unit	\$5,000	\$5,000	\$15,000	\$15,000
Medical Expense Accidental Injury Benefit-per unit	actual charges up to \$500	actual charges up to \$500	actual charges up to \$1,500	actual charges up to \$1,500
Daily Hospital Confinement Benefit	\$75 per day	\$75 per day	\$225 per day	\$225 per day
Air and Ground Ambulance Benefit	actual charges up to \$1,250	actual charges up to \$1,250	actual charges up to \$3,750	actual charges up to \$3,750
Accidental Dismemberment Benefit - per unit				
■ Single Finger or toe	\$250	\$250	\$750	\$750
■ Multiple fingers or toes	\$500	\$500	\$1,500	\$1,500
■ Single hand, arm, foot or leg	\$2,500	\$2,500	\$7,500	\$7,500
■ Multiple hands, arms, feet or legs	\$5,000	\$5,000	\$15,000	\$15,000
Accidental Loss of Sight Benefit - per unit				
■ Loss of Sight in one eye	\$2,500	\$2,500	\$7,500	\$7,500
■ Loss of Sight in both eyes	\$5,000	\$5,000	\$15,000	\$15,000
Hospital Admission Benefit	\$100 upon admission	\$300 upon admission	\$100 upon admission	\$300 upon admission
Accident Only - Intensive Care Benefit	\$150 per day	\$450 per day	\$150 per day	\$450 per day
Optional Gunshot Wound Benefit Rider (Primary Insured Only/Public Safety Personnel Only)	once per 24 hours \$1,000 benefit	once per 24 hours \$1,000 benefit	once per 24 hours \$1,000 benefit	once per 24 hours \$1,000 benefit

12-Month Employee Monthly Premiums*

	Option 1	Option 2	Option 3	Option 4
Individual	\$11.70	\$13.50	\$22.40	\$24.20
Individual & Spouse	\$20.70	\$23.30	\$40.20	\$42.80
1 Parent Family	\$22.70	\$25.70	\$46.70	\$49.70
2 Parent Family	\$31.70	\$35.50	\$64.50	\$68.30

9-Month Employee Monthly Premiums*

	Option 1	Option 2	Option 3	Option 4
Individual	\$15.60	\$18.00	\$29.87	\$32.27
Individual & Spouse	\$27.60	\$31.07	\$53.60	\$57.07
1 Parent Family	\$30.27	\$34.27	\$62.27	\$66.27
2 Parent Family	\$42.27	\$47.33	\$86.00	\$91.07

Optional Gunshot Wound Benefit Rider

(Primary Insured, Public Safety Personnel Only)

12-Month Employee Monthly Premium	Benefit per 24 Hour Period
\$1.00	\$1000.00
9-Month Employee Monthly Premium	Benefit per 24 Hour Period
\$1.33	\$1000.00

*The premium and amount of benefits may vary dependent upon the plan selected at time of application. Gunshot Wound Benefit Rider only available through payroll deduction.

Policy Benefit Highlights

Medical Expense Accidental Injury Benefit

Pays actual charges up to the benefit selected for an Insured Person when medical treatment is required as a result of an Accidental Bodily Injury. For medical treatment received on an out-patient basis, Covered Expenses include physician charges, surgery, x-rays, radiation of fractures or other emergency first-aid expenses incurred in a physician's office, clinic, out-patient hospital facility or ambulatory surgical center. If Covered Expenses are incurred at a Hospital emergency room, a \$50 deductible will apply for each Accidental Injury. For medical treatment received by the Insured Person confined in a Hospital as a resident bed patient, Covered Expenses include physician charges, hospital room and medically necessary hospital billed services and supplies.

Air and Ground Ambulance Benefit

Pays actual charges up to the benefit selected for an Insured Person that requires emergency air or ground ambulance transportation, to or from a Hospital, for covered treatment as a result of an Accidental Bodily Injury.

Daily Hospital Confinement Benefit

Pays a daily benefit each day an Insured Person is Hospital confined as the result of an Accidental Bodily Injury. The maximum benefit period for this benefit is 30 days per covered accident.

Accidental Death

Pays an indemnity benefit for an Insured Person when an Accidental Bodily Injury results in the loss of life.

Injury or Accidental Injury or Accidental Bodily Injury means physical damage to an Insured Person, sustained on or after the Effective Date, and while this Policy is in force, which is the direct cause of the loss, independent of disease, bodily infirmity or any other cause. All injuries sustained in any one accident and all complications arising therefrom and recurrence and complication shall be deemed to be a single "Injury".

Accidental Dismemberment Benefit

Pays an indemnity benefit, as shown below, for an Insured Person if an Accidental Bodily Injury results in Loss of finger, toe, hand, arm, foot, leg or sight.

Single Finger or Toe	\$250 Per Unit
Multiple Fingers or Toes	\$500 Per Unit
Single Hand, Arm, Foot or Leg	\$2,500 Per Unit
Multiple Hand, Arm, Foot or Leg	\$5,000 Per Unit

Accidental Loss of Sight Benefit

Pays an indemnity benefit, as shown below, for an Insured person if an Accidental Bodily Injury results in the Loss of Sight in one eye. Pays double the indemnity benefit, as shown below, for an Insured Person if an Accidental Bodily Injury results in the Loss of Sight in both eyes.

Loss of Sight in one eye	\$2,500 Per Unit
Loss of Sight in both eyes	\$5,000 Per Unit

Hospital Admission Benefit

Pays a per unit admission benefit for an Insured Person upon admission to a hospital due to a covered Accidental Injury.

Accident Only – Intensive Care Benefit

Pays a daily benefit for an Insured Person when confined in an Intensive Care Unit as a result of Accidental Bodily Injury.

Optional Gunshot Wound Benefit Rider (Primary Insured, Public Safety Personnel Only)

Pays a \$1,000 benefit per 24 hour period if the Insured is hospitalized for a non-fatal Gunshot Wound while on his/her job as a Public Safety Personnel employee. The Insured must be hospitalized within 24 hours of receiving the wound. If the Insured receives two or more non-fatal Gunshot Wounds within a 24 hour period, We will only pay for one wound.

If We later pay the Accidental Death Benefit or the Accidental Dismemberment Benefit as a result of the same shooting, We will subtract the amount paid the Insured for a non-fatal Gunshot Wound, under this Gunshot Wound Benefit Rider.

Public Safety Personnel means:

- an employee of a Fire Department; or
- a City, County, Parish, District, State or Federal employee serving as a certified police officer.

Limitations and Exclusions

Eligibility

This policy will be issued to only those persons who meet American Public Life Insurance Company's insurability requirements. Persons not meeting APL's insurability requirements will be excluded from coverage by an endorsement attached to the policy.

Base Policy and Benefits

No benefits are payable for a pre-existing condition. Pre-existing condition means an Injury that pertains solely to an Accidental Bodily Injury which resulted from an accident sustained before the Effective Date of coverage. Pre-Existing Conditions specifically named or described as permanently excluded in any part of this contract are never covered.

A Hospital is not an institution which is primarily a place for alcoholics or drug addicts; the aged; a nursing, rest or convalescent nursing home; a mental institution or sanitarium; a facility contracted for or operated by the United States Government for treatment of members or ex-members of the armed forces (unless You are legally required to pay for services rendered in the absence of insurance); or, a long-term nursing unit or geriatrics ward.

Medical Expense Accidental Injury Benefit

Expenses must commence within 60 days of the covered accident. The maximum benefit amount payable for any one accident for the Insured Person shall not exceed the Medical Expense Benefit.

Air and Ground Ambulance Benefit

Emergency transportation must occur within 21 calendar days of the accident causing such Injury.

Daily Hospital Confinement Benefit

The maximum benefit period for this benefit is 30 days per covered accident.

Accidental Death

Accidental Death must result within 90 days of the covered accident causing the injury.

Accidental Dismemberment Benefit

The total amount payable for all Losses resulting from the same accident will not exceed the Maximum Dismemberment Benefit of \$5,000 cumulative per Accident. Loss must be within 90 days of the accident causing such Injury.

Limitations and Exclusions *continued*

Hospital Admission Benefit

The maximum benefit is 4 units.

Accident Only – Intensive Care Benefit

The maximum benefit is 4 units. The maximum benefit period for this benefit is up to 30 days for any one accident.

Optional Gunshot Wound Benefit Rider Only

This Rider does not pay benefits for: any non-fatal Gunshot Wound received in a non-occupational related shooting; or, non-fatal Gunshot Wounds received while on active duty in the armed services (the company will return any premium paid past the time of entry into the armed forces when notice is received).

This Rider does not pay benefits for self-inflicted Gunshot Wound.

This Rider is subject to all the Provisions, Conditions, Limitations and Exclusions of the Policy to which it is attached, which are not in conflict with those of the Rider.

Gunshot Wound Benefit Rider is only available through payroll deduction. The Gunshot Wound Benefit Rider is guaranteed renewable to age 65 or age 70, if actively at work. While this Rider is in effect, premiums are due according to the terms of the Policy. We reserve the right to change premium rates by class.

Exclusions

Benefits otherwise provided by this Policy will not be payable for services or expenses or any such Loss resulting from or in connection with:

- (1) sickness, illness or bodily infirmity;
- (2) suicide, attempted suicide or intentional self-inflicted Injury, whether sane or insane;
- (3) dental care or treatment unless due to accidental Injury to natural teeth;
- (4) war or any act of war (whether declared or undeclared) or participating in a riot or felony;
- (5) alcoholism or drug addiction;
- (6) travel or flight in or descent from any aircraft or device which can fly above the earth's surface in any capacity other than as a fare paying passenger on a regularly scheduled airline;
- (7) Injury originating prior to the effective date of the Policy;
- (8) Injury occurring while intoxicated (Intoxication means that which is determined and defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss is incurred.);
- (9) Voluntary inhalation of gas or fumes or taking of poison or asphyxiation;
- (10) Voluntary ingestion or injection of any drug, narcotic or sedative, unless administered on the advice and taken in such doses as prescribed by a Physician;

- (11) Injury sustained or sickness which first manifests itself while on full-time duty in the armed forces. Upon notice, We will refund the proportion of unearned premium while in such forces.
- (12) Injury incurred while engaging in an illegal occupation;
- (13) Injury incurred while attempting to commit a felony or an assault;
- (14) Mental or emotional disorders;
- (15) Injury to a covered person while practicing for or being a part of organized or competitive rodeo, sky diving, hang gliding, parachuting or scuba diving;
- (16) driving in any race or speed test or while testing an automobile or any vehicle on any racetrack or speedway;
- (17) charges incurred outside the U.S., if an Insured traveled to the location for the purpose of receiving medical services, drugs or supplies;
- (18) hernia, carpal tunnel syndrome or any complication therefrom;
- (19) any bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound).

If You are entitled to benefits under this Policy as a result of sprained or lame back, or any intervertebral disk conditions, such benefits shall be payable for a maximum period of time, not exceeding in the aggregate three (3) months for any Injury.

Guaranteed Renewable

You have the right to renew this Policy until the first premium due date on or after Your 69th birthday, if you pay the correct premium when due or within the Grace Period. When an Insured's coverage terminates at age 70, coverage for other Insured Persons, if any, shall continue under this Policy. We have the right to change premium rates by class.

Underwritten by:



**American Public Life
Insurance Company**

A member of the American Fidelity Group.

2305 Lakeland Drive • Flowood, MS 39232
(800) 256-8606

This is a brief description of the coverage. For actual benefits and other provisions, please refer to the policy. This coverage does not replace Workers' Compensation Insurance. This product is inappropriate for people who are eligible for Medicaid coverage. ■ Policy Form A-3 series ■ Rider form GW A-3(1/2000)series ■ TX ■ Supplemental Limited Benefit Accident Expense Insurance ■ Employee Brochure ■ (05/13) ■ FBS

Group Critical Illness Insurance

Austin Independent School District

Critical Illness insurance protection

Proposed effective date: 09/01/2013

Living longer... worrying less

Maybe it's happened to someone you know. A sudden illness such as a heart attack or stroke with devastating physical and financial consequences.

Thanks to advances in modern medicine, the probability of surviving a critical illness is almost twice that of dying.¹ The question is, will your financial security survive? For many, a critical illness can expose an individual to an unexpected gap in protection. While health plans may help cover many of the direct costs associated with a critical illness, related expenses such as lost income, child care, travel to and from treatment, high deductibles and co-pays may quickly diminish savings.

Critical Illness insurance pays a fixed benefit upon initial diagnosis of a covered critical illness. Unlike most life insurance plans, critical illness insurance provides a benefit to you while you are living – and when you may need it most.

Critical Illness – the facts

1.5 million	Families lose their homes due to foreclosure every year due to unaffordable medical costs. ²
1 in 3	Men and women have some form of cardiovascular disease. ³
2 times more likely to survive	For those suffering a critical illness prior to age 65, the probability of surviving is almost twice that of dying. ¹

¹ Comment from David Himmelstein, lead author of Harvard Study on Bankruptcies, February 3, 2005.

² Robertson, C.T. et al. "Get Sick, Get Out: The Medical Causes of Home Mortgage Foreclosures," Health Matrix 2008.

³ Heart Disease and Stroke Statistics – 2007 Update, American Heart Association

Key Advantages of This Plan

- Benefits are payable directly to you to be spent any way you choose
- Pays in addition to any other coverage you may have
- Flexible coverage options to meet your individual needs
- Fast and accurate claims service
- Coverage is fully portable – if you change jobs you can take your coverage with you

This critical illness only insurance policy provides limited benefits. This limited policy has some specific benefit limits and is not a medical insurance policy, a Medicare Supplement policy or a high deductible health plan. Please refer to the issued insurance policy for complete details and all benefit requirements, including all limitations, exclusions, restrictions and reductions. We reserve the right to cancel the policy with advance written notice to the policyholder. Insurance policies and certain policy benefits are subject to state variations and may not be available in all states. Issued insurance contracts determine all plan features and benefits. Contact Assurant Employee Benefits for additional details.

Assurant Employee Benefits is the brand name for insurance products underwritten and issued by Union Security Insurance Company

20130419 2818554/CIB/5
CI Level 1

Jon Carter
Policy Specialist

What benefits are provided under this plan?

After your coverage effective date, if you are first diagnosed for a covered critical illness or undergo a covered procedure, you could receive up to \$30,000 depending on the amount of coverage you elect.

- You cannot collect more than 100% of your elected benefit in any one category unless you qualify for a recurrence benefit.
- You can receive benefits from a second procedure category if there is at least 6 consecutive months between the diagnosis or procedure dates.

Category	Covered Illnesses/Procedures	Percent of Benefit Payable
1	<ul style="list-style-type: none">▪ Heart attack, heart failure, stroke▪ Coronary bypass surgery	100%
		25%
2	<ul style="list-style-type: none">▪ Blindness, major organ failure (excluding heart failure), end stage kidney disease, paralysis (excluding paralysis from stroke), coma	100%

Recurrence Benefit

If, after 18 months of being treatment free from the initial critical illness, you are diagnosed with the same condition or have the same procedure again, we'll pay an additional 25% of the previously paid benefit. The recurrence benefit can only be paid once in each category.

Total Benefit

You could receive up to 250% of your elected amount (100% of the elected amounts in each category as well as the 25% Recurrence Benefit in each category).

Annual Wellness Screening Benefit – for you and your covered spouse

If both you and your spouse enroll in the plan, each of you are eligible for \$50 per benefit year for any one Wellness Screening test from a list of more than 20 covered tests. Covered tests include: Blood test for lipids including total cholesterol, LDL, HDL and triglycerides; breast ultrasound or mammography; chest x-ray; colonoscopy; pap smear; PSA (blood test for prostate cancer); electrocardiogram (EKG); echocardiogram (Echo) and more. In order to receive this benefit, you must submit proof that the wellness screening test was performed by providing us with documentation from your or your dependent's doctor.

How do I know if I'm eligible to participate in this plan?

To elect coverage under this plan, you must be at active work as a full-time employee of the policyholder or an associated company. Full-time employment means you are working 20 hours or more per week. Temporary or seasonal workers are not eligible.

What about coverage for my family?

If you elect coverage for yourself, you can elect coverage for your eligible family members. Eligible dependents of covered employees include the employee's lawful spouse and children from live birth but less than age 26. Family members cannot be hospital confined on the effective date of coverage.

State variations exist; please contact Assurant Employee Benefits for additional eligibility information.

How much coverage can I buy?

You may elect coverage for yourself in units of \$5,000 up to \$30,000. Coverage for your spouse is available in units of \$2,500 up to \$15,000 and you may cover your children for either \$2,500 or \$5,000. The amount of coverage for your spouse and children cannot exceed 50% of your own amount of coverage. **Your benefit is subject to a 50% reduction when you turn age 70.**

Affordable premiums

Refer to the charts below to select amounts of coverage that meet your needs and fit your budget. Premiums for you and your spouse are based on your age as of the coverage effective date and will not increase due to a change in age.

MONTHLY Critical Illness Premiums - Employee						
Employee Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
Thru Age 29	\$2.10	\$4.20	\$6.30	\$8.40	\$10.50	\$12.60
30 - 39	\$3.45	\$6.90	\$10.35	\$13.80	\$17.25	\$20.70
40 - 49	\$6.20	\$12.40	\$18.60	\$24.80	\$31.00	\$37.20
50 - 59	\$10.60	\$21.20	\$31.80	\$42.40	\$53.00	\$63.60
60 - 64	\$17.60	\$35.20	\$52.80	\$70.40	\$88.00	\$105.60
65 +	\$17.60	\$35.20	\$52.80	\$70.40	\$88.00	\$105.60

9 Pay Periods Critical Illness Premiums - Employee						
Employee Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
Thru Age 29	\$2.80	\$5.60	\$8.40	\$11.20	\$14.00	\$16.80
30 - 39	\$4.60	\$9.20	\$13.80	\$18.40	\$23.00	\$27.60
40 - 49	\$8.27	\$16.53	\$24.80	\$33.07	\$41.33	\$49.60
50 - 59	\$14.13	\$28.27	\$42.40	\$56.53	\$70.67	\$84.80
60 - 64	\$23.47	\$46.93	\$70.40	\$93.87	\$117.33	\$140.80
65 +	\$23.47	\$46.93	\$70.40	\$93.87	\$117.33	\$140.80

MONTHLY Critical Illness Premiums - Spouse						
Employee Age	\$2,500	5,000	\$7,500	\$10,000	\$12,500	\$15,000
Thru Age 29	\$1.05	\$2.10	\$3.15	\$4.20	\$5.25	\$6.30
30 - 39	\$1.73	\$3.45	\$5.18	\$6.90	\$8.63	\$10.35
40 - 49	\$3.10	\$6.20	\$9.30	\$12.40	\$15.50	\$18.60
50 - 59	\$5.30	\$10.60	\$15.90	\$21.20	\$26.50	\$31.80
60 - 64	\$8.80	\$17.60	\$26.40	\$35.20	\$44.00	\$52.80
65 +	\$8.80	\$17.60	\$26.40	\$35.20	\$44.00	\$52.80

9 Pay Periods Critical Illness Premiums - Spouse						
Employee Age	\$2,500	5,000	\$7,500	\$10,000	\$12,500	\$15,000
Thru Age 29	\$1.40	\$2.80	\$4.20	\$5.60	\$7.00	\$8.40
30 - 39	\$2.31	\$4.60	\$6.91	\$9.20	\$11.51	\$13.80
40 - 49	\$4.13	\$8.27	\$12.40	\$16.53	\$20.67	\$24.80
50 - 59	\$7.07	\$14.13	\$21.20	\$28.27	\$35.33	\$42.40
60 - 64	\$11.73	\$23.47	\$35.20	\$46.93	\$58.67	\$70.40
65 +	\$11.73	\$23.47	\$35.20	\$46.93	\$58.67	\$70.40

MONTHLY Child Premiums – for all children, not per child	
\$2,500	\$0.15
\$5,000	\$0.30

9 Pay Periods Child Premiums – for all children, not per child	
\$2,500	\$0.20
\$5,000	\$0.40

Do I need to answer any medical questions or be examined by a doctor to enroll?

No doctor's exam is required.

Elected amounts of up to \$30,000 (up to \$15,000 for your spouse and \$5,000 for your children) are available on a Guarantee Issue basis.

Limitations

All benefit amounts are subject to a pre-existing condition limitation. A pre-existing condition means an injury, sickness, pregnancy, symptom or physical finding, or any related injury, sickness, pregnancy or physical finding, for which you or your covered dependent consulted with or received advice from a licensed medical or dental practitioner; or received medical or dental care, treatment or services, including taking drugs, medicine, insulin or similar substances in the 12 months that end on the day before you or your covered dependent became insured under the policy. We will not pay benefits for claims resulting, directly or indirectly from a pre-existing condition unless you or your covered dependent is initially diagnosed with a critical illness or undergo a procedure after 12 consecutive months during which you or your covered dependent is continuously insured under this plan.

State variations exist; please contact Assurant Employee Benefits for additional information.

Exclusions

We will not pay benefits for you or your covered dependent if the critical illness or procedure is related to or resulting directly or indirectly from: services or treatment not included in the Schedule; services or treatment for which you or your covered dependent are not charged, unless there is no charge because the facility is a United States government facility; services or treatment provided by a family member; any critical illness that is diagnosed outside the United States; services or treatment provided primarily for cosmetic purposes; treatment or complications of treatment not related to a critical illness or procedure; an autologous bone marrow transplant, one in which your or your covered dependent's own bone marrow is used; service in the armed forces or related auxiliaries such as the National Guard or Army Reserve of any country, combination of countries, or international organization at war, whether declared or not; war or any act of war, whether declared or not; taking part in a riot or insurrection, or an act of riot or insurrection; committing or attempting to commit an assault or felony; incarceration in a penal institution of any kind; intoxication (intoxication means your or your covered dependent's blood alcohol level exceeds the legal limit for operating a motor vehicle in the jurisdiction in which the injury occurs); use of any drug, unless used as prescribed by a doctor; intentionally self-inflicted injury, while sane or insane; suicide or attempted suicide, while sane or insane.

State variations exist; please contact Assurant Employee Benefits for additional information.

LIFE INSURANCE HIGHLIGHTS

For the employee

*Flexible Premium Life Insurance to Age 121
Policy Form PRFNG-NI-10*

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

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

- **High Death Benefit.** With one of the highest death benefits available at the worksite,¹ PURELIFE-plus gives your loved ones peace of mind, knowing there will be significant life insurance in force should you die prematurely.
- **Minimal Cash Value.** Designed to provide high death benefit, PURELIFE-plus does not compete with the cash accumulation in your employer-sponsored retirement plans.
- **Long Guarantees.** Enjoy the assurance of a policy that has a guaranteed death benefit to age 121 and level premium that guarantees coverage for a significant period of time (after the guaranteed period, premiums may go down, stay the same, or go up).
- **Refund of Premium.** Unique in the marketplace, PURELIFE-plus offers you a refund of 10 years' premium, should you surrender the policy if the premium you pay when you buy the policy ever increases. *(Conditions apply.)*
- **Accelerated Death Benefit Rider.** Should you be diagnosed as terminally ill with the expectation of death within 12 months (24 months in Illinois), you will have the option to receive 92% (84% in Illinois) of the death benefit, minus a \$150 (\$100 in Florida) administrative fee. This valuable living benefit gives you peace of mind knowing that, should you need it, you can take the large majority of your death benefit while still alive. *(Conditions apply.)*

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

Like most life insurance policies, Texas Life policies contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. Please contact a Texas Life representative for costs and complete details.

¹ Voluntary and Universal Whole Life Products, Eastbridge Consulting Group, October 2008

See the PURELIFE-plus brochure for details.

TEXASLIFE INSURANCE
COMPANY

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





Dear Plan Participant,

National Benefit Services, LLC (NBS) is pleased to be your Cafeteria (FSA) Plan Administrator. You will see the following enhancements to your Cafeteria Plan benefit:

Plan Highlights:

- Daily Claim Processing
- Check Reimbursement & Direct Deposit Reimbursement issued daily
- Continual Reimbursement options available for Dependent Care & Orthodontia
- Auto Substantiation on Debit Card Transactions
- Participant Web Access & Online Claim Submission
- Call center available to answer account questions M-F 6am-6pm
- 24-Hour Voice Response Unit to obtain basic account information

The following list of items will be helpful to you as a plan participant.

Participant Account Web Access: <https://www.nationalbenefitservices.com>

- Detailed account information and claim history
- Online Claim submission

NBS New Prepaid Visa® Debit Card:

As a plan participant, NBS will mail out your new benefit cards. They will be sent in unmarked envelopes so please watch for them.



A few things to keep in mind:

- If you are participating in the Dependent Care portion, the money isn't loaded to the card. You must file paper claims or enroll in continual reimbursement.
- The FSA/Dependent Care benefits need to be re-elected each year since it is an optional benefit for employees.

NBS Contact Information:

8523 South Redwood Road
West Jordan, UT 84088
Phone-800-274-0503
Fax-800-478-1528
Email-claims@nbsbenefits.com

Flexible Spending Plans

A Cafeteria Plan enables you to save money on group insurance, health-related expenses, and dependent-care expenses. Your contributions are deducted from your pay before taxes are withheld. Because you are taxed on a lower amount of pay, you pay less in taxes and you have more to spend. You may save as much as 35 percent on the cost of each benefit option!

FSA Savings

FSA Savings Comparison

	FSA	No FSA
Annual Taxable Income	\$24,000	\$24,000

Out of Pocket Expenses

Health Care Expenses	\$1,500	\$0
Dependent Day Care Expenses	\$1,500	\$0
Total "Pre-Tax" Contributions	(\$3,000)	\$0
Taxable Income After FSA	\$21,000	\$24,000
Federal, State, & SS Taxes (30+%)	(\$6,300)	(\$7,200)
After-Tax Income	\$14,700	\$16,800
After-Tax Dollars spent on health/dep care expenses	\$0	\$3,000
Take-Home Pay	\$14,700	\$13,800

Increased Take-Home Pay	\$900	\$0
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Typical Savings

FICA	7.65%
State Tax	7.10%
Fed. Tax*	15.00%

30%+ Savings

*Federal Tax saving may vary. A savings calculator can be found on our website: NBSbenefits.com to find out how much you could save.

Partial List of Eligible Expenses:

- Medical/dental/vision co-pays and deductibles
- Prescription drugs
- Physical therapy
- Chiropractor
- First aid supplies
- Lab fees
- Psychiatrist/psychologist
- Vaccinations
- Dental work, including orthodontia
- Eye exams
- Laser eye surgery
- Eye glasses, contact lenses, lens solution
- Prescribed OTC Medications

See the full list at NBSbenefits.com

Enrollment Options

Insurance Premium Expense Account

This account allows you to use pre-tax dollars to pay for group premium expenses sponsored and offered by your employer. Enrollment is automatic unless you decline this benefit.

Health Care Expense Account

Your health care expense account allows you to save money by paying out-of-pocket health-related expenses with pre-tax dollars. During your annual benefit enrollment, you must decide whether to participate in this account and how much to contribute.

Dependent Care Account

This optional plan allows you to use pre-tax dollars to pay for dependent-care expenses while you and your spouse (if married) are at work. During the annual benefit enrollment, you must decide whether to participate in this account and how much to contribute.



How the FSA Plan Works

You designate an annual election of pre-tax dollars to be deposited into your health and dependent-care spending accounts. Your total election is divided by the number of pay periods in the Plan year and deducted equally from each paycheck before taxes are calculated. By the end of the Plan year, your total election will be fully deposited.

However, you may make a claim for eligible expenses as soon as they are incurred during the Plan year. Eligible claims will be paid up to your total annual election even if you have not yet contributed that amount to your account.

Get Your Money

1. Complete and sign a claim form (available on our website) or an online webclaim.
2. Attach documentation; such as an itemized bill or an Explanation of Benefits (EOB) statement from a health insurance provider.
3. Fax or mail signed form and documentation to NBS.
4. Receive your non-taxable reimbursement after your claim is processed either by check or direct deposit.

NBS Flexcard—FSA Pre-paid VISA

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 VISA credit cards, so there is no need to pay cash up front then wait for reimbursement.



Account Information

Participants may call NBS and talk to a representative during our regular business hours, Monday–Friday, 8am to 5pm Mountain Time. Participants can also obtain account information using the Automated Voice Response Unit, 24 hours a day, 7 days a week at (801) 838-7324 or toll free (888) 353-9125. For immediate access to your account information at any time, log on to our website NBSbenefits.com. Information includes:

- Detailed claim history and processing status
- Health Care and Dependent Care account balances
- Claim forms, worksheets, etc.
- FAQs

Enrollment Considerations

After the the enrollment period ends, you may increase, decrease, or stop your contribution only when you experience a qualifying “change of status” (marriage status, employment change, dependent change). Be conservative in the total amount you elect to avoid forfeiting money that may be left in your account at the end of the year. Your employer may allow a short grace period after the Plan year ends for you to submit qualified claims for any unused funds.

NATIONAL BENEFIT SERVICES, LLC

8523 South Redwood Road
West Jordan, UT 84088

Phone: 800-274-0503

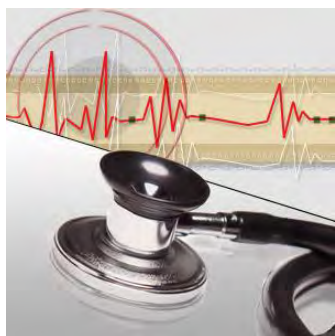
Fax: 800-478-1528

Email: Service@NBSbenefits.com

NBSbenefits.com

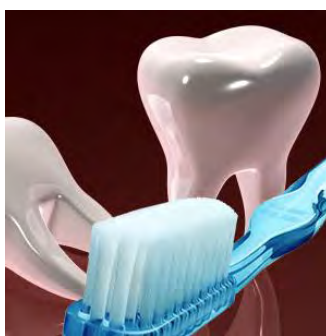
Health Care Expense Account

Sample Expenses



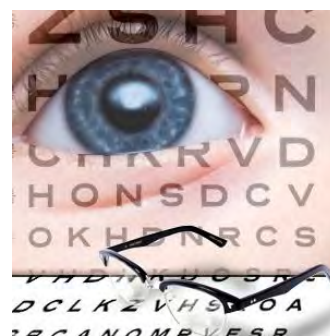
Medical Expenses

Acupuncture
Addiction programs
Adoption (medical expenses for baby birth)
Alternative healer fees
Ambulance
Body scans
Breast pumps
Care for mentally handicapped
Chiropractor
Co-payments
Crutches
Diabetes (i.e. insulin, glucose monitor)
Eye patches
Fertility treatment
First aid (i.e. bandages, gauze)
Hearing aids & batteries
Hypnosis (for treatment of illness)
Incontinence products (ie Depends, Serene)
Joint support bandages and hosiery
Lab fees
Monitoring device (blood pressure, cholesterol)
Physical exams
Pregnancy tests
Prescription drugs
Psychiatrist/Psychologist (for mental illness)
Physical therapy
Speech therapy
Vaccinations
Vaporizers or humidifiers
Weight loss program fees (if prescribed by physician)
Wheelchair



Dental Expenses

Artificial teeth
Co-payments
Deductible
Dental work
Dentures
Orthodontia expenses
Preventative care at dentist office
Bridges, crowns, etc.



Vision Expenses

Braille – books & magazines
Contact lenses
Contact lens solutions
Eye exams
Eye glasses
Laser surgery
Office fees
Guide dog and its upkeep, other animal aid

Items listed below generally do not qualify for reimbursement

Personal Hygiene (i.e. deodorant, soap, body powder, shaving cream, sanitary products)	Health club or fitness program fees
Addiction products	Homeopathic supplement or herbs
Allergy relief (oral meds, nasal spray)	Household or domestic help
Antacids and heartburn relief	Laser hair removal
Anti-itch and hydrocortisone creams	Laxatives
Athlete's foot treatment	Massage therapy
Arthritis pain relieving creams	Motion sickness medication
Cold medicines (i.e. syrups, drops, tablets)	Nutritional and dietary supplements (i.e. bars, milkshakes, power drinks, Pedialyte)
Cosmetic surgery	Skin care (i.e. sun block, moisturizing lotion, lip balm)
Cosmetics (i.e. makeup, lipstick, cotton swabs, cotton balls, baby oil)	Sleep aids (i.e. oral meds, snoring strips)
Counseling (i.e. marriage/family counseling)	Smoking cessation relief (i.e. patches, gum)
Dental care – routine (i.e. toothpaste, toothbrushes, dental floss, anti-bacterial mouthwashes, fluoride rinses, breath strips, teeth whitening/bleaching, etc.)	Stomach & digestive relief (i.e. Pepto-Bismol, Imodium)
Exercise equipment	Tooth and mouth pain relief (Orajel, Anbesol)
Fever & pain reducers (i.e. Aspirin, Tylenol)	Vitamins
Hair care (i.e. hair color, shampoo, conditioner, brushes, hair loss products)	Wart removal medication
	Weight reduction aids (i.e. Slimfast, appetite suppressant)

These expenses may be eligible if they are prescribed by a physician (if medically necessary for a specific condition)

For Additional Information, visit www.nbsbenefits.com

Welfare-547 (1/12)

Below are two examples of how employee out of pocket expenses are calculated for each plan and also includes the employee contribution for single coverage.

Example 1 -- Jane is healthy. During the year she goes for a physical, gets the flu and has an emergency room visit. Jane enrolls in single coverage.

Services with the least amount out of pocket cost
Services with the higher out of pocket cost
Services with a significant amount out of pocket cost

	PPO 1		PPO 2		HSA - PPO 3 - \$148.37 Deposited Each Month	
Encounter #1 - January						
Jane goes to her primary care physician for a physical	Physician Charge	\$116.00	Physician Charge	\$116.00	HSA Account Balance on January 1st	\$741.85
	Jane Pays No Copay	\$0.00	Jane Pays No Copay	\$0.00	Physician Charge	\$116.00
	Balance	\$116.00	Balance	\$116.00	Jane's Out of Pocket Expense	\$0.00
	Blue Cross Pays	\$116.00	Blue Cross Pays	\$116.00	Balance	\$116.00
					Blue Cross Pays	\$116.00
					Amount deducted from Jane's HSA Account	\$0.00
Encounter #2 - March						
Jane gets the flu and goes to her primary care physician. The physician gives her a generic prescription.	Physician Charge	\$150.00	Physician Charge	\$150.00	Physician Charge	\$150.00
	Jane Pays Copay	\$20.00	Jane Pays Copay	\$25.00	Amount applied toward Jane's \$1,500 deductible	\$150.00
	Balance	\$130.00	Balance	\$125.00	Amount deducted from Jane's HSA account	\$150.00
	Blue Cross Pays	\$130.00	Blue Cross Pays	\$125.00	Blue Cross Pays	\$0.00
	Generic Prescription Charge	\$19.00	Generic Prescription Charge	\$19.00	Generic Prescription Charge	\$19.00
	Amount applied towards Jane's \$50 Rx Deductible	\$19.00	Amount applied towards Jane's \$50 Rx Deductible	\$19.00	Amount applied towards Jane's \$1,500 Deductible	\$19.00
					Amount deducted from Jane's HSA Account	\$19.00
Encounter #3 - June						
Jane falls off the ladder and seeks treatment from the emergency room. Jane is treated and released without an overnight stay in the hospital. She receives a prescription for a Preferred Brand medication with no generic equivalent.	Charge for Facility Only	\$1,000.00	Charge for Facility Only	\$1,000.00	HSA Account Balance on June 1st	\$869.59
	Jane Pays Emergency Room Copay	\$100.00	Jane Pays Emergency Room Copay	\$100.00	Charge for Facility Only	\$1,000.00
	Balance	\$900.00	Total Out of Pocket Cost for Jane	\$100.00	Amount applied toward Jane's \$1,500 Deductible	\$1,000.00
	Jane Pays 20% of Balance	\$180.00	Blue Cross Pays	\$900.00	Amount deducted from Jane's HSA Account	\$869.59
	Total Out of Pocket Cost for Jane	\$280.00			Total Out of Pocket Cost for Jane	\$130.41
	Blue Cross Pays	\$720.00			Blue Cross Pays	\$0.00
	Preferred Brand Prescription Charge	\$100.00	Preferred Brand Prescription Charge	\$100.00	Preferred Brand Prescription Charge	\$100.00
	Amount applied towards Jane's \$50 Rx Deductible	\$31.00	Amount applied toward Jane's \$50 Rx Deductible	\$31.00	Amount applied toward Jane's \$1,500 Deductible	\$100.00
	Jane's Preferred Brand Copay	\$25.00	Jane's Preferred Brand Copay	\$25.00	Jane's Out of Pocket Expense	\$100.00
Employee Contributions						
Amount Jane has paid out of her check for 12 months of single coverage	Monthly Single Coverage Charge	\$125.00	Monthly Single Coverage Charge	\$0.00	Monthly Single Coverage Charge	\$0.00
	Total Contribution for 12 Months	\$1,500.00	Total Contribution for 12 Months	\$0.00	Total Contribution for 12 Months	\$0.00
Jane's Total Cost for the Year						
Jane's Payroll deductions and copays/deductibles added together.	Total Contribution for 12 Months	\$1,500.00	Total Contribution for 12 Months	\$0.00	Total Contribution for 12 Months	\$0.00
	Total Copays / Deductibles / Coinsurance	\$375.00	Total Copays / Deductibles	\$200.00	Jane's Out of Pocket Expense	\$230.41
	Total Cost for Jane	\$1,875.00	Total Cost for Jane	\$200.00	HSA Account Balance	\$296.74
					HSA Ending Account Balance	\$66.33

All examples assume that all services are performed by In-Network Blue Cross providers and that the billed charges and allowable amounts are equal.

Example 2 – Sam has multiple health issues and visits the doctor frequently. In the examples below, he will have office visits, prescriptions, an emergency room visit and an overnight stay in the hospital. Sam enrolls in single coverage.

	PPO 1		PPO 2		HSA - PPO 3 - \$148.37 Deposited Each Month	
Encounter #1 - September						
Sam goes to his primary care physician for a physical	Physician Charge	\$116.00	Physician Charge	\$116.00	HSA Account Balance on September 1st	\$148.37
	Sam Pays No Copay	\$0.00	Sam Pays No Copay	\$0.00		
	Balance	\$116.00	Balance	\$116.00	Physician Charge	\$116.00
	Blue Cross Pays	\$116.00	Blue Cross Pays	\$116.00	Sam's out of pocket expense	\$0.00
					Balance	\$116.00
					Blue Cross Pays	\$116.00
					Amount deducted from Sam's HSA Account	\$0.00
					HSA Account Balance	\$148.37
Encounter #2 - October						
Sam goes to his specialist for a diabetes check up and renewal of 3 prescriptions – 1 generic, 1 preferred brand with no generic alternative and 1 non-preferred brand with no generic alternative	Physician Charge	\$200.00	Physician Charge	\$200.00	HSA Account Balance on October 1st	\$296.74
	Sam Pays Copay	\$20.00	Sam Pays Copay	\$25.00		
	Balance	\$180.00	Balance	\$175.00	Physician Charge	\$200.00
	Blue Cross Pays	\$180.00	Blue Cross Pays	\$175.00	Amount applied toward Sam's \$1,500 deductible	\$200.00
					Amount deducted from Sam's HSA account	\$200.00
					HSA Account Balance	\$96.74
	Generic Prescription Charge	\$19.00	Generic Prescription Charge	\$19.00	Generic Prescription Charge	\$19.00
	Amount applied towards Sam's \$50 Rx Deductible	\$19.00	Amount applied towards Sam's \$50 Rx Deductible	\$19.00	Amount applied towards Sam's \$1,500 Deductible	\$19.00
					Amount deducted from Sam's HSA Account	\$19.00
					HSA Account Balance	\$77.74
	Preferred Brand Prescription Charge	\$80.00	Preferred Brand Prescription Charge	\$80.00	Preferred Brand Prescription Charge	\$80.00
	Amount applied towards Sam's \$50 Rx Deductible	\$31.00	Amount applied towards Sam's \$50 Rx Deductible	\$31.00	Amount applied toward Sam's \$1500 Deductible	\$80.00
	Sam's Preferred Brand Copay	\$25.00	Sam's Preferred Brand Copay	\$25.00	Amount deducted from Sam's HSA Account	\$77.74
					Sam's out of pocket expense	\$2.26
					HSA Account Balance	\$0.00
	Non-Preferred Prescription Charge	\$150.00	Non-Preferred Prescription Charge	\$150.00	Non-Preferred Prescription Charge	\$150.00
	Sam's Non-Preferred Copay	\$40.00	Sam's Non-Preferred Copay	\$45.00	Amount applied toward Sam's \$1500 deductible	\$150.00
					Sam's out of pocket expense	\$150.00
					HSA Account Balance	\$0.00
Encounter #3 - November						
Sam gets the flu and goes to his primary care physician. The physician gives him a generic prescription.	Physician Charge	\$150.00	Physician Charge	\$150.00	HSA Account Balance on November 1st	\$148.37
	Sam Pays Copay	\$20.00	Sam Pays Copay	\$25.00		
	Balance	\$130.00	Balance	\$125.00	Physician Charge	\$150.00
	Blue Cross Pays	\$130.00	Blue Cross Pays	\$125.00	Amount applied toward Sam's \$1,500 deductible	\$150.00
					Amount Deducted from Sam's HSA Account	\$148.37
					Sam's out of pocket expense	\$1.63
					HSA Account Balance	\$0.00
Sam will also purchase another 30 day supply of his medication.	Generic Prescription Charge	\$19.00	Generic Prescription Charge	\$19.00	Generic Prescription Charge	\$19.00
	Sam's Generic Copay	\$10.00	Sam's Generic Copay	\$10.00	Amount applied towards Sam's \$1,500 Deductible	\$19.00
					Sam's out of pocket expense	\$19.00
					HSA Account Balance	\$0.00
	Generic Prescription Charge	\$19.00	Generic Prescription Charge	\$19.00	Generic Prescription Charge	\$19.00
	Sam's Generic Copay	\$10.00	Sam's Generic Copay	\$10.00	Amount applied toward Sam's \$1500 Deductible	\$19.00
					Sam's out of pocket expense	\$19.00
					HSA Account Balance	\$0.00
	Preferred Brand Prescription Copay	\$80.00	Preferred Brand Prescription Charge	\$80.00	Preferred Brand Prescription Charge	\$80.00
	Sam's Preferred Brand Copay	\$25.00	Sam's Preferred Brand Copay	\$25.00	Amount applied toward Sam's \$1500 Deductible	\$80.00
					Sam's out of pocket expense	\$80.00
					HSA Account Balance	\$0.00
	Non-Preferred Brand Prescription Charge	\$150.00	Non-Preferred Brand Prescription Charge	\$150.00	Non-Preferred Brand Prescription Charge	\$150.00
	Sam's Non-Preferred Brand Copay	\$40.00	Sam's Non-Preferred Brand Copay	\$45.00	Amount applied toward Sam's \$1500 Deductible	\$150.00
					Sam's out of pocket expense	\$150.00
					HSA Account Balance	\$0.00
Encounter #4 - December						
Sam purchases another 30 day supply of medication.	Generic Prescription Charge	\$19.00	Generic Prescription Charge	\$19.00	HSA Account Balance on December 1st	\$148.37
	Sam's Generic Copay	\$10.00	Sam's Generic Copay	\$10.00		
					Generic Prescription Charge	\$19.00
					Amount applied toward Sam's \$1500 Deductible	\$19.00
					Amount deducted from Sam's HSA Account	\$19.00
					HSA Account Balance	\$129.37
	Preferred Brand Prescription Copay	\$80.00	Preferred Brand Prescription Copay	\$80.00	Preferred Brand Prescription Charge	\$80.00
	Sam's Preferred Brand Copay	\$25.00	Sam's Preferred Brand Copay	\$25.00	Amount applied toward Sam's \$1500 Deductible	\$80.00
					Amount deducted from Sam's HSA Account	\$80.00
					HSA Account Balance	\$49.37
	Non-Preferred Brand Prescription Charge	\$150.00	Non-Preferred Brand Prescription Charge	\$150.00	Non-Preferred Brand Prescription Charge	\$150.00
	Sam's Non-Preferred Brand Copay	\$40.00	Sam's Non-Preferred Brand Copay	\$45.00	Amount applied toward Sam's \$1500 Deductible	\$150.00
					Amount Deducted from Sam's HSA Account	\$49.37
					Sam's out of pocket expense	\$100.63
					HSA Account Balance	\$0.00

	PPO 1		PPO 2		HSA - PPO 3 - \$148.37 Deposited Each Month
Encounter #5 - January					
Sam purchases another 30 day supply of medication.	Generic Prescription Charge Amount applied toward Sam's \$50 Rx Deductible	\$15.00 \$15.00	Generic Prescription Charge Amount applied toward Sam's \$50 Rx Deductible	\$15.00 \$15.00	HSA Account Balance on January 1st Generic Prescription Charge Amount applied toward Sam's \$1500 Deductible Amount deducted from Sam's HSA Account HSA Account Balance
	Preferred Brand Prescription Charge Amount applied toward Sam's \$50 Rx Deductible Sam's Preferred Brand Copay	\$80.00 \$35.00 \$25.00	Preferred Brand Prescription Copay Amount applied toward Sam's \$50 Rx Deductible Sam's Preferred Brand Copay	\$80.00 \$35.00 \$25.00	Preferred Brand Prescription Charge Amount applied toward Sam's \$1500 Deductible Amount deducted from Sam's HSA Account HSA Account Balance
	Non-Preferred Brand Prescription Charge Sam's Non-Preferred Brand Copay	\$150.00 \$40.00	Non-Preferred Brand Prescription Charge Sam's Non-Preferred Brand Copay	\$150.00 \$45.00	Non-Preferred Brand Prescription Charge Amount applied toward Sam's \$1500 Deductible Amount Deducted from Sam's HSA Account Sam's out of pocket expense HSA Account Balance
Encounter #6 - February					
Sam falls off the ladder and seeks treatment from the emergency room. Sam is treated and released without an overnight stay in the hospital. He receives a prescription for a Preferred Brand medication with no generic equivalent.	Charge for Facility Only Sam Pays Emergency Room Copay Balance Sam Pays 20% of Balance Out of Pocket Cost for Sam Blue Cross Pays	\$1,000.00 \$100.00 \$900.00 \$180.00 \$280.00 \$720.00	Charge for Facility Only Sam Pays Emergency Room Copay Out of Pocket Cost for Sam Blue Cross Pays	\$1,000.00 \$100.00 \$100.00 \$900.00	HSA Account Balance on February 1st Charge for Facility Only Amount applied toward Sam's \$1,500 Deductible Amount Deducted from Sam's HSA Account Sam's out of pocket expense
Sam will also purchase another 30 day supply of his medications.	Preferred Brand Prescription Charge Sam's Preferred Brand Copay	\$100.00 \$25.00	Preferred Brand Prescription Charge Sam's Preferred Brand Copay	\$100.00 \$25.00	Preferred Brand Prescription Charge Amount applied toward Sam's \$1500 Deductible Sam's out of pocket expense HSA Account Balance
	Generic Prescription Charge Sam's Generic Copay	\$15.00 \$10.00	Generic Prescription Charge Sam's Generic Copay	\$15.00 \$10.00	Generic Prescription Charge Amount applied toward Sam's \$1500 Deductible Sam's out of pocket expense HSA Account Balance
	Preferred Brand Prescription Charge Sam's Preferred Brand Copay	\$80.00 \$25.00	Preferred Brand Prescription Charge Sam's Preferred Brand Copay	\$80.00 \$25.00	Preferred Brand Prescription Charge Amount applied toward Sam's \$1,500 Deductible Sam's out of pocket expense HSA Account Balance
	Non-Preferred Brand Prescription Charge Sam's Non-Preferred Brand Copay	\$150.00 \$40.00	Non-Preferred Brand Prescription Charge Sam's Non-Preferred Brand Copay	\$150.00 \$45.00	Non-Preferred Brand Prescription Charge Amount applied toward Sam's \$1,500 Deductible Balance Amount applied toward Sam's 20% coinsurance Sam's out of pocket expense HSA Account Balance
Encounter #7 - March					
Sam purchases another 30 day supply of medication.	Generic Prescription Charge Sam's Generic Copay	\$15.00 \$10.00	Generic Prescription Charge Sam's Generic Copay	\$15.00 \$10.00	HSA Account Balance on March 1st Generic Prescription Charge Amount applied toward Sam's 20% coinsurance Amount deducted from Sam's HSA Account HSA Account Balance
	Preferred Brand Prescription Copay Sam's Preferred Brand Copay	\$80.00 \$25.00	Preferred Brand Prescription Copay Sam's Preferred Brand Copay	\$80.00 \$25.00	Preferred Brand Prescription Charge Amount applied toward Sam's 20% coinsurance Amount Deducted from Sam's HSA Account HSA Account Balance
	Non-Preferred Brand Prescription Charge Sam's Non-Preferred Brand Copay	\$150.00 \$40.00	Non-Preferred Brand Prescription Charge Sam's Non-Preferred Brand Copay	\$150.00 \$45.00	Non-Preferred Brand Prescription Charge Amount applied toward Sam's 20% coinsurance Amount Deducted from Sam's HSA Account HSA Account Balance
Encounter #8 - April					
Sam purchases another 30 day supply of medication.	Generic Prescription Charge Sam's Generic Copay	\$15.00 \$10.00	Generic Prescription Charge Sam's Generic Copay	\$15.00 \$10.00	HSA Account Balance on April 1st Generic Prescription Drug Charge Amount applied toward Sam's 20% coinsurance Amount deducted from Sam's HSA Account HSA Account Balance
	Preferred Brand Prescription Charge Sam's Preferred Brand Copay	\$80.00 \$25.00	Preferred Brand Prescription Charge Sam's Preferred Brand Copay	\$80.00 \$25.00	Preferred Brand Prescription Charge Amount applied toward Sam's 20% coinsurance Amount Deducted from Sam's HSA Account HSA Account Balance
	Non-Preferred Brand Prescription Charge Sam's Non-Preferred Brand Copay	\$150.00 \$40.00	Non-Preferred Brand Prescription Charge Sam's Non-Preferred Brand Copay	\$150.00 \$45.00	Non-Preferred Brand Prescription Charge Amount applied toward Sam's 20% coinsurance Amount Deducted from Sam's HSA Account HSA Account Balance

	PPO 1		PPO 2		HSA - PPO 3 - \$148.37 Deposited Each Month	
Encounter #9 - May						
Sam purchases another 30 day supply of medication.	Generic Prescription Charge Sam's Generic Copay	\$15.00 \$10.00	Generic Prescription Charge Sam's Generic Copay	\$15.00 \$10.00	HSA Account Balance on May 1st	\$347.11
	Preferred Brand Prescription Copay Sam's Preferred Brand Copay	\$80.00 \$25.00	Preferred Brand Prescription Copay Sam's Preferred Brand Copay	\$80.00 \$25.00	Generic Prescription Drug Charge Amount applied toward Sam's 20% coinsurance Amount deducted from Sam's HSA Account HSA Account Balance	\$15.00 \$3.00 \$3.00 \$344.11
	Non-Preferred Brand Prescription Charge Sam's Non-Preferred Brand Copay	\$150.00 \$40.00	Non-Preferred Brand Prescription Charge Sam's Non-Preferred Brand Copay	\$150.00 \$45.00	Preferred Brand Prescription Charge Amount applied toward Sam's 20% coinsurance Amount Deducted from Sam's HSA Account HSA Account Balance	\$80.00 \$16.00 \$16.00 \$328.11
					Non-Preferred Brand Prescription Charge Amount applied toward Sam's 20% coinsurance Amount Deducted from Sam's HSA Account HSA Account Balance	\$150.00 \$30.00 \$30.00 \$298.11
Encounter #10 - June						
Sam has chest pains and is admitted into the hospital, has a stint inserted and is inpatient for 3 days.	Total Charge Amount applied toward Sam's 20% coinsurance Out of Pocket Cost for Sam Blue Cross Pays	\$50,000.00 \$720.00 \$720.00 \$49,280.00	Total Charge Amount Applied toward Sam's \$500 Deductible Balance Amount applied toward Sam's 20% coinsurance Out of Pocket Cost for Sam Blue Cross Pays	\$50,000.00 \$500.00 \$49,500.00 \$1,900.00 \$2,400.00 \$47,600.00	HSA Account Balance on June 1st Total Charge Amount applied toward Sam's 20% Coinsurance Amount Deducted from Sam's HSA Account Sam's total out of pocket cost HSA Account Balance	\$446.48 \$50,000.00 \$3,335.00 \$446.48 \$2,888.52 \$0.00
Sam will also purchase another 30 day supply of his medications.	Generic Prescription Charge Sam's Generic Copay	\$15.00 \$10.00	Generic Prescription Charge Sam's Generic Copay	\$15.00 \$10.00	Generic Prescription Charge Sam's out of pocket expense HSA Account Balance	\$15.00 \$0.00 \$0.00
	Preferred Brand Prescription Charge Sam's Preferred Brand Copay	\$80.00 \$25.00	Preferred Brand Prescription Charge Sam's Preferred Brand Copay	\$80.00 \$25.00	Preferred Brand Prescription Charge Sam's out of pocket expense HSA Account Balance	\$80.00 \$0.00 \$0.00
	Non-Preferred Brand Prescription Charge Sam's Non-Preferred Brand Copay	\$150.00 \$40.00	Non-Preferred Brand Prescription Charge Sam's Non-Preferred Brand Copay	\$150.00 \$45.00	Non-Preferred Brand Prescription Charge Sam's out of pocket expense HSA Account Balance	\$150.00 \$0.00 \$0.00
Encounter #11 - July						
Sam purchases another 30 day supply of medication.	Generic Prescription Charge Sam's Generic Copay	\$15.00 \$10.00	Generic Prescription Charge Sam's Generic Copay	\$15.00 \$10.00	HSA Account Balance on July 1st	\$148.37
	Preferred Brand Prescription Copay Sam's Preferred Brand Copay	\$80.00 \$25.00	Preferred Brand Prescription Copay Sam's Preferred Brand Copay	\$80.00 \$25.00	Generic Prescription Drug Charge Sam's out of pocket expense HSA Account Balance	\$15.00 \$0.00 \$148.37
	Non-Preferred Brand Prescription Charge Sam's Non-Preferred Brand Copay	\$150.00 \$40.00	Non-Preferred Brand Prescription Charge Sam's Non-Preferred Brand Copay	\$150.00 \$45.00	Preferred Brand Prescription Charge Sam's out of pocket expense HSA Account Balance	\$80.00 \$0.00 \$148.37
					Non-Preferred Brand Prescription Charge Sam's out of pocket expense HSA Account Balance	\$150.00 \$0.00 \$148.37
Encounter #12 - August						
Sam purchases another 30 day supply of medication.	Generic Prescription Charge Sam's Generic Copay	\$15.00 \$10.00	Generic Prescription Charge Sam's Generic Copay	\$15.00 \$10.00	HSA Account Balance on August 1st	\$296.74
	Preferred Brand Prescription Copay Sam's Preferred Brand Copay	\$80.00 \$25.00	Preferred Brand Prescription Copay Sam's Preferred Brand Copay	\$80.00 \$25.00	Generic Prescription Drug Charge Sam's out of pocket expense HSA Account Balance	\$15.00 \$0.00 \$296.74
	Non-Preferred Brand Prescription Charge Sam's Non-Preferred Brand Copay	\$150.00 \$40.00	Non-Preferred Brand Prescription Charge Sam's Non-Preferred Brand Copay	\$150.00 \$45.00	Preferred Brand Prescription Charge Sam's out of pocket expense HSA Account Balance	\$80.00 \$0.00 \$296.74
					Non-Preferred Brand Prescription Charge Sam's out of pocket expense HSA Account Balance	\$150.00 \$0.00 \$296.74
Employee Contributions						
Amount Sam has paid out of his check for 12 months of single coverage	Monthly Single Coverage Charge Total Contribution for 12 Months	\$125.00 \$1,500.00	Monthly Single Coverage Charge Total Contribution for 12 Months	\$0.00 \$0.00	Monthly Single Coverage Charge Total Contribution for 12 Months	\$0.00 \$0.00
Sam's Total Cost for the Year						
Sam's Payroll deductions and copays/deductibles added together	Total Contribution for 12 Months Total Copays / Coinsurance Total Cost for Sam	\$1,500.00 \$1,980.00 \$3,480.00	Total Contribution for 12 Months Total Copays / Deductibles / Coinsurance Total Cost for Sam	\$0.00 \$3,545.00 \$3,545.00	Total Contribution for 12 Months Total Deductible / Coinsurance Less Balance in HSA Account Total Cost for Sam	\$0.00 \$4,632.30 \$296.74 \$4,335.56

All examples assume that all services are performed by In-Network Blue Cross providers and that the billed charges and allowable amounts are equal.

Austin Independent School District



Qualifying Event Instructions for Employee Benefit Plan Changes during the Plan Year (outside of open enrollment)

Austin ISD Benefit Plan is a Section 125 Flexible Benefit Plan (Cafeteria Plan) allowed for under the regulation of Section 125 of the Internal Revenue code.

RULES: Any “pre-tax” elections will remain in effect and **cannot** be revoked or changed during the Plan Year unless there is a qualifying event.

TIMELINE: Any change in benefit election must be made with **31 days** of the qualifying event and must be consistent with the change that has occurred.

SUPPORTING DOCUMENT REQUIRED TO ENROLL/CANCEL COVERAGE:

Documentation of the qualifying event, a Section 125 Revocation/Change Form, subsequent carrier and dependent verification documentation must be submitted to the Benefits Department within **31 calendar days** (including weekends and holidays) of the qualifying event date. *(NOTE: All documents faxed or emailed are considered by the time stamp when they were sent whether office is closed or open)*

Benefits Department

1111 W. 6th Street, Suite A330
Austin, Texas 78703-5338

512-414-1739 (phone)
512-414-9976(fax)

Example of Qualifying Event	Required Supporting Documentation
Birth of a child	Birth Certificate Verification of the birth from the hospital or other authority listing the name and the date of birth of the child
Adoption	Placement for adoption paperwork, legal documentation of the adoption
Death	Death Certificate
Marriage	Marriage Certificate
Divorce	Original signed divorce decree
Dependent's enrollment in another employer's benefits through job change or open enrollment	Proof of the enrollment listing: effective date of coverage, type of coverage (medical, dental, vision), and the names of dependents enrolled with their effective date of coverage. Examples: copy of enrollment forms or printouts from an on-line enrollment
Loss of benefits due to loss of job or loss of eligibility	Letter from former employer, COBRA notice, or print screens from insurance carriers listing the type of coverage lost, the last date of coverage and the names of dependents losing coverage

Note: Switching among plans during the plan year is prohibited. When adding dependents they are added to current plan that employee is participating in.

EFFECTIVE DATES: Day after benefits end when situation is a loss of benefits. Benefits become effective the date of the event for the for: births, adoptions, marriages, divorce, and death

PREMIUM DEDUCTIONS: AISD premium deductions are deducted from employee paycheck one month in advance. Double premium payments may be due based on effective date.

Premiums are not pro-rated. Example of this: A child is born on the 10th of December; insurance premiums for December and January will be deducted from the December pay check if forms are returned within the payroll deadline.

Austin Independent School District Dependent Documentation Matrix

	Dependent Type	Preferred (listed on DA Form)	Acceptable Alternative(s)
A	A. SPOUSE Legal spouse or Common Law spouse of the opposite sex No Domestic Partnership	<ul style="list-style-type: none"> • Copy of page 1 of your 2012 federal tax return (as filed) listing spouse OR <ul style="list-style-type: none"> • Copy of marriage certificate or Declaration of Common Law Marriage <i>plus</i> proof marriage is still current [recurring monthly or quarterly household bill or statement of account listing your spouse's name at your address and dated within the past 60 days] 	~ If married on or after June 1, 2013, marriage certificate alone is acceptable. For Common Law Marriage: Copy of Declaration of Common Law Marriage (as filed with the local courthouse) <i>plus</i> proof marriage is still current [recurring monthly or quarterly household bill or statement of account listing your spouse's name at your address and dated within the past 60 days]
B	B. CHILD Child up to age 26 <i>[coverage ends on the child's 26th birthday.]</i> For eligibility purposes, child includes: <ul style="list-style-type: none"> • natural child and stepchild of your current spouse • adopted child (including a child for whom you or your spouse is a party in a suit in which the child's adoption is sought) • child of your child (your grandchild) who is your dependent for federal income tax purposes at the time application of coverage of the child of your child is made. <i>(You are required to provide a copy of your most recent federal tax return claiming grandchild as a dependent.)</i> • child for whom you (or your spouse) has received a court order requiring that you (or your spouse) have financial responsibility for providing health insurance • child for whom you are legal guardian 	One of the following items, as applicable: <ul style="list-style-type: none"> • Copy of page 1 of your 2012 federal tax return (as filed) listing child as dependent, OR • Copy of birth certificate, OR • Copy of certificate of adoption, OR • Copy of court order requiring you or your spouse to cover the child for health insurance • Copy of legal guardianship documents <i>Note for stepchildren: If you are covering a stepchild, and the child's parent is not a covered dependent, in addition to one of the items required above, you must also provide one of the items from Category A, Spouse.</i>	For natural or stepchild: <ul style="list-style-type: none"> ~ Copy of divorce decree or court order listing EE or spouse as parent and child with child's birth date. ~ Birth card as long as last names of child & EE or spouse are the same. ~ If no birth certificate, copy of hospital birth record listing parent(s), child, and child's date of birth. ~ Paternity documentation that determines EE or spouse is the father of the child. For grandchild: Copy of EE's 2012 tax return listing grandchild as dependent. For legal guardianship: EE must provide the Court Order of Legal Guardianship showing EE or spouse as guardian of child
C	C. DISABLED CHILD Unmarried child over the age of 26 who is medically certified as disabled and dependent upon you for support and maintenance	One of the items listed for category B above No additional documentation regarding disability is required for this review if disability documentation is on file with AISD	See category B above for dependency documentation alternatives

Austin ISD
National Benefit Services, LLC
8523 South Redwood Road
West Jordan, UT 84084
Phone: (801) 532-4000 Fax: (801) 877-2420

September 1, 2013

To: Austin ISD Employee
and Other Insured Dependents (if any)

Fr: National Benefit Services, LLC
Service Provider for Austin ISD

Re: General COBRA Information for:
Austin ISD Health Plan

You are receiving this notice because you have recently become covered under one or more of the group health plans sponsored by Austin ISD. Austin ISD has retained National Benefit Services, LLC to provide assistance with their COBRA responsibilities. One of our tasks is to provide you with important information about your right to COBRA continuation of coverage under one or more of the group health plans named above. The information is intended to educate you about your COBRA rights and obligations in the event that you or one of your dependents loses coverage under one or more the plans. For simplicity, the remainder of this notice will refer to the above plans collectively as the "Plan".

While no action or response is required unless you or your dependent actually have a loss of coverage under our health plan(s), both you and your spouse should read the information carefully, and keep it with your records. If you experience a loss of coverage in the future, please refer to this overview for guidance about your rights and responsibilities.

Note: This notice does not fully describe continuation coverage under COBRA or other rights under the Plan and a more complete description can be found by contacting the Plan Administrator (identified below) and/or referring to the applicable health plan Summary Plan Description. There is a more detailed description of your rights under COBRA and the coverage under the Plan(s) under which you have become covered in the applicable Summary Plan Description(s).

This Notice provides a brief overview of your rights and obligations under the current COBRA law. The Plan (as outlined below) offers no greater COBRA rights than what the COBRA statute requires, and this Notice should be construed accordingly.

About the COBRA Law.

COBRA refers to a Federal law which applies to most employers who sponsor group health insurance plans for their employees and dependents. For COBRA purposes, a group health plan includes any major medical plan, dental plan, vision plan, health FSA, or any other employer sponsored group plan which provides medical care.

The law requires that employees and certain dependents (spouse and dependent children) who lose coverage under a group health plan must be given the opportunity to continue coverage on a temporary basis. The maximum length of time coverage may be continued depends upon the reason coverage is lost. An employee, spouse and/or dependent child who loses coverage as a result of a qualifying event is called a "Qualified Beneficiary".

COBRA Qualifying Events.

Listed below are “qualifying events” which result in the right to continue coverage under COBRA. Please note that the maximum period of time coverage can be continued depends on the type of qualifying event.

Eighteen (18) Month Maximum Continuation (experienced by a covered employee):

- 1.) Termination of Employment (for reasons other than “gross misconduct”)
- 2.) Reduction of Work Hours

If you experience one of the events listed above, you and any other impacted qualified beneficiary will be notified of the right to elect continuation coverage.

Disability Extension to twenty-nine (29) months. This extension will apply when any Qualified Beneficiary is determined by the Social Security Administration to have been disabled at any time prior to the end of the first sixty (60) days of COBRA coverage resulting from a termination of employment or reduction of work hours, and continues to be disabled at the end of the initial 18 month period of coverage.

For the disability extension to apply, you must provide a copy of the SSA Determination of Disability letter within the 18 month COBRA period but no later than 60 days after the latest of: (1) the date of the SSA Determination of disability; (2) the date on which the qualifying event occurs; or (3) the date on which the qualified beneficiary loses coverage.

Second Qualifying Event Extension to thirty-six (36) months. If a Qualified Beneficiary experiences a second qualifying event during the 18 or 29 month COBRA continuation coverage resulting from termination of employment or reduction of work hours, then the spouse and dependent children will qualify for an extension of COBRA continuation coverage of up to 36 months from the original qualifying event. A covered employee or qualified beneficiary must provide notice of the second qualifying event within 60 days of the event in order to qualify for the extension. Events eligible for the extension of coverage are those listed below (but only to the extent that they would have caused a loss of coverage under the Plan if it was the initial qualifying event):

Thirty Six (36) Month Maximum Continuation (experienced by a covered spouse or dependent child):

- 1) Death of an Employee
- 2) Divorce or legal separation
- 3) Dependent child no longer meets the Plan’s definition of a “dependent

In addition, if you become entitled to Medicare and then experience a qualifying event or reduction in hours of employment within 18 months of the Medicare entitlement, the qualified beneficiary spouse and/or dependent children may elect to continue coverage for up to 36 months from the Medicare entitlement.

Your IMPORTANT Qualifying Event Notice Obligations.

If your spouse or dependent child loses coverage under the Plan because of divorce, legal separation, or your child no longer meets the Plan’s definition of “dependent”, then you, your spouse or dependent child must notify Austin ISD of the loss. Written notice must be provided no later than sixty (60) days after the event or the date coverage terminates, whichever is later. It is mandatory that you use the enclosed notification form for this purpose. It can be mailed first class or faxed to Austin ISD. A notification form is enclosed for this purpose. (Contact information is listed on the notification form and later in this document.) You may be required to provide additional information to support the qualifying event (e.g. a divorce decree, etc).

If Austin ISD is provided timely notice of the divorce, legal separation, or a child’s loss of dependent status, we will notify the affected Qualified Beneficiaries of the right to elect continuation coverage.

If Austin ISD is not provided notice of the divorce, legal separation, or a child’s loss of dependent status during this sixty (60) day period, COBRA continuation will not be offered. If any claims are mistakenly paid for expenses incurred after the divorce, legal separation, or a child’s loss of dependent status, then you, your spouse and dependent children will be required to reimburse the Plan for any claims so paid.

If your spouse or dependent child loses coverage as a result of your death or your entitlement to Medicare, Austin ISD will automatically notify your spouse, and dependent children of the right to elect continuation coverage.

Other Notification Requirements:

In order to protect your family's rights, you should notify the Plan Administrator, Austin ISD, immediately when the name or address changes for you or any covered dependent. For your records, you should also keep a copy of any notices you send to the Plan Administrator.

COBRA Continuation Coverage:

If you lose coverage as a result of one of the qualifying events listed above, you may elect to continue the same coverage that you had immediately preceding the qualifying event; however, that continuation coverage is subject to changes made by the Employer to the same coverage maintained by similarly situated active employees. You have the same right to change your coverage that similarly situated active employees have (including any open enrollment rights to change coverage). Once you receive your election notice from the Plan Administrator, you have 60 days from the later of the date of the notice or the date coverage is lost as a result of the qualifying event to elect coverage. If you elect coverage you may be required to pay up to 102% of the applicable premium and possibly up to 150% of the applicable premium during a disability extension. The first premium is due 45 days after the date you make your election for coverage. All subsequent premiums are due the first day of the coverage period (with a 30 day grace period). Premiums are typically due on the first day of each month.

Plan Administrator.

Austin ISD is the Plan Administrator. All notices and other communications regarding the Plan and regarding COBRA must be directed to:

Austin ISD
Attn: Benefits Department
Carruth Administration Center
1111 West Sixth Street, A330
Austin, Texas 78703-5338

For More Information.

If you have questions, or need additional information, you should contact the Plan Administrator, Austin ISD, or the service provider, National Benefit Services, LLC at:

National Benefit Services, LLC
8523 South Redwood Road
West Jordan, UT 84084
Phone: (801) 532-4000
Fax: () -
Email: cobra@nbsbenefits.com

Effective Date: 1 September 2012

HIPAA Privacy Notice

This Notice Describes How Medical Information About You as a Participant in the Austin Independent School District Flexible Benefits Plan (the "Plan") May Be Used and Disclosed and How You Can Get Access To This Information. Please Review It Carefully.

This notice describes the medical information practices of National Benefit Services, LLC in the administration of the Austin Independent School District Flexible Benefits Plan medical claims.

Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the health care claims reimbursed under the Plan for plan administration purposes. This notice applies to all of the medical records provided to you by us that we maintain. Your personal doctor or health care provider may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. It also describes our obligations and your rights regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy

You have the right to inspect and copy medical information that may be used to make decisions about your Plan benefits. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request in writing that the denial be reviewed.

Right to an Accounting of Disclosures

You have the right to request an "accounting of disclosures" where such disclosure was made for any purpose other than treatment, payment, or health care operations.

To request this list or accounting of disclosures, you must submit your request in writing. Your request must state a time period which may not be longer than six years and may not include dates before April 2003. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12 month period will be free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

To request restrictions, you must make your request in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

HIPAA Privacy laws do not require compliance with your request.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make a written request. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a paper copy of this notice upon written request. You may obtain a copy of this notice at our website: www.nbsbenefits.com

Changes to This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice on the NBS website. The notice will contain on the first page, in the top right hand corner, the effective date.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with National Benefit Services, LLC or with the Secretary of the Office for Civil Rights of the U.S. Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Written Requests and Complaints

Send all written requests and complaints to:

National Benefit Services, LLC
Attn: Privacy Officer
P.O. Box 6980
West Jordan, UT 84084

Universal Availability Notice

AUSTIN INDEPENDENT SCHOOL DISTRICT

PLAN HIGHLIGHTS

You are eligible to participate in the 403(b) retirement plan sponsored by Austin Independent School District. Contributing to a 403(b) plan will help to give you peace of mind through financial security during your retirement. A 403(b) plan will allow you to contribute a portion of your compensation as a pre-tax or after-tax (Roth) contribution (if allowed by your Employer) in order to save toward your retirement. Participation in the 403(b) plan is completely voluntary. If you are already contributing to the 403(b) plan, now is a perfect time to increase your contributions.

WHAT IS A 403(b) PLAN?

A 403(b) plan, also known as a Tax-Sheltered Annuity (TSA) plan, is a tax-deferred retirement plan for employees of certain tax-exempt, governmental organizations or public education institutions. An employer may sponsor a 403(b) plan to provide a benefit to its employees to save for retirement on a tax-deferred basis.

WHAT ARE THE BENEFITS OF CONTRIBUTING TO A 403(B) PLAN?

LOWER TAXES TODAY

The 403(b) contributions you make may be on a pre-tax basis. This means that you are taxed on a lower amount of income. For example, if your federal marginal income tax rate is 25%, and if you contribute \$100 a month to a 403(b) plan, you have reduced your federal income taxes by nearly \$25. In effect, your \$100 contribution costs you only \$75. The tax savings can grow with the size of your 403(b) contribution.

TAX-DEFERRED GROWTH

In your 403(b) plan, interest and earnings accrue tax-deferred. This means that your interest will grow tax-free until the time of your withdrawal. The compounding interest on your 403(b) plan can allow your account to grow more quickly than saving money in a taxable account where interest and earnings are generally taxed each year.

TAKING THE INITIATIVE

Contributing to a 403(b) retirement plan can help you take control of your future retirement needs. Other sources of retirement income, including state pension plans and, if applicable, Social Security, often do not adequately replace a person's salary upon retirement. A 403(b) plan can be a great way to provide you with additional income at retirement.

POSSIBLE TAX CREDITS

If you contribute to the plan, you may be able to receive a tax credit, which could reduce your overall federal income tax paid for the year.

ROTH

You may also choose to save part of your earnings on an AFTER-TAX (ROTH) basis. Qualified distributions will allow you to withdraw your money tax-free.

HOW MUCH CAN YOU CONTRIBUTE TO A 403(B) PLAN?

You may elect to save:

- Up to 100% of your income
- Up to \$17,500 in 2013
- Extra \$5,500 if age 50+

HOW TO ENROLL IN THE PLAN?

You will need to make an election regarding how much of your compensation you wish to defer to the 403(b) plan. You will also need to determine which company you would like to invest your contributions with. A list of approved vendors and the Salary Reduction Agreement can be found by visiting the National Benefit Services website at www.nbsbenefits.com/403b or by contacting (800) 274-0503 extension 5. Once you have decided how much to contribute and which vendor to invest your funds, please contact the vendor directly to obtain and submit all necessary paperwork to open the account.

INVESTMENT CHOICES

Annuity contracts provided through an insurance company or custodial accounts provided through a retirement account custodian are allowed in 403(b) plans. For more information and a list of approved investment providers for your plan, visit <http://www.nbsbenefits.com/403b>. You will need to contact the investment providers for a comprehensive listing and for information regarding the available investment choices they provide.

EXCHANGES

As a participant in the 403(b) Plan, you have the option to request a tax-free contract exchange between different investment providers within the same plan. For a list of exchange eligible investment providers for your 403(b) Plan, please visit <http://www.nbsbenefits.com/403b>

DISTRIBUTIONS FROM THE PLAN

You or your beneficiary will be able to withdraw your vested balance when one of the following occurs:

1. Retirement
2. Total Disability
3. Death
4. Termination of Employment
5. Attainment of Age 59 ½

Please visit our website www.NBSbenefits.com

Note: The Vendors may require additional paperwork.

LOANS

You may borrow up to ½ of your vested balance up to \$50,000 (whichever is less). Contact your current Vendor about the Loan Policy for your Plan.

HARDSHIP DISTRIBUTIONS

Your plan may allow for Hardship Distributions – contact your HR Department for more information about the requirements. NOTE: If you take a hardship distribution you are required to stop making contributions for 6 months.

FORFEITURES

Any money left behind by a terminated participant who is not fully vested, will be used to offset future company contributions.

GENERAL PLAN INFORMATION

To obtain additional information about participation, and about the savings products made available under the plan, please contact your payroll/human resources department.

Plan Name:

Austin Independent School District 403(b) Plan

Plan Administrator:

Austin Independent School District

Plan Contact Person:

Andrea Perez
1111 West 6th Street
Austin, Texas 78703
(512) 414-2205

NATIONAL BENEFIT SERVICES, LLC

Customer Care • Knowledge and Expertise • Organizational Excellence

(801) 532-4000 Salt Lake City, UT

Updated: 6/17/2013

Important Benefit Information About Your 403(b) Retirement Plan

You are eligible to participate in the 403(b) retirement plan sponsored by Austin Independent School District. Contributing to a 403(b) plan may help give you peace of mind through financial security during your retirement. A 403(b) plan will allow you save a portion of your compensation for retirement on a pre-tax basis (or, if permitted by your employer, on an after tax basis to a Roth account). Participation in the 403(b) plan is completely voluntary. If you are already contributing to the 403(b) plan, now is a perfect time to increase your contributions.

What is a 403(b) plan?

A 403(b) plan, also known as a Tax-Sheltered Annuity (TSA) plan, is a tax-deferred retirement plan for employees of certain tax-exempt employers, governmental organizations or public education institutions. An employer may sponsor a 403(b) plan to provide a benefit to its employees to save for retirement on a tax-deferred basis.

What are the benefits of contributing to a 403(b) Plan?

- **Lower Taxes Today**
The 403(b) contributions you make may be on a pre-tax basis. This means that you are taxed on a lower amount of income. For example, if your federal marginal income tax rate is 25%, and if you contribute \$100 a month to a 403(b) plan, you have reduced your federal income taxes by nearly \$25. In effect, your \$100 contribution costs you only \$75. The tax savings can grow with the size of your 403(b) contribution.
- **Tax-deferred Growth**
In your 403(b) plan, interest and earnings accrue tax-deferred. This means that your interest will grow tax-free until the time of your withdrawal. The compounding interest on your 403(b) plan can allow your account to grow more quickly than saving money in a taxable account where interest and earnings are generally taxed each year.
- **Taking the Initiative**
Contributing to a 403(b) retirement plan can help you take control of your future retirement needs. Other sources of retirement income, including state pension plans and, if applicable, Social Security, often do not adequately replace a person's salary upon retirement. A 403(b) plan can be a great way to provide you with additional income at retirement.
- **Possible Tax Credits**
If you contribute to the plan, you may be able to receive a tax credit, which could reduce your overall federal income tax paid for the year.

How do I enroll in the 403(b) Plan?

Step 1. Select an investment provider with which you will invest your 403(b) contributions. A list of approved investment providers may be found by visiting the website of the plan's third-party administrator, National Benefit Services (NBS) at www.nbsbenefits.com/403b.

Step 2. Contact the investment provider directly in order to establish an account (a financial advisor may assist you with this process).

Step 3. Determine how much of your compensation you wish to defer to the 403(b) plan.

Step 4. Complete a Salary Reduction Agreement and submit it to NBS to initiate salary reductions. The Salary Reduction Agreement may be obtained from the NBS website at www.nbsbenefits.com/403b.

How much can I contribute to a 403(b) Plan?

Currently you can make elective deferrals up to \$17,500. If you will be age 50 or older sometime during the 2013 calendar year, you are eligible to contribute an additional amount that is known as an "age 50 catch-up" contribution. The age 50 catch-up contribution is an additional \$5,500. If you have at least 15 years of service with Lovejoy Independent School District, you may qualify for an additional \$3,000 catch up amount. Please note that determining eligibility for this catch up can be complex. Completing the Maximum Allowable Contribution Worksheet will help you determine whether or not you qualify.

How do I get more information?

To obtain additional information about participation, and about the savings products made available under the plan, please contact your payroll/human resources department.

Special Notice and Plan Overview

Austin ISD 457(b) Plan

This Special Notice and Overview is provided as a quick reference to certain key provisions of the retirement plan. Since the plan is based on a complex legal document, the Overview does not attempt to describe every aspect of the plan or to detail all of its terms. For a more complete description of plan provisions, refer to the Summary Plan Description. If there is a conflict between this Overview and the plan, the plan's provisions will prevail.

This Special Notice and Overview contains important plan information that must be made available to eligible participants.

Entering the Plan

An employee becomes a participant in our plan on the first entry date after satisfying the following requirement:

- 18 years of age or older

Certain groups of employees are excluded from participating in the plan, including:

- √ Independent Contractors

Entry date is immediate after service requirements, if any, are met.

Participant Contributions

Participants may contribute to the plan on a pre-tax basis. These contributions, known as "elective deferrals," must fall within the following range:

Minimum 0 percent of compensation

Maximum \$17,500 in 2013 or 100 percent of includible compensation, whichever is less. In addition, you can also contribute an additional \$5,500 if age 50 or older; or if you are within 3 years of retirement, you may be able to make contributions to "catch up" previously missed contributions.

Accumulated sick pay, vacation pay or back pay may also be eligible for deferrals. Please see your Employee Booklet for additional details on deferral. Other factors may further limit contributions.

Traditional contributions are made on a pre-tax basis, thus reducing your current taxable income. Your contributions and earnings grow on a tax-deferred basis and will be taxable upon distribution.

You may change your contribution percentage or re-enter the plan on the first day of any future payroll period. Contact your payroll department for details. If necessary, you may stop your contributions on the first day of any payroll period with reasonable advance notice.

Your participant contributions are 100 percent vested - which means that you own them - at all times.

You can direct how your contributions are invested among the available investment options. If you do not direct how your contributions should be invested, they will be invested in the following default investment option:

Investment	Default Directive Percent
Vanguard Wellington Inv	100%

Make sure that your directives cover 100 percent of your contributions. If you direct less than 100 percent of your contributions, the entire amount will be invested in the investment option(s) described above. However, you can transfer your assets from the default investment option to other investment options, without penalty.

You may use the Personal Savings Center at **www.standard.com/retirement** or the Fee Disclosure section of this document to find out more about your account, including a description of the default investment option, its investment objectives, risk and return characteristics, and any applicable fees and expenses.

Distributions and Withdrawals

A distribution from your account may be available to you or your beneficiary at:

- normal retirement, which is age 65
- Unforeseeable Emergency (as defined by the plan)
- termination of employment
- death or disability

Additional requirements for distributions may also exist. Please review your Summary Plan Description for complete details.

Questions

If you have questions about the plan, please contact Anna Chitty @ 1-800-274-0503 x125.

To contact a Customer Service Representative at the plan's service partner, National Benefit Services, e-mail AnnaC@nbsbenefits.com anytime or call 800.274.0503 between 8:00 a.m. and 5:00 p.m. Mountain Standard Time.

